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Signature Rodger J Kline

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WHAT PSYCHOLOGICAL HEALTH MEANS TO THE HELPING RELATIONSHIP IN PRODUCING CONDITIONS FOR GROWTH AND CHANGE

by

RODGER LEE KLINE

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Approved:

Robert D. Hilbert
Head, Major Department

Richard D. Roswell
Chairman, Examining Committee

K. Goering
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

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TABLE OF CONTENTS

Chapter		Page
I	INTRODUCTION.	1
	Statement of the Problem.	3
	Purpose of the Study.	3
	General Questions to be Answered.	6
	General Procedure	7
	Definition of Terms	7
	Summary	8
II	REVIEW OF RELATED LITERATURE.	9
	Introduction.	9
	Psychological Health.	10
	Counseling Relationship	24
	Experience vs. Theoretical Orientation. .	27
	Facilitative Conditions	32
	Manipulating Therapist-offered Conditions.	43
	Summary	46
III	DISCUSSION.	50
	Formulation of a Theory	50
	Psychological Health.	51
	Counseling Relationship	65
IV	SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS . .	76
	Summary	76

Chapter Page

Conclusions 83

Recommendations 85

LIST OF SELECTED REFERENCES 87

APPENDIX. 97

ABSTRACT

A review of literature was conducted in the area of counseling and psychology to determine: 1) if there is some general agreement as to what positive growth and psychological health is, and 2) what conditions must exist in interpersonal or counseling relationships before positive growth and change can occur.

The research available in the area of psychological health is limited and tends to be subjective. There is, never-the-less, a strong general agreement as to what constitutes optimum psychological health, but very limited understanding as to it's nature. The research reviewed also suggests a strong general agreement among counseling psychologists from various theoretical orientations, that facilitative conditions do exist which are necessary for positive growth and change; however, these conditions are not seen as being sufficient in themselves to produce this growth and change. Research suggests that these facilitative conditions are a part of being optimally psychologically healthy and therefore a part of the counselor's personality, not a part of some theoretical orientation or technique.

CHAPTER I

INTRODUCTION

This age has become the age of mental health, with government funded programs being established throughout the country. Society is putting much effort into attempting to translate into concrete terms the concept of the whole man functioning within his environment.

Since 1965, under the National Mental Health program there has been millions of dollars spent and nearly one thousand community mental health centers established throughout the country. Under these new programs people will no longer be isolated from their communities, families, and friends; they will be treated promptly in mental health centers. The center will be a part of community life, just as is the drug store or health clinic. These programs will seek to give services that will treat the whole man in the midst of life instead of in the unreal confinement of a mental institution. The purpose of the centers is to intervene in, and help prevent, what could be mentally and emotionally disabling conditions.

Today's trends in mental and emotional health

suggest changes in the way people and society as a whole look at such problems, and how much problems can be prevented or treated. Since 1955 the trend has been to break away from the large custodial institutions, with greater emphasis on community treatment of emotional problems. Congress, in passing the Mental Health Study Act of 1955, authorized an appropriation to the Joint Commission on Mental Illness and Health to study and make recommendations concerning various aspects of mental health policy. In 1961 the commission published its well known report, "Action for Mental Health," which argued strongly for an increase in health research. It recommended that expenditures in the mental health field be doubled in five years and tripled in ten years. It argued for new and better recruitment and training programs for mental health workers. It suggested the expansion of treatment programs for acutely ill patients in all facilities including community mental health clinics, general hospitals, and mental hospitals. It attacked the large state mental hospitals and suggested that these be converted to smaller regional intensive treatment centers. The commission and President John F. Kennedy endorsed the viewpoint that mental illness is not

inherently different from the larger range of day to day psychological difficulties common to the community environment (Mechanic, 1969; Klein, 1968).

At a time when mental health is growing in importance, there seems to be sparse agreement in the professional community as to what mental health is and how it can be professionally best facilitated.

STATEMENT OF THE PROBLEM

The problem of this study will be to examine research and literature in the area of counseling and psychology to: 1) come to some general agreement as to what positive growth and psychological health is, and 2) determine what conditions must exist in interpersonal or counseling relationships before positive growth and change can occur.

PURPOSE OF THE STUDY

Many investigators have attempted to isolate indispensable aspects of the client-therapist relationship. Three crucial characteristics, or conditions, were cited by Rogers (1957) as necessary to attain a "psychological climate" wherein a client could

reorganize himself. These characteristics, or conditions, were described as: genuineness or congruence in the relationship, acceptance or unconditional positive regard, and accurate empathic understanding of the client's phenomenal world. Many persons have studied the effects of genuineness, empathy, acceptance and non-possessive warmth, and the relationship of these variables with change resulting from therapy (Rogers, 1957; Truax, 1963; Truax and Carkhuff, 1966; Abeles and Mullen, 1971). These variables have been considered to be separate but interrelated. Findings in several other studies (Bergin, 1967; Truax, 1963; Truax and Carkhuff, 1966) suggest that the variables are separate and can be measured independently.

In studies similar to those mentioned in the previous paragraph many authors have focused on the combination of warmth and empathy, or some other combination of Rogers' characteristics, as well as focusing on each one separately. Bergin (1967) refers to the need for training in empathy for counselors and therapists in contrast to training in warmth, which he does not view as "trainable." Carkhuff and Berenson (1967) found that therapists function at a level little

better than that of the general public in facilitating these conditions (congruence, acceptance, and empathy) and therefore need better training.

Since approximately 1950 there has been much disagreement as to whether positive growth and change in a client are reliant on the awareness of certain conditions in the counseling session: What is the desired growth and change that a counselor looks for in a counseling relationship? Is there some optimum level of living that people strive for in psychological health? What are these conditions, if any, that must be present in a relationship before growth and change can occur? The author has found only two attempts, out of hundreds of research articles written during this time, to try to draw together the research in this area in a systematic way, enabling a person to weigh the findings.

This is sufficient evidence to warrant a review of the research and relating literature in this area to see if any conclusive evidence exists that might allow a person: 1) to support or reject the theory that psychological growth and health is not just a counseling illusion but actually does exist, and 2) to support or reject the idea that there are conditions in counseling

which must be met before this positive growth and change does occur in a client.

GENERAL QUESTIONS TO BE ANSWERED

The general questions to be answered in this study, based on the review of literature, are:

1. Is there agreement in research and literature, on specific conditions which must be met by a counselor in a counselor-client relationship before positive growth and change can occur?

2. Does the counselor's personality, theoretical orientation, and amount of expertise (that which he brings with him to the session) affect the level or degree of presence of these conditions in the session?

3. What basic personality changes, or factors which could be considered desirable or growth-producing, occur in the clients during successful counseling?

4. Does there seem to be a certain combination of these conditions which is more effective, or less effective, in producing positive personality growth and change as each session progresses?

5. Does the client's personality and type of mental or emotional problem (that which he brings with

him to the session) affect the level or degree of presence of these conditions in the session?

GENERAL PROCEDURE

A review of related literature will be used as a basis for obtaining information needed in this study. The material will be selected from professional journals, books, and unpublished papers written in the fields of counseling and psychology. The material gathered will then be used as a basis for a subjective analysis by the author.

DEFINITION OF TERMS

Conditions refers to those factors which are found to have significant effect on positive or negative growth in the counseling session.

Positive growth refers to the client's move toward a more effective or healthy personality; negative growth refers to the client's move away from a more effective or healthy personality.

No distinction will be made between the titles of counselor and psychotherapist since the study could apply to types of clients that either a counselor or

psychotherapist could encounter; therefore, the titles will be used interchangeably.

SUMMARY

Society is in a period when mental health is seen as an important commodity to the inhabitants of this country, yet there have been complaints that little satisfactory research has been done to support programs which are desired to meet the needs of either the community or the individual. Psychologists, sociologists, counselors, social workers, religionists, etc., still argue over the question, "What is mental health?" How does one know when a person has it, how does one facilitate it, and can persons be trained to facilitate it?

It is the purpose of this paper, through a review of literature, to explore some of these areas of doubts and arguments and try to facilitate a better understanding of their importance, or lack of importance, in the process of defining and facilitating mental health.

CHAPTER II

REVIEW OF RELATED LITERATURE

INTRODUCTION

In order for one to facilitate effective human growth and development in another, one must have some understanding of what is an effective personality, or human being. What does a counselor work towards in a counseling relationship? What kind of meaning or purpose is derived from this relationship? How can the processes in this relationship be best facilitated? What happens in this relationship that causes a person to want to change and grow? What makes this relationship differ from any other, and how does what the individual brings to the relationship affect its outcome?

It is the purpose of this review of literature to discuss: 1) What is human effectiveness, or psychological health, and what meaning does it have for the counselor in determining positive growth and change in a client? 2) Are there central ingredients in this counselor-client relationship which must be present before this positive growth and change can occur, and how, or in what way, do these ingredients change as the

relationship grows and changes until time of termination?

There is an enormous amount of literature in this area which has not been presented due to limited time and to the nature of this study. Therefore, the literature deemed most significant and appropriate to the author will be presented, and thus will undoubtedly reflect the author's biases as a researcher and counselor.

PSYCHOLOGICAL HEALTH

Clarifying the meaning of psychological health is of interest to counseling psychologists for several reasons: 1) It is the basic commitment of the counselor to help persons achieve even higher levels of personal effectiveness. 2) It is believed that the assessment and integration of personal strengths have direct relevance to outcome studies. 3) Psychological health should be just as important to the counselor as mental illness is to the clinician. 4) The counselor's knowledge of psychological health is so limited that he is forced to use as his conceptual model his belief of how he would behave, or would like to behave, in various situations.

Every counselor or psychologist devoted to facilitating human effectiveness must have some kind of

typology of human effectiveness available to himself for conceptualizing it's end points. History has shown, time and time again, that it is with goals that man strives for what he sees as being right. It is with these goals that man achieves meaning and purpose in life, and without these goals there is no purpose or will to change. A review of the literature in this area reveals that the meaning of psychological health remains vague and clouded.

Dr. Bernard Saper, writing in Mental Hygiene, January 1967, says positive mental health is "an adjustive process characterized simply by a normal zest for living and a reasonable ability to adjust without relying on professional mental health workers for help." This sounds good, but what does he mean by the word normal? By whose standards could behavior be assessed as normal? Also, what does he mean by the phrase reasonable ability to adjust? What is reasonable? Reasonable to whom? Reasonable by what standards? These words generally go undefined and keep us from a clear understanding of what mental health really is. Can it be said that what is normal and reasonable for one person is not for another, or are we focusing on professional

cliches which only lead people astray, or are left to be defined in any way a person sees fit? Maybe the words to understand are not normal and reasonable, but the words zest and adjust.

Mowrer (1954) and Scott (1958) attempted to clarify the concept of psychological health by reviewing the definitions of psychological health. They concluded that the concept was a statement of values, and that the formulation of a generally acceptable definition was unlikely. As an alternative, Allport (1961) and Maslow (1954;1962) proposed to measure a large number of positively valued characteristics as multidimensions of psychological health with the hope that such dimensions may be integrated eventually into a unified body of knowledge.

Maslow saw human development as the process through which these basic human tendencies are actualized and full human potentialities fulfilled. He sees human personality as basically growing from within, rather than being shaped from without. Psychopathology, on the other hand, is seen largely as the result of frustrating, or twisting, man's essential nature from without.

From his study Maslow listed fifteen

characteristics of the self-actualized person. They are:

1. Realistic orientation. Self-actualizers are efficient perceivers of reality and are relatively unthreatened and unfrightened by the unknown. They do not show an over-powering need for certainty, safety, definiteness, and order.
2. Acceptance of self, others, and the world. Self-actualizers tend to accept themselves, their fellow human beings, and the natural world without shame, disgust, or hostility.
3. Spontaneity. Self-actualizers tend to possess a zest and enthusiasm for living. They are able to capture "peak experiences" of living and to savor those without being weighed down by conventional cares and responsibilities.
4. Problem-centeredness, not self-centeredness. Self-actualizers tend to focus on real problems and solutions. They work effectively and persistently at problem situations. They are not preoccupied with self-pity or inescapable circumstances.
5. Detachment. They have an air of detachment and a need for privacy. They have a quality of self-sufficiency, and their interpersonal relationships are not characterized by possessiveness, dependency, and intrusiveness.
6. Autonomy and independence. They are not overconforming or other-directed. They are not unduly affected by fads or crazes of the moment. They are relatively unaffected by either flattery or criticism.
7. Appreciation. They have a wholesome, fresh appreciation for people and things. They are not rigid or stereotyped in their responses.
8. Spontaneity of experience. Most self-actualizers have experienced some sort of deep mystical or "oceanic" experience.
9. Identification with mankind. They have a basic feeling of caring and belonging to humanity. They experience genuine sympathy, compassion, and affection for their fellow man.
10. Deepness of interpersonal relationships. They share intimate relationships with a few specially loved people. They are selective in the

establishment of such close relationships, but also handle more superficial relationships smoothly and effectively.

11. Democratic values and attitudes. They show religious, racial, and ethnic acceptance rather than intolerance.
12. Differentiation of ends and means. They are able to distinguish between ends and means and pursue ethical ends with firmness and certainty.
13. Philosophical humor. They possess a spontaneous, philosophical sense of humor. Their humor is not hostile or degrading to others.
14. Creativeness. They are creative, original, and divergent in thinking.
15. Resistant to conformity. They are resistant to blind conformity to the culture. They exercise individuality and thoughtful responses to cultural patterns.

Gordon Allport (1955), in describing the nature of psychological maturity, lists six major characteristics:

1. Extension of self. The mature person is able to extend his concept of self through feelings of caring and belonging to other individuals, causes, and institutions and even to mankind itself. Through this process of self-extension, the welfare of others becomes as important as the welfare of self....
2. Warm relating of self to others. The mature person is capable of intimacy and love. His interpersonal relationships are characterized by empathy and compassion, rather than possessiveness and hostility. The mature person is able to give love, while the immature person wants to be loved. ...
3. Emotional security. For the mature personality, emotional security arises out of acceptance of self. This security allows him to tolerate frustration and avoid overreaction to disturbing, but relatively inconsequential, situations. This security is reflected in self-control and the

ability to defer gratifications or adjust to the inevitable....

4. Realistic perceptions, skills, and assignments. The mature person is able to function efficiently in the areas of perception and cognition. He is capable of accurate and realistic intellectual behavior. He also has a repertory of effective problem-solving skills and techniques.
5. Self-objectification, insight, and humor. The mature personality has realistic self-insight. He understands himself. He has a corresponding sense of humor. He is able to laugh at himself. These characteristics are a result of his ability to put himself in perspective without distortion.. ..
6. A unifying philosophy of life. The mature personality has worked out some type of unifying approach to life that gives consistence and meaning to his behavior....

Carl Rogers sees the effective human personality as a fully functioning person always in the process of becoming. Rogers (1961) lists three major characteristics of this hypothetical personality:

1. This person would be open to his experiences; that is, he is not defensive or resistant to those aspects of his environment that might produce change. All the aspects of his environment are available to him in the form of accurate, realistic perceptions. There are no built-in barriers that shut out the possibility of fully experiencing his environment.
2. This person will live in an existential way; that is, he experiences life in terms of an ongoing, becoming process. He lives in a fluid stream of experience rather than in a rigid or stereotyped way. There is an absence of tight organization or imposed structure.
3. This person trusts himself. He is willing to do that which "feels right", and finds his feelings a trustworthy guide to behavior. He has the

> feeling of direction and consistency that flows out of him rather than feeding in from his environment.

Rogers' writings, as well as those of Maslow and Allport, reflect the same idea, and all of these authors suggest that such a person might be seen as the end-product of the process of psychotherapy.

Everett Shostrom (1964) did a study for the purpose of developing an inventory for the measurement of self-actualization. After reliability coefficients of .91 and .93 were established by test-retest methods, validation studies were initiated. The following adjectives were found to describe persons nominated by psychologists as "non-self-actualized" and "self-actualized" at the .01 level of significance:

I. Adjectives used to describe persons nominated by psychologists as "Non-Self-Actualized"

bigoted, biased
puritanical
rigid, compulsive
frustrated, blocked, seeking, unfulfilled, empty, unsatisfied
cold, frigid
frightened, fearful
constricted, inhibited, limited
anxious, worried, apprehensive, tense
insecure, unsure
uncomfortable, disturbed
egocentric, self-pitying
reticent, timid, shy, cautious

self-conscious, sensitive
forlorn, depressed, unhappy, pessimistic
passive, lethargic
flattened, flat
unaware, unrealistic
non-risking, non-committing
pleasant, "sweet"
immature, infantile, dependent, other-centered, pseudo-independent
withdrawn, alone, isolated, sex-avoidant
self-disparaging, self-depreciating
guilty
inauthentic
symptom-ridden, anorexic
ambivalent, confused, scattered, disoriented, schizoid, unorganized, moody, inconsistent, indecisive, inefficient, aimless, mood-dominated
hostile, angry, embittered, hypercritical, sarcastic, harsh, critical, self-critical
projecting
acting-out
suspicious
dominating

II. Adjectives used to describe persons nominated by psychologists as "Self-Actualized"

active, busy, involved, participant, energetic
motivated, concerned, hard-working
constructive, productive, creative, enterprising, alert, imaginative
giving, helpful, generous
eager, life-appetitive, enthusiastic, adventurous, sensual
optimistic, confident
enriched
happy, warm
responsible, stable, mature, self-assured, independent, reliable, dependable, self-directing
balanced, moral, adjusted, honest
realistic
conscientious, dedicated, thoughtful, discriminating
patient, aware, empathetic, kind, sensitive,

sympathetic
feeling
non-defensive, open, self-exploring, out-going, direct, spontaneous, non-threatened, responsive, non-threatening
seeking, searching, still-learning
democratic
social, friendly, personable, gracious, appreciative, delightful, humorous, loving, sincere
adaptable, flexible
content, satisfied
accepting, calm, quiet, unassuming, tolerant
modest, humble
organized, efficient, integrated, well-functioning
competent, capable, intelligent
successful

Milton E. Foreman (1966) did a study on "Some Empirical Correlates of Psychological Health" using eleven highly valued characteristics as the selected dimensions of psychological health. His findings strongly suggest that subjects nominated as optimally healthy behave in a manner very different than subjects presumed to be of normal psychological health. The optimally healthy subjects showed more active involvement with their immediate environment than normal subjects. They were also more open in their admission of personal problems and limitations, and in spontaneous and diverse expression of both their positive and negative feelings. Finally, the zestful subjects demonstrated their higher level of psychological health to the judges through the

manner in which they related to others in small discussion groups.

Frank Barron (1954) used the concept of "soundness" to study the effective personality. Soundness was defined as one's maturity and effectiveness in interpersonal relationships. This study discriminated between those students rated as sound and those rated as less sound on the basis of four characteristics:

1. Effective organization of work. The highly rated subjects tended to be more adaptable and resourceful and to have greater energy and resistance to stress.
2. Accurate perceptions. The highly rated group scored higher on tests of perceptual accuracy. They also seemed to have greater insight and understanding about themselves.
3. Ethical integrity. The higher rated group was described as more dependable and to have strong, internalized, moral principles.
4. Adjustment to self and others. The "sound" group was considered less defensive, distrustful, and egotistical. They described themselves as happier.

Roy Heath (1959), who investigated the problem of typologies in normal personalities, found that of the thirty-six college students he followed, a few of them seemed to function on a level different from all the others. He referred to these men as the "Reasonable Adventurers." Their characteristics included:

1. Contact between inner and outer selves
2. Initiative coupled with reflection
3. Curiosity coupled with critical thinking
4. Close interpersonal relationships but independence of judgment
5. Tolerance of ambiguity
6. Sense of humor

> ...Thus, his Reasonable Adventurer is...a striving human being who achieves a high level of functioning through his own unique pattern of individual development.

There are several studies (Golden, Mandel, Glueck, and Feder, 1962; Barron, 1954; Thorne, 1958) which have described the characteristics of normal persons who possessed neither outstandingly healthy nor unhealthy features, while there are other studies which describe some of the measured attributes of adjudged psychologically healthy persons (Mehlman and Kaplan, 1958; Schultz, 1958; Heath, 1959).

Still others have compared the characteristics of subjects representing higher levels of mental health with those of essentially normal subjects who possessed either negatively valued characteristics or were rated low on the criteria of selection (Barron, 1954; Bond, 1952; Bonney, 1962; Seeman, 1959; Foreman, 1966). Authority and peer ratings, membership in special groups, sociometric data, interviews, personality testing, and

case history reports were the primary methods used to identify psychologically healthy subjects.

Hart and Tomlinson, in their book New Directions in Client Centered Therapy (1970), state that psychological functioning can be located on a continuum which at one end is rigid, fixed, and static, and at the other end is flexible, flowing, and changing. This dimension applies to our inner experience and to the meanings this experience has for us. If our experience is in the process of changing, and is flowing and continually meaningful, we are psychologically healthy. But if our experience is in the process of being static, repetitious, and unresponsive, we are psychologically maladjusted. At the low end on the continuum the client does not see problems, or sees them as completely outside himself. He does not discuss personal relevant material and is distrustful, closed, and feels an impersonal relationship with the therapist. In the middle part of the continuum he recognizes his own contributions to the problem and makes attempts to understand what is going on inside. At the high end of the continuum he is resolving the problem through self-exploration and understanding. He expresses himself fully in a spontaneous and open

fashion, and is very trustful and open to a personal relationship with the therapist.

Salter (1961), in his book Conditioned Reflex Therapy, would describe this continuum of psychological health as representing degrees of excitation or inhibition. Salter sees excitation as the basic law of life, and neurosis as the result of inhibition of natural impulses (spontaneity, outgoing feelings, etc.). Every human would fall somewhere on a line between pure excitation and pure inhibition.

Rudolph Dreikurs (1968), in his writings on personality theory and human growth and development, speaks of something very similar when he describes the pitfalls of man's striving to be superior to others, as opposed to feeling inferior. To Dreikurs, personality can be described in terms of the way a person moves. People apply themselves in two ways, and these two ways of applying one's self can be described in terms of a horizontal plane and a vertical plane. Those people on the horizontal plane are continually moving toward others. and are genuinely interested in people. This is clearly distinguishable from the vertical plane, in that whatever those people on the vertical plane do, it is

because they want to be higher on the plane, or better than others.

When a person moves on the vertical plane, he is constantly moving up and down. This person can never be sure that he is high enough on the plane, nor that he can stay there; therefore he lives in tension, fear, and anxiety. He is in constant fear of making a mistake and is continually defending himself. Because of this he adapts slowly, is very rigid in his movements, and will rarely look inside himself in self-exploration and admit there is something wrong. He dreads change unless he has complete control over it.

Quite different is a movement on the horizontal plane. A person who moves on this plane is constantly moving ahead in the direction he wants to move. He does not move up but he moves ahead. If something goes wrong, he is flexible and adapts by considering what is going on and trying to find ways around it, or ways of remedying it. He is more spontaneous and is motivated by personal interest and curiosity. If his motivations are very strong he may even have enthusiasm and a sense of excitment, but he does not think about his own self-elevation. He is more interested in functioning instead

of being concerned with status or prestige. He encourages and is not threatened by self-exploration and personal change. Life becomes a constant process of becoming and growth, with each day being a little bit different and generally met with hope and anticipation.

COUNSELING RELATIONSHIP

In what way is this growth process, this process of becoming, facilitated in a counseling relationship? Are there conditions beyond one's theoretical orientation which must be met to insure a growth-producing relationship?

Whitaker and Malone (1953), in their book The Roots of Psychotherapy, defined counseling as an interpersonal relationship that accelerates growth of one or both participants. It was during the period of 1950 to 1963 that Carl Rogers presented to the professional world a host of published studies, articles, and books on what he saw as the necessary and sufficient conditions for human growth in a helping relationship. During this period (approximately 1950 to 1970) scores of researchers, desiring to know whether Rogers' process equation was valid and reliable, took parts of his

theory and put them through a series of objective and scientific test procedures.

Carl Rogers (1958), as well as other client-centered counselors, has written extensively about the nature of helping relationships. Rogers believes very strongly that the formation of helping relationships depends not upon any set of techniques that the counselor may or may not have mastered, but rather upon the kinds of attitudes that the counselor holds about himself, his client, and the nature of their interaction. Rogers' approach to the nature of the helping relationship can partially be summarized by paraphrasing a number of questions that he says counselors might ask themselves as they approach the counseling relationship. These questions include:

1. Can I be, in some way that will be perceived by the other person, dependable or consistent in some deep sense?

2. Can I be expressive enough as a person that what I communicate will be communicated unambiguously?

3. Can I let myself experience positive attitudes toward the person-attitudes of warmth, caring, liking, interest, and respect?

4. Can I be strong enough as a person to be separate from the other self? Can I be a sturdy respector of my own needs as well as his?

5. Am I secure enough within myself to permit him his separateness?

6. Can I let myself enter fully into the world of his feelings and personal meaning and see these as he does?

7. Can I be accepting of each facet of his other person that he presents to me?

8. Can I act with sufficient sensitivity in the relationship that my behavior will not be perceived as a threat?

9. Can I free him from the threat of external evaluation?

10. Can I meet this other individual as a person who is in the process of becoming, or will I be bound by his past and by my past?

In other writings Rogers distilled these questions further into a theoretical equation which states that if certain therapist behavioral conditions are obtained (empathy, positive regard, unconditionality, congruence), then certain other responses would be observed in the

client (increased self-awareness, autonomy, movement from rigidity to flow, etc.). Rogers' theory, as quoted by Hart and Tomlinson (1970:175), holds that

> ...certain conditions are necessary and sufficient to produce productive personality change in the client, and that the amount of process change is proportional to the degree to which the therapist provided the conditions and the degree to which the client is aware of their presence. If the client perceived the presence of conditions of empathy, etc. and those conditions are present in optimum degree then the client should grow along predicted lines. To the degree the client failed to perceive the conditions, or if they were not optimumly provided, the client's progress would be proportionately retarded.

Experience vs. Theoretical Orientation

One study quoted most often in this area is that done by Fiedler (1950), who attempted, basically, to answer two questions: 1) Do therapists with divergent theoretical views differ in their concept of an ideal therapeutic relationship? 2) Is the concept of an ideal human relationship unique to psychotherapy, or does it simply represent a general view of good interpersonal relationships?

In attempting to answer the first question Fiedler had groups of experienced and inexperienced therapists from several theoretical orientations (psychoanalytic, nondirective, Adlerian, and eclectic)

sort a set of statements describing the ideal therapeutic relationship. In analyzing the data, Fiedler (1950:241) found that the

> ...psychoanalytically oriented therapist correlated with the nondirective therapist, who is considered an expert, .77 and .72, while they correlated with psychoanalytically oriented inexpert therapists, .61 and .57. The differences between these correlations are significant at the .05 level or above. The nondirective expert, who had correlated with the psychoanalytical therapists .77 and .72, correlated only .64 with the less well trained nondirective therapist, a difference also significant at the .05 level or above.

In answering the second question, Fiedler compared the results of non-psychologically trained raters with those of the therapists. He found that non-psychologically trained raters had very high agreement with therapists in describing the nature of an ideal therapeutic relationship. The overall correlation for the second question was .92.

Fiedler concluded that therapists of different orientations do not differ from each other or from laymen in describing the nature of an ideal therapeutic relationship. There were five areas in which Fiedler (1950:239-245) found a generally high agreement. These areas are:

1. The therapist is able to participate completely

in the patient's communications.

2. The therapist's comments are always right in line with what the patient is trying to convey.
3. The therapist is able to understand the patient's feelings.
4. The therapist really tries to understand the patient's feelings.
5. The therapist always follows the patient's line of thought.

Fiedler found evidence in his study that experienced psychoanalytic, client-centered, and Adlerian therapists were more alike in their behavior than were the experienced versus inexperienced therapists within any one of these orientations. Although Strupp (1955a) reported differences in the types of responses used by client-centered and psychoanalytically oriented therapists, his results showed that the more experienced the client-centered therapist is, the more similar his responses are to those of the psychoanalysts. In another study, Strupp (1955b) concluded that "...professional affiliation exerts a relatively minor influence upon the kinds of techniques used by psychiatrists, psychologists, and psychiatric social workers."

Wrenn (1960) found that greater differences occurred among the situations studied than between

theoretical groups, and possibly in situations which place an implicit pressure upon the counselor to make a socially conventional response. A year later Grigg (1961) found, from a study of three different levels of professional development in counseling psychologists, that as a counselor acquires more clinical experience his behavior shifts from being more active, more verbal, more prone to give forth with interpretations and advice, to being more of a careful listener and partner with the client in assisting the client to work through the problem.

Genyea (1963), in a study of 208 clients of the University of Texas Testing and Counseling Center and eight counselor-interns, found by using the quality of therapeutic relationship, as defined by Fiedler (see page 28), that therapeutic effectiveness and quality of therapeutic relationship are both correlated with therapist experience, but not with each other.

On the other hand, in more recent studies Watley (1967) found a difference between the counseling philosophy of the trait-factor counselors and client-centered counselors, and that of the counselor's predictive skills.

The counselor's predictive skills were based on freshman grades and whether students would persist and be scholastically successful in the educational programs selected at the time of admission to college. The trait-factor counselor predicted both of these outcome criteria more accurately than the client-centered counselors at the .05 level of significance. Watley's findings suggest that the counselor's philosophy, or theoretical orientation, does make a difference.

Pepyne and Zimmer (1971) found that a difference exists among counselors' (Rogers, Ellis, and Perls) manifest style of intervention. This was shown to be directly related to their respective theoretical orientations, suggesting that theoretical orientation and style of intervention are significant variables among "well experienced counselors."

Truax and Carkhuff (1966) have identified counselor conditions which are common regardless of the theoretical orientation espoused by the counselor. These conditions are referred to as the core of facilitative conditions and have been labeled empathic understanding, positive regard (warmth), and genuineness. Truax and Carkhuff's (1964) efforts suggested that the level of the

facilitative conditions offered by the counselor is related closely and positively to growth on the part of the client. Implicit in this conjecture, as is similarly suggested by Rogers, is that counseling can be for the better when high-facilitative conditions exist, or for the worse when low-facilitative conditions exist.

Facilitative Conditions

Carkhuff and Berenson (1967), in their book Beyond Counseling and Therapy, present a five-point scale which they used to assess the facilitative dimensions related to improved functioning in interpersonal relationships. This scale measures the presence of or the lack of presence of, and the degree of their presence in or lack of presence in: 1) empathic understanding, 2) respect or positive regard, 3) facilitative genuineness or congruence, 4) personally relevant concreteness (terminology), and 5) self-exploration.

On all scales, level three was defined as the minimally facilitative level of interpersonal functioning. Levels four and five were most desirable and levels one and two were least desirable. In their results they found that lay helpers, college freshmen,

the general public, and outpatients functioned, on the average, between 1.49 and 1.59. At the other extreme of those measured they found experienced counselors and therapists, graduate students (psychology), and teachers functioning between 2.10 and 2.35. In all of those measured there were very few who functioned at a three or above level.

Carkhuff and Berenson also found, in two other studies using this same measurement of facilitative interpersonal functioning, that clients of those counselors offering the highest levels of facilitative dimensions improve, while those of counselors offering the lowest levels deteriorate. They also found evidence in their studies to support the idea that in seeking help from nonprofessional sources the patient stood an excellent chance of receiving functionally the same levels of facilitative dimensions as they might receive from professional helpers (Eysenck, 1952; Levitt, 1957).

Ruth Dombrow (1965) suggests, in a study of twenty-nine bothers at a child guidance clinic and fourteen social workers as therapists, that empathy on the part of the therapist was a significant (.05 level) factor in changes in the patient's self-concept during

therapy.

Mickelson and Stevic (1971), in a study of the differential effects of facilitative and non-facilitative behavioral counselors, found that behavioral counselors who were facilitative (high in their offerings of warmth, empathy, and genuineness) were more effective than non-facilitative behavioral counselors (low in their offerings of warmth, empathy, and genuineness). The results demonstrated that facilitative counselors were able to engage their clients in a significantly (.01 level of significance) greater amount of verbal information-seeking behavior.

The crucial variable affecting the response pattern of clients seems to be the quality of the relationship created by the facilitative counselor. The lack of between-group differences in the frequency with which counselors make rewarding phrases or statements emphasizes this point. Verbal reinforcement, by itself, is not an effective technique in engaging the client in information-seeking behavior. The reinforcing value of the relationship proposed by Truax (1966a) significantly affected the acceptance by the client of the reinforcing stimuli. The facilitative counselor emerged as a more

potent reinforcer.

In another recent study, Abeles and Mullen (1971) found, using tape recordings representing samples of 396 recorded interviews from the completed cases of 36 clients scored for accurate empathy and liking, that high empathy and high liking together did not predict successful outcome. But by taking a separate look at the variable of empathy, significant relationships were found between high conditions of empathy over any stage of therapy and successful outcome. They also found a clear relationship between low conditions of empathy throughout all stages of therapy and outcome categorized as unsuccessful. These results were significant at the .01 level.

Abeles and Mullen's results also indicate at the .04 level of significance that inexperienced therapists are generally less empathic than experienced therapists, suggesting that because of their greater experience and/or training, they are generally more aware of all levels of the client's feelings throughout therapy. These findings tend to support the idea that high levels of empathy are necessary but not necessarily sufficient in itself for success in therapy.

A study done by Blackman, Smith, Brockman, and Stern (1958) in male schizophrenics found the absence of empathy as the most important feature in psychotics, and the improvement of their capacity for empathic understanding as the key development in their over-all improvement. Implicit in their theorizing is the assumption that the person, in his relations with others, shows the way he feels about himself. Only to the degree that he understands and respects a full range of experiences in himself can he understand and respect a full range of experiences in others.

More recently, Melvin Foulds (1969), in a study on "Self-Actualization and the Communication of Facilitative Conditions During Counseling," found a significant (.05 level) relationship between self-actualization, as measured by a Personal Orientation Inventory, and the ability to communicate "empathy" and"genuineness," therefore supporting the idea that empathy and genuineness are more than just two terms used to describe a counseling process. They are two vital, interdependent parts of the way persons communicate with themselves as well as with each other.

Lesser (1961), in a study comparing the

relationship between counseling progress and empathic understanding, found that maximum empathic understanding is not necessarily most conducive to counseling progress; it is only when the counselor correctly perceives the degree of similarity between himself and his client that he apparently perceives more correctly what the client is saying and feeling than when he merely feels similar to the client, or further, overestimates their similarity. Lesser is suggesting that there is a difference between just empathy and accurate empathy; that it is only when the counselor correctly or accurately perceives the similarity between himself and the client that progress or growth may occur; that under or over-estimation of these similarities may actually hinder any progress. Truax and Carkhuff (1964) suggest something similar when they found a positive correlation between concreteness and depth, or patient intrapersonal exploration. They define concreteness as the ability of the therapist to: 1) ensure emotional proximity; 2) enhance the accuracy of the therapist's response; 3) be able to encourage specificity in the client's efforts.

A study by Combs and Soper (1963) was done to determine what counselor personality characteristics

were associated with counseling effectiveness, as judged by a counselor education staff. They evaluated protocols obtained from twenty-nine counselors in training. These protocols were obrained from papers submitted by students describing a human relations incident. The protocols were scored by judges on the basis of twelve perceptual constructs based on how the subject perceived himself and others and how he perceived the nature of counseling. Scores on these constructs were then correlated about the effectiveness of the counseling students at the end of training. Ten of the twelve correlations were significant at the .01 level. Five of these significant correlations are presented here because of their similarity to the findings of other researchers:

1. Sees people as able rather than unable
2. Sees counseling as freeing rather than controlling
3. Sees people as friendly rather than unfriendly
4. Sees self as identified rather than unidentified
5. Sees self as revealing rather than unrevealing

Combs and Soper interpreted their results as indicating that counselor attitudes and perceptual processes are the important determinants of counselor effectiveness.

Halkides (1958) studied the relationship of the following conditions to success in therapy:

1. the degree of empathetic understanding of the client manifested by the therapist,

2. the degree of positive affective attitude (unconditional positive regard) manifested by the therapist toward the client,

3. the extent to which the therapist is genuine or congruent, his words matching his own internal feelings, and

4. the extent to which the therapist's response matches the client's statements in the intensity of affective expression.

When she had judges rate the degree of these conditions in the recordings of interviews of ten cases found to be successful on multiple criteria, and ten unsuccessful cases, she found that all these conditions were significantly associated with the more successful cases.

An associated study done a year later by Barrett and Linnard (1959) also investigated the effects of the client's experiences of these conditions, but it was done by having clients themselves, not judges, complete a relationship inventory. They found that clients improve in their adjustment according to the extent they perceive their therapist fulfilled these conditions (understanding,

congruence, and positive and unconditional regard).

Truax (1963) reported a series of studies that analyzed interviews of clients ranging from college students to hospitalized schizophrenics. Personality test results were used as criteria of improvement or deterioration. When interviews were analyzed, those subjects who were judged as improved were found to be in counseling relationships with therapists whose behavior was rated significantly higher on empathy, unconditional positive regard, and self-congruence. Patients who were judged as deteriorated were correspondingly found in relationships with therapists judged low on all three variables. The level of significance of Truax' findings is between .01 and .05.

Truax (1963:263) came to four basic conclusions as to what the role of the therapist is. These conclusions are:

> 1. As therapists, we might aim toward a more clear and sensitive awareness of the patient's inner being; towards a greater ability to deeply understand the patient's moment-to-moment feelings and experiencings....It would mean that as therapists we would concentrate less upon developing skill at highly intellectualized diagnostic formulations and more upon developing skill at the moment-to-moment-diagnosis of the patient's "being."

2. As therapists we could allow ourselves to express more openly our deep caring for the person who comes to us for help: to do this unconditionally would be to set no conditions on the prizing of the person.

3. As therapists we can afford risking confrontation with the patient as a person rather than as an institution. Our open or nondefensive intactness, our human genuineness encourages the patient to also deeply "be" himself within the relationship.

4. Finally as a therapist, that if we are not able to offer these therapeutic conditions to a particular patient, then we would best serve the interest of that patient by helping him to find another therapist.

In a study aimed at cross-validating research done in 1963 Truax (1966b) found that high levels of therapeutic conditions not only tend to produce a greater degree of patient improvement but also seem tc be an important factor in minimizing patient deterioration during psychotherapy. This is consistent with the hypothesis that psychotherapy can be for better or for worse, depending upon the levels of conditions provided during treatment.

The findings from the analysis of the effects of nonpossessive warmth raise a question about its separate contribution to outcome (apart from its contribution in association with empathy and genuineness). Contrary to Truax's original hypothesis, the findings suggested that

warmth, by itself, tended to have no effect or a negative effect. It was also found that, in the present sample of therapists, warmth was negatively related to genuineness and empathy. In several prior studies empathy, warmth, and genuineness have all been highly intercorrelated (Barrett-Lennard, 1959; Halkides, 1958; Truax, 1961, 1963). One of the aspects of this study suggests that empathy, warmth, and genuineness, though usually highly intercorrelated, can vary independently across different samples of therapists. In another study by Truax, Carkhuff, and Kodman (1965), which focused on the relationship between therapeutic conditions and patient outcome in group psychotherapy, it was found that in that sample of therapists, accurate empathy and warmth were highly intercorrelated and both were negatively associated with genuineness. In that study, empathy and warmth were positively associated with patient outcome, while genuineness was negatively related to outcome. (See also a study by Truax and Carkhuff, 1965a.)

Two studies in group psychotherapy (Truax, Carkhuff, and Kodman, 1965; Dickenson and Truax, 1966) suggest also that these therapist-offered conditions are significantly related to patient constructive personality

change within the group. This is true with both outpatient counseling cases and hospitalized schizophrenics, and with college underachievers.

Lewis Stoffer (1968), in his doctoral thesis, studied the relationship of thirty-five elementary school children who were experiencing academic and behavioral problems, and thirty-five untrained adult volunteer helpers who saw them twice a week for three months. His findings generally support those of Rogers, Carkhuff, Truax and others, that those helpers who were judged as having provided high levels of nonpossessive warmth, accurate empathy and genuineness were more successful in bringing about gains in achievement, reduction in behavioral problems, and gains reflected by the combined outcome index.

Manipulating Therapist-offered Conditions

Considerable evidence has been presented, up to this point, that therapists may be divided into high and low-functioning groups (Truax, Wargo, and Silber, 1966; Carkhuff, 1967; Carkhuff and Berenson, 1967; Truax and Carkhuff, 1965b; Truax, 1963; Truax and Carkhuff, 1964, 1967; Mickelson and Stovic, 1971; etc.). In several more

studies self-exploration by the client was shown to be a significant factor in successful therapeutic outcome (Rogers, 1964; Truax and Carkhuff, 1964, 1967). To be even more specific, a number of studies demonstrate differential effects of manipulating therapist-offered conditions of empathy, positive regard, genuineness, and concreteness by high- and low-functioning therapists upon the level of self-exploration of high- and low-functioning patients (Holder, Carkhuff, and Berenson, 1967; Pagell, Berenson, and Carkhuff, 1967; Truax and Carkhuff, 1965).

Anderson (1966) reported that high-level therapists not only confront their patients more frequently but confront them more constructively. A study done a year later by Carkhuff and Alexik (1967) demonstrated that counselors who function at a low level tend to be manipulated by the degree of client self-exploration and client behavior, while high-level functioning counselors are not adversely affected by the lowering of client conditions but would instead continue to function at high levels of facilitative conditions independently of client behavior. Another published study by Kratochvil, Aspy, and Carkhuff (1967) suggested that high-level counselors who might, for a variety of

reasons such as personally stressful circumstances, deteriorate in the level of conditions which they offer, may have a negative effect upon the client's level of functioning. Similarly, initially low-functioning counselors, growing in a constructive direction, may have constructive effects upon the clients. Berenson, Mitchell, and Moravec (1968) in a similar study found that low-functioning therapists tend to have a much greater proportion of low self-exploring patients than do high-level therapists but that neither high nor low therapists were influenced by the level of self-exploration of the patient.

More recently Hountras and Anderson (1969) found a significant relationship between counselor-offered conditions, as presented by Carkhuff and Berenson (1967), and self-exploration in each problem category for counseling center clients of both sexes of fifty-four college students from the University of North Dakota. Recently, Joyce Pattison (1973) found a significant (at the .01 level) relationship between touch and self-exploration. Touch, she feels, is closely related to warmth, which has been found to be positively correlated with positive outcome and self-exploration (Truax and

Carkhuff, 1965a). Pattison raised two questions which she felt needed to be answered: What does touch or warmth provide for a client, and, as suggested by earlier research done by Truax (see page 36), does the degree or the presence of touch and warmth have to be the same throughout the counseling relationship?

SUMMARY

The review of literature was presented in such a way as to describe some of the major research concerning the nature of what growth and development is in the helping relationship, and in what ways it can best be facilitated by the counselor.

Since 1950 a number of professionals have told the helping professions that there are conditions in the counseling relationship which must be met before growth and change can occur. During this time there has been an enormous amount of research and writings directed towards the two problem areas of what positive growth and psychological health is, and what conditions must exist in counseling relationships before positive growth and change can occur.

The arguments and the discussions linger on.

Authors draw from their own personal and past experiences as well as the experiences of others for the purpose of understanding human growth and development. Personal viewpoints are published and set before the eyes of other professionals to gain strength and assurance from one's own peer group. So it is today with the problems of discovering what psychological health is and how it can best be facilitated. Recent articles in professional magazines make us aware of the yet unsettled conditions of these problems. To quote only a few, Robert Couchman (1974) says:

> The fact that 15 percent of our child and adolescent population suffers from serious mental health problems requires that we reexamine our traditional system for delivering services. Since the majority of troubled young people are not receiving help from specialists, the couselor should be considered as a primary mental health resource. If this role is to be undertaken, however, counselors will require more adequate training than that which is now being provided.

Hans Strupp (1973a), writing on the basic ingredients of psychotherapy, states:

> This article presents a parsimonious statement of essential conditions for psychotherapeutic change: (a) a helping relationship patterned after the parent-child relationship; (b) the creation of a power base from which the therapist influences the client through common psychological techniques; and (c) a client who has the capacity to profit from the experience. It is asserted that the full range of

> common influencing techniques is inevitably brought to bear on any psychotherapeutic relationship, and this indeed constitutes one of its defining characteristics. These conditions are equally applicable to psychoanalytic psychotherapy and behavior therapy.

In reply, Sol Garfield (1973) writes:

> Strupp has presented and discussed what he considers to be the essential and necessary conditions for positive change in psychotherapy, regardless of school. This attempt, which in part resembles and draws upon the views of Rogers...and Frank...appears to be an entirely reasonable and thoughtful one. However....

and he proceeds to develop a counter-argument. Then, in answer to Garfield's article, Strupp (1973b) makes the statement:

> This response to Garfield underscores the fact that the operations of psychotherapists share important processes with those of other influencers. Thus, psychotherapy is a special instance of a broader problem. There is more to modern psychotherapy than "the relationship," but the latter typically serves as a powerful framework for therapeutic change. Within that framework, various "techniques" are potentiated. Conversely, it seems unlikely that "pure" techniques can be developed, nor would such techniques be desirable from the human standpoint.

and on and on goes the dialogue. Those who believe in Strupp's argument and the research based much earlier, will inevitably follow with research providing for scales to measure these basic ingredients, as well as people using the scales, and so on. Therefore, it is in the

spirit of furthering the dialogue and gaining a greater personal understanding and insight into these two problems that this review of literature is presented.

CHAPTER III

DISCUSSION

FORMULATION OF A THEORY

The word theory is defined in the dictionary as a statement of general principles supported by data offered as an explanation of a phenomenon. Generally speaking, it is a statement of the relationship of factors believed to prevail among a comprehensive body of facts.

Shertzer and Stone (1968) suggest the following about theories and the theorist:

> Theory is not generated in isolation but has personal, historical, sociological, and philosophical basis. It reflects the personality of its builder, his needs, and is a product of the time in which it appears and is used.

Stefflre and Matheny (1968) have cited five formal attributes which should be present in a theory:

1. A good theory is clear. It is understandable, and it's general principles are not self-contradictory.
2. A good theory is comprehensive. A theory which explains the most phenomena is preferred over the one which explains a single phenomenon.
3. A good theory is explicit. Precision is evident in it's terms and relationships and it's rightness or wrongness can be tested.
4. A good theory is parsimonious. It explains data simply and clearly without unnecessary diversions.

5. A good theory generates useful research.

The author will draw together that literature which has been presented, with the idea of developing the basis for a theory. The literature and it's core ideas will be presented in this chapter in such a way as to make the two problems of this study (1. What is psychological health and growth, and 2. how can it best be facilitated?) more clear and understandable, and the solution a closer reality. It is in this chapter that the ideas and experiences of the author, as well as those of many other authors, will be refined, and a framework built from which these ideas may be better understood and the research and evaluation of them more easily generated.

Psychological Health

In developing a theory of psychological health, a framework of common factors of psychological health must be decided upon. This will, in turn, be used as a guideline for either developing a typological theory or judging other typological theories which are already available.

The most obvious factors focused on by the

review of literature are: 1) The human being has a very complex and intricate nervous system which is affected by physiological, psychological, and sociological factors. 2) The person who is living at an optimum level of mental health is the one most often described.

If a theory of psychological health is going to be developed or formulated, then, it must encompass the whole person: those factors which are considered most healthy as well as those factors considered most unhealthy. One must ask if there are central ingredients present which may be related readily to both healthy and unhealthy behavior. Every human being demonstrates essentially two types of behavior to some degree, which are usually described by the words <u>rational</u> and <u>irrational</u> (emotional). If a person's behavior is at one extreme or the other, then there must occur in that person's life some psychological and sociological adjustments. If this behavior is not accepted or approved by the society in which he lives, then it is generally labeled as maladjusted or unhealthy behavior. The converse is also true for healthy behavior.

The key component is the word <u>behavior</u>. When one speaks of behavior one is generally describing some

muscular and/or glandular response of the body which is integrated into a form of action, conduct, or mannerism that is observable. Basic to understanding any behavior is an understanding of the feelings, emotions, and attitudes underlying that behavior, and the basic ingredient in understanding any feelings, emotions, and attitudes is an understanding of the language one uses to communicate and define them to oneself.

Feelings, as defined by the dictionary, refer to any of the subjective reactions, pleasurable or unpleasurable, that one may have to a situation. Feelings generally connote an absence of reasoning. Emotions, on the other hand, imply an intense, strong feeling with physical as well as mental manifestation of a specific feeling, or a number of feelings. Feelings are, in general, more subtle experiences than emotions and many times escape one's attention.

Feelings are described by Meyers (1969) as being the aesthetic content of introspective experience. They can be attended to and savored for their own sake. Unlike emotions, they do not necessarily demand behavioral outlet. Feelings are immensely important in shaping the personality, and are the neurological base for most

emotions. Feelings underlie our attitudes, and in attitudes lies much of our day-to-day behavior. If feelings are then ignored and left to themselves, they tend to cluster on the principle that "like seeks like." The feeling of indifference can invite the feeling of futility, which joins with that of resignation, and so on. This suggests that introspective attention to such feelings is important. One should note the strength of those feelings, the degree of their recurrence, the tendency of their associations, etc. Such attention may provide a basis for their alleviation or elimination. Desirable feelings may need cultivating; neglected, they wither on the vine. The tendency of feelings to recur is a normal response to approving attention (reinforcement). The importance of feelings is obvious once we understand that our attitudes towards self and others are largely dependent upon our experiencing desirable feelings.

When discussing rational behavior, as opposed to emotional behavior, one is generally referring to that behavior which is sensible, logical, and based on or derived from reasoning. This statement raises some rather interesting questions about reason and emotions.

Can all behavior which is thought through with reason be considered to be sensible, and conversely, can all emotional behavior be considered to lack sense and reasoning? In both cases the author suggests the answer is no. Thought and reason, as well as our emotional processes, are intertwined in our attitudes, which are directly supported by feelings, the neurological system, and it's perception of the environment in which it lives. Suggesting that one is necessarily more sensible or logical than the other is preposterous.

Rogers (1962) suggests, in his theory of a fully functioning person, that a person must be able to trust his feelings and use them as a guide to behavior. It is in these feelings that man has consistancy of behavior and is more spontaneous, less anxious, and less rigid. Rogers, Maslow, and Salter would all agree that psychopathology is the result of the environment frustrating, confusing, and twisting man's essential nature (feelings, emotions, and attitudes).

Therapeutically, if one can come to know the nature of one's feelings and emotions, and in turn learn to identify and classify them, then by doing so one can change what seems to be irrational or emotional behavior.

By suggesting this the impression is left that becoming acquainted with one's feelings and emotions is a straightforward affair. In practice, people find that it is not. If requested to identify or articulate one's present feelings, people may respond hesitantly and confusedly. Perhaps the most important fact about feelings is that they often seem elusive and hard to pin down for identification. Of course this is not always true when feeling annoyed, sad, appreciative, affectionate, etc.; there may be no sense of elusiveness at all about these feelings, nor doubts about how to label them. Feelings can be as frank as one could wish.

Every emotion has some effect on our functioning. There is a continual stream of feelings and emotions aroused by our dealings with the world around us. Perception ordinarily leads to an immediate intuitive appraisal, and that automatically results in emotions. Once feelings are aroused, it leads spontaneously to emotional expression. The emotional impulse urges a person not only to action but also to a preoccupation with the situation that has precipitated the emotion. It coerces attention and thus reinforces the emotion. When an emotion recurs persistently, the emotional

attitude that develops from it will eventually stand out among others and will dominate the person's outlook as well as influence his bodily functions.

The author is suggesting, then, that accurately expressed, understood, and accepted feelings may be the key to understanding one's behavior, which in turn may be the key to psychological health and growth. Such communication is a necessary ingredient in psychological health, and facilitating this communication becomes a primary goal of most counseling psychologists. Blackman, Smith, Brockman, and Stern (1958) stated this very accurately when they said that only to the degree that one understands and respects a full range of experiences in oneself can he understand and respect a full range of experiences in others. This is the heart of our counseling problems. The counselor first must understand, accept, and respect a full range of experiences in himself; then he must be able to develop a relationship that will allow the client to do the same. This will be discussed further in the subdivision Counseling Relationship.

Joel Davitz (1969) did a series of studies on the language of emotions for the purpose of developing an instrument of measurement for explaining or defining

human emotions. His studies bring out the difficulty in describing and understanding one's own feelings, or the feelings of a client. His study also serves as a typology for measuring and describing the actual movement of a client, and his feelings or emotions as he moves on the continuum (plane) of psychologically unhealthy to that of being psychologically healthy. Davitz does this by using the client's own language of communication, perceptions, attitudes, feelings, and emotions to describe where he is at. This typology is clear, it is presented simply, and it reaches across and touches a broad range of theoretical orientations. It could be a useful tool (with testing and clarification) for looking at man's behavior in it's totality. For these reasons the important parts of his studies will be brought out here to draw together that which has already been presented into an understandable and more concise theory of what psychological health is, and how it can best be facilitated.

Davitz had fifty subjects describe, from their own experiences, fifty different emotional experiences which commonly occur in life. The subjects were given a checklist of 556 items referring to emotional feelings,

physical sensations, perceptions, and behavior concerning one's self and one's relations to others, and were to use this checklist in describing their emotional experiences. Davitz then did a cluster analysis of these fifty emotional experiences using a phi coefficient at a .05 level of significance to determine to what degree each item followed similar patterns of presence and absence. Thus, over the fifty definitions of emotional experiences described, if a particular item in a given cluster appears in the definition of an emotional state, other items in that cluster also tend to appear in that definition. Similarly, if the item is absent from the definition, other items in the cluster tend to be absent from that definition. Twelve clusters were identified, and each cluster named according to the content and commonality of the items listed in the cluster. For example, in the cluster named Activation the word activation would seem to reflect the central meaning of feelings such as sense of vitality, aliveness, vibrancy, etc., while the word hypoactivation reflects feelings such as feeling empty, drained, hollow, or feeling heavy, loggy, sluggish, etc. The rest of the clusters are similarly named. (Samples of the clusters can be found

in Table I of the appendix.)

Davitz also found that in the inspection of the definitions of emctional states, not only do specific items tend to occur together but also, clusters appear to be consistently related to each other. For example, scanning the definition of emotional states commonly viewed as pleasant indicates that activation and comfort both are present in the definition of many of these emotions, though with varying degrees of emphasis. By further combining the twelve clusters Davitz found two factors which accounted for most of the variance between clusters. The first factor is bipolar, defined by four clusters at one end (activation, moving tcward, comfort, and enhancement) and the other eight clusters at the other end. This factor clearly involves a pleasant-unpleasant or positive-negative connotation. The four clusters of activation, moving towards, comfort, and enhancement define those emotional states commonly viewed as pleasant or positive, and the other eight clusters define emotional states commonly viewed as unpleasant or negative.

Davitz described the second factor as involving a furtner clarification of the negative factors. He

suggests that there are two types of negative clusterings, with type 1 involving hypoactivation, moving away, discomfort, and incompetence:dissatisfaction, while type 2 involves hyperactivation, moving against, tension, and inadequacy. He suggests, from this, that there are three groups of clusters underlying the definition of emotional states. The first group is called Positive, and consists of activation, moving toward, comfort, and enhancement. The second group is called Negative: Type 1, and consists of hypoactivation, moving away, discomfort, and incompetence:dissatisfaction. The third group is called Negative: Type 2, and consists of hyperactivation, moving against, tension, and inadequacy. (Samples of these clusters can be found in Tables II, III, IV, and V in the appendix).

The first group, called Positive, represents the high end of the continuum (that group which could be considered optimumly healthy); the Negative: Type 1 group represents the middle of the continuum, and the Negative: Type 2 group represents the low end of the continuum (that group which could be considered unhealthy).

Davitz, as well as Rogers, Maslow, Salter, and others, suggests that there are major dimensions of

emotional meaning which reflect unlearned, innate responses.

> The individual doesn't have to learn to be activated, to move towards or away from others, to experience comfort or a sense of inadequacy or enhancement. However, in any given emotional state, the individual's reaction in terms of these four dimensions is undoubtedly influenced by previous learning.

Thus, a previously neutral stimulus, as a consequence of learning, may acquire the capacity to elicit hyperactivation, the impulse to move away from others, tension, or a sense of inadequacy.

The underlying key to psychological health and growth is the person's capacity to describe, verbally, a series of non-verbal phenomena for which there are no readily available, conventional labels; the capacity to shift perspectives, enabling one to experience emotions fully and directly without mediating labels (that is, without a constant process of self-conscious labeling, such as, "Now I'm happy; now I'm sad."), while still being able to view these emotions later with enough perspective to permit a full verbal report of the experience. When such feelings become inhibited and are not accurately described, understood, and accepted, they then become a hindrance to one's

psychological health or well being.

The author is not suggesting that through this measurement or typology of Davitz', or through the review of literature, that a representative sample exists of the viewpoints on psychological health and growth; what is being suggested is that a significant relationship exists between Davitz' measure of emotions and the literature. The main focus of the review of literature is on that which is optimumly healthy human functioning. Davitz refers to that person by a simple measure of positive emotions called activation, moving towards, comfort, and enhancement. Within these categories are groups of emotions expressing in many different ways those feelings and attitudes that an optimumly healthy person would have. This includes those feelings and attitudes expressed by Maslow, Rogers, Allport, etc. in the review of literature.

Davitz' study goes a little further, however, and discusses that person who may be considered in either category and is described by the emotional categories of hypoactivation, moving away, discomfort, incompetence, and dissatisfaction. The person who is described in terms of hyperactivation, moving against, tension and

inadequacy would be considered to be revealing unhealthy emotional behavior or responses. These emotions would keep the person from a healthy adjustment to himself and his environment. This theory also seems to suggest that the road to mental or psychological health and growth, with one's self and one's environment, would have to progress along a continuum, one end representing Positive, the middle representing Negative: Type 1, and the other end representing Negative: Type 2. A person then could logically be located at any one point on the continuum, or a combination of any number of these three points. It also seems possible that a person could be located in one area with one kind of behavior and in another area with another kind of behavior. These are only a few of the many combinations which need to be tested by further research. This theory, or typology, could also suggest to a counselor which way a client might be moving by describing the person's feelings or attitudes about certain behavior, therefore giving the counselor an indication as to what he may need to do for that client, and what probable difficulties he may run into in achieving success. One of possibly many fallicies in this particular theory is that in working with humans,

people, through language, may say one thing about themselves (their feelings and attitudes) and their behavior demonstrates something entirely different. Only with use and much research can these problems be worked out.

When measured by the criteria presented in the introduction, on the formulation of a theory by Stefflre and Matheny, the theory formulated in this paper offers the following:

1. A clear and understandable principle which is not self-contradictory.

2. A comprehensive theory which explains a broad range of phenomenon.

3. An explicit and testable approach.

4. A theory without a lot of diversions and language which is hard to understand.

5. A theory which can generate a lot of useful research.

This theory is therefore an acceptable framework from which to look at psychological health and growth.

Counseling Relationship

Carl Rogers (1957) stated over twenty years ago

what he thought were the key ingredients necessary for psychological change in the counseling relationship. Psychological growth or deterioration would occur in the counseling relationship to the degree that the client is aware of the presence of accurate empathy, genuineness or congruence, and unconditional positive regard or acceptance.

Since that time these conditions have been included in many research studies, being described and measured in every way conceivable. In content these conditions are accepted by most counseling psychologists as being necessary (not necessarily sufficient in themselves, however) but there are many who still argue and reject them as being irrelevant, or minor factors.

In describing the functions of Rogers' three conditions, and their relationship to counseling, one finds that the word congruence, or genuineness, refers to those conditions within the person in which his feelings, his awareness of his feelings, and his expression of them all correspond, or are congruent, with one another. In counseling it means to be continually working toward a more equal, full-sharing relationship.

The word acceptance, or unconditional positive

regard (respect), means to value or prize all aspects of the client, including the parts that are hateful to himself or that appear wrong in the eyes of society. It means that the counselor does not attach "conditions of worth" to the client and does not manipulate the client into behaving in a way the therapist values; instead, he cares for the client without strings attached. It does not, however, necessarily mean that the therapist makes the client's values part of his own values.

The definition of <u>empathy</u>, or empathic understanding, as defined by Truax (1961:2-3) has generally been the most widely used definition in measuring it's presence in a counseling relationship. Truax states that:

> Empathy involves both a sensitivity to current feelings and a verbal facility to communicate this understanding (of these feelings) in a language attuned to the client's current feelings. The therapist's responses...serve to clarify and expand the client's awareness of his own feelings or experiences. This is communicated...by the total voice qualities which reflect the seriousness, the intentness, and the depth of feeling. The therapist may be accurately describing psychodynamics to the patient but a lack of empathy would be indicated by such description being in a language not that of the client, or by being presented at a time when these dynamics are far removed from the current feelings of the client.

Empathic understanding, then, involves the therapist's

ability, on a moment-to-moment basis, to allow himself to merge in the experience of the client, reflect upon this experience while suspending his own judgments, tolerate his own anxiety, and communicate his understanding clearly to the client.

What has been described in these definitions is much like what Rogers, Maslow, Allport, Heath, and the others have described as what they consider to be optimum psychological health in people. Is this what we are suggesting, then, as the necessary conditions for facilitating psychological health and growth in others?

Carkhuff and Berenson (1967) suggested that counseling is as effective as the counselor is living effectively. They then proceeded to develop a scale for counseling effectiveness, using the ingredients of: 1) empathic understanding, 2) respect or positive regard, 3) facilitative genuineness or congruence, 4) personally relevant concreteness (terminology), and 5) self-exploration. Since that time Carkhuff, Berenson, Truax, and others have done dozens of research projects, and have found success, using this scale and testing it's validity.

The study done by Carkhuff and Berenson is

reinforced by the study done by Melvin Foulds (1969) when he compared self-actualization with the ability to communicate facilitative conditions during counseling. His findings suggest that self-actualization is significantly related to the ability to communicate empathic understanding and facilitative genuineness or congruence at the .05 level of significance.

Foulds found that the ability of counselors to communicate empathic understanding seems to be related to the following personality characteristics:

1. the feelings or attitudes of personal freedom or independence and internal direction based upon inner motivations rather than upon external expectations and influences, thus, the opposite of behavioral compliance;
2. affirmation of the values associated with self-actualization and growth rather than conformity and "frozenness";
3. flexibility in the application of values rather than compulsivity or dogmatism;
4. awareness of and sensitivity to one's own needs and feelings rather than estrangement from one's inner world of experience;
5. the ability to accept one's natural agressiveness as opposed to defensiveness, denial, and repression of aggression;
6. the ability to develop intimate and meaningful relationships with other human beings which are unencumbered by expectations and obligations, to develop "I-thou" relationships in the here and now, to contact the authentic "being" of another person, to invite intense involvement in human encounters, to enter in communion with another human being.

He found that the ability of counselors to communicate facilitative genuineness appears to be related to the six personality characteristics just mentioned, plus the four following personality characteristics:

1. the ability to be open and disclosing, to express feelings in spontaneous action;
2. the ability to like one's self because of one's strength as a person as opposed to feelings of low self-worth;
3. acceptance of one's self in spite of one's weaknesses or deficiencies rather than inability to accept one's weaknesses;
4. the ability to be synergistic, to transcend dichotomies, to see opposites of life as meaningfully related.

The third condition (unconditional positive regard) was not found to be significant. Foulds offers this explanation:

> One interpretation of this finding is that people who perceive themselves as "helping" persons and plan to enter a helping profession such as counseling generally value highly human life and the dignity and worth of human beings. Therefore, this self-selection process tends to result in a relatively homogeneous group with respect to the facilitative attitude of respect or positive regard for clients.

The validity of this explanation is not of concern at the moment. The fact that two of Rogers' three conditions appear on a scale to measure self-actualization and that all three appear to fall at the

positive end of Davitz' scale, as well as being closely related to all definitions presented on psychological health, is significant. Something other than theoretical orientation and technique is being discussed at this point; it is that which has to do with effective living, or optimum psychological health.

Optimum psychological health is something different from what Pepyne and Zimmer (1971) and Watley (1967) were measuring. The argument is not necessarily whether theoretical orientation makes a difference, but whether there is something beyond these learned theories and techniques that allows the therapist to use himself and his personal repertoire of learning and experience most effectively. It is reasonable to assume that if the therapist has many feelings, emotions, and attitudes that he has not accurately described, understood, and accepted, then it is unlikely that he can use them effectively, and they may work against him rather than for him. These feelings, emotions and attitudes may come forth at any time in a counseling relationship, and if they are ineffectively dealt with, or cannot be used in a positive way in the relationship, then they may be harmful to the counseling

process. As suggested by most of the research presented in the review of literature, time and experience can be a prime factor in helping a counselor to overcome these factors. Learned techniques and theoretical orientation does not seem to be of great importance in changing this or facilitating these conditions.

McGreevy and Daane (1967), in a study to determine the effects of counseling on the counselor by using a semantic differential, suggest that counselors may alter their perceptions as a result of a counseling experience, and improve their judgments of their clients as a result of repeated experience with them.

Lesser (1961), as well as Truax and Carkhuff (1964), alludes to the necessity of accurate description of the emotions by the therapist through accurate empathy, emotional proximity, response, specificity in the client's efforts, and concreteness. Blackman, Smith, Brockman, and Sterns conclude that only to the degree that a person understands and respects a full range of experiences in himself can he understand and respect a full range of experiences in others. Intervention, in the absence of empathy, may be overly intellectual and remote from any feelings the patient

might have; the patient may feel he is being ignored, interrupted, criticized and thwarted with regard to further communication.

A high facilitative therapist tends to expect success in his interpersonal encounters. He generally confronts his clients often and is more willing to take risks and move into "unknown territory." A high facilitative therapist is more apt to trust his immediate experiences and act upon them, and because of his feelings of success and accurate sense of empathy he is more likely to confront the client with his experience of a situation without great concern for being "right" or "wrong." These therapists also tend to be motivated forward due to both their success in their relationships and their true concern for others; therefore, they make more of an active effort to know their clients.

Low facilitative therapists tend to confront clients more often with their limitations than with their resources, possibly due to a lack of sensitivity to the strengths and resources of their clients. the low facilitative counselor may also be simply less skilled at describing communicatively with himself and others; he may feel conflicts from feelings he himself has not

described or raised during the counseling relationship.

In studies done by Truax, Mickelson, and Stevic, it has been argued in behavioral terms that Rogers' therapeutic conditions are reinforcing, rewarding, and somehow encouraging. Types of client behavior (presumably more adaptive ones) that are followed by high levels of these therapeutic conditions will consequently increase during the course of therapy, which opens this theory to behavioral interpretation. Verbal reinforcement by itself is not an effective technique in engaging the client in information-seeking behavior; what makes the facilitative counselor so effective is that he is able to discern when to be a stimulator and when to be empathic and supportive. Behavioral techniques may be necessary in helping clients but they are not sufficient to predict counselee change.

Theoretical orientation and techniques are not enough to insure counselee change or success. They become a useful tool only to that person who is already labeled as optimumly psychologically healthy. This health has been defined, or described, by words such as empathic, congruent, genuine, acceptant, warm. facilitative, etc. Optimum health comes through

experience in communicating with one's self and one's environment through understanding, description, acceptance, etc. Man essentially communicates with himself and with others in two ways; through the language of a vocabulary and through the language of the body. Both are essential in communicating with the mind and with the emotions, and this is where the basis of mental health lies.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

We are in a time known for it's application of scientific knowledge and advanced technology. The main focus is upon automation and computerization of equipment in communication, industry, defense, government, and education. Yet the methods used for aiding people to live together on this alarmingly shrinking planet are still rudimentary. This combination of factors confronts society with a fantastic and frightening paradox: we are able to control and improve everything except the one element that may spell the doom of the human race. We have employed unprecedented amounts of money and talent to enable people to live better and longer, to enjoy leisure, and to take full advantage of brilliant technological breakthroughs, but whether people survive and improve depends upon the resolution of man's differences with himself and his fellowman. Even though man's attention is directed to the machine, hopefully change will occur which will fundamentally enrich his relationships with himself and his fellow-

man and permit the genuine betterment of life. For in spite of man's technological progress, his essential problems remain: Who am I? How did I become the way I am? Am I normal? What is good? What is reality? Of what value is life? How can I be more productive, more sensitive, more sensible, more alive? Man's dreams, drives, concerns, and humanness can be observed in a bewildering variety of behavioral situations.

This paper concerns this bewilderment. How can one facilitate in a person those conditions which would enrich his life with himself and his fellowman? Too often when counselors or psychologists talk about mental or psychological health they are discussing or referring to a select group of people: that group of people or clientel which he chooses to work with. It is within that group that he describes what the process of psychological health and growth is, many times taking for granted that since it describes this group of people it must be the same, or similar, for most people in society. Professionals throughout the helping professions have made similar assumptions about various ideas.

The main questions which are hounding counselors today are: Is there really anything such as optimum psycho-

logical or mental health? Can it be measured and facilitated or is it different for every human being? Is there a difference between psychological or mental health and the ability to cope with life, and if there is, which one is it that we are trying to facilitate in the counseling relationship? Is optimum psychological health just for a select few who feel it is an important attainment in life, or is it something which we are trying to instill in everyone who will accept it because it is important for the continual existence of this society? These are only a few of many such questions that must be asked when formulating a theory as to what psychological health and growth is and how it can best be facilitated.

The objective of this research was to develop, as a broad base theory, an approach as to what the nature of psychological health is and how it can best be facilitated in the counseling process. The approach was to look at literature that concerns itself with the optimumly healthy (as opposed to the more accepted approach of looking at the unhealthy) and try to find a cure. The argument for taking this approach is that if a person is already psychologically unhealthy, then he has gained and/or lost something that has caused him to

be the way he is. Most of our counseling research is based on these results and not on the nature of psychological health. It is by working with a person that the counselor tries to describe the gain or loss in such a way that will help both the counselor and the client to understand the nature of the problem in order to remedy it. It is in the area of interpretation that the professional's own feelings and attitudes about psychological health are interjected into the client, and what the client really gained or lost in causing him to be as he is, is possibly distorted.

Another major argument in favor of the approach of looking at a psychologically healthy person for a cure is that very little in-depth and systematic research has been done by counseling psychologists on the nature of psychological health; consequently very few theories about the counseling process and the dynamics of the counseling relationship have been based on such a theoretical viewpoint. Physiological psychologists have, for many years, written about the nervous system, how it works, and the physical processes and changes the body goes through in memory, thought, feelings, emotions, etc. The author has seen no comprehensive theories on

the process of counseling and psychology based on the physical nature of man's nervous system.

Davitz, who proclaims to be a phenomenologist, has made a beginning research attempt at drawing together the physical nature of man and his nervous system and the process of counseling psychology. This approach is based on the nature of man's nervous system and the means man uses to communicate with it, and vise versa (the means the nervous system uses to communicate with the man). This communication system is defined by the physical body in terms of feelings, emotions, attitudes, and perceptions which are, in turn, passed through the central nervous center (the mind) and interpreted into a form of code which we call language. Through this language we communicate with the innermost expressions of the body. This is the point where counseling psychologists such as Rogers, Maslow, Heath, Allport, Salter, and many others begin to talk about the need for man to communicate with his innermost feelings and experiences. Unless they are expressed through description, understanding, and acceptance they will cause psychological problems. Only through this process mentioned is spontaneity, consistancy, flexibility, responsibility, and

other healthy behavior demonstrated. At the core of this healthy behavior is empathy and acceptance towards oneself and others, and an internal hope in the nature of man and his capabilities.

Through this language of the body Davitz developed his typology, describing those expressions of man's innermost being, and then further clarifying those clusters of man's expressions in terms of the body's natural functions and various behavioral responses. He suggested four ways to cluster these inner expressions: 1) by the twelve clusters of Activation, Hypoactivation, Hyperactivation, Moving towards, Moving away, Moving against, Comfort, Discomfort, Tension, Enhancement, Incompetence:dissatisfaction, Inadequacy; 2) by putting them in categories of Positive, Negative: Type 1, and Negative: Type 2; 3) by putting them in categories of Activation (relating to physical and emotional movement), Relatedness (relating to the environment), Hedonic tone (relating to the tone and type of emotional expression), and Competence (relating to the environment); 4) by putting them in categories of Sensations, Physical symptoms, Functioning, Expressive behavior, Interpersonal responses, Attitudes, Control, Sense of time, and Arousal

of other emotions. (For further clarification see Tables I-VI in the appendix.)

We can best understand the nature of psychological or mental health with a typology such as Davitz', based on the nature of man and his expression of self and the way that self relates to the world around him. Through a systematic comparison of this approach, with what we know about psychological problems and how they have been alleviated or may be alleviated, we can better understand the nature of the counseling relationship and how it is related to the process of growth and change.

Davitz' typology, as well as those of other therapists, has been used in this paper to try to compare those facilitative conditions required in a counseling relationship for psychological growth with those conditions of the nature of optimum psychological health. In this comparison no difference was found between these conditions. The words empathy, congruence, genuineness, concreteness, exploration, acceptance, etc. all seem to be related to an optimumly psychologically healthy human being. Fiedler, Strupp, Truax, and many others have shown through research that these facilitative conditions exist to a greater degree in most experienced counselors

crossing various theoretical lines than in counselors from the same theoretical background but with less experience. Techniques and theoretical orientation become a tool which complements that which is, or should already be, there (optimum psychological health), but do not, in themselves, produce these necessary conditions or this optimum level of health. It is only within this optimum level of living that such tools can be properly described and integrated for effective use.

CONCLUSIONS

The following are the conclusions yielded by this study:

1. There is general agreement as to what constitutes optimum psychological health.

2. There is only sparse evidence or research that measures and/or describes the process which occurs in counseling called positive growth. For example: What change occurs in a client who at first does not feel a need for change, then desires change and works at changing?

3. There is a general agreement about when a client is ready to change, but little understanding about

what causes a person to want to change (fear, anxiety, frustration, love, concern, etc.). Do the right factors just happen to come together at the right time?

4. There is limited understanding as to the nature of psychological health, and little evidence supporting it in the articles of those counseling psychologists reviewed by the author. Most references to it are generally very subjective. Physiological psychologists have done some objective research in this area.

5. Of the research reviewed by the author there is an over-all general agreement that necessary conditions exist in a counseling relationship which help facilitate psychological growth. These conditions are not, however, generally agreed upon as being sufficient in themselves. If these conditions are not necessary in some cases, then they are at least desirable.

6. The facilitative conditions mentioned in the paper generally cross theoretical lines and usually exist with those therapists who have more experience than with those of lesser experience.

7. These facilitative conditions are a part of being optimumly psychologically healthy, and therefore

are a part of the counselor's personality. Therefore, the counselor's personality does affect the counseling process.

RECOMMENDATIONS

The following recommendations are made as a result of this study:

1. More research should be done to show how these facilitative conditions vary in the counselor during the growth of the counseling relationship. Research should also be done to show how the counselee, his personality, and his psychological problems affect these facilitative conditions in the process of the counseling relationship.

2. In relation to Davitz' studies, more research needs to be done inquiring about the nature and development of language (written, verbal, gestures, etc.) to determine it's role in psychological, or personality, change.

3. More counselors need to cross theoretical and professional lines to see what other professionals have to offer in the way of clarifying and refining the counselor's approach to helping people.

4. Davitz' study needs to be used in research by

men from various theoretical orientations to clarify it's validity and it's usefulness as a guide for measuring the movement in the counseling relationship.

5. Counselors and psychologists need to take a more critical look at themselves and their professional ranks, and spend more time determining what personality characteristics in people lay the foundation for making the best counselor. Less time should be spent teaching theory and technique, and more time spent determining what it is to be a psychologically healthy human being.

6. More honest and open communication needs to take place between professionals of various backgrounds and theoretical orientations so that a more complete and total view of man can be achieved.

7. The counseling profession must take a better look at it's role in the area of mental health and the society as a whole to determine whether or not it fits the role, and whether or not it wants to change that role.

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APPENDIX

Table I

Clusters of Items Appearing in the Definitions of 50 Emotional States

CLUSTER 1: ACTIVATION

Sense of vitality, aliveness, vibrancy, an extra spurt of energy or drive
A special lift in everything I do and say; I feel bouncy, springy
I'm excited in a calm way
There's an inner buoyancy
I feel effervescent, bubbly
Warm excitement
I seem more alert
A sense of being more alive
I feel wide awake
A sense of lightness, buoyancy and upsurge of the body
I seem to be immediately in touch with the world; a sense of being very open, receptive, with no separation between me and the world
Particularly acute awareness of pleasurable things, their sounds, their colors, and textures-everything seems more beautiful, natural, and desirable
There's an intense awareness of everything; I seem to experience things with greater clarity; colors seem brighter, sounds clearer, movements more vivid
I seem to sense everything and experience everything immediately
A sense that I'm experiencing everything fully, completely, thoroughly; that I'm feeling all the way
A strong sense of interest and involvement in things around me
I feel like singing

CLUSTER 2: HYPOACTIVATION

I feel empty, drained, hollow
I feel heavy, logy sluggish
I feel understimulated, undercharged
All excitement, vitality is gone
I feel tired, sleepy
My feelings seem dulled
My body seems to slow down
A sense of being dead inside
I feel let down
I feel mentally dull

TABLE I (continued)

CLUSTER 3: HYPERACTIVATION

My blood pressure goes up; blood seems to rush through my body
My body seems to speed up
There's an excitement, a sense of being keyed up, overstimulated, supercharged
There's a quickening of heartbeat
My heart pounds
My pulse quickens
The feeling begins with a sharp sudden onset

CLUSTER 4 : MOVING TOWARD

There is an intense positive relationship with another person or with other people; a communion, a unity, a closeness, friendliness and freedom, mutual respect and interdependence
I want to help, protect, please another person
A sense of empathic harmony with another person; in tune, sharing and experiencing the same feelings and thoughts
There's a sense of complete understanding of the other person
I want to feel with the other person, experience with the other person with every sense; to be psychologically in touch with another person
Realization that someone else is more important to me than I am to myself
I want to touch, hold, be close physically to the other person
I want to be tender and gentle with another person
I want to communicate freely, share my thoughts and feelings with everyone around
A sense of giving, doing something for another person
I want to make others happy
A sense of being wanted, needed
I feel soft and firm
A sense of trust and appreciation of another person
Sense of confidence in being with another person
There's a desire to give of myself to another person

CLUSTER 5: MOVING AWAY

I want to withdraw, disappear, draw back, be alone, away from others, crawl into myself
A sense of unrelatedness to others; everyone seems far away; I am out of contact, can't reach others

TABLE I (continued)

There's a lack of involvement and not caring about anything that goes on around me
A feeling of a certain distance from others; everyone seems far away
There is a sense of aloneness, being cut off, completely by myself
I feel aimless
As if I'm out of touch, seeing things from far away
A sense of wandering, lost in space with nothing solid to grab onto
A sense of being incomplete; as if part of me is missing

CLUSTER 6: MOVING AGAINST

There is an impulse to strike out, to pound, or smash, or kick, or bite; to do something that will hurt
I want to strike out, explode, but I hold back, control myself
I want to say something nasty, something that will hurt someone
Fists are clenched
I keep thinking of getting even, of revenge

CLUSTER 7: COMFORT

There's mellow comfort
A sense of well-being
A sense of harmony and peace within
I am free of conflict
A feeling of warmth all over
I am peaceful, tranquil, quiet
There is an inner warm glow, a radiant sensation
Sense of "rightness" with oneself and the world; nothing can go wrong
A sense of being very integrated and at ease with myself, in harmony with myself
I'm loose, relaxed
There is a general release, a lessening of tension
Everything-breathing, moving, thinking-seems easier
A sense of being carefree but within balance
I'm optimistic and cheerful; the world seems basically good and beautiful; men are essentially kind; life is worth living
I'm optimistic about the future; the future seems bright
I'm in tune with the world
My movements are graceful and easy, I feel especially well coordinated
I feel I can really be myself
Everything is going right for me
A sense of smiling at myself

TABLE I (continued)

Nothing is a burden; problems fade away and I'm free from worry
I think about beautiful things
There's a renewed appreciation of life
I'm completely free from worry
I feel like smiling
I feel safe and secure
I'm at peace with the world
It's a state of release

CLUSTER 8: DISCOMFORT

There is a clutching, sinking feeling in the middle of my chest
There's a lump in my throat
A gnawing feeling in the pit of my stomach
An inner ache you can't locate
My heart seems to ache
There is a heavy feeling in my stomach
There's a heaviness in my chest
I have no appetite; I can't eat
There is a sense of loss, of deprivation
I can't smile or laugh
I feel as if I'm under a heavy burden

CLUSTER 9: TENSION

My whole body is tense
There's tension across my back, my neck, and shoulders
I'm wound up inside
My face and mouth are tight, tense, hard
A tight knotted feeling in my stomach
I'm hypersensitive
I'm easily irritated, ready to snap
I have a sense of being trapped, closed up, boxed, fenced in, tied down, inhibited

CLUSTER 10: ENHANCEMENT

I feel taller, stronger, bigger
I have a sense of sureness
A sense of being exceptionally strong or energetic
I'm really functioning as a unit

TABLE I (continued)

Muscle tone is suddenly enhanced
I feel strong inside
A sense of more confidence in myself; a feeling that I can do anything
A sense of being important and worthwhile
I seem to be functioning intellectually at a higher level
There is a sense of accomplishment, fulfillment
There are moments of tremendous strength

CLUSTER 11: INCOMPETENCE:DISSATISFACTION

Seems that nothing I do is right
I get mad at myself for my feelings or thoughts or for what I've done
I keep blaming myself for the situation
There is a yearning, a desire for change; I want things to hurry up and begin to change
A longing to have things the same as before
I begin to think about what I can do to change the situation
There is a sense of regret
There's a sense of weakness

CLUSTER 12: INADEQUACY

A sense of being totally unable to cope with the situation
There's a sense of not knowing where to go, what to do
I feel vulnerable and totally helpless
A sense that I have no control over the situation
I seem to be caught up and overwhelmed by the feeling
Sense of being gripped by the situation
I want to be comforted, helped by someone

* Davitz (1969:110-113)

TABLE II

A Structural Analysis of Emotional Meaning

	CLUSTERS		
Dimension	Positive	Negative: Type 1	Negative: Type 2
ACTIVATION	Activation	Hypoactivation	Hyperactivation
RELATEDNESS	Moving Toward	Moving Away	Moving Against
HEDONIC TONE	Comfort	Discomfort	Tension
COMPETENCE	Enhancement	Incompetence: Dissatisfaction	Inadequacy

TABLE III

Primary Clusters in Definitions of Positive Emotions

Activation	Moving Toward	Comfort	Enhancement
Admiration	Affection	Contentment	Confidence
Amusement	Love	Determination	Inspiration
Awe		Friendliness	Pride
Cheerfulness		Gratitude	
Delight		Reverence	
Elation		Serenity	
Enjoyment			
Gaiety			
Happiness			
Hope			

* Davitz (1969:121 & 125)

TABLE IV

Primary Clusters in Definitions of Negative: Type 1 Emotions

Hypoactivation	Moving Away	Discomfort	Incompetence:Dissatisfaction
Boredom	Apathy	Grief	Guilt
Depression		Pity	Remorse
		Sadness	Shame

TABLE V

Primary Clusters in Definitions of Negative: Type 2 Emotions

Hyperactivation	Moving Against	Tension	Inadequacy
Anger	Contempt	Disgust	Anxiety
Fear	Dislike	Frustration	
Panic	Hate	Impatience	
		Irritation	
		Jealousy	
		Nervousness	
		Resentment	

* Davitz (1969:125)

TABLE VI

Categories for Content Analysis of Descriptions of Emotional Experiences

SENSATIONS: This general classification includes any references to awareness of immediate stimulations from the body.

S1. Tension, agitation, trembling.
  S1a. General (e.g., I feel tense all over).
  S1b. Specific (e.g., my stomach feels jumpy).

S2. Discomfort, pain, hurt.
  S2a. General (e.g., I feel achy).
  S2b. Specific (e.g., I have a pain in my stomach).

S3. Tingling, throbbing.
  S3a. Tingling (e.g., I can feel my skin tingling).
  S3b. Throbbing (e.g., My head throbs).

S4. Softness, weakness.
  S4a. Softness (e.g., I just feel soft all over).
  S4b. Weakness (e.g., I feel very weak inside).

S5. Weight.
  S5a. Heaviness (e.g., I feel heavy, sinking, pulled down).
  S5b. Lightness (e.g., I feel very weak inside).

S6. Fullness, emptiness.
  S6a. Fullness (e.g., I feel very full, stuffed).
  S6b. Emptiness (e.g., I feel very empty, hollow).

S7. Temperature.
  S7a. Hot (e.g., it feels hot, red, burning inside).
  S7b. Warm (e.g., I feel warm, there's a glow).
  S7c. Cold (e.g., it feels cold inside, a chill goes through me).

S8. Lack of or low tension.
  S8a. General (e.g., my body feels completely relaxed)
  S8b. Specific (e.g., my legs, my neck just feels loose, relaxed).

S9. Pressure.
  S9a. General (e.g., I feel I will burst or explode).
  S9b. Specific (e.g., my head feels as if it were in a vise).

TABLE VI (continued)

S10. Energy level.
S10a. High (e.g., I'm full of energy, all charged up).
S10b. Low (e.g., I feel sluggish, tired, drowsy, no drive, lazy).

PHYSICAL SYMPTIONS: This general classification includes directly experienced sensations that are part of an organized body system or the description of the working of such a system.

PS1. Cardiovascular.
PS1a. Heightened (e.g., my heart beats faster, pounds, blood rushes).
PS1b. Depressed (e.g., my heart almost stops).
PS1c. Disfunction (e.g., I felt the blood rushing to my stomach).

PS2. Respiratory.
PS2a. Heightened (e.g., I start to breathe faster and faster).
PS2b. Depressed (e.g., I just sigh, breathe very slowly).
PS2c. Disfunction (e.g., I'm breathless, choking, grasping, suffocating).

PS3. Digestive.
PS3a. Heightened (e.g., I'm ravenous, have a big appetite, want to eat).

FUNCTIONING: This general classification includes all responses which essentially describe the individual's functioning or changes in functioning during the emotional experience in general, perceptual, motor, emotional, and cognitive areas. It differs from sensations and physical symptoms in that the responses are more the S's interactional response to enironmental stimulation, rather than aspects of physiological functioning.

F1. General functioning and experiencing.
F1a. Heightened (e.g., I feel alert, ready to do things, looking forward to it).
F1b. Enhanced (e.g., I feel I've achieved something, enjoyed it, it was fun).
F1c. Depressed (e.g., I don't feel like doing much, I'm slower).
F1d. Disfunction (e.g., I feel blocked, paralyzed, frustrated).

TABLE VI (continued)

F2. Sensory functioning.
- F2a. Heightened (e.g., I see, hear more acutely, clearly, quickly, sensitive).
- F2b. Enhanced (e.g., I perceive things better, more easily).
- F2c. Depressed (e.g., my sense of sight is duller, harder to see, focus).
- F2d. Disfunction (e.g., I just can't sense things right, normally, etc.).
- F2e. Other.

F3. Motor functioning.
- F3a. Heightened (e.g., I want to run, jump, dance, play, move around fast).
- F3b. Enhanced (e.g., I can move more easily, play sports better, balanced).
- F3c. Depressed (e.g., I don't feel like moving, move slowly, cautiously).
- F3d. Disfunction (e.g., I'm off balance, clumsy, can't move, I freeze, fall).
- F3e. Other.

F4. Emotional functioning.
- F4a. Heightened (e.g,, I feel excited, strongly moved, boiling inside).
- F4b. Enhanced (e.g., I feel gay, glad, pleased, good inside, joyful, positive).
- F4c. Depressed (e.g., I feel dull, gloomy, moody, depressed, let down, blue).
- F4d. Disfunction (e.g., I feel numb, stunned, upset, disrupted emotionally, panicky).
- F4e. Other.

EXPRESSIVE BEHAVIOR: This general classification includes any extremely emotional motoric and nonverbal responses, as well as unique verbal or vocal responses that do not fall naturally into other functioning or interpersonal categories.

EB1. Laughing.
EB2. Crying, moaning, sobbing.
EB3. Shouting, yelling, screaming (noninterpersonal).
EB4. Singing.

TABLE VI (continued)

EB5. Facial expressions (e.g., smiling, grimacing, etc.).
EB6. Gestures (e.g., wringing hands, waving, kicking, etc.).
EB7. Other.

INTERPERSONAL: This general classification includes all responses which explicitly or implicitly describe an actual or desired relationship with another person which is a focal part of the emotional experience, or evoked by it. Responses are grouped according to whether they reflect a moving toward, moving away from, or moving against people.

11. Moving toward or close to people. Any positive form of relatedness.
    - 11a. Actual or desired general positive feeling toward others (e.g., I feel very friendly, acceptant, liking, good toward them, positive).
    - 11b. Actual or desired strong identification with others (e.g., includes desire to be with or close to another emotionally; fuse, merge, share feelings; admire, identify, become strongly attached to them).
    - 11c. Actual or desired communication of feeling with or to others (e.g., want to talk with them, call up, tell what happened).
    - 11d. Actual or desired joint activity with others (e.g., includes desire to be with or near others, do things with them rather than for them, play together, go with them).
    - 11e. Actual or desired helping, pleasing, or protection of others (e.g., I want to do things for persons, be nice, kind, help them, please them).
    - 11f. Actual or desired physical contact with others (e.g., I want to kiss, hug, touch, caress, cuddle the person).

12. Moving away from people. Avoidance, withdrawal, isolation responses.
    - 12a. Actual or desired lack of identification with others (e.g., includes responses which establish distance without moving against; expressing doubt, skepticism, lack of agreement, separateness, mild criticism).
    - 12b. Actual or desired avoidance of interaction with others (without physical withdrawal) (e.g., not wanting to join in activity with others or to interact with them, communicate, or acknowledge them).

TABLE VI (continued)

12c. Actual or desired physcial withdrawal or escape (e.g., I felt like running, leaving the room, walk out, hide from them, go away, etc.).
12d. Actual or desired feelings of isolation, loneliness, or rejection (e.g., feel alone, lonely, walled off, rejected, outside the group).

13. Moving against people.
13a. Actual or desired general negativism toward others (e.g., I feel annoyed, irritated, despleased, want to get even, mean, angry at everyone, etc.).
13b. Actual or desired passive negativism or oppositionalism (e.g., I want to pout, sulk, not cooperate, be stubborn, ignore, don't share, etc.).
13c. Actual or desired verbal aggression toward others (e.g., I want to yell at them, complain, growl, scream at them, be sarcastic, say shut up).
13d. Actual or desired indirect or displaced aggression (e.g., includes such indirect attacks as damaging possessions of the other person, or being angry at someone else or a pet).
13e. Actual or desired direct physical attack on others (e.g., I felt like hitting, punching, slapping, kicking, hurting them physically, fighting and charging them).

ATTITUDES: This general classification includes all responses which reflect a system of beliefs, feelings, or dispositions to respond, usually bound to an object and involving evaluation of it. Attitudes may be expressed toward the self or the world in general.

At1. Attitudes toward the self.
At1a. Positive (e.g., I feel important, strong, confident, worthwhile, secure).
At1b. Negative (e.g., I feel worthless, self-conscious, inadequate, stupid).
At1c. Heightening of specific feelings toward the self (e.g., hostility, love, pity, shame, guilt, etc.).
At1d. Self-detachment (e.g., I feel removed, detached, outside myself, bored).
At1e. Other.

TABLE VI (continued)

At2. General attitudes.
- At2a. Positive (e.g., includes enhancement of the world or sense of positive feeling about the world, optism, etc.).
- At2b. Negative (e.g., includes responses reflecting pessimistic outlook, things look bad, nothing is going right, something bad will happen).
- At2c. Lack of involvement (e.g., not caring about anything, detached or removed from the world, uninvolved).
- At2d. Other.

CONTROL: This general classification includes responses which pertain to loss of or recognition of the need for emotional control, or lack of concern about it.

- C1. Loss of control of behavior, feelings or thoughts (e.g., I feel unable to control my feelings, my thoughts ran wild, I felt out of control).
- C2. Lack of concern over emotional control (e.g., I couldn't care less what happened, I feel carefree, no need to hold back, I say what I feel).
- C3. Recognition that control or the need for it exists (e.g., I know I shouldn't do it though I want to, I stop myself, have to be careful).

SENSE OF TIME: This general classification includes responses which make reference to awareness or lack of awareness of the passage of time.

- T1. Sense of expanding time (e.g., time seems infinite, endless, could go on forever, the time passed in a flash).
- T2. Sense of slowing time (e.g., time seemed to stand still, I had no sense of the passage of time, I thought it would never be over, the minutes passed like hours).

AROUSAL OF OTHER EMOTIONS: This general classification includes responses which indicate that the feeling gives rise to another emotion, usually related to the initial state or reaction.

- Ar1. Positive (e.g., I feel happy, joyous).
- Ar2. Negative (e.g., I get angry, sad, disgusted).

* Davitz (1969:152-156)