



A descriptive analysis of excitatory assertive exercises in multiple therapy and individual counseling in the active emotive approach to counseling  
by Christina Helmer Furtak

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of  
DOCTOR OF EDUCATION  
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**Abstract:**

The effects of anxiety and its symptomatic manifestations were considered deleterious to individual enhancement and, in general, to society. A description of Active Emotive Therapy (AET) was offered as a therapeutic focus for practitioners who work with these unfortunate victims of excessive neurotic anxiety.

A primary purpose of thoroughly investigating AET was to stimulate other practitioners to determine the advantages and shortcomings of the concepts expressed in this paper. Purported effectiveness of AET, conditions conducive to therapeutic application, descriptive results of AET, recorded client concerns, behavioral outcomes, and characteristics of counselors were conceived. Scientific research, learning theory, philosophical orientations, personality theory, and therapeutic insights that form the foundations of AET were based on selected writings of practitioners in the field of counseling.

Descriptive data were collected via a F-Sort instrument and the Bernreuter Personality Inventory (BPI) and summarized in terms of a client-centered emphasis of therapeutic implications. Collected data were described in terms of individual clients, therapeutic applications and perceived descriptive results, including client self-reports.

Each entity was considered against a matrix of emotional honesty, affection, and empathy, the essential therapeutic components of AET. The descriptive science of emotional honesty may lend a focus to aid inhibited people seeking therapy to regain a natural healthy spontaneity. The fundamentals of AET were applied to clients ranging from severely neurotic individuals to people who wished to lead a more effective life. These clients included an alcoholic, teenagers involved in drugs, and a housewife who was unable to function effectively. The out comes of therapy, as measured by the BPI, F-Sort, self-reports, and empirical behavioral changes were evidenced in terms of freedom from drugs, alcohol, and other negative symptomatic behaviors.

Conclusions based upon four components: completing of emotions syllogisms, self-concepts, and excitatory exercises were as follows: A healthy excitatory mind is able to complete emotions, operates with positive syllogisms, has a realistically positive view of self, and is congruently spontaneous. An unhealthy inhibited mind suffers from incomplete emotions, operates with negative syllogisms, maintains a negative view of self, and is limited in terms of spontaneity and congruence.

Recommendations for further research were offered under the following categories: client-centered, existential, educational, bibliotherapeutic, and scientific. In all, forty-four suggestions for additional research were indicated. Hopefully, in keeping with the spirit of scientific investigations, these citations will lead to further vigorously pursued scientific clarifications.

The Mind is an Enchanting Thing

is an enchanted thing  
like the glaze on a  
katydid wing  
subdivided by sun  
til the nettings are legion  
Like Gieseking playing Scarlatti;

like the asperyx owl  
as a beak, or the  
kiwi's rain-shawl  
of haired feathers, the mind  
feeling its way as though blind  
walks along with its eyes on the ground

It has memory's ear  
that can hear without  
having to hear.  
Like the gyroscope's fall  
truly unequivocal  
because trued by regnant certainty

it is a power of  
strong enchantment. It  
is like the dove-  
neck animated by  
sun; it is memory's eye;  
it's conscientious inconsistency.

It tears off the veil; tears  
the temptation, the  
mist the heart wears,  
from its eyes, - if the heart  
has a face; it takes apart  
dejection. It's fire in the dove-neck's

iridescence; in the  
inconsistencies  
of Scarlatti.

Unconfusion submits  
its confusion to proof; it's  
not a Herod's oath that cannot change.

Marianne Moore (Matthiessen, 1950:771-72)

A DESCRIPTIVE ANALYSIS OF EXCITATORY ASSERTIVE EXERCISES IN  
MULTIPLE THERAPY AND INDIVIDUAL COUNSELING IN THE  
ACTIVE EMOTIVE APPROACH TO COUNSELING

by

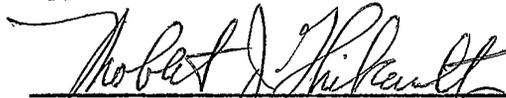
CHRISTINA HELMER FURTAK

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## ABSTRACT

The effects of anxiety and its symptomatic manifestations were considered deleterious to individual enhancement and, in general, to society. A description of Active Emotive Therapy (AET) was offered as a therapeutic focus for practitioners who work with these unfortunate victims of excessive neurotic anxiety.

A primary purpose of thoroughly investigating AET was to stimulate other practitioners to determine the advantages and shortcomings of the concepts expressed in this paper. Purported effectiveness of AET, conditions conducive to therapeutic application, descriptive results of AET, recorded client concerns, behavioral outcomes, and characteristics of counselors were conceived. Scientific research, learning theory, philosophical orientations, personality theory, and therapeutic insights that form the foundations of AET were based on selected writings of practitioners in the field of counseling.

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## Chapter 1

### INTRODUCTION

Perhaps the most unfortunate people in our society are those individuals who, for a variety of reasons, find life to be a seething and desperate ineffective passion. The uncomfortable world of these pathetic victims of emotional conflict and confusion is a world of perpetual worry, fear, and anguish. These tormented beings rarely experience the zest of life and although frequently found to be both intelligent and creative, appear dull and listless due to their silent existence of internal strife.

Bruno Bettelheim philosophized about the emotional problems facing twentieth-century society:

Never before have so many had it so good; no longer do we tremble in fear of sickness or hunger, of hidden evils in the dark, of the spell of witches. The burden of killing toil has been lifted from us, and machines, not the labor of our hands, will soon provide us with nearly all we need and much that we don't really need. We have inherited freedoms man has striven after for centuries. Because of all this and much more we should be living in a dawn of great promise. But now that we are freer to enjoy life, we are deeply frustrated in our disappointment that the freedom and comfort, sought with such deep desire, do not give meaning and purpose to our lives (1960:vi).

Bettelheim continued:

With so much at hand that generations have striven for, how bewildering that the meaning of life should evade us. Freedoms we have, broader than ever before. But more than ever before most of us yearn for a self-realization that eludes us, while we abide restless in the midst of plenty. As we

achieve freedom, we are frightened by social forces that seem to suffocate us, seem to move in on us from all parts of an ever-contracting world (1960:vi-vii).

Existential conclusions drawn by Bettelheim were:

The tedium and dissatisfaction with life are becoming so great that many are getting ready to let freedom slip out of their hands. They feel it is all too complicated, too difficult to hold on to it, and to themselves. If meaning has gone out of their lives, then at least they wish not to be responsible for it, to let society carry the burden of failure and guilt (1960:vii).

Focusing on the problem, Bettelheim concluded:

Just how to achieve self-realization, to preserve freedom, and adapt society to both, seems increasingly harder to know; it is felt as a central, overwhelming problem of our day (1960:vii).

Many authors of psychological theory as well as practitioners in counseling and psychotherapy point to anxiety, with all of its varied ramifications and causes, as being the one single component common to all sufferers of emotional stress (Mowrer, 1940). Anxiety has no apparent respect for age, sex, race, status, or heritage. Whether it be a youngster in a classroom of underachievers, a teacher whose effectiveness has diminished, a father whose family and marriage appears doomed, a housewife whose daily existence is one of continual boredom, a teenager who has found escape in drugs, or a young man of thirty whose only emotional relief is found in consuming large amounts of alcohol, the basic emotional influence common to all of these sufferers is anxiety.

Neurotic anxiety is a learned behavior, "not an instinctive or natural response" (Symonds, 1946:138). Andrew Salter (1961) expounded upon the fact that what we have learned we can unlearn. If Salter's formulation is accepted, then it becomes apparent that the ineffective behavior that produces neurotic anxiety can be unlearned and changed, even though the root or cause of the neurotic anxiety varies greatly with different individuals. Neurotic anxiety is a learned phenomena, resulting from an individual's improper response to and/or continued mismanagement of traumatic experiences, imagined traumatic experiences, or a series of many varied but significantly threatening life experiences.

When a person's emotional life becomes controlled by ways and means of disguising, lessening, and suppressing neurotic anxiety, one has to wonder how much more abundant and enhancing life might become if that psychological energy were focused on the more positive process concerned with the goal-directed enhancement of the organism.

Along with the immediate family, the effects of neurotic anxiety are felt throughout society. Schools, social agencies, the world of work, and other societal institutions directly or indirectly feel the consequences. This being the case, early and effective means must be made available so that the individuals affected by this significant problem can be offered constructive assistance.

### Statement of the Problem

The problem of this study was to describe the historical, scientific, philosophical, and insight foundations for Active Emotive Therapy, based on the writer's internship training, counseling experience, and research presented by noted practitioners in the field of counseling. The problem was also to measure as descriptively as possible the empirical effects of the application of selected and synthesized concepts, ideas, and practices of Active Emotive Therapy with selected clients who have expressed a variety of concerns and emotional discomforts.

This research was undertaken with the intent that many original concepts, ideas, and practices of the counseling and education staff members of Montana State University in Bozeman, Montana may hopefully gain greater recognition in the field of counseling and education. By means of this recognition, it is hoped that increased pragmatic application may result by other counselors and educators who may feel congruent with the particular orientation of Active Emotive Therapy.

### Purpose of the Study

Carter V. Good confirmed that:

The need for personality studies has long been acutely experienced. The relative dearth of sound studies indicates a hiatus between theory and observation, between practice and performance. There needs to be an effort to supplement traditional objective instruments with systematic behavioral observation and description (1966:306).

The purpose of this study was to study an active emotional approach to counseling and possible therapeutic effects in as descriptive a manner as possible. This paper was not written to imply that counselors in Active Emotive Therapy have now accumulated a body of absolute knowledge which will solve all the problems confronting the world of mental health workers. Much more knowledge is needed in this field. In the opinion of C. P. Oberndorf, "practically no articles have been devoted to the results of therapeutic treatment" (1950:394). Fred N. Kerlinger agreed with Oberndorf by stating that: "It is striking that emotions, one of the most important parts of man's life, have not been studied to any great extent" (1965:577).

Donald Blocher humorously entertained the notion that counseling was like kissing. "It is an activity that is so intrinsically interesting that few people take the time to evaluate its consequences" (1966: 222). The writer hopes that this paper will add to counseling knowledge in a small way. The purpose of this discussion was to stimulate others to test the described phenomena, to refine what was found useful, to discard entities which were found wanting, and in general to help in determining the particular advantages and shortcomings of various methods and procedures.

Research containing the therapeutic use of the components synthesized in Chapter 2 has never been recorded with the population

which was studied in this project. Most of the research concerning ideas, concepts, and practices inherent in Active Emotive Therapy has been focused on isolated and unique individual theories. A careful study of these isolated theories revealed some apparent similarities. A need existed to pragmatically synthesize these apparently germane entities, thought to be therapeutic by this writer, and actively apply them and describe their effects in concert with actual cases.

Additionally, many original concepts, ideas, and practices of the counseling and education staff members of Montana State University have never been synthesized in writing. This task was done with the intent that these concepts, ideas, and practices may hopefully gain greater recognition via increased pragmatic application by other therapists who may have experienced and who may feel congruent with this particular orientation.

#### Need for the Study

For the first time in history, according to J. F. T. Bugental (1965:377), much attention was being given to understanding and influencing individual human experience and behavior. Some people have questioned whether society as a whole can afford the luxury of individual psychotherapy. However, Bugental stated: "I am convinced that society cannot afford the wastefulness of being without individual psychotherapy" (1965:378). About one-half of the hospital beds in the

country are occupied by mental patients. Approximately one out of every ten persons spends part of his life in a mental institution (Ruch, 1953:198).

Herman Hesse poetically phrased his opinions about the problems facing mankind:

Now it happens a whole new generation is caught between two ages, two modes of life, with the consequence that it loses all power to understand itself and has no standards, no security, no simple acquiescence (1957:113).

Rollo May (1953) attributed the widespread anxiety of modern times to a state of disunity and traumatic change in our culture.

Dr. Judd Marmor, Director of the Psychiatry Division of Cedars-Sinai Medical Center in Los Angeles, California, felt that mental health workers had a prime function in today's technological and scientifically advanced society. That function was to help change belief systems and attitudes which were not congruent with actual practice. Dr. Marmor urged that the mental health professions write, work actively, and challenge established mores when such mores were interfering with optimum mental health and human self-realization. This work should be an attempt to replace outmoded value systems with other more man-centered criteria that have greater adaptive usefulness (1971:18-19).

General Questions to be Investigated

General questions to be answered will be as follows:

1. How can Active Emotive Therapy be defined in a descriptive manner?
2. Why does Active Emotive Therapy purport to be therapeutically effective?
3. How may Active Emotive Therapy be appropriately applied?
4. Under what conditions, environmental and empathetical, may the various emotive factors be best put to use?
5. What are the descriptive results concerning the actual application of Active Emotive Therapy from an empirically pragmatic point of view?
6. What are the verbalized concerns of clients at therapy's onset?
7. What are the recorded concerns of clients during the therapeutic process?
8. What are the observed behavioral outcomes of clients in terms of symptomatic relief from various emotional discomforts and concerns at therapy's termination?
9. What characteristics and qualifications are important for counselors involved in Active Emotive Therapy?

### General Procedures

The problem will be investigated using the following procedures: In Chapter 1 an introduction to the problem will be presented, a statement of the problem will be given, the need and purpose of the study will be clarified, and general questions to be investigated will be considered. General procedures will be described, limitations acknowledged, and a definition of terms deemed appropriate will be given.

A descriptive presentation of selected literature will be found in Chapter 2 which is deemed pertinent to the four basic foundations of Active Emotive Therapy. These foundations will be in the form of four broad categories: science and learning theory, philosophical foundations, Rogerian personality theory, and therapeutic insights. The foundation sections will be preceded by a brief historical sketch in acknowledgement of historical indebtedness. Apparently germane entities from each foundation will form a pragmatic synthesis of therapeutic implications. A summary of the four foundations, based on ideas, concepts, and practices of Montana State University staff members, the writer's counseling and teaching experience, and selected writings of noted practitioners in the field will conclude the second chapter.

The introduction of Chapter 3 will put forth the focus of this research, which is a client-centered therapeutic description with research as a barometric indicator. Population description and sampling

procedures will be described and contaminating variables noted. Descriptive data collection, in terms of logistic schedules, client self-reports, evaluation logs, F-Sort and Bernreuter Personality instruments, audio and video tapes and machines, and client perceptions of what they found to be most meaningful in therapy will be amplified as integral entities to the participatory empathy of therapy.

Organization of data will be a descriptive presentation of three major formulations:

1. Client description.
2. Therapeutic applications and justifications.
3. Observed behavioral outcomes as a result of therapeutic applications.

There will be no formal statistical hypotheses. A descriptive pre- and post-comparison will be presented in terms of therapeutic procedures and exposures concerned with client progress or lack of progress regarding symptomatic relief from various expressed concerns and emotional discomforts.

Precautions taken to assure accuracy in this research will be noted. Factors felt contributory to accuracy will be: video and audio recordings, client feedback, daily evaluation logs, and stringent supervision by the counselor supervisor and chairman of this research at Montana State University. Clarification will be continually made

throughout this paper to guard against possible misinterpretation of Active Emotive Therapy as a mechanical technique approach to therapy.

Chapter 4 will be concerned with the description of data collected, within the context of the therapeutic process. The appendix will contain copies of therapeutic tools. Data will be put forth in terms of individual clients, therapeutic applications, and perceived descriptive results of therapeutic applications. Empathetic implications, participant congruence, and multiple therapy descriptions will be given attention as a matrix against which Active Emotive Therapy must be considered.

Chapter 5 will be concerned with a summary, conclusion and review of therapeutically meaningful observations, and recommendations for further research. A primary intent of this research was to stimulate and provoke further study, questioning, and analyses of the descriptive results of Active Emotive Therapy.

#### Limitations

Perceived limitations of this study were concerned with the following entities:

1. Library resources at Montana State University in Bozeman, Montana may have qualified the selected review of literature.
2. Facilities of the Counseling Laboratory in 317 Traphagen Hall are acknowledged as a possible clinical restriction.
3. The mechanical equipment available at Montana State University in Bozeman, Montana in terms of audio tape recorders, closed

circuit television recorders, and audio and video tapes may have been a possible constraint.

4. Counseling medias such as Daily Logistic Schedules, Feeling Diaries, Client Self-Reports, and Evaluation Logs were perhaps delimiting.

5. Instruments used in the counseling context, the F-Sort and the Bernreuter Personality Inventory, may also have been a limiting circumscription.

6. A further limitation was evident in the client population of the immediate geographical area of Southwestern Montana which may or may not have been amenable to Active Emotive Therapy.

7. Agency-referral and self-referral, with appointments arranged through Dr. S. G. Simpson, supervisor of counseling and chairman of this research, may have had restricting limitations. J. Kunce and W. Anderson performed research that showed that perceived counselor-client similarities may influence referrals (1970:102-106).

8. The time element of the 1970-1971 calendar year is stated as a qualifying limitation.

9. Minimal environmental intervention and other factors may have added to demarcations inherent in this research. Blocher (1966: 218) felt that limitations in environmental and hereditary backgrounds and social opportunities are real in a client's life and no counselor would be able to change them to any great degree.

10. A further limitation was the fact that a longitudinal study of each client concerning the permanence or non-permanence of behavior change was not performed.

11. A concluding limitation is acknowledged in the preparation of the writer as a researcher, and the preparation of the writer as a counselor. Human error may have been a limiting consideration. J. Ruesch and G. Bateson stated that even though relatively new, inexperienced counselors may lack years of experience, they were sometimes fresher in interest and had less stereotyped responses (1951:256). Robert Katz felt that a given therapist was often more empathetic and more effective with one client than another, even experiencing different degrees of empathy from one hour to another in a counseling relationship with the same client (1963:108).

### Definition of Terms

The following terms are descriptively defined for purposes of pertinence and clarity:

Accurate symbolization. The hypotheses implicit in awareness that will be borne out if tested by acting on them (Rogers, 1959:198).

Actualizing tendency. This is the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism. It involves not only the tendency to meet what Maslow terms deficiency needs for air, food, water, and the like, but also more generalized activities. It involves development toward the differentiation of organs and of functions, expansion in terms of growth, expansion of effectiveness through the use of tools, expansion and enhancement through reproduction. It is development toward autonomy and away from heteronomy, or control by external forces (Rogers, 1959:196).

Anxiety. Phenomenologically this is a state of uneasiness or tension whose cause is unknown. From an external frame of reference, anxiety is a state in which the incongruence between the concept of self and the total experience of the individual is approaching symbolization in awareness. Anxiety is the response of the organism to the "subception" that such discrepancy may enter awareness, thus forcing a change in the self-concept (Rogers, 1959:204).

Autokinesis and schizokinesis. Autokinesis is the term for the ability of the organism to develop, to acquire new responses on the basis of old stimulations and their traces, and to change its relationships to the old stimulations without the aid of any new external stimulation. It is the antithesis of schizokinesis. Autokinesis is a dynamic quality, a progressing elaboration rather than a static mechanism. It can have both a therapeutic as well as a pathological implication (Gantt, 1953:157).

Availability to awareness. When an experience can be symbolized freely without defensive denial and distortion, then it is available to awareness (Rogers, 1959:198).

Awareness. The symbolic representation (not necessarily in verbal symbols) of some portion of our experience (Rogers, 1959:198).

Congruence. Indicates an accurate matching of experiencing and awareness. It also covers a matching of experience, awareness and communication (Rogers, 1951:47).

Congruence, Congruence of self and experience. This is when the individual appears to be revising his concept of self to bring it into congruence with his experience, accurately symbolized. If this were completely true of all self-experiences, the individual would be a fully functioning person (Rogers, 1959:205-206).

Consciousness. The symbolization of some of our experience (Snygg and Combs, 1960:12).

Defense, Defensiveness. The behavioral response of the organism to threat, the goal of which is the maintenance of the current structure of the self (Rogers, 1959:205).

Distortion in awareness, denial to awareness. An observed phenomenon that material which is significantly inconsistent with the concept of self cannot be directly and freely admitted to awareness (Rogers, 1959:205).

Empathy. Sympathetic imagination, sympathetic understanding which refers to nonverbal communication and to the apprehension of inner emotional states. To see with the eyes of another, to hear with the ears of another, and to feel with the heart of another. It connotes a form of personal involvement and an evocation of feeling sharing. It may include either imaginative or somatic responses or both. It is a sense of genuine participation (Katz, 1961:1). Also: To perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the "as if" condition (Rogers, 1959:210).

Excitation. A matter of emotional freedom, honesty of response, and the content thereof (Salter, 1961:33). Excitation is like rain; it may wet everybody through and through, but it certainly clears the atmosphere (Salter, 1961:179).

Experience (verb). To experience means simply to receive in the organism the impact of the sensory or physiological events which are happening at the moment. Since there are varying degrees of completeness in symbolization, the phrase is often "to experience more fully in awareness" thus indicating that it is the extension of this process toward more complete and accurate symbolization (Rogers, 1959:197-198).

Experience (noun). This term is used to include all that is going on within the envelope of the organism at any given moment which is potentially available to awareness. It includes events of which the individual is unaware, as well as all the phenomena which are in consciousness. It includes the psychological aspects of hunger, even though the individual may be so fascinated by his work or play that he is completely unaware of the hunger; it includes the impact of sights and sounds and smells on the organism, even though these are not in the focus of attention. It includes the influence of memory and past experience, as these are active in the moment, in restricting or broadening the meaning given to various stimuli. It also includes all that is present in immediate awareness or consciousness. It is a psychological, not a physiological definition (Rogers, 1959:197).

Feeling. A mode of replying to a situation and transforming it as a projected new world. There are as many feelings as there are situations, and the situation is created by the mode in which the person has accepted it, i.e. by his chosen projection (Buytendijk, 1950:130).

Feeling, experiencing a feeling: It denotes an emotionally-tinged experience, together with its personal meaning. Thus it includes the emotion but also the cognitive content of the meaning of that emotion in its experiential context. It thus refers to the unity of emotion and cognition as they are experienced inseparably in the moment, in the immediate present. The individual is then congruent in his experience (of the feeling), his awareness (of it), and his expression (of it) (Rogers, 1959:198).

Ideal self. Denotes the self-concept which the individual would most like to possess, upon which he places the highest value for himself (Rogers, 1959:200).

Incomplete emotions. Feeling states or moods which have not been experienced and/or described on three congruent levels: the emotional, the intellectual, and the visceral. Incomplete emotions are generally not available to conscious awareness and may not be semantically expressed.

Incongruence between self and experience. A discrepancy frequently develops between the self as perceived and the actual experience of the organism. Thus the individual may perceive himself as having characteristics a, b, and c, and experiencing feelings x, y, and z. When such a discrepancy exists, the state is one of incongruence between self and experience. This state is one of tension and internal

confusion, thus producing discordant or incomprehensible behaviors. Thus the neurotic behavior is incomprehensible to the individual himself, since it is a variance with what he consciously "wants" to do, which is to actualize a self no longer congruent with experience (Rogers, 1959:203).

Inhibition. Excessive self-consciousness based on excessive consciousness of other people. It is emotionally dishonest and secretive and causes worry about the past and the future. It is paralysis of the emotions and living death (Salter, 1961:53-54).

Openness to experiences. When the individual is in no way threatened, then he is open to his experience. To be open to experience is the polar opposite of defensiveness. It signifies that every stimulus, whether originating within the organism or in the environment, is freely relayed through the nervous system without being distorted or channeled off by any defensive or protective mechanism or behavior (Rogers, 1959:206).

Organismic valuing process. An ongoing process in which values are never fixed or rigid, but experiences are being accurately symbolized and continually and freshly valued in terms of the satisfactions organismically experienced; the organism experiences satisfaction in those stimuli or behaviors which maintain and enhance the organism and the self, both in the immediate present and in the long range (Rogers, 1959:210).

Perceive, perception. Perception is that which comes into consciousness when stimuli, principally light or sound, impinge on the organism from the outside. A hypothesis or prognosis for action which comes into being in awareness when stimuli impinge on the organism. We are making a prediction that the objects from which the stimuli are perceived would if checked in other ways, exhibit properties we have come to regard from our past experience, as characteristic with what we are perceiving (Kelly, 1955:248).

Phenomenology. Neither a science of objects nor a science of the subject; it is a science of experience. It does not concentrate exclusively on either the objects of experience or on the subject of experience but on the point of contact where being and consciousness meet. It is, therefore, a study of consciousness as intentional, as directed towards objects; as living in an intentionally constituted world. It is a study of phenomena (Thévenaz, 1962:20).

Positive self-regard. Denotes a positive regard satisfaction which has become associated with a particular self-experience or a group of self-experiences, in which this satisfaction is independent of positive regard transactions with social others. The individual becomes his own significant social other (Rogers, 1959:209).

Psychological adjustment. Optimal psychological adjustment exists when the concept of the self is such that all experiences are or may be assimilated on a symbolic level into the gestalt of the self-structure (Rogers, 1959:206).

Psychological maladjustment. When the organism denies to awareness, or distorts in awareness, significant experiences, which consequently are not accurately symbolized and organized into the gestalt of the self-structure, thus creating an incongruence between self and experience (Rogers, 1959:204).

Role playing. The acting out of an assigned personal or social situation for a brief period of time by two or more individuals who have been assigned specific roles. The method tends to bring out motives, needs, and attitudes that are below the social surface. The keynote of role playing is spontaneity. The counselor himself can play one of the roles. The possibilities are limited only by the ingenuity and energy of the researcher (Kerlinger, 1965:535).

Self, Concept of self. The organized, consistent conceptual gestalt composed of perceptions of the characteristics of the "I", or "me" to others and to various aspects of life, together with the values attached to these perceptions. It is a gestalt which is available to awareness though not necessarily in awareness. It is a fluid and changing gestalt, a process, but at any given moment it is a specific entity which is at least partially definable in operational terms by means of a Q-sort or other instrument or measure (Rogers, 1959:200).

Self-Experience. Any event or entity in the phenomenal field discriminated by the individual which is also discriminated as "self", "me", "I", or related thereto. In general, self-experiences are the raw material of which the organized self-concept is formed (Standal, 1954:24).

Subceive, subception. This construct signifies discrimination without awareness. It appears that the organism can discriminate a stimulus and its meaning for the organism without utilizing the higher nerve centers involved in awareness. It is this capacity which permits the individual to discriminate an experience as threatening, without symbolization in awareness of this threat (McCleary and Lazarus, 1949:171).

Surreptitious teaching. Imparting information to others, especially clients, in a manner that does not appear to be direct teaching or direct giving of information and advice. It is compassionately and empathetically putting people in a situation which they can't get out of except by thinking and experiencing.

Threat. The state which exists when an experience is perceived or anticipated as incongruent with the structure of the self (Rogers, 1959:204).

Unconditional positive regard. If the self-experiences of another are perceived by me in such a way that no self-experience can be discriminated as more or less worthy of positive regard than any other. "To prize", irrespective of the differential values which one might place on specific behaviors. One accepts non-judgmentally, even though approval might not be felt of specific behaviors. It is effective in bringing about therapeutic change, for the client so regarded can start a gradual process of self-acceptance, leading to congruence and effective functioning. (Rogers, 1959:208).

Vulnerability. Refers to the state of incongruence between self and experience. When incongruence exists and the individual is unaware of it, then he is potentially vulnerable to anxiety, threat, and disorganization (Rogers, 1959:200-201).

### Summary

The possibilities of life becoming more enhancing and fulfilling for the unfortunate humans who are suffering from anxiety and its various manifestations will hopefully be considered in this paper. The description of Active Emotive Therapy and its therapeutic and helping

implications, a creative gestalt of many therapeutic entities put forth by practitioners in the field, will be attempted. Further research is called for concerning various entities of this paper found lacking or entities that were useful hypotheses promising for further explorations. Due to the problems of anxiety and alienation facing mankind in the 1970's, this study appeared to be urgently needed.

A descriptive approach to the basic foundations of Active Emotive Therapy will be used. Questions as to therapeutic procedures and applications and empirical descriptive results will be answered. Procedures were concerned with descriptive clarifications and comparisons throughout this research. Limitations were noted so as to guard against this paper being misperceived as a mechanical panacea to all emotional problems. Terms are defined for purposes of clarification.

Consideration is now given to Chapter 2 in which four basic topics will be considered as a foundation for Active Emotive Therapy. A brief introduction precedes the foundation descriptions.

## Chapter 2

### REVIEW OF RELATED LITERATURE

During the course of Chapter 2, the reader will perhaps notice several basic therapeutic foundations being built as the basis for Active Emotive Therapy. One foundation is that of science and learning theory, basic to any theoretical approach. The second foundation is that of philosophical orientation, without which a theory may have little substance. A third foundation is that of Rogerian personality theory, inherent in many counseling approaches. A fourth and final foundation is formulated on various factors leading to therapeutic insight, often considered basic to therapeutic growth and personality change.

Upon these four cornerstones, so to speak, a rationale may be formed, pointing to the scholarly soundness of Active Emotive Therapy. The foundations are preceded by a brief historical sketch and a summary of five mainstreams of counseling practices in acknowledgement of previous theoretical indebtedness. The historical sketch and mainstream summary were intended to serve as a backdrop for the four following sections.

The reader may also notice many apparently germane entities from each foundation gradually forming a pragmatic synthesis of therapeutic implications. Instead of previously isolated and unique individual theories, a gestalt seems to be created from basically harmonious

ideas, concepts, and practices. This gestalt is termed by the writer Active Emotive Therapy.

The organizational headings for Chapter 2 are listed below:

#### HISTORICAL SKETCH

Historical Background

Five Historical Evolvments

Psychoanalytic.

Existential-phenomenology.

Rational psychotherapy.

Client-centered counseling.

Behavioral counseling.

#### SCIENCE AND LEARNING THEORY

Words and Learning

Inhibition and Excitation

Semantic Therapy

Imagination and Self-Image

Bibliotherapy

Adlerian Concepts

The Excitatory Personality

The Inhibitory Personality

Relearning and Disinhibition in Therapy

Learning Excitatory Reflexes

#### PHILOSOPHICAL FOUNDATIONS

Existential-Phenomenology

## ROGERIAN PERSONALITY THEORY

Nineteen Propositions.THERAPEUTIC INSIGHTS OF THE DESCRIPTIVE  
SCIENCE OF EMOTIONAL HONESTYCompleting Emotions.

Loneliness.  
Affection.  
Anger.  
Grief.  
Apprehension.  
Spontaneity-anticipation.

Syllogisms

Beta process.  
Shoulds, oughts, musts.

Self-Image

Four kinds of intelligence.  
Forgiveness.  
Four internal controls.  
Apperceptive schema.

Excitatory ExercisesLogoGestalt of Usage

Descriptions of clients, therapeutic applications, and empirically perceived therapeutic outcomes (in terms of symptomatic relief from expressed concerns), found in Chapter 4, are solidly based on the foundations built in the second chapter. The recommendations for further research and the writer's conclusions, found in Chapter 5,

are also built upon the historical, the scientific, the philosophic, and the insight entities which Chapter 2 presented.

The first concern to be treated in this chapter is a brief historical survey. This background may serve as an acknowledgement of previous work in the field and is intended to form a backdrop for that which follows.

## HISTORICAL SKETCH

Historical Background

Some of the earliest available data on emotional disorders and man's concern with his own mental problems may be traced back to the Greek civilization of 500 B.C. Georgene Seward (1956) commented that man thinks about himself only when he becomes aware of difficulties about himself. The Greeks had developed a society which was very much concerned with personal and social difficulties. In this respect, the Greeks were forerunners of Western civilization of the past five hundred years. Two periods, the Greek civilization, (and to a lesser degree, their successors, the Romans), and Western civilization have been noticeable among the periods in history when man seemed to deal with and emphasize the operation and disorders of the mind.

In the historical opinion of Wallace Ferguson and Geoffrey Brunn (1962:40), early man felt that both physical and mental disorders were the result of some outside force. Hippocrates may have changed much of the superstitious and unscientific thought of his day by seeking the reason for disorders within the person rather than in some spiritual phenomena. Some of the Greek philosophers, according to J. F. Grimm (1838:19), felt that mental illness should be dealt with in a humane manner, rather than with fear, suspicion, and punishment.

The Romans, inheritors of the Greek civilization, renewed and expanded upon the theories of Hippocrates and several of the Greek philosophers. Mental disorders were viewed not only as residing within the person in a natural manner but also as being related to the victim's surroundings. By the time of the decline of the Roman Empire, the science of mental health had progressed to a point which it would not reach again for a thousand years (Millon, 1969:6).

After the collapse of Roman civilization, mental disorders were again regarded as the result of evil spirits, related to Satan and other anti-God forces. A period of witchcraft, exorcism, and demonology ensued as the church's power prevailed. In an attempt to explain physical and mental disorders, maladies were attributed to the devil. Mentally disturbed people were viewed with fear and loathing. Treatment of the emotionally upset consisted of burning, incarceration, and bloodletting (Millon, 1969:6-7).

With the Renaissance came a new and broader view of mental disorders. Johan Meyer was one of the first persons in modern history to denounce the theories of witches, demons, and Satan as the cause of mental disorders. Because of his efforts to have mentally disordered people treated in a humane and natural way, Meyer is often referred to as the father of modern psychiatry (Millon, 1969:7). Although he did not develop any particular theories regarding the treatment of

mental disorders, Meyer attacked the myth that mental illness was related to demonology and satanism.

The French Revolution afforded the physician, Phillippe Pinel, an opportunity to treat mental patients in a new and radically different manner (Palmer and Cotton, 1971:311). The repression and confinement of the dark and depressing dungeons and prisons were replaced by sunny, pleasant hospitals which afforded the patients freedom and revitalization. The results were a marked improvement in patients which eventually led to a higher rate of cures. The success of Pinel's experiment led to the establishment of the Salpetriere hospital which was to become the training ground for several later notables in the field of psychotherapy such as Jean Charcot and Sigmund Freud (Millon, 1969:9).

The latter portion of the nineteenth century brought about an apparently new approach to mental illness. Some of the first movements of this approach involved the recognition of the unconscious mind. Franz Mesmer introduced the idea of using hypnosis to cure mental disorders. Mesmer's technique was later adopted by Charcot and Hippolyte-Marie Bernheim, two leaders in the field of French psychotherapy. In addition, Charcot developed many theories which influenced Freud (Millon, 1969:19).

During the Victorian Era, Freud's contributions consisted of work in hypothesizing the role and meaning of the subconscious, various formulations concerning anxiety, and speculations upon the manner in

which the unconscious mind was reflected in actions and behavior. According to Ernest Jones, Freud was "one of the first of the modern psychodynamic psychotherapists" (1957:134).

Some theorists in the psychotherapeutic field apparently still seem to feel that Freud's views defined the outer limits of psychotherapeutic theory. As early as 1911, however, associates of Freud began to form their own practical formulations and schools of thought. In Millon's opinion, Carl Jung and Alfred Adler were among the early practitioners to diverge from Freud and develop individual theories (1969:23). Subsequent developments revealed that there would be no single school of psychotherapy. Each individual, while perhaps patterning himself to a degree on others, was a school unto himself, neither duplicating nor being duplicated (Patterson, 1966).

Although this uniqueness remained apparent in psychotherapeutic history, there are perhaps a number of major trends which have developed in the field of psychotherapy (Millon, 1969). The most notable of these groups may be summarized briefly as:

1. Social Neo-Freudians. Several of the most prominent people in this group were: Karen Horney, who was recognized for her work with anxiety; Erich Fromm, who dealt with society and mental disorders; and Harry Stack Sullivan, who was concerned with interpersonal behavior and communications.

2. Ego Neo-Freudians. Several major figures participating in

this movement were Heinz Hartmann, David Rapaport, and Eric Erickson.

3. Phenomenological-Existentialists. Several leaders of this movement were Carl Rogers and Rollo May. This movement's philosophical orientation was based on the works of philosophers, theorists, and practitioners such as Soren Kierkegaard, Edmund Husserl, Martin Heidegger, Jean Paul Sarte, Gabriel Marcel, and many others. The Phenomenological-Existentialists appeared to have had a profound impact upon the field of psychotherapy due to the fact that they apparently made the greatest departures from the traditions established by Freud and his followers.

4. Neo-Behaviorists: This group has seemed to gain scientific stature and recognition in recent years. The Neo-Behaviorists believed that the scientific laboratory work of Ivan Pavlov, V. M. Bechterev, and other learning theorists demonstrated that man was the result of what he learned. Man could be cured of his mental disorders through the unlearning of what he had previously been taught. Several major representatives of this group were B. F. Skinner, Joseph Wolpe, Hans Eysenck, and Andrew Salter (Millon, 1969).

The trends mentioned above appeared to be evolving in several different and varied directions. During the psychotherapeutic history of the 1970's there developed several definitive evolvments; five schools of mental health work, all of which in some shape or form grew from these early investigations. The following section will briefly

describe the five definite evolvments in terms of characteristics common to each approach.

#### Five Historical Evolvments

The salient characteristics of each historical evolvment are briefly summarized below:

Psychoanalytic. Examples of the psychoanalytic school, according to Patterson (1966), Urban and Ford (1967), Arbuckle (1963), and Blocher (1966) were: the psychoanalysis of Freud, analytic psychology of Jung, individual psychology of Adler, humanistic psychoanalysis of Fromm, Horney's neo-Freudian sociological school, and the interpersonal theory of Sullivan. Certainly the listed examples of the psychoanalytic approach did not all represent strictly Freudian-oriented practices. Adler, Horney, Jung, Fromm, and Sullivan were examples of the previously mentioned individual creative uniqueness apparent in the revisal of or break from strictly Freudian theories. This last group of therapists might have been more accurately categorized as "neo-Adlerians" and will be dealt with in more detail later in this paper.

However, there seemed to be certain basic assumptions underlying a strictly Freudian psychoanalytic approach based upon the following general categories:

1. Man appears to have been deterministically governed by aggressive instincts (Freud, 1949:14). Man's nature was basically bad,

the opposing forces within him creating his basic unhappiness (Freud, 1938a:26). Since man was thus determined, he was not free.

Freud's picture of man is basically an ugly one. Man is pushed by demonic, destructive, animalistic forces (Ford and Urban, 1967:177).

2. Life itself cannot be lived without a constant effort to maintain a balance between internal instincts and impulses of id (which has no morals and is not conscious) and social demands and limitations of super ego, the moral voice of culture and environment present from birth (Freud, 1938b:533). Freud suggested that it was advisable "to keep instincts and impulses as low and as constant as possible" (1955: 9). Ego was the arbitrator, the balance between id and superego so that behavior did not lead "to immediate gratification and the sufferance of undesirable and severe social consequences" (Jones, 1957:436).

3. Sexuality and its development from infancy to adulthood was considered central in personality formation and growth (Freud, 1938a: 587). Psychological problems resulted from a fixation upon or regression to an earlier sexual stage, the development of which had been blocked or thwarted in some way (Freud, 1958a:219).

4. Using the technique of free association, the job of Freudian therapy was to unearth, explain, and pull together the repressed unconscious events, past happenings, and characteristics which the therapist felt was controlling the patient's life (Freud, 1958b:134). The patient was usually lying on a couch and the psychiatrist sitting out of

sight in a detached position from which he could observe the patient (Ford and Urban, 1967:168). Positive or negative transference, in which the patient identified with the psychiatrist, sometimes developed and had to be resolved.

5. The major procedure used by the therapist was that of intellectual explanation or interpretation, maintaining complete neutrality in the process (Ford and Urban, 1967:169). Ironically, Freud himself had stressed the predominant irrationality of man and had taken umbrage with the rational scientific views of the Victorian period (1957).

The psychoanalytic approach seemed to be based upon a pessimistic point of view. Man, as an unwitting victim, had little choice but to struggle against id forces he was born with and against super ego forces he had no hand in choosing. D. Arbuckle stated that Galileo, by postulating a sun not man-centered universe started to breach the "smug security" of man's world; Darwin continued the rift with his conceptions concerning man's evolutionary background; Freud concluded the break by making man a creature of sexual instinct (1970:180).

Existential-phenomenology. As will be pointed out in more detail later in this paper, existentialism was essentially philosophic in its orientation. It was an attitude towards life, rather than a technique-oriented, limited school of therapy. Several leading philosophers in the field of existential thought were Soren Kierkegaard, Karl Jaspers, Martin Heidegger, and Jean Paul Sartre. Rollo May and Adrian van Kaam



































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































