

Utah State University

DigitalCommons@USU

All Graduate Theses and Dissertations

Graduate Studies

5-1983

Relationships Between Psychogenic Needs and Theoretical Frameworks of Psychotherapists

Dennis E. Ahern
Utah State University

Follow this and additional works at: <https://digitalcommons.usu.edu/etd>



Part of the [Psychology Commons](#)

Recommended Citation

Ahern, Dennis E., "Relationships Between Psychogenic Needs and Theoretical Frameworks of Psychotherapists" (1983). *All Graduate Theses and Dissertations*. 5914.
<https://digitalcommons.usu.edu/etd/5914>

This Dissertation is brought to you for free and open access by the Graduate Studies at DigitalCommons@USU. It has been accepted for inclusion in All Graduate Theses and Dissertations by an authorized administrator of DigitalCommons@USU. For more information, please contact digitalcommons@usu.edu.



RELATIONSHIPS BETWEEN PSYCHOGENIC
NEEDS AND THEORETICAL FRAMEWORKS
OF PSYCHOTHERAPISTS

by

Dennis E. Ahern

A dissertation submitted in partial fulfillment
of the requirements for the degree

of

DOCTOR OF PHILOSOPHY

in

Psychology

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

1983

ACKNOWLEDGEMENTS

This project is submitted with gratitude to the following people for their help and contributions. I would like to express my appreciation to Dr. Bertoch for his timely readings and firm support, and to Dr. Checketts for his expert guidance in the statistics of the project. I would especially like to express appreciation to my family who donated their rights to my time and attention so that this project could be completed.

Dennis E. Ahern

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
LIST OF TABLES	v
ABSTRACT	vii
Chapter	
I INTRODUCTION	1
Statement of the Problem	2
Limitations	2
Definitions	3
II REVIEW OF LITERATURE	6
Opinions of Therapists	6
Outcome Studies	11
Measurement of Theoretical Framework	20
Relationship of Psychogenic Needs to Theoretical Framework	21
Summary	24
III METHODOLOGY	26
Purpose	26
Hypotheses	26
Sample	28
Procedures	32
Data and Instrumentation	35
Analysis	42
IV RESULTS	45
Psychometric Properties of the Data	45
Multiple Regression Analyses with Theoretical Framework Variables	50
Consistency of Relationships	62
Summary	66
V DISCUSSION	67
Interpretation of Results	67
Nature of Theoretical Framework	77
Determinants of Theoretical Framework	79
Suggestions for Further Research	84
Summary and Conclusions	89

REFERENCES	94
APPENDICES	100
VITA	143

LIST OF TABLES

Table		Page
1	Description of the sample by Sex, Training Institution and Experience Level	30
2	Ages of the Sample	31
3	Experience of the Sample	31
4	Religious Preferences of the Sample	33
5	Places of Residence of the Sample: Prior to Attending Utah Training Institutions/Current	33
6	Reasons for Attending Utah Training Institutions . . .	33
7	Validation Ratings and Rankings of Theoretical Framework Statements	38
8	Pilot Study Reliabilities of Theoretical Framework Variables	40
9	Estimates of Reliability of the Research Variables . .	47
10	Intercorrelation of Psychogenic Need Variables	49
11	Intercorrelation of Theoretical Schools	49
12	Correlations of Measures with Theoretical Schools . .	51
13	Multiple Regression Analysis of Relationships with Concurrence with Person-Centered Therapy	53
14	Multiple Regression Analysis of Relationships with Preference for Person-Centered Therapy	54
15	Multiple Regression Analysis of Relationships with Concurrence with Behavioral Therapy	57
16	Multiple Regression Analysis of Relationships with Preference for Behavioral Therapy	58
17	Multiple Regression Analysis of Relationships with Concurrence with Rational-Emotive Therapy	60
18	Multiple Regression Analysis of Relationships with Preference for Rational-Emotive Therapy	61
19	Consistency of Relationships Across Training Institution	64

20	Consistency of Relationships Across Experience Levels.	65
21	Reliability Comparisons of Psychogenic Needs Variables	70
22	Means and Standard Deviations of Research Variables by Training Institution	141
23	Means and Standard Deviations of Research Variables by Experience Levels	142

ABSTRACT

Relationships Between Psychogenic
Needs and Theoretical Frameworks
of Psychotherapists

by

Dennis E. Ahern, Doctor of Philosophy

Utah State University, 1983

Major Professor: D. Michael Bertoch
Department: Psychology

Each psychotherapist has a personal theoretical framework, that is, a set of assumptions on which his or her psychotherapy is based. It appears from the published writings and opinions of therapists that therapists generally concur that a major factor in the formation of an individual therapist's theoretical framework is the therapist's personality. This study was designed to address this issue by examining the relationship between the psychogenic needs and theoretical framework of the therapist.

From an accessible population of 178, responses were obtained from 153 therapist participants (108 males and 45 females) from five Utah training programs and three experience levels. Each of the participants completed a measure of theoretical framework (developed by the author) which assessed general adherence to the principles and techniques of person-centered, behavioral, and rational-emotive therapy. Based on scales from Jackson's Personality Research Form the following psychogenic need variables were also derived: Need for Achievement,

Need for Affiliation, Need for Dominance, Need for Exhibition, Need to Give Nurturance, and Need for Order. Other independent variables were based on the experience levels and training programs of the therapists.

Multiple regression analyses yielded uniformly small (less than 13.5% variance accounted for), generally non-significant relationships. The only clear relationship between a psychogenic need and the theoretical framework variables was between Need for Affiliation and the person-centered therapy variables. The experience level of the therapist accounted for the greatest portion of variance in the behavior therapy variables. There was no clear relationship between the rational-emotive therapy variables and any of the independent variables.

The low magnitude of these results may be partially explained by the relatively low reliability of the research variables. Further, if a relationship does exist between psychogenic needs and theoretical framework, it may not be a linear relationship which was the assumptive basis of the analyses used in the research.

An interesting finding was that scores of concurrence with the three theoretical schools had positive intercorrelations of between .14 and .54. An implication of this finding is that theoretical framework may be multidimensional versus unidimensional as it has previously been conceptualized.

In summary, this research does not support the relationship between the psychogenic needs and theoretical framework of the therapist. However, given the theoretical emphasis placed on the topic, and the difficulties with this research, further research in the area appears warranted before the issues can be more definitely resolved.

CHAPTER I

INTRODUCTION

Each psychotherapist has a personal theoretical framework, that is, a set of assumptions on which his or her psychotherapy is based. In forming this framework, the therapist consciously or unconsciously develops differential preferences for various ideas and concepts. These ideas may come from the formal theoretical schools of therapy (e.g., person-centered and psychoanalytic) as well as from other sources such as personal reasoning, experience, or non-therapy related formal theory (e.g., Piagetian cognitive theory). Research has not shown a clear superiority of therapy based on any one of the theoretical schools of therapy (Bergin & Lambert, 1979), nor has it addressed the effectiveness of therapy based on beliefs derived from other sources. If the empirical basis for differential selection among various ideas and concepts is unclear, on what basis does a therapist form a personal theoretical framework? Barron (1978b) has suggested that theoretical framework is strongly influenced by the personality of the therapist.

The writings of therapists (e.g., Lindner, 1978; Strupp, 1978; Cummings, 1978) and the results of opinion survey studies of therapists (Chwast, 1978; Steiner, 1978) corroborate Barron's assertion. However, only six studies (Bertoch, 1967; Angelos, 1977; Herron, 1978; Walton, 1978; Geller & Berzins, 1976; and Nagel, 1971) have been reported which directly investigated the relationship between therapist personality

and theoretical framework. While all of these studies found relationships between various aspects of therapist personality and theoretical framework, all had measurement and sampling weaknesses which may restrict the generality and/or validity of the results.

Even assuming the validity of these studies, the relationships between many specific aspects of therapist personality and theoretical framework remain uninvestigated. One area in which such relationships are unexplored is the relationship between the theoretical framework and psychogenic needs (e.g., need for affiliation, dominance, achievement, etc.) of the therapist. Theoretical writers (e.g., Lindner, 1978; Marks, 1978) and opinion survey respondents (e.g., Chwast, 1978) have specified psychogenic needs as an aspect of therapist personality which influences theoretical framework.

Statement of the Problem

Despite the theoretical emphasis on the relationship between psychogenic needs and theoretical framework, no studies reported in the literature have investigated this relationship. That lack of research is the problem to be addressed by this study.

Limitations

This study was conducted with certain limitations. The lack of precedence in this area necessitated a fairly large sample on which to base conclusions. Further, research in the area has often been conducted with volunteer samples indicating a need for a high response rate. Hence, in designing the research, the decision was made to emphasize sample size and rate of return. As a result of this decided emphasis,

and given financial and temporal restrictions, limitations were placed on the scope and population of the study.

The study addressed only issues of association rather than causality, and issues of expressed theory rather than actual practice. It was judged that to address these more complex issues without being able to remunerate participants would make the requirements of participation so demanding that the response rate, the total N, or both, would be diminished.

Another limitation of the study was that the accessible population was limited to Utah schools. In order to facilitate a high rate of response it was thought that personal contact with the training programs from which the participants were to be drawn would be important. Again, due to financial restrictions, the five training programs included in the study were programs where such contact was feasible. This sampling limitation opened the possibility that generality of the results would be severely restricted by selection factors associated with Utah, such as religious preference. However, since the programs appeared to draw their students from a wide variety of religions, cultural, and geographical backgrounds, it was judged that the sample would not be so eccentric as to preclude generalization of the results.

Definitions

Throughout this manuscript, various terms will be used which may require definition and clarification from the beginning.

Theoretical Framework. This term refers to the set of assumptions and beliefs about psychological functioning and psychotherapeutic intervention on which a psychotherapist's therapeutic practice is based. The

use of this term differs from that of "theoretical orientation" in that the latter term traditionally connotes a unidimensional adherence to a particular formal theoretical school whereas "theoretical framework" is more broadly applicable. Theoretical orientation may be viewed as a subset of theoretical framework. In this study, theoretical framework variables were based on the degree to which a therapist's theoretical positions approximate the positions of various formal theoretical schools such as person-centered therapy (PCT).

Ratings-Rankings. The degree to which personal theoretical positions approximate those of formal theoretical schools will be assessed in two ways. In the first, participants will indicate a degree of absolute concurrence with various theoretical schools. This measurement, referred to as "ratings," allows the participant to rate each of the schools independently of the others. Variables based on ratings of concurrence will be designated by a lower case "c" (e.g., cPCT - Concurrence with Person-Centered Therapy).

The other method of assessment involves a therapist's preference for a given school relative to his or her preference for other schools. In this assessment, called "rankings," participants will be asked to rank-order their preferences for the schools under study, resulting in a forced-choice type response. Variables based on rankings of relative preference will be designated by a lower case "p" (e.g., pPCT - Preference for Person-Centered Therapy).

Psychogenic Needs. Murray (1962) defined a need as a motivational force which is manifested as a readiness to respond in a certain way. A psychogenic need is a need which is not related to bodily functions (e.g., need for dominance, succorance, exhibition). Psychogenic needs

will be designated by two capital letters (e.g., AF - Need for Affiliation). This two-letter system of abbreviation was selected because it corresponds to the system used by Jackson in the Personality Research Form (1974) which was used to measure psychogenic needs in this research.

This research project will be summarized in the following four chapters. These chapters will include a review of the relevant literature, a presentation of the research methodology, the results of the research, and a discussion of the implications of the results.

CHAPTER II

REVIEW OF LITERATURE

Research to date supports the existence of relationships between certain aspects of therapist personality and theoretical framework. However, studies have been few and prone to methodological and measurement problems. Thus, the findings must be viewed with caution. Even assuming the validity of the studies, the relationships between many aspects of personality and theoretical framework have not been explored. The following review of relevant literature is divided into five sections: 1) Opinions of Therapists, 2) Outcome Studies, 3) The Measurement of Theoretical Framework, 4) The Relationship of Psychogenic Needs to Theoretical Framework, and 5) Summary.

Opinions of Therapists

There seems to be a general concurrence among therapists that a relationship between therapist personality and theoretical framework exists. This concurrence is shown in the theoretical writings of therapists and in the results of opinion surveys of therapists.

Theoretical Writings

The bulk of theoretical writings on this topic is found in the 1978, vol. 15 #4 issue of Psychotherapy: Theory, Research, and Practice (Barron, 1978a). In preparation for publication of that issue, Jules Barron invited psychologists experienced in the field of psychotherapeutic intervention to submit papers on the topic of the relationship of a therapist's personality to his or her selection of a theory. As a result of this invitation, a number of papers were submitted for review

and 15 theoretical treatises were subsequently published. All 15 of the writers acknowledged some degree of relationship between therapist personality and theoretical orientation, though some (e.g., Ellis, 1978; Lazarus, 1978) were not as enthusiastic in their endorsement as others (e.g., Lindner, 1978; Marks, 1978). Two basic types of dissention were voiced by those writers with relative objections.

The most prevalent objection is to simplistic stereotypes of therapists espousing a particular theoretical school (Ellis, 1978; Franks, 1978). For example, as Franks reports, it appears that behavioral therapists are stereotyped as mechanistic, naive, and uncaring, while Gestalt therapists are stereotyped as dealing with the "here and now" and being less rigid than their non-Gestalt counterparts. Franks suggests that such stereotypes do not appear to hold true and she cites various contrary examples. Franks summarizes her contention saying that to know a person's theoretical orientation is not to know his or her personality (Franks, 1978). While there may be some merit to this argument, it does not preclude that in a multi-causal model, some personality traits may be empirically related to some aspects of theoretical framework.

The other class of objections deals mainly with the perception that it is not appropriate to rigidly characterize therapists as adherents of a given school. The assumption here is that a therapist's theoretical framework may not coincide with any one theoretical school. To the extent that this is so, unilateral classification of a person as an adherent of a particular school would be an inaccurate representation of his or her personal theoretical framework. As an alternative to these rigid characterizations, Lazarus (1978) suggests the concept of personal

"styles" which are more reflective of the individuality of the therapist.

Survey Results

Besides the theoretical treatises discussed above, two studies have been done which surveyed the opinions of psychotherapists more generally. The results of such surveys parallel the generally positive tone of the theoretical treatises.

Chwast (1978) surveyed five volunteer male psychoanalysts, all of whom had at least 19 years experience as therapists and lived in New York City. Chwast was primarily concerned with the effects of "opportunity" and "choice." He defined "opportunity" as related to those factors which are external to the person such as the primary orientation of a training institution. He defined "choice" as related to these factors which are internal like personality. Chwast asked respondents eight open-ended questions about the relative and absolute importance of each of the two sets of factors. All respondents perceived both opportunity and choice as important for themselves and others in choosing a special orientation in psychoanalysis. In elucidating "choice" factors involved in this decision, various "personality needs" were enumerated by the respondents. Finally, respondents who made a choice generally selected personality needs as more important than opportunity for themselves and others. While these survey results generally supported the personality of the therapist as a prominent factor in the formation of a theoretical framework, it must be remembered that the sample was small, volunteer and homogeneous with respect to location, theoretical orientation, and sex. As such, generalization of these results to other populations of therapists must be undertaken with caution.

A larger sample was surveyed by Steiner (1978) with somewhat different results. She secured the responses of 30 out of 50 members of the Essex County (New Jersey) Psychological Association. Subjects ranged in age from 31 to "over 60." Information obtained by Steiner's survey consisted of: 1) The respondent's theoretical orientation; 2) The reasons for shifting from an earlier theoretical orientation (if applicable); 3) The various influences seen as determining the present theoretical orientation; 4) Life experiences which might be syntonic with one's chosen orientation; and 5) The relationship between the type of interventions used by the respondent and aspects of the respondent's personality.

Seventeen respondents identified themselves as psychoanalytic/psychodynamic, six as eclectic, four as family systems, and one as behavioral/cognitive. The orientations of two respondents could not be adequately categorized in any one group.

Factors perceived as contributing to change in orientation included effectiveness of the therapy and fit of the therapy with personal growth and development. The factor ranked most important in determining present theoretical orientation was the orientation of the therapist's therapist, followed by coursework and readings, graduate school instructor's orientation, orientations of colleagues and seniors, and lastly, the orientation of one's clinical supervisor. Respondents identified a number of personality characteristics as related to the techniques used in one's therapeutic interventions. These responses were generally idiosyncratic but often mentioned rather direct-appearing relationships between technique and personality. For example, the need to be active in producing change was cited as a factor in certain cognitive-behavioral techniques.

Personality characteristics such as a therapist's energy level, verbal complexity, and intensity of intimacy were identified as possibly contributing to the population with which a therapist chooses to work.

It is apparent from Steiner's report that respondents perceived personality factors as important in many areas. However, personality was not listed by the respondents as a factor in the determination of theoretical orientation. However, it appears from Steiner's report that the list of possible determinants of theoretical orientation did not include therapist personality as an option. Therefore, it is unclear what role respondents perceived personality factors playing in the determination of theoretical orientation.

While Steiner's sample is clearly a broader sample than that of Chwast (1978), it must be considered a volunteer sample (60% response rate) and somewhat biased with respect to geographical location and theoretical orientation. As such, generalization of these results must be undertaken with caution. Further, since the biases of this sample are similar to those of Chwast's sample (i.e., psychoanalytic orientation, male, northeast coast, and volunteer) the generality of the studies together is not significantly greater than that of the studies taken separately.

In summary, the theoretical treatises and opinion surveys provide tentative support for a general concurrence among therapists that a relationship between therapist personality and theoretical framework exists. However, opinions can only point to the possibility of a relationship between variables and do not, in themselves, establish the existence of such a relationship. That task requires outcome research in which variables are actually measured and studied.

Outcome Studies

Six outcome studies were found which related the theoretical framework and personality of the therapist. Generally, these studies substantiate a relationship between therapist personality and theoretical framework, and provide a basis for some tentative understanding about specific relationships between the theoretical framework and personality of the therapist. However, these findings are only tentative due to sampling and measurement difficulties, and the picture is incomplete at best.

Two studies were found which were unavailable to the author in their complete form. Because of the sparseness of research in this area, these studies will be reviewed even though review can only be based on abstracts.

Angelos (1977), in unpublished doctoral research, investigated the relationship between the subjectivity versus objectivity of therapists and their self-classification as psychoanalytic or behavioral therapists. Twenty therapists (ten from each theoretical orientation) were scored for objectivity versus subjectivity on an unspecified, projective, autokinetic instrument. It was found that therapists scoring higher in objectivity were more likely to be self-classified as psychoanalytic therapists and vice versa.

It is difficult to understand the true significance of the results because the precise method used in measurement of personality is not specified in the abstract. Further, the small sample size is a weakness of the study.

Nagel (1971) administered the California III Q-Sort Technique of Block to 12 analytically oriented and 15 client-centered therapists. He

found the analytically oriented therapists to score higher on personal conformity and rigidity, and lower in adaptability than the client-centered therapists. Again, the small sample size is a drawback to the study. Because the complete article is published in German it is difficult to assess strengths and weaknesses of the study.

The study by Geller and Berzins (1976) bears only indirectly on the relationship between personality and theoretical framework. They sent research materials to 134 prominent therapists located across the United States, 95 of which responded. Respondents were asked to fill out the A-B scale by Whitehorn and Betz; to classify their therapy as generally insight, relationship, or action oriented; and to indicate their theoretical orientations.

It was found that relationship-oriented therapists scored higher on the A-B scale than insight-oriented therapists, who scored higher than action-oriented therapists. The difference between the relationship-oriented therapists and action-oriented therapists was found to be statistically significant. It was also observed that there was a strong relationship between adherence to psychoanalytic theory and insight orientation, adherence to humanist theory and relationship orientation, and adherence to behavioral theory and action orientation.

The implication of this study for the present research is that those whose theoretical orientation is more humanistic tend to be more "A" like in their personalities than either psychoanalytically or behaviorally-oriented therapists. According to Whitehorn and Betz (1960), "A" therapists are typified by having rational problem solving styles and by not being prone to regulative or coercive approaches, while "B" therapists show some rigidity and mechanical inclination

with an orientation toward precision and rule of thumb. While this particular stereotype is disputed by Franks (1978) and Lazarus (1978) on anecdotal grounds, it may be possible that there is a difference between humanistically oriented and behaviorally-oriented therapists on the A-B scale. However, these implications are tenuous because of the difficulties with the study and because the implications are only indirectly inferred from the relationship between practical (as opposed to theoretical) orientation and the A-B scale.

This study differs from others in that the sample is a nationwide sample. However, the prominence of the participants may limit the generality of the results. Further, the 71% response rate signals the possibility of volunteerism.

Finally, the meaning of the results is unclear beyond the A-B scale itself. The scale is comprised of items from the Strong Vocational Interest Blank which differentiated between successful and unsuccessful therapists working with inpatient schizophrenics (Whitehorn & Betz, 1954, 1960; and Betz, 1967). Personality descriptions of "A" and "B" type therapists are based largely on the function of the scale items in the Strong Vocational Interest Blank and not on observational data or concurrent validity. As a result, the personality correlates of the scale are unclear, obscuring the meaning of relationships between the scale and other scales.

Walton (1978) approached the relationship between theoretical orientation and personality more directly. He sent research materials to 325 therapists whose names appeared on a variety of eastern and national registers with 134 (41%) responding. Respondents were asked to self-classify themselves as psychoanalytic, rational-emotive, eclectic,

or behavioral and to fill out a personality inventory consisting of 98 semantic differential items.

Walton's instrument for measuring personality requires some clarification before examining the results. The 98 semantic differential items were designed to assess self-perceptions in the following areas: My Style of Relating to Clients, My Intuition, My Best Friend, My Initial Reaction to Strangers, My Style of Relating to Friends, My Rationality, and Myself. Based on the responses of the sample, the instrument was subjected to a principle component analysis which yielded eight personality variables which were labeled by Walton and used in the analysis. These derived variables were labeled: Outgoing Receptivity, Complexity, Calmness, Initial Reaction to Strangers, Confidence in Own Intuition, Self as a Best Friend, Rationality, and Seriousness.

Analysis of variance among the theoretical orientation groups yielded significant F ratios for Seriousness, Complexity, and Rationality. Using the Scheff technique for post-hoc comparison, it was found that self-reported psychoanalytic therapists scored higher than self-reported rational-emotive therapists in seriousness and complexity. It was also found that self-reported rational-emotive therapists scored higher than self-reported eclectics in rationality.

Measurement concerns pose a particular problem for this study. Besides the measurement of theoretical orientation (to be discussed more generally below) the measure of personality may be misleading. First of all, there is a possibility that responses to some of the original items may have been reactive to the theoretical orientation of the participants. For example, the way in which a therapist would approach items under the reading of "Rationality" could easily be affected by an

identity as a rational-emotive therapist. While that possibility exists for all potential personality measures, the chance seems greater when the variables are clearly labeled with key words for various therapies (e.g., "rationality"). Another example of possible reactivity of the measurement of personality to theoretical orientation is evidenced by the inclusion of items relating to "My Style of Relating to Clients" in the principle component analysis. Such items could easily elicit theoretical responses which would serve as a source of hidden contamination in the research variables whose derivation was partially based on theoretically biased items.

Another difficulty with the personality measure is that the validity of the derived variables is unestablished. This lack of validation is particularly crucial because: 1) The suggested meaning of the variables is based in part on the subjective procedure of extrapolation from weightings of the items; and 2) Since the principle component analysis is designed to best fit the particular body of data, the weightings assigned to the various items in other samples is subject to change.

Besides the difficulties in measurement, other difficulties signal caution in generalizing the results. First of all, the sample was a volunteer sample (response rate of 41%) which may have affected the results. Secondly, only male therapists were recruited which automatically makes generalization to women or therapists in general suspect. Finally, based on the number of eastern sources from which participants were drawn, it appears that, as is the case in all of the other studies except those of Geller and Berzins (1976) and Nagel (1971), that the sample is biased toward eastern psychotherapists.

One problem common to all of the above studies had to do with the measurement of theoretical framework. Respondents were often asked to classify themselves as adherents of a single theoretical school identified by name. As was stressed by Lazarus (1978), a personal theoretical framework of a therapist may not totally coincide with the tenets of any one formal theoretical school. Under such a categorization system, eclectics with slight leanings and complete devotees would be classified in the same category, introducing nonsystematic, intra-category variability. Another source of nonsystematic intra-category variability is the practice of having respondents declare orientation based solely on the names of the theoretical schools. Such a declaration may be a function of history rather than an accurate reflection of current beliefs, and may be subject to individual variation in understanding of the tenets of the theoretical schools. These sources of nonsystematic intra-category variability can only attenuate results and obscure the meaning of differences between categories. Different measurement approaches were used in the other two outcome studies. Bertoch (1967) and Herron (1978) introduced approaches to measurement of theoretical framework which were successful in overcoming some of these difficulties.

In his doctoral research, Bertoch (1967) avoided most of the pitfalls encountered by the other studies. Besides the advantages in his measurement of theoretical framework, his sample was relatively large (187) and his response rate was high (92%).

Bertoch's sample consisted of graduate students in educational counseling (144), pastoral counseling (20), and clinical psychology (23). On the basis of his Counseling Concepts Inventory, he grouped the

subjects by their preference for the theories of Freud, Rogers, Miller and Dollard, or Mowrer. The personality variables he used were taken from the Personal Orientation Inventory (POI) and the Allport-Vernon-Lindzey Study of Values.

Using the Duncan test of post-hoc comparisons (no overall F was reported) he found differences among therapists of the four theoretical orientations in the following POI scales: Synergy, Nature of Man, Capacity for Intimacy, Time Incompetence, Existentiality, Other Directed, Feeling Reactivity, and Acceptance of Aggression. He also found differences among the various theoretical orientations in the Aesthetic, Religious, Theoretical, Self-Actualizing, Political, and Economy of Values scales of the Allport-Vernon-Lindzey Study of Values.

A unique feature of Bertoch's study was his measurement of theoretical orientation. Respondents were asked to rank-order philosophical/theoretical statements representing each of the theorists in twelve concept areas judged to be representative of the field of psychotherapy in general. Such an approach avoids the difficulty associated with declaring adherence to a school identified by name. Further, the use of multiple concept areas stands to improve the reliability of the measure by increasing the number of items comprising the score. It also allows for a multidimensional perception of theoretical framework which is broader and capable of more variability than a simple classification. However, this second advantage was dissipated in Bertoch's study since he finally categorized all participants into one of the four groups. By doing this, he did not avoid the nonsystematic intra-category variability associated with categories of adherence to a single theoretical school.

The sample in the study was strong in the percentage of the accessible population included in the study. It also was broad in the types of training programs included. However, the sample is biased toward inexperienced therapists and was conducted solely in the east which could limit the generality of the results.

Two other problems serve to obscure the meaning of the differences found in the study. First, Bertoch used the standard scores of the POI scales in a way which was shown to be inappropriate in light of more recent findings by Shostrum, the test's author. Shostrum (1973) reported that standard scores in the 50 to 60 range are indicative of maximal adjustment, making the relationship between the scales and goodness of psychological functioning somewhat curvilinear. Since Bertoch did not adjust for this artifact of the scales, the differences between groups may be undefined qualitative differences and not quantitative differences in goodness of psychological functioning. Another problem is that Bertoch did not control for the effect of training program on the relationship between personality and theoretical orientation. The need for such controls is accentuated by the fact that there were differences among the three training programs in the theoretical preference and personality variability scores of their students.

Like Bertoch (1967), Herron (1978) used the POI and theoretical/philosophical statements. His results could not be related to those of Bertoch (1967), however, because Herron did not report specific scale scores.

Twenty-one doctoral students (14 males and 7 females) in one clinical psychology program were asked to rank-order their preferences for three philosophical/theoretical statements designed to represent the

overall position of the psychoanalytic, humanistic, and behavioral schools of therapy. Participants were grouped according to the order in which they ranked the three statements. In this case, Herron found that all participants fell into four groups.

The four groups were compared on the POI scale scores of their respective members. Herron found that all scale scores of all the participants in the Psychoanalytic-Humanistic-Behavioral group were within the desirable 50 to 60 range, while in all the other groups there were some scores of at least some members falling outside that range. Being cautious not to stimulate inferences beyond the limits of data obtained from an admittedly small sample, Herron declined to report any individual differences between the groups.

The implication of these results is that those who would rank-order psychoanalytic, humanistic, and behavioral philosophies in that order are likely to be more self-actualizing than those with other orders of preference. These results are (by Herron's own admission) tentative at best because the sample is small, limited to one period of time at one training institution, and of a limited experience level. Further, one must wonder if the results would have been different at a more behaviorally or humanistically oriented school. It may be possible that students more likely to appear self-actualizing on the POI are less inclined to go counter to the mainstream in their training programs. This opens up the possibility of a rather interesting interaction between the personality of the student and the general orientation of the program in determining theoretical framework.

Herron's study differs from the others in its conception and measurement of theoretical orientation. Like Bertoch (1967), he avoided

the confounding influence of having people declare allegiance to an identified theoretical school by using philosophical/theoretical statements. Further, Herron conceptualized personal theoretical orientation as a hierarchy of differential preferences for a number of theoretical schools accounting for more variability among therapists. This approach moves away from a simple categorical adherence to a particular school and toward a more individualized theoretical framework. However, like all artificial categorizations, Herron's categories still lose some of the variability among members of the same group. Further, as the number of theories increases, the number of categories expands rapidly to the point that the categories possible with just five theories are 120.

Measurement of Theoretical Framework

As has been discussed above, the measurement of theoretical framework may introduce nonsystematic, intra-category variability which serves to attenuate results and obscure their meaning. Two measurement practices which may result in this artifact are the use of absolute categorizations according to theoretical school, and having respondents declare allegiance to a school identified by name only.

Herron (1978) and Bertoch (1967) measured theoretical orientation in ways designed to avoid some of the problems found with traditional approaches to measurement. Both authors used philosophical/theoretical statements rather than names of theoretical schools. While Herron used a single statement representing the overall positions of each of the various schools, Bertoch used a representative set of statements from a number of counseling concept areas (e.g., Nature of Man, Anxiety, Transference) for each of the schools. Both authors presaged a multi-dimensional conception of theoretical framework: Herron's approach

allowed for differential preference for a number of schools and Bertoch's approach opened the possibility that such differential preferences could vary from concept area to concept area. Both approaches appear to have been successful in overcoming some difficulties and in pointing to possible new directions, but both had potential deficits as discussed in their individual article reviews.

Based on the directions begun by these two authors, it is suggested that certain approaches to measurement of theoretical framework would be beneficial. Variability in theoretical framework may be more adequately conceptualized as multidimensional. One multidimensional approach would be to view theoretical framework as consisting, in part, of differential concurrence with a number of theoretical schools. Independent measurement could be made of the degree of concurrence with each of the schools to be studied. The psychometric properties of the instrument could be enhanced by measuring the degree of concurrence with more than one item as was done by Bertoch (1967). Finally, to avoid the contaminating effects of responding to the names of the theoretical schools, measurement could be made of the degree of concurrence with explicit philosophical/theoretical statements.

Relationship of Psychogenic Needs to Theoretical Framework

While studies have demonstrated relationships between specific aspects of therapist personality and theoretical framework, many potential personality-theoretical framework relationships are totally unexplored. One particularly notable example is that no reported study has investigated the relationship between the psychogenic needs and theoretical framework of the therapist. This omission is striking because many therapists see the psychogenic needs of the therapist as important

determinants of theoretical framework (e.g., Lindner, 1978; Marks, 1978; Chwast, 1978; Steiner, 1978).

The concept of "need" was defined and studied by Murray (1962). Murray defined a need as a motivational force manifested as a readiness or propensity to respond in a certain way. Many needs are not related to bodily functions (e.g., need for dominance, succorance, achievement) and are called psychogenic needs. Whether needs are psychogenic or visceral, they affect the perceptions, cognitions, and behavior of a person (Murray, 1962). If needs affect perceptions, cognitions, and behavior, it seems reasonable that the theoretical framework of a therapist would be affected by the therapist's needs.

To identify possible psychogenic need-theoretical framework relationships, established theoretical schools and various psychogenic needs were reviewed. As a result of this process, three relationships were identified as being potentially fruitful to explore. They were the relationships between: person-centered therapy (PCT) and need for affiliation (AF), rational-emotive therapy (RET) and need for dominance (DO), and behavioral therapy (BET) and need for achievement (AC).

PCT is centered in the notion that "...individual positive change in a therapeutic relationship is precipitated when the client perceives the genuineness, empathy, and caring of this therapist" (Meador and Rogers, 1979, p. 133). The warm relationship between therapist and client is central to PCT, and seems closely related to AF which includes the propensity to seek warm and affectionate relationships (Murray, 1962).

The central theme of RET is summarized in the following overview by Ellis (1979): "...undesirable emotional consequence(s)...can usually be

traced to the person's irrational beliefs and when these beliefs are effectively disputed, by challenging them rationally, the disturbed consequences disappear and eventually cease to recur" (p. 185). In RET, the therapist is to actively direct and instruct the clients (Ellis, 1979) and is seen as a dominant figure. This position may be related to DO which is a propensity to exercise power over others by dictating to or directing them (Murray, 1962).

The central theme of BET is that "...problematical behaviors are seen as responses to stimuli, internal and external, and psychological distress is viewed as the result of ineffective or maladaptive learning. Behavioral treatment is based on implementing experimentally derived laws of learning, so desirable behaviors replace less functional ones" (Chambless & Goldstein, 1979, p. 230). Here the thrust is concern with identification of behavioral goals and the systematic achievement of these goals. Those who are high in AC are oriented to setting and achieving goals (Murray, 1962). They tend to pursue moderate and achievable goals, and to choose situations where progress is clearly manifest (McClelland, 1979). Therefore, AC might mesh with the principles of BET in such a way that those high in AC would prefer BET.

Other psychogenic needs may also be particularly related to theoretical framework. Need for exhibition (EX) was identified by Murray (1962) as a propensity to attract attention to one's self, to excite, amuse, or thrill others. In that psychotherapy is a place where the therapist assumes varying degrees of prominence, and acts in varying degrees to display his or her skill, EX may well be related to a therapist's theoretical framework.

Murray (1962) identified need for order (OR) as a propensity to organize and to be scrupulously precise. The "B" pole of the A-B scale with its emphasis on rules and precision seems quite related to a need for order. The importance of OR in the present research questions derives from the findings of Geller and Berzins (1976) which implied a relationship between the A-B scale and theoretical framework.

Finally, the need to give nurturance (NU) is defined as a propensity to nourish, and/or protect a helpless other with a tendency to support, comfort, and heal (Murray, 1962). The link between NU and psychotherapy is obvious in that therapy by nature is an activity designed as one person helping another.

Summary

Outcome research tends to support the opinions of many therapists that the personality of a therapist is related to his or her theoretical framework. All of the outcome studies reported in the literature found relationships between various aspects of therapist personality and theoretical framework. However, these studies were persistently plagued with methodological difficulties. Most of the studies had small, volunteer, largely psychoanalytically-oriented samples from the eastern United States. Further, the lack of overlap in the studies in the variables studied precludes corroboration among them.

Measurement of theoretical framework has posed a constant problem. Some studies have introduced significant improvements in some aspects but have not addressed others. It is suggested that measurement could be improved by: independently measuring concurrence with a number of theoretical schools; measuring this concurrence over a number of concept

areas; and using philosophical/theoretical statements rather than the names of theoretical schools.

Finally, even assuming the generality and validity of all of the outcome studies, the relationship of many important personality variables to theoretical framework remain uninvestigated. The complete lack of research investigating the relationship between psychogenic needs and theoretical framework represents a notable lacuna. Some such relationships which show research promise are the relationships between person-centered therapy and need for affiliation, rational-emotive therapy and need for dominance, and behavioral therapy and need for achievement. Other potentially related psychogenic needs are the needs for exhibition, to give nurturance, and for order.

CHAPTER III

METHODOLOGY

In this chapter, the research methodology will be presented. Included will be the purpose and hypotheses of the research, descriptions of the sample and definitions of the subsamples, an outline of procedures followed, the development and psychometric properties of the measurement instrument of theoretical framework, a description of the measures of psychogenic needs, and the methods of analysis used in testing the hypotheses.

Purpose

The purpose of this study was to investigate the relationship between the psychogenic needs and theoretical framework of the psychotherapist by studying relationships among the following psychogenic need and theoretical framework variables: Need for Achievement (AC), Need for Affiliation (AF), Need for Dominance (DO), Need for Exhibition (EX), Need to Give Nurturance (NU), Need for Order (OR), Concurrence with Person-Centered Therapy (cPCT), Concurrence with Behavioral Therapy (cBET), Concurrence with Rational-Emotive Therapy (cRET), Preference for Person-Centered Therapy (pPCT), Preference for Behavioral Therapy (pBET), and Preference for Rational-Emotive Therapy (pRET).

Hypotheses

In pursuing the above purpose, the following questions were addressed.

1. What are the relationships between cPCT or pPCT and AF, cBET or pBET and AC, and cRET or pRET and DO?

2. Do these relationships change as therapists gain experience?
3. Do these relationships vary across training institutions?
4. What portion of the variance in the individual theoretical framework variables is attributable to their relationship with the six psychogenic need variables?
5. Is the portion of theoretical framework variance attributable to the psychogenic need variables distinct from that attributable to the experience level and training institution of the therapist?

In investigating these questions, the following null hypotheses will be tested.

In multiple regression analysis of relationships with cPCT and pPCT:

Ho₁: AF will not have a positive relationship with cPCT or a negative relationship with pPCT.

Ho₂: The relationships between cPCT or pPCT and AF will not be strengthened by the addition of the other five psychogenic need variables.

Ho₃: The relationship between cPCT or pPCT and the psychogenic need variables will not be strengthened by the addition of the experience level and training institution variables.

In multiple regression analysis of relationships with cBET and pBET:

Ho₄: AC will not have a positive relationship with cBET or a negative relationship with pBET.

Ho₅: The relationship between cBET or pBET and AC will not be strengthened by the addition of the other five psychogenic need variables.

Ho₆: The relationship between cBET or pBET and the psychogenic need variables will not be strengthened by the addition of the experience level and training institution variables.

In multiple regression analysis of relationships with cRET and pRET:

Ho₇: DO will not have a positive relationship with cRET or a negative relationship with pRET.

Ho₈: The relationship between cRET or pRET and DO will not be strengthened by the addition of the other five psychogenic need variables.

Ho₉: The relationship between cRET or pRET and the psychogenic need variables will not be strengthened by the addition of the experience level and training institution variables.

There will be no variation across experience levels in the following relationships between psychogenic needs and theoretical framework variables:

Ho₁₀: cPCT or pPCT to AF,

Ho₁₁: cBET or pBET to AC,

Ho₁₂: cRET or pRET to DO.

There will be no variation across training institutions in the following relationships between psychogenic need and theoretical framework variables:

Ho₁₃: cPCT or pPCT to AF,

Ho₁₄: cBET or pBET to AC,

Ho₁₅: cRET or pRET to DO.

Sample

Therapists comprising the research comprised three experience level groups: 1) novice therapists, 2) intern therapists, and 3) experienced

therapists. The novice therapist group consisted of beginning masters or doctoral level students in psychotherapy training who met the following criteria: 1) had no prior formal post-bachelor training in psychotherapy (other than in-service workshops) from an established training institution; 2) had less than 200 hours of actual time doing therapy; and 3) had completed the introductory course in psychotherapy theory at their respective institutions within six months of testing. The intern therapist group consisted of first-year, doctoral level, clinical psychology interns or first-year doctoral level graduates (in the case of Brigham Young University's counseling psychology program). The experienced therapist group consisted of doctoral level graduates from psychotherapy training programs from the graduation years 1974-1976 with a minimum of two years post-doctoral experience.

The accessible population for the research included novice, intern, and experienced therapists from the following training institutions: Utah State University professional-scientific psychology (USPS), University of Utah clinical psychology (UUCL), University of Utah counseling psychology (UUCO), Brigham Young University clinical psychology (BYCL), and Brigham Young University counseling psychology (BYCO).

Attempts were made to contact all members of the accessible population. The total number of the accessible population was 199 of which 22 could not be found, 4 openly refused to participate, and 15 did not respond after giving initial agreement. Of the 177 who could be located 156 completed at least some portion of their participation requirement (88%). Three of those only completed partial participation and could not be included in the analysis. The final sample consisted of 153 participants which was 86% of those who could be located.

The sample consisted of 45 novice therapists, 36 intern therapists, and 72 experienced therapists. There were 108 males and 43 females. Thirty-two were from USPS, 18 from UUCL, 41 from UUCO, 27 from BYCL, and 35 from BYCO (see Table 1).

Table 1
Description of the Sample by Sex,
Training Institution, and Experience Level

Training Institution	Novice			Intern			Experienced			Training Institution Totals		
	M	F	T	M	F	T	M	F	T	M	F	T
USPS	3	3	6	8	1	9	16	1	17	27	5	32
UUCL	2	3	5	2	2	4	6	3	9	10	8	18
UUCO	0	7	7	8	3	11	20	3	23	28	13	41
BYCL	5	3	9	5	1	6	11	2	13	21	6	27
BYCO	10	9	19	5	1	6	8	2	10	23	12	35
Experience Levels Totals	20/25 /45			28/ 8 /36			61/12 /72			108/45 /153		

M = Male; F = Female; and T = Total

USPS = Utah State University Professional-Scientific Psychology

UUCL = University of Utah Clinical Psychology

UUCO = University of Utah Counseling Psychology

BYCL = Brigham Young University Clinical Psychology

BYCO = Brigham Young University Counseling Psychology

The age range of the participants was from 21 to 62 with a mean age of 35.74 (see Table 2). The novice therapist group ranged in experience from 0 to 200 hours with a mean of 61.07. The intern therapist group ranged in experience from 300 hours to 20,000 hours with a mean of 2,684.17. The experience of the experienced therapist group ranged from 2 years to 18 years with a mean of 8.886 years (see Table 3).

Table 2

Ages of the Sample*

	Novice	Intern	Experienced	Total
Range	12-57	26-54	32-62	21-62
Mean	29.28	34.86	40.40	35.74

*Based on those completing the Biographical Information Sheet.

Table 3

Experience of the Sample*

	Novice (hours)	Intern (hours)	Experienced (years)
Range	0-200	300-20,000	2-18
Mean	61.07	2,684.17	8.86

*Based on those completing the Biographical Information Sheet.

While 86% of those who could be located were included in the sample, generalization from the accessible population to other target populations must be undertaken cautiously. One factor that may limit generality of the results is that all participants were currently or had been affiliated with Utah universities. To the extent that psychologists from Utah universities differ from psychologists in general, or from other target populations, generality of results will be limited. To facilitate comparison of the sample with other populations, respondents were asked to give their religious preferences, reasons for attending their institutions, current places of residence, and places of residence prior to attending their Utah institutions.

The largest religious preference group was Latter-Day Saints (Mormon), though this group comprised less than 50% of the sample.

Other groups were Protestant, Catholic, Jew, other, and none (see Table 4). Over half of the participants were from the western United States prior to attending their Utah institutions though many other regions were represented. There was a similar pattern of current residence (see Table 5). The most frequently given reason for attending the institutions was related to the programs themselves. Other reasons included location, convenience, APA approval, acceptance in the program, funding, faculty, and religion (see Table 6).

Procedures

In order to obtain the names of potential respondents, the chairs of each of the five training institutions were contacted. The nature of the research, hypotheses to be tested, and requirements of participation were explained. Each of the programs cooperated by providing a list of all students and graduates meeting the experience level criteria. Last known addresses and/or phone numbers were also provided where known. Where addresses and/or phone numbers were outdated or unknown, they were researched by contacting individual professors, alumni records, phone books, and long distance information. Through these various procedures, phone numbers and addresses were obtained for 176 of 199 and addresses only were obtained for 2.

Contact was made with potential participants requesting their participation. Where feasible, participants were contacted in person. When face-to-face contact was not feasible, contact was made by phone. In the two cases where no phone contact was possible, the research materials were sent without prior contact with a cover letter only (see Appendix I).

Table 4
Religious Preferences of the Sample*

Latter-day Saint	64	Jewish	7
Catholic	10	Other	5
Protestant	22	None	37

*Based on those completing the Biographical Information Sheet.

Table 5
Places of Residence of the Sample*
Prior to Attending Utah Institutions / Current

Region	Prior/Current**	Region	Prior/Current**
Utah	49/46	North Central US	10/3
Mountain West, other	16/13	North East	21/7
West Coast	28/16	South	8/7
Southwest	10/ 7	Hawaii/Alaska	1/5
Midwest	11/11	Canada	9/2

*Based on those completing the Biographical Information Sheet.

**Not including current students at Utah institutions.

Table 6
Reasons for Attending Utah Institutions*

Program	65	Acceptance	18
Location	36	Funding	17
Convenience	34	Faculty	15
APA Approval	23	Religion	12

*Based on those completing the Biographical Information Sheet.

Initial contacts were made exclusively by the researcher who was identified as a doctoral student from Utah State University (USU) working on his dissertation. Potential participants were informed as to the sources and methods by which their names had been obtained. In the initial contacts, the general nature of the research was explained as an investigation of the relationship between therapist personality and theoretical orientation. Potential participants were told that participation would require that they complete a demographic questionnaire (see Appendix II), a personality measure, and a measure of "theoretical orientation" requiring a total of between 20 minutes and 1 hour. They were told that their responses would be confidential and that all participants would receive feedback on the findings of the research. They were also informed that they could have the option of anonymously responding or personalized feedback on their scores. Those consenting to participation were sent a packet of testing materials.

To insure confidentiality of responses, materials in each packet were assigned a code number. The code number reflected the training institution and experience level of the participant and denoted a specific participant. The number of the packet sent to each participant was recorded. When a packet was returned, the record of the number assigned to the participant was destroyed if the respondent failed to request personal feedback. In cases where no personalized feedback was requested, a record was kept of who had responded for general feedback purposes, but the link of the respondent to specific scores was destroyed.

For any participants whose returns were not received by two weeks after consent was obtained, a post card reminder (see Appendix I) was

sent. For those still not responding in two more weeks, follow-up contact was made in person, by phone, or by mail (in that order of preference). Efforts to obtain responses ceased when analysis of the data began.

All participants received a letter thanking them for their participation and informing them as to the specific variables and the general nature of the findings (see Appendix I). Those requesting personalized feedback received an appendix which included their scores and the means and standard deviations of each variable for the entire sample and for their particular training institution. Each of the five programs also received feedback on the mean variable scores for their students and graduates in comparison with those of the other programs.

Data and Instrumentation

In this section, the research instruments will be reviewed. This review will include the development and psychometric properties of the measure of theoretical framework, and the previously reported psychometric properties of the scores of the psychogenic need measures.

Measurement of Theoretical Framework

The instrument for measuring theoretical framework was developed as part of this research. It was designed to assess both the degree of concurrence with, and the relative preference for, the three theoretical schools being studied in this research (person-centered, behavioral, and rational-emotive therapy).

In making these assessments, concurrence with and preferences for the various formal schools were assessed in 12 psychotherapy concept areas. Based on a review of theoretical literature, Bertoch (1967)

originally selected these concept areas as those judged to best represent psychotherapy and personality theory.

The 12 concept areas are: 1) Nature of Man; 2) Anxiety; 3) Neurotic Conflict; 4) Reality; 5) Learning; 6) Early Experience; 7) Normal Adjustment; 8) Therapist-Client Relationship; 9) Transference; 10) Goals of Therapy; 11) Diagnosis; and 12) Techniques of Psychotherapy. These concept areas may be further subdivided into those related to general philosophical issues (1-7) and those related more directly to therapeutic practice and technique (8-12).

In the development of the instrument, statements representing the philosophical/theoretical position of each of the three formal schools for each of the 12 concept areas were formulated. The 36 statements were either direct quotes or a compilation of quotes which, based on a review of the theoretical writings of the schools, were judged to best represent the positions of the schools.

Before inclusion in the measurement instrument, each statement was subjected to expert judgment relative to the degree it represented the designated concept of the theoretical school. Four expert judges from the Utah State University psychology faculty rated the items. All four were male, doctoral level psychologists, with at least five years experience.

Judges were given the 36 statements identified by concept area and the theoretical school they were designed to represent. The source from which each of the statements was taken was also included. Judges were asked to rate the degree to which each statement was representative of the position of the designated school in the given concept area. Ratings

were made on a five-point Likert-type scale from Very Unrepresentative (1) to Very Representative (5).

Four of the statements had at least one rating less than 4. For each of these statements, two alternate statements were extracted from writings or derived from the original. The four sets of three alternative statements identified as before were presented again to the judges. Judges were asked to rate the degree of representativeness of each of the statements in the four sets, and to rank-order the three statements in each set of the degree of representativeness. Based on the combination of ratings and rankings, the four statements judged as most representative were included in the final instrument with the other 32 (see Table 7 for final ratings and rankings; see Appendix III for final items with documentation; and Appendix IV for the final measurement instrument).

An estimate of the reliability of the instrument was then obtained in a pilot study. The pilot study included 32 participants (20 males and 12 females) consisting of students, instructors, and psychotherapists in the Logan, Utah, area. Student participants included all students of second-year masters level or above in the USU professional-scientific psychology program (20). Seven of the participants were on the faculty of USU and five worked at the Bear River Community Mental Health Center.

In this pilot study, the instrument included the 36 statements divided into the 12 concept areas. Participants were asked to rate the degree to which they concurred with each statement on a five-point Likert-type scale from Very Much Disagree (1) to Very Much Agree (5). They were also asked to rank-order the three statements in each concept

Table 7

Validation Ratings and Rankings of Theoretical Framework Statements

	Mean Ratings		Mean Ratings
Anxiety		Diagnosis	
Person-Centered	4.75	Person-Centered	4.75
Rational-Emotive	5.00	Rational-Emotive	4.50
Behavioral	4.00	Behavioral	5.00
Therapeutic Relationships		Transference	
Person-Centered	5.00	Person-Centered	5.00
Rational-Emotive	5.00	Rational-Emotive	5.00
Behavioral	4.75	Behavioral	4.25/1.25*
Goals of Therapy		Techniques of Therapy	
Person-Centered	4.75	Person-Centered	5.00
Rational-Emotive	5.00	Rational-Emotive	4.75
Behavioral	4.75	Behavioral	4.75
Nature of Man		Early Development	
Person-Centered	4.75	Person-Centered	5.00
Rational-Emotive	5.00	Rational-Emotive	5.00
Behavioral	4.75	Behavioral	4.5/1.5*
Learning		Normal Adjustment	
Person-Centered	4.50/1.25*	Person-Centered	5.00
Rational-Emotive	4.25	Rational-Emotive	4.75
Behavioral	4.75	Behavioral	4.75
Neurotic Conflict		Reality	
Person-Centered	5.00	Person-Centered	4.75
Rational-Emotive	5.00	Rational-Emotive	4.75
Behavioral	4.50	Behavioral	4.38/1.25*
Person-Centered Therapy			
Overall	4.85		
Rational-Emotive Therapy			
Overall	4.83		
Behavioral Therapy			
Overall	4.59		

*The number after the / represents the mean ranking of representativeness for items which required reworking.

area according to relative preference. In the retest, an item was added at the end of the instrument in which respondents were asked to rate and rank-order their preference for each of the three theoretical schools identified by name.

The researcher contacted each potential participant in person and explained the basic nature of the research as a reliability study of the instrument. The participation requirement was explained and participation was requested. Thirty-five people were contacted and all agreed to participate. When a person agreed to participate, he or she received a letter of instruction and the test material. The test was completed and returned to the researcher.

In 12 days, all participants received another set of test materials and an instruction sheet with the completion date of their first test. Participants were asked to complete the retest 14 days from the completion date of their first test. Retests were completed within 12-17 days of the original completion dates.

Of the 35 who completed the first test, three were not included in analysis. One did not follow instructions and two did not complete the retest.

All participants received personalized feedback. This feedback included the results of the study, and personal scores in relation to the means and standard deviations of the variables from the sample.

Variable scores consisted of the sums of rankings or ratings for all 12 statements representing a given theoretical school. Test-retest correlations for the different variables were calculated as an index of stability. As an estimate of internal consistency, KR-21 coefficients were calculated (see Table 8 for reliability coefficients).

Table 8

Pilot Study Reliabilities of Theoretical Framework Variables

Variable	Test-Retest	KR-21
Person-Centered Therapy		
Ratings of Concurrence, All Items	.834	.660
Rankings of Preference, All Items	.788	.650
Ratings of Concurrence, Philosophy Items	.762	.673
Ratings of Concurrence, Technique Items	.658	.252
Behavioral Therapy		
Ratings of Concurrence, All Items	.659	.555
Rankings of Preference, All Items	.753	.656
Ratings of Concurrence, Philosophy Items	.613	.340
Ratings of Concurrence, Technique Items	.488	.489
Rational-Emotive Therapy		
Ratings of Concurrence, All Items	.741	.592
Rankings of Preference, All Items	.739	.671
Ratings of Concurrence, Philosophy Items	.604	.506
Ratings of Concurrence, Technique Items	.775	.329

In general, the stability of the measures were reasonably good when it is considered that the majority of the participants were students whose theoretical frameworks are likely to be in flux. Based on KR-21 coefficients, it appears that the items in each variable do not consistently measure the same construct. In fact, the philosophical and technique subscores within theoretical schools showed only moderate correlations of between .34 and .51 on the pre-test. This finding supports the possibility that theoretical framework may be broader than unidimensional adherence to a particular school. This finding was repeated in the larger research sample as well.

Based on feedback from the participants of the pilot study, two changes were made. The beginning of the person-centered therapy statement for Anxiety was changed from "Phenomenologically..." to "From an internal frame of reference...". The response format was changed from a five-point Likert-type scale to a seven-point Likert-type scale with the same poles (see Appendix IV for copies of the answer sheets of the pilot study and of the final instrument). With these modifications, the instrument was used in the major research.

Measures of Psychogenic Needs

The measures of need for achievement, affiliation, dominance, exhibition, nurturance, and order were the AC, AF, DO, EX, NU, and OR scales of Jackson's Personality Research Form (PRF). Each of the scales consists of 20 true-false items. Test reviewers give unanimously positive ratings to the PRF for its psychometric properties (Buros, 1972). Concurrent validity reports on the AC, AF, and DO scales range between .40 and .82 (Jackson, 1974; Randolph, 1973; Stumpfer, 1974; Mehrabian & Hines, 1978; Mehrabian & Banks, 1978; and Steers & Braunstein,

1976). Correlations of the six scales with various self-ratings and behavior ratings of the analogous traits range from .34 to .80 with a mean of .57 for 36 correlation coefficients (Jackson, 1974). Jackson (1974) reported test-retest reliabilities of .79 (AF) to .88 (EX) and KR-20 coefficients of .72 (AC) to .85 (OR). However, other studies have reported reliabilities as low as .64 (Stumpfer, 1974). These scales were selected for use in this research because of their psychometric properties and because it was anticipated that the brevity and simple format would enhance the probability of a high rate of return.

Analysis

Seventeen research variables were involved in the testing of hypotheses. There were six dependent variables taken from the measure of theoretical framework: 1) Concurrence with Person-Centered Therapy (cPCT); 2) Preference for Person-Centered Therapy (pPCT); 3) Concurrence with Behavioral Therapy (cBET); 4) Preference for Behavioral Therapy (pBET); 5) Concurrence with Rational-Emotive Therapy (cRET); and 6) Preference for Rational-Emotive Therapy (pRET). There were six psychogenic need variables taken from the Personality Research Form by Jackson (1974): 1) Need for Achievement (AC); 2) Need for Affiliation (AF); 3) Need for Exhibition (EX); 4) Need to Give Nurturance (NU); and 6) Need for Order (OR). Besides the six psychogenic need variables, five other independent variables were included: Experience Level and Training Institution Variables 1, 2, 3, and 4. Experience Level represents membership in the three experience level groups. Training Institution Variables 1 through 4 are "dummy" variables devised to represent membership in the five training programs.

To test hypotheses Ho_1 to Ho_9 three sets of hierarchical multiple regression analyses were performed using the Statistical Package for the Social Sciences (Nie, et al, 1975). Each of these analyses involved one of the six theoretical framework variables as a dependent variable and used the entire sample ($n=153$).

The first steps of the three sets of analyses involved the correlation (R) between the following relationships between theoretical framework variable and psychogenic need variable pairs: cPCT with AF, pPCT with AF, cBET with AC, pBET with AC, cRET with DO, and pRET with DO. Ho 's 1, 4, and 7 were to be rejected if R was statistically significant at or beyond the .05 level for a one-tailed test of significance.

In the second steps of the analyses, Ho 's 2, 5, and 8 were tested. In this step, the five remaining psychogenic need variables were added to each of the six equations from the first step. Ho 's were to be rejected if the increase in the R gained by adding the other psychogenic need variables was statistically significant at or below the .05 level. The formula for testing the increase in R is found in Kleinbaum and Kupper (1978).

Ho 's 3, 6, and 9 were tested in the third steps of the analyses. In this step, the experience level and training institution variables were added to the psychogenic need variables in six equations from the second step. Ho 's were to be rejected if the increase in R gained by adding Experience Level and Training Institution Variables 1 through 4 was statistically significant at or beyond the .05 level. The significance in the increase in R was tested using the above formula.

Ho 's 10 to 15 refer to the consistency of the relationships between specific psychogenic need and theoretical framework variables across

experience levels and across training institutions. In Ho's 10, 11 and 12, each Ho refers to a comparison of the r 's of a hypothesized relationship between specific psychogenic need and theoretical framework variables from the three experience levels. In Ho's 13, 14, and 15 each Ho refers to a comparison of the same hypothesized relationships across the five training institutions. It was originally planned that Ho's 10 to 15 be tested with the homogeneity of regression test. However, because of the lack of statistical significance and general low magnitude of the hypothesized relationships, it was judged that to carry out a full homogeneity of regression test would be an exercise in futility. In order to provide some tentative indications about the consistency of relationships, the highest and lowest coefficients across the training institutions and across the experience levels were contrasted using a test of the difference between correlation coefficients in independent samples (McCall, 1970). However, this test is offered only for information and cannot be construed as a test of Ho's 10 to 15.

CHAPTER IV

RESULTS

In this chapter the psychometric properties of the data and the results of the statistical tests of the hypotheses will be presented. While null hypotheses were tested statistically, it must be borne in mind that statistical significance is not necessarily related to the meaningfulness of the results in practice. Therefore, the practical significance of the results will also be discussed in this section.

Psychometric Properties of the Data

In order to facilitate interpretation of the analyses, various measures of the psychometric properties of the instruments as found in the research sample were calculated. The means and standard deviations of the entire sample and of the various subgroups on each of the variables is found in Appendix V. Other analyses included internal consistency and the interrelationships among the psychogenic need variables and among the theoretical framework variables.

Research Variables

As a result of data collection, 17 research variables (used in hypothesis testing) and six ancillary variables were generated. Six dependent variables were derived from the measure of theoretical framework: 1) Concurrence with Person-Centered Therapy (cPCT); 2) Preference for Person-Centered Therapy (pPCT); 3) Concurrence with Behavioral Therapy (cBET); 4) Preference for Behavioral Therapy (pBET); 5) Concurrence with Rational-Emotive Therapy (cRET); and 6) Preference for Rational-Emotive Therapy (pRET). Six psychogenic need variables were

included as independent variables: 1) Need for Achievement (AC); 2) Need for Affiliation (AF); 3) Need for Dominance (DO); 4) Need for Exhibition (EX); 5) Need to Give Nurturance (NU); and 6) Need for Order (OR). Other independent variables included Experience Level (based on membership in the novice, intern, or experienced groups), and four dummy variables set up to represent the training institutions from which participants were drawn.

Six ancillary variables were derived from concurrence scores on the theoretical framework measure: 1) Philosophy of Person-Centered Therapy; 2) Technique of Person-Centered Therapy; 3) Philosophy of Behavioral Therapy; 4) Technique of Behavioral Therapy; 5) Philosophy of Rational-Emotive Therapy; and 6) Technique of Rational-Emotive Therapy. The "philosophy" variables were derived from concurrence with those items pertaining to a given theoretical school which are largely philosophical in nature (e.g., Nature of Man, Role of Early Learning). Conversely, the "technique" variables are derived from those items pertaining to a given theoretical school which are largely technical in nature (e.g., Techniques of Therapy, Transference).

Internal Consistency

The measure of internal consistency used with all psychogenic need and theoretical framework variables was the KR-21 formula (Kuder & Richardson, 1937). KR-21 provides an underestimation of KR-20 and coefficient "alpha" in situations where computation of the more accurate measures is untenable. KR-21 coefficients for the psychogenic need and theoretical framework variables are reported in Table 9.

It can be seen from Table 9 that the KR-21 coefficients of the psychogenic need variables were generally lower than the KR-20 coefficients

Table 9

Estimates of Reliability of the Research Variables

Variable	KR-21
Person-Centered Therapy	
Ratings of Concurrence, All Items (cPCT)	.765
Rankings of Preference, All Items (pPCT)	.710
Ratings of Concurrence, Philosophy Items	.714
Ratings of Concurrence, Technique Items	.593
Behavioral Therapy	
Ratings of Concurrence, All Items (cBET)	.796
Rankings of Preference, All Items (pBET)	.547
Ratings of Concurrence, Philosophy Items	.725
Ratings of Concurrence, Technique Items	.539
Rational-Emotive Therapy	
Ratings of Concurrence, All Items (cRET)	.775
Rankings of Preference, All Items (pRET)	.510
Ratings of Concurrence, Philosophy Items	.647
Ratings of Concurrence, Technique Items	.613
Need for Achievement	.464
Need for Affiliation	.616
Need for Dominance	-.032*
Need for Exhibition	.673
Need to Give Nurturance	.463
Need for Order	.668

*A negative coefficient of internal consistency is obtained when the average inter-item correlation is less than 0 (Kuder & Richardson, 1937).

reported in the literature. Lower coefficients were especially prominent for Need for Achievement, Need for Dominance, and Need to Give Nurturance. While the generally lower reliability of these variables may have been partially the result of the underestimation of KR-20 by KR-21, other factors may also have been in operation and will be treated in Chapter V.

The coefficients obtained for the theoretical framework variables presented a different picture. Coefficients for the concurrence scores were all in the high .70's and, with the exception of the Preference for Behavioral and Rational-Emotive Therapy variables all coefficients were higher than corresponding coefficients in the pilot study. This increase may be the result of expanding the response mode from a five-point scale to a seven-point scale and will also be discussed in Chapter V.

Interrelationships

The interrelationships of the psychogenic need variables are reported in Table 10. The intercorrelations of these variables roughly parallel the findings of Jackson (1974) in magnitude and direction of the relationships. The most notable interrelationships are between AF and EX (also reported by Jackson), and AF and NU (not as strong in Jackson's results).

The interrelationships among concurrence scores of the three theoretical schools were also examined (see Table 11). Intercorrelations between preference scores of different theoretical schools were not examined because they are not independent of each other. It can be seen that Concurrence with Person-Centered Therapy is relatively independent from Concurrence with either Behavioral or Rational-Emotive Therapy. However, Concurrence with Rational-Emotive Therapy showed a relatively

Table 10

Intercorrelation of Psychogenic Need Variables

	AC	AF	DO	EX	NU	OR
Achievement (AC)	1.000	.018	.235	.036	.135	.049
Affiliation (AF)	.018	1.000	.050	.356	.520	-.200
Dominance (D)	.235	.050	1.000	.169	.223	.030
Exhibition (EX)	.036	.356	.169	1.000	.258	-1.69
Nurturance (NU)	.135	.520	.223	.258	1.000	.258
Order (OR)	.049	-.200	.030	-.169	.011	1.000

Table 11

Intercorrelation of Theoretical Schools

Person-Centered with Behavioral

	BET, Concurrence	BET, Philosophy	BET, Technique
PCT, Concurrence	.146	.123	.047
PCT, Philosophy	.121	.150	.043
PCT, Technique	.001	-.013	-.020

Person-Centered with Rational-Emotive

	RET, Concurrence	RET, Philosophy	RET, Technique
PCT, Concurrence	.144	.135	.100
PCT, Philosophy	.136	.179	.102
PCT, Technique	.037	.049	.505

Rational-Emotive with Behavioral

	BET, Concurrence	BET, Philosophy	BET, Technique
RET, Concurrence	.541	.480	.439
RET, Philosophy	.438	.448	.349
RET, Technique	.405	.373	.402

close, positive relationship with Concurrence with Behavioral Therapy. The interrelationships of the four variables from each theoretical school were also examined (see Table 12). It can be seen that concurrence and preference scores show modest negative correlations with each other (.583 to .600) despite differences in response format. However, the philosophy and technique subscores, while having the same response format, show relative little interrelationship (.418 to .540). These findings argue for the multidimensionality of theoretical framework and will be discussed at more length in Chapter V.

Multiple Regression Analyses With Theoretical Framework Variables

Several multiple regression analyses were employed in examining the relationship between the independent variables and the various theoretical framework variables. Each hypothesis tested involved two analyses: the relationship between a set of independent variables and concurrence with a given theoretical school, and the relationship between that set of independent variables and preference for the theoretical school.

To test Ho's 1 through 9, three sets of hierarchical multiple regression analyses were performed. Each of these analyses consisted of three steps. In the first step of each analysis (related to Ho's 1, 4, and 7), a simple correlation coefficient was calculated for a hypothesized relationship between a specific hypothesized theoretical framework and psychogenic need variables (e.g., cPCT and AF). In the second step (Ho's 2, 5, and 8), the remainder of the six psychogenic need variables included in the research were added to the equation and a multiple R was calculated. In the third step (Ho's 3, 6, and 9), the rest of the independent variables (Experience Level, and the training

Table 12

Correlation of Measures Within Theoretical Schools*

	Person-Centered Therapy			
	Concurrence	Preference	Philosophy	Technique
Concurrence	1.0000	-.5860	.8856	.7292
Preference	-.5860	1.0000	-.5263	-.4830
Philosophy	.8856	-.5263	1.0000	.4188
Technique	.7292	-.4830	.4188	1.0000

	Behavioral Therapy			
	Concurrence	Preference	Philosophy	Technique
Concurrence	1.0000	-.5834	.9067	.7849
Preference	-.5834	1.0000	-.5552	-.5062
Philosophy	.9067	-.5552	1.0000	.5403
Technique	.7844	-.5062	.5403	1.0000

	Rational-Emotive Therapy			
	Concurrence	Preference	Philosophy	Technique
Concurrence	1.0000	-.5995	.8077	.8004
Preference	-.5995	1.0000	-.5718	-.5078
Philosophy	.8079	-.5718	1.0000	.5144
Technique	.8004	-.5076	.5144	1.0000

*"Philosophy" and "Technique" scores are based on ratings of concurrence only.

institution variables) were added to the equation of the second step in calculating multiple R. Reported below are: 1) The magnitude of the relationship and statistical significance of R at each step; 2) The statistical significance of the increments in R from one step to the next; and 3) The relative contributions of each of the independent variables to the multiple R's of the third steps.

Multiple Regression Analysis of Person-Centered Therapy

The results of multiple regression analyses of the person-centered therapy variables are presented in Tables 13 and 14. Table 13 summarizes the results for Concurrence with Person-Centered Therapy (cPCT) and Table 14 summarizes the results for Preference for Person-Centered Therapy (pPCT). Each of the hypotheses pertaining to the Person-Centered Therapy variables will be discussed below.

H_{01} posits that there is no positive relationship between Need for Affiliation (AF) and cPCT and no negative relationship between AF and pPCT. In accordance with the results presented in Tables 13 and 14, H_{01} may be rejected at the .05 level for both cPCT and pPCT. Although the results may be statistically significant, the clinical significance appears minimal when it is considered that less than 4% of the variance in the theoretical framework variables is attributable to their relationships with AF.

H_{02} states that with the addition of the other five psychogenic need variables, the strength of R will not improve over that obtained when AF is used alone. H_{02} cannot be rejected on the basis of these results for cPCT or pPCT.

Finally, H_{03} states that with the addition of the experience level and training institution variables, the strength of R will not improve

Table 13
Multiple Regression Analysis of Relationships with
Concurrence with Person-Centered Therapy

Summary of Hierarchal Multiple Regression

Independent Variables Included	DF	R	R ²	F
Need for Affiliation	1/151	.1919	.0368	5.773*
All Psychogenic Needs Variables	6/145	.2743	.0753	1.981
All Independent Variables	11/141	.3680	.1354	2.007*

Relative Contributions of Variables

Independent Variable	Simple R	Beta	F for Beta
Affiliation	.192*	.034	.115
Achievement	-.008	-.050	.366
Dominance	.054	.041	.236
Exhibition	.037	-.014	.025
Nurturance	.249*	.180	3.252
Order	-.070	-.072	.749
Experience Level	-.036	-.003	.001
Training Institution	.219 ^{a*}		
1	.107	.077	.536
2	-.200*	-.140	1.965
3	.166*	.098	.880
4	-.171*	-.142	1.165

*Statistically significant at or beyond the .05 level.

^aMultiple R for the relationship between concurrence with person-centered therapy and the training institution variables alone.

Table 14
Multiple Regression Analysis of Relationships with
Preference for Person-Centered Therapy

Summary of Hierarchal Multiple Regression

Independent Variables Included	DF	R	R ²	F
Need for Affiliation	1/151	.1429**	.0204	3.1465
All Psychogenic Needs Variables	6/145	.1585	.0251	.6271
All Independent Variables	11/141	.3652 [†]	.1334	1.973*

Relative Contributions of Variables

Independent Variable	Simple R	Beta	F for Beta
Affiliation	-.143**	-.068	.455
Achievement	-.042	-.028	.110
Dominance	-.001	-.014	.024
Exhibition	-.020	-.035	.160
Nurturance	.108	.025	.062
Order	.002	-.009	.011
Experience Level	.166*	.166	3.994*
Training Institution	.317 ^{a*}		
1	-.112	-.002	.000
2	.191*	.229	5.252*
3	-.138	.007	.005
4	.216*	.251	7.080*

*Statistically significant at or beyond the .05 level.

**Statistically significant at or beyond the .05 level for a one-tailed test.

[†] Increment in R beyond previous step statistically significant at or beyond the .05 level.

^a Multiple R for the relationship between preference for person-centered therapy and the training institution variables alone.

over that obtained when the psychogenic need variables are used alone. On the basis of these results, H_{o3} can be rejected for pPCT but cannot be rejected for cPCT, although R for both cPCT and pPCT was statistically significant. The portion of variable accounted for by the regression was relatively small (about 13.5%).

It can be seen that those variables which made the greatest contributions to the relationship between cPCT and the set of 11 independent variables were Need to Give Nurturance (NU) and Training Institution Variables 2 and 4. While AF showed a statistically significant relationship with cPCT by itself, its relative contribution to R was subsumed by other variables. To examine this phenomenon a subsidiary step-wise analysis was performed in which it was shown that almost all of the relative contribution of AF to R was subsumed by that of NU. This was fore-shadowed to some degree by the high interrelationship between AF and NU (see Table 10).

The variables which contributed most to the relationship of pPCT to the set of 11 independent variables were Experience Level and Training Institution Variables 2 and 4. While the simple correlation between pPCT and AF is statistically significant (see Table 13), the relative contribution of AF is diminished with the addition of the other variables. In this case, subsidiary step-wise analysis revealed that the relative contribution of AF was subsumed in the training institution variables.

In comparing multiple regression analyses of the two person-centered therapy variables, some differences and similarities are noted. With cPCT, NU plays a relatively important part while with pPCT its role is negligible. The opposite is true for Experience Level. The contribution

of Training Institution Variables 2 and 4 is notable in both analyses, and when used alone, the set of training institution variables show statistically significant relationships with both cPCT and pPCT, accounting for almost 10% of the variance.

Multiple Regression Analysis of Behavioral Therapy

The results of multiple regression analyses of the behavioral therapy variables are presented in Tables 15 and 16. Table 15 summarizes the results for Concurrence with Behavioral Therapy (cBET) and Table 16 summarizes the results for Preference for Behavioral Therapy (pBET). Each of the hypotheses pertaining to the behavioral therapy variables will be discussed below.

Ho₄ posited that there is no positive relationship between Need for Achievement (AC) and Concurrence with Behavioral Therapy (cBET) and no negative relationship between AC and Preference for Behavioral Therapy (pBET). Ho₄ cannot be rejected in either case since these correlations failed to reach statistical significance. Not only were these relationships not statistically significant, but they accounted for less than 1% of the variance in both cases.

Ho₅ states that the addition of the other psychogenic need variables will not make a statistically significant improvement in the strength of R over that obtained using AC alone. Since the addition of the other psychogenic need variables did not make a statistically significant improvement in R for cBET or pBET, Ho₅ must be retained on both counts.

Ho₈ hypothesized that the addition of Experience Level and the Training Institution variables would not make an improvement in the strength of R over that obtained when the psychogenic need variables were used alone. In this case, Ho₈ must be retained for cBET but

Table 15
Multiple Regression Analysis of Relationships with
Concurrence with Behavioral Therapy

Summary of Hierarchical Multiple Regression

Independent Variables Included	DF	R	R ²	F
Need for Achievement	1/151	.0833	.0069	1.055
All Psychogenic Needs Variables	6/145	.2035	.0414	1.051
All Independent Variables	11/141	.3048 [†]	.0929	1.313

Relative Contributions of Variables

Independent Variable	Simple R	Beta	F for Beta
Achievement	.083	.052	.381
Affiliation	.030	-.055	.283
Dominance	.113	.043	.252
Exhibition	.020	-.063	.487
Nurturance	.159	.238	5.391*
Order	-.145	-.054	.406
Experience Level	.154	.183	4.657*
Training Institution	.122 ^a		
1	.113	.175	3.288
2	.008	.069	.410
3	-.009	.079	.590
4	.028	.058	.242

* Statistically significant at or beyond the .05 level.

[†] Increment in R beyond previous step statistically significant at or beyond the .05 level.

^a Multiple R for the relationship between concurrence with behavioral therapy and training variables alone.

Table 16
Multiple Regression Analysis of Relationships with
Preference for Behavioral Therapy

Summary of Hierarchical Multiple Regression

Independent Variables Included	DF	R	R ²	F
Need for Achievement	1/151	.0258	.0007	.100
All Psychogenic Needs Variables	6/145	.1383	.0101	.474
All Independent Variables	11/141	.3352 [†]	.1124	1.623

Relative Contributions of Variables

Independent Variable	Simple R	Beta	F for Beta
Achievement	-.027	-.016	.038
Affiliation	.092	.052	.261
Dominance	-.082	-.044	.267
Exhibition	.006	.036	.165
Nurturance	.036	-.065	.416
Order	-.070	-.082	.943
Experience Level	-.223*	-.219	6.796*
Training Institution	.231 ^a		
1	-.188*	-.217	5.167*
2	.013	-.038	.126
3	-.072	-.104	1.049
4	.139	.025	.056

* Statistically significant at or beyond the .05 level.

[†] Increment in R beyond previous step statistically significant at or below the .05 level.

^a Multiple R for the relationship between preference for behavioral therapy and training institution variables alone.

rejected at the .05 level for pBET. The rejection in the case of cBET must be viewed skeptically, however, because the overall R is not statistically significant. In examining the importance of this improvement, it may be noted that when Experience Level and the Training Institution variables are combined in multiple regression on pBET without the psychogenic need variables, the relationship is statistically significant but accounts for under 10% of the variance.

The most important contributions to multiple regression analyses of both cBET and pBET are made by Experience Level and Training Institution Variable 1, both contributing about equally. In cBET, NU is also a statistically significant contributor. The importance of NU in cBET and not pBET parallels the findings for Concurrence with and Preference for Person-Centered Therapy.

Multiple Regression Analysis with Rational-Emotive Therapy

The results of multiple regression analyses of the Rational-Emotive Therapy variables are presented in Tables 17 and 18. Table 17 summarizes the results for Concurrence with Rational-Emotive Therapy (cRET), and Table 18 summarizes the results for Preference for Rational-Emotive Therapy (pRET). Each of the hypotheses pertaining to the Rational-Emotive Therapy variables will be discussed below.

Ho₇ hypothesized that Need for Dominance (DO) is not positively related to Concurrence with Rational-Emotive Therapy (cRET) and not negatively related to Preference for Rational-Emotive Therapy (pRET). Ho₈ stated that the addition of the other psychogenic need variables would not make an improvement in the strength of R over that obtained using DO alone. Finally, Ho₉ hypothesized that the addition of Experience Level and the Training Institution variables would not make an

Table 17
Multiple Regression Analysis of Relationships with
Concurrence with Rational-Emotive Therapy

Summary of Hierarchal Multiple Regression				
Independent Variables Included	DF	R	R ²	F
Need for Dominance	1/151	.0091	.0001	.013
All Psychogenic Needs Variables	6/145	.1640	.0269	.063
All Independent Variables	11/141	.229	.053	.714

Relative Contributions of Variables			
Independent Variable	Simple R	Beta	F for Beta
Dominance	.009	-.019	.047
Achievement	-.041	-.059	.339
Affiliation	-.015	-.089	.708
Exhibition	.034	.006	.004
Nurturance	.105	.179	2.919
Order	-.048	-.082	.892
Experience Level	.071	.111	1.628
Training Institution	.128 ^a		
1	-.094	.009	.006
2	.074	.137	1.712
3	.059	.120	1.207
4	.027	.083	.701

^aMultiple R for relationship between concurrence with rational-emotive therapy and training institution variables alone.

Table 18

Multiple Regression Analysis of Relationships with
Preference for Rational-Emotive Therapy

Summary of Hierarchal Multiple Regression

Independent Variables Included	DF	R	R ²	F
Need for Dominance	1/151	.0389	.0015	.229
All Psychogenic Needs Variables	6/145	.1930	.0373	.942
All Independent Variables	11/141	.3163	.1001	1.425

Relative Contributions of Variables

Independent Variable	Simple R	Beta	F for Beta
Dominance	.039	-.003	.001
Achievement	.092	.043	.579
Affiliation	.098	-.007	.005
Exhibition	-.029	-.046	.268
Nurturance	.156**	.141	1.897
Order	.038	.052	.382
Experience Level	-.014	-.002	.000
Training Institution	.231 ^a		
1	.168*	.113	1.122
2	-.024	-.204	4.006*
3	.073	.014	.016
4	-.048	-.022	.050

* Statistically significant at or beyond the .05 level.

** Statistically significant at or beyond the .05 level for a one-tailed test.

^a Multiple R for relationship between preference for rational-emotive therapy and training institution variables alone.

improvement in the strength of R over that obtained using the psychogenic need variables alone. The results presented in Tables 17 and 18 document that none of these null hypotheses can be rejected on the basis of this data.

The most important variables in the multiple regression for cRET are NU and Training Institution Variable 2, though none make a statistically significant contribution. The same two variables are the most important in the multiple regression analysis for pRET, though in this instance Training Institution Variable 2 does make a statistically significant contribution.

Consistency of Relationships

The six remaining hypotheses were concerned with the consistency of the hypothesized relationships between specific theoretical framework and psychogenic need variables across Training Institutions and Experience Level. While it was originally intended that the homogeneity of regression test be used to assess consistency, that test could not be meaningfully employed because of the small magnitude and general lack of statistical significance of these relationships. In order to provide some tentative basis for further conceptualizations in this regard, the correlation coefficients for these hypothesized relationships across Training Institutions and across Experience Levels are presented. In addition, for each relationship, the highest and lowest coefficients across the training institutions and across the experience levels will be contrasted using a test for the difference between correlation coefficients from independent samples (McCall, 1970).

The consistency of the hypothesized relationships between specific theoretical framework and psychogenic need variables across training institutions is presented in Table 19. In any given relationship there are both positive and negative correlation coefficients. However, the difference between the highest and lowest coefficients in a row reached statistical significance at the .05 level for only two of the six relationships: Preference for Person-Centered Therapy with Need for Affiliation, and Preference for Behavioral Therapy with Need for Achievement.

The consistency of the hypothesized relationships across experience levels is summarized in Table 20. Again, while positive and negative correlations often exist within a given relationship, the difference between the highest and lowest coefficients for a given relationship only attains statistical significance at the .05 level in one of the six relationships: Preference for Person-Centered Therapy with Need for Affiliation.

While it appears from the above data and analyses that the relationship between theoretical framework and psychogenic need variables may vary across training institutions and experience levels, it is unclear to what extent this is so. Seeming discrepancies appeared to exist but few reached the level of statistical significance. It may be a temptation to compare the training institution contrasts and the experience level contrasts. However, the analyses cannot be compared because they do not take into account the number of levels between the highest and lowest coefficients.

Table 19

Consistency of Relationships Across Training Institutions

	USUP (n=32)	UUCL (n=18)	UUCO (n=41)	BYCL (n=27)	BYCO (n=35)	Z ^a
cPCT - AF	-.130	-.231	.333*	.212	.315*	1.92
pPCT - AF	-.051	.409*	-.323*	-.101	-.134	2.52*
cBET - AC	-.114	-.161	.240	.195	.154	1.33
pBET - AC	.324*	.086	-.260	-.175	.042	2.44*
cRET - DO	-.074	.034	.049	-.111	.155	1.03
pRET - DO	.127	.039	-.088	.073	.062	.54

* Significant at or beyond the .05 level for a two-tailed test of significance.

^a Representing the difference between the highest and lowest coefficients in a given row.

Table 20

Consistency of Relationships Across Experience Levels

	Novice (n=45)	Intern (n=36)	Experienced (n=72)	Z ^a
cPCT - AF	.060	.342*	.185	1.27
pPCT - AF	.086	-.106	-.292*	1.98*
cBET - AC	-.093	.248	.116	1.49
pBET - AC	.073	.127	-.155	1.33
cRET - DO	-.054	.237	-.079	1.51
pRET - DO	-.081	.092	.082	.74

*Significant at or beyond the .05 level for a two-tailed test of significance.

^aRepresenting the difference between the highest and lowest coefficients in a given row.

Summary

In general, multiple regression analyses yielded non-significant, low magnitude results. The psychogenic needs did not show statistically significant relationships with theoretical framework variables, with the following exceptions: 1) Need for Affiliation and Preference for Person-Centered Therapy; 2) Need for Affiliation and Concurrence with Person-Centered Therapy; 3) Need to Give Nurturance and Concurrence with Person-Centered therapy; 4) Need to Give Nurturance and Concurrence with Behavioral Therapy; and 5) Need to Give Nurturance and Preference for Rational-Emotive Therapy. In general, Experience Level and Training Institution variables made greater contributions to multiple correlation coefficients than psychogenic need variables. Finally, it was demonstrated that it is possible for relationships between psychogenic need and theoretical framework variables to vary across training institutions and experience levels. However, because of the limitations of the analyses and low magnitude of coefficients being contrasted, the extent and magnitude of this variation is unclear.

CHAPTER V

DISCUSSION

In this chapter the results of the study will be discussed. Included in this discussion will be the following topics: interpretation of results, the nature of theoretical framework, determinants of theoretical framework, and suggestions for further research. Following this discussion will be a summary of the research and its findings.

Interpretation of Results

The results failed to support hypotheses regarding the relationship between theoretical framework and psychogenic needs. Relationships were consistently of small magnitude and were generally not statistically significant. It must, therefore, be considered that theoretical framework may be at best only minimally related to psychogenic needs; or, at least, that the hypotheses of relationships between specific theoretical framework and psychogenic need variables were inaccurate. However, there are other explanations of the results which would argue for a suspension of judgment on this issue until further research is done. Three general categories of alternative explanations of the findings will be discussed below: sample limitations, measurement difficulties, and inadequate conceptualizations.

Sample Limitations

in some ways the sample in this study represented an improvement over the majority of samples used in exploring the relationship between personality and theoretical framework because it was probably not a volunteer sample (85% return rate). Further, it consisted largely of

western psychologists, and the institutions from which participants were drawn tended not to emphasize psychoanalytic psychotherapy. Since previous research had been generally restricted to eastern therapists with analytic orientations, this sample serves to broaden the population on which generalizations about the relationship between theoretical framework and personality are based.

However, some of the characteristics of the sample may have served to reduce generalizability of these results to other target populations. All participants had attended Utah schools in their graduate psychology training and the sample was over-represented by Latter-Day Saints (Mormons) and Utah residents when compared to psychologists at large. To the extent that these differences affect the relationship between psychogenic needs and theoretical framework, the results would not be generalizable.

Difficulties in Measurement

It may be that measurement problems affected the results of the research. There were problems with the reliability of the instruments and probable problems with the validity of the instruments.

Reliability. The KR-21 coefficients were relatively low for all variables (all below .80), introducing the possibility that there was considerable error in measurement. Since error of measurement limits the maximum possible lawful relationship between variables, it is important to investigate the low KR-21 coefficients in understanding the non-specific and low magnitude relationships found in this study.

In considering the meaning of the KR-21 coefficients, a number of issues should be borne in mind. The assumptions of the KR-21 formula are that the test consists of items that can be scored as "right" or "wrong," and that all items are of equal difficulty (Kuder & Richardson,

1937). To the extent that the formula is applied to tests that do not meet the basic assumptions of the formula, KR-21 will provide an underestimate of the more accurate KR-20 or coefficient "alpha" measures. In short, KR-21 can be seen as the lower limit of the internal consistency of a test.

The low magnitude of the KR-21 coefficients of the psychogenic need variables was of particular concern. It will be remembered that the psychogenic need variables were taken from the Personality Research Form (PRF) by Jackson (1974). In all instances, KR-21 coefficients from this research were lower than KR-20 coefficients reported in the PRF test manual. It is possible that these differences could be due to the underestimation of KR-20 by KR-21, actual lower reliabilities, or both.

In investigating the first possibility, KR-21 coefficients calculated on test development data (Jackson, 1974) were compared with KR-20 coefficients reported on the same data. It was found that KR-21 coefficients consistently underestimated KR-20 coefficients by .02. However, these findings are not directly applicable to the research variables because they involve tests with 40 as opposed to 20 items. Estimates of the KR-20 coefficients with 20 items were therefore calculated and compared to KR-21 coefficients calculated with the number of items, the means, and the standard deviations divided by two. With these transformations, differences between corresponding coefficients ranged from .03 to .06 (see Table 21). It appears therefore that KR-21 underestimated KR-20 in this research by a factor of about .05.

However, this underestimation effect is clearly insufficient to totally explain the lower reliability coefficients of the psychogenic need variables. When KR-21 coefficients of the research variables are

Table 21
Reliability Comparisons of
Psychogenic Need Variables

Variables	Research Data KR-21	Reliability Data*		Test Construction Data* ⁺				Normative Data* KR-21
		KR-20	KR-20	40 items KR-21	KR-20	Transformed Data ⁺ KR-21 KR-20		
Need for Achievement S.D.	.46 2.75	.72 Not reported	.73	.89 8.49	.91 8.49	.76 4.25	.82 4.25	.70 3.73
Need for Affiliation S.D.	.62 3.06	.76 Not reported	.81	.89 7.33	.91 7.33	.77 3.67	.82 3.67	.68 3.28
Need for Dominance S.D.	-.03 2.18	.85 Not reported	.86	.90 9.15	.92 9.15	.80 4.58	.84 4.58	.79 4.48
Need for Exhibition S.D.	.67 3.70	.77 Not reported	.79	.89 8.64	.91 8.64	.77 4.32	.82 4.32	.70 3.87
Need to Give Nurturance S.D.	.46 2.81	.73 Not reported	.70	.88 8.02	.90 8.02	.76 4.01	.79 4.01	.62 3.37
Need for Order S.D.	.67 3.70	.85 Not reported	.85	.92 9.79	.94 9.79	.84 4.90	.88 4.90	.77 4.33

*Jackson (1974)

⁺Based on transformations from a 40 item test to a 20 item test.

compared with KR-21 coefficients calculated on the normative data reported by Jackson, coefficients from the research data are lower than those from the normative data by between .03 and .82. The magnitude of these differences is directly related to the size of the difference in the standard deviations of the normative sample reported and the research sample (see Table 21).

It can be seen that the research sample is more homogeneous than the PRF normative sample in all variables. Since the size of KR-21 and, to some extent, KR-20 is dependent on the standard deviation, the relative homogeneity of the research sample resulted in lower KR-21 coefficients, and probably in lower KR-20 coefficients, had they been calculated. On the other hand, it is conceivable that reduced standard deviations could result in lowered estimates of reliability even if the scales measured traits in a truly homogeneous group with total accuracy. The question is whether this homogeneity is an accurate reflection of the sample.

A possible mechanism by which this sample could artificially appear homogeneous is related to response set. The participants are significantly more sophisticated in test taking and test construction than average. Further, they would probably have taken numerous tests of the same variety as the PRF and have been aware of the implications of each item. Any stereotyped response pattern based on perceptions of social desirability or some other commonly held standard would have erroneously resulted in increased statistical homogeneity of the group. Such a process would have resulted in lower reliability coefficients which were reflective of actual measurement error. On the other hand, therapists are a specialized group and more homogeneity could be expected from a specialized group than a diverse normative sample. Further, it should

be remembered that these coefficients are probably underestimations of coefficient "alpha" because the test does not meet the KR-21 assumption of a "right" or "wrong" format. Considering this underestimation effect, the "true" reliability coefficients could have been higher. It appears, then, that the theoretical framework variables acted with reasonable reliability in the research sample.

The KR-21 coefficients of the concurrence variables from the research sample are uniformly greater than corresponding coefficients from the pilot study. This difference may be somewhat puzzling. One implication of this difference is that the pilot study sample and the research sample were somehow different. However, a more parsimonious explanation is that the increase resulted from the change from a five-point scale to a seven-point scale. This was equivalent to increasing the number of items in the test which increases the magnitude of the coefficient.

In conclusion, it appears that there was some true error of measurement in the variables. This is particularly true of some of the psychogenic need variables. It must be concluded that the results of the study were to some extent attenuated by the lower reliability of the instruments. However, because of the type of reliability measure, the actual amount of error may be lower than it appears from the reliability coefficients alone. It is, therefore, doubtful that the generally low magnitude of the results can be attributed solely to the error of measurement.

Validity of the Measures. If there is a true relationship between hypothetical constructs, that relationship will be obscured if the instruments used to measure the constructs do not accurately reflect them. There are some questions about the validity of both the psychogenic need and theoretical framework variables.

The validity of the theoretical framework variables was established in the construction of the test on an item-by-item basis. Though each item may be a valid reflection of the theoretical position of its respective theoretical school, the meanings of the summed scores are unestablished. Considering that the philosophical items and the technical items are not closely related, the meaning of any particular overall concurrence score in terms of the relative contributions of these subsets is unclear. While the overall scores relate most closely with the philosophical items, this is to be expected because there are more philosophical items than technical items.

In terms of testing the hypotheses of this research, differences among the items may pose another difficulty. It appears possible that each of the different concept areas may act with some independence. This independence becomes a problem if a psychogenic need variable is actually related with only one particular concept of a theory. To the extent that the concept area covering that concept is independent from other concept areas, the relationship between the school and the psychogenic need is attenuated by the inclusion of other concept areas.

A particularly interesting threat to the validity of the instrument was its relationship to Need to Give Nurturance (NU). It was found that NU was positively related to all concurrence scores regardless of theoretical school. It would be expected that if this were a valid effect, the results would be paralleled with the preference scores. However, NU was negatively related to Preference for Person-Centered Therapy, unrelated to Preference for Behavioral Therapy, and positively and significantly related to Preference for Rational-Emotive Therapy. This

discrepancy is not found in relationships with other psychogenic need variables and suggests a source of error.

One explanation of these findings is that in rating concurrence, those high in NU may have, in part, been charitably rating the graduate student author of the test. This effect would result in a tendency toward positive relationships between NU and the concurrence variables regardless of the actual relationships between the constructs. However, such a factor could not have been in operation in rank-order preference scores because of the forced-choice format. To the extent that this explanation is accurate, variance may have been introduced into the measure which was not related to actual concurrence with theoretical schools.

The effect of this possible artifact on the outcome of the research should be examined. It appears that NU served to artificially increase the portion of variance in concurrence scores accounted for by the psychogenic need variables. The upper limit of this artificial increase is the unique portion of the variance accounted for by NU. Step-wise multiple regression analyses in which NU was inserted last established this unique contribution at one to four percent. However, it would be expected from the preference score findings that some of that variance results from true relationships with theoretical framework variables. Also, since the reliability of NU was low (.46), the true effect of NU, actual and artifactual, may be somewhat greater.

The implications of this finding are far reaching if graduate student research is generally subject to this artifact. Further research with this and other researcher-designed instruments in graduate

and non-graduate student research is necessary to further clarify the issue.

It may be that the psychogenic need measures were inappropriate for the research hypotheses. While Murray (1962) defined needs by the propensity to respond in a certain manner, a large part of the formulation was in perceptual and cognitive operations of the person. The PRF focuses almost entirely on self-reports of externally observable behavior. While such a focus may be adequate for understanding the observable features of a person's behavior, it is conceivable that the link between behavior and cognition and perception is less than perfect. To the extent that the link is imperfect, the PRF would fail to reflect that part of psychogenic needs which is reflected in altered perceptions and cognitions, the meat of theoretical framework.

In future research, this possible artifact may be overcome by using a more projective instrument to measure psychogenic needs. However, the problem with such instruments, and one of the reasons this approach was not taken in this research, is that the reliability of such measures is often suspect. Yet, that reliability could hardly be worse than that obtained for AC, DO, or NU.

In summary, several issues related to the measurement of the variables may have affected the results. The reliability of the psychogenic need variables may not be as low as it appears, but still may have been the source of substantial error. The reliability of the theoretical framework variables was probably acceptable though any error is detrimental to the accuracy of the results. The meaning of the theoretical framework variables may pose a problem in interpreting the relationship between the theoretical framework variables and the psychogenic need

variables. Another possible error in the validity of the theoretical framework measure is the possibility of inadvertent collaboration with the experimenter by those higher in need to give nurturance. Finally, the behavioral emphasis of the PRF may have been somewhat inappropriate in measuring the perceptual and cognitive components of the psychogenic needs.

Problems in Conceptualization

Another explanation of the findings is that the basic assumptions underlying the hypotheses may have been inadequately conceptualized. The following discussion will treat various ways in which the conceptualization could have been inadequate.

The hypotheses were based on the notion that the relationship between theoretical framework and psychogenic need is a linear one. If such an assumption is true, it would hold that the relationship would be shown in all quartiles. However, it may well be that need scores in the highest quartile are associated with high theoretical framework scores while the relationship between the variables in the lower quartiles would be more random. Such a phenomenon would result in attenuated results where relationships were analyzed in a linear fashion.

Related to this argument is the possibility that a real effect in one person may not be uniform in the population. A high psychogenic need may result in a wide variety of behaviors, none of which is universal. While a high level of psychogenic need may result in adherence to a particular theoretical precept in one therapist, that same result may not hold for another therapist with a similarly high level. When examining the relationship between variables in a population, such an

effect would not be adequately reflected in a linear relationship between the variables. It may be useful to approach this problem more actuarially by examining the psychogenic need patterns of therapists scoring high in a particular theoretical framework variable.

It is also possible that there were selection factors operating in such a way as to create problems in this area. At least one of the potential respondents who refused to participate cited as a reason that he did not want his psychogenic needs and theoretical framework examined together. It seems feasible that this individual's refusal could have been the result of discomfort in the recognition that high psychogenic needs had been partial determinants of his theoretical framework. It could be that the sentiments of that one individual from whom feedback was offered were prevalent among others who did not participate in the research. If so, the part of the continuum where the hypotheses were most supported would have been eliminated, attenuating the results.

In general, the relationship between psychogenic needs and theoretical framework may not be so straightforward as a simple linear relationship. There may be diverse results of high psychogenic needs among therapists, only some of which effect theoretical framework. By the same token, high scores on a theoretical framework variable may result from many different factors (e.g., experience and training institution) as was partially demonstrated by this research.

Nature of Theoretical Framework

Using the flexible measure of theoretical framework, data were obtained which have definite implications for the nature of theoretical framework. The primary finding is that theoretical framework is complex

and multidimensional. The conceptual basis of measures of theoretical orientation reported in the literature is that adherence to various theoretical schools are levels of a single dimension. By measuring the concurrence for each school separately, it was possible to examine this unidimensional conceptualization. If theoretical framework is unidimensional, it would be expected that high degrees of concurrence with one theoretical school would be associated with low degrees of concurrence with other schools. This was not the case in this sample. To the contrary, the relationship between Person-Centered Therapy and either Behavioral Therapy or Rational-Emotive Therapy approaches zero. The relationship between Behavioral and Rational-Emotive Therapy was somewhat stronger, but was also positive. These findings argue for the independence of the concurrence measures. Further, the relationship between scores of concurrence with the various schools may parallel the similarity between theories. As was shown with Behavioral and Rational-Emotive Therapy, the two schools which have the most similarity in their tenets also showed the strongest relationship. Hence, it appears that concurrence with the various theoretical schools is multidimensional. It is possible for a therapist to concur to some extent with all, with only one, or with any combination in between.

Another way in which theoretical framework appears to be multidimensional is within theories. Two possible dimensions are the varying degree of concurrence with the philosophy and the technique of a theoretical school. It was found that for all schools items pertaining to the philosophy of a school and items pertaining to the technique of the school were only marginally related ($r = .41 - .54$).

In short, these findings support the multidimensionality of theoretical framework. Based on these results, theoretical framework appears to be multidimensional between and within theoretical schools.

Determinants of Theoretical Framework

The results of hypothesis testing are inconclusive at best. The magnitude of the relationships between theoretical framework and the various independent variables was small. All of this limits inferences about the determinants of theoretical framework which can be drawn from the data. Further, the research was not designed to access causal relationships. However, keeping these limitations in mind, it may still be possible to draw some tentative inferences about some possible determinants of theoretical framework based on this research. Three categories of possible determinants were studied in this research: psychogenic needs, experience level, and training institution. In the following discussion, the possible action of each of these possible determinants will be examined based on the relationships between independent and dependent variables. The effects of these factors vary across theoretical schools. Therefore, the discussion will be presented by theoretical schools. Again, it should be borne in mind that inferences are limited by the minimal strength of the relationships and by the eccentricities of the sample.

Person-Centered Therapy

Based on simple correlations it appears that Concurrence with and Preference for Person-Centered Therapy are related to the Need for Affiliation (AF). However, when all independent variables are included in

the equation, most of the variance in Concurrence with Person-Centered Therapy attributable to AF is taken up in the variance accounted for by the Need to Give Nurturance (NU). Further, most of the variance in Preference for Person-Centered Therapy attributable to AF is taken up in the variance accounted for by the training institution variables.

However, AF could affect both choice of training institution and adherence to a theory. It appears that AF may be a weak determinant of Concurrence with and Preference for Person-Centered Therapy.

NU also makes a significant contribution to the relationship between the independent variables and Concurrence with Person-Centered Therapy, but its contribution is negligible in the relationship between the independent variables and Preference for Person-Centered Therapy. This effect is consistent with the argument that the relationship of NU to Concurrence with Person-Centered Therapy is at least partially artificial. On the other hand, the relationship of NU to Person-Centered Therapy generally appears to have some logical merit. Further research is clearly required to clarify this relationship.

Experience Level of the therapist does not appear to be related to Concurrence with Person-Centered Therapy. However, there is evidence that Experience Level is related to Preference for Person-Centered Therapy. Since it was not similarly related to Concurrence with Person-Centered Therapy, the meaning of this finding is unclear.

Finally, Training Institution makes the strongest independent contribution to the relation of the independent variables and both Concurrence with and Preference for Person-Centered Therapy. Its influence appears most strong in reactions against rather than attraction for Person-Centered Therapy.

In summary, it appears that in the determination of adherence to person-centered therapy, AF and possibly NU may act to increase attraction to person-centered therapy. On the other hand, the influence of training institution may be strongest in determining reactions against it.

Behavioral Therapy

In determining behavioral therapy, it appears that psychogenic needs play a relatively insignificant part. The only statistically significant single relationship was NU to Concurrence with Behavioral Therapy. This relationship is questionable in light of the weak relationship between NU and Preference for Behavioral Therapy.

Of all the independent variables, the experience level of the therapist appears to be the strongest determinant of the behavioral therapy variables. Experienced therapists tend to concur with and prefer behavioral therapy more than less experienced therapists. One possible mechanism for this would be if therapists tend to become more pragmatic and focused on observable results as they gain experience. On the other hand, this difference could merely reflect different training emphases in different years. By expanding the number of years of experience or by making the experience variable continuous one could decrease the likelihood that the observed relationship between experience level and behavioral therapy was due to some artifactual condition of the particular graduation years included. Longitudinal research, though cumbersome, could also clarify the picture.

Training Institution tended to be unrelated to either Concurrence with or Preference for Behavioral Therapy. However, one training institution variable made a significant contribution to the relationship

between the independent variables and Preference for Behavioral Therapy. It may be that some training institutions have positive effects while others have a more neutral effect. Again, these findings cannot confirm this possibility as fact, and further research is required.

Rational-Emotive Therapy

The determinants of Concurrence with and Preference for Rational-Emotive Therapy are the most enigmatic of this data. Only three of twenty-two simple correlation coefficients attained statistical significance: NU and two training institution variables to Preference for Rational-Emotive Therapy. When all independent variables were included, only one of those, a training institution variable, accounted for a unique, statistically significant portion of the variance of that theoretical framework variable.

The absence of statistically significant multiple correlations leaves the possible determinants of the Rational-Emotive Therapy variables least clear of all the theoretical framework variables studied. Inferences to be discussed below are, therefore, based on an even more inadequate data base than inferences about the other theoretical framework variables. However, possible inferences will be presented as information which may be utilized in future conceptualizations or research.

NU may have shown its strongest valid relationship with Rational-Emotive Therapy. Its relationship with Preference for Rational-Emotive Therapy was significant and positive (signifying a negative relationship with general adherence to rational-emotive therapy), and its beta weight in the multiple regression analysis approached statistical significance. Further, its relationship with Concurrence with Rational-

Emotive Therapy was least positive among the three positive relationships with concurrence variables signaling the strongest "true" negative relationship. In short, high levels need to give nurturance may operate against adherence to rational-emotive therapy.

The strongest relationship with Preference for Rational-Emotive Therapy was made by a training institution variable. Of the two training institution variables which had statistically significant relationships with Preference for Rational-Emotive Therapy, the relationship of one was positive and the relationship of the other was negative. It may be, then, that training institution can affect general adherence to rational-emotive therapy in positive or negative ways.

The fact that nothing appeared to be strongly related to Concurrence with Rational-Emotive Therapy is perplexing. Further research is required to differentiate the meaning of relative preference for and concurrence with Rational-Emotive Therapy, and to more fully explore possible determinants of both.

Factors Affecting Relationships

This research also dealt with the factors affecting the relationships between theoretical framework and psychogenic needs. The findings of these analyses must be taken cautiously for reasons discussed earlier.

Generally speaking, it appears that the relationship between psychogenic needs and theoretical framework is strongest in interns and weaker in either experienced or novice therapists. This may be so because novice therapists are more affected by their training institutions while experienced therapists are more influenced by practice. Intern therapists, on the other hand, are freer from didactic influences, but have less moderating experience.

It also appears that some training institutions may act to enhance the relationship between theoretical framework and psychogenic needs. Two possible mechanisms could be in operation to produce this effect.

In one mechanism, the school could act in such a way as to stimulate the need, which could, in turn, affect theoretical framework. For example, a school with dominating professors could stimulate the need for dominance in some students. When a theoretical school with a high potential for dominance was then presented to the students, that school would be perceived more positively by the students with increased need states.

Another possible mechanism is related to the ambiguity with which theories are presented. If theories are presented in a neutral or ambiguous way, concurrence with the theories may be much more an individual matter than if theories are presented with strong biases on the part of instructors. Where the presentations are more ambiguous, it seems reasonable that there would be more room for projection on the part of the student. Increased opportunity for such projections would be likely to enhance the relationship between psychogenic needs and theoretical framework.

Suggestions for Further Research

Based on the findings of this research, some suggestions may be made for further research into the areas covered in this study. These suggestions may be divided into the following areas: replication studies, questions regarding the measurement of theoretical framework, and the determinants of theoretical framework.

Replications

Because the sample of this research may be somewhat divergent from target populations, all of the findings of the research require replication with other samples to aid in establishing the generality of the results. This replication would help to determine if lack of support for the research hypotheses is generalizable to other populations. Replication would be particularly important in affirming or negating the multidimensional nature of theoretical framework demonstrated by this research. Since many of the training institutions from which subjects were drawn were quite eclectic in their orientation, replication with other types of programs and other groups of therapists would be important.

Replication with systematic variations in method and design would also be helpful. One useful variation would be to change the measure of psychogenic needs to one which could be more sensitive to perceptual and cognitive activity. More psychogenic need variables could also be included.

Another possibly useful addition would be the expansion of the measure of theoretical framework to include more theoretical schools (e.g., psychoanalytic and gestalt). This addition could help in at least two ways. First of all, the realm of theoretical framework would be more completely represented. Secondly, many participants gave feedback that they resented being limited to the three options presented. It could be that by expanding the options, the resentment would be diminished making for a more reliable and valid test.

Finally, in future research, the same basic information could be collected but arranged in such a way as to facilitate analyses based on

different conceptualizations of the relationship between psychogenic needs and theoretical framework. For example, actuarial analysis could be performed which identified the concomitants of high theoretical framework scores.

Measurement of Theoretical Framework

The instrument used to measure theoretical framework showed promise in its reliability and concept. However, additional research investigating and further establishing the findings of this research are required. More research is needed to determine the reliability and validity of the instrument.

While the measure of theoretical framework appears to have been reliable in the research sample, further reliability studies are required. The test-retest coefficients would have to be determined with a larger, more heterogeneous sample than was used in the pilot study. Further, coefficient "alpha," which is a more accurate measure of internal consistency than KR-21 (Chronbach, 1960), could also be calculated. Again, replication with different populations is necessary for establishing the usefulness of the instrument with a wider variety of therapists.

Validity studies would also be important in establishing the instrument. One possible approach to validating the instrument would be to relate the instrument to various measures of practice. Such measures could include self-ratings, observation, or other measurement instruments such as that of Sundland and Barker (1962). It would also be useful to determine the relationship of the scores on the instrument to declared theoretical orientation.

The instrument could be usefully expanded to include other prominent theoretical schools such as psychoanalytic. It is clear that all of theoretical framework is not comprised in the three theoretical schools studied in this research. When sufficient theoretical schools have been included, the factor structure of theoretical framework could begin to be examined. It appears conceptually reasonable that while there may be many different theoretical schools, there may be fewer independent dimensions.

Determinants of Theoretical Framework

As discussed above, three possible classes of theoretical framework were studied in this research. The findings of the research left more questions unanswered than answered. In clarifying the issues further research would be helpful.

Training institution appeared to be of relative importance in determining theoretical framework. However, it will be recalled that Steiner (1978) found that therapists perceived that instructors, therapists' therapists, supervisors, etc., were important in determining theoretical framework. It could be that much of the relationship between training institutions and theoretical framework is attributable to individual factors within the institution. In pursuing that possibility, it may be useful to have participants take the test as they believe their favorite professor, their therapist, or their supervisor would have taken the test and then correlate their own score with the projected scores. In the same light, it may not be too difficult to obtain scores directly from professors, therapists, or supervisors and correlate them with participant scores.

Experience level of the therapist was also shown to be a possible determinant in some cases. There was question as to whether this effect was due to a shift in program emphasis or to an actual shift in theoretical framework with experience. In addressing this issue, the definitive answer would be found in longitudinal research but such research is expensive, time consuming, and fraught with other problems. Instead of such problematic research, it may be useful to include more training institutions and to broaden the experience range from which participants are selected. This would lower the possibility that the results were due to idiosyncrasies of the institutions and graduation years studied.

The possible determinant effects of psychogenic needs were least strong of the three categories. Further research may profitably make use of other measures of psychogenic needs such as the TAT which would tap into the cognitive and perceptual activities of the therapists. It may be that a measure like the PRF would be more strongly related to the therapeutic style of a therapist than to the theoretical framework. Other variables could also be used in studying the determinant effect of psychogenic need variables.

A psychogenic need variable which deserves particular research emphasis is the Need to Give Nurturance (NU). As was noted above, the Need to Give Nurturance was positively related to all of the concurrence measures. One possible reason for this relationship is that respondents tended, to some extent, to charitably rate the instrument and its author aside from their response to the manifest content of the items. The implications for a "nurturance effect" in graduate research may be significant. It would, therefore, be useful to more thoroughly explore this

effect by examining the relationship of nurturance to other researcher-constructed instruments. In investigating this effect, the same test could be presented as a published instrument or a researcher-designed instrument to different groups while also measuring the need to give nurturance.

Summary and Conclusions

Each psychotherapist has a theoretical framework or set of assumptions on which his or her psychotherapy is based. The process by which this theoretical framework is formed has not been fully treated in the literature though various possible determinants have been postulated. The personality of the therapist has often been mentioned as a possible factor in the formation process.

While therapists appear to concur that therapist personality is an important factor, the research has not been conclusive. Research, while generally supportive of a relationship between personality and theoretical framework, has been prone to sampling difficulties which limit the generality of the results. With few exceptions, the samples have been volunteer, located in the eastern United States, and largely psychoanalytic in orientation. Further, all of the studies had problems with measurement of the variables.

One particular measurement difficulty has been in the measurement of theoretical framework. Typically, theoretical framework has been measured as a single dimension with levels for the various theoretical schools represented (psychoanalytic, person-centered, behavioral, etc.). Therapists have been categorized into a given level based on the theoretical school to which they most ascribe. This approach may introduce

non-systematic intra-category variability into the measure which would attenuate and obscure the meaning of results. As was suggested by Lazarus (1978) and others, theoretical frameworks may be as variable as the individuals practicing psychotherapy.

Another deficit in the literature to date has been that no research has investigated the relationship between the psychogenic needs and theoretical framework of the therapist. This lacuna is particularly striking considering the emphasis placed on this relationship in the writings and opinions of therapists.

The present research was designed to address some of the above mentioned deficits in the body of literature. The purpose of this research was to investigate the relationship between the psychogenic needs and theoretical framework of the therapist. The following relationships between specific constructs were targeted for this research: 1) person-centered therapy and need for affiliation; 2) behavioral therapy and need for achievement; and 3) rational-emotive therapy and need for dominance. The Need for Exhibition, Need to Give Nurture, and Need for Order were also included as independent variables in the study along with experience level and training institution.

In pursuing the purpose of the research, emphasis was placed on obtaining a sample which was non-volunteer, not from the eastern United States, and not necessarily psychoanalytic. Further, it was decided that theoretical framework would be measured in a way that was more capable of reflecting the wide variety in theoretical framework postulated by some of the theoretical writers.

The research was successful in meeting many of the objectives outlined above. The sample comprised 85% of the accessible population

and was, therefore, probably not subject to volunteerism. As part of the research, a measure of theoretical framework was developed which was capable of measuring Concurrence with Person-Centered, Behavioral, and Rational-Emotive therapies independently. Further, the sample was largely from the western United States, though other areas of the country were represented. The sample was generally not psychoanalytically oriented. However, while the sample was different from others used in similar research, it was somewhat idiosyncratic in that it was composed of therapists who attended Utah universities. Further, the sample was over-represented by Latter-Day Saints (Mormons) and residents of the mountain west.

Hypothesis testing generally failed to support the concept of a relationship between the theoretical framework and psychogenic needs of the therapist. Relationships were consistently of low magnitude and generally non-significant. The strongest relationships were between the Person-Centered Therapy variables and the entire set of independent variables which accounted for less than 14% of the variance in the theoretical framework variables. No relationship between specific psychogenic need and theoretical framework variables accounted for more than 5% of the total variance though some were statistically significant. The training institution and experience level variables appeared to account for slightly more of the variance in theoretical framework variables than the psychogenic need variables. Training Institution showed a statistically significant relationship with Concurrence with and Preference for Person-Centered Therapy, and Experience Level showed statistically significant relationships with Preference for Person-Centered Therapy and with Concurrence with and Preference for Behavioral

Therapy. Again, while these relationships were statistically significant, the magnitude of the relationships was relatively small (less than 10% of variance accounted for).

While these unimpressive results may be the result of a true lack of relationship between the constructs, other explanations are possible. The low reliability of the psychogenic need variables almost certainly served to attenuate the relationships. Further, the validity of the variables may have been a problem. The psychogenic need variables were largely based on self-reported behavior and may have inadequately reflected the perceptual and cognitive components of psychogenic needs. Further, while each item of the theoretical framework instrument was validated in its own right, the meaning of overall scores is undefined. This lack of definition is particularly salient since the philosophy and technique components of each overall score are relatively independent. Finally, if a relationship between theoretical framework and psychogenic needs exists, it may not be a simple linear relationship.

It had been intended that the consistency of relationships across experience levels and training institutions would be examined. However, in light of the low magnitude, generally non-significant results discussed above, that original intent to do a full homogeneity of regression test was abandoned as futile. There were some tenuous indications, however, that training institution and experience level may influence relationships between psychogenic needs and theoretical framework.

One of the research findings is that the Need to Give Nurturance (NU) was positively related to concurrence with all three schools but variably related to relative preferences for the schools. One explanation of this finding is that NU is positively related to a tendency to

charitably rate the test and its author, resulting in the uniformly positive relationships described above. Consistent with the findings for preference scores, no such response set would be possible in the forced-choice format of the preference scores. To the extent that this is an accurate explanation of the phenomenon, there are implications for researcher-devised instruments used in graduate student research.

The strongest finding of the research was that theoretical framework may best be conceptualized multidimensionally. It was found that scores of concurrence with the three theoretical schools are largely independent of each other. Further, it was shown that even within a theoretical school, concurrence with the philosophy of that school is not necessarily related to concurrence with the technique of that school. In short, the findings of this research support the multidimensional complexity of theoretical framework.

In conclusion, this research generally fails to support the existence of a relationship between the psychogenic needs and theoretical framework of the therapist. However, these results may have been due to difficulties in measurement or conceptualization. Considering the logic of the basic premises and the consistent opinion of therapists that such a relationship exists, further investigation into the area appear warranted. The present research may be useful in providing some guide for that research effort by pointing out difficulties and possible resolutions.

REFERENCES

- Angelos, C. A. Relationships of psychotherapist's personality and therapy methods. (Unpublished doctoral dissertation, University of Michigan, 1977). Dissertation Abstracts International, 1977, 38 1392B-1393B.
- Barron, J. A prolegomenon to the personality of the psychotherapist: Choices and changes. Psychotherapy: Theory, Research, and Practice, 1978a, 15, 309-313.
- Barron, J. Preface. Psychotherapy: Theory, Research, and Practice, 1978b, 15, 307.
- Bergin, A. E., & Lambert, M. J. The evaluation of therapeutic outcomes. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis. New York: John Wiley & Sons, 1979.
- Bertoch, M. R. A study of the relationship between counseling theory concepts and the self-concepts and values of counselors in training. Unpublished doctoral dissertation, 1967. (Available from the author at Utah State University, Department of Psychology, Logan, UT 84322.)
- Betz, B. J. Studies of the therapist's role in the treatment of the schizophrenic patient. American Journal of Psychiatry, 1967, 123(8), 963-971.
- Boy, A. V., & Pine, G. J. Client-centered therapy: A renewal. Boston, MA: Allyn and Bacon Publishing Co., 1982.
- Buros, O. K. (Ed.) Seventh mental measurements yearbook. Highland Park, 1972.

- Chambless, D. L., & Goldstein, A. J. Behavioral psychotherapy. In R. J. Corsini (Ed.), Current psychotherapies. Itasca, IL: F. E. Peacock Publishers, Inc., 1979.
- Chronbach, L. J. Essentials of psychological testing. New York: Harper and Row Publishers, 1960.
- Chwast, J. Personality and opportunity in psychotherapists' choice of theoretical orientation or practice. Psychotherapy: Theory, Research, and Practice, 1978, 15, 375-382.
- Cummings, N. A. Adoption of a psychological orientation: The role of the inadvertent. Psychotherapy: Theory, Research, and Practice, 1978, 15, 329-333.
- Ellis, A. Reason and emotion in psychotherapy. New York: Stuart, 1963.
- Ellis, A. Personality characteristics of rational-emotive therapists and other kinds of therapists. Psychotherapy: Theory, Research, and Practice, 1978, 15, 329-332.
- Ellis, A. Rational-emotive therapy. In R. J. Corsini (Ed.), Current psychotherapies. Itasca, IL: F. E. Peacock Publishers, Inc., 1979.
- Eysenck, H. J., & Rachman, S. The causes and cures of neurosis. San Diego, CA: Robert Knapp, 1965.
- Franks, V. Nature vs. nurture or is anatomy destiny? Psychotherapy: Theory, Research, and Practice, 1978, 15, 402-405.
- Geller, J. D., and Berzins, J. A. A-B distinction in a sample of prominent psychotherapists. Journal of Counseling and Clinical Psychology, 1976, 44, 77-82.
- Goldstein, A. J. Behavioral psychotherapy. In R. J. Corsini (Ed.), Current psychotherapies. Itasca, IL: F. E. Peacock Publishers, Inc., 1973

- Herron, W. G. The therapist's choice of a theory of psychotherapy. Psychotherapy: Theory, Research, and Practice, 1978, 15, 396-401.
- Jackson, D. N. Personality research form. Port Huron, MI: Research Psychologists Press, Inc., 1974.
- Kleinbaum, D. G., & Kupper, L. L. Applied regression analysis and other multivariate methods. North Scituate, MA: Duxbury Press, 1978.
- Kuder, C., and Richardson, M. The theory of estimation of test reliability. Psychometrics, 1937, 2, 151-160.
- Lazarus, A. Styles not systems. Psychotherapy: Therapy, Research, and Practice, 1978, 15, 405-408.
- Lindner, H. Therapists and theories: I choose me. Psychotherapy: Theory, Research, and Practice, 1978, 15, 405-408.
- Marks, M. J. Conscious/unconscious selection of the psychotherapist's theoretical orientation. Psychotherapy: Theory, Research, and Practice, 1978, 15, 354-358.
- McCall, R. B. Fundamental statistics for psychology. New York: Harcourt, Brace & World, Inc., 1970.
- McClelland, D. C. That urge to achieve. In D. A. Kolb, I. M. Rubin, I. N. McIntyre (Eds.), Organizational psychology: A book of readings. Englewood Cliffs, NJ: Prentice-Hall, 1979.
- Meador, B. D., & Rogers, C. R. Person-centered therapy. In R. J. Corsini (Ed.), Current psychotherapies. Itasca, IL: F. E. Peacock Publishers, Inc., 1979.

- Mehrabian, A., & Banks, L. A questionnaire measure of individual differences in achieving tendency. Educational and Psychological Measurements, 1978, 38(2), 475-478.
- Mehrabian, A., & Hines, M. A questionnaire measure of individual differences in dominance-submissiveness. Educational and Psychological Measurements, 1978, 38(2), 479-484.
- Murray, H. A. Explorations in personality. New York: Oxford University Press, 1962.
- Nagel, K. [The adaptation concept of psychotherapists: An empirical investigation] (German). Psychologische Beiträge, 1971, 13, 525-549.
- Nie, N. A., Hall, H. C., Jenkins, J. G., Stienbrenner, K., & Bent, D. Statistical package for the social sciences (2nd ed.). New York: McGraw-Hill, 1975.
- Randolf, D. L. Counselor personality needs as a determinant of function specific preferences. Counselor Education and Supervision, 1973, 12, 300-307.
- Rogers, C. R. Client-centered therapy. Boston, MA: Houghton-Mifflin, Co., 1951.
- Rogers, C. R. On becoming a person. Boston, MA: Houghton-Mifflin, Co., 1961.
- Rogers, C. R. Freedom to learn. Columbus, OH: Charles E. Merrill Publishing Co., 1979.
- Shostrum, E. L. Comment on a test review: The Personal Orientation Inventory. Journal of Consulting Psychology, 1973, 20, 479-481.

- Skinner, B. F. Behaviorism at fifty. In T. W. Wann (Ed.), Behaviorism and phenomenology: Contrasting bases for modern psychology. Chicago, IL: The University of Chicago Press, 1964.
- Steers, R. M., & Braunstein, D. N. A behaviorally based measure of manifest needs in work settings. Journal of Vocational Behavior, 1976, 9, 251-266.
- Steiner, G. L. A survey to identify factors in therapists' selection of a therapeutic orientation. Psychotherapy: Theory, Research, and Practice, 1978, 15, 314-317.
- Strupp, H. The therapist's theoretical orientation: An overrated variable. Psychotherapy: Theory, Research, and Practice, 1978, 15, 314-317.
- Stumpfer, D. J. W. Some correlates of Mehrabian's scales of affiliative tendency and sensitivity to rejection. Journal of Psychology, 1974, 87, 269-278.
- Sundland, D. M., & Barker, E. N. The orientations of psychotherapists. Journal of Consulting Psychology, 1962, 26, 213-216.
- Walton, D. E. An exploratory study: Personality factors and theoretical orientations of therapists. Psychotherapy: Theory, Research, and Practice, 1978, 15, 390-395.
- Whitehorn, J. C., & Betz, B. J. A study of psychiatric relationships between physicians and schizophrenic patients. American Journal of Psychiatry, 1954, 111, 321-331.
- Whitehorn, J. C., & Betz, B. J. Further studies of the doctor as a crucial variable in the outcome of treatment with schizophrenic patients. American Journal of Psychiatry, 1960, 117, 215-232.

Wolpe, J. The practice of behavior therapy. New York: Pergamon Press,
1973.

APPENDICES

Appendix I

Research Correspondence

- a. Cover Letter
- b. Reminder Card
- c. Thank You Letter

I haven't received your completed responses to the research I contacted you about. It would be of help to me if you would send them as soon as possible. If there is any problem please let me know. My address is:

259 E. 3rd No.
Welsville, UT 84339

Thanks, again, for your help.

Dear Participant:

I sincerely want to thank you for your participation in my research. The response was very gratifying with a response rate around 90%. I am finally in a position where I can send you the feedback I promised.

The study was designed to investigate the relationship between the psychogenic needs (i.e., need for achievement, affiliation, etc.) and theoretical orientation of the therapist. In this study, three particular theoretical orientation variables were studied: person-centered therapy, behavioral therapy, and rational-emotive therapy. (These three were not seen as exhaustive or even representative of all theoretical orientations but were selected to test specific hypotheses.) Six psychogenic need variables were studied: achievement, affiliation, dominance, exhibitionism, nurturance, and order.

Theoretical orientation was not studied as a set of mutually exclusive categories, but, rather, as separate and independent variables. The instrument you filled out consisted of statements taken from prominent writings of the three theoretical schools. Each statement was a quote seen as representing the general position of one of the theoretical schools in one of twelve concept areas. You were asked to rate your concurrence with each statement. The twelve ratings for each school were summed to give an overall score of concurrence with that school. The items were also subdivided into items whose content was largely philosophical (i.e., nature of man, anxiety, etc.) and items whose content was largely technical (i.e., transference, therapeutic techniques, etc.). Scores on these subgroupings were also obtained.

The psychogenic need variables were taken from the Personality Research Form by Jackson. The following scales were used: AC

(Achievement), AF (Affiliation), DO (Dominance), EX (Exhibitionism), NU (Nurturance), and OR (Order).

In general, the findings did not confirm a relationship between the psychogenic needs and theoretical orientations of therapists. While prediction of the theoretical orientation variables occasionally reached statistical significance, the percentage of variance accounted for was quite small (see enclosed summary sheet). This was so even when the experience level and training institution were taken into account. Some interesting findings were shown, however. The relationships between the three theoretical orientation variables were significant, accounting for between 30% and 60% of the variance. It was also interesting that the philosophy and technique subtests were only marginally related (about 50% explained variance).

Again, I appreciate your participation. Enclosed is a sheet summarizing the multiple regression results. If you indicated a desire for personalized feedback, I have also included a sheet with the means and standard deviations for the entire sample and for your training institution along with your scores for comparison.

Appreciatively,

Dennis E. Ahern

Appendix II

Background Information Sheets

- a. Background Information #1 (Novice)
- b. Background Information #2 (Intern)
- c. Background Information #3 (Experienced)

Background Information #1

In order that an accurate description of this research sample might be obtained, please respond to the following background information.

1. a) Age ____, b) Sex ____, c) Marital Status ____, d) Religious Pref. _____

2. Education:

Degree	Institution	Program Title	Grad Year	Description of Studies
Bachelors				
Masters				
Doctors				

3. Please share your reasons for attending your current institution.

4. What was (were) your place(s) of residence before attending your current institution?

5. Approximately how many total hours have you spent practicing psychotherapy? ____

6. Please indicate the extent and nature of your post-bachelor psychotherapy training (other than in-service workshops) prior to enrollment in your present study.

a) Hours (if applicable): Semester ____, Quarter ____

b) Please write a brief description of these training experiences.

Background Information #2

In order that an accurate description of this research sample might be obtained, please respond to the following background information items.

1. a) Age ____, b) Sex ____, c) Marital Status ____, d) Religious Pref. _____

2. Education:

Degree	Institution	Program Title	Grad Year	Description of Studies
Bachelors				
Masters				
Doctors				

3. Please share your reasons for attending your doctoral institution.

4. What was (were) your place(s) of residence before attending your doctoral institution?

5. What is the place of your doctoral internship?

6. Please give a brief description of the nature of your internship activities.

7. Approximately how many total hours have you spent practicing psychotherapy? _____

Background Information #3

In order that an accurate description of this research sample might be obtained, please respond to the following background information items.

1. a) Age ____, b) Sex ____, c) Marital Status ____, d) Religious Pref. _____

2. Education:

<u>Degree</u>	<u>Institution</u>	<u>Program Title</u>	<u>Grad Year</u>	<u>Description of Studies</u>
Bachelors				
Masters				
Doctors				

3. Please share your reasons for attending your doctoral institution.
4. What was (were) your place(s) of residence before attending your doctoral institution?
5. What was the place of your doctoral internship?
6. Please give a brief description of the nature of your internship activities.
7. Please describe briefly any formal post-internship training in psychotherapy you may have had.
8. Approximately how many total years have you spent practicing psychotherapy? ____

Appendix III

Statement Documentation for the Measure
of Theoretical Framework

Psychotherapy Concepts:

Person-Centered, Rational-Emotive, Behavioral

Concept #1: Anxiety

Person-Centered. From an internal frame of reference, anxiety is a state of uneasiness or tension whose cause is unknown. From an external frame of reference, anxiety is a state in which the incongruence between the concept of self and the total experience of the individual is approaching awareness (Meador and Rogers, 1979, p. 149).

Rational-Emotive. Anxiety is an undesirable consequence of irrational and often perfectionistic beliefs that the world ought to be different than it is and of placing too much emphasis on the natural desire for acceptance and approval (Ellis, 1979, p. 197; Ellis, 1963).

Behavioral. Anxiety is an individual organism's characteristic pattern of autonomic responses to noxious stimulation. As a result of conditioning, a great many cues to conditioned anxiety are established (Wolpe, 1973, p. 16).

Concept #2: Therapeutic Relationship

Person-Centered. The therapeutic relationship is of primary importance to therapy (Rogers, 1951, p. 172). A relationship between the therapist and client in which the therapist is emphatic, genuine, and unpossessively caring is necessary and sufficient for positive therapeutic growth (Meador and Rogers, 1979, p. 151).

Rational-Emotive. It is desirable that the therapist accept the client, but the therapist may be critical of and point out deficiencies in the client's behavior and thinking. The therapist is to actively direct the change process in the client by zeroing in on crooked thinking, and inappropriate emotion with an active-directive, philosophical, homework-assigning approach. A warm relationship between therapist and client is neither necessary or sufficient to client change (Ellis, 1979, pp. 186, 199).

Behavioral. A positive relationship between the therapist and client is a prerequisite for psychotherapeutic change. The therapist can create an atmosphere of trust by communicating: a) that he or she understands and accepts the client without judgment; b) that the two of them will work together toward the client's goals; and c) that she or he has the expertise to guide the client's progress toward those goals (Chambless and Goldstein, 1979, p. 243).

Concept #3: Goals of Therapy

Person-Centered. The goals of therapy are to help the client to engage in behavior that liberates, actualizes and enhances the self; become aware of, understand, accept, and be responsible for the self; achieve individuality while being conscious of social responsibility (Boy and Pine, 1982, p. 48); and, in all, to increase the degree of congruence between the self concept and experience (Meador and Rogers, 1979, pp. 144-145).

Rational-Emotive. The goal of therapy is not only to eliminate symptomatic problems, but also to help the patient restructure his or her belief system and learn how to dispute his or her irrational beliefs (Ellis, 1979, pp. 195-196; Ellis, 1963, p. 186). It is to help the client minimize self-defeating outlooks and acquire a more realistic, tolerant philosophy of life (Ellis, 1979, p. 205).

Behavioral. The province of therapy is unadaptive (maladaptive) learned human habits. The therapist seeks to provide corrective learning experiences so that such habits can be replaced by adaptive ones (Wolpe, 1973, p. 20; Chambless and Goldstein, 1979, p. 248).

Concept #4: Nature of Man

Person-Centered. Man has an inherent tendency to develop in ways that enhance and expand him. A person is born with an inherent ability to value positively experiences which are perceived as enhancing his or her organism and to value negatively experiences which are perceived as contrary to his or her actualizing tendency (Meador and Rogers, 1979, pp. 143, 145).

Rational-Emotive. Humans are born with a propensity to be rational, creative, and self-preserving, and a tendency to be irrational, self-destructive, and short-ranged hedonistic. They have an exceptional proneness to create unpleasant emotional states in themselves and tend to exacerbate those consequences (Ellis, 1979, pp. 185, 199). Nonetheless, they have considerable ability to understand their problems and train themselves to eliminate their self-sabotaging beliefs (Ellis, 1979, p. 199).

Behavioral. Man is neither inherently bad or good. People's behavior can be understood as the outcome of a combination of: a) past learning in relation to similar circumstances; b) current motivational states; and c) individual biological differences either genetic or due to physiological disorders (Goldstein, 1973, p. 212).

Concept #5: Diagnosis

Person-Centered. Diagnostic labeling cannot render the essence of an individual. In categorizing individuals, observers may observe from their own needs, but uncovering the client's world must come from the client (Boy and Pine, 1982, pp. 65-66). A client should, instead, be treated as a person, not as the problem he or she is presenting (Meador and Rogers, 1979, p. 175).

Rational-Emotive. Diagnostic labeling is not as important as the isolation and identification of irrational belief systems (Ellis, 1979, p. 215).

Behavioral. Diagnostic labeling is not seen as an essential part of therapy. However, it is crucial to make an accurate functional analysis of the possible stimulus-response connections for the client. This process may involve the determination of the circumstances under which maladaptive responses occur, a history of the problem, and the problem's interaction with current relationships (Chambless and Goldstein, 1979, p. 242).

Concept #6: Transference

Person-Centered. The transference relationship per se is a result of an unequal dependent relationship between the therapist and client. When the therapist presents him or herself transparently and honestly as a person, the relationship between the therapist and client becomes one between who equals and transference does not develop (Meador and Rogers, 1979, p. 135).

Rational-Emotive. Transference is the result of unrealistic assumptions and needs regarding human relationships. When it occurs, it is to be quickly analyzed and the philosophies behind it identified. When this is done, transference tends to disappear (Ellis, 1963, p. 317; Ellis, 1979, p. 213).

Behavioral. The emotional reaction of a client to therapy corresponds loosely to the term "transference." While the therapeutic consequences of such reactions are unsystematic, they often have the effect of inhibiting anxiety and may thus be used therapeutically (Wolpe, 1973, p. 146-147).

Concept #7: Techniques of Therapy

Person-Centered. Therapy does not stress technical skills or knowledge of the therapist (Meador and Rogers, 1979, p. 151). The process of therapy is synonymous with the experiential relationship between the client and therapist (Rogers, 1951,

p. 172). For the therapist to be genuine, understanding, and caring constitute necessary and sufficient conditions for client change (Meador and Rogers, 1979, p. 151).

Rational-Emotive. In order to attack and eradicate irrational beliefs, the therapist is highly cognitive, active-directive, homework-assigning, and discipline oriented. The therapist may employ a variety of cognitive emotional and desensitizing techniques like role playing, assertion training, humor, operant conditioning, support, etc. (Ellis, 1979, p. 199).

Behavioral. In order to accomplish the goals of therapy, the therapist may use a variety of special techniques suitable to specific problems. Such techniques include systematic desensitization, flooding, relaxation training, assertive training, aversive techniques, operant conditioning, token economy, cognitive-behavior modification techniques, and various uses of drugs (Chambless and Goldstein, 1979, pp. 248-254; Wolpe, 1973).

Concept #8: Early Development

Person-Centered. In early development, a person experiences conditions which limit the feeling of worthwhileness he or she may experience from others. When these conditions are contrary to the natural self enhancement tendencies of the person, a state of personal incongruence arises. Such incongruence is the root of psychological maladjustment (Meador and Rogers, 1979, pp. 143-144). However, in therapy it is not necessary to deal with the early experiences because it is the present experience of incongruence that is important to growth (Rogers, 1961, pp. 103, 201-205).

Rational-Emotive. In early development a child learns by interaction with people around it both rational and irrational patterns of thinking. In this way both the rational-creative and irrational-destructive tendencies are reinforced. Quite often it is this tendency toward irrationality which is most severely exacerbated by the culture. Childhood experiences are an exceptionally strong influence in causing an individual to think illogically or neurotically but they are not a fatal or irrevocable influence (Ellis, 1963, pp. 92-93; Ellis, 1979, p. 185).

Behavioral. People develop those consistencies known as "personality" through maturation and through the laws of learning (Chambless and Goldstein, 1979, pp. 239-241). Through early experiences the person may learn maladaptive or adaptive behaviors (Wolpe, 1973).

Concept #9: Learning

Person-Centered. Good learning has a quality of personal involvement. It is self-motivated and makes a difference in the behavior, attitudes, and, perhaps, personality of the learner. It is evaluated by the learner by whether it leads toward what the learner wants to know. When it takes place, the element of learning to the learner is built into the whole experience (Rogers, 1969, p. 5).

Rational-Emotive. Learning is a change in the thought patterns which requires practice and training (Ellis, 1979, pp. 187-188). Active learning is better than passive learning and learning can come through modeling, conditioning, reinforcement, etc. (Ellis, 1979, p. 200; Ellis, 1963, p. 327).

Behavioral. Learning may be said to occur if a response comes to be evoked by a stimulus by which it was not previously evoked or if a response is evoked more strongly by a stimulus than it was previously (Wolpe, 1973, p. 5).

Concept #10: Neurotic Conflict

Person-Centered. Psychological maladjustment exists when a person denies to awareness or distorts in awareness, significant experiences that consequently are not accurately symbolized and organized into the Gestalt of the self structure, thus creating an incongruence between the self and experience (Meador and Rogers, 1979, p. 148).

Rational-Emotive. Neurosis originates in and is perpetuated by fundamentally unsound, irrational ideas. The individual comes to believe in unrealistic, impossible, and, often, perfectionistic goals. Then, in spite of considerable contradictory evidence, he refuses to surrender his original illogical beliefs (Ellis, 1963, p. 63).

Behavioral. Neurosis is not an entity of itself but consists of a set of observable problems. Neurotic problems typically consist of persistent unadaptive habits that have been acquired in anxiety situations and in which anxiety responses are almost invariably a central feature. To eliminate the problems is to eliminate the neurosis (Eysenck and Rachman, 1965, p. 10; Chambless and Goldstein, 1979, p. 231; Wolpe, 1973, p. 20).

Concept #11: Normal Adjustment

Person-Centered. Optimal psychological adjustment exists when all experiences are assimilated on a symbolic level into the Gestalt of the self structure. Optimal psychological adjustment is thus synonymous with congruence of self and experience, or complete openness to experience (Meador and Rogers, 1979, p. 149).

Rational-Emotive. Normal adjustment includes acceptance of self and the world with their intrinsic limitations, active dispute of irrational beliefs, thinking rationally, and rating actions not self (Ellis, 1963, pp. 63-96, 104-105, 36; Ellis, 1979, pp. 194, 196, 197).

Behavioral. Behavior is adaptive when its consequences satisfy the individual's needs, bring him or her relief from pain, discomfort or danger, or avoid undue expenditure of energy. While individual unadaptive acts are common, the need for treatment arises when particular unadaptive acts become habitual (Wolpe, 1973, p. 20).

Concept #12: Reality

Person-Centered. There is a world of external reality, but it cannot be interpreted as being real apart from the client's definition of reality. Reality lies in each person's experience and perception of events and forces (Boy and Pine, 1982, p. 89).

Rational-Emotive. The goodness of any belief is determined by whether it is empirically validatable against objective reality. Assumptions based on notions which are not empirically validatable are irrational and not productive (Ellis, 1979, p. 203).

Behavioral. The reality which is most "knowable" and, therefore, most amendable to study is that reality which is verifiably observable. The reality which is "private" to an individual is less knowable and, therefore, less amenable to study (Skinner, 1964, pp. 83-84).

References

- Boy, A. V., and Pine, G. J. Client centered therapy: A renewal.
Boston, MA: Allyn and Bacon Publishing Co., 1982.
- Chambless, D. L., and Goldstein, A. J. Behavioral psychotherapy. In
R. J. Corsini (Ed.), Current psychotherapies. Itasca, IL: F. E.
Peacock Publishers, Inc., 1979.
- Ellis, A. Reason and emotion in psychotherapy.
- Ellis, A. Rational-emotive therapy. In R. J. Corsini (Ed.), Current
psychotherapies. Itasca, IL: F. E. Peacock Publishers, Inc., 1979.
- Eysenck, H. J., and Rachman, S. The causes and cures of neurosis. San
Diego, CA: Robert Knapp, 1965.
- Goldstein, A. J. Behavioral psychotherapy. In R. J. Corsini (Ed.),
Current psychotherapies. Itasca, IL: F. E. Peacock Publishers,
Inc., 1973.
- Meador B. D., and Rogers, C. R. Person-centered therapy. In R. J.
Corsini (Ed.), Current psychotherapies. Itasca, IL: F. E. Peacock
Publishers, Inc., 1979.
- Rogers, C. R. Client-centered therapy. Boston, MA: Houghton-Mifflin,
Co., 1951.
- Rogers, C. R. Freedom to learn. Columbus, OH: Charles E. Merril
Publishing Co., 1969.
- Skinner, B. F. Behaviorism at fifty. In T. W. Wann (Ed.), Behaviorism
and phenomenology: Contrasting bases for modern psychology. Chicago,
IL: The University of Chicago Press, 1964.
- Wolpe, J. The practice of behavior therapy. New York: Pergamon
Press, 1973.

Appendix IV

Measure of Theoretical Framework

- a. Statements
- b. Pilot Study Answer Sheet
- c. Major Research Answer Sheet

Measure of Theoretical Framework

Below are twelve psychotherapy concepts (e.g., anxiety, transference, etc.). Under each concept are three position statements pertaining to the concept. For each concept, rate each of the three statements on the degree to which you concur with the statement. After completing the three ratings, go back and rank order the three statements according to your preference (#1 being most preferred; #2 being next preferred; and #3 being least preferred). Please avoid tied ranks. Use the answer sheet to record your answers.

Concept #1: Anxiety

- a. From an internal frame of reference, anxiety is a state of uneasiness or tension whose cause is unknown. From an external frame of reference, anxiety is a state in which the incongruence between the concept of self and the total experience of the individual is approaching awareness.
- b. Anxiety is an individual organism's characteristic pattern of autonomic responses to noxious stimulation. As a result of conditioning, a great many cues to conditioned anxiety are established.
- c. Anxiety is an undesirable consequence of irrational and often perfectionistic beliefs that the world ought to be different than it is and of placing too much emphasis on the natural desire for acceptance and approval.

Concept #2: Therapeutic Relationship

- a. A positive relationship between the therapist and client is a prerequisite for psychotherapeutic change. The therapist can create an atmosphere of trust by communicating: a) That he or she understands and accepts the client without judgement, b) That the two of them will work together toward the client's goals, and c) That she or he has the expertise to guide the client's progress toward those goals.
- b. It is desirable that the therapist accept the client, but the therapist may be critical of and point out deficiencies in the client's behavior and thinking. The therapist is to actively direct the change process in the client by zeroing in on crooked thinking, and inappropriate emotion with an active-directive, philosophical, homework-assigning approach. A warm relationship between therapist and client is neither necessary or sufficient to client change.

Your consent to participate in this research is deeply appreciated. The research should contribute to our knowledge of the factors involved in forming a personal theoretical framework of psychotherapy. In this study, we will be examining relationships between theoretical framework and personality variables.

Enclosed in the packet are: The Background Information form; The Personality Assessment Questionnaire and answer sheet; The Measure of Theoretical Framework and answer sheet; and a self-addressed, stamped envelope. Please complete the three instruments and return the two answer sheets and the Background Information sheet to me in the enclosed envelope. Since all of the participants in the research are from Utah universities, the Background Information form is particularly important for generalization of the results.

So that responses may be anonymous, participants will be assigned code numbers. The master list linking names and code numbers will be destroyed when packets are returned. If you would like to have personal feedback about your scores, please put your name at the top of the answer sheets in the space provided. All participants will receive a debriefing letter describing the precise nature of the variables and the general findings of the research.

The data received will be used in three ways. First, it will be used to test the research hypotheses. Second, the means and standard deviations of the participants from each school will be given to the school as feedback for the program. This can be done because one of the digits in the code number will be coded for the school. Last of all, means and standard deviations from the specific school and the entire group will be used as a basis for personal feedback to individuals requesting it.

The battery requires from 15 to 45 minutes to complete. Please make every effort to complete it in one sitting. While you may be able to determine the specific variables under study, try to respond in a way that most openly reflects your self-perception at the time of testing. Again, your participation is greatly appreciated.

Concept #2: Therapeutic Relationship (Continued)

- c. The therapeutic relationship is of primary importance to therapy. A relationship between the therapist and client in which the therapist is empathic, genuine, and unpossessively caring is necessary and sufficient for positive growth.

Concept #3: Goals of Therapy

- a. The province of therapy is unadaptive (maladaptive) learned human habits. The therapist seeks to provide corrective learning experiences so that such habits can be replaced by adaptive ones.
- b. The goals of therapy are to help the client to: Engage in behavior that liberates, actualizes and enhances the self; become aware of, understand, accept, and be responsible for the self; achieve individuality while being conscious of social responsibility; and, in all, to increase the degree of congruence between the self concept and experience.
- c. The goal of therapy is not only to eliminate symptomatic problems, but also to help the patient restructure his or her belief system and learn how to dispute his or her irrational beliefs. It is to help the client minimize self-defeating outlooks and acquire a more realistic, tolerant philosophy of life.

Concept #4: Nature of Man

- a. Humans are born with a propensity to be rational, creative, and self-preserving, and a tendency to be irrational, self-destructive, and short-ranged hedonistic. They have an exceptional proneness to create unpleasant emotional states in themselves and tend to exacerbate those consequences. Nonetheless, they have considerable ability to understand their problems and train themselves to eliminate their self-sabotaging beliefs.
- b. Man is neither inherently bad or good. People's behavior can be understood as the outcome of a combination of: a) Past learning in relation to similar circumstances, b) Current motivational states, and c) Individual biological differences either genetic or due to physiological disorders.
- c. Man has an inherent tendency to develop in ways that enhance and expand him. A person is born with an inherent ability to value positively experiences which are perceived as enhancing his or her organism and to value negatively experiences which are perceived as contrary to his or her actualizing tendency.

Concept #5: Diagnosis

- a. Diagnostic labeling is not as important as the isolation and identification of irrational belief systems.

Concept #5: Diagnosis (Continued)

- b. Diagnostic labeling cannot render the essence of an individual. In categorizing individuals, observers may observe from their own needs, but uncovering the client's world must come from the client. A client should instead be treated as a person, not as the problem he or she is presenting.
- c. Diagnostic labeling is not seen as an essential part of therapy. However, it is crucial to make an accurate functional analysis of the possible stimulus-response connections for the client. This process may involve the determination of the circumstances under which maladaptive responses occur, a history of the problem, and the problem's interaction with current relationships.

Concept #6: Transference

- a. The transference relationship per se is a result of an unequal dependent relationship between the therapist and client. When the therapist presents him or her self transparently and honestly as a person, the relationship between the therapist and client becomes one between two equals and transference does not develop.
- b. The emotional reaction of a client to therapy corresponds loosely to the term "transference". While the therapeutic consequences of such reactions are unsystematic, they often have the effect of inhibiting anxiety and may thus be used therapeutically.
- c. Transference is the result of unrealistic assumptions and needs regarding human relationships. When it occurs, it is to be quickly analyzed and the philosophies behind it identified. When this is done, transference tends to disappear.

Concept #7: Techniques of Therapy

- a. In order to accomplish the goals of therapy, the therapist may use a variety of special techniques suitable to specific problems. Such techniques include systematic desensitization, flooding, relaxation training, assertive training, aversive techniques, operant conditioning, token economy, cognitive-behavior modification techniques, and various uses of drugs.
- b. In order to attack and eradicate irrational beliefs, the therapist is highly cognitive, active-directive, homework-assigning, and discipline oriented. The therapist may employ a variety of cognitive, emotional, and desensitizing techniques like role playing, assertion training, humor, operant conditioning, support, etc.
- c. Therapy does not stress technical skills or knowledge of the therapist. The process of therapy is synonymous with the experiential relationship between the client and therapist. For the therapist to be genuine, understanding, and caring constitute necessary and sufficient conditions for client change.

Concept #8: Early Development

- a. In early development, a person experiences conditions which limit the feeling of worthwhileness he or she may experience from others. When these conditions are contrary to the natural self enhancement tendencies of the person, a state of personal incongruence arises. Such incongruence is the root of psychological maladjustment.
- b. People develop those consistencies known as "personality" through maturation and through the laws of learning. Through early experiences the person may learn maladaptive or adaptive behaviors.
- c. In early development a child learns by interaction with people around it both rational and irrational patterns of thinking. In this way both the rational-creative and irrational-destructive tendencies are reinforced. Quite often it is this tendency toward irrationality which is most severely exacerbated by the culture. Childhood experiences are an exceptionally strong influence in causing an individual to think illogically or neurotically, but they are not a fatal or irrevocable influence.

Concept #9: Learning

- a. Learning is a change in the thought patterns which requires practice and training. Active learning is better than passive learning, and learning can come through modeling, conditioning, reinforcement, etc.
- b. Good learning has a quality of personal involvement. It is self-motivated and makes a difference in the behavior, attitudes, and, perhaps, personality of the learner. It is evaluated by the learner by whether it leads toward what the learner wants to know. When it takes place, the element of meaning to the learner is built into the whole experience.
- c. Learning may be said to occur if a response comes to be evoked by a stimulus by which it was not previously evoked or if a response is evoked more strongly by a stimulus than it was previously.

Concept #10: Neurotic Conflict

- a. Neurosis originates in and is perpetuated by fundamentally unsound, irrational ideas. The individual comes to believe in unrealistic, impossible and often perfectionistic goals. Then, in spite of considerable contradictory evidence, he refuses to surrender his original illogical beliefs.
- b. Neurosis is not an entity of itself but consists of a set of observable problems. Neurotic problems typically consist of persistent unadaptive habits that have been acquired in anxiety situations and in which anxiety responses are almost invariably a central feature. To eliminate the problems is to eliminate the neurosis.

Concept #10: Neurotic Conflict (Continued)

- c. Psychological maladjustment exists when a person denies to awareness or distorts in awareness, significant experiences that consequently are not accurately symbolized and organized into the Gestalt of the self structure, thus creating an incongruence between the self and experience.

Concept #11: Normal Adjustment

- a. Behavior is adaptive when its consequences satisfy the individual's needs, bring him or her relief from pain, discomfort, or danger, or avoid undue expenditure of energy. While individual unadaptive acts are common, the need for treatment arises when particular unadaptive acts become habitual.
- b. Optimal psychological adjustment exists when all experiences are assimilated on a symbolic level into the Gestalt of the self structure. Optimal psychological adjustment is thus synonymous with congruence of self and experience, or complete openness to experience.
- c. Normal adjustment includes acceptance of self and the world with their intrinsic limitations, active dispute of irrational beliefs, thinking rationally, and rating actions not self.

Concept #12: Reality

- a. The reality which is most "knowable" and therefore most amenable to study is that reality which is verifiably observable. The reality which is "private" to an individual is less knowable, therefore less amenable to study.
- b. There is a world of external reality, but it cannot be interpreted as being real apart from the client's definition of reality. Reality lies in each person's experience and perception of events and forces.
- c. The goodness of any belief is determined by whether it is empirically validatable against objective reality. Assumptions based on notions which are not empirically validatable are irrational and not productive.

Measure of Theoretical Framework
Answer Sheet

	Ratings					Ranks
Concept #1: Anxiety						
a.	5	4	3	2	1	
	Much Agree				Much Disagree	
b.	5	4	3	2	1	
	Much Agree				Much Disagree	
c.	5	4	3	2	1	
	Much Agree				Much Disagree	
Concept #2: Therapeutic Relationship						
a.	5	4	3	2	1	
	Much Agree				Much Disagree	
b.	5	4	3	2	1	
	Much Agree				Much Disagree	
c.	5	4	3	2	1	
	Much Agree				Much Disagree	
Concept #3: Goals of Therapy						
a.	5	4	3	2	1	
	Much Agree				Much Disagree	
b.	5	4	3	2	1	
	Much Agree				Much Disagree	
c.	5	4	3	2	1	
	Much Agree				Much Disagree	
Concept #4: Nature of Man						
a.	5	4	3	2	1	
	Much Agree				Much Disagree	
b.	5	4	3	2	1	
	Much Agree				Much Disagree	
c.	5	4	3	2	1	
	Much Agree				Much Disagree	

2

Concept #5: Diagnosis

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Concept #6: Transference

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Concept #7: Techniques of Therapy

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Concept #8: Early Development

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Concept #9: Learning

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Concept #10: Neurotic Conflict

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Concept #11: Normal Adjustment

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Concept #12: Reality

a.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
b.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	
c.	5	4	3	2	1	_____
	Much				Much	
	Agree				Disagree	

Name (optional) _____

Measure of Theoretical Framework
Answer Sheet

	Ratings						Ranks	
<hr/>								
Concept #1: Anxiety								
a.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
b.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
c.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
<hr/>								
Concept #2: Therapeutic Relationship								
a.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
b.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
c.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
<hr/>								
Concept #3: Goals of Therapy								
a.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
b.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
c.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
<hr/>								
Concept #4: Nature of Man								
a.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
b.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____
c.	7	6	5	4	3	2	1	
	Strongly Agree					Strongly Disagree		_____

	Rankings						Ranks	
Concept #5: Diagnosis								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
b.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
c.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		

Concept #6: Transference								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
b.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
c.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		

Concept #7: Techniques of Therapy								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
b.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
c.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		

Concept #8: Early Development								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
b.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		
c.	7	6	5	4	3	2	1	_____
	Strongly Agree					Strongly Disagree		

	Ratings							Ranks
Concept #9: Learning								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
b.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
c.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
Concept #10: Neurotic Conflict								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
b.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
c.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
Concept #11: Normal Adjustment								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
b.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
c.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
Concept #12: Reality								
a.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
b.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	
c.	7	6	5	4	3	2	1	_____
	Strongly Agree						Strongly Disagree	

Appendix V

Personality Assessment Questionnaire

- a. Keyed Items
- b. Personality Assessment Questionnaire
- c. Answer Sheet

Personality Assessment Questionnaire:

Keyed Items from the Personality Research Form

by Jackson (1974)

AC = Achievement
NU = Nurturance

EX = Exhibition
DO = Dominance

AF = Affiliation
OR = Order

1. AC T I enjoy doing things which challenge me.
2. AF F I pay little attention to the interests of people I know.
3. DO T I would enjoy being a club officer.
4. EX T Others think I am lively and witty.
5. NU F I think a man is smart to avoid being talked into helping his acquaintances.
6. OR T I often decide ahead of time exactly what I will do on a certain day.
7. AC T Self-improvement means nothing to me unless it leads to immediate success.
8. AF T I believe that a person who is incapable of enjoying the people around him misses much in life.
9. DO F I am not very insistent in an argument.
10. EX T I am too shy to tell jokes.
11. NU T When I see someone who looks confused, I usually ask if I can be of any assistance.
12. OR F I don't especially care how I look when I go out.
13. AC T I get disgusted with myself when I have not learned something properly.
14. AF F Trying to please people is a waste of time.
15. DO T I try to control others rather than permit them to control me.
16. EX T I like to have people talk about things I have done.
17. NU F All babies look very much like little monkeys to me.
18. OR T When I am going somewhere I usually find my exact route by using a map.
19. AC F I work because I have to, and for that reason only.
20. AF T Loyalty to my friends is quite important to me.
21. DO F I have little interest in leading others.
22. EX F I would not like the fame that goes with being a great athlete.
23. NU T I feel very sorry for lonely people.

24. OR F My personal papers are usually in a state of confusion.
25. AC T I will keep working on a problem after others have given up.
26. AF F Most of my relationships with people are businesslike rather than friendly.
27. DO T I feel confident when directing the activities of others.
28. EX T I don't mind being conspicuous.
29. NU F I dislike people who are always asking me for advice.
30. OR T I keep all my important documents in one safe place.
31. AC F I try to work just hard enough to get by.
32. AF T I am considered friendly.
33. DO F I would make a poor judge because I dislike telling others what to do.
34. EX F I feel uncomfortable when people are paying attention to me.
35. NU T People like to tell me their troubles because they know that I will do everything I can to help them.
36. OR F Most of the things I do have no system to them.
37. AC T I often set goals that are very difficult to reach.
38. AF F After I get to know most people, I decide that they would make poor friends.
39. DO T I am quite good at keeping others in line.
40. EX T I like to be in the spotlight.
41. NU F I get little satisfaction from serving others.
42. OR T Before I start to work, I plan what I will need and get all the necessary materials.
43. AC F I would rather do an easy job than one involving obstacles which must be overcome.
44. AF T I enjoy being neighborly.
45. DO F Most community leaders do a better job than I could possibly do.
46. EX F I was one of the quietest children in my group.
47. NU T I believe in giving friends lots of help and advice.
48. OR F I can work better when conditions are somewhat chaotic.
49. AC T My goal is to do at least a little bit more than anyone else has done before.
50. AF F Usually I would rather go somewhere alone than to go a party.
51. DO T I seek out positions of authority.

52. EX T I would enjoy being a popular singer with a large fan club.
53. NU F I really do not pay much attention to people when they talk about their problems.
54. OR T I dislike to be in a room that is cluttered.
55. AC F I really don't enjoy hard work.
56. AF T I try to be in the company of friends as much as possible.
57. DO F I think it is better to be quiet than assertive.
58. EX F At a party, I usually sit back and watch the others.
59. NU T I am usually the first to offer a helping hand when it is needed.
60. OR F I seldom take time to hang up my clothes neatly.
61. AC T I prefer to be paid on the basis of how much work I have done rather than on how many hours I have worked.
62. AF F I have relatively few friends.
63. DO T When I am with someone else I do most of the decision-making.
64. EX T If I were to be in a play, I would want to play the leading role.
65. NU F If someone is in trouble, I try not to become involved.
66. OR T A messy desk is inexcusable.
67. AC F I have rarely done extra studying in connection with my work.
68. AF T To love and be loved is of greatest importance to me.
69. DO F I would make a poor military leader.
70. EX F When I was young I seldom competed with the other children for attention.
71. NU T I would prefer to care for a sick child myself rather than hire a nurse.
72. OR F I could never find out with accuracy just how I have spent my money in the past several months.
73. AC T People have always said that I am a hard worker.
74. AF F I seldom go out of my way to do something just to make others happy.
75. DO T When two persons are arguing, I often settle the argument for them.
76. EX T I often monopolize a conversation.
77. NU F I avoid doing too many favors for people because it would seem as if I were trying to buy friendship.
78. OR T My work is always well organized.

79. AC T When people are not going to see what I do, I often do less than my very best.
80. AF T Most people think I am warm-hearted and sociable.
81. DO F I would not do well as a salesman because I am not very persuasive.
82. EX F I think that trying to be the center of attention is a sign of bad taste.
83. NU T When I see a baby, I often ask to hold him.
84. OR F I often forget to put things back in their places.
85. AC T I don't mind working while other people are having fun.
86. AF F When I see someone I know from a distance, I don't go out of my way to say "Hello."
87. DO T If I were in politics, I would probably be seen as one of the forceful leaders of my party.
88. EX T I try to get others to notice the way I dress.
89. NU F People's tears tend to irritate me more than to arouse my sympathy.
90. OR T I spend much of my time arranging my belongings neatly.
91. AC F It doesn't really matter to me whether I become one of the best in my field.
92. AF T I truly enjoy myself at social functions.
93. DO F I feel incapable of handling many situations.
94. EX F I never attempt to be the life of the party.
95. NU T I feel most worthwhile when I am helping someone who is disabled.
96. OR F I rarely clean out my bureau drawers.
97. AC T Sometimes people say I neglect other important aspects of my life because I work so hard.
98. AF F I want to remain unhampered by obligations to friends.
99. DO T I try to convince others to accept my political principles.
100. EX T When I was in school, I often talked back to the teacher to make the other children laugh.
101. NU F I become irritated when I must interrupt my activities to do a favor for someone.
102. OR T I keep my possessions in such good order that I have no trouble finding anything.
103. AC F I am sure people think that I don't have a great deal of drive.
104. AF T I spend a lot of time visiting friends.

105. DO F I would not want to have a job enforcing the law.
106. EX F I don't like to do anything unusual that will call attention to myself.
107. NU T Seeing an old or helpless person makes me feel that I would like to take care of him.
108. OR F I feel comfortable in a somewhat disorganized room.
109. AC T I enjoy work more than play.
110. AF F I am quite independent of the people I know.
111. DO T With a little effort, I can "wrap most people around my little finger."
112. EX T I perform in public whenever I have the opportunity.
113. NU F It doesn't affect me one way or another to see a child being spanked.
114. OR T I can't stand reading a newspaper that has been messed up.
115. AC F It is unrealistic for me to insist on becoming the best in my field of work all of the time.
116. AF T I go out of my way to meet people.
117. DO F I don't have a forceful or dominating personality.
118. EX F The idea of acting in front of a large group doesn't appeal to me.
119. NU T I can remember that as a child I tried to take care of anyone who was sick.
120. OR F If I have brought something home, I often drop it on a chair or table as I enter.

PERSONALITY ASSESSMENT QUESTIONNAIRE

The following items are statements which a person might use to describe himself. If you agree with a statement or decide it does describe you, answer "True" on the answer sheet. If you disagree with the statement or feel that it does not describe you, answer "False" on the answer sheet. Please answer every statement either "True" or "False", even if you are not completely sure of your answer. Use a #2 pencil to facilitate computer scoring.

1. I enjoy doing things which challenge me.
2. I pay little attention to the interests of people I know.
3. I would enjoy being a club officer.
4. Others think I am lively and witty.
5. I think a man is smart to avoid being talked into helping his acquaintances.
6. I often decide ahead of time exactly what I will do on a certain day.
7. Self-improvement means nothing to me unless it leads to immediate success.
8. I believe that a person who is incapable of enjoying the people around him misses much in life.
9. I am not very insistent in an argument.
10. I am too shy to tell jokes.
11. When I see someone who looks confused, I usually ask if I can be of any assistance.
12. I don't especially care how I look when I go out.
13. I get disgusted with myself when I have not learned something properly.
14. Trying to please people is a waste of time.
15. I try to control others rather than permit them to control me.
16. I like to have people talk about things I have done.
17. All babies look very much like little monkeys to me.
18. When I am going somewhere I usually find my exact route by using a map.
19. I work because I have to, and for that reason only.
20. Loyalty to my friends is quite important to me.
21. I have little interest in leading others.
22. I would not like the fame that goes with being a great athlete.
23. I feel very sorry for lonely people.
24. My personal papers are usually in a state of confusion.
25. I will keep working on a problem after others have given up.
26. Most of my relationships with people are businesslike rather than friendly.
27. I feel confident when directing the activities of others.
28. I don't mind being conspicuous.
29. I dislike people who are always asking me for advice.

30. I keep all my important documents in one safe place.
31. I try to work just hard enough to get by.
32. I am considered friendly.
33. I would make a poor judge because I dislike telling others what to do.
34. I feel uncomfortable when people are paying attention to me.
35. People like to tell me their troubles because they know that I will do everything I can to help them.
36. Most of the things I do have no system to them.
37. I often set goals that are very difficult to reach.
38. After I get to know most people, I decide that they would make poor friends.
39. I am quite good at keeping others in line.
40. I like to be in the spotlight.
41. I get little satisfaction from serving others.
42. Before I start to work, I plan what I will need and get all the necessary materials.
43. I would rather do an easy job than one involving obstacles which must be overcome.
44. I enjoy being neighborly.
45. Most community leaders do a better job than I could possibly do.
46. I was one of the quietest children in my group.
47. I believe in giving friends lots of help and advice.
48. I can work better when conditions are somewhat chaotic.
49. My goal is to do at least a little bit more than anyone else has done before.
50. Usually I would rather go somewhere alone than go to a party.
51. I seek out positions of authority.
52. I would enjoy being a popular singer with a large fan club.
53. I really do not pay much attention to people when they talk about their problems.
54. I dislike to be in a room that is cluttered.
55. I really don't enjoy hard work.
56. I try to be in the company of friends as much as possible.
57. I think it is better to be quiet than assertive.
58. At a party, I usually sit back and watch the others.
59. I am usually the first to offer a helping hand when it is needed.
60. I seldom take time to hang up my clothes neatly.
61. I prefer to be paid on the basis of how much work I have done rather than on how many hours I have worked.
62. I have relatively few friends.

63. When I am with someone else I do most of the decision-making.
64. If I were to be in a play, I would want to play the leading role.
65. If someone is in trouble, I try not to become involved.
66. A messy desk is inexcusable.
67. I have rarely done extra studying in connection with my work.
68. To love and be loved is of greatest importance to me.
69. I would make a poor military leader.
70. When I was young I seldom competed with the other children for attention.
71. I would prefer to care for a sick child myself rather than hire a nurse.
72. I could never find out with accuracy just how I have spent my money in the past several months.
73. People have always said that I am a hard worker.
74. I seldom go out of my way to do something just to make others happy.
75. When two persons are arguing, I often settle the argument for them.
76. I often monopolize a conversation.
77. I avoid doing too many favors for people because it would seem as if I were trying to buy friendship.
78. My work is always well organized.
79. When people are not going to see what I do, I often do less than my very best.
80. Most people think I am warm-hearted and sociable.
81. I would not do well as a salesman because I am not very persuasive.
82. I think that trying to be the center of attention is a sign of bad taste.
83. When I see a baby, I often ask to hold him.
84. I often forget to put things back in their places.
85. I don't mind working while other people are having fun.
86. When I see someone I know from a distance, I don't go out of my way to say "Hello."
87. If I were in politics, I would probably be seen as one of the forceful leaders of my party.
88. I try to get others to notice the way I dress.
89. People's tears tend to irritate me more than to arouse my sympathy.
90. I spend much of my time arranging my belongings neatly.
91. It doesn't really matter to me whether I become one of the best in my field.
92. I truly enjoy myself at social functions.
93. I feel incapable of handling many situations.
94. I never attempt to be the life of the party.
95. I feel most worthwhile when I am helping someone who is disabled.
96. I rarely clean out my bureau drawers.

97. Sometimes people say I neglect other important aspects of my life because I work so hard.
98. I want to remain unhampered by obligations to friends.
99. I try to convince others to accept my political principles.
100. When I was in school, I often talked back to the teacher to make the other children laugh.
101. I become irritated when I must interrupt my activities to do a favor for someone.
102. I keep my possessions in such good order that I have no trouble finding anything.
103. I am sure people think that I don't have a great deal of drive.
104. I spend a lot of time visiting friends.
105. I would not want to have a job enforcing the law.
106. I don't like to do anything unusual that will call attention to myself.
107. Seeing an old or helpless person makes me feel that I would like to take care of him.
108. I feel comfortable in a somewhat disorganized room.
109. I enjoy work more than play.
110. I am quite independent of the people I know.
111. With a little effort, I can "wrap most people around my little finger."
112. I perform in public whenever I have the opportunity.
113. It doesn't affect me one way or another to see a child being spanked.
114. I can't stand reading a newspaper that has been messed up.
115. It is unrealistic for me to insist on becoming the best in my field of work all of the time.
116. I go out of my way to meet people.
117. I don't have a forceful or dominating personality.
118. The idea of acting in front of a large group doesn't appeal to me.
119. I can remember that as a child I tried to take care of anyone who was sick.
120. If I have brought something home, I often drop it on a chair or table as I enter.

Name (optional): _____

PERSONALITY ASSESSMENT QUESTIONNAIRE
Answer Sheet

1.	T F	0 0	26.	T F	0 0	51.	T F	0 0	76.	T F	0 0	101.	T F	0 0
2.	0 0	27.	0 0	52.	0 0	77.	0 0	102.	0 0					
3.	0 0	28.	0 0	53.	0 0	78.	0 0	103.	0 0					
4.	0 0	29.	0 0	54.	0 0	79.	0 0	104.	0 0					
5.	0 0	30.	0 0	55.	0 0	80.	0 0	105.	0 0					
6.	0 0	31.	0 0	56.	0 0	81.	0 0	106.	0 0					
7.	0 0	32.	0 0	57.	0 0	82.	0 0	107.	0 0					
8.	0 0	33.	0 0	58.	0 0	83.	0 0	108.	0 0					
9.	0 0	34.	0 0	59.	0 0	84.	0 0	109.	0 0					
10.	0 0	35.	0 0	60.	0 0	85.	0 0	110.	0 0					
11.	0 0	36.	0 0	61.	0 0	86.	0 0	111.	0 0					
12.	0 0	37.	0 0	62.	0 0	87.	0 0	112.	0 0					
13.	0 0	38.	0 0	63.	0 0	88.	0 0	113.	0 0					
14.	0 0	39.	0 0	64.	0 0	89.	0 0	114.	0 0					
15.	0 0	40.	0 0	65.	0 0	90.	0 0	115.	0 0					
16.	0 0	41.	0 0	66.	0 0	91.	0 0	116.	0 0					
17.	0 0	42.	0 0	67.	0 0	92.	0 0	117.	0 0					
18.	0 0	43.	0 0	68.	0 0	93.	0 0	118.	0 0					
19.	0 0	44.	0 0	69.	0 0	94.	0 0	119.	0 0					
20.	0 0	45.	0 0	70.	0 0	95.	0 0	120.	0 0					
21.	0 0	46.	0 0	71.	0 0	96.	0 0							
22.	0 0	47.	0 0	72.	0 0	97.	0 0							
23.	0 0	48.	0 0	73.	0 0	98.	0 0							
24.	0 0	49.	0 0	74.	0 0	99.	0 0							
25.	0 0	50.	0 0	75.	0 0	100.	0 0							

Appendix VI

Means and Standard Deviations of Research Variables

- a. By Training Institution
- b. By Experience Level

Table 22

Means and Standard Deviations of Research Variables

by Training Institution

Variable	USU Pro-Sci n=32		U of U Clinical n=18		U of U Counseling n=41		BYU Clinical n=27		BYU Counseling n=35	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Achievement	13.22	2.66	13.56	3.50	14.51	2.76	16.11	2.03	13.86	2.87
Affiliation	14.97	2.51	13.89	3.36	15.49	2.68	13.48	4.26	14.80	2.46
Dominance	11.38	2.17	12.00	1.68	11.24	2.03	11.19	2.30	11.34	2.53
Exhibitionism	11.47	3.33	11.72	3.16	10.88	3.68	11.15	4.02	10.29	4.10
Nurture	13.72	2.17	12.22	2.80	13.15	2.55	12.74	3.68	14.43	2.62
Order	9.41	3.26	9.11	3.53	9.83	3.54	11.30	4.37	11.17	3.54
Person-Centered Therapy										
Concurrence	56.53	8.64	51.83	7.99	57.49	8.86	52.15	8.70	58.60	7.95
Preference	22.88	5.30	26.72	4.80	22.78	5.08	25.81	4.88	22.43	4.30
Philosophy	43.25	6.15	31.22	6.07	35.05	6.53	31.81	5.01	35.29	4.72
Technique	22.91	4.62	20.61	3.60	22.66	4.43	21.04	4.02	23.63	4.30
Behavioral Therapy										
Concurrence	56.01	8.89	60.83	8.93	58.12	9.09	57.81	10.94	57.51	8.50
Preference	23.91	3.84	21.28	4.13	23.51	4.98	22.78	4.17	24.49	3.07
Philosophy	32.41	5.87	33.94	6.54	33.27	6.56	33.30	6.58	32.89	5.36
Technique	24.50	3.81	26.89	3.39	25.10	3.90	25.37	3.92	24.91	3.94
Rational-Emotive Therapy										
Concurrence	53.19	8.11	54.72	8.37	52.66	9.20	55.48	10.44	55.03	8.68
Preference	24.66	4.32	24.11	3.62	25.71	3.49	22.59	3.90	25.03	3.78
Philosophy	31.56	4.61	32.78	5.72	31.76	6.34	33.89	5.15	32.49	5.29
Technique	21.94	4.72	21.94	3.33	21.05	4.83	23.30	4.59	22.49	4.24

Table 23
Means and Standard Deviations of Research Variables
by Experience Levels

Variable	Novice n=45		Intern n=36		Experienced n=72		Total n=153	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Achievement	14.20	3.03	13.50	2.60	13.93	2.66	13.91	2.75
Affiliation	14.96	3.36	14.64	3.15	14.53	2.68	14.67	3.06
Dominance	11.36	2.05	11.67	2.41	11.49	2.17	11.37	2.18
Exhibitionism	10.53	3.90	10.89	3.50	11.38	3.68	11.01	3.70
Nurture	13.91	2.98	13.28	2.63	13.10	2.78	13.37	2.81
Order	10.51	3.17	10.22	3.91	10.04	3.92	10.22	3.70
Person-Centered Therapy								
Concurrence	56.51	8.49	5.69	10.54	55.69	8.06	55.93	8.77
Preference	22.67	4.41	23.27	5.44	24.60	5.24	23.71	5.10
Philosophy	34.02	5.58	34.36	7.04	33.63	5.53	33.92	5.90
Technique	22.73	4.79	22.42	4.51	22.14	4.04	22.41	4.36
Behavioral Therapy								
Concurrence	56.09	8.13	57.81	11.24	59.28	8.61	57.99	9.20
Preference	24.49	3.26	24.06	4.34	22.44	4.43	23.52	4.18
Philosophy	31.58	5.92	33.17	6.64	33.99	5.82	33.09	6.10
Technique	29.73	4.04	25.28	3.98	25.43	3.69	25.19	3.85
Rational-Emotive Therapy								
Concurrence	52.64	8.94	55.11	9.11	54.40	8.92	54.05	8.96
Preference	24.82	4.11	24.39	3.94	24.61	3.84	24.62	3.93
Philosophy	31.98	5.56	33.94	5.56	31.85	5.32	32.38	5.48
Technique	21.11	4.11	22.17	4.49	22.61	4.67	22.07	4.49

VITA

Dennis E. Ahern

Candidate for the Degree of

Doctor of Philosophy

Dissertation: Relationships Between Psychogenic Needs and Theoretical Frameworks of Psychotherapists.

Major Field: Professional-Scientific Psychology

Biographical Information

Personal Data: Born in Salt Lake City, Utah, on June 29, 1949 to Norman C. and Yvonne C. Ahern; married Alice Louise Taysom on August 19, 1972; children -- D. Aaron, Alison L., Matthew L., Jonathan J., and Michelle M.

Education: Attended elementary and secondary schools in Norwalk, California, graduating high school in 1967. After one year at Cerritos College, formal education was interrupted by a two year L. D. S. mission to Brazil. B.S. was received from Brigham Young University in 1973, with a major in Psychology and minors in Child Development and Family Relations, and Portuguese. M.A. in Psychology was awarded by California State University, Chico in 1976. Coursework and all other requirements for Ph.D. in Professional Scientific Psychology from Utah State University completed by October, 1983. Internship in Clinical Psychology completed at Naval Hospital, Bethesda in October, 1983.

Professional Experience: 1976-1979, Drug and Alcohol Counselor with Idaho Department of Health and Welfare, Idaho Falls, Idaho; 1979-1980, Psychologist with Idaho Department of Health and Welfare, Idaho Falls, Idaho; 1981-1982, Coordinator of Psychological Services for Head Start, Logan, Utah; 1982-1983, Clinical Psychology Intern at Naval Hospital, Bethesda, Maryland; 1983- , Psychologist at Naval Alcohol Rehabilitation Center, Norfolk, Virginia.