RELATIONSHIPS BETWEEN THEORETICAL ORIENTATION, THERAPEUTIC ORIENTATION, AND PERSONAL INVOLVEMENT WITH PATIENTS

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Linda Christine Wyrick

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I hereby recommend that this dissertation prepared under my direction by Linda Christine Wyrick entitled Relationships Between Theoretical Orientation, Therapeutic Orientation, and Personal Involvement with Patients be accepted as fulfilling the dissertation requirement of the degree of Doctor of Philosophy

Richard W. Coan — 2-11-71

Dissertation Director — Date

Richard W. Coan, Ph. D.

After inspection of the final copy of the dissertation, the following members of the Final Examination Committee concur in its approval and recommend its acceptance:*

Richard Coan — 2-11-71

Peter Madsen — February 10, 1971

George Lehmann — February 11, 1971

Leroy C. Byerly — Febuary 11, 1971

Frances E. Rudd — Feb 15, '71

*This approval and acceptance is contingent on the candidate's adequate performance and defense of this dissertation at the final oral examination. The inclusion of this sheet bound into the library copy of the dissertation is evidence of satisfactory performance at the final examination.

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SIGNED: Linda Christine Wyrick

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ABSTRACT

A Therapy Orientation Survey, designed by the author to measure personal involvement with patients, and a Theoretical Orientation Survey were administered to Ph. D. psychologists who indicated in the APA Directory that they are actively engaged in psychotherapy. Correlations were obtained between personal involvement with patients and 17 factors of theoretical orientation. Analyses of variance were performed to compare analytic, behavior, experiential, and eclectic therapists on factors of theoretical orientation and personal involvement with patients.

Results indicated that therapists who scored high on personal involvement with patients advocated holistic, speculative, loosely organized theory that goes well beyond established fact; subjective content such as private conscious experience; and qualitative methodology. They stressed individual personal choice, unconscious motivation, and hereditary determinants of personality. In general, they endorsed a subjective, humanistic, experiential orientation. Therapists who scored low on personal involvement with patients advocated rigorous, systematic, quantitative research; factual theory; and elementarism. They endorsed operational definition, stimulus determinism, phylogenetic continuity, and physiological reductionism. They

emphasized social and environmental rather than hereditary determinants of personality, considered the experience of personal choice an illusion, and rejected unconscious motivation. In general, they endorsed an objective, empirical, behavioral orientation.

In comparing analytic, behavior, experiential, and eclectic therapists, experientialists and behaviorists were most at odds with each other. They disagreed with each other most strongly on the factors of theoretical orientation and disagreed about more of the factors than the other groups. Experiential and analytic therapists scored much higher on personal involvement with patients than behavior therapists.

INTRODUCTION

The possible sources of variance in psychotherapy include patient characteristics, therapeutic orientation, the therapist's personality, and the therapist-patient interaction. More is known about patient variables than therapist variables and most studies of psychotherapy focus on the process or outcome of therapy rather than the personality of therapists. However, Sundland and Barker (1962), McNair and Lorr (1964), and Wallach and Strupp (1964) have focused on therapist variables. All three studies factor analyzed questionnaires which were administered to psychotherapists and found personal involvement vs. maintenance of personal distance in the psychotherapeutic relationship to be a major variable in characterizing the therapeutic orientation of therapists.

Psychologists have studied a variety of subjects, but seldom themselves. Thus, the therapist has been extensively studied only in relation to the therapeutic process. There have been few studies which have focused on either therapeutic or theoretical orientations of psychologists.

Although several psychologists have described what they consider to be major dimensions of psychological theory today, their classification system is based on speculation

rather than survey and is limited to one or two general dimensions of theoretical orientation. However, Coan (1968, 1971) designed a Theoretical Orientation Survey which yielded 17 factors and administered it to psychologists in academic settings. To date, this questionnaire is the most comprehensive measure of the theoretical orientations of psychologists. It has never been administered to psychotherapists.

A review of literature relevant to the present study indicates that personal involvement with patients is an important dimension in characterizing therapeutic orientations of psychologists and factors such as factual vs. theoretical, experiential vs. behavioral, holism vs. elementarism, qualitative vs. quantitative, and humanism vs. scientific detachment are important dimensions of theoretical orientations of psychologists.

The author assumed that a more general personality trait of tendency to respond in a subjective personal manner is correlated with qualitative, theoretical, holistic, experiential, and humanistic orientations while tendency to respond in an objective, more detached manner is correlated with quantitative, factual, elementaristic, behavioral, and scientific orientations.

Thus, the present study administered a Therapy Orientation Survey designed by the author to measure personal involvement in therapy and Coan's Theoretical

Orientation Survey to psychotherapists and hypothesized that personal involvement with patients would be positively associated with qualitative, theoretical, holistic, experiential, and humanistic theoretical orientations while maintenance of personal distance from patients would be positively associated with empirical, quantitative, elementaristic, behavioral, and scientific theoretical orientations.

REVIEW OF RELEVANT LITERATURE

The literature relevant to this study falls into three categories: (1) studies which isolate the maintenance of personal distance between patient and therapist vs. personal involvement as a major therapist variable; (2) ideas concerning relationships between subjectivity or personal involvement and knowledge or theoretical orientation; and (3) studies concerned with the general, overall theoretical orientations of psychologists.

Personal Involvement as a Major Therapist Variable

Sundland and Barker (1962) mailed a Therapist Orientation Questionnaire (TOQ) to 400 members of the American Psychological Association who listed psychotherapy as a first or second interest in the 1959 Directory. Of the 400 questionnaires, 139 were returned and usable. The TOQ consisted of 13 scales (133 items) designed by other researchers. The attributes measured by the TOQ as described by Sundland and Barker (pp. 202-205) are:

1. Frequency of Activity. This subtest (Menninger, 1958; Whitaker and Malone, 1953) refers to whether the therapist believes that a talkative, active role is desirable or undesirable. . . .

2. Type of Activity. [This subtest refers to] what has been described (Collier, 1950; Robinson, 1950; Strupp, 1957) as "degree of

lead" and "depth of interpretation." The questions asked whether the therapist believed that it was desirable to go beyond, or beneath, what the patient was consciously aware of; whether the therapist should probe or interpret. . . .

3. Emotional Tenor of the Relationship. This scale (Fey, 1958; Glad, 1956; Strupp, 1958) relates to the degree of emotional involvement of the therapist, i.e., whether an impersonal approach is felt to be better than a warm, personal approach.

4. Structure of the Relationship. This scale (Collier, 1950; Wolf and Schwartz, 1958), which has also been called "responsibility balance," refers to whether the therapist operates in a planful manner as opposed to a spontaneous, unthought-out responsiveness to the patient's behavior as it occurs in the therapy session. . . . The intercorrelations of the items in this scale indicated that they would best be split into the immediately following three groups:

   a. Spontaneity in the Therapeutic Relationship. This subtest concerns an aspect of the therapist's attitude towards his behavior. Does he believe his actions are spontaneous and unreasoned? . . .

   b. Planning of the Therapeutic Relationship. Logically, this scale is the converse of the preceding one. Does the therapist look upon his behavior as planned and does he believe in an overall treatment plan? . . .

   c. Conceptualization of the Therapeutic Relationship. This subtest relates to the desirability of the conceptualization of the relationship. It asks whether the therapist tries to figure out the nature of the patient's relationship with him. . . .

5. Goals of Therapy. This subtest (Rogers, 1949; Wallerstein and Robbins, 1958) refers to whether or not the therapist reports having particular goals for the patient. . . .

6. Therapist's Security. Barrett-Lennard (1959) following the suggestion of Rogers (1957) defined the therapy relationship as having five major aspects: The therapist's positive regard for the patient, the unconditionality of this positive regard, the empathic understanding of the therapist for the patient, the therapist's own security in the therapy situation, and the willingness of the therapist to make himself known to the patient. The items were chosen from those devised by Barrett-Lennard. . . .

7. Theory of Personal Growth. This subtest (Rogers, 1949; Rotter, 1954) posed the question as to whether therapy is seen as removing something which is barring the patient's own growth. The items were devised to elicit whether or not the therapist believed in a "life force" within people which urged them to physical and mental health. . . .

8. Nature of Therapeutic Gains. The items in this subtest (Bordin, 1955) asked the therapists whether they preferred cognitive or noncognitive therapeutic gains. [On the basis of intercorrelations among items it was decided to divide this variable into two parts]:

    a. Cognitive Therapeutic Gains. This subtest asked the therapist whether he thought that "understanding" was an important result of therapy. . . .

    b. Learning Process in Therapy. The items here concern the nature of the therapeutic learning process. Does the therapist believe that the process is a verbal and conceptual one? Or does he think it is an affective nonverbal, and nonconceptual one? . . .

9. Topics Important to Therapy. This subtest (Glover, 1955; Snyder, 1954) refers to whether the therapist believes that it is important that the patient discuss his childhood. Along with this it also includes items on the use of classical psychoanalytic techniques. . . .

10. Theory of Neurosis. Mowrer (1960) has proposed that neurosis is caused by an ineffectual

conscience rather than a too strong one as proposed by psychoanalytic theorists. It was thought that this might be an issue on which therapists would differ. . . .

11. Criteria for Success. The items (Smith, 1959) asked whether therapists thought it was important for the patient to adjust to the goals of his society. . . .

12. Theory of Motivation. The issue here (Kelly, 1955; Munroe, 1955) was the importance which therapists ascribed to the concept of unconscious processes. . . .

13. Curative Aspect of the Therapist. Rogers (1957) stated the issue succinctly, "Intellectual training and the acquiring of information; has I believe, many valuable results--but becoming a therapist is not one of these results" (p. 101).

Sundland and Barker (1962) found that: (1) the sample was fairly evenly divided on the issue of whether the therapist should play an active, talkative role; (2) 93% of the subjects believed that probing and depth interpretation were desirable; (3) the sample was fairly evenly divided upon the issue of a personal approach as opposed to an objective, impersonal approach; (4) subjects tended to reject the spontaneous approach, plan the strategy of their treatment, and conceptualize the therapeutic relationship; (5) most of the sample reported having goals for their patients; (6) the vast majority of the subjects described themselves toward the secure end of the Barrett-Lennard (1959) Scale; (7) subjects tended to believe in a self-actualizing theory of personal growth; (9) 50% of the subjects believed it is important that the patient discuss

his childhood; (10) more subjects believed that neurosis is caused by an ineffectual conscience rather than one that is too strong; (11) 58% of the therapists felt that it is important for the patient to adjust to the goals of society; (12) 92% of the subjects felt that unconscious motivation plays an important role in behavior; and (13) 62% of the sample believed that knowledge and training are more important than the personality of the therapist.

Thus, Sundland and Barker (1962) measured a wide variety of therapist variables and found that subjects were most evenly divided upon the issues of: whether the therapist should play an active or passive role; whether he should become personally involved with the patient or maintain personal distance and objectivity; psychoanalytic techniques and the importance of childhood experiences; the importance of social adjustment; and whether knowledge and training or the personality of the therapist is more important.

Factor analysis of the subtests yielded six first order factors which were not given descriptive names and a general factor which cut across a majority of the scales and clearly identified personal involvement as a major variable in therapeutic orientation. Sundland and Barker (1962) describe their factor thus:

> In terms of these items this general factor must be considered the most significant single continuum upon which to compare therapists. For convenience

> one pole of the general factor will be labeled the "analytic" pole--using "analytic" in its broad sense as a mode of attending and responding not as an abbreviation for "psychoanalytic." The other pole of the general factor will be labeled the "experiential" pole, congruent with its emphasis upon nonrationalized, nonverbal experiencing. In terms of the subtests with the higher loadings, the analytic pole stresses conceptualizing, the training of the therapist, planning of therapy, unconscious processes, and a restriction of therapist spontaneity. The experiential pole de-emphasizes conceptualizing, stresses the personality of the therapist, and unplanned approach to therapy, de-emphasizes unconscious processes, and accepts therapist spontaneity (p. 205).

Sundland and Barker (1962) suggest that:

> In addition to Analytic vs. Experiential, the general factor has been variously labeled as: Objective vs. Subjective, Cerebral vs. Visceral, Impersonal vs. Personal, Planned Observer vs. Unplanned Participant (p. 205).

Sundland and Barker found that more therapists tended toward the analytic rather than the experiential orientation and that this general factor rather than amount of experience is the most important variable in discriminating theoretical and therapeutic orientations among therapists. Fiedler (1950a, 1950b) in a well-known study of the attitudes of psychotherapists, concluded that "experts are more similar to other experts of whatever orientation than they are to beginners even in their own orientation [in Sundland and Barker, 1962, p. 208]." Sundland and Barker's findings question the validity of Fiedler's conclusion that experience is a major variable in therapeutic orientation. Sundland and Barker found that:

> . . . differences between therapists are clearly better accounted for by their theoretical orientation than by their amount of experience. . . . scales consistently show more similarity within orientations than within experience levels (p. 208).

Another study by McNair and Lorr (1964) found that the personal vs. impersonal dimension is an important factor of therapeutic orientation. McNair and Lorr, by modifying and rewriting items from Sundland and Barker's (1962) TOQ, constructed a questionnaire called AID which was composed of 49 scales of therapeutic techniques. They administered the questionnaire to 265 therapists in 44 Veteran's Administration Mental Hygiene Clinics. The sample consisted of 67 psychiatrists, 103 psychologists, and 95 social workers (73 females, 192 males).

Factor analysis of the scales yielded three relatively independent dimensions of therapeutic technique. The factors as described by McNair and Lorr (1964) are:

> Factor A--Analytic: Therapists with high Factor A scores emphasize childhood experiences in the etiology of psychopathology and consider their understanding basic to psychotherapeutic change. They endorse the use of interpretation and the analysis of dreams, resistance, and transference reactions. They ask patients for free associations and emphasize the influence of unconscious motives in producing change. They also believe patients must learn the reasons for their behaviors before they can change. . . .
>
> Factor I--Impersonal vs. Personal: High scoring therapists endorse a detached, objective, and impersonal approach to patients. They consider emotional involvement with a patient detrimental to therapy and they do not reveal their feelings when a patient is appreciative or critical. They

> think professional training and therapeutic technique have more effect on outcome than the therapist's personality or the affective relationship with the patient. Therapists with low scores on Factor I stress the curative effects of the therapist-patient relationship and the influence of the therapist's personality. They tell the patient their feelings about the relationship and verbalize their intuitive feelings about the "right" thing to say. They tend to call patients by their first names, to keep personal belongings in their offices, and to reveal more of their personalities. Factor I appears to represent a continuum of expression versus control of affect toward patients. Low-scoring therapists appear to practice a relationship therapy. . . .
>
> Factor D--Directive: Therapists with high factor D scores set the goals of therapy and make a long range treatment plan for each case. They consider social adjustment a major therapeutic goal. They vary their therapeutic role depending on the nature of the case. They lead the interview into areas they decide should be discussed and consider a thorough case history and a diagnosis essential for planning treatment. Factor D appears to tap the extent to which therapists assume active control of the treatment task. It is defined by techniques for planning therapy, for actively implementing those plans, and for shaping the therapeutic interaction in a therapist determined direction (p. 268).

In addition, McNair and Lorr found that pattern scores of therapists on the factors were not related to amount of experience. This is congruent with Sundland and Barker's (1962) finding that amount of clinical experience is unrelated to therapeutic orientation.

Another study (Wallach and Strupp, 1964) also surveyed therapists' attitudes and methods and found results which are congruent with the findings of Sundland and Barker (1962) and McNair and Lorr (1964). Wallach and

Strupp (1964) designed a 17-item scale dealing with therapeutic practices and called it Usual Therapeutic Practices (UTP). Subjects indicated on a 6-point scale their agreement or disagreement with a given proposition. The scale was completed by two groups of subjects. One sample consisted of 59 medical psychotherapists at North Carolina Memorial Hospital. Another sample consisted of 248 therapists throughout the United States. Of these 248 therapists, 91 were psychiatrists and 157 were psychologists. Therapists were also asked to indicate their primary theoretical orientation. Of the 248 subjects, 23 classified themselves as Orthodox Freudian, 118 classified themselves as Psychoanalytic-general, 39 considered themselves Client-centered, and 78 classified themselves as Other.

Factor analysis, which was performed separately for each sample, yielded four relatively independent factors. The factors, as described by Wallach and Strupp (1964) are:

> Factor I. For both samples, this factor emerged as the most distinct one. In both instances the highest loadings occurred on Items 5, 10, and 14, all of which are concerned with the extent to which the therapist allows himself to get personally involved in the treatment ("Rarely answer personal questions"; "Keep all aspects of my private life out of therapy"; "Almost never answer personal questions of opinion.") Clearly, the theme here involves the maintenance of personal distance (p. 121).
>
> Factor II. The highest (negative) loadings occurred on Items 9 and 17 ("Almost never let silences build up during the therapy hour"; "Prefer patients not to develop intense feelings about me."). Another high (positive) loading was

> obtained on Item 8 ("Prefer to conduct intensive rather than goal-limited therapy."). This factor seems to be concerned with the therapist's preference for intensive (psychoanalytic, uncovering) psychotherapy, as well as his willingness to deal with transference feelings (p. 121).
>
> Factor III. High loadings, for both samples, occurred on Items 6, 4, and 1 (negative) ("Verbal interventions are usually sparing and concise"; "Rarely express my own feelings in treatment"; "Generally tend to be active."). This factor appears to refer to a preference for keeping verbal interventions to a minimum, with the added implication that communications should be restricted to those which are clearly in the patient's interest, i.e., therapeutic (pp. 121, 123).
>
> Factor IV. This factor, which has its highest loadings on Items 12 and 13 ("Usually willing to grant extra interviews"; "Consider psychotherapy much more an art than a science."), is not entirely clear; however, it seems to refer to a view of psychotherapy as an artistic and artful activity, with an emphasis upon flexibility as opposed to a rigidly controlled procedure (p. 123).

Wallach and Strupp also investigated the relationship between therapists' level of experience and their scores on the factors described above. They computed factor scores for each therapist and found no significant correlations. Especially, Pearson *r*'s for Factors I, III, and IV for the larger of the two samples were near zero.

In comparing Orthodox-Freudian, Psychoanalytic-general, and Client-centered therapists, these researchers noted that Orthodox-Freudians were the highest in maintaining personal distance and lowest in considering therapy as an artistic activity.

Thus, while Sundland and Barker (1962), McNair and Lorr (1964), and Wallach and Strupp (1964) found a different number of dimensions necessary to characterize therapeutic approach, they all found that personal involvement is a significant variable in characterizing therapists and that amount of experience is unrelated to therapists' responses. Wallach and Strupp (1964) point out that:

> Worthy of particular note is the strength and clarity of the first factor, which emphasizes the importance of the therapist's personal distance (or, alternatively, his direct personal involvement) in the interpersonal relationship with the patient. This factor shows marked congruence with Sundland and Barker's (1962 [p. 205]) general factor, which was found to cut across a number of their scales. They considered it "the most significant single continuum upon which to compare therapists." This agreement is particularly noteworthy since our respective investigations proceeded quite independently (p. 124).
>
> . . . Factor I [in our study], concerned with the maintenance of personal distance, was by far the strongest factor (p. 120).

The Objective vs. Subjective Dialectic

As discussed above, personal involvement seems to be a major variable in characterizing both theoretical and therapeutic orientations of psychologists. As Sundland and Barker (1962) suggest:

> In addition to Analytic vs. Experiential, the general factor has been variously labeled as: Objective vs. Subjective, Cerebral vs. Visceral, Impersonal vs. Personal, Planned Observer vs. Unplanned Participant. This sort of polarization of views is certainly not new. The general factor is a contemporary variant of an ancient dialectic which has appeared and reappeared under various

> guises as it was focused upon different aspects of knowledge, e.g., Science vs. Art, Analysis vs. Holism, Mechanism vs. Organism, Rationalism vs. Intuitionism, Theology vs. Mysticism, Nomothetic vs. Idiographic, and more recently Positivism vs. Existentialism (p. 205).

The hypothesis presented in the present study that therapists who tend to become personally involved in their patients are attracted to subjective, qualitative, intuitive theoretical orientations while therapists who maintain personal distance between themselves and their patients are attracted to objective, quantitative, rational theoretical orientations is similar to Sundland and Barker's description of the subjective vs. objective dichotomy.

This ancient dialectic referred to by Sundland and Barker has also been described by philosophers, especially Barrett (1962). In discussing Matthew Arnold's distinction between the Hebraic and Hellenic traditions, Barrett (1962, pp. 70-71) credits him as having been one of the first thinkers to recognize the subjective vs. objective dichotomy. Arnold contrasted the two traditions by suggesting that while Hebraism emphasized doing, Hellenism emphasized knowing. The Hebraic tradition focused on right conduct, moral man, and the meaning of life and gave us law, while the Hellenic tradition emphasized right thinking, theoretical and intellectual man, and invented logic and science.

Barrett, in elaborating upon Arnold's distinctions between these two traditions, suggested that the Hebraic

tradition emphasizes subjectivity; personal, and even passionate involvement in the subject; the study of complex, concrete wholes; and the particular and individual rather than the abstract. The Hellenic tradition, on the other hand, emphasizes objectivity; rigorous, systematic, detached observation; clarity; rational thought; logic; mathematics; and abstraction. Whereas the Hellenic tradition views the sage as the man of pure intellect and values rational empirical knowledge known with precision and clarity, the Hebraic tradition views the sage as the man of faith and intuition and distinguishes between rational knowledge and understanding, emphasizing the latter. Traditionally, Hellenism has been associated with essentialism and more recently with positivism, and Hebraism has been associated with existentialism and humanism.

Barrett and others, in tracing Greek and Judaic-Christian sources of the Hellenic and Hebraic traditions cite several philosophers. For example, Plato's notion (Barrett, 1962, p. 77) that ideas are more real than particulars; that existence is a mere shadowy replica of essence; that rational, logical thought leads to knowledge; and his emphasis on universal, abstract, timeless essences is definitely characteristic of Hellenism. Barrett (1962, p. 83) suggests that the cleavage between the rational and the irrational first appears in Plato's allegory of the cave in which man progresses from darkness (ignorance,

irrationality) into light (knowledge and rational, abstract ideas) by moving towards science and mathematics. He also suggests that Plato's work resulted in the cleavage between Eastern and Western cultures, for Western man, unlike Oriental man has increasingly differentiated the rational and irrational functions of the psyche. As Barrett puts it:

> Rational consciousness as such becomes, for the first time in history, a differentiated psychic function. The momentousness of this emergence of reason can be gauged by setting Greece over against the comparably high civilizations of India and China . . . . Neither in India nor in China was reason fully isolated and distinguished--that is, differentiated--from the rest of man's psychic being, from his feeling and intuition. Oriental man remains intuitive, nonrational . . . . Science itself, a peculiarly Western product, became possible only through this differentiation of reason and its exaltation as the crowning human power (p. 81).

Barrett cites Aristotle as emphasizing that reason and intellect rather than feeling and intuition are the highest human functions. In accordance with the Hellenic tradition, Aristotle in his Nicomachean Ethics wrote:

> It would seem, too, that this [reason] is the true self of every man, since it is the supreme and better part. It will be strange, then if he should choose not his own life but some other's . . . . What is naturally proper to every creature is the highest and pleasantest for him. And so to man, this will be the life of Reason, since Reason is, in the highest sense, a man's self (in Barrett, 1962, p. 89).

Barrett says that to Aristotle,

> . . . [reason is] the highest part of our personality: that which the human person truly is.

> One's reason, then is one's real self, the center of one's personal identity. This is rationalism stated in its starkest and strongest terms--that one's rational self is one's real self . . . (p. 89).

Thus Barrett notes that the cleavage between the irrational and rational functions in man first appeared in Plato's allegory of the cave. And he suggests that unlike the prisoners in Plato's cave, the Eastern sage would not seek enlightenment by purely intellectual rational means nor would he consider rational thought superior to intuition. To illustrate this, Barrett reminds us of the Chinese diagram of the forces of yin and yang

> in which the light and the dark lie down beside each other within the same circle, the dark penetrated by a spot of light and the light by a spot of dark to symbolize that each must borrow from the other, that the light has a need of the dark, and conversely in order for either to be complete (p. 83).

Barrett points out that for the Greeks the sage is a logical, rational, intellectual man but that:

> For the Hebrew the status of the intellect is rather typified by the silly and proud babbling of Job's friends, whose arguments never touch the core of the matter. Intellect and logic are the pride of fools and do not touch the ultimate issues of life, which transpire at a depth that language can never reach . . . . Says Job at the end of the Book: "I have heard of thee by the hearing of the ear: but mine eye seeth thee" (p. 78).

Barrett adds that:

> Biblical man too had his knowledge, though it is not the intellectual knowledge of the Greek. It is not the kind of knowledge that man can have through reason alone, or perhaps not through

> reason at all. He has it rather through body and blood, bones and bowels, through trust and anger and confusion and love and fear . . . . This kind of knowledge a man has only through living, not reason (p. 79).

In citing men of the Hebraic tradition, Barrett (1962, p. 94) mentions Tertullian who about 150-225 A.D. led an anti-intellectual, anti-rational movement; Peter Damiani who passionately attacked the exaltation of reason, logic, and grammar; and Pascal who stressed the idea that reason does not get at the heart of matters and distinguished between the mathematical and intuitive mind. Barrett says that:

> The mathematical mind, as Pascal describes it is defined precisely by its preoccupation with clear and distinct ideas, from which it is able to extract by deduction an infinite number of logical consequences. But the material with which the intuitive mind is dealing is so concrete and complex that it cannot be reduced to clear and distinct ideas (p. 114).

Freud (Brill, 1938) also followed the Hebraic tradition of de-emphasizing rational man. He pointed out that irrational thought and unconscious motivation influence the kinds of things we attend to, the way we perceive them, and the meaning they have for us.

Congruent with the Hebraic emphasis on subjectivity and personal involvement and with Biblical man's emphasis on gut-level understanding, Dilthey (Friedman, 1964) distinguished between knowledge and understanding. He suggested that understanding does not result from rational,

objective thought but rather from subjectively immersing oneself and becoming personally involved in the subject. He believed that all understanding is relative and personal and that it is historically rooted in a given perspective, time, culture, and technology and cannot be grasped out of context. For example, Dilthey wrote:

> Life cannot be brought before the judgement seat of reason. . . . All knowledge is knowledge of experience. . . . the most important elements in the way we picture and know reality, such as personal identity, the external world, individuals outside ourselves, their life in time and their interactions--all these can be explained in terms of this whole nature of man, in which volition, feeling, and cognition are only different sides of a single real life-process. . . . The individual in a world of mind is an intrinsic value that we can establish beyond doubt. . . . understanding . . . can never be transmuted into rational comprehension. . . . The most proper approach . . . is the most subjective (in Friedman, 1964, pp. 73-76).

In summarizing the work of Dilthey, Friedman says:

> Dilthey based his thought on the radical difference between the way of knowing proper to the "Geisteswissenschaften"--the human studies such as philosophy, the social sciences, and psychology --and that proper to "Naturwissenschaften"--the natural sciences. In the former the knower cannot be merely a detached scientific observer but must also participate himself, for it is through his participation that he discovers both the typical and the unique in the aspects of human life that he is studying (p. 69).

In comparison to the thinkers mentioned above, however, Jaspers (1954), in contrasting science vs. philosophy most clearly understands the dichotomy which Sundland and Barker (1962) refer to as rationalism vs. intuitionism, theology vs. mysticism, positivism vs.

existentialism, and objectivity vs. subjectivity. Jaspers describes four modes of apprehending the world: Dasein, Consciousness in General, Spirit or Geist, and Existenz. He describes Dasein as the subject-object dichotomy. It involves an orientation towards objects, a knowledge of determinate objects, a confrontation with tangible things. It results from distinguishing between subject and object, self and not self, and the knower, knowing, and known. He describes Consciousness in General as an empirical, objective, rational approach to investigating particulars. To Jaspers, Consciousness in General or science is a result of wonder and questioning and leads to object knowledge. Spirit or Geist results from doubting the objectivity of knowledge derived from sensation and perception. Geist or humanities results in a subjective, personal understanding of organic wholes; the person subjectively interprets and assigns meaning and value to his subject matter. Finally, Existenz is a special kind of understanding resulting from an intuitive leap beyond and a transcendance of the subject-object dichotomy, science, and rational thought. Existenz, or wisdom, begins at the limits of science and rational thought and results from immersing oneself in and identifying with the subject.

Without citing more philosophers, it becomes obvious that the variable of subjective, personal involvement seems to be a dimension of many theoretical orientations.

Subjective, personal orientations propose that: (1) knowledge is always subjective, relative, and historically rooted; (2) understanding differs from knowledge and must occur at a personal, emotional level; (3) understanding results from immersing oneself in and becoming personally involved with the subject; (4) the meaning of an idea does not lie in operational methods of verifying it but rather in precognitive, emotional impressions on which it was found; (5) unconscious motivation influences the kinds of things we attend to, the way we perceive them, and the meaning they have for us; and (6) there are limits to reason and science.

The Hebraic vs. Hellenic tradition as described by Barrett (1962) and the ancient dialectic of subjective vs. objective and personal vs. impersonal seem to embody dimensions which characterize and distinguish therapeutic orientations in clinical psychology today.

Orientations emphasizing the rational, logical, cognitive, or empirical have aspects congruent with the Hellenic tradition and tend to de-emphasize the importance of personal involvement. For example, rational theories of counseling such as Thorne's (1950) personality counseling and Ellis' (1962) rational-emotive therapy focus on a logical, cognitive, intellectual approach to problem solving. Ellis attempts to convince the client that he has been functioning irrationally and tries to get him to approach his problems rationally and objectively.

Perceptual or cognitive approaches such as Kelly's (1955) personal constructs therapy attempt to change the individual's behavior by changing the ways in which he anticipates events or constructs and construes his world. Rational, perceptual, or cognitive orientations are, in general, characterized by highly intellectual techniques of changing the patient's cognitive processes.

Behavior therapy, based on empirical knowledge and controlled experimentation focuses on eliminating undesirable or maladaptive behavior through extinction, desensitization, and reconditioning, and shapes and strengthens desirable behavior via modeling, imitation, and reinforcement. Yates (1970) describes behavior therapy as:

> The attempt to utilize systematically that body of empirical and theoretical knowledge which has resulted from the application of the experimental method in psychology and its closely related disciplines (physiology and neurophysiology) in order to explain the genesis and maintenance of abnormal patterns of behavior; and to apply that knowledge to the treatment or prevention of those abnormalities by means of controlled experimental studies of a single case (p. 18).

While many orientations emphasize a rational, cognitive, objective, or empirical approach, others see man as irrational and paradoxical and emphasize an intuitive, emotional, subjective approach. For example, psychoanalytic orientations emphasize the influence of irrational and unconscious motivation, non-verbalized feelings which are cognitively inaccessible, and the highly emotional and

personal process of identification and transference. Rogers (1957) identified the therapist's affective relationship with the client such as empathy, congruence, and unconditional positive regard as the most important variables necessary for ideal therapy. And existential or experiential therapists such as Binswanger (1958), Frankl (1955), May (1961), and Rogers (1955) view therapy as a highly subjective encounter of two individuals in an emotional-affective relationship and are concerned primarily with understanding the experiences of the patient. Following the Hebraic tradition, existential psychotherapies attempt to go beyond the cleavage between subject and object and emphasize personal involvement and participation on the part of the therapist. For example, May (1961) says that the emphasis is on "understanding and experiencing so far as possible the being of the patient . . . [p. 80]," and Rogers (1955) says:

> I launch myself into the therapeutic relationship having a hypothesis, or a faith, that my liking, my confidence, and my understanding of the other person's inner world, will lead to a significant process of becoming. I enter the relationship not as a scientist, not as a physician who can accurately diagnose and cure, but as a person, entering a personal relationship. Insofar as I see him only as an object, the client will tend to become only an object (p. 267).

A hypothetical dialogue between Burton (1967), a humanistic, experiential therapist and Yates (1970), an empirical behavior therapist might bring the significance of

the objective vs. subjective variable into focus. Burton (1967) proposes that, "modern-day psychotherapies are becoming polarized along two broad axes: the behavioristic and the humanistic. . . . Humanistic man replies with ever increasing subjectivity [p. xi]." And Yates (1970) suggests that:

> The crucial difference between the two approaches seems to lie in the fact that the psychodynamic psychologists may or may not make use of knowledge derived from experimental laboratory studies or may rely on clinical judgment based on experience alone; whereas the behavioristic psychologists will tend to try to investigate and treat abnormal behavior strictly on an experimental basis (p. 3).

Thus, both Yates (1970) and Burton (1967) agree that experiential and subjective vs. experimental and objective orientations distinguish between dynamic and behavior therapy.

In defining the role of the therapist, Burton (1967) and Yates (1970) address themselves to whether the training or personality of the therapist is more important and whether the therapist should be a subjective participant or an objective observer. Burton (1967) believes that:

> The personal relationships of the therapist to the psychotic patient emerges as a vital treatment factor . . . (p. 25).

> The personality of the therapist . . . is an important factor in treatment. The psychotherapist must be a participant not an observer. He must enter important aspects of the life of the patient and allow the patient to enter aspects of his own . . . (p. 61).

> Psychotherapy is a temporal coordinate of communal hours which congeals into an epoch in the lives of both participants. Patients speak of "giving a part of their lives" to psychotherapy and psychotherapists who work with schizophrenics sometimes feel that they have given something "personally intrinsic" to the patient (p. 63).

However, Yates (1970) says:

> The contention to be upheld here is that the most important role which the clinical psychologist can fulfill at this time is that of a fundamental research worker . . . (p. 12).
>
> Psychological questions can only be resolved by appropriate empirical studies utilizing proper methods of statistical analysis and not by clinical intuition based on biased and limited samples . . . (p. 6).
>
> The clinical psychologist should be vitally concerned with the application of empirical findings and theories of general psychology to the individual patient . . . . He should carry out controlled experiments of a laboratory kind in an effort to modify the behavior of the patient . . . (p. 13).
>
> His success both as a working therapist and in advancing behavior therapy as a rational approach to the treatment of disorders of behavior will then depend on his knowledge of experimental and theoretical psychology . . . (p. 24).

Thus, it appears that the distinctions between the Hebraic and Hellenic approaches described by philosophers also distinguishes some of the contemporary approaches to psychotherapy.

Theoretical Orientations of Psychologists

Research indicating that personal involvement is a major variable in characterizing therapeutic orientation has

been cited in this text, and a review of literature concerning therapeutic orientation has suggested that psychologists have witnessed a subjective, personal vs. an objective, impersonal variable in therapeutic orientation. Philosophers have, for many centuries, addressed themselves to the role of the subjective vs. objective, personal vs. impersonal, rational vs. irrational, holistic vs. elementaristic, concrete vs. abstract, and intellect vs. intuition dimensions of theory, explanation, knowledge, and understanding.

More recently, psychologists are beginning to focus on these issues in psychological theory. For example, Allport (1955) distinguished between the Lockean and Leibnitzian traditions in psychology. He associated the Lockean tradition with behaviorism, positivism, operationism, stimulus-response psychology, and a stress on environmental determinism. According to Allport, the Lockean tradition views man as a passive organism influenced mainly by external and peripheral events and tends to be both mechanistic and molecular. He associated the Leibnitzian tradition with European existentialism and Gestalt psychology in which the organism is seen as actively propelling itself rather than merely reacting to external and peripheral events. Likewise, Rogers (1961) identified two basic trends in contemporary American psychology; objective and existential. He suggested that the objective trend is characterized

by objective methods, operational definitions, reductionism, and rigorous research. While the objective orientation tends to be molecular, the existential trend tends to be molar and focuses on the whole experiencing person. Ansbacher (1961) recognized two basic orientations in psychology--the holistic and the elementaristic. He suggested that elementarism is associated with reductionism, mechanism, determinism, and a spectator theory of knowledge while holism emphasizes self-actualization, growth, and creativity and views the person as an active participant in his own growth.

All of these dichotomies are similar to the one proposed by Murray (1938). He claimed that there are two types of psychologists--peripheralists and centralists. Peripheralists tend to be objectivists, positivists, mechanists, elementarists, and sensationists, while centralists tend to be subjectivists, intuitionists, dynamicists, totalists, and conceptualists. James (1907) summarized these distinctions by characterizing philosophers as tender-minded and tough-minded.

Brunswik (1952), instead of characterizing psychological theory in terms of a single dichotomy, proposed a two-dimensional system. He insisted that there are two basic issues in psychological theory. The first is concerned with the quest for certainty, rigorous fact finding, and inference and results in a subjective vs. objective

dimension. The second issue is concerned with the level of complexity of theory and results in a molecular, elementaristic vs. a molar, holistic dimension. Brunswik suggested that psychologists are becoming objective and molar in their theoretical orientations rather than subjective and molecular and that objectivism and molarity are positively associated.

Coan (1968), however, found that objectivity and molecularity are positively associated as are subjectivity and molarity. This finding is in disagreement with Brunswik's suggestion that the subjective and molecular dimensions go together. Coan also found that there are at least six relatively independent dimensions of theoretical orientation. Coan attempted to systematically investigate dimensions of psychological theory by asking psychologists to rate theorists on a list of theoretical variables. By asking psychologists to rate 142 theorists on the basis of their contributions to psychology during the decade they were active, and by choosing the top ten ratings for any decade, he selected a list of 54 theorists. He then constructed a list of 34 variables of psychological theory concerning content emphasis, methodological emphasis, basic assumptions, and mode of conceptualization and asked psychologists who were known either to have taught a course in the history of psychology or to have interests in this area to rate the theorists on the variables. Subjects rated

theorists on a 5-point scale on which +2 represented a positive emphasis and -2 rejection. Subjects were told that they need not rate all the theorists but only those with whom they felt familiar. The average number of complete sets of ratings returned for any one theorist was about 20.

Factor analysis of the ratings yielded six relatively independent dimensions. The factors with brief descriptions are:

1. Subjectivistic vs. Objectivistic: At the positive pole, Factor 1 displays a pattern that might be described as subjectivistic, mentalistic, phenomenological, or psychological. The negative pole might be described as objectivistic, physicalistic, positivistic, materialistic, or behavioral (Coan, 1968, p. 717).

2. Holistic vs. Elementaristic: In Factor 2 we find a pattern that might be called holistic, totalistic, or molar, opposed by a pattern that might be called elementaristic, atomistic, or molecular. . . . The independent status of the first two factors is consistent with Brunswik's formulations. There is some vindication for Allport and other unidimensionalists in the fact that there is a positive correlation between subjectivism and holism. On the basis of Brunswik's work, we might have expected the opposite . . . (Coan, 1968, p. 717).

3. Qualitative vs. Quantitative: The quantitative theorist strives for quantitative formulations of principles, quantitative description and conceptualization of individuals, or normative generalization. He tends to prefer research methods that permit more or less precise measurement. The qualitative theorist displays less need to employ numbers for any purpose and is, therefore freer to delve into areas

of content that do not lend themselves readily to quantification (Coan, 1970).

4. Personal vs. Transpersonal: [This factor] makes good sense psychologically, but is difficult to label satisfactorily. It could be called experimental versus clinical, but these terms overemphasize the methodological expression of the factor. At the positive pole we see a pattern that is consistently nomothetic, in the sense that it stresses the process or the structure of behavior or experience rather than the behaving or experiencing individual or characteristics of the individual. The negative pole emphasizes characteristics of the individual, but not necessarily in the sense of an ideographic approach (Coan, 1968, p. 718).

   [In the transpersonal orientation] . . . there is an interest in understanding the process--the course of learning, the perceptual phenomenon, the sensory event, etc.,--apart from the particular individuals in whom it is found (Coan, 1970).

5. Dynamic vs. Static: The variables associated with the positive end of Factor 5 show a concern with ongoing processes or with things that tend to produce processes or change. The negative pole is less well defined, but suggests more emphasis on features that might be considered static or on methods that might be used to isolate such features (Coan, 1968, p. 719).

6. Endogenist vs. Exogenist: [This dimension] . . . relates mainly to the sources of behavior and experience to which the theorist attends. The endogenist outlook is directed toward characteristics that are biologically inherent either in human organisms in general or in the individual constitution. The exogenist orientation is toward the external influence and its effects on behavior and experience. As conceived here, this is basically a dimension pertaining to the theorist's interests, but obviously certain biases--particularly those regarding the "true" source and the inherent modifiability

of various traits--covary with these interests (Coan, 1970).

Coan (1968) found that these dimensions were largely independent of one another and that it is possible for a person to stand at either extreme on one dimension and, at the same time, be in any position with respect to the others. He noted, however, that since the dimensions are somewhat intercorrelated, some combinations are more likely than others. Analyzing the intercorrelations, he derived two second-order factors of theoretical orientation. Coan (1970) describes these factors thus:

1. Synthetic vs. Analytic Orientation. The first second-order factor subsumes the first three dimensions. . . . Thus, the synthetic orientation is subjectivistic, holistic, and qualitative. The analytic orientation is objectivistic, elementaristic, and quantitative. The synthetic theorist shows a tendency to deal with human experience as he finds it, hoping somehow to grasp it in its entirety. The analytic theorist seeks instead to find understanding through a departure from this uninterrupted totality. He tends to deny the importance of experience as such, to deal with actions without reference to conscious processes, and to superimpose the number system on his observations.

2. Functional vs. Structural Orientation. The other second-order factor relates mainly to the fourth and fifth dimensions and, to some extent, the sixth. What we are calling the functional theorist is both personal and dynamic and tends to be an endogenist. The structural outlook is like the analytic outlook in involving a greater departure from what is initially observed. The functional theorist is more directly interested in the people he sees and in the events manifested in them. The structural

> theorist seeks insight through some sort of abstraction from these.

Coan (1968) found a positive relationship between these two factors. Synthetic and functional tend to go together and represent theorists who are subjective, personal, holistic, qualitative, dynamic, and endogenist. The analytic and structural factors tend to go together and represent theorists who are objective, transpersonal, elementaristic, quantitative, static, and exogenist.

Coan (1971) used this study as the foundation of a more extensive study of theoretical orientation in which he developed the Theoretical Orientation Survey. This questionnaire was mailed to 1000 Ph. D. psychologists listed in the Directory who were involved in theoretical and academic rather than applied psychology. The questionnaire consists of 120 items of theoretical orientation. Psychologists were asked to state on a 5-point scale their agreement or disagreement with a given statement. They were also asked to indicate their primary area of interest. Factor analysis of the items yielded 17 relatively independent dimensions. These factors with brief descriptions by Coan are:

> Factor 1. At one pole, we find a radically empirical outlook. At the other, there is an emphasis on the value of speculation, interpretation, or theory-building. A reasonable title would be factual vs. theoretical orientation.
>
> Factor 2. Tentatively we may call this determinism vs. voluntarism. The emphasis at the negative pole, however, is on the importance of individual choice, purpose, and uniqueness, and

the overall position is not necessarily incompatible with some form of determinism. In contrast, the emphasis at the positive pole is on an impersonal causality.

Factor 3. This deals with an aspect of subjectivism vs. objectivism. Factor 9 does also, however, and the two must be distinguished. Factor 3 seems to be concerned with a substantive dimension, while factor 9 is concerned with a methodological one. We may call factor 3 experiential vs. behavioral content emphasis.

Factor 4. This factor bears all of the essential features of holism vs. elementarism. The loaded items express this dimension with respect to both research strategy and theory, with the former receiving the greater emphasis.

Factor 5. Both factor 5 and factor 6 appear to involve aspects of the nature-nurture issue and the polarity of biological vs. social determinants. Factor 5 seems to be the broader of the two in scope and may be tentatively identified with the dimension of endogenism vs. exogenism.

Factor 6. Here the focus is more on the sources of the individual personality. We may call this social determinism vs. constitutionalism.

Factor 7. We may call this humanism vs. scientific detachment for the present. The positive pole combines a variety of features that might be called humanistic--a belief in the goodness of human nature, a concern with the needs of people, an advocacy of intensive study of individuals, etc. At the negative pole, we find, along with detachment, a tendency in theory to deal with human behavior in the same manner as with other kinds of physical events.

Factor 8. The positive pole stresses cross-species equivalence, while the negative pole stresses the emergent character of human choice and purpose. We may call this emphasis on phylogenetic continuity vs. emphasis on human distinctiveness.

Factor 9. In contrast to factor 3, this is a methodological factor in the sense that the positive pole emphasizes physicalistic reduction,

or explanation in terms of physical conditions and events. Alternatively, we might construe the primary emphasis as one of stimulus determinism, since the specific focus stressed in explanation is apparently on antecedent and contemporaneous stimuli. In this respect, the factor resembles factor 2. The negative pole is less well defined. Logically, subjectivistic explanation or anti-reductionism would seem to be involved, but a clear expression of this in item content is lacking. The best negatively loaded item expresses a finalistic position. For the present, let us simply call this physicalism.

Factor 10. This factor is mainly concerned with whether people are or are not aware of the primary sources of their actions. The latter view is sometimes called irrationalism, but the term rationalism would be misleading as a label for the former view, since this is not its most common usage. We may best call this factor emphasis on unconscious motivation vs. emphasis on conscious motivation.

Factor 11. On the basis of the content of the two best loaded items, we may call this factor systematism. The major emphasis is on systematic hypothesis testing, accompanied by an emphasis on theory construction per se. The positive pole is suggestive of hypothetico-deductive method. The negative pole is poorly marked but seems to entail an anti-constructionist attitude.

Factor 12. This seems identifiable as the previously noted factor of quantitative vs. qualitative orientation. As in previous work, the former pole is better defined than the latter and is accompanied by a general favoring of systematic research methodology.

Factor 13. Both factor 13 and factor 14 involve an emphasis on physiological processes. Here the stress seems to be on the ultimate explanatory power of physiological variables. Hence, we may call this physiological reductionism.

Factor 14. Here there are two well loaded items that involve psycho-physiological covariation, accompanied by items that emphasize individual

expression. This is probably not a replicable factor.

Factor 15. This is also a factor of insubstantial variance. Judged in terms of the three best loaded items, it is rejection vs. advocacy of physical theoretical models.

Factor 16. The one good item suggests the label emphasis on theory, but the content of the other loaded items does not display a very coherent pattern.

Factor 17. Here again, we have a loose assortment of poorly loaded items. A one-item based interpretation would be psychophysical dualism.

Coan, in describing his factors, points out that this is a preliminary set of interpretations based on inspection of loading patterns in the first-order factor analysis and that further analysis may suggest some modification of the present identifications. Factors 14, 15, 16, and 17 are variance splinters represented by only one or two items and are not likely to prove replicable. Therefore they do not merit extensive consideration.

STATEMENT OF THE PROBLEM

As indicated above, both philosophers and psychologists have attempted to characterize and classify theoretical orientation. In summary, the Hebraic and existential philosophical tradition has been described as humanistic, subjective, qualitative, and holistic. It distinguishes between intellectual, logical, rational knowledge and intuitive, experiential, gut-level understanding. It recognizes the paradoxical, irrational, unconscious aspects of behavior and relies on personal, even passionate involvement in the subject as a means of acquiring understanding. The Hellenic and scientific tradition, on the other hand, has been described as scientific, objective, empirical, quantitative, and elementaristic. It emphasizes rigorous, systematic knowledge known with precision and clarity and relies on detached, objective observation as a means of acquiring knowledge.

In addition to the philosopher's distinction between the Hebraic and Hellenic traditions, psychologists have suggested various categories of theoretical orientation. Allport (1955) distinguished between the Lockean and Leibnitzian traditions in psychology, and Rogers (1961) identified two basic trends in American psychology and labelled them the objective and the existential. Ansbacher

(1961) suggested a holistic vs. elementaristic dimension, and Murray (1938) a sensationist vs. peripheralist dimension. Brunswik (1952) proposed a two-dimensional system of classification: subjectivism vs. objectivism and elementarism vs. holism, and Coan (1971) empirically derived several fairly independent factors of theoretical orientation. James (1907) simply distinguished between tender-minded and tough-minded psychologists, yet he seemed to capture a distinction that is recognized by many psychologists.

In addition to these variables of theoretical orientation, there seem to be basic differences between therapeutic orientations with behaviorists describing therapy as an empirical, objective, well-controlled experiment and experientialists and humanists describing therapy as a highly subjective, personal encounter between two persons. Also, whereas behaviorists seem to see behavior as rational, existentialists recognize the irrational, unconscious, and paradoxical aspects of thoughts and feelings. Finally, Sundland and Barker (1962), McNair and Lorr (1964), and Wallach and Strupp (1964) have found that personal involvement is the most important variable in characterizing therapeutic orientation.

It is likely that the kinds of professional and academic interests one is attracted to and the kinds of theoretical and therapeutic orientations he understands,

appreciates, and identifies with may be related to a general personality variable involving tendencies to respond either subjectively or objectively. More specifically, the present study hypothesizes that therapists who become personally involved with their patients will be attracted to subjective, qualitative, holistic theories. They will emphasize understanding rather than factual knowledge and will endorse intuitive, speculative, loosely organized theory. They will also tend to believe that unconscious motivation and irrational thought are important determinants of behavior. Therapists who do not tend to become personally involved with their patients will be attracted to objective, empirical, quantitative theory. They will stress factual knowledge known with precision and clarity, will tend to be positivists and operationalists. They will tend to believe that thoughts, feelings, and behavior can be rationally explained and will deny the importance of unconscious motivation. It is also expected that females will be more attracted to subjective, qualitative theory than males who will be more attracted to objective, empirical, quantitative theories and that females will tend to become more personally involved with their patients than males.

In comparing the theoretical orientations of three common therapeutic orientations; analytic therapy, behavior therapy, and experiential therapy, it is hypothesized that analytic therapists will stress unconscious motivation.

Behavior therapists will emphasize objective, empirical, quantitative theory; rigorous, systematic gathering of facts, controlled experimentation, and possibly operationism and reductionism. They will emphasize social rather than biological determinants of behavior and will not consider the concept of unconscious motivation necessary for explaining or predicting behavio Experiential therapists will be attracted to subjective, qualitative, intuitive theoretical orientations, will endorse interdisciplinary study, and will tend to look to humanities for understanding. Both experiential and analytic therapists will be more holistic than behavior therapists who will tend toward molecular theory.

Finally, in comparing differences between analytic, behavioral, and experiential therapists in the extent to which they become personally involved with their patients, it is hypothesized that behavior therapists will become much less involved with their patients than either experiential or analytic therapists. It is also hypothesized that analytic therapists will become less involved with their patients than experiential therapists.

METHOD

Subjects

The subjects in this study were Ph. D. psychologists drawn from the APA Directory who listed therapy, psychotherapy, or behavior therapy as one of their main interests. Persons who indicated that they specialize in child or group therapy or in a single patient population such as mentally retarded were not included in the sample. The type of subjects included were psychologists who appeared to be doing therapy and who did not indicate that they limited their clients to a particular diagnostic category. In order to qualify as a subject in this study, the psychologist needed to indicate that he was actually practicing psychotherapy. Research or theoretical interest in psychology with no indication that one was actually doing therapy was not sufficient. Because the letter of the alphabet with which one's name begins is not considered a significant variable in this study, subjects were not drawn randomly from the Directory. The sample consisted of 100 subjects for an item analysis of the Therapy Orientation Survey and 500 subjects for the actual study.

Questionnaires

The questionnaires used for this study were the Theoretical Orientation Survey (Appendix A) developed by Coan (1971) and the Therapy Orientation Survey (Appendix B) constructed by the author. The development of the Theoretical Orientation Survey is discussed in the previous section of this text. The Therapy Orientation Survey consisted of items which tap tendencies to approach the therapeutic relationship in a personal vs. an impersonal manner. Some of the items were stated in the first person; others were stated in the third person. Some items were stated so that endorsement indicates personal involvement with the patient; others were stated so that endorsement indicates maintenance of personal distance. Some items were concerned with the therapist's attitudes toward the patient; others were concerned with overt behaviors. An effort was made to create a scale in which all of the items focused on the variable of personal vs. impersonal therapeutic orientation.

Therapists were asked to indicate on a 5-point scale their agreement or disagreement with each statement. The items were presented on a scale ranging from "strongly disagree" to "strongly agree." For purposes of scoring, items were classified as either personalizer or non-personalizer items. Strong agreement with personalizer items indicated endorsement of personal involvement in therapy and were given a score of five. Strong disagreement with a

personalizer item indicated endorsement of maintenance of personal distance and was given a score of one. Likewise, strong agreement with a non-personalizer item indicated endorsement of maintenance of personal distance and was scored one, while strong disagreement with a non-personalizer item indicated endorsement of personal involvement and was scored five. Thus, for each item, subjects received a score ranging from one to five with high scores indicating personal involvement and low scores indicating maintenance of personal distance. The subject's score on the Therapy Orientation Survey was the sum of his scale scores for the items.

In addition, therapists were asked to indicate which approach to therapy they favored most strongly; analytic therapy, behavior therapy, or experiential therapy. They were also asked to indicate their sex. Males were coded as one and females were coded as two.

Procedure

There were two phases to this study: (1) the development of the Therapy Orientation Survey, and (2) administering both questionnaires to the subjects.

The first stage of this study involved mailing the Therapy Orientation Survey to a small sample of subjects in order to perform an item analysis and refine the questionnaire. Thus, 78 items were mailed to 100 subjects along

with a cover letter, an answer form, and a return envelope. The cover letter described the purpose of the questionnaire and assured the subject that his responses would remain strictly confidential.

Of the 100 questionnaires mailed, 30 were used for the item analysis. An item-total correlation of .30 was the criterion for including an item in the revised form of the survey. Any comments made by subjects concerning the content, wording, and ambiguity of the items was considered, and those items which were reported to be confusing were eliminated. The result was a scale composed of 50 items each of which had an item-total correlation of at least .30.

After the item analysis of the Therapy Orientation Survey was performed and the questionnaire refined, both questionnaires along with a cover letter, answer forms, and a return envelope was mailed to 500 subjects.

After the results of this study were analyzed, all subjects who requested results received a report of the findings.

RESULTS

Of the questionnaires mailed, 133 complete sets were returned and usable (116 males, 17 females).

Pearson *r* correlations were obtained between personal involvement scores on the Therapy Orientation Survey and factor scores on Coan's Theoretical Orientation Survey (Table 1). Factors 14, 15, 16, and 17 are substantially represented by very few items and do not account for much of the variance in theoretical orientation.

Pearson *r* correlations were also obtained between sex (coded so that male = 1 and female = 2) and factors of theoretical orientation (Table 2). The correlation between personal involvement and sex was near zero ($r = -.032$).

In addition to correlations between personal involvement and factors of theoretical orientation, personal involvement and sex, and sex and factors of theoretical orientation, several analyses of variance were performed. As indicated previously, subjects were asked to indicate which approach to therapy they favored most strongly: analytic therapy, behavior therapy, or experiential therapy. Those who checked more than one category, wrote "eclectic" on their questionnaire, or identified themselves with an approach other than the three choices given them were classified into an eclectic category. Thus, the sample was

Table 1. Correlations between personal involvement as measured by the Therapy Orientation Survey and factors of the Theoretical Orientation Survey.

Factors of Theoretical Orientation	Personal Involvement Scores
Factor 1	-.335**
Factor 2	-.275**
Factor 3	.600**
Factor 4	.542**
Factor 5	-.050
Factor 6	-.213*
Factor 7	.302**
Factor 8	-.451**
Factor 9	-.368**
Factor 10	.343**
Factor 11	-.325**
Factor 12	-.193*
Factor 13	-.345**
Factor 14	.198*
Factor 15	.006
Factor 16	-.127
Factor 17	.018

*$p \leq .05$.

**$p \leq .01$.

Table 2. Correlations between sex of the therapist and factors of the Theoretical Orientation Survey.

Factors of Theoretical Orientation	Sex of the Therapist
Factor 1	.145
Factor 2	.179*
Factor 3	-.151
Factor 4	-.128
Factor 5	-.067
Factor 6	.050
Factor 7	.021
Factor 8	.205**
Factor 9	.195*
Factor 10	-.103
Factor 11	.002
Factor 12	.128
Factor 13	.116
Factor 14	.087
Factor 15	.077
Factor 16	-.021
Factor 17	-.068

*$p \leq .05$.

**$p \leq .01$.

divided into four groups of therapeutic orientation: analytic, behavioristic, experiential, and eclectic. There were 47 analytic, 21 behavior, 35 experiential, and 30 eclectic therapists in the sample. Simple one-way analyses of variance were performed to compare these groups on each of the 17 factors of theoretical orientation and on personal involvement with patients. Group means and F ratios for differences between groups for the factors of the Theoretical Orientation Survey are presented in Table 3. Group means and the F ratio for differences between groups for personal involvement are presented on page 52.

The groups differed significantly on factor 1, factual vs. theoretical orientation, with the behavior therapists scoring highest and the experiential therapists scoring lowest. For factor 2, determinism vs. voluntarism, mean differences between therapy orientations was significant with the behavior therapists scoring highest on the factor and the experiential therapists scoring lowest. On factor 3, experiential vs. behavioral content emphasis, the groups again differed significantly. Experiential therapists scored highest on this factor followed by analytic therapists, eclectic therapists, and behavior therapists. Differences between the therapy orientations were significant for factor 4, holism vs. elementarism, with the experiential therapists scoring highest and the behavior therapists scoring lowest. Group differences were

Table 3. Means of four therapist groups on factors of theoretical orientation.

Factors	Therapist Groups				F Ratio for Differences Between Groups
	Analytic Therapists	Behavior Therapists	Experiential Therapists	Eclectic Therapists	
1	47.148	57.428	45.514	47.600	9.777****
2	45.829	53.142	43.285	48.333	10.205****
3	59.000	47.333	59.114	56.533	19.285****
4	58.468	48.190	59.200	58.000	13.318****
5	46.872	46.523	46.542	48.900	.549
6	50.319	55.761	49.171	52.233	2.817*
7	53.914	53.190	58.228	54.733	3.253**
8	44.063	55.476	44.000	45.200	20.602****
9	43.978	57.142	43.371	46.233	19.619****
10	60.021	45.904	53.485	54.633	14.261****
11	46.446	49.952	43.457	49.000	4.490***
12	41.829	47.666	41.771	42.100	2.932*
13	42.723	51.190	42.971	45.733	8.777****
14	49.042	50.523	49.028	50.100	.454
15	53.595	63.571	55.828	54.166	.735
16	48.553	47.523	46.714	52.000	4.007***
17	50.723	52.619	52.314	53.166	1.138

*$p < .05$.

**$p < .025$.

***$p < .01$.

****$p < .005$.

nonsignificant for factor 5, endogenism vs. exogenism. For factor 6, social determinism vs. constitutionalism, differences were significant with the behavior therapists scoring highest on the factor followed by the eclectic therapists, analytic therapists, and experiential therapists. On factor 7, humanism vs. scientific detachment, there was a significant difference with experiential therapists scoring highest on this factor and behavior therapists scoring lowest. Group differences were also significant on factor 8, phylogenetic continuity vs. emphasis on human distinctiveness. Behavior therapists scored highest on this factor. Differences between the other groups were slight with experiential therapists scoring the lowest of the respective groups. On factor 9, physicalism, differences between groups were significant with behavior therapists scoring highest and experiential therapists scoring lowest. There was only a slight mean difference between the analytic and experiential therapy groups. On factor 10, emphasis on unconscious motivation, the groups differed significantly. In this case, analytic therapists scored highest, followed by eclectic therapists, experiential therapists, and behavior therapists. For factor 11, systematism, differences were significant with the behavior therapists scoring higher than the other three groups on this factor and the experiential therapists scoring lower than the other groups. Significant differences were found between the four groups

for factor 12, quantitative vs. qualitative orientation, with behavior therapists scoring highest and experiential therapists scoring lowest of the four groups. An inspection of group means reveals that analytic, experiential, and eclectic therapist group means differ only slightly from one another and all are well below the behavior therapists group mean for this factor. Significant group mean differences were found for factor 13, physiological reductionism, with behavior therapists scoring highest on this factor followed by eclectic therapists, experiential therapists, and analytic therapists. Differences between analytic and experiential therapists seem negligible for this factor. Differences between groups were nonsignificant for factor 14 (factor name not yet designated) and factor 15, rejection vs. advocacy of physical theoretical models. For factor 16, emphasis on theory, differences between group means were significant. Here, the eclectic therapists scored the highest of the four groups and the experiential therapists scored the lowest with only slight differences between the analytic and behavior therapists. Differences between groups were nonsignificant for factor 17, psychophysical dualism.

There was a significant difference between groups for personal involvement scores on the Therapy Orientation Survey (Table 4). The analytic therapists received the highest mean score for personal involvement while the

Table 4. Means of four therapist groups on personal involvement.

Group Means				
Analytic Therapists	Behavior Therapists	Experiential Therapists	Eclectic Therapists	F
179.851	162.619	179.257	172.533	4.356*

*$p < .01$.

behavior therapists received the lowest mean score. The experiential therapists received the second highest group mean score for personal involvement differing only minimally from the analytic therapy group ($\overline{X}$ = 179.851 vs. $\overline{X}$ = 179.259).

DISCUSSION OF RESULTS

As mentioned previously, factors 14, 15, 16, and 17 of the Theoretical Orientation Survey do not account for much of the variance in theoretical orientation, are represented by only one or two good items, and do not merit extensive consideration. Therefore, there will be little discussion of these factors.

The present study posed the general question: Is personal involvement with patients an important variable in characterizing the theoretical and therapeutic orientations of clinical psychologists? More specifically, four questions have been asked:

1. What are the differences between the theoretical orientation of clinicians who become personally involved with their patients and clinicians who maintain personal distance between themselves and their patients?
2. Is the sex of the therapist related to either theoretical orientation or personal involvement in therapy?
3. What are the most important dimensions in characterizing the theoretical orientation of analytic, behavioristic, and experiential therapists; and what are the most significant differences between

the theoretical orientations of these three schools of psychotherapy?

4. Is the extent to which therapists become personally involved with their patients a variable which discriminates analytic, behavioristic, and experiential therapists from one another? In other words, do experiential therapists become more personally involved with patients than behavior therapists, etc.?

The discussion section of this text will attempt to answer these questions.

Differences Between the Theoretical Orientation of Personalizer and Non-Personalizer Psychotherapists

Although personal involvement with patients is a variable which occurs on a continuum, the labels personalizer and non-personalizer will be used in describing theoretical orientations of therapists. There are really no non-personalizers. All clinicians, to some extent, become personally involved with their patients. However, the term personalizer, in this text, refers to therapists who become personally and intimately involved with their patients as compared with non-personalizers who tend to maintain personal distance between themselves and patients.

As indicated in the Results section, there were several statistically significant correlations between

personal involvement scores on the Therapy Orientation Survey and factor scores on the Theoretical Orientation Survey indicating that personalizers are attracted to and endorse a very different theoretical orientation than non-personalizers. A more comprehensive discussion of the content of the factors of theoretical orientation along with a discussion of the statistically significant differences between personalizers and non-personalizers is presented below. All quotes in this section of the text are items from Coan's (1971) Theoretical Orientation Survey.

There was a negative correlation between personal involvement and factor 1, factual vs. theoretical orientation, indicating that whereas the personalizer values comprehensive, loosely organized theory that goes well beyond established fact, the non-personalizer emphasizes the systematic gathering of factual information, rejects speculation or theory building, and rejects the use of hypothetical constructs. The non-personalizer has a factual orientation and tends to be an operationist and radical empiricist. He tends to endorse items which state that "A science is likely to progress most rapidly if researchers devote themselves primarily to the systematic gathering of factual information and engage in little elaborative speculation," and "A good theory is essentially a summary of established fact." He also tends to endorse the item,

"All concepts used in psychological theory should be explicitly definable in terms of observed physical events."

There was also a negative correlation between factor 2, determinism vs. voluntarism, and personal involvement indicating that personalizers stress the role of personal choice and the uniqueness, freedom, and responsibility of the individual; whereas non-personalizers advocate a more impersonal, lawful regularity governing events and consider the experience of personal choice an illusion. Non-personalizers tend to believe that "Human behavior is characterized in all aspects by lawful regularity and thus, in principle, it is completely determined." Personalizers believe that "To be complete, any theory of human action must recognize the role of conscious individual choice," and that "Individual people are so uniquely organized that they can never be adequately understood in terms of laws, principles, or concepts that are designed for universal application."

Personal involvement was positively correlated with factor 3, experiential vs. behavioral content. This factor deals with the content of theory rather than methodology and more specifically, whether the content should be subjective or objective. Personalizers, of course, are attracted to subjective content such as the individual's private experience, psychic or mental events, emotional states, meditation, and Hindu and Buddhist thought.

Non-personalizers, on the other hand, reject the notion that "The individual subject's personal account of his private conscious experience is one of the most valuable sources of psychological data," and that "Psychology can best be distinguished from other sciences by its concern with psychic or mental events, rather than its concern with overt behavior." While personalizers like to deal with private, subjective, conscious experience and are therefore experientially oriented, non-personalizers focus on overt, publicly observable behavior and are therefore objective and behavioral.

On factor 4, holism vs. elementarism, there was a positive correlation with personal involvement demonstrating that personalizers tend to be holistic and advocate global, comprehensive theory and studies of broad scope, whereas non-personalizers tend to think that psychology should concentrate on very specific, circumscribed problems and develop more restricted theories. For example, personalizers endorsed the item, "We can best achieve comprehensive understanding if we concentrate on global patterns and relationships before proceeding to investigate the more elementary relationships of component variables." They also agreed that "We would gain more valuable information if researchers spent more time studying total action patterns in relation to the total influencing environment and less time relating single responses to few specific stimuli." In contrast,

non-personalizers suggested that "Psychologists should concentrate on the development of restricted theories that fit limited sets of events fairly precisely, rather than aiming at comprehensive schemes that provide a looser fit to many events."

Personal involvement was negatively correlated with factor 6, social determinism vs. constitutionalism, indicating that non-personalizers consider environmental influence and social milieu the most important sources of individual differences in personality, while personalizers stress constitutional determinants. Non-personalizers endorsed the item "It is a mistake to think in terms of a fixed individual constitution, since through appropriate early training, we could cause a normal infant to develop almost any kind of personality," and personalizers believed that "Individual differences in personality are governed to a high degree by heredity."

Factor 7, humanism vs. scientific detachment, was positively correlated with personal involvement. Personalizers, on this factor, indicated that they are interested in understanding people, advocate intensive study of single individuals, believe that human nature is basically good, and in general, care about the needs of people. In this sense, personalizers tend to have a humanistic orientation while non-personalizers remain more detached. Non-personalizers believe that "A scientist should avoid much

involvement with questions of value," and that "In psychology, as in other sciences, a researcher should try to approach his subject matter with strict emotional detachment." On this factor it is clear that the tendency to respond either personally or non-personally seems to be a general personality trait in that persons who become emotionally involved with patients tend to be emotionally involved with people in general, while individuals who tend to become less personally involved with their patients also approach the study of other persons with scientific detachment.

A negative correlation was found between factor 8, emphasis on phylogenetic continuity vs. emphasis on human distinctiveness, and personal involvement. Non-personalizers stress cross-species equivalence and endorse the item, "Most of the principles that are fundamental for explaining human behavior can be studied in experiments with lower animals," while personalizers disagree because they believe that "Human behavior differs fundamentally from inanimate processes in that it is characterized by purpose or goal-directedness."

On factor 9, physicalism, which had a negative correlation with personal involvement, non-personalizers advocated restricting the subject matter of psychology to matters which can be studied by objective methods and defining all psychological concepts in terms of observed

physical events and operations of measurement. They also agreed that "The primary goal of psychological theory should be laws in which behavior is expressed as a complex function of present and past stimulation," and that "The basic purpose of psychology is to establish systematic functional relationships between stimuli that impinge on the organism and the responses that result from them." Thus, non-personalizers tend to advocate physicalistic reduction and stimulus determinism both of which are rejected by personalizers.

There was a positive correlation between personal involvement and factor 10, emphasis on unconscious motivation vs. emphasis on conscious motivation, with personalizers believing that "Most of our behavior is governed by forces of which we are unaware," and non-personalizers believing that "People are usually aware of the most important motives or reasons underlying their actions."

Factor 11, systematism, negatively correlated with personal involvement. On this factor, non-personalizers endorsed systematic hypothesis testing and the hypothetico-deductive method while personalizers tended to reject systematism and display an anti-constructionist attitude.

A significant negative correlation was found between factor 12, quantitative vs. qualitative orientation, and personal involvement with non-personalizers suggesting that psychological theory should be composed of abstract,

mathematical, logical equations and personalizers endorsing qualitative theory.

Finally, factor 13, physiological reductionism correlated negatively with personal involvement. Thus, whereas non-personalizers seem to believe that ultimately, behavior can be explained in terms of physiological variables, personalizers disagree.

In summary, personalizers advocate holistic, speculative, loosely organized theory that goes well beyond established fact, subjective content such as private conscious experience, and qualitative methodology. They stress free will and the role of individual personal choice. However, they also recognize the role of unconscious motivation and believe that some individual differences in personality are governed by heredity. They are humanistically oriented and become emotionally and personally involved in their subject. Personalizers reject systematism, physicalistic reduction, operationalism, stimulus determinism, phylogenetic continuity, and physiological reduction. As expected, clinicians who tend to become personally involved with their patients are attracted to and endorse subjective, qualitative, holistic, theoretical orientations; recognize the importance of unconscious motivation, and tend to be humanistic and experiential. Historically, they follow the Hebraic, existential tradition. They represent

Pascal's intuitive man (Barrett, 1962, p. 114) and James' (1907) tender-minded philosophers.

Non-personalizers advocate a factual orientation, reject the use of hypothetical constructs and speculative theory building, and tend to be radical empiricists. The content of their research is limited to overt, publicly observable behavior. They tend to be elementaristic and believe that psychology should concentrate on specific, circumscribed problems. They emphasize operational definition; rigorous, systematic, quantitative research; and suggest that psychology should be composed of abstract mathematical equations. They advocate physicalistic reduction, stimulus determinism, phylogenetic continuity, and physiological reductionism. Non-personalizers consider the experience of personal choice an illusion and believe that human behavior is characterized by lawful regularity and therefore determined. They stress environmental rather than hereditary determinants of behavior and reject unconscious motivation. In general, rather than becoming personally involved in their subject matter, non-personalizers maintain emotional detachment. As expected, clinicians who do not tend to become personally involved with their patients are attracted to and endorse objective, quantitative, elementaristic theoretical orientations and tend to be stimulus-response psychologists and radical empiricists. They reject unconscious motivation, study behavior rather

than experience, and maintain scientific detachment. Historically, they follow the Hellenic and scientific traditions. They represent Pascal's mathematical man (Barrett, 1962, p. 114) and James' (1907) tough-minded philosophers.

As mentioned previously, the following dimensions of theoretical orientation have been proposed by other psychologists: Rogers (1961), objective vs. existential; Ansbacher (1961), holism vs. elementarism; Murray (1938), centralists vs. peripheralists; and Brunswik (1952), subjective vs. objective and molecular vs. molar. In terms of these labels, personalizers could be described as existential, holistic, centralist, subjective, and molar while non-personalizers could be described as objective, elementaristic, peripheralist, and molecular. It is worth noting that although Brunswik suggested that objectivity and molarity go together and subjectivity and molecularity go together, this is not the case with personalizers and non-personalizers who tend to be either subjective and molar or objective and molecular.

Relationships Between Sex of the Therapist, Theoretical Orientation, and Personal Involvement in Therapy

In the present study, males were assigned a score of one and females a score of two. Thus females were coded as high scorers. A positive correlation means that females endorsed items on the positive pole while males endorsed

items on the negative pole of the factors of theoretical orientation.

Although it was hypothesized that females would be attracted to subjective, qualitative theoretical orientations while males would be attracted to more objective, quantitative orientations, there were no trends in this direction in the present study. In fact, there were significant positive correlations between female sex and factors 2, 8, and 9 indicating that females advocate determinism, phylogenetic continuity, and physicalism while males emphasize the role of free will and individual choice and reject phylogenetic continuity and physicalism.

In that there were only 17 females in the sample and almost all other correlations between sex and factors of theoretical orientation were near zero, these results probably do not merit much consideration.

It was also hypothesized that females would tend to become more personally involved with their patients than males, but the correlation between personal involvement and sex was near zero.

Thus, on the basis of a very limited sample of females, sex does not appear to be related to either theoretical orientation or personal involvement in therapy.

Theoretical Orientations of Analytic, Behavior, Experiential, and Eclectic Therapists

When compared with the other therapy orientations, analytic therapists were higher on factor 10, emphasis on unconscious motivation. They were also lower on factor 13, physiological reductionism than the other groups.

Behavior therapists were higher than the other therapy orientations on factor 1, factual vs. theoretical orientation; factor 2, determinism vs. voluntarism; factor 6, social determinism vs. constitutionalism; factor 9, physicalism; factor 11, systematism; factor 12, quantitative vs. qualitative orientation; and factor 13, physiological reductionism. They were lower than the other groups on factor 3, experiential vs. behavioral content emphasis; factor 4, holism vs. elementarism; factor 7, humanism vs. scientific detachment; and factor 10, emphasis on unconscious motivation vs. emphasis on conscious motivation.

Experiential therapists were higher than the other therapy orientations on factor 3, experiential vs. behavioral content emphasis; factor 4, holism vs. elementarism; and factor 7, humanism vs. scientific detachment. They were lower than the other groups on factor 1, factual vs. theoretical orientation; factor 2, determinism vs. voluntarism; factor 6, social determinism vs. constitutionalism; factor 8, emphasis on phylogenetic continuity vs. emphasis on human distinctiveness; factor 9, physicalism; factor 11,

systematism; factor 12, quantitative vs. qualitative orientation; and factor 16, emphasis on theory.

Eclectic therapists were higher on factor 16, emphasis on theory, than the analytic, behavior, or experiential therapists. They were not lower than the other therapists on any of the factors.

Thus, analytic therapists place more emphasis on unconscious motivation, and more strongly disagree with physiological reductionism than other therapists. Behavior therapists, in comparison with other therapists, have a more factual, quantitative, deterministic orientation and more strongly reject experiential content, holism, humanism, and unconscious motivation. On the other hand, experiential therapists, in comparison with other therapists, are more experiential, holistic, and humanistic and more strongly reject factual, quantitative orientation; systematism; physicalism; determinism; and phylogenetic continuity. The only distinctive characteristic of the eclectic therapists is their emphasis on theory. These differences between analytic, behavior, and experiential therapists are in agreement with the general hypotheses made in the present study.

In terms of the most distinctive theoretical differences between therapists, analytic and behavior therapists most strongly opposed each other on factors 10 and 13. Analytic therapists scored highest of all groups on

unconscious motivation while behavior therapists scored lowest of all groups on unconscious motivation; behavior therapists scored highest of all groups on physiological reduction while analytic therapists scored lowest on this factor.

However, it is obvious that of all the groups, behaviorists and experientialists are most at odds with each other. On factors 1, 2, 6, 9, 11, and 12 behavior therapists received the highest scores while experiential therapists received the lowest scores, and on factors 3, 4, and 7 experientialists received the highest scores while behaviorists received the lowest scores.

Thus, behavior therapists, in comparison to experiential therapists, place more emphasis on factual, elementaristic, empirical studies of objective behavior, while experiential therapists place more emphasis on holistic, speculative theory and subjective experience. Behaviorists more strongly advocate stimulus determinism; precise, quantitative formulations; operational definition; and systematic hypothesis testing than experientialists who favor more loosely organized theory and qualitative interpretation. Behaviorists more strongly agree that the experience of personal choice is an illusion; experientialists place more emphasis on the role of conscious, individual choice. Finally, behaviorists more strongly endorse the idea that researchers should maintain strict

scientific detachment while experientialists become more personally involved with their subject matter.

It is interesting that upon reading the literature in clinical psychology, one gets the impression that behaviorists spend much more time criticizing analytic theoretical orientation than the experiential and existential orientation, yet, according to the present study, behaviorists have more in common with analytic than experiential therapists who most strongly oppose them.

Differences Between Analytic, Behavior, and Experiential Therapists on Personal Involvement with Patients

As indicated in the Results section, personal involvement scores differed significantly between groups. Of all groups, analytic therapists received the highest scores on personal involvement, and behavior therapists received the lowest scores. However, analytic and experiential therapists differed only minimally from each other, and statistical significance resulted from behavior therapists' scoring significantly lower than experiential or analytic therapists on personal involvement.

Thus, as hypothesized, behavior therapists become much less personally involved with their patients than experiential therapists. However, it was also hypothesized that experiential therapists would tend to become more personally involved with their patients than analytic

therapists, yet according to this study, this is not the case. Analytic and experiential therapists show about an equal amount of personal involvement with patients.

SUMMARY AND CONCLUSIONS

This study traced some of the historical roots of the subjective vs. objective and personal vs. impersonal orientation in the history of knowledge. The more general hypothesis was that the tendency to respond in either a subjective or objective manner is a general personality trait which is expressed in one's theoretical and professional orientations.

This study was not designed to directly measure this hypothesis, and instead hypothesized that clinical psychologists who tend to become personally involved with their patients would also be experiential or existential therapists and would advocate subjective, holistic, qualitative theoretical orientations, while clinical psychologists who become less personally involved with their patients would be behavior therapists and would advocate objective, elementaristic, quantitative theoretical orientations.

Results of this study indicated that clinical psychologists do differ on the variable of personal involvement with patients and that there are, relatively speaking, personalizer and non-personalizer clinicians. Personalizers tend to be either analytic or experiential therapists and advocate subjective, holistic, qualitative theory. They stress the role of individual personal choice, indicate that

they are personally involved in their subject matter, and in general, have a humanistic, experiential, and theoretical orientation. Non-personalizers tend to be behavior therapists and endorse objective, empirical, elementaristic, quantitative theory. They advocate scientific detachment in research and in general have a scientific, behavioral, factual orientation. In comparing analytic, behavior, and experiential therapists, behaviorists and experientialists disagree most strongly with each other on factors of theoretical orientation and disagree about more of the dimensions of theoretical orientation than the other groups.

It appears that there is a subjective vs. objective, personal vs. impersonal, existential vs. scientific debate in clinical psychology today and that this debate is in many ways similar to the ancient Hebraic vs. Hellenic and existential vs. scientific dialectic in the history of knowledge.

Further research on relationships between personal involvement as a general overall personality trait and academic and occupational interests and orientations would be interesting. One might follow up this study by designing a personality questionnaire which measures the extent to which the individual becomes personally involved in his everyday life--in the music he hears, the movies he sees, the books he reads, the games he plays, and the people he meets. This personal involvement questionnaire could be administered along with theoretical and professional

orientation questionnaires to persons in a wide variety of academic disciplines and occupations to see if in fact people who tend to become personally involved with persons and activities in their everyday life are attracted to subjective, personal academic disciplines, theoretical orientations, and professional roles while persons who become less personally involved in other people and in their daily activities seek more objective, academic orientations and assume a more emotionally detached role in their profession.

APPENDIX A

THEORETICAL ORIENTATION SURVEY

The statements below represent a wide range of issues pertaining to theory and methods in psychology. Please indicate the extent of your agreement or disagreement with each one by circling the appropriate alternative on the answer form. You may feel that some of the statements are a bit vague or obscure, but try to decide in each case whether you agree or disagree with the item. Use the uncertain category no more than necessary.

1. People are usually aware of the most important motives or reasons underlying their actions.

2. In principle, we could predict all of a person's behavior if we had complete knowledge of his physiological condition and of the events that had previously occurred in his life.

3. Probably the most fruitful way of accounting for dream phenomena is in terms of physiological processes.

4. The experience of personal choice is actually an illusion.

5. If we want to understand the personality of any individual, it is more essential to know how he views himself--i.e., his concept of himself--than to have a record of his actions.

6. A science is likely to progress most rapidly if researchers devote themselves primarily to the systematic gathering of factual information and engage in little elaborate speculation or theory building.

7. Psychologists should concentrate on the development of restricted theories that fit limited sets of events fairly precisely, rather than aiming at comprehensive schemes that provide a looser fit to many events.

8. Psychologists should strive to develop a more elaborate and precise vocabulary for describing conscious emotional states and other qualities of experience.

9. Science can best advance if theorists are willing to speculate freely beyond the limits of currently available evidence.

10. Often theories that are rather vague and loosely organized lead to more important discoveries than alternative theories that are more precise and coherent.

11. It is reasonable to assume that conscious experience is present in animals well below the human level.

12. If there is minimal interference with the development of their natural tendencies, people will behave in a way that is predominantly benevolent and cooperative.

13. Almost all the subject matter of psychology could be explained in terms of the principles of the basic biological and physical sciences if knowledge in those sciences were sufficiently advanced.

14. In the long run researchers can achieve most if they devote each individual study to a very specific, circumscribed problem.

15. We can best describe people without referring to personality traits or character traits, since such concepts represent very imprecise general descriptions of behavior.

16. The basic purpose of psychology is to establish systematic functional relationships between the stimuli that impinge on the organism and the responses that result from them.

17. It is a mistake to think in terms of a fixed individual constitution, since through appropriate early training, we could cause a normal infant to develop almost any kind of personality.

18. Many of the behavioral differences between men and women are a function of inherent biological differences between the sexes.

19. The individual subject's personal account of his private conscious experience is one of the most valuable sources of psychological data.

20. It is just as important for psychological researchers to formulate theoretical interpretations as it is to accumulate specific facts about behavior.

21. Psychologists can gain as many important insights by studying the humanities as by studying the natural sciences.

22. The best indication of the soundness of a psychological theory is its ability to permit control of the events with which it deals.

23. Human behavior differs fundamentally from inanimate processes in that it is characterized by purpose or goal-directedness.

24. As far as possible, theorists should treat behavior as a function of physically defined stimuli, without reference to the individual's mode of perceiving or interpreting the stimuli.

25. We would gain more valuable information if researchers spent more time studying total action patterns in relation to the total influencing environment and less time relating single responses to a few specific stimuli.

26. A theory should consist mainly of inductive generalizations based on observations, with little in the way of constructions or hypothetical formulations contributed by the theorist.

27. Psychologists should be as concerned with explaining private conscious experience as they are with explaining overt behavior.

28. A theory is good only to the extent that it serves a human need for understanding. It has no absolute value that can be separated from its function in human thought.

29. The only philosophical questions that are worth much consideration are those that can be answered by empirical research.

30. What a man can accomplish in his life is strictly limited by his inherited capacities.

31. Many of the most important relationships in psychology can best be examined by complex kinds of statistical analysis.

32. It is more fruitful to try to account for behavior in terms of principles that are universally applicable than to try to understand it in terms of the unique characteristics and situation of the individual who manifests it.

33. It is better to regard learning as a change in responses to given stimuli than to regard it as a change in the mode of experiencing or perceiving something.

34. The most valuable theories are ones involving speculation that goes well beyond established facts and points the way to future discoveries.

35. Our sensations, impressions, and memories are all that we know directly, and their existence is more certain than that of the physical world.

36. Personality traits are almost entirely determined by the social milieu in which the individual grows up.

37. At present, there is as great a need in psychological research for sensitive introspective observers as for refinements in design and instrumentation.

38. A psychological theory should never contain concepts that refer to sheerly fictitious entities or events.

39. To understand another person, it is more important to determine what he is feeling or experiencing than it is to find predictable patterns in his behavior.

40. A person who becomes more highly developed emotionally is likely to display a pattern of living that is more and more individually distinctive, even if this results in some unconventional behavior and interpersonal friction.

41. Every event in conscious experience is accompanied by a parallel physiological process that undergoes change whenever the conscious event changes.

42. In their research and theorizing, psychologists should confine themselves to matters that can be investigated by objective scientific methods.

43. The primary goal of psychological theory should be laws in which behavior is expressed as a complex function of present and past stimulation.

44. The direction of human behavior is governed to a considerable extent by inborn predispositions.

45. As a goal of psychotherapy and personal development, creativity is more important than contentment or freedom from distress.

46. Strictly speaking, there are no random or chance events, since all events are characterized by lawful regularities.

47. The concept of unconscious psychic processes serves no useful function in psychological theory, and it should be discarded.

48. As far as possible, the stimulus and response variables used in psychological theory should be defined in strictly physical terms.

49. Individual differences in personality are mostly a product of environmental influence.

50. Most of the principles that are fundamental for explaining human behavior can be studied in experiments with lower organisms.

51. Body and mind should be regarded as somewhat different things rather than merely different aspects of the same thing.

52. Observational data are of little value unless they are based on experimental operations that can be repeated by other investigators.

53. Psychological theory could benefit greatly from more extensive use of mathematical and geometric models.

54. For many research purposes, it is best to permit many relevant variables to interact in a natural fashion and then analyze the results, rather than try to effect strict control.

55. Typologies are a useful way of describing people, even if they do not fit individual people very precisely.

56. Psychologists can get as many basic theoretical insights by reflecting on ordinary life events as they can through deliberately designed research.

57. In explaining psychological processes, it is often useful to describe them in terms of a physical analogy--i.e., in terms of a physical process that has similar properties.

58. All aspects of conscious human experience should be considered appropriate subject matter for psychology.

59. Human actions are just as strictly determined by whatever causes are operating as all other physical events are.

60. For scientific purposes, conscious events are best viewed as consequences of neurological processes.

61. In general, a person's behavior can be understood better in terms of the goals or purposes toward which it is directed than in terms of the events that have preceded it.

62. The most useful type of explanation for most behavioral or psychological phenomena would be in terms of physiological processes or mechanisms.

63. Scientists should try to provide comprehensive theoretical interpretations of their subject matter at all times, regardless of the current limitations of available knowledge.

64. Scientific theories are better viewed as constructions or inventions that we superimpose on the realm of observation than as statements of discovered or hypothesized truth.

65. In general, concepts of ego and self serve no essential function, and the science of psychology can do as well without them.

66. Most of our behavior is governed by forces of which we are unaware.

67. Human behavior is characterized in all aspects by lawful regularity, and thus, in principle, it is completely predictable.

68. To provide a complete account of human learning, we must recognize the role of a conscious intention to learn or remember.

69. Psychologists should undertake more studies of broad scope, aimed at charting major areas of investigation, before proceeding to test so many specific hypotheses.

70. All the concepts used in psychological theory should be explicitly definable in terms of operations of observation and measurement.

71. The ingredients of human thinking are primarily verbal; people think almost entirely in words.

72. By nature, human beings tend to be more aggressive than the members of many other species.

73. Adequate explanation of human behaving requires principles that are not needed to explain the behaving of lower animals.

74. The overall organization of the perceptual field is largely governed by innate tendencies of the perceiving organism.

75. We can best achieve comprehensive understanding if we concentrate on global patterns and relationships before proceeding to investigate the more elementary relationships of component variables.

76. All the concepts used in psychological theory should be explicitly definable in terms of observed physical events.

77. Neuroses and psychoses can be explained better in terms of faulty habit formation than in terms of inner conflicts.

78. Ultimately, the best basis for judging the soundness of psychological theories is whether they lead to effective solutions for practical human problems.

79. Our behavior and experience are governed to a great extent by unconscious motives.

80. Psychology can best progress as a science if we concentrate first on elementary mechanisms and relationships before proceeding to complex problems that involve the total personality.

81. In scientific writing, psychologists should either avoid making statements about conscious phenomena or try to translate such statements into statements about physical conditions and events.

82. It is more fruitful in research on emotion to deal with it primarily in terms of physiological patterns than to try to analyze it as an experience.

83. A good theory is essentially a summary of established fact.

84. A scientist should avoid much involvement with questions of value.

85. Nearly all individual differences in human behavior can be accounted for in terms of past reinforcements.

86. Our most important information in psychology is obtained by well-controlled experiments in which we systematically vary one or a few independent variables and record their effects on a specific dependent variable.

87. At every stage in the development of his thinking about an area, a theorist should try to express his ideas in the form of an explicit system of concepts and propositions. Theory is not just an ultimate goal.

88. All behavior, except for a few simple reflexes, is learned.

89. Theories should be constructed around well-tested facts, rather than broadly designed to encompass events that have not been systematically studied.

90. A person may be said to have free will to the extent that he is aware of the things that influence his behavior.

91. To understand a given person, it is better to start by relating to him uncritically as a total unique being, rather than by systematically recording and analyzing his behavior.

92. As this science progresses, psychological theories will tend increasingly to be composed of abstract mathematical or logical equations.

93. The ability to interact harmoniously with other people is a more basic characteristic of the mature personality than the ability to function independently.

94. Eventually a neurological or biochemical correlate will be found for every important feature of behavior and experience.

95. Most behavior serves the function of reducing tension or excitation.

96. In psychology as in other sciences, a researcher should try to approach his subject matter with strict emotional detachment.

97. Individual people are so uniquely organized that they can never be adequately understood in terms of laws, principles, or concepts that are designed for universal application.

98. Extrasensory perception probably does occur.

99. It should be the basic aim of psychotherapy to get the individual to experience and assume responsibility for all his own actions.

100. The structure of human thought is governed to a great extent by innate factors.

101. Human behavior should be studied by methods that are logically identical with those we employ in studying lower animals. It requires no fundamentally different procedure.

102. We can develop an adequate psychological science without making any reference in our theories to such things as mind, consciousness, or experience.

103. It is likely that the only inborn motives are those pertaining to definite body requirements--e.g., hunger and thirst.

104. If we had sufficient information, almost everything in the realm of behavioral events could be explained in terms of physiological processes.

105. Clinical observations yield a lot of information that could not be obtained through well-controlled experiments.

106. The most useful way of explaining any event for theoretical purposes is to analyze it into simpler component processes.

107. The events of early childhood are the most important source of individual differences in personality.

108. To be complete, any theory of human action must recognize the role of conscious individual choice.

109. Individual differences in personality are governed to a high degree by heredity.

110. In research, one should nearly always start with a clear-cut hypothesis that can be evaluated statistically.

111. Psychologists should avoid incorporating physical models into psychological theory and treating psychological systems as analogous to mechanical, hydraulic, or electrical systems.

112. Psychology can best be distinguished from other sciences by its concern with psychic or mental events, rather than its concern with behavior.

113. Psychologists should strive for precise measurement and quantification at all stages in their research.

114. The most basic goal of science is comprehensive theory, rather than the accumulation of facts.

115. Psychologists could gain many valuable insights through a study of Hindu and Buddhist thought.

116. Most of our research should be devoted to the testing of hypotheses clearly derived from systematically formulated theory.

117. Psychologists could learn more if they devoted more time to the intensive study of a few individuals and less time to large-sample research with restricted features of behavior.

118. Psychologists can gain many valuable insights through meditation and other procedures designed to expand or illuminate private experience.

119. Much of the variation in human temperament is governed by inborn constitution.

120. Nearly all the behavioral tendencies that have been called instinctive in people are actually products of learning.

APPENDIX B

THERAPY ORIENTATION SURVEY

The statements below deal with some of the actions and attitudes of psychologists engaged in clinical work. Please indicate the extent of your agreement or disagreement with each one by circling the appropriate alternative on the answer form. You may feel that some of the statements are a bit vague or obscure, but try to decide in each case whether you agree or disagree with the item. Use the uncertain category no more than necessary.

1. Some days I feel like I just can't stand talking to certain patients.
2. The best way to initiated therapy is to ask the patient to clearly outline the problem for you.
3. After a large number of sessions with a patient, I may know such things as his or her favorite music, political beliefs, and preferred foods.
4. I sometimes think of a patient just as I am falling asleep.
5. It is better to keep the patient focused on methods of changing his behavior rather than letting him delve into why he got to be the way he is.
6. I have felt that a particular patient was simply using me for his own interests.
7. I have sometimes felt repulsed by a patient.
8. I often wonder what patients are thinking about me.
9. The best way to design and select therapy techniques is to look at theory and research in the areas of learning, modeling, and social psychology.
10. I feel that I can help my patients best by trying to put aside my personal feelings and stick to therapeutic goals.
11. I have found myself angered by a patient.
12. Verbal therapy with schizophrenics is fruitless.
13. I prefer short-term therapy directed at changing target behavior through the use of reinforcement and behavior modification techniques.
14. The main thing a therapist has to give to his patient is his skill and knowledge.
15. Most patients can be adequately explained in terms of already existing psychological theory.
16. To maximize your impact on the patient you ought to carefully select a small, manageable number of inappropriate or self-defeating behaviors and attempt to change them.
17. I do not like to become involved in long-term verbal therapy with patients.

18. I often find that one of the best clues as to what a person is like is how he makes me feel.

19. Without keeping charts and graphs which present a picture of changes in behavior, it is difficult to know if in fact the therapy techniques are having an impact on the person.

20. Persons who spend a lot of time reflecting on their feelings and motives are difficult to treat.

21. I have sometimes wanted to touch a patient who was in special distress.

22. I have wondered between sessions what a patient is doing.

23. I have to remain objective during a therapy session, which means that I cannot become emotional with a patient.

24. If I feel bored or irritated during a therapy session with one of my patients, I try not to show it.

25. My own problems and feelings have sometimes affected what I say or do with a patient in therapy.

26. I have sometimes wanted to comfort a patient by touching his arm or putting a hand on his shoulder.

27. Sometimes I feel very angry at circumstances that seem to have trapped a patient.

28. Sometimes what a patient says sets off images of early experiences in my own life.

29. I have held onto or wanted to hold onto a patient longer than necessary because I enjoyed seeing him.

30. I feel it is sometimes appropriate to tell a patient about my family and daily activities.

31. When it is therapeutically appropriate I encourage the person to tell me what he thinks of me.

32. A therapist should be able to help his patient even if he does not like him.

33. In therapy, it is best to focus on what the patient is doing and not worry too much about what he is feeling.

34. Every therapy session should be planned to keep the patient from straying from the goals of therapy.

35. There have been times when I have felt like giving a patient a gift.

36. I like to sometimes share incidents from my own life with a patient.

37. I have terminated or thought of terminating a patient because he or she annoyed me.

38. When I feel that a patient is trying to manipulate me I see it as something of a challenge.

39. Occasionally, at or near termination of therapy, I have touched a patient to express my joy or pride in his accomplishment.

40. I like some of my patients to call me by my first name rather than addressing me as Doctor.

41. I have sometimes felt drained by a patient's problems.

42. There have been times when a patient's remarks have hurt me personally.

43. There have been times when I have felt that a patient was so different from me that I could not understand him well enough to treat him.

44. There have been times when a patient has made me feel very unsure of myself.

45. I have found myself wishing that I could share an experience that the patient was undergoing.

46. I have felt of some patients that, had we met under other circumstances, we would have made suitable marriage partners.

47. A therapist must take responsibility for some of the patient's important life decisions.

48. I know that some of my patients consider me a good friend.

49. Empathy may be one of the most potent forces in bringing about change in the patient.

50. I have experienced feelings of care and concern for some of my patients.

** ** ** ** ** **

Please indicate which of these three approaches to therapy you favor most strongly: (indicate your choice by putting an "x" in the appropriate box)

Analytic Therapy ☐ Behavior Therapy ☐ Experiential Therapy ☐

Please circle your sex: M F

If you would like to receive a report at some later date regarding the findings of this research, please record your name and address in the space provided on the answer sheet.

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