

Sponsoring Committee: Professor Charles E. Skinner  
Professor G. Derwood Baker and  
Professor Howard A. Lane

A STUDY OF THREE COMMON FUNDAMENTAL  
FACTORS IN THE DEVELOPMENT OF PSYCHO-  
LOGICAL COUNSELING IN THE UNITED STATES

JOSEPHINE HINMAN ROSS

Submitted in partial fulfillment of the  
requirements for the degree of Doctor of  
Philosophy in the School of Education of  
New York University

1949

{ Thesis accepted  
Date JUL 11 1949

35

## PREFACE

The idea which finally developed into the following study had its inception in discussions with Dr. Peter Blos when both he and the writer were working in the Personnel Department of Brooklyn College. The original plan was to write a historical development of psychological counseling, a suggestion originating with Dr. Blos, but the ramifications of this idea soon assumed such gigantic proportions that it appeared necessary to confine the study to elements common to each of three schools of thought which have emerged in this area.

The writer, struck by the emphasis in recent literature on the differences between the nondirective, the directive, and the analytic techniques of psychological counseling herein points out that they have at least three common elements in their development.

The writer is grateful to Dr. Blos not only for his initial suggestion and encouragement, but also for the method of approach to the material in Chapter V, and for the ideas gathered in his course in Psychological Counseling offered in the spring of 1948 at the New School.

The utmost gratitude is also due Dr. David Gross for his continued and long suffering patience in listening to com-

ments on the dissertation's development and his unfailing encouragement and support, without which this thesis would assuredly never have been completed.

Thanks are also due Miss Catherine Reighard and Mr. Philip Elatchin for their reading of the original document and their suggestions for its improvement.

## TABLE OF CONTENTS

CHAPTER	TOPIC	PAGE
I.	SCOPE AND BACKGROUND	
	<u>Introduction</u>	1
	<u>Need for this Study</u>	3
	<u>Purpose of this Study</u>	4
	<u>Definition of Psychological Counseling</u>	4
	<u>Reasons for Choice of Term "Psychological Counseling"</u>	10
	<u>Definition of Psychologists</u>	11
	<u>Delimitations of this Study</u>	12
	<u>Fundamental Propositions</u>	14
	<u>Allied Literature</u>	15
	<u>Related Areas</u>	18
	Counseling in Social Work	18
	The Team Approach to Counseling	21
	Psychological Counseling and Pastoral Counseling	24
	Counseling in Industry	25
	<u>Summary</u>	28
II.	DEVELOPMENT OF MATERIAL	
	<u>Introduction</u>	30
	<u>Procedure in Collecting Facts</u>	30
	Proposed Improvement of Procedure	32
	<u>Procedure in Treating Data</u>	32



CHAPTER	TOPIC	PAGE
II.	Subproblem I: Development and Growth of Psychological Counseling from Clinical Psychology	32
	Subproblem II: Close Relationship between Psychological Counseling and Psychiatry	36
	Subproblem III: Universal Indebtedness of Psychological Counseling to Freudian Concepts	41
III.	THE CONTRIBUTION OF CLINICAL PSYCHOLOGY TO PSYCHOLOGICAL COUNSELING	
	<u>Clinical Psychology Defined</u>	47
	<u>Evolution of Clinical Psychology</u>	49
	Origin of Clinical Psychology	50
	Appearance of Courses for the Psychological Counselor	54
	Early Use of Treatment by Psychologists	55
	Psychological Counseling Emerging	58
	Differences of Opinion (1941-1945)	60
	The Minority Report: Diagnosis	60
	The Majority Report: Treatment	62
	Prediction of Future Therapeutic Role	63
	Emergence of Nondirective Technique	64
	Clinical Psychology and the War	65
	Developments since World War II	65
	The Fiftieth Anniversary of Clinical Psychology	65
	Demands for Psychologists to do Counseling	65
	<u>Psychological Counseling a Function of Clinical Psychology</u>	68
	Fields of Employment	69
	College Counseling	69
	School Practice	74
	Child Guidance Clinics	78
	Rehabilitation	80
	Hospitals	82
	Industry	85
	Correctional Psychology	88
	Private Practice	91

CHAPTER	TOPIC	PAGE
III.	Need for Protection of Society from Charlatans	93
	Professional Code	93
	Certification	95
	<u>Summary</u>	97
	IV. PSYCHOLOGICAL COUNSELING AND PSYCHIATRY	
	<u>Relationships of Psychology and Psychia-</u> <u>try</u>	99
	Psychiatry called Medical Psychology	99
	Consultation of Psychological Works by Psychiatrists	100
	<u>Psychoanalysis, a Bridge between Psy-</u> <u>chology and Psychiatry</u>	103
	Reception and Spread of Psychoanalysis in America	103
	Significance of Freud's Contribution Dynamic Psychology	106 107
	<u>Historical Development of Interrela-</u> <u>tionship of Psychological Counseling</u> <u>and Psychiatry</u>	108
	Clinical Functions	109
	Preparation and Training	112
	Early Suggestions for Psychiatric Training of Psychological Counselor	114
	Coordinated Training Program	116
	Recent Suggestions	117
	Thorne's Proposal	117
	Graduate Training Program of Amer- ican Psychological Association	117
	Plan of Menninger Foundation School of Clinical Psychology	119
	Merging of Training	120
	Research Activities	123
	Occupational Parallels	129
	Traditional Fields of Mutual Col- laboration	129
	Less Recognized Areas	130
	Psychiatric Counseling of College Students	130
	Private and Public School Practice	132
	Industry	135
	Correctional Institutions	138

CHAPTER	TOPIC	PAGE
IV.	<u>Summary</u>	141
V.	THE INFLUENCE OF FREUDIAN PRINCIPLES ON PSYCHOLOGICAL COUNSELING	
	<u>Introduction</u>	142
	<u>Freudian Concepts Basic to Psychological Counseling</u>	144
	Recognition of a State of Conflict	145
	Acknowledgment of Unconscious	148
	Role of Repression	152
	Dependence on Transference	155
	Acquiring of Insight	157
	Emphasis on Corrective Emotional Experience: Release	160
	Idea of Person as Center of Therapy	162
	Objective and Accepting Attitude of Therapist	163
	<u>Summary</u>	166
VI.	CONCLUSIONS, INTERPRETATIONS, AND RECOMMENDATIONS	
	<u>Introduction</u>	168
	<u>Comparative Clinical Backgrounds</u>	169
	<u>Comparative Relations to Freudian Psychiatry</u>	174
	<u>Discussion of Thorne's Dependence on Meyer</u>	175
	<u>Comparative Training</u>	177
	Nondirective Counseling	177
	Directive Counseling	179
	Analytic Counseling	180
	Training at Postgraduate Center	181
	<u>Problem of Personal Psychoanalysis</u>	183
	<u>Discussion of Occupations and Research</u>	186
	<u>Conclusions</u>	188
	<u>Suggestions for Future Research</u>	189

CHAPTER	TOPIC	PAGE
VI.	<u>Evaluation of Present Schools</u>	190
	<u>Final Proposal: an Eclectic School</u>	191
	BIBLIOGRAPHY	192
	APPENDIX	224

CHAPTER I  
SCOPE AND BACKGROUND

Introduction

There is a comparatively new expression creeping into scientific literature known as "psychological counseling". For the individual, confused and bewildered, the process represented by this term offers what may become the most reliable and readily available source of help in time of personal troubles. Psychology has within its power bringing to mankind the knowledge and control of the forces of the mind and the art of living together.

The psychologist trained in counseling can give tremendous assistance to the individual in his sometimes fumbling and futile efforts to cope with a world in which the natural sciences have far out-stripped the social sciences in their development of the art of living together. The psychological counselor can help man to find happiness and satisfaction in a life hemmed in on all sides by frustrations of race, of creed, of sex, of ignorance, of inhibited physical and emotional nurture, and of loneliness.

The psychological counselor can aid man to secure a sense of personal freedom in his conflict with the bonds imposed by a social system which grants him security in the form

of job tenure, pensions, and hospitalization, but at the same time imprisons him to a job which offers the minimum of outlet for his real abilities. For the machine age has deprived man of all sense of direction in living; it has brought him unhappiness through its frustrations; it has taken away from him a sense of personal freedom. It has enhanced his material satisfactions at the expense of his emotional needs.

The profession of psychiatry has so long been associated with the treatment of the psychotic individual as to preclude consultation on the part of countless numbers of the relatively normal people who are so handicapped by unhealthy attitudes or habits, and whose problems are so numerous that the very structure of our society is affected. To answer these emotional needs is one of the greatest potential opportunities of the psychological counselor.

Much confusion lies in the minds of lay people as to where to turn in time of stress. One only needs to read Lee Steiner's book, "Where Do People Take Their Troubles?"<sup>1</sup> to realize that large cities in particular offer many resources which can scarcely be called legitimate to aid the bewildered. The minister and the much overworked family physician also have long been used universally as pillars of strength towards whom people turn, the results varying with the backgrounds of those consulted. Counseling is as old as civili-

-----  
 1. Lee R. Steiner, Where Do People Take Their Troubles? Boston Houghton Mifflin Co., 1945.

zation itself, for there have always been "wise men"; but the field of psychological counseling is so new, and has been called by so many different names, e. g., clinical counseling, psychotherapy, personal counseling, consulting psychology, that confusion rests in the minds of even psychology students themselves. To add to the bewilderment of all concerned are terms describing the varying techniques employed, such as the non-directive method, the directive method, and the analytic method. There appears to be a very definite need, therefore, to unify, clarify, and integrate the field of psychological counseling and to show its development.

#### Need for this Study

Peter Blos, in a personal letter to the author, wrote:

Looking over the development of psychological counseling it becomes apparent that it has grown wherever the need arose without sufficient unifying concepts, standards, applications, etc. It would be of great service to the field of psychological counseling if its development were traced to its various sources and could be investigated as to its application and theories in order to arrive at a clearer understanding of its present status.<sup>1</sup>

Carl Rogers, when mentioning the roots from which the client-centered approach, better known as the nondirective technique, has sprung, says, "Such an analysis, such a tracing of root ideas, needs to be made----- (but I doubt my own ability to make it. I am also doubtful that anyone who is deeply con-

-----  
1. See Appendix for complete letter.

cerned with a new development knows with any degree of accuracy where his ideas come from").<sup>1</sup>

### The Purpose of This Study

It is the purpose of this study to show the contributions of clinical psychology, psychiatry, and Freudian concepts as common fundamental factors in the development of psychological counseling.

For purposes of this study the directive, nondirective, and analytic methods of psychological counseling are used, and the following areas of employment are considered: college counseling, school practice, child guidance clinics, rehabilitation clinics, hospitals, industry, correctional work, and private practice.

Stated as sub-problems, it is the purpose of this dissertation first, to trace the development and growth of psychological counseling from clinical psychology; second, to show the close relationship to psychiatry; and third, to demonstrate a universal indebtedness to certain Freudian concepts.

### Definition of Psychological Counseling

In a profession as young as psychological counseling there has as yet not been time for crystallization of procedures and the emergence of leaders. As the field is surveyed, however, three important schools have eminence, first of which

-----

1. Carl Rogers, "Significant Aspects of Client-Centered Therapy," American Psychologist, I (1946), p. 415.



may be mentioned the nondirective school founded by Carl Rogers, whose most prominent followers and their respective contributions to the field are surveyed by Snyder.<sup>1</sup> The nondirective treatment is best described by Rogers in Counseling and Psychotherapy,<sup>2</sup> and in the numerous articles he has written.<sup>3</sup>

His definition of counseling follows: "Effective counseling consists of a definitely structured, permissive relationship which allows the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his new orientation."<sup>4</sup> It is his contention that the function of the counselor is to mirror the feelings of his client and that through the reflection thus obtained the client will gain insight into his conflicts and will be able to solve them.

A second school of thought is the directive, a term adopted<sup>5</sup> in 1944 and described in a series of articles entitled "Directive Psychotherapy" published by Thorne, et al., in the Journal of Clinical Psychology.<sup>6</sup> He reviews the

- 
1. Wm. U. Snyder, "The Present Status of Psychotherapeutic Counseling," Psychological Bulletin, XLIV (1947), pp. 338-354.
  2. Carl R. Rogers, Counseling and Psychotherapy.
  3. See Bibliography for complete pertinent list.
  4. Rogers, op. cit., p. 18.
  5. Frederick C. Thorne, "A Critique of Nondirective Methods of Psychotherapy," Journal of Abnormal and Social Psychology, XXXIX (1944), pp. 459-470.
  6. Frederick C. Thorne, Jean S. Andrews, and Harry C. Steinmetz, "Directive Psychotherapy," Journal of Clinical Psychology, I, II, III, IV (1945, 1946, 1947, 1948).

basic principles of his comprehensive system in an article published in the American Psychologist.<sup>1</sup>

Thorne claims<sup>2</sup> that the goal of therapy is to replace emotional-compulsive behavior with deliberate, rational-adaptive behavior based on the highest utilization of intellectual resources. His is an emphasis on the value of eclecticism on the part of a counselor who should be sufficiently skilled in a wide variety of techniques to call upon these as the needs of his client appear. He shows that there is a definite place in the counseling process for reassurance, for psychological palliation, for imparting psychological information, for suggestion, persuasion, advice, pressure and coercion, for therapeutic implications of the case history, for constitutional analogies, and therapeutic use of conflict, among others.

The third school may be termed the analytic school, prominent in which is Peter Blos, who in 1946 described his technique in the American Journal of Orthopsychiatry.<sup>3</sup> He says:

Psychological counseling deals with individual problem situations which are largely due to irrational factors, where rational solutions (talking it over) or cathartic

- 
1. Frederick C. Thorne, "Principles of Directive Counseling and Psychotherapy," American Psychologist, III (1948), pp. 160-165.
  2. Ibid., p. 165.
  3. Peter Blos, "Psychological Counseling of College Students," American Journal of Orthopsychiatry, XVI (1946), pp. 571-580.

expression (talking it out) prove inconsequential and of little help. Of this group, only those individuals will gain from psychological counseling who have not yet established a rigid, repetitive, neurotic pattern, but are rather acutely overwhelmed by inner or outer pressures. Unprepared or inadequate to cope with such pressures, the individual resorts to protective reactions. Such reactive conditions are most frequent when maturational strains, instinctual as well as environmental, are the rule rather than the exception; namely, during early childhood and puberty. Obviously, maturational conflicts and crises are crucial periods for the onset of neurotic difficulties, especially during adolescence.<sup>1</sup>

This school is based on an analytical frame of reference in which interpretations are made to the client for incorporation into his personal attack on his problems. It is felt that the client must be able to accept and solve his conflicts not only on an intellectual level, but on an emotional one as well.

The present writer has attempted to amalgamate the definitions of these three schools into a concept which she believes will be generally acceptable to all of them. For purposes of this study, psychological counseling means a permissive face to face client-counselor relationship in which the growth of the client takes place. It is a relationship in which the client is enabled to develop an understanding of his acute individual problems, in which irrational factors are causing conflicts, to the degree that he can take positive steps in the light of his new integration.

Psychological counseling differs from ordinary coun-

-----

1. Ibid., p. 571.

seling in that the latter deals only with rational\* problems. It also differs from psychotherapy, a label by which it is often tagged, in that psychotherapy may include in its treatment individuals with neurotic, rigid, persistent, repetitive emotional patterns.<sup>1</sup>

In an attempt to bind together the various points of view of counseling and psychotherapy a symposium was held in 1940. This was before the appearance in book form of the principles of the nondirective method, although Rogers was part of the symposium. At this time reports were made<sup>2</sup> by Alexandra Adler, M. D., Boston; Frederick H. Allen, M. D., of the Philadelphia Child Guidance Clinic; Eleanor Bertine, M. D., New York; Joseph O. Chassell, Ph. D., M. D., of Bennington College; Helen Durkin, Ph. D., of the Child Guidance Center, Brooklyn, New York; Carl R. Rogers, Ph. D., then of Ohio State University; Saul Rosenzweig, Ph. D., then of the Worcester State Hospital;

-----

\* It is Blos' point of view that by rational problems are meant those which can be solved by thinking them over, talking them over, or talking them out. Psychological counseling deals with problems in which an individual's ideas, affects, and thoughts are kept dissociated, thereby disrupting the continuity of his thinking.

1. Peter Blos, unpublished lecture delivered Feb. 17, 1948 for a course in Psychological Counseling, New School.
2. "Areas of Agreement in Psychotherapy: 1940 Section Meeting," American Journal of Orthopsychiatry, X (1940), pp. 698-709.

Robert Waedler, Ph. D., Editor, Imago, Boston; and Goodwin Watson, Ph. D., of Teachers College, Columbia University. The closing summary written by the chairman, Watson, and edited by the present writer to exclude any statements which might be contrary to the newer viewpoint of the nondirective approach, may help to clarify further what is meant in this study by psychological counseling; though the summary includes not only practices used by psychologists, but some psychiatrists as well:

Despite the various names under which we work and our various backgrounds of training we all seem agreed upon many essentials of psychotherapeutic practice. First, we have found no apparent disagreement on objectives. We all hope to increase the client's capacity to deal with reality, to work, to love, and find meaning in life. For all of us the relationship of therapist and client has been a central factor. We have stressed the need to provide a security which fosters spontaneity. We have seen the treatment relationship as social adjustment under artificially simple conditions, but as a step in socialization. We have recognized that as the therapist meets the oft-used patterns of the patient in an unexpected way, the patient is stimulated to new growth. We have urged that the therapist must so understand his own needs as to prevent their unconscious domination of the relationship. Our relationship with the client is an identification controlled in the client's best interests.

We have all stressed, as a third area of agreement, the importance of keeping responsibility for choice on the client. Growth occurs especially as he becomes able to achieve "integration of will", making his own decisions and carrying out the implications of new insights earnestly, responsibly, and with increasing independence. As Dr. Allen put it, "It is what (clients) do about themselves that is therapy."

A fourth concept which has seemingly been accepted by us, is that good psychotherapy enlarges the client's understanding of himself. We encourage but do not guide expression... We try to help the individual accept responsibility for more of his feelings than he previously could. Every psychotherapy assumes that in the client there are important impulses and connections, some half-conscious,

some repudiated, some unconscious, which need to be assimilated in a more complete and truer self-awareness.<sup>1</sup>

### Reasons for Choice of the term "Psychological Counseling"

It was mentioned above that this field has been called by other names. Some justification for the preference of psychological counseling over other terms is appropriate. Clinical counseling is too limited, for the same procedures are used by psychologists in other than clinical situations, e. g., private practice, industry, and college situations. Psychotherapy, as mentioned elsewhere, is frequently employed in a much more general way to include techniques used by psychiatrists, social workers, ministers, etc. Indeed, a related term, psychotherapeutic counseling, has been used by Snyder<sup>2</sup> to include what he terms "traditional psychotherapeutic counseling", (but which is labeled in this study as "directive techniques"), hypnosis, psychoanalysis, psychodrama, relationship therapy, nondirective therapy, and group therapy. Personal counseling is not specific enough, in that the term does not denote the training of the counselor. Personal counseling can be performed by everyone from a clever charlatan to a well trained psychiatrist. Consulting psychology is likewise too inclusive, in that consulting psychologists may be specialists in such fields as remedial reading, the administration and interpretation.

-----  
1. Ibid., p. 708.

2. Wm. U. Snyder, "The Present Status of Psychotherapeutic Counseling," Psychological Bulletin, XLIV (1947), pp. 297-392.

of the Rorschach technique, the Thematic Apperception Test, or they may be skilled psychometricians rather than counselors.

Psychological counseling, on the other hand, not only denotes the process of treatment in the word counseling, but likewise designates the scientific background of the counselor.

#### Definition of Psychologists

Psychologists, in this study, are limited to those persons who have had the training requisite for membership as Fellows or as Associates in the American Psychological Association. The requirements for election as a Fellow, as amended in 1948, are as follows:

The minimum standards for Fellowship shall be (1) a doctor's degree based in part upon a psychological dissertation conferred by a graduate school of recognized standing, except when waived in special cases by the Council of Representatives, (2) prior membership as an Associate, and (3) five years of acceptable professional experience subsequent to the granting of the doctoral degree.<sup>1</sup>

Associate membership is open to persons who meet any one of the following four sets of requirements:

(1) Have a doctor's degree based in part upon a psychological dissertation and conferred by a graduate school of recognized standing; or (2) Have completed at least two full academic years (approximately 60 semester hours) of graduate work with psychology as a major, and are at the time of submitting this application devoting full time to graduate or professional work that is primarily psychological in nature; or (3) Have completed at least one full academic year (approximately 30 semester hours) of

---

1. Dael Wolfle, personal communication dated May 17, 1949.

graduate work in psychology in a recognized graduate school plus at least one full year of experience in professional work that is psychological in nature, and are at the time of submitting this application devoting full time to graduate or professional work that is primarily psychological in nature; or (4) Are distinguished scientists, educators, or other persons of established professional reputation in a field closely allied to psychology,<sup>1</sup> whom the Board of Directors may recommend for election.

### Delimitations of this Study

There was no organized science of psychology prior to 1879, the year in which Wundt established his laboratory at Leipzig, Ribot published his "La Psychologie Allemonde Contemporaine", Galton his "Psychometric Experiments", and William James the first chapter of a work on psychology. Therefore, this study will be delimited to developments after that date, although

the pedigree of psychology, as of every science, can--- be traced to Aristotle and the efflorescence of the Greek period, further back to the civilization of Egypt and Asia Minor, dimly through the twilight and darkness hiding primitive man; --- (and) --- perhaps the origins of psychology may be found in more remote pre-human, pre-mammalian and pre-vertebrate animals than those of any other science.<sup>2</sup>

Indeed, the historical background of the broader field of psychotherapy has been traced by Bernstein,<sup>3</sup> and that of medical psychology by Zilboorg.<sup>4</sup>

- 
1. Dael Wolfle, letter addressed to Applicants for Associate-membership, 1949.
  2. J. McKeen Cattell, "Psychology in America", Science, LXX (1929), p. 336.
  3. Irving D. Bernstein, "The Developmental Background of Psychotherapy". Unpublished Doctor's Thesis. New York City: New York University, School of Education, 1934.
  4. Gregory Zilboorg, A History of Medical Psychology. New York: W. W. Norton and Co., 1941.



The present study is likewise confined to the simple client-counselor personal relationship. It does not include play therapy, group therapy, therapy through drama, the open approach, or any of the projective techniques, though on occasions one or more of these techniques may be used by the psychologist in the counseling process. It also does not consider within its scope such therapeutic techniques associated with psychiatry as hypnosis, narcosynthesis, shock treatment, hydrotherapy, and occupational therapy.

It is limited to a consideration of three fundamental elements common to three representative methods of psychological counseling in an endeavor to integrate these practices, rather than show their differences. It will not attempt, for instance, to trace the influence of Rank, Taft, Thorpe, Allen and Slavson<sup>1</sup> on the development of the nondirective method, although Rogers himself acknowledges<sup>2</sup> the indebtedness in the concept of the individual's ability to organize his own experience to the work of three of these individuals, (Rank, Taft, and Allen) and Raskin<sup>3</sup> has now written an article describing the influence of these three, as well as that of Freud, on the nondirective tech-

- 
1. Ralph F. Berdie, "A Note on Counseling and Psychotherapy," Journal of Consulting Psychology, IX (1945), p. 150.
  2. Carl Rogers, "Significant Aspects of Client-Centered Therapy," American Psychologist, I (1946), p. 415.
  3. N. J. Raskin, "The Development of Nondirective Therapy," Journal of Consulting Psychology, XII (1946), pp. 92-110.

nique. The influence of Rank, Taft, and Allen is denied by Blos,<sup>1</sup> and no mention is made of them by Thorne who claims that the basic orientation of his system modifies the classical psychiatric methods involving "(a) Kraepelinian descriptive classifications, (b) psychobiological longitudinal studies, and (c) psychoanalytic depth analysis."<sup>2</sup>

### Fundamental Propositions

As has been stated above, it is the writer's contention that three representative schools of psychological counseling, namely that employing the analytic technique as practiced and described by Blos,<sup>3</sup> the directive technique, as portrayed by articles by Thorne,<sup>4</sup> Andrews,<sup>5</sup> and Steinmetz,<sup>6</sup> and that using the nondirective technique, the staunchest proponent of which may be found in Carl Rogers, are all the products of clinical psychology, that all are closely related to the field of psychiatry, and all in greater or lesser degree

-----

1. Personal conversation with the writer, November, 1948.
2. Frederick C. Thorne, "Principles of Directive Counseling and Psychotherapy," American Psychologist, III (1948), p. 160.
3. Peter Blos, "Psychological Counseling of College Students," American Journal of Orthopsychiatry, XVI (1946), pp. 571-580.
4. Frederick C. Thorne, "Directive Psychotherapy," Journal of Clinical Psychology, I, II, III, IV (1945-1948).
5. Jean S. Andrews, "Directive Psychotherapy: I. Reassurance", Journal of Clinical Psychology, I (1945), pp. 52-66.
6. Harry C. Steinmetz, "Directive Psychotherapy: V. Measuring Psychological Understanding," Journal of Clinical Psychology, I (1945), pp. 331-335.

have a universal indebtedness to certain Freudian concepts.

### Allied Literature

There are five studies which bear relationship to the present investigation: American Psychiatry: 1844-1944<sup>1</sup> published for the American Psychiatric Association on the one hundredth anniversary of its founding, Bernstein, The Developmental Background of Psychotherapy,<sup>2</sup> Lowrey, "Trends in Therapy,"<sup>3</sup> Zilboorg, A History of Medical Psychology,<sup>4</sup> and Snyder, "The Present Status of Psychotherapeutic Counseling."<sup>5</sup>

The Developmental Background of Psychotherapy covers a much more extensive field than the present investigation both as to time, place, and scope. Bernstein lays emphasis "upon the psychotherapeutic theories and hypotheses relating to the care of those mental maladjustments which cannot be traced to pathological conditions of the soma. This leads to the stressing of psychoanalysis and mental hygiene for these are the two main movements in psychotherapy."<sup>6</sup> He devotes twenty-seven pages to

- 
1. J. K. Hall, editor, American Psychiatry: 1844-1944, New York: Columbia University Press, 1944.
  2. Irving D. Bernstein, "The Developmental Background of Psychotherapy." Unpublished Doctor's thesis. New York City: New York University, School of Education, 1934.
  3. Lawson G. Lowrey, "Trends in Therapy: I. Revolution, Status, and Trends," American Journal of Orthopsychiatry, IX (1939), pp. 669-706.
  4. Gregory Zilboorg, A History of Medical Psychology. New York: W. W. Norton and Co., 1941.
  5. Wm. J. Snyder, "The Present Status of Psychotherapeutic Counseling," Psychological Bulletin, XLIV (1947), pp. 297-386.
  6. Bernstein, op. cit., p. 2.

the early historical background, tracing it from the ancient concepts of mental disease, through the humanitarian theories of Hippocrates, the Renaissance, the indirect contribution of medicine to psychotherapy, Mesmerism, the beginnings of scientific method, German contributions, the theory of the unconscious, and that of recovery. He then goes into the development of psychoanalysis in great detail, considers the contribution of the mental hygiene movement and the development of psychotherapy in America, without mentioning the term psychological counseling, which indeed, had just begun to appear in print when his thesis was written. His last chapter considers problems in psychotherapy, which to him deals particularly with the treatment of the neuroses and the psychoses.

Dr. Lowrey's article traces briefly the history of therapy particularly in relation to the American Association of Orthopsychiatry, founded in 1924. His discussion centers around the following: The psychiatric and psychological approaches, the medical approach, parent education, psychiatric social work, and the Child Guidance approach. He makes mention of what may be considered the beginnings of psychological counseling when he says: "The general trend in the past eight years has been definitely towards a greater amount of direct work with individuals presenting personality and behavior deviations, whatever the position of the person in the total situation."<sup>1</sup>

A glance at the table of contents of A History of Medical Psychology indicates that this book covers much the

-----

1. Lowrey, op. cit., p. 693.

same ground as Bernstein's thesis. Of it Zilboorg says:

It is intended to serve as an introductory historical survey of medical psychology rather than of psychiatry. "Psychiatry" is a term hardly one hundred years old and it now designates more the specialty than the whole field of abnormal psychology and the contingent mass of practical and theoretical problems. Historically the term "medical psychology", or "psychological medicine", is older and more comprehensive.<sup>1</sup>

"The Present Status of Psychotherapeutic Counseling" considers first, the Psychologist as a Counselor. It then goes on to discuss Traditional Psychotherapeutic Counseling which is more or less a description of "directive techniques" applied to vocational counseling, industrial counseling, college counseling, counseling in secondary schools, marriage counseling, religious counseling, and counseling of alcoholics. Snyder mentions special modifications of the traditional approach, which include brief psychotherapy, suggestion, semantics, and narcosynthesis.

His third section treats of hypnosis, and the fourth with psychoanalysis. He then continues with a discussion of psychodrama, relationship therapy, nondirective therapy, and group therapy. He has thus made a much needed review of the significant studies since 1940, appraised the methods of therapy, and noted basic trends. However, he does little or nothing in the way of relating any of these fields to psychiatry, to tracing their development, or accounting for the origin of their principles.

-----  
 1. Zilboorg, op. cit., p. 12.

### Related Areas

Before leaving this preliminary discussion, it seems appropriate to acknowledge a relationship to other areas than those included in this presentation, and to discuss this affinity briefly.

Psychological counseling is assuredly related to psychiatric social work, the "team approach" as exemplified in child guidance clinics and in the Adolf Meyer-Hopkins school of thought, pastoral counseling, and "personnel counseling" in industry as it was developed by the Western Electric Company at its Hawthorne Branch. However, these areas do not appear to the present writer to have a fundamental influence on psychological counseling as a whole, though the relationships are undoubtedly worthy of separate studies.

It is not felt necessary to consider the relationship to quacks, as the recent book by Steiner<sup>1</sup> has so completely and adequately covered this ground.

### Counseling in Social Work

It cannot be denied that social workers are doing counseling which is similar to that of the psychological counselor. However, their background of training is different. Lowrey would appear to give support to psychiatric social work as a different approach to therapy in his articles on "Trends in Therapy," in which he classifies as one unit the psychiatric and psychological

-----

1. Lee Steiner, Where Do People Take Their Troubles?  
Boston: Houghton Mifflin Co., 1945. pp. xiii - 265.

approach, and as separate units the medical approach, parent education, psychiatric social work, and the child guidance approach.<sup>1</sup>

The nature of this difference as it is depicted by one writer follows:

Social work has its own purpose--that of helping the individual deal with problems in the social situation-- the nature of the problems and the kinds of services offered being determined by the purpose of the agency offering the services, with any personality change accruing as a by-product of services well offered through the methods of social work, which are different from the methods of psychoanalysis, diluted or straight.

The emergence of the social worker doing a type of counseling similar to psychological counseling as herein defined would appear to be as interesting as the emergence of the psychological counselor from clinical psychology as described in Chapter III of this thesis.

As early as 1918, Jarrett gave the functions of social work as being first, education and legislative work; second, community work; third, research; and fourth, individual work--or "social care of the individual commonly known as social case work."<sup>3</sup> She claimed<sup>4</sup> that it was with individual work and research that the psychiatric social worker was chiefly concerned.

- 
1. Lawson G. Lowrey, "Trends in Therapy," American Journal of Orthopsychiatry, IX (1939), pp. 669-706.
  2. Ruth Smalley, "Psychiatric Social Worker or Psychotherapist," Journal of Psychiatric Social Work, XVI (1947), p. 108.
  3. Mary C. Jarrett, "Psychiatric Social Work," Mental Hygiene, II (1918), p. 285.
  4. Op. Cit.

Between 1918 and 1933 tremendous developments took place so that assumption of responsibility by social case work for healing as well as practical aid developed rapidly in the eastern part of the United States, stimulated by the growth of mental hygiene and child guidance clinics.<sup>1</sup>

Taft and Robinson, associated with the Pennsylvania School of Social Work, are probably the outstanding figures in the development of therapy in the social work set-up. This is evidenced by their writings<sup>2</sup> which give special emphasis to the therapeutic role of the psychiatric social worker. That this role is not universally accepted, however, even today, is shown by a number of current articles. Johnson and Ross believe<sup>3</sup> that social case work cannot be separated from therapy, while at the other extreme Smalley asserts<sup>4</sup> that social work should not be concerned with this. An intermediate point of view is offered

- 
1. Julia Jessie Taft, The Dynamics of Therapy in a Controlled Relationship. New York: The Macmillan Company, 1933, p. vii
  2. Taft, op. cit., and A Functional Approach to Family Case Work. Philadelphia: University of Pennsylvania Press, 1944.  
Virginia P. Robinson, A Changing Psychology in Social Case Work. Philadelphia: University of Pennsylvania Press, 1930; Supervision in Social Case Work, ibid., 1936; and Training for Skill in Social Case Work, ibid., 1942.
  3. Adelaide Johnson and Helen Ross, "The Growing Science of Case Work," Journal of Social Casework, (1946), p. 275.
  4. R. Smalley, "Psychiatric Social Worker or Psychotherapist?", Journal of Psychiatric Social Work, XVI (1947), pp. 107-109.



by Bibring to the effect that social case work has its own unique contribution in the environmental approach, but that casework treatment which utilizes both environmental and personal treatment, often in combination, has in it the potentials for effective reorientation of the client.<sup>1</sup> This view is supported by Michaels and Gray who consider<sup>2</sup> the question of training and status.

Training leading to a certificate in Applied Psychiatry is offered the social worker both in the Washington School and in the William Alanson White Institute of Psychiatry. Also, a certificate in Psychotherapy in Case Work will be awarded those social workers who fulfill the requirements of the Postgraduate Center for Psychotherapy, sponsored by the Institute for Research in Psychotherapy, and chartered by the Regents of the University of the State of New York. This indicates that even psychiatrists have come to recognize the social worker's therapeutic function.

#### The Team Approach to Counseling

By the "team approach", which is usually found in a clinic setting, is meant a combination of psychiatrist, psychologist, and social worker, each of whom approaches the individual case from a different angle. In the early Child Guidance

- 
1. G. L. Bibring, "Psychiatry and Social Work", Journal of Social Casework, (1947), p. 210.
  2. J. J. Michaels and Eleanor Gray, "Psychiatric Case Work and its Relationship to Psychotherapy", Journal of Psychiatric Social Work, XVII (1948), p. 128.

Clinic, the psychiatrist usually worked with the child as the sick individual, the social worker with the parent, and the psychologist contributed test information.<sup>1</sup>

The aim was to study the child as a whole, for the assumption in the early treatment was that change in the environment as affected by the parent's greater understanding of the child's problem would provide the impetus for his growth and change; but from a failure to effect this, there has evolved a growing emphasis in working directly with the child's own emotional and mental forces.<sup>2</sup>

Meyer's approach, known as "Psychobiology", was similar to that of the Child Guidance Clinic in that he insisted on studying the total individual. His emphasis on the study of the life history in the belief that in it would be found the causes of the individual's difficulty established an approach to the study of personality and behavior that Kawin claims<sup>3</sup> became characteristic of sound guidance work in this country.

Psychobiologists assemble material about a patient under two major headings. Under one heading are placed those facts

- 
1. Lawson G. Lowrey, "Trends in Therapy", American Journal of Orthopsychiatry, IX (1939) p. 678.
  2. Almena Dawley, "Inter-Related Movement of Parent and Child in Therapy with Children", American Journal of Orthopsychiatry, IX (1939), p. 748.
  3. Ethel Kawin, "The Contribution of Adolf Meyer and Psychobiology to Child Guidance", Mental Hygiene, XXIX (1945), p. 576.

of his life that appear to be valuable to the substantial integration of the patient, and in the second category those which prevent or impede good adjustment.<sup>1</sup> Treatment comprises the introduction of such measures as serve to build up, to reenforce, to solidify the patient's integrative and constructive functions.<sup>2</sup>

Rogers acknowledges<sup>3</sup> that the nondirective approach is deeply rooted in practical clinical experience, but states:

although everyone in the clinical field has been heavily exposed to the eclectic "team" approach to therapy of the child guidance movement, and the somewhat similar eclecticism of the Adolf Meyer-Hopkins school of thought, these eclectic viewpoints have perhaps not been so fruitful in therapy and---little from these sources has been retained in the nondirective approach.<sup>4</sup>

Thorne readily acknowledges,<sup>5</sup> on the other hand, that his system of directive psychotherapy is oriented upon psychological approaches to the whole organism. That this type of treatment is not entirely divorced from clinic psychological practices today is further evidenced by the fact that in his

- 
1. L. E. Hinsie, Concepts and Problems of Psychotherapy, p. 36.
  2. Loc. cit.
  3. Carl Rogers, "Significant Aspects of Client-centered Therapy," American Psychologist, I (1946), p. 415.
  4. Loc. cit.
  5. Frederick C. Thorne, "Principles of Directive Counseling and Psychotherapy," American Psychologist, III (1948), p. 163.

chapter of "Treatment Procedures" Louttit includes<sup>1</sup> environmental manipulation and personal manipulation.

It can therefore be readily seen that a complete discussion of the "team approach" and Meyer's psychobiological approach lies outside the area of this study which deals with the elements common to the directive, the nondirective, and the analytic techniques.

#### Psychological Counseling and Pastoral Counseling

Recently considerable interest seems to have developed on the part of ministers with regard to their role as counselors. The fairest and most unbiased picture of the present place of the minister in counseling which has come to the attention of the writer is that by Holman.<sup>2</sup> He clearly recognizes and accepts the reluctance on the part of many individuals in need of counseling to consult a clergyman. He makes a brief summary<sup>3</sup> of Jung's analysis of the situation, that people feel that the minister is incompetent and lacks the necessary psychological training; they fear that the minister will be condemnatory, since he is the representative of absolute standards, while what they need is understanding; they suspect that the clergyman will be shocked by their stories, in which case they will be inhibited from further self-revelation; and they feel that they

1. C. M. Louttit, Clinical Psychology, 1947, pp. 134-171.

2. Chas. T. Holman, Getting Down to Cases. New York: Macmillan Co., 1942, pp. 207.

3. Ibid., pp. 14, 15.

know what the minister will say before they go to him, and that this will be based upon a traditional theological system and an authoritarian ethic with which they are already acquainted, and from which they expect no help.

In the preparation of the pastor for counseling, Holman contends<sup>1</sup> that a fundamental reconsideration of the whole traditional theological curriculum is needed to meet the demands of the times, that tinkering with the present curriculum will not be sufficient. From the scientific point of view it is interesting to note that he recommends, first, that the pastor needs a thorough grounding in the psychological and social sciences;<sup>2</sup> second, that he should be thoroughly informed with regard to the insights and techniques developed by such disciplines as social case work, mental hygiene and psychiatry, and educational and vocational counseling; third, that it is highly desirable that he have clinical experience in social case work agencies, psychological or child guidance clinics, where emotional and behavior disorders are studied and treated. To the extent that these suggestions are carried out the relation to psychological counseling as here defined will be increased.

#### Counseling in Industry

It is likewise felt that "personnel counseling" in industry does not fall within the scope of this study, as coun-

-----  
1. Ibid., p. 195.

2. Ibid., pp. 196, 197.

selors there employed range from people with an eighth grade education<sup>1</sup> to psychiatrists employed by the Metropolitan Life Insurance Company. No uniform policy of training has been adopted, and there is considerable disagreement as to whether or not counselors should be promoted from the ranks.<sup>2</sup> "Many companies have gone outside their own employee group to obtain counselors and are utilizing former business men, lawyers, teachers, social workers, employment interviewers, housewives (especially mothers) and salesmen."<sup>3</sup> With such a diversity of background it is plain that this group cannot be considered as doing psychological counseling, though in some companies persons so qualified are employed, as will be discussed in Chapter III.

"Personnel counseling" in industry arose originally as the result of extensive experiments at the Hawthorne Branch of the Western Electric Co. This experimentation began as an attempt to determine the results of different physical conditions on the output of workers. Interestingly enough, it was discovered that within limitations whatever was done to the test group increased production, even the return to the original six-day, forty-eight hour week, with no rest periods, special lunches, etc., which had formed part of the experimentation. There was an unknown factor at work. Of this Stuart Chase writes:

-----

1. Helen Baker, Employee Counseling. Princeton, N.J.: Princeton University, 1944, p. 40.
2. Ibid., p. 41.
3. Loc. cit.

This x wasn't in the production and of the factory. It was in the human end. It was an attitude, the way the girls felt about their work and their group. By asking their help and cooperation, the investigators had made the girls feel important. Their whole attitude had changed from that of separate cogs in a machine to that of a congenial group trying to help the company solve a problem. They had found stability, a place where they belonged, and work whose purpose they could clearly see. And so they worked faster and better than they ever had in their lives.<sup>1</sup>

As a result of these experiments Western Electric instituted first a system of "interviewing" which evolved into "personnel counseling" because often they found that people wanted an opportunity to talk about their troubles to a sympathetic listener. "It was astonishing to find the number of instances in which workers complained about things which had happened many, many years ago, but which they described as vividly as if they had happened just a day before."<sup>2</sup>

They found that the behavior of workers could not be understood apart from their feelings or sentiments, that sentiments are easily disguised, and hence difficult to recognize and to study, and that manifestations of sentiment could not be understood as things in and by themselves, but only in terms of the total situation of the person.

Baker has made a survey<sup>3</sup> of sixty-one companies or  
-----

1. Stuart Chase, "What Makes the Worker Like to Work?" Reader's Digest XXXVIII (Feb., 1941), p. 17.
2. F. J. Rothlisberger, Management and Morals. Cambridge, Mass.: Harvard University Press, 1947, p. 19.
3. Helen Baker, Employee Counseling. Princeton, N. J., Princeton University, 1944, pp. 64.

government agencies with counseling services. She points out<sup>1</sup> that the primary objective of these programs is to improve morale and efficiency by a closer contact between the personnel staff and employees and supervisors, and the second aim is the more specific effort to facilitate the adjustment of the individual by helping him to understand his own difficulties on or off the job and to solve them himself.

That industry does employ some individuals who would qualify as psychological counselors according to the definition herein presented will be acknowledged later. This, indeed, is a field which appears to offer great opportunities to the psychological counselor.

### Summary

This chapter scans the scope and background of psychological counseling as represented by the directive, the nondirective and the analytic schools for elements common to them all. As here defined, psychological counseling is a permissive face to face client-counselor relationship in which the growth of the client takes place. It is a relationship in which the client is enabled to develop an understanding of his acute individual problems, in which irrational factors are causing conflicts, to the degree that he can take positive steps in the light of his new integration. It is a form of therapy carried on by thoroughly trained psychologists, and is related to counseling in psychiat-

-----  
1. Ibid., p. 15



ric social work, the "team" approach, pastoral counseling, and "personnel counseling" in industry, but is not to be confused with these.

It is the writer's contention that psychological counseling as represented by these schools is the product of clinical psychology, that it is closely related to the field of psychiatry, and that it has been universally influenced by certain Freudian concepts, regardless of other sources. The development of these premises will be found in the following pages.

## CHAPTER II

### DEVELOPMENT OF MATERIAL

#### Introduction

As is almost invariably true of any study, the ideas herein developed did not spring full grown from the brain of the writer as Athena is said to have been conceived from the brain of Zeus, but certain procedures were carried out as the study developed from its embryonic stage to full maturity. A description of this development is the subject of this chapter, which also serves as a brief outline of the chapters which follow.

#### Procedure in Collecting Facts

A working bibliography of material relevant to the study was built up first, by listing sources classified in the card catalogues of the New York University and Columbia University Schermerhorn Psychology Libraries under such captions as: counseling, psychotherapy, psychiatric social work, mental healing, mental suggestion, therapeutics: suggestive, psychology: pastoral. This was augmented by bibliographies listed in the above volumes and by that mimeographed by Esther Lloyd-Jones for her course in Student Personnel Administration offered at Teachers College, Columbia University, in 1946 on Problems of Indi-

vidual Development Arising out of Psychology, and Counseling--  
Its Possibilities and Limitations: Psychological Theories Under-  
lying Counseling: Programs of Counseling. The working biblio-  
 graphy was further increased by making a systematic investigation  
 of articles appearing from the date of first publication until  
 the present time in the following leading periodicals:

American Association of Psychiatric Social Workers  
 News Letter  
 American Journal of Orthopsychiatry  
 American Journal of Psychology  
 American Journal of Psychotherapy  
 American Psychologist  
 Consulting Psychologist  
 Journal of Abnormal and Social Psychology  
 Journal of Clinical Psychology  
 Journal of Clinical Psychopathology  
 Journal of Consulting Psychology  
 Journal of Personality  
 Journal of Personnel Research  
 Journal of Psychology  
 Mental Hygiene  
 Psychological Clinic  
 Psychological Exchange  
 Psychological Record  
 Psychological Review  
 Psychosomatic Medicine  
 Studies in Psychology and Psychiatry

Finally, bibliographies listed in the above articles were em-  
 ployed as a check on the above procedure, and to augment it.  
 This ultimately produced a bibliography of over one thousand  
 titles, of which three hundred forty were discarded as less re-  
 levant than the others to the material herein discussed, and ap-  
 proximately seven hundred were employed in some fashion in the  
 actual preparation of the document.

### Proposed Improvement of Procedure

Were the writer to carry on a similar study, improvement in collecting facts could be made in lieu of present procedures by the consultation of titles of the books and periodicals listed under the caption "Clinical Psychology, Guidance, Counseling", in Psychological Abstracts which is now in its twenty third volume, and which presents a brief abstract along with each title.

### Procedure in Treating Data

In the treatment of the data it seemed best to consider each sub-problem separately as a unit.

#### Subproblem I: Development and Growth of Psychological Counseling from Clinical Psychology

It was first necessary to prove that psychological counseling was a development and growth from clinical psychology. In doing this the writer endeavored first, to define clinical psychology; second, to show the evolution of clinical psychology from the time of its founding to the present acceptance of the counseling role; third, to discuss the historical growth of fields of employment for psychological counselors, and the subsequent need for the protection of society from charlatans.

A search was made in the collected literature for a definition of clinical psychology. Investigation revealed that there were almost as many definitions of this term as there were authorities. Therefore the definition accepted by the Ameri-

can Psychological Association in 1935 was chosen as representative of the majority of psychologists at that time. However, the perusal of the literature showed that with the passing of the years there was a change in the concept of the clinical psychologist's duties, with an increasing acceptance of the counseling role. Final proof of this was considered to be an acceptance of the therapeutic role in the adoption of a training program for the clinical psychologist by the same Association in 1947. This was cited.

The evolution of clinical psychology was then traced from the time of its founding to the present general acceptance by clinical psychologists of their counseling role. It was considered unimportant from the standpoint of this study to emphasize developments before 1930. However, Lowrey and Wallin were considered as reliable authorities for the developmental history before that time. In 1930, the term "psychological counselor" appeared in the catalogue of Teachers College, Columbia University. Therefore the writer assembled all surveys and opinions appearing in the collected literature beginning with this year, and from these chose, on the basis of their objective merits, those best representative of the years 1930-1948. So there was used for 1933 a survey of psychologists made by Town et al., and the opinion expressed by Lowrey, then director of the New York Child Guidance Clinic. For the year 1935, Doll, Director of Research at Vineland Training School was selected. Louttit, then director of the Psychological Clinic at Indiana University, who contributed to the profession in

1936 his Clinical Psychology, was chosen as representative for that year of those conceiving treatment as a function of clinical psychology. Three individuals were outstanding in their consideration of the counseling function in 1937, Westburgh who published an Introduction to Clinical Psychology, and Woodworth and Symonds, professors at Columbia University. For 1939, Rogers, the future leader of the nondirective technique, was considered worthy of mention.

Since opinions began to appear in greatly increasing numbers in the years 1941-1945, it seemed expedient to divide these into those representing the minority, who still clung to the function of the clinical psychologist as a diagnostic one, and to the majority, who considered that his was also a therapeutic role. Again emphasis was placed on the opinions of leaders in the field. As representatives for the minority, Tulchin, connected with the Brooklyn Child Guidance Center, and maintaining a private practice as consulting psychologist, and Krugman, then chief psychologist of the Bureau of Child Guidance of the New York City Board of Education, were chosen. For the majority, there were selected Porteus, director of the psychological and psychopathological clinic of the University of Hawaii; Gardner, director of the Judge Baker Guidance Center, Boston; Shakow, then director of psychological research at Worcester State Hospital; and Rogers (mentioned above).

The impetus which the second World war gave to the therapeutic role was best illustrated by the analysis by Hutt and Milton of the duties performed by clinical psychologists

in the army.

Since the war, demands of two far reaching movements involving clinical psychologists as psychological counselors were noted, namely the Veterans Administration, and the National Mental Health Act.

In the treatment of the historical growth of the fields of employment: college counseling, school practice, child guidance clinics, rehabilitation clinics, hospitals, industry, correctional work, and private practice, the writer did not attempt to make a complete and exhaustive study. It was considered that such procedures could be followed only if a series of volumes were to result. It is therefore very possible that someone else conducting the same investigation would not have chosen the same authorities. A serious attempt was made to determine, by means of a study of representative literature randomly chosen, the origin of counseling conducted by clinical psychologists in each area, to mention important surveys and discussions of the problems arising, and to note present practices and trends.

Because of the relative newness of psychological counseling in the corrective field, and a consequent dirth of literature in this area, the additional procedure of writing directly to the corrective institutions at Framingham, Massachusetts, Chillicothe, Ohio, and Chino and San Quentin, California, for direct information was employed. This was unfruitful for the most part, however, in that information received could not be used because of the limitations of this disserta-

tion. A subsequent personal interview with Dr. James Thorpe of the National Training School for Boys was productive, however, and a description of the work done at this institution is included.

Finally, in considering the development of psychological counseling from clinical psychology, the recognition of the need for the protection of society from charlatans was traced first by noting steps since 1940 in the development of a professional code. A survey of the literature revealed that a code elaborated by Sutich in 1944 was provocative of discussion subsequently published by Sargent, Bixler and Seeman, all of them well qualified as psychological counselors, and by Hobbs, who in 1948 was appointed chairman of a standing committee of the American Psychological Association on Scientific and Professional Ethics for the development of a code acceptable to the members of the Association.

Second, certification resulting from action of the American Psychological Association alone was considered. A survey of the literature reporting the activities of this Association revealed certification efforts in 1922, and again in 1947.

Throughout the development of Chapter III the American Psychological Association was used as most representative of the majority of American Psychologists.

#### Subproblem II: Close Relationship between Psychological Counseling and Psychiatry

The second subproblem to be proved was that psychological counseling and psychiatry were closely related. The writer here introduced the chapter by a consideration of the



relationship of psychiatry and psychology in general. This was followed by the treatment of psychoanalysis as a bridge between psychology and psychiatry. The major part of the discussion centered around the historical development of the interrelationship of psychological counseling and psychiatry first, in clinical functions; second, in preparation and training; third, in research activities; and fourth, in occupational parallels.

For the introductory section dealing with the relationship between psychiatry and psychology in general an extensive survey of the literature produced numerous examples of an interchange of nomenclature between the terms "psychiatry" and "medical psychology". A random selection was made of three examples appearing since 1940 for illustrative purposes. Such a sampling seems justified on the grounds of the relative unimportance of this item in the over-all presentation.

A survey of the literature to determine early relationships between psychiatry and psychology in general resulted in the choice of Moore, Hart, Ziehen, and Wallin as authorities substantiating the consultation of psychological works by psychiatrists. These men were selected by virtue of their generally acceptable reputations.

Since psychoanalysis had contributed markedly to both professions, it was then necessary to show its developmental acceptance by psychologists in noting the papers and reviews on psychoanalysis as carried by the American Journal of Psychology, and by the influence shown in academic psychology books.

The acceptance of Freudian contributions by psychiatrists was noted by the founding of the New York and the American Psychoanalytic Societies, and a psychoanalytic section of the American Psychiatric Association.

To present the full significance of Freud's contribution, opinions of outstanding psychologists were used, Schmalhausen, consulting psychologist since 1926, social analyst, and author of several books<sup>1</sup>, and J. F. Brown, then chief psychologist of the Menninger Clinic. It was pointed out that the most outstanding contribution was a dynamic psychology generally accepted both by psychologists and by psychiatrists.

The major section of this chapter was naturally devoted to the historical development of the interrelationship of psychological counseling and psychiatry. Clinical functions, preparation and training, research activities, and occupational parallels gradually took shape as outstanding elements in this interrelationship when a survey of the literature was made. Support is given these areas by the resumé by Shaffer of the meeting of a joint committee of the American Psychological Association and the American Psychiatric Association in 1946. At that time recognition of the mutual dependence of the two disciplines was observed in the fields of diagnosis, therapy, and in research.<sup>2</sup> As a result of this meeting, training for the

-----

1. The New Road to Progress, 1934; Our Neurotic Age, 1932; Why We Misbehave, 1928.

2. L. Shaffer, "Clinical Psychology and Psychiatry," Journal of Consulting Psychology, XI (1947), pp. 5-11.

clinical psychologist was evolved.

In introducing the clinical relationship, figures quoted by Moore<sup>1</sup> showing the relative numbers of clinics directed by psychologists and psychiatrists were employed. The intense feeling which began to develop between the two professions was noted by quoting the resolution made at a meeting of the New York Psychiatric Society in 1916, in opinions expressed by leading psychologists, (e. g., Wells, the head psychologist of the Psychopathic Hospital at Boston, and Wallin, then in charge of the Department of Psychology at Atlantic University), and by Selling, an eminent psychiatrist, then of Eloise Hospital.

The criticism of preparation and training, with plans gradually evolving for its betterment, was introduced by references from Dearborn and Hausmann, leading psychiatrists. In the evolution of proposals for the improvement of psychological training several plans were mentioned including that presented in 1918 by Geissler, then connected with Clark University as assistant professor; in 1920 by Mitchell, consulting psychologist in New York City; in 1935 by Murray of Harvard University; in 1939 by Poffenberger of Columbia University; in 1945 by Thorne, leader of the directive technique, in 1947 by the Graduate Training Program of the American Psychological Association; and in 1948 by Kubie, prominent psychiatrist of New York. The actual merging of training facilities was pointed out in the Plan of the Menninger Foundation School of Clinical Psychology, in training offered by the William A. White Insti-

1. T. V. Moore, "Psychology and Psychiatry," American Psychiatry: 1844-1944.

tute of Psychiatry, and by the Postgraduate Center for Psychotherapy. In this manner a survey of outstanding training developments was made by the present writer.

The study of research activities was initiated by noting references under the caption "research" in Psychological Abstracts. The general field of research for these two professions as it was outlined by Erickson<sup>1</sup> in 1936 and by Cameron<sup>2</sup> in 1942 was noted. The extent of the research at Worcester State Hospital followed. The writer then considered research in the more specific field of psychotherapy. Here references used were Lowrey, Rogers, and Snyder. Grants made possible by the National Mental Health Act and by the Veterans Administration were given as evidence of promise for the future of research in the area of psychological counseling.

Finally, as in Chapter III, a survey was made, by a random study of authorities in each field, of the historical growth of the less well known fields of employment for the psychiatrist. By this means a comparison was made of his duties with those of clinical psychologists in similar positions.

Originally it was planned to include in this chapter a section on the relationship between psychosomatic medicine and psychological counseling, for these assuredly are sister fields, both greatly influenced by Freud's dynamic psychology. This was finally abandoned, since it seemed to emerge

-----

1. Milton H. Erickson, M. D., Director of Psychiatric Research and Training, Wayne County General Hospital.
2. Norman A. Cameron, Ph. D., M. D., Professor of Psychology and Psychiatry, University of Wisconsin.

as a separate study, not closely integrated with other phases of the chapter.

Subproblem III: Universal Indebtedness of Psychological Counseling to Freudian Concepts

The choice of the three representative schools of psychological counseling, described in Chapter I and further considered in Chapter V, namely the nondirective, the directive, and the analytic is justified for the following reasons. There has been no generally accepted curriculum of training for this profession, as has recently been recognized by the concerted action of the American Psychological Association and the American Psychiatric Association to establish a curriculum for the clinical psychologist which would train him for the practice of therapy. The development of this curriculum is discussed in Chapter IV. In 1942, however, Rogers published his Counseling and Psychotherapy in which there was a chapter entitled "The Directive Versus the Nondirective Approach".

The matter of direction versus nondirection was challenged particularly by Thorne, editor of the Journal of Clinical Psychology who for purposes of argument accepted the caption of Directive for an eclectic approach which covers a multitude of psychological techniques which counselors may use depending on their background of training. (For instance, in one article he discusses Lecky's theory of self-consistency as a basis of counseling.)

Thorne also appeared to fall in the large heterogeneous group of psychologists whom Brenman classifies as being

"self taught, and in the best instances highly intuitive people who have shown themselves to have a 'flair' for therapy, and have then proceeded with or without supervision to treat patients---relying on reading and day-to-day experience for their training."<sup>1</sup> That his personal training has been of notably high order is attested by the fact that he holds both the Ph. D. and the M. D. degrees, that he was employed as a psychiatrist with the Vermont State Mental Hygiene clinics and as the director of the Brandon State School from 1939 to 1947, to name only some of his accomplishments.

There is another group, however, which is challenging Rogers nondirective methods. This group "whose training is more systematic and uniform---is composed of psychologists who have received analytic training as research associates of various psychoanalytic societies---(and)---may or may not include those lay analysts trained abroad before 1938".<sup>2</sup> Blois, whom Lowrey so favorably contrasted<sup>3</sup> with Rogers at the time that both appeared on the program of the American Orthopsychiatric Association, falls in the last classification of the analytically trained psychologists, as he received his early training in Europe. Although he is not as well known as Rogers,

- 
1. Margaret Brenman, "The Role of Training in Psychoanalysis for the Development of Therapeutic Techniques in Clinical Psychology," Journal of Clinical Psychology, Monograph Supplement No. 3, July 1948, p. 71.
  2. Brenman, loc. cit.
  3. Lawson G. Lowrey, "Counseling and Therapy," American Journal of Orthopsychiatry, XVI (1946), pp. 615-622.

because of the paucity of his writings, he combined for a period of several years a part-time position as psychological counselor at Brooklyn College and a private practice. In addition to the latter, he is at present affiliated with the New School where he is presenting courses in Psychological Counseling. During the summer of 1948 he directed a six-week Workshop in Psychological Counseling at Goddard College. In order to become better acquainted with his point of view the present writer attended his course at the New School in the spring of 1948.

Support of the choice herein made also comes from an article by Symonds in which he notes<sup>1</sup> that the nondirective methods had been challenged by articles written by Thorne, et al., in the Journal of Clinical Psychology and by articles appearing in the October, 1946 American Journal of Orthopsychiatry. The lead article in the latter journal was written by Blos.

After determining this choice of representative schools the writer studied the writings of each to discover common elements attributable to Freud. Careful notation was made of points of comparison and acknowledged indebtedness revealed by Rogers, Thorne, and Blos. A study of Freud's concepts and contributions, not only as presented by the master himself, but also by those who had both condemned and extolled him, as observed by an intensive study of the literature, offered suggestions for possible tenets common to all three schools. In each case careful notation was made of a suggested point of comparison. Support was given certain concepts by

-----  
 1. Percival M. Symonds, "New Trends in Clinical Psychology," American Journal of Orthopsychiatry, XVIII (1948), p. 156.

the article written by Raskin, although the areas of agreement had been determined before the appearance of this article.

As a result of this reading nineteen possible points of comparison determined in the above manner were noted: (1) idea of a dynamic concept of man; (2) unity of man; (3) contention that all man's behavior is determined by psychological antecedents; (4) resistance; (5) release; (6) catharsis and abreaction; (7) expression of basic and permanent human wants; (8) corrective emotional experience; (9) reeducation; (10) acquiring of insight; (11) permissiveness on part of therapist; (12) objective attitude of therapist; (13) autobiographical approach; (14) limitless possibilities of recall; (15) person as center of therapy; (16) conflict theory; (17) recognition of unconscious; (18) role of repression; and (19) dependence on transference.

Of these the first two were considered by means of analytic weighing of the evidence to be a part of Freud's dynamic psychology which, as is noted in Chapter IV, has pervaded the thinking of all psychologists to some extent. Perhaps another investigator would not have arrived at the same decision. However, it seems to be supported by Symonds' definition: "Dynamic psychology studies the whole individual and how he adjusts to the situations--both outer and inner--that he confronts."<sup>1</sup>

-----  
 1. P. M. Symonds, Dynamics of Human Adjustment, p. ix.



The contention that all of man's behavior is determined by psychical antecedents is a controversial one, and was omitted. Link calls<sup>1</sup> this concept one of the "errors of psychiatry", claiming that it furnishes the individual with an excuse for feeling that he is not the master of his fate, but that fate rules his life.

The concept of resistance was abandoned because it is used in the counseling situation today in the sense of negative transference, whereas Freud uses it in the sense of difficulty in bringing out unconscious ideas, which do not play a major part in psychological counseling.

An analytic survey of the remaining points of comparison showed that eight of these original concepts overlapped others, so it was thought best to combine them. Thus the concept of release, of catharsis and abreaction, and the expression of basic and permanent human wants were considered as overlapping the emphasis on the corrective emotional experience. The concept of reeducation also had bearing here as well as in the acquiring of insight. The concept of permissiveness on the part of the therapist was linked to that of an objective attitude, and it was felt that the ideas of the autographical approach and the attention to almost limitless possibilities of recall were at least par-

-----  
1. Henry C. Link, "The Errors of Psychiatry," American Mercury, July 1944, pp. 72-78.

tially considered in the concept of the person as the center of therapy.

The final result was the recognition by the above described process of analytic elimination and association of the following specific contributions on the part of psychoanalysis to psychological counseling: (1) conflict theory; (2) recognition of unconscious; (3) role of repression; (4) dependence on transference; (5) acquiring of insight; (6) emphasis on corrective emotional experience, release; (7) idea of person as center of therapy; and (8) objective and accepting attitude of therapist.

It was originally planned to acknowledge a debt to Freud's immediate predecessors from whom he acquired the germinal background of his analytic theory. It was proposed to acknowledge an indebtedness to Charcot for the concept of replacing a morbid idea with a healthy one, to Bernheim and Liebau for the concept of suggestion, to Janet the principles of dissociation and synthesis, to Breuer the concept of catharsis and abreaction and listening. It was finally decided, however, that such an acknowledgement actually lay outside the bounds of this thesis, and it was likewise recognized that suggestion is considered an outmoded technique by the nondirective school.

Such were the procedures in collecting, in analyzing, and in treating the data presented in this dissertation.

CHAPTER III  
THE CONTRIBUTION OF CLINICAL PSYCHOLOGY TO  
PSYCHOLOGICAL COUNSELING

Clinical Psychology Defined

Definitions of Clinical Psychology have been abundant, varying from authority to authority, and from year to year. A Committee of the American Psychological Association, in an attempt to consolidate ideas in this field throughout the country, sent out questionnaires early in the 1930's as the result of which the following definition was evolved in 1935:

Clinical psychology is defined both as a field of work and as a method of approach. It is a field of work in the sense that it is the application of certain psychological principles, knowledge, and procedures to the individual problems of human adjustment. This body of psychological principles and knowledge which is available for application to particular human problems is the field of clinical psychology. It is a method of approach in that certain techniques and methods are used in the application of these principles to the problems of a particular individual.

These problems include vocational guidance, industrial selection and placement, differential mental diagnosis, educational classification, mental hygiene, child guidance, special education, delinquency, and so on. In short, clinical psychology is a form of applied psychology which aims to define the behavior capacities and behavior characteristics of an individual through methods of measurement, analysis, and observation; and which, on the basis of an integration of these findings with data secured from the physical examinations and social histories, gives suggestions and recommendations for the proper adjustment of that individual.<sup>1</sup>

-----  
1. American Psychological Association, "Report of the Committee of the Clinical Section", Psychological Clinic, XXIII (January-June, 1935), pp. 4, 5.

It is of note that in this 1935 definition nothing was said about counseling or therapy to effect a readjustment of the individual. Counseling and therapy would certainly be included if such a survey were made today. This is evidenced by the fact that the Graduate Training Program in Clinical Psychology accepted by the American Psychological Association in 1947 included the statement: "The more carefully the present scene is examined and the more thoughtfully the future is viewed, the more convinced are we of the need for preparing the clinical psychologist with a combination of applied and theoretical knowledge in three major areas: diagnosis, therapy, and research.<sup>1</sup> Therapy is listed as one of the six major areas in which study is proposed, and in discussing this the statement was expressed<sup>2</sup> that no clinical psychologist could be considered adequately trained unless he had had sound training in psychotherapy. The latter is defined in a footnote as "a process involving interpersonal relationships between a therapist and one or more patients or clients by which the former employs psychological methods based on systematic knowledge of the human personality in attempting to improve the mental health of the latter."<sup>3</sup>

- 
1. American Psychological Association, Report of Committee on Training in Clinical Psychology, "Recommended Graduate Training Program in Clinical Psychology," American Psychologist, II (1947), p. 540.
  2. Ibid., p. 548.
  3. Loc. cit.

It is therefore apparent that a marked transition has taken place, and that the field of psychological counseling is included in that of clinical psychology. The story of this development is an interesting one.

### Evolution of Clinical Psychology

Clinical psychology was entering a period of tremendous development at a time when the profession of medicine, as dated from Hippocrates, was over 2300 years old; the specialty of modern psychiatry, as dated from Pinel, was over 175 years old; and modern psychopathology, as dated from the work of Freud, was about fifty years old.<sup>1</sup>

The chief emphasis of clinical psychology throughout the years has been on the individual. That is also the emphasis of psychological counseling as defined in this study. To be sure, some attention has been paid by the clinical psychologist to group therapy, but a survey of the one hundred eleven articles listed in a Bibliography on Group Therapy<sup>2</sup> shows that ninety eight of these have appeared since 1940, only twenty one between 1930 and 1939, and six before 1930.

As early as 1907 Witmer, the father of clinical psychology, claimed<sup>3</sup> that the interest of people working in this

- 
1. F. C. Thorne, "The Clinical Method in Science," American Psychologist, II (1947), p. 159.
  2. S. R. Slavson and G. Meyers, Bibliography on Group Therapy. New York: American Group Therapy Association, 1946.
  3. Lightner Witmer, in Brotemarkle, R. A., Clinical Psychology in Honor of Lightner Witmer, p. 351.

field was primarily with the individual child. In 1920 Mitchell reiterated<sup>1</sup> this feeling that the term "clinical" suggested individual rather than group or mass reactions. Brotemarkle (1931) stated<sup>2</sup> that the continual emphasis upon the individual as an individual was basically the foundation of clinical psychology in every phase of student personnel work. Louttit said<sup>3</sup> in 1936, that the raison d'etre of clinical psychology was the satisfactory adjustment or readjustment of the individual to an environment, and pointed out that in some cases it could not be to the existing environment. In 1946, Ives echoed the same thought in saying<sup>4</sup> that clinical psychology, like medicine, was primarily concerned with the individual and that the clinician, accepting the general principles of behavior already established in the field, sought through a variety of special techniques to promote the adjustment and readjustment of the individual.

#### Origin of Clinical Psychology

The originator of the technique of clinical psychology was Lightner Witmer, who, in March, 1896, began the work of the first psychological clinic at the University of Pennsylvania,

- 
1. D. Mitchell, "The Clinical Psychologist", Journal of Abnormal Psychology, XIV (1920), p. 325.
  2. R. A. Brotemarkle, "College Personnel Work", Clinical Psychology in Honor of Lightner Witmer, p. 114.
  3. C. M. Louttit, Clinical Psychology, p. 5.
  4. Margaret Ives, "Interrelationship of Clinical Psychology and Psychiatry", Journal of Clinical Psychology, II, (1946), p. 146.

and who, in December, 1896, at the annual meeting of the American Psychological Association, announced his discovery of a method of research and instruction which he called the Clinical Method in Psychology.<sup>1</sup>

Writing of this clinic Sylvester says:

The Psychological Clinic at the University of Pennsylvania was established originally as a laboratory course in applied child psychology which was given for the first time---in the Summer Session of 1896, and which in turn had crystallized from the incidental study since March of the same year of children displaying educational problems. Its primary purpose was then and has continued to be, to provide a laboratory for students in clinical psychology in which to observe, study and attempt to ameliorate various types of disabilities in children who are brought to the clinic.<sup>2</sup>

In 1907 this was still the only clinic in existence.<sup>3</sup>

The year 1907 is a noteworthy one in the development of Clinical Psychology because it was then that Witmer first began publishing the results of his clinical research in a journal which he inaugurated, The Psychological Clinic.<sup>4</sup> In the first issue he declared<sup>5</sup> that clinical psychology was a protest against a psychology that derived psychological and pedagogical principles from philosophical speculations and against a psychology

- 
1. L. Witmer, "Analytic Science," as reprinted in Brotemarkle, R. A., Psychology in Honor of Lightner Witmer, p. 407.
  2. M. L. Sylvester, "The Present Organization of the Psychological Clinic at the University of Pennsylvania," Consulting Psychologist, II (1936), p. 2.
  3. L. Witmer, op. cit., p. 407.
  4. Loc. cit.
  5. L. Witmer, "Clinical Psychology," as reprinted in Brotemarkle, R. A., Clinical Psychology in Honor of Lightner Witmer, p. 344.

that applied the results of laboratory experimentation directly to children in the school room.

In the development of clinical psychology it should also be noted that a psychological laboratory was established<sup>1</sup> in 1900 at the state institution for the feebleminded in Fairbault, Minnesota. Kuhlman was in charge of this laboratory, which was apparently the first such laboratory in this country.<sup>2</sup>

In 1906, a department of research was established at the training school at Vineland, New Jersey, with Goddard as director, and it was he who brought the first edition of the Binet-Simon test to America in 1908 and published the Vineland revision of this scale in 1910.<sup>3</sup>

Wallin aptly summarized the development in 1921:

The growth of clinical psychology was at first exceedingly slow. In 1909, thirteen years after the founding of the initial clinic, when the writer entered the field, there were only four or five other clinical psychologists, so-called, in the entire country. But the progress made during the last five years has been astonishingly rapid. There are now in this country alone hundreds of psychological clinics in universities, public schools, institutions for mental defectives, psychotics, delinquents, criminals, and dependents, in juvenile and adult courts, state departments of education, health and charities in Boards of Control and in immigrant stations-----

The greatest stimulus to the growth and popularization of clinical psychology came from the development of individual scales for the measurement of intelligence, particularly the Binet-Simon scale, which has now gone through numerous revisions, extensions and translations, and which

- 
1. L. G. Lowrey, "Psychiatry for Children, a Brief History of Development," American Journal of Psychiatry, CI (1944), p. 378.
  2. Loc. cit.
  3. Loc. cit.



is, in some form, in almost universal use at the present time.-----It is now generally conceded that the data derived from standardized psychological tests, however valuable, contribute only one element in the diagnosis of mental, educational, or social deviates. No tests have yet been devised which will take the place of a technically trained and experienced specialist on mental abnormalities, and such a specialist must be more than a commander of a battery of tests. He must be either a well trained clinical psychologist with a reasonable background of medical knowledge, or a physician with an adequate preparation and experience in clinical psychology.<sup>1</sup>

In another place he says<sup>2</sup> that the purpose of a clinical examination in psychology is the making of a correct diagnosis of the case, the rendering of advice, and the making of a reliable prognosis. It is evident that the "rendering of advice" mentioned by Wallin expanded eventually into a counseling relationship which, as will be shown in the next chapter, was considered threatening to the psychiatric field, and was challenged by the psychiatrists.

Counseling was carried on by psychologists in 1924 in the college field, and in 1923 in school practice, areas which will be discussed later in this chapter. Regardless of the appearance of counseling in these areas, a perusal of countless articles appearing up to 1930 shows that the diagnostic aspect was predominant in clinical psychology. This is substantiated by the definition accepted by the American Psychological Association in 1935.

- 
1. J. E. W. Wallin, "Of What Use is a Psychological Clinic?" Educational Review, LXII (1921), pp. 159, 160.
  2. J. E. W. Wallin, "Field of Clinical Psychology as an Applied Science," Journal of Applied Psychology, III (1919), p. 89.

Appearance of Courses for the Psychological Counselor

That the counseling aspect was making itself felt began to be apparent, however, in 1930, for in that year there appeared in the Teachers College Bulletin of Columbia University a statement of "Courses for Psychological Counselors and Clinical Psychologists in Education", thus linking the two terms.

The professional opportunities for which the work in this division aimed to prepare were as follows:

1. Educational psychologist in a clinic, hospital, court, or social agency, to work upon problems of adjustment in cooperation with psychiatrists.
2. Psychological counselor in education in university, teachers college, high school, elementary school, city Y. M. C. A., and Y. W. C. A., or church, personnel department, social agency, parent council, etc. The work is primarily understanding and helping persons in trouble, utilizing the resources of institution or community for medical, vocational, social welfare, or other specialized counsel.<sup>1</sup>

It likewise is significant that the major professional courses for psychological counselors and clinical psychologists in education, among other provisions, placed emphasis<sup>2</sup> upon treatment over a considerable period of time and required a certain amount of field work in various clinics.

-----

1. Teachers College Bulletin, 1930-31, p. 61.

2. Ibid., p. 62.

That treatment was beginning to be carried on by clinical psychologists is revealed by an examination of the literature emerging at this time.

About 80% of the psychologists canvassed by Town, et al, in 1933 stated<sup>1</sup> that they spent some time in "treatment of patients", that the types of treatment most frequently mentioned were remedial teaching, vocational advice, and psychotherapy. They conclude:

It is clear from this brief summary that the duties of clinical psychologists as they are practiced at the present time are extremely varied. They range from that of giving Stanford-Binet tests in some institution or school system to that of the analysis and treatment of behavior disorders. There is also a wide range of training and experience among the so-called clinical psychologists.<sup>2</sup>

#### Early Use of Treatment by Psychologists

Lowrey, reporting his experience in supervising psychiatrists, psychologists, and psychiatric social workers at the Institute for Child Guidance in 1933, stated<sup>3</sup> that, in a limited number of cases specially selected, the fellows in psychology carried on regular psychiatric interviews under the

- 
1. C. H. Town, M. A. Merrill, and A. W. Brown, "Report on the Survey of the Training and Duties of Clinical Psychologists", Psychological Exchange, II (1933-34), p. 113.
  2. Loc. Cit.
  3. L. G. Lowrey, "Five Years' Experience in Supervision of Psychiatrists, Psychologists, and Psychiatric Social Workers in Simultaneous Training", American Journal of Orthopsychiatry, III (1933), p. 295.

supervision of a psychiatrist, and that all fellows were required to do at least one full case study which included a complete social examination, psychiatric study and treatment under the supervision of social workers and psychiatrists.

Doll expressed his belief in 1935, the same year in which the Report of the Committee of the American Psychological Association appeared, that the clinical psychologist was more adequately prepared in the problem of individual evaluation and guidance than any other worker. He stated at that time:

Clinical psychology does more than classify people in terms of simple individual differences. It attempts to combine all characteristics, mental, physical, and social, into a composite appraisal which is significant for purposes of individual adjustment in the normal relations of the individual to society and social institutions. This synthetic evaluation of individual differences is presumed to be significant from the point of view of both guidance and adjustment, and consequently the clinical psychologist can play an important role in such diverse fields as educational adjustment, occupational adjustment, individual social adjustment (underlining present writer's) and, in short, any directions in which the full realization of individual capabilities in relation to environmental demands are at issue.

When the development of thought regarding the concepts of clinical psychology is continued, it is found that Louttit, writing in 1936, took a long step forward in his conception of the content of clinical psychology, yet he was definitely cognizant of the definition brought out by the American Psychological Association.

Workers who call themselves, or who are called by their colleagues, clinical psychologists, are engaged in all

- 
1. E. A. Doll, "Fields of Clinical Psychology", Psychological Exchange, III (1934-35), p. 135.

sorts of activities from the devising of mental tests to therapeutic procedures but little short of outright psychoanalysis; they deal with individuals ranging from the newborn baby to the aged infirm; they are concerned with problems of child training, educational adjustment, delinquency and crime, mental deficiency, mental abnormality, dependency, vocational guidance, and a host of subdivisions and overlapping areas.<sup>1</sup>

In 1937, Westburgh, concluding a discussion of the field of clinical psychology, went one step further when he said<sup>2</sup> that the clinical psychologist deals with all the problems of human behavior except those existing solely in terms of the diagnosis and treatment of organic diseases, toxemias, and drug addictions, and those mental conditions arising solely from organic injuries and neural lesions.

In the same year, Woodworth, writing of the future of clinical psychology, asserted that the period of winning a place for this profession had coincided with a similar period for psychiatry which had broadened its field to include minor ailments and prophylaxis. From this had arisen the question as to which profession should take care of this aspect of treatment. He felt that it was rather unfortunate that the words "clinic" and "diagnosis" should be applied here. Instead of the name "clinical psychology" he felt that "consulting psychology" would be

- 
1. C. M. Louttit, Clinical Psychology: A Handbook of Children's Behavior Problems. New York: Harper and Bros., 1936, p. xiii.
  2. E. M. Westburgh, Introduction to Clinical Psychology. Philadelphia: P. Blakiston's Son and Co., Inc., 1937, p. 233.

preferable, though not perfect, and offered as his contribution the term "personal service psychology". Of this he said: "Such a term has obviously a broad scope and contemplates assistance to the individual in solving problems of educational and vocational selection, family and social adjustments, working conditions and other aspects of life".<sup>1</sup>

### Psychological Counseling Emerging

One of the most significant items from the standpoint of this study to appear in 1937 was the statement of Symonds that "psychological service in education is to be broadly concerned as any kind of service which a person with psychological insight can render to education. It is to be interpreted as including guidance, counseling and therapy as well as testing and diagnosis."<sup>2</sup> Among the list of titles of positions in this article appears that of psychological counselor.

In the same year Symonds also published an article on the "Problems Falling Within the Scope of Psychological Counseling" in which he concluded<sup>3</sup> that problems coming to the attention of the psychologist differed from the more serious cases of mental disorder only in degree and not in kind. He felt<sup>4</sup>

- 
1. R. S. Woodworth, "The Future of Clinical Psychology", Journal of Consulting Psychology, I (1937), p. 5.
  2. P. M. Symonds, "Purpose and Scope of the Educational Section of the American Association of Applied Psychologists", Journal of Consulting Psychology, I (1937), p. 99.
  3. P. M. Symonds, "Problems Falling Within the Scope of Psychological Counseling", Journal of Applied Psychology, XXI (1937), p. 69.
  4. Ibid., p. 70.

that a general rule might be formulated that a psychologist was qualified to deal with any psychological problems including the neuroses and psychoses, provided experience in studying and dealing with such cases were included in the period of training.

In 1939, Rogers's book, "The Clinical Treatment of the Problem Child" appeared. Apparently he considered at this time that treatment was a definite aspect of clinical psychology, for he wrote the book to "fill the real need that exists for information regarding treatment procedures".<sup>1</sup> He continues: "The clinician in the field or the student who is preparing for clinical work may find ample reference to diagnostic procedures, but therapeutic skill is learned primarily through fellow clinical workers or through costly experience. Hence the primary purpose of this volume is to describe and discuss the variety of treatment skills actually used in clinical work".<sup>2</sup> He had not yet evolved his counseling technique for which he has since become famous, for in discussing methods of diagnosis he claimed that if we are to devise therapeutic measures which will assist the boy or girl in achieving a normal adjustment, then we must have as clear an understanding as possible of the causal factors responsible for each particular child's misbehavior.<sup>3</sup> This assertion is somewhat different from his later writings about this matter.\*

1. C. R. Rogers, The Clinical Treatment of the Problem Child. Boston: Houghton Mifflin Co., 1939, p. vii.

2. Loc. Cit.

3. Ibid., p. 15.

\* E. g., see his article "Significant Aspects of Client Centered Therapy", American Psychologist, I, (1946).

Differences of Opinion (1941-1945)

Between 1941 and 1945 opinion was increasing in volume towards the acceptance of therapy as a part of the work of the clinical psychologist. Evidence of this will be given below under the Majority Report. There were dissenters, however.

The Minority Report: Diagnosis

A repetition of the idea that the function of the clinical psychologist was a diagnostic one rather than therapeutic was still made by Tulchin in 1942. He felt that during the conduct of the examination the psychologist could observe the behavior and reactions of the individual, could note the attack he made on the problem at hand; "his persistence and effort, spontaneity, impulsiveness, dependency, emotional reaction to success and failure, emotional blocking, etc".<sup>1</sup> He considered that the trend in the direction of projective techniques for the diagnosis of personality was a definite step forward on the part of the clinical psychologist.

Rogers discussion<sup>2</sup> which followed Tulchin's paper and others presented at the same time seemed very much to the point. He expressed the opinion that what had been left unsaid was as important as what had been brought out, that there was a failure to recognize the phases of overlap between the psychologist, the

- 
1. S. H. Tulchin, "Present and Future Diagnostic Role of the Clinical Psychologist", American Journal of Orthopsychiatry, XII (1942), p. 402.
  2. C. R. Rogers, "Discussion", American Journal of Orthopsychiatry, XII (1942), pp. 403, 404.



psychiatrist, and the social worker, in other words the "area of behavior and personality adjustment". He spoke of his work at the Rochester Clinic and described the set-up there in which the psychiatrist, the case worker, and the psychologist were a "treatment team to be used flexibly for the advantage of the client". There treatment cases were assigned on the basis of individual competence.

In the same year, 1942, Mathews, speaking of the scope of clinical psychology in child guidance, reiterated the range of the use of the term "clinical psychologist":

The role of clinical psychology in child guidance is not consistent from one area to another. At no time is there a very clear delimitation of the psychologist's function. His duties may range from those of a psychometrist, responsible only for the administration of tests, to the full responsibility in psychological areas for diagnosis, planning, therapy, research, community education, and all that these imply.<sup>1</sup>

As late as 1944, Krugman, Bureau of Child Guidance, Board of Education, New York City, who was writing of recent developments in clinical psychology, was very emphatic about the diagnostic role, claiming<sup>2</sup> that clinical psychologists had dissociated themselves almost completely from the psychotherapeutic function, except for a handful of psychologists like Carl Rogers; and that to find reports in this field it was necessary

- 
1. W. W. Mathews, "Scope of Clinical Psychology in Child Guidance", American Journal of Orthopsychiatry, XII (1942), p. 388.
  2. M. Krugman, "Recent Developments in Clinical Psychology", Journal of Consulting Psychology, VIII (1944), pp. 350, 351.

to go to such journals as the American Journal of Orthopsychiatry and Mental Hygiene. Krugman apparently was writing this article in the light of the clinic he was representing, one connected with a large school system. One supported in such a manner at public expense must of necessity concentrate on group work rather than individual therapy.\*

#### The Majority Report: Treatment

Porteus certainly showed that treatment had become a part of his conception of clinical psychology in 1941. He pointed out<sup>1</sup> that the long term treatment involving perhaps fifty visits of a patient to a psychological or psychiatric clinic could be carried out in a large number of cases only in privately endowed or experimental clinics. He felt that the psychological clinic of the future would be in connection with a university, and that, although in certain cases it would undertake long-term treatment, this would remain the smaller part of its responsibilities. He continued:

Because of the short time available, it is obvious that deep-seated anxieties and conflicts cannot be effectively dealt with in ordinary clinical practice. However, there are very many instances of less serious emotional involvement wherein the individual must ultimately be his own therapist, and in such cases the psychologist may

-----

\* This is supported by an intensive study of the Detroit Psychological Clinic made by the writer, J. H. Ross, "A Critical Examination of the Detroit Psychological Clinic", Unpublished paper written for Education 237M, Teachers' College, 1946.

1. S. D. Porteus, The Practice of Clinical Psychology. New York: American Book Co., 1941, p. 25.

easily introduce a wedge that will widen the door to self understanding. If it is only by conveying the idea that the person's problem is not unique but is one that is thoroughly familiar to him, the psychologist makes the encouraging suggestion that the situation is remediable.<sup>1</sup>

This assuredly is a place for the psychological counselor.

#### Prediction of Future Therapeutic Role

In 1942 Gardner predicted the future therapeutic role of the Clinical Psychologist, claiming<sup>2</sup> that the clinical psychologist on the staff of the child guidance clinic stands in an excellent position, as far as the assumption of a treatment role is concerned, in that his training in educational psychology, in psychopathology and psychoanalysis, made him the best equipped to treat the "educationally sick" child; that he stood between the psychological laboratory and the classroom, and might borrow from one or both in his treatment.

In the same year Shakow mentioned<sup>3</sup> the volcanic proportions to which the problem of the professional training of the psychologist had come. At that time he predicted that the person who was to become a clinical psychologist was one who, besides meeting certain basic personality requirements and having

-----  
1. Loc. cit.

2. G. E. Gardner, "Future Therapeutic Role of the Clinical Psychologist", American Journal of Orthopsychiatry, XII (1942), p. 387.

3. D. Shakow, "The Training of the Clinical Psychologist", Journal of Consulting Psychology, VI (1942), p. 277.

a breadth of educational background, is competent to carry a triad of responsibilities: diagnosis, research, and therapy".<sup>1</sup> He likewise noted that, for most clinical psychologists entering the field, the stage of specialization in any one of these fields had not as yet been reached.

Shakow gathers in one place support for his statements:

One of the earlier signs of expressed interest was the organization of the American Association for Applied Psychology. More recent indications are to be found in the pronouncements of various leaders in psychology: English in his Presidential Address to the American Association for Applied Psychology in September, 1940, Hunter in his Presidential Address to the Eastern Psychological Association in April, 1941, and Yerkes in his address to the American Philosophical Society in April, 1941. Additional evidence is provided by the announcements which come from all directions of the establishment of internship training programs.<sup>2</sup>

#### Emergence of Nondirective Technique

The year 1942 was productive of a new phase in the development of clinical psychology, and emerging from it, psychological counseling. In 1942 was published the new concepts of Rogers on therapy, (mentioned by Krugman above), which have now become rather widely known as the "nondirective technique". His preface expresses<sup>3</sup> his ideas on the change in viewpoint from that of diagnosis in the 1920's, "a period of the flowering of the case history" in social work, of the "lush tropical growth of tests" in psychology, of the growth of records and tests in educational guidance, and the blossoming of "multi-syllabled diagnostic labels" into "elaborate diagnostic formulations", to

-----  
1. Loc. cit.

2. Loc. cit.

3. C. R. Rogers, Counseling and Psychotherapy, p. vii.

that of a consideration of the dynamic processes through which one might find help in therapeutic treatment.

### Clinical Psychology and the War

That clinical psychologists assumed a therapeutic function in World War II is borne out in the analysis by Hutt and Milton of duties performed by them in the army. The percentage of time spent by the psychologist in guidance and therapy increased tremendously. In the first period (September 1 - December, 1944) 12.4% of his time was so spent. In the fourth period (September - December, 1945) the percentage was 29.6. In the fifth period (January - April, 1946) this showed a slight drop to 24.4%. During the same period of time, his testing functions remained fairly constant. A summary of the complete analysis will be found in the table on the next page.

### Developments Since World War II

The 50th Anniversary of Clinical Psychology.

In 1946, in recognition of the fiftieth anniversary of Clinical Psychology, the American Psychological Association met in Philadelphia in September. On that occasion it was noted<sup>1</sup> that the methodology of clinical psychology had been enriched by the experience of the years.

Demands for Psychologists to do Counseling.

Brotemarkle rather aptly epitomized the history of clinical psychology as-- "1896, a case of bad spells"--1946, "a

1. R. A. Brotemarkle, "Clinical Psychology 1896-1946," Journal of Consulting Psychology, XI (Jan.-Feb. 1947), p. 3.

Table I  
1

Percentage of time given to various job functions during each of five periods from September, 1944 to April, 1946.

Job Function	Period I* % of time	Period II % of time	Period III % of time	Period IV % of time	Period V % of time
7. Admin. and Supervision	17.4	16.4	18.3	17.1	17.5
8. Indiv. Psych. Exams.	30.8	35.2	28.9	26.9	34.9
9. Group Psych. Exams.	2.4	2.2	1.6	2.4	.3
10. Guidance and Therapy	12.4	21.4	23.5	29.6	24.4
11. Liason Functions	3.5	4.6	7.7	8.3	6.5
12. Army Boards	1.4	1.3	2.4	2.4	2.6
13. Official Research	2.9	2.4	0.4	0.6	1.4
14. Case Histories	12.0	8.1	5.2	3.9	3.0
15. Misc. Professional Duties	10.6	3.8	6.8	4.7	4.1
16. Non-professional Duties	6.6	4.6	5.2	2.1	5.2
Total	100.0	100.0	100.0	100.0	100.0

\*Period I, Sept. 1-Dec., 1944; Period II, Jan.-Apr., 1945; Period III, May-Aug., 1945; Period IV, Sept.-Dec., 1945; Period V, Jan.-Apr., 1946.

1. M. L. Hutt, and E. O. Milton, "An Analysis of Duties Performed by Clinical Psychologists in the Army," American Psychologist, 2 (1947), p. 53.

spell of bad cases", for he claimed<sup>1</sup> that from Witmer's first case of a "chronic bad speller", there has been a progression to the most prodigious demand by the Veterans Administration for clinical psychologists to aid with America's "worst spell" of neuro-psychiatric cases.

Miller outlines the design of this Veterans Administration program. He says<sup>2</sup> that it is proposed to employ clinical psychologists in at least five sorts of installations in the Veterans Administration: (a) Mental Hygiene Clinics, (b) Neuro-psychiatric Convalescent Centers in general medical and surgical hospitals; (c) Neuropsychiatric Hospitals; (d) Paraplegia Centers in general hospitals; and (e) Aphasia centers in general hospitals. He points out<sup>3</sup> that in all these positions the clinical psychologist will have important diagnostic, therapeutic, and research functions.

As a result of this extensive program, hundreds of new positions were created overnight.<sup>4</sup> Later the Division of Vocational Rehabilitation established the position of Personal Counselor, calling for the essential training and skills of a clinical psychologist.<sup>5</sup>

- 
1. Ibid., p. 4.
  2. J. G. Miller, "Clinical Psychology in the Veterans' Administration," The American Psychologist, I (1946), p. 182.
  3. Ibid., p. 183.
  4. E. Lowell Kelly, "Clinical Psychology" in W. Dennis, Current Trends in Psychology, p. 84.
  5. Ibid., p. 85.

Not only has there been a demand on the part of the Veterans' Administration, but the passage of the National Mental Health Act in 1946 providing a long-range, comprehensive program for the improvement of the mental health of the people of the United States calls for four times the number of clinical psychologists now available.<sup>1</sup>

Psychological Counseling a Function of Clinical Psychology

It is therefore apparent, in the light of developments noted above, and those which will be mentioned later, that psychological counseling is now recognized as a function of clinical psychology. In 1947, Yepsen, in a lecture delivered at New York University said: "Clinical counseling is a phase of clinical psychology in which the latter is operating at its best. Using techniques of clinical counseling we find the merit of strengthening the individual and making him more adjustable as his counseling proceeds".<sup>2</sup> When a discussion arose as to the distinction between clinical counseling and psychological counseling, Dr. Yepsen concluded it with the statement: "There is no significant difference between psychological counseling and clinical counseling".<sup>3</sup> There has been a gradual evolution in the

1. R. H. Felix, "National Mental Health Act", Mental Hygiene, XXXI (1947), p. 367.

2. L. N. Yepsen, lecture delivered to a class in Clinical Counseling, January 8, 1949.

3. Loc. cit.



province of clinical psychology until today clinical psychology includes psychological counselors. It should be emphasized here, however, as it has been emphasized throughout the years by various authorities cited above, that all clinical psychologists are not trained for psychological counseling. Training for this branch of clinical psychology will be discussed in the next chapter.

### Fields of Employment

It is now appropriate to discuss in a suggestive and cursory way the general fields in which psychological counseling is employed, for psychologists have been doing counseling and are now taking on an increasing responsibility for the re-adjustment of individuals. The discussion which follows should be considered as merely introductory. A complete study would involve several volumes, each dealing with a different field of employment.

#### College Counseling

The occupation in which they are most frequently found is that of college counseling. This is supported by Snyder<sup>1</sup> who claims<sup>1</sup> that in this area the psychologist has held a largely undisputed role with regard to counseling and therapy, and advances have probably occurred there more rapidly than elsewhere.

-----

1. Wm. U. Snyder, "Present Status of Psychotherapeutic Counseling", Psychological Bulletin, XLIV (1947), p. 308.

As early as 1924, counseling was being carried out at Ohio State University in a "Student Psychological Consultation Service". In 1934 Stogdill made a report on this, describing two groups of cases, one a group of students enrolled for remedial instruction in a Psychology of Effective Study Class and referred to as "Probation Students", and the other a group of student clinical cases, referred to as "Voluntary Consultants". She presents a table showing their problems, and writes: "The total clinical problems emerging upon study of the cases numbered 2024 for the Voluntary Group and 1177 for the Probation Group. These were classified under twelve headings, with frequencies given in per-cents as follows:

<u>Item</u>	<u>Vol.</u> <u>Group</u>	<u>Prob.</u> <u>Group</u>
1. Physical difficulties (physician's diagnosis) especially thyroid and chronic fatigue	25%	36%
2. Personality Probs. (esp. worry, fears, insufficient self esteem)	13%	15%
3. Home conditions (esp. parents' attitudes)	12%	6%
4. Educational Guidance (esp. inadequate study techniques)	11%	18%
5. Social Strain (esp. inadequate social life and social immaturity)	9%	7%
6. Relative Intellectual Inferiority	6%	6%
7. Emotional Instability (emotional shock)	6%	1%
8. Immaturity (inadequate habit systems, emotional fixation on parents)	5%	5%
9. College finances (insufficient, too much work for self-support)	5%	3%
10. Vocational Guidance (no definite aim)	3%	2%
11. Mental Conflict (morals, sex)	3%	1%
12. Functional nervous and mental disorders, extreme hypertension	2%	0%

Stogdill notes that the number of interviews recorded for the two groups were: "Voluntary group, 4740, with an average

of 7.08; Probation Group, 1433, with an average of 4.65".<sup>1</sup>

The service described above was of a rather elaborate nature, and it is reasonable to believe that psychological counseling of a much more informal sort was employed long before.

Recognition has been made for some time that late adolescence is a period of innumerable emotional problems and tensions. In the 1920's those interested in the applications of dynamic psychology and psychiatry wrote of mental hygiene in college with the hope that alleviation of conflict states in adolescence might decrease the incidence of later mental stress in the socially and intellectually valuable people represented by the college population.<sup>2</sup>

There have been published countless surveys and discussions on the problems of college students, (e. g. Chassell,<sup>3</sup>

-----

1. E. L. Stogdill, "A Survey of the Case Records of a Student Psychological Consultation Service Over a Ten Year Period," Psychological Exchange, III (1934), pp. 131, 132.
2. M. R. Anthonisen, "Practice of the College Psychiatrist", Diseases of the Nervous System, III (1942), p. 175.
3. J. Chassell, "Individual Counseling of College Students", Journal of Consulting Psychology, IV (1940), pp. 205, 209.

McKinney<sup>1</sup>, Palmer<sup>2</sup>, Bragdon<sup>3</sup>, Brotemarkle<sup>4</sup>, Emme<sup>5</sup>, Fry and Rostow<sup>6</sup>, Hartman<sup>7</sup>.)

Blos, in a recent survey, claims that in his psychological counseling the following types of problems were met with regularity:

(1) The student who cannot study, who complains of inability to concentrate. (2) The student who is lonely, who cannot make friends. (3) The student who is afraid of examinations, who is unable to speak in class. (4) The student without any purpose or vocational aim.

- 
1. Fred McKinney, "Four Years of a College Adjustment Clinic", Journal of Consulting Psychology, IX (1945), pp. 203-209.
  2. Harold D. Palmer, "Common Emotional Problems Encountered in a College Mental Hygiene Service", Mental Hygiene, XXIII (1939), pp. 544-557.
  3. H. D. Bragdon, Counseling the College Student. Cambridge, Mass.: Harvard University Press, 1929, pp. 80, 81, 102, 103.
  4. R. A. Brotemarkle, "College Student Personnel Problems. The Analytical Study of the Student Personnel Problem", Journal of Applied Psychology, XII, (1928), pp. 1-42.
  5. Earle E. Emme, "The Adjustment Problem of College Freshmen and Contributing Factors", Journal of Applied Psychology, XX (1936), pp. 60-76.
  6. C. C. Fry and E. G. Rostow, Mental Health in College. New York: Commonwealth Fund, 1942.
  7. G. W. Hartman, "The Classification of Adjustment Problems Among College Students," Journal of Abnormal and Social Psychology, XXVIII (1933), pp. 64-69.

- (5) The habitual evader, obstructionist and complainer. (6) The student in acute conflict with his family. (7) The student with a physical defect. (8) Special problems of veterans.<sup>1</sup>

In connection with the problems of college students, it has been the experience of the present writer, during two years of college counseling, that often a vocational or educational problem serves merely as an excuse to discuss with the counselor a problem of a much more personal nature. One of the commonest educational problems often resulting from a personal one is that of poor study habits, especially the inability to concentrate. The reasons for this inability may be trivial, or they may be very deep-rooted. Occasionally the student may receive insight into his difficulty as the result of one interview; often several interviews are necessary before he has traveled beyond the "danger status" in a reeducation process.

The desirability of a psychological clinic in a college situation has been frequently mentioned, (e. g. Brotemarkle,<sup>2</sup> Palmer<sup>3</sup>, McKinney<sup>4</sup>). Brotemarkle makes it plain<sup>5</sup> that he does not consider psychometricians adequate to conduct the necessary diagnosis basic to the solution of individual problems. McKinney pictures the broader objectives of the "Personality Clinic" at

- 
1. Peter Blos, "Psychological Counseling of College Students", American Journal of Orthopsychiatry, XVI (1946), p. 573.
  2. R. A. Brotemarkle, "Clinical Psychology and Student Personnel Work", Personnel Journal, X (1931), p. 258.
  3. Harold D. Palmer, "Mental Hygiene Problems in a University", Mental Hygiene, XVIII (1934); p. 242.
  4. Fred McKinney, "Four Years of a College Adjustment Clinic", Journal of Consulting Psychology, IX (1945), p. 204.
  5. Brotemarkle, loc. cit.

the University of Missouri, which, incidentally, is connected with the Student Health Service there, as the preventing of emotional disturbances which threaten the efficiency, happiness, and normal development of the student and the detecting of the small percentage of students who are seriously in need of extensive professional services not provided by or compatible with the administration of a university clinic.

At Brooklyn College, in a rather elaborate counseling clinic set-up, there was, in the past, an attempt to designate certain functions to counselors particularly well trained in specific counseling areas. For instance, two counselors were experts in the field of vocational guidance, one in curriculum problems, and two psychological counselors dealt primarily with areas of personal adjustment. It was found, however, that to some extent almost all of the counselors were forced to deal with personal problems. This led to the voluntary broadening of the training background of many counselors. In this connection, it was interesting to observe that it was those whose background was particularly of a psychological nature who made efforts to extend their training in the direction of treatment.

#### School Practice.

The psychological counselor has also worked extensively as a school psychologist, or perhaps it would be more appropriate to say that the school psychologist has worked as a psychological counselor, at least since 1923. It was in that year that Hutt,

psychologist for the Montgomery School for Boys, wrote an article, "The School Psychologist".<sup>1</sup> He recognized<sup>2</sup>, as his function, the discovery of the facts of mentality in the individual and the explanation of the deviations of behavior. He was cognizant that children were occasionally excluded from school for scholarship or deportmental reasons because the school had failed to understand the individual problem and to solve it, and felt that the psychologist might prevent such occurrences. He claimed that the psychologist might find that the "can't" and "won't" of the child should be resolved into the term "doesn't", and that the child both "could" and "would" if the case were properly approached.<sup>3</sup>

There were seventy-five school psychologists in the country in 1925, and included in their functions cited at that time were "diagnosis and therapeutics of problem cases, (a) the mentally retarded, (b) the superior child doing inferior work, (c) the child who has a special ability, (d) the child whose behavior does not meet the standards of the community".<sup>4</sup>

Watson reports<sup>5</sup> that in the late spring of 1930 letters describing the new training course at Teachers' College

- 
1. R. B. Hutt, "The School Psychologist", Psychological Clinic, XV (1923), pp. 48-51.
  2. Ibid., p. 51.
  3. Ibid., p. 49.
  4. Percival Symonds, "The School Psychologist--1942", Journal of Consulting Psychology, VI (1942), pp. 173, 174.
  5. Goodwin Watson, "The Demand for Psychological Counselors in Education", Mental Hygiene, XV (1931), p. 542.

for psychological counselors (mentioned above) were sent to every college president, every principal of a private school enrolling more than one hundred pupils, and every superintendent of schools in a community with a population of ten thousand or more throughout the United States. At that time fifteen per cent of the cities and twelve per cent of the private schools were already employing individuals whose description would appear to fit that of Watson's "psychological counselor".<sup>1</sup>

To get a better idea of the various areas in which the psychological counselor serves the schools, a brief survey of pertinent articles seems appropriate. Many references may be found relative to the work of this "psychological counselor" or "school psychologist". Baker gives<sup>2</sup> as the three chief functions, first, that of consultant to the classroom teacher; second, that of administering and interpreting individual tests diagnostically; and third, that of remedial work. Burnside considers the psychologist's work with "gifted children";<sup>3</sup> Zachry writes<sup>4</sup> of the functions of the Child Guidance Bureau; and

- 
1. Ibid., p. 545.
  2. G. Derwood Baker, "What the Public School Needs from the Psychologist", Journal of Consulting Psychology, VI (1942), pp. 177-179.
  3. Lenoir H. Burnside, "Psychological Guidance of Gifted Children", Journal of Consulting Psychology, VI (1942), pp. 223-228.
  4. Caroline Zachry, "The Psychotherapist and the School", The Nervous Child, III (1944), pp. 249-257.



Thayer describes<sup>1</sup> the services of a psychological counselor in a private school, particularly in dealing with social and emotional problems.

Today there is a tendency for school psychologists in smaller school systems to handle increasingly those most severely disturbed emotionally and socially, and where possible and advisable using a psychiatrist in a consulting capacity to deal with the less serious emotional problems.<sup>2,3</sup> It is in this capacity that there is a very promising future for the psychological counselor.

Watson also points out<sup>4</sup> another area in school practice in the movement for extending the responsibility of the school two years beyond the age of eighteen. He feels<sup>5</sup> that this offers a significant opportunity in the rapidly expanding program for psychotherapy and reeducation to care for all American Youth.

- 
1. V. T. Thayer, "Psychological Services Needed in a Private School", Journal of Consulting Psychology, VI (1942), pp. 181-184.
  2. S. Goldberg, et al., "Report on the Functions, Training and Employment Opportunities of School Psychologists", Journal of Consulting Psychology, VII (1943), pp. 230-243.
  3. P. Symonds, "The School Psychologist-1942", Journal of Consulting Psychology, VI (1942), pp. 173-176.
  4. G. Watson, "Psychology in the Emerging Education", Journal of Consulting Psychology, X (1946), p. 59.
  5. Loc. cit.

## Child Guidance Clinics

It is virtually impossible to determine when and where the clinical psychologist first began to function as a counselor in a child guidance clinic. As a matter of fact it is difficult to separate the role of the psychiatrist, the social worker, and the psychologist in this set-up, for even in the early psychiatric clinics such as that established in 1912 at the Boston Psychopathic Hospital under Southard and the Phipps Psychiatric Clinic (1913) they worked side by side.<sup>1</sup> Lowrey states<sup>2</sup> that Southard was the first to speak of the clinical team of psychiatrist, psychologist, and social worker, and to have them work effectively together. The universal recognition of this team is credited, however, to the example set by its subsequent use in the Institute for Juvenile Research established by Healy in 1909, and at the Judge Baker Foundation in Boston where Healy later went as director.

That the roles of these three team members was not easily distinguishable was observed in 1930 by Hartwell, who said<sup>4</sup> that the psychiatrist, the psychologist and the social

- 
1. L. G. Lowrey, "Psychiatry for Children, a Brief History of Developments," American Journal of Psychiatry, CI (1944), p. 379.
  2. Ibid., p. 380.
  3. National Committee for Mental Hygiene, Annual Report, 1947 p. 23.
  4. S. W. Hartwell, "Symposium; The Treatment of Behavior and Personality Problems in Children," American Journal of Orthopsychiatry, I (1930), p. 3.

worker were so closely associated in their attempts to alter undesirable behavior and personality traits of children that it was not easy to separate the function of each.

The fact is that at the present time the role played by the psychologist differs from clinic to clinic. In one clinic his duties may range from those of a psychometrist responsible only for the administration of tests, while in another he may have the full responsibility of a psychological counselor.<sup>1</sup>

The therapeutic function of the psychologist in child guidance clinics is noted by the number of authorities, among them Helen Witmer, who admits<sup>2</sup> that some clinics are beginning to use their psychologists for therapeutic work, particularly with young children. Stevenson and Smith point out<sup>3</sup> that psychi-

- 
1. W. Mason Mathews, "Scope of Clinical Psychology in Child Guidance," American Journal of Orthopsychiatry, XII (1942), p. 388.
  2. Helen Witmer, Psychiatric Clinics for Children, p. 369.
  3. George S. Stevenson and Geddes Smith, Child Guidance Clinics: A Quarter Century of Development, pp. 119, 120, 121.

atrists, social workers, and psychologists, working side by side, borrowed freely from each other and an interpenetration of technique made each of them competent to share, within limits, the tasks of the others; and that the choice of the therapist for a particular case may be governed by the natural development of rapport with one worker or another rather than by technical considerations. Lowrey also has noted<sup>1</sup> that by virtue of continuing contact with clinical problems and with the therapeutic efforts of the group, the psychologist has been drawn into therapy. Rogers mentions<sup>2</sup> the lack of rigidity in the Rochester Guidance Center while he was there, where treatment cases were assigned on the basis of individual competence so that in their therapeutic work one might find any of the possible combinations--a psychologist treating the child and a social worker the mother, a psychiatrist the child, and a psychologist the mother, etc.

These examples are evidence of the fact that the psychological counselor has found a place in child guidance work.

#### Rehabilitation

Countless individuals having marginal social and emotional problems with which they feel the need of help do not carry them to psychiatrists, because of the stigma of mental disease

1. Lawson J. Lowrey, "Trends in Therapy", American Journal of Orthopsychiatry, IX (1939), p. 690.
2. Carl Rogers, "Discussion" of Tulchin et al., American Journal of Orthopsychiatry, XII (1942), pp. 403, 404.

associated with psychiatric treatment, and thus seek no aid at all until the situation becomes acute and unbearable. The psychological counselor, with whose name no such stigma is attached, may deal with these individuals when their problems are in the early stages and may even prevent the ultimate necessity of their consulting a psychiatrist.<sup>1</sup>

The problem of rehabilitating individuals who are physically handicapped was brought to a focus when there was such an urgent need for the full utilization of manpower during the war. Marquis, et al., describing the psychological clinic in the Rehabilitation Clinic at Yale, in cooperation with the Connecticut State Board of Education, listed<sup>2</sup> some of the functions which seemed to fit the role of the psychologist, among which were those of psychological consultation and psychological counseling.

Another example of the counseling function of the psychologist in rehabilitation is furnished by the Veterans' Administration Mental Hygiene Clinics, which were mentioned above. Campbell, reporting on the New York Clinic, states<sup>3</sup> that psychologists carry out, under the supervision of a qualified psychi-

- 
1. Starke R. Hathaway and L. R. Harmon, "Clinical Counseling in Emotional and Social Rehabilitation", Journal of Clinical Psychology, II (1946), p. 151.
  2. D. P. Marquis, F. W. Novis, and S. M. Wesley, "The Role of Psychology in a Rehabilitation Program", Psychological Bulletin, XL (1943), p. 700.
  3. Helen M. Campbell, "The Role of the Clinical Psychologist in a Veterans' Administration Mental Hygiene Clinic", Journal of Clinical Psychology, III (1947), p. 19.

atrist, individual psychotherapy with patients who have minor or superficial psychoneurotic problems or problems in reeducation of habits, each psychologist carrying four or five such patients.

#### Hospitals

Selling reported in 1932 that there was a tendency to limit the psychologist's work in hospitals to psychometrics.<sup>1</sup> In 1939, however, Berdie and Darley, who surveyed the field of Applied Psychology, predicted<sup>2</sup> that one of the largest potential sources of demand for applied psychologists was to be found in the five hundred seventy-three public and private hospitals for mental and nervous diseases. Some of the eighty-one hospital psychologists answering the questionnaire submitted to them indicated<sup>3</sup> that they gave a great deal of time to psychotherapy.

In 1944 a series of articles appeared in the Journal of Consulting Psychology which may serve as a survey of the situation at that time. This series was introduced by Wells, who claimed<sup>4</sup> that a near functional comparison of the psychologist in hospitals could be made with the school psychologist, though

- 
1. L. S. Selling, "The Function of Psychologists in Mental Clinics and Hospitals", Psychological Exchange, I (1932-33), p.16.
  2. Ralph Berdie and John Darley, "The Fields of Applied Psychology", Journal of Consulting Psychology, IV (1940), p. 57.
  3. Ibid., p. 48
  4. F. L. Wells, "Psychologists' Function in Hospitals", Journal of Consulting Psychology, VIII (1944), p. 267.

the latter was likely to be more on his own resources, and have more independence in his professional functions.

A review of these articles indicates that there were then two distinct functions of psychologists in hospital set-ups: first a testing one, including test interpretation, which might be combined with teaching and research and which would appear to be the function of the psychologist in the psychiatric hospital<sup>1</sup> and the state hospitals for the mentally ill;<sup>2</sup> secondly there was a therapeutic function varying from institution to institution. Certainly not all of the therapy described meets with the functions of a psychological counselor as defined in this thesis. Group therapy is practiced in a psychiatric unit for children<sup>3</sup>, and some portion of the therapy practiced in the general hospital and in the tuberculosis hospital is bibliotherapy and occupational therapy.<sup>4,5</sup>

Of interest is the fact that forty per cent of the time of the psychologists at the Henry Ford Hospital in Detroit was

- 
1. David Wechsler, "The Psychologist in the Psychiatric Hospital", Journal of Consulting Psychology, VIII (1944), pp.281-285.
  2. Phyllis Wittman, "Psychological Services in State Hospitals for the Mentally Ill", Journal of Consulting Psychology, VIII (1944), p. 291.
  3. E. F. Kinder, "The Work of the Psychologist in a Psychiatric Unit for Children", Journal of Consulting Psychology, VIII (1944), pp. 273-280.
  4. Emmett Schott, "The Psychologist in the General Hospital", Journal of Consulting Psychology, VIII (1944), pp. 302-307.
  5. Morton A. Seidenfeld, "The Psychologist in the Tuberculosis Hospital", Journal of Consulting Psychology, VIII (1944), pp. 312-318.

spent in interviewing, thirty per cent in therapy, twenty-five per cent in testing, and five per cent in miscellaneous work.<sup>1</sup> Schott says: "The majority of requests that come to us for psychological consultation service outside of our own division are from the department of pediatrics, but not infrequently are they received from the division of general medicine, dermatology, metabolism, neurosurgery, and gynecology and obstetrics".<sup>2</sup>

From the description of services rendered, there is no doubt in the mind of the present writer but that some of the therapeutic work there carried on by these psychologists is that of a psychological counselor. This is confirmed by her personal acquaintance with this institution, and by the statement, "a number of subsequent contacts or visits may be needed to modify the patient's behavior or plan changes in his environment."<sup>3</sup>

Mention has been made of the good record the clinical psychologists made in counseling and therapy during their war services. Psychologists did so well in this area that Hawley makes the prediction that, in a complete medical program, their duties will include counseling and psychotherapy, provided they are trained for this, performed under the supervision of a psychiatrist and dealing particularly with "personality problems within the normal range, education disabilities such as reading

-----

1. Schott, op. cit., p. 302.

2. Loc. Cit.

3. Ibid., p. 303.



defects, speech impairments, or similar difficulties requiring re-education or relatively minor psychoneurotic conditions without important somatic components".<sup>1</sup>

Tremendous possibilities for the future were predicted by Menninger on the occasion of the establishing of the Menninger Foundation-Kansas University School of Clinical Psychology when he said: "In my own mind there is no doubt that the time will come when the assistance of the psychologists in the diagnosis, let us say, of cancer or arthritis will be taken as a matter of everyday routine by the internist, and when the treatment of certain types of illnesses by the psychologists associated with the psychiatrist will be taken as standard procedure. Such a time is not here yet".<sup>2</sup>

It may be concluded, then, that some psychologists are already doing psychological counseling in hospitals, and that this is an area in which greater expansion may be anticipated in the future.

#### Industry

It appears that the function of the psychological counselor is just beginning to be felt in Industry. It was noted in

- 
1. Paul R. Hawley, "The Importance of Clinical Psychology in a Complete Medical Program", Journal of Consulting Psychology, X (1946), p. 299.
  2. Karl Menninger, "Psychiatry and Psychology", Bulletin of the Menninger Clinic, XI, 2 (1947), p. 48

Chapter I that a general survey of the people doing counseling in this field ranged from the comparatively uneducated to well trained psychiatrists, but there was so little evidence of stabilization as to preclude the discussion there of the relation of psychological counseling to this field. Evidence points to the fact that the value of psychologists in a counseling capacity has begun to be recognized in this area only in the last three years.

Reporting on their survey of Applied Psychologists late in 1939, Berdie and Darley made the observation that "psychologists do not exist in industry",<sup>1</sup> and substantiated this statement by the fact that there was not one person whose official job title was "psychologist" in a list of over one thousand subscribers to the Personnel Research Federation. They felt that many jobs for psychologists were either already existent in industry, however, or waiting to be done. Berdie discovered<sup>2</sup> that psychologically trained personnel were indeed employed by industry under varying titles, and he classified their duties in six fields of endeavor, not one of which resembled in any respect psychological counseling.

Even as late as 1946, Taft viewed a "staff psychologist" as an individual whose ultimate goal would be an administrative

- 
1. Ralph Berdie and John Darley, "The Fields of Applied Psychology", Journal of Consulting Psychology, IV (1940), p. 49.
  2. Ralph Berdie, "The Field of Applied Psychology", Journal of Applied Psychology, XXIV (1940), p. 561.

position, but who would in the meantime be occupying himself "with employee counseling, morale surveys, and personnel research".<sup>1</sup>

In the same year, however, Evans gave psychological counseling full recognition in this area, and recommended<sup>2</sup> that the psychologist work in close contact with the physician, assisting him with his "counseling" load, rather than working under "lay" supervision in the guise of the Personnel Manager or the Director of Industrial Relations. This authority likewise deplored the fact that the needs of the majority of concerns had either gone unfulfilled or, to partially satisfy these needs, utilization had been made of the services of "consulting" or "human engineering" firms, few of which are staffed by professionally qualified personnel. "He felt"<sup>3</sup> that industry offered good prospects for the "psychological counselor".

The broadened scope of the clinical psychologist in industry is also comprehensively described<sup>4</sup> by Weider, who would have him do counseling and therapy to assist the employees in meeting their emotional problems. His whole paper is built around

- 
1. Ronald Taft, "The Staff Psychologist in Industry", American Psychologist, I (1946), p. 61.
  2. Chester E. Evans, "The Consulting Psychologist in Industry", American Journal of Orthopsychiatry, XVI (1946), p. 625.
  3. Ibid., pp. 626, 630.
  4. Arthur Weider, "Mental Hygiene in Industry,--a Clinical Psychologists's Contribution", Journal of Clinical Psychology, III (1947), p. 319.

the endeavor to point out how the psychologist can make his contribution toward the goal of mental hygiene in industry, which he says is "(1) to maintain the mental health of employees by insuring happiness, satisfaction and good work adjustment; and (2) to avoid wastefulness of human resources due to faulty emotional adjustments".<sup>1</sup>

Industry, then, presents an increasingly potential field for the psychological counselor.

### Correctional Psychology

In the preface to their Handbook of Correctional Psychology Lindner and Seliger state: "Correctional psychology is a relatively new specialty. Put simply, it is a branch of applied medical art and science which properly restricts itself to the understanding and treatment of individuals under conditions of detention".<sup>2</sup>

This modern attitude began in America with the work of Healy at the Juvenile Psychopathic Institute in Chicago in the first and second decades of this century, for it was at that time that Healy presented the new viewpoint of individualizing the offender and studying him from all angles.<sup>3</sup>

A survey of the literature, and personal communication with individuals connected with correctional institutions, reveal

-----  
1. Loc. cit.

2. R. M. Lindner and R. V. Seliger, Handbook of Correctional Psychology.

3. Lowell S. Selling, "A New Profession: Psychiatric Criminology", American Journal of Orthopsychiatry, VI (1936), p. 437.

that whereas the plan for individual correctional treatment is ideal, in actual practice it is as yet extremely limited. At the National Training School for Boys in Washington, D. C., for example, of three hundred fifty boys, fifteen are now receiving individual psychotherapy varying from one to five times per week. At the same institution, however, a program of group therapy has been initiated, in which a total of approximately fifty boys are included, who receive treatment in groups of fifteen or less. The therapeutic staff is comprised of two full time psychologists, one part-time psychological intern, two part-time psychiatrists, and three consulting psychiatrists who supervise the therapy. This Institute is a progressive one in the field, and is being used as a training center by the United States Public Health Service.<sup>1</sup>

An abstract by Castner reveals<sup>2</sup> that in California the Youth Authority, a state agency with jurisdiction over offenders under twenty years of age committed to it by the courts, has a Division of Diagnosis and Classification which comprises besides the chief of the division, a staff of five Senior Clinical Psychologists, with consulting psychiatric service available. Most youths committed receive psychological study and observation for several weeks before their disposition is determined, and a

-----  
1. Information in this paragraph was obtained in a personal interview with Dr. James Thorpe, January 21, 1949.

2. Burton M. Castner, "The Clinical Program of the California Youth Authority", American Psychologist, II (1947), p. 414.

limited number receive therapy.

California is one of the more progressive states in the matter of psychological services in a correctional capacity. As recently as 1944 a questionnaire was sent to each of the fifty eight California County Probation Departments, of which returns were made by forty four, or seventy six per cent.<sup>1</sup> The conclusion was reached that whereas the majority of the Probation Departments and juvenile and adult courts recognized a diffuse need for clinical psychological service they did not know exactly what to expect of this service.<sup>2</sup> The clinical psychologist with his counseling function is so new in this area that the education of those connected with correctional work is necessary.

The work of the prison psychologist, according to Corsini,<sup>3</sup> falls under three broad headings: first, psychometric; second, guidance, i. e., the giving of educational, vocational, and personal guidance; and third, the relationship with the line and staff officer in a prison. As explanation of the last function he states<sup>4</sup> that, in some institutions, the psychologist and the psychiatrist are the permanent members of the classification board doing the spade work for the larger board.

- 
1. A. Burton, "Functions of the Clinical Psychological Service in California Juvenile and Adult Courts," Journal of Psychology, XXII (1946), p. 94.
  2. Op. cit., p. 96.
  3. Raymond Corsini, "Functions of the Prison Psychologist," Journal of Consulting Psychology, IX (1945), p. 102.
  4. Loc. cit.

Burton lists seventy-eight names of clinical psychologists working in prisons and correctional schools. One of the criteria of his listings was that the psychologist must be giving at least one quarter of his time to correctional psychology.<sup>1</sup>

Berdie and Darley stated<sup>2</sup> in 1940, that one of the largest potential markets for the services of the applied psychologists lies in the prisons of the country. Assuredly this is a field for the psychological counselor.

#### Private Practice.

Psychological counselors are likewise working as consulting psychologists. Berdie distinguishes the consulting psychologist from other applied psychologists by stating<sup>3</sup> that this title is appropriate when they are their own employers and work on a fee basis as do most doctors. Consulting psychologists are psychological counselors who have had much more than the minimum requirements both as to training and experience. Rosen suggests<sup>4</sup> that they have the Ph. D. in psychology, plus four years experience under supervision.

- 
1. Arthur Burton, "Directory of Clinical Psychologists Engaged in Correctional Psychology", Journal of Psychology, XXVI, (1948), pp. 19-24.
  2. Ralph Berdie and John Darley, "The Fields of Applied Psychology", Journal of Consulting Psychology, IV (1940), p. 49.
  3. Ralph Berdie, "The Field of Applied Psychology", Journal of Applied Psychology, XXIV (1940), p. 556.
  4. Esther K. Rosen, "Opportunities for the Psychologist in Private Practice, a Symposium", Psychological Exchange, III (1934-35), p. 151.

Physicians are referring clients to psychologists for counseling. Baruch, Curran, Axline, Bixler, and Snyder all have treated cases referred to them by physicians.<sup>1</sup> Their clients may come from sources as numerous as the psychiatrist's patients, and like psychiatrists in private practice they work independently of a clinic. Just as there are many persons today who prefer to deal with a physician in his own office, rather than in a clinic, there are those who prefer interviews with a psychological counselor in a private setting.

It is quite usual for the psychological counselor doing private practice to be on the staff, in a part time capacity, of a college, hospital, clinic, or school.<sup>2</sup>

Problems which clients offer to the psychological counselor in private practice include those of marriage, conflicts between parents and children, financial insecurity, difficulties in finding and holding jobs, sexual maladjustments, feelings of inferiority or inadequacy, problems of habitual dishonesty, emotional problems of the school child, religious problems, social maladjustment, fears, phobias and complexes.<sup>3,4</sup>

- 
1. Wm. U. Snyder, "Present Status of Psychotherapeutic Counseling", Psychological Bulletin, XLIV (1947), p. 301.
  2. W. H. D. Vernon, "Some Professional Problems of the Consulting Psychologist", Journal of Consulting Psychology, X (1946), p. 140.
  3. E. H. Henley, "The Psychologist in Private Practice", Psychological Exchange, III (1934-5), p. 219.
  4. Wm. S. Casselberry, "The Psychologist in Private Practice", Psychological Exchange, IV (1935), p. 58.



Need for Protection of Society from Charlatans

As administrators in the fields of employment mentioned above, as well as people with problems, become increasingly aware of the counseling role the clinical psychologists have assumed there has arisen the imminent necessity for consultation by them of qualified psychological personnel. Unscrupulous individuals with a few courses in psychology are bound to invade these fields, and many have already done so. For the protection of society steps are therefore being taken by those legitimately trained. These steps include the development of a professional code and plans for certification.

Professional Code

In 1944 Sutich produced<sup>1</sup> his ideas of a Code for Psychological Consultants whom he classified as those engaged in "counseling psychology". In this code he set forth the psychologist's duties and rights, the rights and duties of the client, duties in relation to minors, mutual duties and rights, and inter-professional duties and rights. It was his proposal that it be suggestive only, and that it might serve as the basis of future work to be done by a committee of the American Psychological Association.<sup>2</sup> Such a committee is now at work.

-----

1. A. Sutich, "Toward a Professional Code for Psychological Consultants," Journal of Abnormal and Social Psychology, XXXIX (1944), pp. 329-350.

2. Ibid., p. 349.

Discussion of a code of ethics for psychologists was subsequently brought to a greater focus by Sargent<sup>1</sup>, Bixler and Seeman<sup>2</sup>, and Hobbs.<sup>3</sup> The latter stated<sup>4</sup> that in 1947 a standing committee of the American Psychological Association on Scientific and Professional Ethics which had been investigating unethical practices since 1940 reported the need for a written code, since the existing unwritten code was tenuous, elusive, and unsatisfactory. It was his opinion<sup>5</sup> that such a code should meet the needs of more than the consulting psychologists for whom Sutich's code was designed, in other words it should also meet the needs of the "psychologist as teacher, as research worker, as psychodiagnostician, as psychotherapist, as school psychologist, as consultant to business, industry, and government".<sup>6</sup> Such a code which is at present being formulated by the Committee on Ethical Standards

- 
1. Helen Sargent, "Professional Ethics and Problems of Therapy", Journal of Abnormal and Social Psychology, XL (1945), pp. 47-60.
  2. Ray Bixler and Julius Seeman, "Suggestions for a Code of Ethics for Consulting Psychologists", Journal of Abnormal and Social Psychology, XLI (1946), pp. 486-490.
  3. Nicholas Hobbs, "The Development of a Code of Ethical Standards for Psychology", American Psychologist, III, (1948), pp. 80-84.
  4. Ibid., p. 81
  5. Ibid., p. 84
  6. Loc. cit.

for Psychology<sup>1</sup> promises to cover the areas designated above as those of the psychological counselor. This will contribute to the official recognition of the clinical psychologist serving in such a capacity.

### Certification

Frequent mention of the need for certification for those dealing with counseling and therapy has been made from time to time.

A provision for certification of consulting psychologists actually was made by the American Psychological Association in 1922, but it was limited to the measurement of various types of intelligence and special abilities.<sup>2</sup> It was agreed that certification as consulting psychologist be constituted through membership in a section of the American Psychological Association. It was felt that the term Clinical Psychology was not representative of the functions of such certification, and that it not be applied thereto.<sup>3</sup>

(Doll, in writing on the degree of Ph. D. and Clinical Psychology, in 1920, concluded<sup>4</sup> that it was important to empha-

-----

1. "Developing a Code of Ethics for Psychologists," American Psychologist, IV (1949), p. 17.
2. American Psychological Association, "Report of Standing Committee on the Certification of Consulting Psychologists," Psychological Bulletin, XIX (1922), p. 74.
3. Loc. cit.
4. E. A. Doll, "The Degree of Ph. D. and Clinical Psychology," Journal of Applied Psychology, IV (1920), p. 90.

size that a candidate for certification ought to be free to offer demonstrated ability or knowledge in clinical psychology in lieu of the Ph. D. This sentiment has continued to recur throughout the years.)

The above mentioned certification plan of the American Psychological Association did not last long, however, for when a study of the effectiveness of it was made, along with a survey of the sentiment of the members, it was agreed at the 1928 meeting to abolish all certification of consulting psychologists by the Association.<sup>1</sup>

The increasing assumption of counseling and therapy as a function of the clinical psychologist, as outlined in this chapter, has again forced this Association to take action. As a result there has been created a Board of Examiners in Professional Psychology. The by-laws of this organization specify three fields in which certification may be granted: clinical psychology, industrial psychology, and guidance.<sup>2</sup> The minimal qualifications for such certification are, in general, satisfactory moral and ethical standing in the profession and membership in the American Psychological Association.<sup>3</sup> Educational requirements consist in the holding of a doctoral degree in Psychology or its equivalent, and a minimum of five years experience in the

- 
1. American Psychological Association, "Proceedings of the Thirty-Sixth Annual Meeting", Psychological Bulletin, XXV (1928), pp. 131, 132.
  2. American Psychological Association, "Committee on the American Board of Examiners in Professional Psychology", American Psychologist, I (1946), p. 511.
  3. Ibid., p. 515

specialty for which the candidate seeks certification.<sup>1</sup> According to this, the psychological counselor may be certified under the field of guidance, and not necessarily as a clinical psychologist.

### Summary

In this chapter the evolution of Clinical Psychology has been traced from the time of its founding by Lightner Witmer at the University of Pennsylvania in March, 1896, when it was limited mainly to tests in the physical and motor areas, through the intervening period of vast expansion in testing and diagnosis, and finally to the application of counseling and psychotherapy.

It has been noted that, in the year 1935, neither psychotherapy nor psychological counseling was considered to be the function of the clinical psychologist, according to the Report of the Committee of the Clinical Section of the American Psychological Association, yet such was the development along these lines that in 1947 definite provisions were made for training in counseling for the clinical psychologist by the adoption by this Association of the "Recommended Graduate Program in Clinical Psychology" proposed by the Committee on Training in Clinical Psychology.

The impetus given psychological counseling by the demands of the Veterans Administration and the passage of the National Mental Health Act, and the real need for therapy arising as a result of the war crisis, have been discussed.

-----  
1. Ibid., p. 516.

A brief resumé has been made of the development of psychological counseling in the areas of the college and university, the school, the child guidance clinic, the rehabilitation clinic, the hospital, industry, correctional institutions, and private practice.

There has also been presented the resultant need for a professional code and for certification of psychologists practicing in this area.

This type of counseling has been called by many names, among them personal counseling, clinical counseling, and therapy. To whatever name it answers, and the recommendation of this paper is psychological counseling, it has been an outgrowth of Clinical Psychology.

## CHAPTER IV

### PSYCHOLOGICAL COUNSELING AND PSYCHIATRY

#### Relationship of Psychology and Psychiatry

Now that the psychological counselor has received official recognition, as was illustrated by the preceding chapter, it is appropriate to observe the relations between psychiatry and psychology in general, for it is the second proposition of this dissertation that psychological counseling is closely related to the field of psychiatry.

#### Psychiatry called Medical Psychology

Psychiatry has been and still is called "medical psychology". A few illustrations will suffice. An introduction to psychiatry published by Curran and Guttman in 1943 bears the title Psychological Medicine.<sup>1</sup> One of the related studies cited in Chapter I is Zilboorg's History of Medical Psychology in which he uses this term to cover the whole field of abnormal psychology with its contingent mass of practical and theoretical problems, and classifies psychiatry as a specialty in the field of "Medical Psychology". Hartwell<sup>2</sup> uses the term "Medical Psychology" interchangeably with "psychiatry" in his text, written

-----  
1. Desmond Curran and Eric Guttman, Psychological Medicine.

2. Samuel W. Hartwell, Practical Psychiatry and Mental Hygiene.

primarily for nurses, entitled Practical Psychiatry and Mental Hygiene. In Part II of this volume designated "Medical Psychology", he includes chapters on The Physiological Approach, Schools of Academic Psychology, The Psychoanalytic School of Clinical Approach, and Psychobiology, among others. The use of this nomenclature assuredly signifies a relation between the two fields, an affiliation which will be developed further.

#### Consultation of Psychological Works by Psychiatrists

Evidence that a few early psychiatrists consulted studies made by psychologists as contrasted with men medically trained is given by Moore.<sup>1</sup> He says that Benjamin Rush (1745-1813), the author of the first textbook on psychiatry in this country, consulted the works of psychologists for the light they might throw on the disorders of the mind,<sup>2</sup> and that Samuel Worcester's Insanity and Its Treatment, published in 1882, was also compiled in the spirit of Rush in that the author made an honest attempt to gather all the available information on psychology, and to make what use of it he could to throw light on the problems of mental disorders.<sup>3</sup>

In Europe too, as Moore also points out,<sup>4</sup> Emil Kraepelin attempted to lay the foundation of his psychiatry in psychology. He associated himself with Wundt in Leipzig, which

-----

1. Thos. V. Moore, "Psychology and Psychiatry," American Psychiatry, 1844-1944, p. 443-477.

2. Ibid., p. 443.

3. Ibid., p. 445.

4. Loc. cit.



was then regarded as the center of the psychological world. This statement is supported by Hart who claims<sup>1</sup> that Kraepelin recorded in psychological terms the phenomena he observed and maintained a psychological point of view in his classification, that his longitudinal approach broke down the old symptomatological impasse, that he cleared the ground for psychology and opened a road in psychiatry along which psychology has been able to make notable progress.

(Georg) Theodor Ziehen presented an even closer union of psychology and psychiatry, and his whole life work was an attempt to found psychiatry upon the experimental psychology of Wundt.<sup>2</sup> Ziehen quotes an address made by Wundt in 1900 when the latter entered upon his duties as Ordinary Professor of Psychiatry at Utrecht: "Scientific psychiatry is not possible without a scientific psychology....At the present time this can only be a matter of the so-called physiological or experimental psychology, that is that psychology which not only does its research in a purely empirical manner but also employs the physiological method."<sup>3</sup>

- 
1. Bernard Hart, "Psychology and Psychiatry," Mental Hygiene, XVI (1932), p. 183.
  2. Moore, op. cit., p. 451.
  3. Theodor Ziehen, Ueber die Beziehungen der Psychologie und Psychiatrie, Rede gehalten bei dem Antritt der ord. Professor für Psychiatrie an der Universität Utrecht am 10. Oktober 1900 (Jena, G. Fischer, 1900), pp. 2-3, as quoted in Moore, op. cit., p. 451.

Whereas American psychology came to be based largely on the experimental psychology of Wundt, the latter's influence on American psychiatry was not great.<sup>1</sup> Psychiatry, in the latter part of the nineteenth century, went "to neurology for information about the mind of man. The treatment of mental disorders was to remain largely general hospital care---until, with the advent of Freudian psychoanalysis, it was to right about face---and go to the opposite extreme of a purely analytical psychotherapy."<sup>2</sup>

Wallin went so far in 1911 as to say:

In hospitals for the insane practically all of the recent work of value in psychiatry has been done by psychologists or by alienists trained in the methods and imbued with the spirit of the new psychology. The pioneers in the new psychiatry are Wernicke, who, to be sure, recognizes the paramount importance of etiology in the consideration of mental diseases, but finds it inadequate for classification, and who makes the disorders of the content of consciousness primary;---Ziehen, whose classification is thoroughly psychological (based upon the Herbartian and association psychology); Kraepelin, who employs the methods of psychological experimentation, the longitudinal method of analysis of the stream of consciousness (sequential course) for making a composite picture of the distinctive traits of various disease types; and Freud, who makes use of the method of psychoanalysis for purposes of diagnosis and prognosis. These German movements in psychiatry are represented here by Dr. Adolf Meyer, now at the Johns Hopkins Hospital; Dr. August Hoch, at the Ward's Island Psychiatric Institute (both of these psychiatrists have done notable work along Kraepelinian lines especially), and Dr. Ernest Jones of the University of Toronto, who is an exponent of Freudian methods.<sup>3</sup>

---

1. T. V. Moore, op. cit., p. 447.

2. Loc. cit.

3. J. E. W. Wallin, "The New Clinical Psychology and the Psycho-Clinicist," Journal of Educational Psychology, II (1911), pp. 122, 123.

Psychoanalysis, a Bridge between Psychology and Psychiatry

It was the contribution of psychoanalysis, psychological in its explanation of the dynamics of the mind, but founded by Freud, a psychiatrist, that caused psychiatry to turn to psychology for the interpretation of mental phenomena.

Reception and Spread of Psychoanalysis in America

The rudimentary ideas of psychoanalysis had been presented in a few seminars and lecture courses in America before 1909, and as early as 1906, in the first issue of the Journal of Abnormal Psychology, Putnam had published an article on the psychoanalytic treatment of hysteria, but, except for a handful of people, Freud was unknown and without influence in American psychology until his addresses of 1909 had been published in the American Journal of Psychology in 1910.<sup>1</sup>

Freud records<sup>2</sup> his introduction of psychoanalysis to this country in the fall of 1909 when G. Stanley Hall, the president of Clark University, invited him and Jung to lecture there in German. His contributions were shown to be something which might enrich both the content and the methodology of general psychology when the American Journal of Psychology carried over twenty papers, summaries, and reviews on psychoanalysis between 1910 and 1920.<sup>3</sup>

- 
1. J. F. Brown, "Freud's Influence on American Psychology," Psychoanalytic Quarterly, IX (1940), p. 283.
  2. S. Freud, "The Psychoanalytic Movement," in Collected Papers, I., p. 314.
  3. Brown, op. cit., p. 285.

In 1911 both the New York and the American Psychoanalytic Societies were founded. Active cooperation was furnished by such distinguished psychiatrists as Adolf Meyer, August Hoch, Smith Ely Jelliffe, William Alanson White, Richard Hutchings, Ross Chapman, Macfie Campbell, and George Kirby.<sup>1,2</sup>

Bartemeier states:

The diligent, respectful and scholarly efforts of Dr. Meyer personally to clarify issues and to focus problems in discussions bordering on psychoanalytic psychiatry have been all too often overlooked in tracing the origin of fortunate developments in psychoanalysis. Dr. William A. White....fluent, immensely persuasive, eternally the teacher, discouraged on every occasion the violently prejudicial opposition which was directed here and there at the views of Freud. With Smith Ely Jelliffe he founded the Psychoanalytic Review in 1913 which he edited to the time of his death. Through this Quarterly and by dint of innumerable articles and discussions he simply compelled the more serious of his colleagues to see that the dynamic theories gave a great deal to their psychiatry.<sup>3</sup>

The theories and doctrines of psychoanalysis, like all revolutionary contributions to any field, were widely debated by psychiatrists and psychologists alike. Even today psychoanalysis is not universally recognized by all psychiatrists, yet it was sufficiently accepted by the American Psychiatric Association in 1934 that a psychoanalytic section was formed in that year.<sup>4</sup>

-----

1. A. A. Brill, "Remarks Introductory to the Symposium on the Relations of Psychoanalysis to Psychiatry," American Journal of Psychiatry, XCI (1935), p. 1091.
2. Leo H. Bartemeier, "The Contribution of Psychiatry to Psychoanalysis," American Journal of Psychiatry, CI (1944), p. 207.
3. Ibid., p. 208.
4. A. A. Brill, op. cit., p. 1089.

Whereas it early received favorable reception by American psychologists, nevertheless the Behaviorists roundly condemned it.\* As time passed, and more emphasis was placed on Gestalt psychology, which is based on postulates much more easily reconcilable with psychoanalysis than were those of Behaviorism, psychoanalysis has again become more readily accepted. Freud's findings have been supported by experiments which have been undertaken on both human and animal subjects at many of the universities and research institutes, most notable at the Harvard Psychoclinic (sic), the Institute of Human Relations at Yale, Johns Hopkins University, the University of Michigan, Iowa, Kansas, the Worcester State Hospital, and the Menninger Clinic.

Park made a survey of fifty academic psychology books published between 1910 and 1930 and found that over ninety two per cent of them showed distinct Freudian influence. Her figures indicate<sup>1</sup> that Freudianism had a recognized place in psychology in 1930. This place has been strengthened with the passing of the years.

It is significant that, whereas the American psychologists were the ones to introduce psychoanalysis to this country, it was given strong support by leading psychiatrists, and is now

-----

\* J. F. Brown is the source for all statements made in this paragraph, "Freud's Influence on American Psychology," Psychoanalytic Quarterly, IX (1940), pp. 283-291.

1. Dorothy G. Park, "Freudian Influence on Academic Psychology," Psychological Review, XXXVII (1931), pp. 73-86.

accepted by eminent leaders in both professions. It is necessary to understand what the total effect has been.

Significance of Freud's Contribution

Freud has revolutionized psychology, according to Schmalhausen.<sup>1</sup> He says that there is no academic psychologist in America today who does not wittingly or unwittingly lean upon and borrow from psychoanalytic data and methods and insights. He graphically terms it the psychiatrizing of psychology. The significance of his contribution is attested by statements made by other recognized authorities. Brown claims<sup>2</sup> that if by scientific psychology is meant the science which studies the total integrated behavior of the human organism it is becoming increasingly clear that psychoanalysis is the major contribution to scientific psychology made in our time. He defines psychoanalysis as "that portion of psychology which deals with the sources and distribution of the psychic energy underlying the inte-

-----

1. Samuel D. Schmalhausen, "Freud and the Sexual Revolution," Journal of Abnormal and Social Psychology, XXV (1930-31), p. 301.
2. Brown, op. cit., pp. 291, 292.

grated behavior of the whole organism."<sup>1</sup> He says<sup>2</sup> that it has made a contribution in three different fields: that it is, first, a method of psychological observation in which free association and dream analysis and study of the transference of early acquired libidinal and aggressive attitudes towards the analyst are used to uncover the unconscious; second, it is a systematized set of theoretical constructs which are used to order the psychological data found by this method; and it is, third, a method of psychotherapy in which these techniques are used in a special sense to change the structure of the human personality.

#### Dynamic Psychology

Freud is the founder, then, of a dynamic psychology which is recognized by both psychologists and psychiatrists. All of the psychological and psychiatric theories that behavior is the resultant interplay between organism and environment owe their very existence to psychoanalysis and to Freud, though it is not neces-

-----

1. J. F. Brown, "The Position of Psychoanalysis in the Science of Psychology," Journal of Abnormal and Social Psychology, XXXV (1940), p. 30.
2. Ibid., p. 31.

sary to accept the details of his theory.<sup>1</sup> Alexander says<sup>2</sup> that the recognition of the basic mechanisms of repression, rationalization, projection, identification, displacement, the turning of psychic tendencies against one's self, fixation, and regression form the solid basis of a new dynamic psychology which offers a novel and amazingly consistent causal understanding of human destinies, and normal and morbid behavior.

Clinical psychologists and psychiatrists today generally accept this dynamic psychology as common ground. It is basic for all individuals scientifically approaching emotional problems.

Historical Development of Interrelationship of Psychological Counseling and Psychiatry

If further attention is turned to the field of clinical psychology with its assumed function of psychological counseling, it is readily observed that the attitude of psychiatrists towards it has not always been favorable. This has been due to an overlap of functions between the two professions as clinical psychology gradually assumed a therapeutic or counseling role. It is also due to recognition of certain deficiencies in preparation in both fields, yet there is an acknowledgement that each has certain peculiar contributions which are valuable to the other.

- 
1. C. M. Louttit, "The Place of Clinical Psychology in Mental Hygiene", Mental Hygiene, XXI (1937), p. 380.
  2. Franz Alexander, "A Jury Trial of Psychoanalysis", Journal of Abnormal and Social Psychology, XXXV (1940), p. 322.



There is a struggle for mutual understanding, however, which eventually may lead to the fusion of the two fields, clinical psychology and psychiatry, into one. It is significant that the joint committees of the American Psychiatric Association and the American Psychological Association recognize the mutual dependence of the two disciplines in the complete description of human personality or diagnosis; in the handling of persons with deviations, or therapy; and in research on problems of human behavior.<sup>1</sup>

#### Clinical Functions

The inevitable expansion of the psychological clinic from a diagnostic set-up to a remedial one soon attracted the attention of psychiatrists. The earliest psychological clinics were in the area of child guidance, a field in which psychiatrists were at first uninterested. They became suspicious of the activity of psychologists in this area, however, and what had begun as a psychological movement became predominantly a psychiatric one.<sup>2</sup>

Moore reports<sup>3</sup> that in 1914 there were nineteen psychological clinics in universities, normal schools, and medical schools in the United States, but that, by 1934, only seven of these were still in existence, although in 1935 there were

- 
1. Laurence Shaffer, "Clinical Psychology and Psychiatry", Journal of Consulting Psychology, XI (1947), p. 8.
  2. T. V. Moore, "Psychology and Psychiatry", American Psychiatry: 1844-1944, pp. 471, 472.
  3. Loc. cit.

eighty-seven clinics directed by psychologists. In the same year there were seven hundred fifty-five behavior clinics for children, as listed in M. A. Clark's "Directory of Psychiatric Clinics in the United States".

Evidence of psychiatric suspicion was the appointment of a committee at a meeting of the New York Psychiatric Society, December 6, 1916, to inquire into the activities of psychologists. The following recommendations were adopted, and a copy forwarded to the leading medical and psychological journals for publication:

1. We recommend that the New York Psychiatric Society affirm the general principle that the sick, whether in mind or body, should be cared for only by those with medical training who are authorized by the state to assume the responsibility for diagnosis and treatment.
2. We recommend that the Society express its disapproval and urge upon thoughtful psychologists and the medical profession in general an expression of disapproval of the application of psychology to responsible clinical work except when made by or under the direct supervision of physicians qualified to deal with abnormal mental conditions.
3. We recommend that the Society disapprove of psychologists (or of those who claim to be psychologists as a result of their ability to apply any set of psychological tests) undertaking to pass judgment upon the mental condition of sick, defective or otherwise abnormal persons when such findings involve questions of diagnosis, or affect the future care and career of such persons.<sup>1</sup>

These resolutions show the intense feeling of psychiatrists concerning the invasion by psychologists of what they consider their field.

-----  
 1. "Activities of Clinical Psychologists", Psychological Bulletin, XIV (1917), p. 225.

When further study is made of early relationships of the two professions, it is discovered that in 1922 Wells remarked<sup>1</sup> that actually "clinical" psychology was non-medical psychiatry. He expressed<sup>2</sup> the view that it was doubtful if the problems of clinical psychology were such as to support an important professional group independent of medical foundation.

So closely had clinical psychology become associated with psychiatry in 1930, and so rare were promising openings for well trained clinical psychologists, that there appeared an article by Wallin entitled, "Shall We Continue to Train Clinical Psychologists for Second String Jobs?"<sup>3</sup> It was his recommendation<sup>4</sup> in this article that either the departments of psychology inform their students that there was little future for outstanding clinical psychologists without the M. D. degree, or that the associations of psychologists and the universities should assume the obligation to see to it that the clinical psychologists get an even break.

- 
1. F. L. Wells, "The Status of Clinical Psychology," Mental Hygiene, VI (1922), p. 14.
  2. Ibid., p. 21.
  3. J. E. W. Wallin, "Shall We Continue to Train Clinical Psychologists for Second String Jobs?" Psychological Clinic, XVIII (1930), p. 242.
  4. Ibid., p. 245.

In 1932 Selling admitted<sup>1</sup> that some psychologists were trained for a therapeutic function commonly beyond that of the psychological counselor, namely psychoanalysis, though he reported<sup>2</sup> a tendency to limit the psychologist's work in hospitals to psychometrics.

In the same year Russell also cited<sup>3</sup> a number of cases showing confusion in the services of the two sciences, notably the following: "Only recently a university at which there is, in connection with the medical department, a well-organized psychiatric department and hospital, announced that 'to fight the complexes and nervous and mental disorders of undergraduates', a 'psychological clinic' had been established by the Department of Psychology".<sup>4</sup>

#### Preparation and Training

The hostility of psychiatry and clinical psychology with its counseling function towards each other in the latter part of the twenties is reflected by Dearborn, who claims<sup>5</sup> that they had little use for each other because neither as yet knew

- 
1. S. Selling, "The Function of Psychologists in Mental Clinics and Hospitals", Psychological Exchange, I (1932-33), pp. 17, 18.
  2. Ibid., p. 16
  3. Wm. L. Russell, "The Place of the American Psychiatric Association in Modern Psychiatric Organization and Progress", American Journal of Psychiatry, XII (1932), p. 11.
  4. Loc. cit.
  5. Geo. V. Dearborn, "Psychiatry and Science", Journal of Mental Science, LXXIV (1928), p. 213.

the content or the capabilities of the other, and members of the two professions did not as yet speak the same dialect of the general psychologic language, much as peasants of different parts of France are scarcely intelligible to each other. To this end he strongly recommended<sup>1</sup> the study of psychology by psychiatrists.

The need for some courses medical in nature for the psychologist with a Ph. D. degree and for the study of psychology by the psychiatrist, was urged not only by Dearborn, but also by Davies<sup>2</sup>, who felt that the situation could be met by originating a course for the practice of psychiatry which would give the maximum of psychology and the minimum of medicine requisite for those who should engage in this "branch of medicine". This appears to be a forerunner of proposals made later by Murray and Poffenberger. (See below).

A reiteration of the need for an increased emphasis on the biological aspects in the training of the psychologist and the acquisition of a good dose of clinical experience "not to be limited to the administration of some 'intelligence' tests, but gathered in daily contact and work with human beings" was made by Hausmann<sup>3</sup> in a Symposium held in 1933.

- 
1. This writer began this stress as early in 1901 in "Psychology and the Medical School", Science XIV (1901), pp. 129-136, and seems to have continued it in countless articles thereafter published.
  2. Arthur E. Davies, "Psychometry, Psychology, and Psychiatry", Journal of Abnormal and Social Psychology, XXIV (1929-30), p. 152.
  3. Max F. Hausmann, "The Relation between Psychiatry and Psychology", Psychological Exchange, II (1933-34), p. 158.

These attitudes are but representative of the general thinking of the time. In this period, progress was made, since criticisms of the one profession by the other assumed a growing constructive trend.

This trend has led to several proposals for the training of the clinical psychologist to give him a perspective more commensurate with that of his psychiatrically trained confrère.

#### Early Suggestions for Psychiatric Training of Psychological Counselor.

As early as 1918 Geissler, suggested<sup>1</sup> a plan for the technical training of Consulting Psychologists in which he recommended a qualitative subdivision for the sake of more intensive specialization and preparation along such lines as commerce, law, education, and mental hygiene including psychiatry, neurology, psychoanalysis, psychotherapy, and similar topics.

Mitchell, too, in 1920, while limiting the field of the clinical psychologist to that of individual diagnosis and treatment, suggested the equivalent, at least, of the requirements for the degree of Doctor of Philosophy.<sup>2</sup> He felt, however, that there were two related studies with which the student should be quite familiar, psychiatry and psychoanalysis.<sup>3</sup>

- 
1. L. R. Geissler, "A Plan for the Technical Training of Consulting Psychologists", Journal of Applied Psychology, II (1918), pp. 77-83.
  2. D. Mitchell, "The Clinical Psychologist", Journal of Abnormal Psychology, XIV (1919-20), p. 328.
  3. Ibid., p. 329.

It is evident, then, that clinical psychologists early felt a close relationship to the psychiatric field.

That these clinical psychologists continued to perceive the necessity for scientific training was evidenced by Murray, who in 1935 proposed<sup>1</sup> a School of Psychology in a University, because he felt that psychologists were looking critically at the wrong things and psychoanalysts were looking with reeling brains at the right things. It is obvious that he then considered counseling and therapy as among the functions of the psychologist. His school would offer, as did the medical school, a four-year course of instruction.

It would require for admission certain preliminary studies--physics or chemistry, biology, elementary psychology and a phase of the history of culture--anthropology or sociology. The first year would be devoted to scientific method, general physiology, neuro-anatomy, and neurophysiology with specific emphasis on the autonomic nervous system, followed by courses in general psychology, sensory psychology, animal psychology and the developmental and educational psychology of the child. The psychology of personality would be stressed, and the student would be given a thorough grounding in experimental methodology. In the third year there would be courses in psychopathology and psychoanalysis, supplemented by an elementary course in clinical medicine. The Principles of psychotherapy and the analytic procedure would be taught. Such a school would necessarily maintain affiliations with a number of institutions in which practical instruction would be offered--an orphanage, a progressive school for problem children, a clinic for child guidance, clinics for the treatment of the neuroses and institutions for feebleminded, delinquent and psychotic patients. Finally, since a physiologic orientation tends to minimize social factors, courses in social psychology, sociology, and the psychology of art, religion and science would be included. Nothing less than this can be counted

-----  
 1. H. A. Murray, "Psychology and the University", Archives of Neurological Psychiatry, XXXIV (1935), pp. 803-817.

on to prepare responsible men and women for research or for practice. The students who intended to practice psychoanalysis would take post-graduate courses and a year's internship in a hospital for patients with mental disease. For such students a didactic analysis, offered at a moderate cost, would be one of the requirements.<sup>1</sup>

### Coordinated Training Program

A still more important proposal was made by Poffenberger in 1939 when he suggested<sup>2</sup> the creation of a coordinated program of training for the profession of mental therapist. To him such a program would mean the scrapping of old definitions of therapy as the treatment of disease, the breaking with the old tradition of the medical school training of the psychiatrist, and, most important, of the purely academic training of the clinical psychologist.<sup>3</sup> He states;

Whether the new product, extracting what is essential from psychiatry, psychology, social work and elsewhere, shall resemble more nearly the psychiatrist, the psychologist or the psychiatric social worker of today, should be a matter of small moment. That a professional group shall evolve which is in every respect competent to deal with the menace of the growing army of the mentally unfit is a matter of utmost concern to all.<sup>4</sup>

-----

1. Ibid., p. 812.
2. A. T. Poffenberger, "Trends in Therapy: VII Specific Psychological Therapies". American Journal of Orthopsychiatry, IX (1939), p. 760.
3. Loc. cit.
4. Loc. cit.



## Recent Suggestions

## Thorne's Proposal

In 1945, Thorne, cited in the present dissertation as the chief representative of directive counseling, proposed<sup>1</sup> a curriculum of training for the clinical psychologist with emphasis similar to that of medical training, and with recommended clinical practice under supervision. He noted<sup>2</sup> that current requirements for the Ph. D. degree made it difficult or impossible for the student to fulfill the requirements and at the same time gain comprehensive clinical training. He said<sup>3</sup> that there was no reason why a degree comparable to one in medicine, dentistry, or optometry should not be granted in clinical psychology. He also made the suggestion that the new professional schools of clinical psychology should not be organized as minor sidelines of established psychological departments, but that they be constituted as independent units staffed by competent teachers and clinicians qualified to administer the program aggressively and imaginatively.

Graduate Training Program in Clinical Psychology of American Psychological Association

The general culmination of the thinking of clinical psychologists who realize the responsibility attached to counseling and therapeutic duties is evidenced by the recommended

-----

1. F. C. Thorne, "The Field of Clinical Psychology: Past, Present, and Future," Journal of Clinical Psychology, I (1945), p. 9.
2. Ibid., p. 11.
3. Loc. cit.

Graduate Training Program in Clinical Psychology of the American Psychological Association.<sup>1</sup> It is the aim that this training "be of such quality as to eliminate the possibility that a technician, whether in the sense of a directive or nondirective counselor, a Multiphasic specialist, a Binet tester, a Rorschach specialist, or a remedial instructor, will be turned out as a clinical psychologist and so depended upon for a range of work he will be unable to do".<sup>2</sup> Also in order to meet the requirements stated above, the program calls for study in six major areas: general psychology, psychodynamics of behavior, diagnostic methods, research methods, related disciplines, and therapy.<sup>3</sup> No clinical psychologist would be considered by this Association to be adequately trained unless he has had sound training in psychotherapy which is defined as "a process involving interpersonal relation between a therapist and one or more clients by which the former employs psychological methods based on systematic knowledge of the human personality in attempting to improve the mental health of the latter".<sup>4</sup> (There is no quarrel between this definition and the one herein offered.) It is the general feeling that advanced training in therapy is a problem of the post-doctoral period.<sup>5</sup>

-----  
 1. American Psychological Association, "Report of the Committee on Training in Clinical Psychology", American Psychologist, II (1947), pp. 539-558.

2. Ibid., p. 543.

3. Loc. cit.

4. Ibid., p. 543.

5. Ibid., p. 549.

## Plan of Menninger Foundation School of Clinical Psychology

The recently established Menninger Foundation School of Clinical Psychology, while observing that therapy must be a part of the clinical psychologist's training, notes that "complete and effective training in the carrying out of this most difficult branch of healing art cannot be subdivided into an already crowded schedule".<sup>1</sup>

This School is offering a certificate which is to be a diploma stating in detail the aspects of clinical psychology in which proficiency has been attained. "Requirements for the Certificate are largely independent of those for the Ph. D. degree and are of a more specifically clinical nature".<sup>2</sup> From this it is inferred that it may eventually be possible to obtain certification as a therapist from this institution independent of a Ph. D. in clinical psychology, though the 1947 report states that specific plans for training in therapy had not been developed at that time.<sup>3</sup>

No better evidence of the now growing respect between Clinical Psychology and Psychiatry can be cited than the establishing of this Menninger Foundation, Kansas University School of Clinical Psychology, for it is a school for clinical psychologists in a psychiatric setting. On the occasion of its dedication in 1947, Karl A. Menninger stressed this relationship with

---

1. The Menninger Foundation School of Clinical Psychology", Bulletin of Menninger Clinic, XI (July, 1947), p. 130.

2. Ibid., p. 124.

3. Ibid., p. 140.

the following words: "The fact is that today here we are--a group of us--all with the same vision. Skeptics might say that we all have the same faith. At least we all speak the same language. We all have the same password, we are all concerned with the psyché".<sup>1</sup>

### Merging of Training

Other recent developments in the training of the psychological counselor must be noted.

Kubie, summarizing what the editors of the Journal of Clinical Psychology believe to be the current attitudes of a large and important segment of psychiatrists, states that "in the long run it may prove wiser to establish clinical psychology as a medical discipline, closely integrated with medicine in general, with psychiatry in particular".<sup>2</sup> He proposes a new professional degree, a Doctorate in Psychological Medicine, believing that "men so trained would bring something to psychiatry which the medical psychiatrist cannot bring".<sup>3</sup> He also recognizes<sup>4</sup>, as did Dearborn earlier, that certain phases of clinical psychology are as important in the education of the physician as certain parts of medicine are for the clinical psychologist.

- 
1. Karl A. Menninger, "Psychiatry and Psychology", Bulletin of the Menninger Clinic, XI, 2 (March, 1947), p. 47.
  2. L. S. Kubie, "Medical Responsibility for Training in Clinical Psychology", Journal of Clinical Psychology, V (1946), p. 94.
  3. Loc. cit.
  4. Loc. cit.

The mutual training of psychologists and psychiatrists is offered to a limited extent by certain schools of high standards at the present time. For instance, the Washington School of Psychiatry and its affiliate, the William Alanson White Institute of Psychiatry, have both opened their doors to a limited extent to a carefully screened group of psychologists, social workers, ministers, and others now engaged in counseling and therapeutic endeavors. Their attitude is expressed by the following statement:

The Fellows of the School hold that no person may be entrusted with responsibility for therapeutic intervention in difficulties of living who shall not have undergone a searching scrutiny of his personal history, liabilities, and assets from the therapeutic standpoint. In view of this basic premise, in all training programs in the School emphasis is laid on individual psychiatric counseling, taking into consideration the needs of the respective candidates, in relation to the fields in which they seek training.<sup>1</sup>

What is more important is that there has recently been established in New York City the Postgraduate Center for Psychotherapy which offers courses to matriculated candidates for a Certificate in Psychotherapy for Psychiatrists, a Certificate in Psychotherapy in Clinical Psychology for Psychologists, and a Certificate in Psychotherapy in Case Work for Psychiatric Case Workers. In comparing the requirements for the first two certificates it is to be noted that for both psychiatrists and psychologists there is the common requirement of the completion of nine

-----  
1. Washington School of Psychiatry, Bulletin #13, 1948-49, p. Wv.

hundred psychotherapeutic interviews with patients under controlled supervision, that for both there are thirteen common lecture courses and seminars, and that the only difference in required courses is that the psychiatrists have a course in hypnotherapy and hypnoanalysis and one in psychoanalytically oriented psychotherapy for patients who can be seen only once or twice a week. The psychologists, on the other hand, must have a Workshop in training in projective techniques and one in nondirective counseling.

It is therefore evident that the bond between psychological counseling as practiced by the clinical psychologist and psychotherapy as practiced by the psychiatrist is tending to merge them, for they have a single purpose, the treatment of the emotionally maladjusted. It is increasingly realized that there is a need for mutual training.

Psychologists and psychiatrists are now interested in studying and helping the same individuals, for psychiatry has now begun to study the normal in order to better understand the abnormal, while the clinical psychologist by means of the newer techniques (i. e., projective) is studying the unique, unmeasurable aspects of the personality and has been able to reveal a more vivid picture of personality characteristics than was ever before possible.<sup>1</sup> Ives feels that the clinical psychologist, having studied human behavior, and having arrived at certain conclusions as a result of these techniques, has sought to apply

-----

1. Margaret Ives, "Interrelationship of Clinical Psychology and Psychiatry," Journal of Clinical Psychology, II (1946), pp. 146, 147

what he has learned to a solution of the particular problems of the individual studied, "and that, whatever name one may give it, whether remedial treatment, vocational advisement, personal counseling, or what-not, is therapy."<sup>1</sup> This is the field of the psychological counselor.\*

#### Research Activities

Some mention must be made of common ground in research activities.

A glance at psychiatric history shows that whenever psychological and physiological analyses have been undertaken and adequately carried out, appreciable psychiatric advance has been accomplished. This has been confirmed by the work of Charcot, Janet, Kraepelin, Freud, Tredgold, Kirby, H. Smith, McCabe, A. Meyer, Kempf, Adler, Draper, Prince, and numerous other workers on the fundamentals of the mind-body relationship in disease and in health.<sup>2</sup>

Research activity of psychologists in territory bordering upon or directly dealing with psychiatric problems is not new, but little has been written upon it. Erickson, in 1936, summarized the situation with the statement<sup>3</sup> that psychologists and psychology as a whole could offer material assistance in the solution

-----

1. Loc. cit.

\* It may be pointed out that individuals with a different background of training are also playing the same roles. As indicated in Chapter I, it is the psychologist only in the role of the psychological counselor that is the center of discussion in this dissertation.

2. Geo. V. Dearborn, "Psychiatry and Science," Journal of Mental Science, LXXIV (1928), p. 209.

3. Milton H. Erickson, "Opportunities for Research in Mental Hospitals," Medical Record, CXLIII (1936), p. 392.

of every psychiatric problem. He pointed out<sup>1</sup> that the psychologist was adequately qualified for the exceedingly fertile fields of investigation such as an analysis of the interrelationship between the many types of data derived from environmental, anamnestic, somatic, clinical and psychological studies in the

analysis of the relationship between physical data and psychological data, most particularly in the analysis of the intercorrelations of mental and emotional states and attitudes, psychic experiences, behavior patterns, personality types, and mental activities and processes with physical states and activities, somatic conditions, physiological functions and endocrinological states and processes.

In 1942 Cameron acknowledged<sup>3</sup> that there were two distinct ways in which psychological research had recently been playing a role in psychiatric advances. He pointed out<sup>4</sup> that one of these involved a very direct relationship in which psychologists had been working with psychiatric patients, investigating the character, developments and effects of altered function which was present by the techniques of psychological experimentation and controlled observation; and that the other composed research within the fields of normal behavior, placing the effects of the whole human environment on a par with the personal and biological factors.

-----  
1. Ibid., p. 391

2. Loc. cit.

3. Norman Cameron, "Psychological Research in Psychiatry", in Psychiatry and the War edited by Frank J. Sladen, M. D., 1943. Springfield, Maryland. Chas. C. Thomas.

4. Loc. cit.



As early as 1936, the Worcester State Hospital was cited<sup>1</sup> as developing a number of significant research projects because of its practice of inviting to the hospital advanced psychology students who, under the auspices of the hospital, engaged in research of interest to themselves but pertinent to psychiatry, and used the hospital and its facilities as a laboratory.

In a recent communication from this hospital Rodnick states<sup>2</sup> that the bibliography for the psychology department alone for the past twenty years would run to about "a hundred or more papers", and that an additional number would be added for collaborative studies with other members of the research service. Such a bibliography is not available, however, and a summary of this research has not been compiled in one article.

As for psychotherapy, research in this field played a major role in a symposium of the American Orthopsychiatric Association held in 1942. Lowrey reported<sup>3</sup> at that time that in the New York Institute for Child Guidance psychiatrists, psychologists, and social workers were carefully chosen for their research potentialities; that they were expected to take difficult cases, estimate the best method of treatment approach, test out

- 
1. Milton H. Erickson, "Opportunities for Psychological Research in Mental Hospitals," Medical Record, CXLIII (1936), p. 390.
  2. Personal communication from Eliot H. Rodnick, Worcester State Hospital, March 29, 1949.
  3. "Research in Orthopsychiatry," American Journal of Orthopsychiatry, XIII (1943), p. 234.

methods, and compare results. He also noted<sup>1</sup> that it was unfortunate that this research had not been published.

Since 1942 Rogers has been leading a strong campaign for research in the field of counseling and psychotherapy. He gives a very comprehensive account of the research in the field of the nondirective technique, which has been quite extensively carried out by himself and his followers. He makes the following claims for this research:

It has been shown that the basis of such therapy in counselor attitudes and techniques is clear, consistent, objectively measurable.

It has been shown that the techniques of such therapy differ in sharp and demonstrable fashion from the techniques of the directive therapist and of the psychoanalyst.

Evidence has been published to show that nondirective therapy achieves a predictable and measurable process of release, insight, integration, and choice in the client.

Evidence has been cited which indicates that such therapy produces measurable alterations in the attitudes, self-concept, behavior, and personality structure of the client.

The evidence shows that such therapy applies to a wide range of adjustment difficulties, both minor and major, and it would seem to have application in group as well as individual therapy.<sup>2</sup>

Similar research is being carried on by the psychiatrists Alexander and French, who use a modified form of psychoanalysis.

---

1. Loc. cit.

2. Carl R. Rogers, "Recent Research in Nondirective Therapy and its Implications," American Journal of Orthopsychiatry, XVI (1946), pp. 587, 588.

A summary of research in nondirective counseling is made by Snyder who points out<sup>1</sup> ten areas in which this has been accomplished. The first of these is that the recorded content of counseling interviews can be reliably analyzed by certain methods of categorization; the second, that counseling can be a systematic, orderly process rather than a casual or intuitive one; third, the client's feelings change in a consistent fashion during nondirective counseling; fourth, various types of counselor activity precede and apparently cause certain client responses; fifth, investigators can study the personality of the client through analysis of the statements he makes during counseling; sixth, interrelationships between the various problems of the client is an important factor related to the outcome of counseling; seventh, demonstration of the feasibility of comparing different counseling techniques; eighth, an experimenter can compare the responses of various counselors to a particular speech by the client; ninth, the reasons for lack of success of a treatment method can be studied experimentally; and last, the importance of the follow-up as an indication of measurable personality changes brought about by counseling.

Impetus has been given research in psychotherapy, and in fields of interest related to psychology and psychiatry by the Veterans' Administration and the National Mental Health Act, for both of these are sources of grants for psychiatric and psychological research.

-----  
 1. Wm. U. Snyder, "The Present Status of Psychotherapeutic Counseling", Psychological Bulletin, XLIV (1947), pp. 344-351.

Rapaport reports that the five outstanding fields of exploration to be embarked upon or continued in the Veterans' Administration program are "(a) evaluation of therapies, (b) contribution to preventive psychiatry by infant and small child studies, (c) development of more effective diagnostic testing tools, (d) general nosological, etiological exploration of psychiatric disease, (e) search for criteria: what makes a good psychiatrist and a good psychologist".<sup>1</sup> This list assuredly deals with areas of mutual interest to the psychiatrist and the psychological counselor.

Research into the causes, diagnosis and treatment of psychiatric disorders is promoted in three ways by the National Mental Health Act.

First: The Act authorizes the Public Health Service upon recommendation of the National Advisory Mental Health Council to make grants for research projects in fields relating to mental health to universities, laboratories, other public and private institutions, and also to individuals.

Second: The Act authorizes the construction of a National Institute of Mental Health in the Washington area. Here research will be carried on by advanced students and a fulltime staff representing all the sciences which may reasonably be expected to help solve the many unknowns of mental illness.

Third: The law provides for the appointment of research fellows in the various scientific fields which bear upon mental health problems.<sup>2</sup>

- 
1. David Rapaport, "The Future of Research in Clinical Psychology and Psychiatry", American Psychologist, II (1947), p. 172.
  2. Mabel Ross, "The Relationship of the National Mental Health Act to the Problems of Mental Deficiency", American Journal of Mental Deficiency, LII (1947), pp. 48-53.

It was reported<sup>1</sup> in 1948 that thirty two research grants had been awarded upon recommendation of the National Advisory Mental Health Council for projects ranging through schizophrenia, child psychiatry, and psychosomatic medicine, to methods of psychotherapy and mental hygiene techniques.

Thus it can readily be seen that the research field is one in which the mutual interests and abilities of psychologists and psychiatrists overlap, and that increasing facilities are becoming available for their mutual research activities.

#### Occupational Parallels

The relation between psychological counseling and psychiatry is very intimate, as can be observed in the occupational parallels existent between the two professions. The fields in which psychological counseling is now being carried out have been outlined in Chapter III. Psychiatry, so popularly considered as having its habitation in state hospitals, is also increasing its perspectives rapidly so that only sixty per cent of its practitioners are now located in state hospitals, a decrease of twenty per cent in the last twenty years.<sup>2</sup>

#### Traditional Fields of Mutual Collaboration

If the areas mentioned for the psychological counselor are also reviewed with the psychiatrist in mind, it is quickly

- 
1. Jules Coleman, "Mental Hygiene", in E. Spiegel, Progress in Neurology and Psychiatry. 1948, p. 439.
  2. Wm. Menninger, Psychiatry: Its Evolution and Present Status, p. 21.

recognized that the psychiatrist is readily accepted as working in Child Guidance Clinics, in rehabilitation work, in both state and private hospitals, and in private practice. His function is so well recognized in these areas as to preclude the necessity of discussion here.

#### Less Recognized Areas

The psychiatrist's place in Industry and in Correctional Institutions is not so well known because of his relatively recent activities there. In this respect he is almost on a par with the psychological counselor in these areas. His function in the realm of college and school practice is not as well recognized as that of the psychological counselor, for here the latter is the one more frequently employed. Yet, in many instances his functions are the same as those of the psychological counselor.

#### Psychiatric Counseling of College Students

In the college field psychiatry dates back to the early 1920's.<sup>1</sup> A survey made of early practices in this area reveals that, in 1924, three out of twenty universities with well organized student-health services had psychiatrists on their staffs.<sup>2</sup> Also a survey<sup>3</sup> of fourteen universities by Hopkins in 1926 showed

- 
1. M. R. Anthonisen, "Practice of the College Psychiatrist," Diseases of the Nervous System, III (1942), p. 175.
  2. Angus W. Morrison, "Discussion of College Mental Hygiene," Mental Hygiene, XII (1928), p. 49.
  3. L. B. Hopkins, "Personal Procedure in Education," Educational Record, Supplement #3, October, 1926. Washington: American Council on Education, 1926.

that five had smoothly functioning mental hygiene services, while four others were doing creditable work in this field. In 1927, at a meeting of college mental hygienists held under the auspices of the Commonwealth Fund, twenty-one psychiatrists were present, including three from preparatory schools.<sup>1</sup>

The part played by the psychiatrist is described by Fry and Rostow<sup>2</sup>, Kerns,<sup>3</sup> O'Shea,<sup>4</sup> Palmer,<sup>5</sup> and Palmer and Harper<sup>6</sup>, among others. Here it seems appropriate to consider only a few authorities.

In 1925, the attitude of some psychiatrists about their function in the college mental hygiene set-up is indicated by Blanton, who felt<sup>7</sup> that it was essential that an advisory service be headed by a psychiatrist, because to be an effective analyst of the emotional life and of all situations in which the adolescent found himself the counselor needed to have seen individuals in all the various stages of behavior from normality to complete breakdown.

- 
1. Morrison, loc. cit.
  2. C. C. Fry and E. G. Rostow, Mental Health in College. New York: Commonwealth Fund, 1942.
  3. H. N. Kerns, "Experiences of a Mental Hygienist in a University", Mental Hygiene, XI (1927), pp. 489-495.
  4. H. E. O'Shea, "Problems in College Student Adjustment Service", Journal of Consulting Psychology, IV (1940), pp. 210-215.
  5. Harold D. Palmer, "Common Emotional Problems Encountered in a College Mental Hygiene Service", Mental Hygiene, XXIII (1939), pp. 544-557.
  6. H. D. Palmer and E. O. Harper, "College Mental Hygiene Methods", Mental Hygiene, XXI (1937), pp. 397-415.
  7. Smiley Blanton, "A Mental Hygiene Program for Colleges", Mental Hygiene, IX (1925), p. 483.

This attitude is quite in contrast with the prevailing opinion in 1941, as reported by Fry and Rostow, who claim<sup>1</sup> that a psychiatrist in a university set-up is widely considered a luxury and one not much sought after, although there are mental hygiene services in many college communities. Whereas they advocate the employment of a psychiatrist in such a set-up, the very resumé they make of the types of patients and problems with which they deal is almost identical with what Blos and others consider within the realm of the psychological counselor.<sup>2</sup>

All but a few of the patients treated by a college mental hygiene department are so-called normal boys who react at times, according to the circumstances of their lives, in much the same ways as those who are popularly considered "abnormal". These people have periods of anxiety and depression; they experience fears and compulsions; they are troubled with insomnia and fatigue and gastro-intestinal upsets...For the most part, these students look upon themselves and are regarded by others as "normal" people. And the university psychiatrist also thinks of them as fairly normal.<sup>3</sup>

It can be seen that in this area the functions of the psychiatrist and the psychological counselor parallel each other.

#### Private and Public School Practice

As for the psychiatrist in public and private schools, he is usually employed in a consulting capacity, and Goldberg recommends<sup>4</sup> that the psychologist use him as such a consultant for

- 
1. C. C. Fry and E. G. Rostow, "The Problem of College Mental Hygiene", Mental Hygiene, XXV (1941), p. 552.
  2. See page 72
  3. Ibid., p. 554.
  4. S. Goldberg, et al, "Report on the Functions, Training, and Employment Opportunities of School Psychologists", Journal of Consulting Psychology, VII (1943), p. 235.



these less seriously disturbed cases whose nature she herself does not entirely understand. It has come to be accepted as a matter of course that children seriously disturbed emotionally and socially should be referred directly to psychiatrists for study and treatment.<sup>1</sup>

Although psychiatrists are rare in school systems,<sup>2</sup> Baker points out<sup>3</sup> that their services are becoming an important part of the program of the more advanced schools, and Patry observes<sup>4</sup> that Boards of Education have reached out for psychiatric service to aid them with many educational problems they are meeting in an attempt to reshape the attitudes and to devise methods of reconstructing the school misfit, the failing child and those with varying degrees of behavior and personality problems.

The first psychiatric clinic operating in a school, according to Levy<sup>5</sup>, was initiated in 1923 in a high school by a principal who felt that psychiatry should become an integral part of formal education. Accordingly, a psychiatric social worker was appointed a member of the faculty with the title of "educational counselor" and a psychiatrist spent one day a week at the school.

-----  
1. Loc.cit.

2. Ethel Cornell, "The Psychologist in a School System", Journal of Consulting Psychology, VI (1942), p. 194.

3. G. Derwood Baker, "What the Public School Needs from the Psychologist", Journal of Consulting Psychology, VI (1942), pp. 177-180.

4. Frederick L. Patry, "Integration of Psychiatry with Education", American Journal of Orthopsychiatry, V (1935), p. 124.

5. David H. Levy, New Fields of Psychiatry, pp. 75, 76.

Burling depicts<sup>1</sup> the evolution in the Winnetka, Illinois, Public School System. Here a social worker was placed in charge of a so-called "Special Room", and after a year's experience suggested that instead of putting difficult and retarded children in a special room, and thereby marking them as peculiar, they be returned to the regular teachers, and that she, through individual effort with the youngsters and their teachers, help to fit them into the classroom. There developed from this beginning a four-fold clinic including a social worker, local pediatricians who gave physical examinations, a psychologist, and a psychiatrist who rendered service one or more days per week. Later there were four social workers, two of whom were eventually replaced by a full-time psychiatrist.

Of his function in this set-up Burling stated:

Though the work is still decidedly in its formative stages, it seems to me that I am beginning to see five divisions into which it falls: (1) work with parents, (2) work with pupils, (3) work with teachers, (4) serving as a connecting link between school and community enterprises which affect the mental health of children, and (5) helping to shape the general policies of the school.<sup>2</sup>

These functions are almost identical with those cited<sup>3</sup> by Goldberg as those of a school psychologist.

All evidence points to the fact that, as far as counseling or psychotherapy is concerned in the areas of colleges and

- 
1. Temple Burling, "Integrating Psychiatry with Education", American Journal of Orthopsychiatry, V (1935), p. 132.
  2. Ibid., p. 135.
  3. S. Goldberg et al., "Report on the Functions, Training, and Employment Opportunities of School Psychologists", Journal of Consulting Psychology, VII (1943), pp. 230-243.

universities, and public and private schools, the lines of distinction between the psychological counselor and the psychiatrist are becoming less distinct.

#### Industry

Whereas a psychiatrist was employed in industry as early as 1922, when his services were provided for employees of the Metropolitan Life Insurance Company suffering from mental illness, and this service evolved into a consultation service for employees and supervisors of that organization who had minor problems,<sup>1</sup> nevertheless the employment of a psychiatrist in this capacity does not appear to have become an accepted policy of industry in general.

A sentiment prevalent in 1941 was expressed by Burling when he stated<sup>2</sup> that it was extremely doubtful that industry could or should bear the expense of treating individuals who were so badly maladjusted as to require the services of a psychiatrist, and that it would be difficult to place a psychiatrist in a sufficiently non-authoritative position to make him very effective therapeutically. He envisioned<sup>3</sup> the psychiatrist employed for the purpose of educating the executives and supervisors in the principles of handling people, a function which the present writer feels could be as effectively handled by a competent and experienced psychological counselor.

-----  
1. Nathaniel Cantor, Employee Counseling, p. 22.

2. Temple Burling, "The Role of the Professionally Trained Mental Hygienist in Business", American Journal of Orthopsychiatry, XI, (1941), p. 50.

3. Loc. cit., p. 54.

Rather isolated references may be found dealing with this phase of activity. Counseling services may or may not be included. The Caterpillar Tractor Company reports<sup>1</sup> making use of psychiatric interviews and the Cornell Selectee Index and Cornell Word Form to insure proper placement and to maintain the mental health of employees. In this report<sup>2</sup> twenty-three per cent of the veterans with personality disturbance at the time of employment and four per cent of those considered "normal" were referred for psychiatric care.

Direct counseling of employees would not appear to be one of the important functions of Dershimer employed at DuPont, who gives<sup>3</sup> his activities as including advice as to the referral or hospitalization of more severe psychotic cases, talks to groups of supervisors and plant managers, and clinical instruction at the plants.

Speaking in a general way of the phases of psychiatry in industry, Levy pictures<sup>4</sup> its development from that of referral of cases of psychosis, then neurosis, to the psychiatrist, to the location of his office in the factory or plant where he is available to consultation for any personal problem by labor or management. He says<sup>5</sup> that the next phase "if it existed" would be an

-----

1. Bela Mittelman, et al., "Detection and Management of Personality and Psychosomatic Disorders among Industrial Personnel," Psychosomatic Medicine, VII (1945), p. 366.
2. Loc. cit.
3. Frederick W. Dershimer, "Psychiatry in Industry," American Journal of Psychiatry, CIII (1946), p. 147.
4. David Levy, New Fields of Psychiatry, p. 76.
5. Ibid., p. 77.

integration of psychiatry and industry involving the application of the knowledge of psycho-dynamics to problems involving management, labor relations, public policy, and internal organization. He compares the advantages of the psychiatrist working inside the factory with those of the intramural college psychiatrist.

He is familiar with the industry, with the atmosphere of the plant, with the key personalities involved. He is in a better position than the outsider to know the external social pressures which the workers experience in every phase of the plant in which he functions. Like the college psychiatrist also, when he functions successfully, his patients feel free to come to him with any problem.<sup>1</sup>

The most comprehensive treatment of the whole field is given by Himler who pictures the psychiatrist as adapting his techniques "to those of other departments within industry dealing with human relations, such as personnel counseling, psychological services, employee research and various industrial relations activities which are sometimes grouped under the term 'human engineering'".<sup>2</sup>

He lists<sup>3</sup> six functions of the industrial psychiatrist, among them the provision of a consulting service open to both management and labor union officials, as well as others who voluntarily request interviews. In general these functions are similar to those of a psychiatrist who might head a large child guidance clinic and would thereby direct the clinic's rather extensive activities. He feels<sup>4</sup> that the chief contribution which psychi-

-----  
1. Ibid., p. 81

2. Leonard E. Himler, "Current Trends in Industrial Psychiatry", American Journal of Psychiatry, CIII (1946), p. 149.

3. Ibid., p. 150.

4. Ibid., p. 152, 153.

atry brings to industry focuses attention on the subject of interviewing and counseling techniques which can be divided into informational, advisory and educational, and therapeutic groups. He gives a very comprehensive table classifying these according to the ascending levels of complexity.

#### Corrective Institutions

Mention was made in the previous chapter of the modern attitude towards the social offender in correctional institutions which originated with Healy. Bromberg reports<sup>1</sup> that in the last quarter century the mental sciences have been called into court and the prison more and more to aid in therapy with criminal offenders; that whereas at first psychiatry was a diagnostic tool, now it has seen the opportunity to do psychotherapy in this area, as in the others. The same idea is reiterated by Wilson who claims<sup>2</sup> that psychiatry, first utilized to pass upon the sanity of the accused and his legal responsibility to society, now plays the most prominent part in the program for rehabilitation and reform.

The purpose of psychotherapy in connection with correctional institutions is to have the individual see his behavior in the light of causal experience so that he may emancipate himself from these emotional and compulsive drives and seek more advantageous goals.

- 
1. Walter Bromberg, "What Can the Psychiatrist Do for the Criminal Offender?" Federal Probation, V, 3 (1941), p. 15.
  2. Joseph G. Wilson and M. J. Pescor, Problems in Prison Psychiatry. Caldwell, Ind.: The Caxton Printers, 1939, p. 30.
  3. Ralph Brancale, "The Classification Clinic in a Correctional Institution", in R. V. Seliger, E. Lukas, R. Lindner, Contemporary Criminal Hygiene, p. 147.

Psychiatrists can be found doing therapy of one kind or another with probationers, with individuals confined to an institution, interpreting the defendant to the court in the light of therapy, and working with juvenile delinquents.

In reference to the last mentioned area, Gardner cites<sup>1</sup> the kinds of cases which should be referred for treatment: the sex offender, the runaway child, the solitary delinquent, the child surrendered to the court for stubbornness, and the delinquent of superior intelligence.

Material dealing with the treatment of the delinquent is abundant, as this area is one to which attention has been particularly drawn in recent years. An example is the National Training School for boys mentioned in the last chapter.

Treatment has also been effective in dealing with the older offender, however. A research project<sup>2</sup> on Social Deviations was undertaken in 1943 under the auspices of the College of Physicians and Surgeons of Columbia University. Psychopaths, a group often considered not amenable to treatment, were referred by the Parole Division of the Department of Probation of the Court of General Sessions of the State of New York. It was found that psychopaths could be brought to a stability that banished any need for finding expression in crime by means of the use of physical, laboratory, psychological, and psychiatric examinations

- 
1. Geo. E. Gardner, "The Psychiatrist's Role in the Treatment of the Delinquent", National Probation Association Yearbook, 1940. p. 227.
  2. R. W. Banay, "Wanted: An Institute for Criminal Science", in Seliger, Lukas, and Lindner, Contemporary Criminal Hygiene, p. 48.

and by the use of recommended frequent therapeutic interviews and other indicated specialized treatment.

Banay also cites the psychiatric clinic of Sing Sing Prison as "an example of pseudo-service",<sup>1</sup> for he claims that whereas plans for it were ideal nevertheless its functions have been reduced to a perfunctory level by the withholding of necessary funds and personnel and that thereby it has foregone the "unique and indispensable contribution which psychiatry could make to the rational handling of prisoners."<sup>2</sup>

To obtain an over-all picture of numbers, Menninger reported<sup>3</sup> in 1940 that a rough estimate showed approximately fifty full-time and part-time psychiatrists in penal work, and that, although all of the federal penitentiaries and detention homes were authorized to have a full-time psychiatrist, in several instances these jobs were not filled.

It is in connection with industry and correctional institutions that extensive opportunities for both the psychiatrist and the psychological counselor appear to be the most promising for future development.

In conclusion, it has been seen that clinical psychologists doing counseling and psychiatrists work side by side in many occupational areas, the one assisting and consulting the other, as well as frequently supplanting him.

---

1. Ibid., p. 52.

2. Loc. cit.

3. Wm. Menninger, Psychiatry: Its Evolution and Present Status, p. 122.



Summary

This chapter has shown the close relationship between psychological counseling and psychiatry in several respects. First, significant aspects of the relation between psychology in general and psychiatry have been noted, namely the fact that psychiatry has long been termed "medical psychology", and that a few psychiatrists in America and in Europe attempted to link the two sciences.

Second, it has been shown that Freud, by his contribution of psychoanalysis, built the bridge which has joined psychology and psychiatry, for he founded a dynamic psychology common to both.

Third, the interrelationship between psychological counseling and psychiatry has been traced historically from the standpoint of common ground in clinical functions, in the preparation and training for the two professions, in research activities of interest to both, and in occupational parallels.

Assuredly they are kindred professions. They employ a common body of knowledge, they study, experiment, and work towards a common goal.

CHAPTER V  
THE INFLUENCE OF FREUDIAN PRINCIPLES ON  
PSYCHOLOGICAL COUNSELING

Introduction

In chapter I it was pointed out<sup>1</sup> that there are three schools which have emerged in the extensive field of psychological counseling, namely the nondirective school headed by Carl Rogers, the directive school as represented by Frederick C. Thorne, and the analytic school, a prominent representative of which is Peter Blos. Justification for this choice of representatives was made in the second chapter.<sup>2</sup> Certainly there are some individuals practicing psychological counseling who combine the practices of all these schools, an eclectic group, who have been exposed in their training to all three approaches. In most instances, there is a leaning towards one of the three schools, however, as best fits the personality and experience of the individual counselor.

It is the purpose of this chapter to show that all three schools have a common denominator in a universal indebtedness to certain Freudian concepts, regardless of other sources of influence.

The relative indebtedness to Freud varies with the approach. The analytic school by virtue of its very name leans most

-----  
1. pp. 4-7.

2. pp. 41-43.

heavily upon this source. Blois is admittedly Freudian in his frame of reference, but others in the analytic school may claim a closer affiliation to Jung, to Adler, to Rank, to Horney, to Fromm or to Sullivan. It makes little difference, for all of these are basically indebted to Freud, their variations so admirably noted in Oedipus Myth and Complex<sup>1</sup> as to warrant no elaboration here.

As noted in the first chapter of this thesis, Thorne claims that the basis of the directive approach is a modification of methods involving Kraepelinian descriptive classifications, psychobiological longitudinal studies, and psychoanalytic depth analysis. He disagrees with the analytic approach in that he believes<sup>2</sup> that too much emphasis is laid by this school on the latent, unconscious, affective-impulsive components of personality while it almost disregards the direct manifest rational intellectual components which to him are more important.

Thorne claims<sup>3</sup> that the theoretical foundations of directive counseling integrate contributions of behaviorism with its emphasis on the role of learning and of environmental stimulation; of experimental psychology with its information on sensation, memory, association, etc.; of Gestalt psychology with its stress on wholes; of psychoanalysis with its emphasis on depth psychology and its developmental studies of the affective-impulsive

-----

1. P. Mullahy, Oedipus Myth and Complex. New York: Hermitage Press, Inc., 1948. pp. 539.

2. F. C. Thorne, "Directive Counseling and Psychotherapy," American Psychologist, III (1948), p. 163.

3. Ibid., pp. 163, 164.

life; and of hormic psychology with its viewpoint that organic phenomena are largely determined by purposive factors.

The directive approach therefore is dependent on Freudian concepts as only one of its five sources of reference.

The nondirective approach is directly indebted to Freud in certain aspects, as acknowledged by Rogers; "In its concepts of repression and release, in its stress upon catharsis and insight, it has many roots in Freudian thinking;----in its concept of the individual's ability to organize his own experience there is an even deeper indebtedness to the work of Rank, Taft, and Allen."<sup>1</sup> The latter sources are traced by Raskin who also recognized that Rank in turn was indebted to Freud, in that he was one of his closest disciples for approximately twenty years.<sup>2</sup> Therefore, aside from his direct contributions to the nondirective approach, Freud's influence may also be traced through Rank.

All three schools, therefore, acknowledge indebtedness to Freud, though in varying degrees, and all three basically recognize his contribution of a dynamic psychology mentioned in the last chapter.

#### Freudian Concepts Basic to Psychological Counseling

In addition to a dynamic foundation there are certain therapeutic principles which have been universally adopted by all three schools of psychological counseling under discussion here. These include a recognition of a state of conflict, an acknowledgement of unconscious processes, the role of repression,

- 
1. C. Rogers, "Significant Aspects of Client-Centered Therapy," American Psychologist I, (1946), p. 415.
  2. N. J. Raskin, "The Development of Nondirective Therapy," Journal of Consulting Psychology, XII (1948), pp. 92-110.

the dependence on transference, the acquiring of insight, emphasis on corrective emotional experience; release, the idea of the person as the center of therapy, and an objective and accepting attitude on the part of the therapist. A discussion of each of these principles follows.

### Recognition of a State of Conflict

One of the recognized features of all psychological counseling is that the client is in a state of conflict. Blos, Thorne, and Rogers all acknowledge this.

Rogers says<sup>1</sup> that counseling can be of help only when there is a certain amount of psychological distress arising out of a condition of "disequilibrium", and also asserts that the stresses may be almost entirely psychic in origin, growing out of conflicts of desire in the "Freudian tradition", or more often caused, at least in part, by the demands of the environment coming into conflict with the needs of the individual. He continues: "Before counseling can be effective, the tensions created by these conflicting desires and demands must be more painful to the individual than the pain and stress of finding a solution to the conflict."<sup>2</sup>

Thorne writes of the "Therapeutic Use of Conflict", claiming<sup>3</sup> that conflicts may be between emotions and other emotions, emotions and ideologies, or different ideologies, and that

-----  
1. Carl Rogers, Counseling and Psychotherapy, pp. 53, 54.

2. Loc. cit.

3. Frederick C. Thorne, "Directive Psychotherapy: XI. Therapeutic Use of Conflict", Journal of Clinical Psychology, III (1947), p. 179.

the basically healthy personality is able to utilize induced conflicts in resolving inconsistencies and improving insight concerning reality. Blos states:

My experience....has impressed me with the fact that the resolution of an acute conflict....stimulates an integration of the new insight or growth experience which renders the personality capable of moving to a higher level of self-differentiation. This gain in "affective mobility"....as the result of new insight emphasizes conflicts of which the individual was totally unaware.

He stresses the fact<sup>2</sup> that psychological counseling does not attempt to resolve unconscious infantile conflicts, the realm of psychoanalysis, but points out that every personality disturbance is related to unresolved relationship conflicts.

Freud has emphasized struggle within the personality more emphatically and more candidly than any predecessor or contemporary, although inner struggle as such has been well recognized by the theologians, the philosophers, the psychiatrists, and is deeply imbedded in the consciousness of the average man.<sup>3</sup>

Two quotations are relevant to clearly indicate Freud's views on the subject of conflict: "Psychoanalysis....declares that nervous symptoms arise from a conflict between two forces - on the one hand, the libido (which is for the most part excessive), and on the other, a too severe aversion from sexuality or repression".<sup>3</sup>

- 
1. Peter Blos, "Psychological Counseling of College Students", American Journal of Orthopsychiatry, XVI (1946), pp. 573, 574.
  2. Ibid., p. 577.
  3. Sigmund Freud, "Observations on 'Wild' Psycho-analysis", Collected Papers, II, p. 300.

Sexual need and privation are merely one factor at work in the mechanism of neurosis....The other, no less essential, factor, which is all too readily forgotten, is the neurotic's aversion from sexuality, his incapacity for loving, that feature of the mind which I have called 'repression'. Not until there is a conflict between the two tendencies does nervous illness break out.<sup>1</sup>

Myerson, who so wholeheartedly condemned psychoanalysis, accedes<sup>2</sup> that even those who reject Freud's point of view have had to pay more attention to the details of human life and to the concealed human difficulties because of the pressure of his ideas and his work, whether his analysis of the struggle is the correct one or not.

In fact, through Freud's theories it is becoming more and more recognized that the psychotic, the neurotic, and the normal all have conflicts, that the symptoms only differ in their intensity. Ferenczi notes<sup>3</sup> that the wall separating neurosis and psychosis must also be torn down and that even the most singular acts and mental processes of the insane are to be reduced to psychic conflicts, analogous to those which exist in "normal" individuals too. Schmalhausen expresses this idea even more succinctly when he says<sup>4</sup> that we are all neurotic to the extent that we harbor in our personalities contradictions and conflicts between body and mind, instinct and morality, impulse and conformity, desire and repression.

- 
1. Sigmund Freud, "On Psychotherapy", Collected Papers, I, p. 263.
  2. Myerson, op. cit., p. 637.
  3. S. Ferenczi, "Freud's Importance for the Mental Hygiene Movement", Mental Hygiene, X (1926), p. 675.
  4. Samuel D. Schmalhausen, "Freud and the Sexual Revolution", Journal of Abnormal and Social Psychology, XXV (1930-31), p. 304.

A study of psychosomatic medicine makes it clear that in many illnesses the chief cause lies in conflicts and maladjustments developing from the patient's family and marital relationships, his associations and friendships, his economic problems, his occupation, his business, etc. This is acknowledged by Christian, who also notes<sup>1</sup> that many of these conflicts may have had their beginning in infancy or early childhood.

Symonds makes an important point in his statement<sup>2</sup> that psychoanalytic therapy is not concerned immediately with the adjustments which a person makes to his world, but with the conflicts within the individual himself; that with inner conflicts reduced, the individual is free to turn his energies towards his outer adjustments. This is one of the aims of all three schools of psychological counseling. It is necessary to recognize the fact that the person seeking help of the psychological counselor is doing so because of the existence of conflict.

#### Acknowledgment of Unconscious

The relative place of the conscious and the unconscious was depicted in the early days of psychoanalysis by G. Stanley Hall as follows: "Thus human life has its night as well as its day side, and the Freudian mechanisms enable us to explore the vast regions of psychic life below the conscious surfaces.

- 
1. Henry A. Christian, in William Osler, Principles and Practice of Medicine, New York: Appleton Century, 16th edition, 1947, p. 2.
  2. Percival Symonds, "Psychoanalysis, Psychology, and Education," Journal of Abnormal and Social Psychology, XXXV (1940), p. 145.



Nothing since Aristotle's categories has gone deeper or in my opinion is destined to have such far-reaching influence and results".<sup>1</sup>

The psychological counselor does not deal with the unconscious as such, yet cannot overlook its vast import. Murray makes such a vivid exposition of the role of the unconscious that it seems important to quote him here:

The theory of the unconscious (of the alter ego or shadow self) helps to explain contrasting phases of behavior, ambivalence, sudden explosions, regressions, conversions. ("He was not himself"; "I would not have known him".) It throws light on fixed and refractory frames of reference, settled sentiments and beliefs. It is essential to an understanding of illusions, delusions, morbid anxiety, compulsions, accidents and illness. The unconscious is an historical museum of the breed and of the individual, exhibiting tableaux of development. But also, in a sense, it is the womb of fate, the procreating source of new directions, of amount, and of religion. It is here that one must seek for novelty, for the incubating complex that will govern the next move. No creator can afford to disrespect the twilight stirrings of the mind, since out<sub>2</sub> of these arise the quickening ideas that are his life.<sup>2</sup>

As for the place of the unconscious in psychological counseling, Blos claims<sup>3</sup> that at no point is it overlooked that unconscious conflicts play their part in any personality disturbance. Rogers recognized the place of the unconscious when he

- 
1. G. Stanley Hall, as quoted in Albert Polon, "The Growth of Psychotherapy and the Evolution of Psychoanalysis", Mental Hygiene, VIII (1924), p. 68.
  2. H. A. Murray, "What Should Psychologists do about Psychoanalysis?" Journal of Abnormal and Social Psychology, XXXV, (1940), p. 159.
  3. Peter Blos, "Psychological Counseling of College Students", American Journal of Orthopsychiatry, XVI (1946), p. 579.

said<sup>1</sup> that feelings expressed by his clients may be conscious, or with more complete catharsis, feelings and attitudes which had been inhibited from recall, "(unconscious feelings)" may be brought out.

Directive counseling stresses the importance of the study of the nature of consciousness and of "nonconscious" mental functions.<sup>2</sup> Thorne acknowledges the place of the unconscious when he says: "If human behavior is determined by unconscious, instinctual, affective-impulsive components in personality, it follows that maladjustment is caused by mechanistic, physiological factors over which a person can exert little conscious, voluntary control unless his growth resources of homeostatic tendencies are sufficiently strong to fortunately effect a cure."<sup>3</sup>

The very goal of the directive technique is to replace the emotional-compulsive behavior which stems from the unconscious with conscious deliberate rational-adaptive behavior.

Freud did not discover the unconscious, though his explorations in it have been of such importance that some authorities attribute the discovery to him.<sup>4</sup> Mysticism had long approached<sup>5</sup> it, and the greatest poets, as well as students of

- 
1. Carl Rogers, "Areas of Agreement in Psychotherapy", American Journal of Orthopsychiatry, X (1940), p. 702.
  2. Frederick C. Thorne, "Directive Counseling and Psychotherapy", American Psychologist, III (1948), p. 164.
  3. Loc. cit.
  4. E. G. Martin W. Peck, "The Story of Psychotherapy", Mental Hygiene, XX (1936), p. 361.
  5. Ernst Simmel, "Sigmund Freud: The Man and His Work", Psychoanalytic Quarterly, IX (1940), p. 163.

human nature, had asserted that the most exalted achievements of the human mind spring from the unconscious.<sup>1</sup> Pfister says<sup>2</sup> that exact psychologists like Janet, Jones, Forel, Flournoy, and such experimental psychologists as Ach and Offner had demonstrated conclusively the presence of formative forces beyond consciousness. The ancients in their ignorance and superstition were correct in their conception that the hysterical is possessed of a spirit which must be cast out, and today the "demon of the unconscious is a specter which takes its place among the accepted data with which modern science has to reckon".<sup>3</sup> According to Freud, this demon, a non-social nucleus, harbored by man in the unconscious mind behind a layer of civilized veneer, directs destructive impulses against others and against the individual himself.<sup>4</sup>

Freud's contribution was not the unconscious itself, but its scientific validity.<sup>5</sup> "He made of psychology a natural science through which he uncovered the unconscious sources and vicissitudes of our instincts, the driving emotional forces of human nature."<sup>6</sup>

- 
1. O. Pfister, "Psychoanalysis and the Study of Children and Youth", American Journal of Psychology, XXVI (1915), p. 130.
  2. Loc. cit.
  3. Triggant Burrow, "Some Psychological Phases of Medicine", Journal of Abnormal Psychology, VI (1911-12), p. 212.
  4. Franz Alexander, "Sigmund Freud : 1856-1939", Psychosomatic Medicine, II (1940), p. 73.
  5. J. F. Brown, "Freud's Influence on American Psychology", Psychoanalytic Quarterly, IX (1940), p. 290.
  6. Ernst Simmel, "Sigmund Freud: The Man and His Work", Psychoanalytic Quarterly, IX (1940), p. 103.

Freud says<sup>1</sup> that there is an excellent basis for understanding how the unconscious state can influence the conscious, although the latter is ignorant of the existence of the former, in the well-known phenomena of so-called post-hypnotic suggestion in which a command given in hypnosis is later executed in the normal states as though by an imperative suggestion.

It is to be noted that little had been done with the contents of the unconscious before Freud's time because no method (other than hypnosis) existed by which one could trace them and bring them up into the light of consciousness.<sup>2</sup> It was Freud who devised a way of uncovering the contents of the unconscious.

Recognition of the role of the unconscious, so fully developed by Freud, forms a part of the theory of all three schools of psychological counseling considered in this paper.

#### Role of Repression

As was pointed out in the first chapter, Rogers acknowledges<sup>3</sup> his indebtedness to Freud in the matter of the dynamism of repression. He apparently feels that this dynamism is so acceptable as to need no discussion, for the only reference to it in his book is in connection with the case of a four-year old boy,

- 
1. S. Freud, "Origin and Development of Psychoanalysis", American Journal of Psychology, XXI (1910), p. 189.
  2. Otto Rank, "Psychoanalysis as General Psychology", Mental Hygiene, X (1926), p. 19.
  3. Carl Rogers, "Significant Aspects of Client Centered Therapy", American Psychologist, I (1946), p. 415.

on which he makes the comment: "The degree of aggression and hostility is extreme, no doubt because the repressions have been extreme".<sup>1</sup>

Thorne makes no reference to repression as such, but his mention<sup>2</sup> of latent, subconscious, un verbalized affective-impulsive reactions assuredly implies his recognition of this dynamism.

Blos, admittedly more dependent on Freud than the others has made the following comments<sup>3</sup> on the matter of repression: It is automatic and unconscious; it is the refusing of admission of impulses to consciousness which are unacceptable to the ego; in repression any impulse which makes itself felt has two components, an idea and an affect, and that when the entire impulse cannot be repulsed sometimes the one or the other is repressed; repression requires constant vigilance which wastes unproductive energy; anything once repressed has a tendency to return.

It has been asserted<sup>4</sup> that the very kernel of Freud's psychology is the doctrine of repression, which Alexander defines as the "resistance which everyone has against recognizing in himself emotions, wishes and tendencies which are unacceptable and in conflict with ruling standards".<sup>5</sup> Fundamentally these repres-

- 
1. Carl Rogers, Counseling and Psychotherapy, p. 168.
  2. Frederick Thorne, "Directive Counseling and Psychotherapy", American Psychologist, III (1948), p. 165.
  3. Unpublished lecture delivered at the New School, February 24, 1948.
  4. Rank, op. cit., p. 19.
  5. Alexander, op. cit., p. 70.

sive forces are fear and shame and disgust and shyness, according to Schmalhausen.<sup>1</sup>

Repression is the result of conflict in which the person finds one complex of mental processes unacceptable, "fails to assimilate it, will have nothing to do with it, tries to forget it, to submerge it, to repress it. The repressed complex then takes on an automatic existence, and acts as an irritating foreign body in the same way as any physical foreign body that has not been absorbed."<sup>2</sup>

The repression of a desire gives rise to a vague sense of disgust, according to Putnam,<sup>3</sup> and this feeling attaching itself to a definite object may be felt as a morbid impulse or a defined fear. It serves as one of the main agencies in the production of nervous symptoms.<sup>4</sup> Or, as Pfister puts it,<sup>5</sup> every repression means a further checking of development, a fixation.

Freud writes of the function analysis serves in the matter of these repressed ideas:

- 
1. Samuel D. Schmalhausen, "Freud and the Sexual Revolution", Journal of Abnormal and Social Psychology, XXV (1930-31), p. 303.
  2. Ernest Jones, "Psychoanalysis in Psychotherapy", Journal of Abnormal Psychology, IV (1909-10), p. 142.
  3. James J. Putnam, "The Work of Sigmund Freud", Journal of Abnormal Psychology, XII (1917-18), p. 309.
  4. James J. Putname, "Personal Impressions of S. Freud and his Work", Journal of Abnormal Psychology, IV (1909-10), p. 309.
  5. O. Pfister, "Psychoanalysis and the Study of Children and Youth", American Journal of Psychology, XXVI (1915), p. 134.

The individual for his part only repressed the useless impulse, because at that time he was himself still incompletely organized and weak; in his present maturity and strength he can, perhaps, conquer without injury to himself that which is inimical to him. A second issue of the work of psychoanalysis may be that the revealed unconscious impulses can now arrive at those useful applications which, in the case of undisturbed development, they would have found earlier. The extirpation of the infantile wishes is not at all the aim of development. The neurotic has lost, by his repressions, many sources of mental energy whose contingents would have been very valuable for his character building and his life activities.<sup>1</sup>

The freedom and spontaneity of behavior which is an outcome of successful psychotherapy is a natural outcome of the release from repression, according to Symonds.<sup>2</sup> The dynamism of repression, without which there would be little need for psychoanalysis, was one of Freud's major contributions to society. Symonds depicts it as the "focal point in psychoanalytic theory."<sup>3</sup>

#### Dependence on Transference

Transference is a phenomenon which plays a very important part in therapy or counseling no matter what technique is employed. An explanation of transference is given by Alexander: "A confidential relationship between patient and physician develops, which Freud called transference, because the patient, in his suffering and helpless situation transfers to the physician the same trusting attitude which he felt towards his parents as a child."<sup>4</sup>

- 
1. S. Freud, "Origin and Development of Psychoanalysis," American Journal of Psychology, XXI (1910), p. 217.
  2. P. M. Symonds, Dynamics of Human Adjustment, p. 250.
  3. Ibid., p. 221.
  4. Franz Alexander, "Sigmund Freud: 1856-1939," Psychosomatic Medicine, II (1940), p. 70.

Rogers, in suggesting a formulation on which therapists dealing with children may find themselves in agreement says<sup>1</sup> that before therapeutic changes can take place the child must have a feeling of confidence and trust in the therapist, and the therapist must have a sincere degree of 'controlled identification' with the child.

Katzenelbogen says<sup>2</sup> there is at least one common denominator in psychotherapy, the absolute prerequisite of good rapport between the psychotherapist and the patient. This relationship he claims is that of a weak person who seeks the help of a strong one.

In the process of transference, Freud himself says of the patient:

He applies to the person of the physician a great amount of tender emotion, often mixed with enmity, which has no foundation in any real relation, and must be derived in every respect from the old wish-fancies of the patient which have become unconscious. Every fragment of his emotive life, which can no longer be called back into memory, is accordingly lived over by the patient in his relations to the physician, and only by such a living of them over in the "transfer" is he convinced of the existence and the power of these unconscious excitations...

...The transfer arises spontaneously in all human relations and in the relations of the patient to the physician; it is everywhere the especial bearer of therapeutic influences, and it works the stronger the less one knows of its presence. Accordingly psychoanalysis does not create it, it merely discloses it to consciousness, and avails itself of it, in order to divert the psychic processes to the wished for goal.<sup>3</sup>

- 
1. Carl Rogers, "Areas of Agreement in Psychotherapy", American Journal of Orthopsychiatry, X (1940), p. 702.
  2. S. Katzenelbogen, "Psychotherapy", Annals of Internal Medicine, XXI (1944), p. 414.
  3. Freud, op. cit., pp. 215, 216.



Blos devoted<sup>1</sup> two lectures in his course in Psychological Counseling to the subject of transference and counter-transference. He recognized that historically it was first observed in psychoanalytic treatment; and that in counseling the client experiences new reactions to his expressions, that the irrational element is eliminated by his inter-personal relation with the counselor, where he lives out a transference under controlled conditions.

He makes a distinction in his article between transference in college counseling and that in psychoanalysis, claiming<sup>2</sup> that the latter serves as a screen on which infantile relationship conflicts are projected and that the development of such a transference neurosis is the precondition for psychoanalytic therapy, whereas in psychological counseling a transference neurosis must be prevented from developing because it is impossible to cope with it under these circumstances.

All schools of psychological counseling recognize the phenomena of transference.

#### Acquiring of Insight

"Our understanding of insight as it arises in counseling is dependent to a great extent on the psychoanalytic concept of unconscious ideas and their clarification".<sup>3</sup> So wrote Rollo

- 
1. Blos, Unpublished lectures delivered April 20 and 27, 1948, New School.
  2. Peter Blos, "Psychological Counseling of College Students", American Journal of Orthopsychiatry, XVI (1946), p. 577.
  3. Rollo May, "Present Function of Counseling", Teachers' College Record, XLVI (1944), p. 13.

May. As Willoughby put it,<sup>1</sup> making the unconscious conscious brings about the ability to attack one's problems from a new angle, since one now perceives previously hidden connections, drops irrelevant attitudes and hypotheses, and elaborates the more adequate hypotheses and active attempts at solution.

Greco and Fechner point out<sup>2</sup> that there is no denying that a cure in the maladjusted individual can only be effected if he can understand himself completely, but show that the techniques of having the individual acquire this insight differ, that it is in the degree to which the therapist's influence is exerted.

It is through the therapist's influence, his interpretations and suggestions, that insight is achieved in the analytic situation, while Rogers would effect it by the reflection of the client's feelings.

The latter devotes an entire chapter in his book to "The Achievement of Insight"<sup>3</sup> in which he explains that to the client this means the seeing of old facts in new relationships, the gradual increase in self-understanding, the recognition and the acceptance of the self, and a choice of goals.

- 
1. Raymond R. Willoughby, "Some Articulations between Psychoanalysis and the Rest of Psychology", Journal of Abnormal and Social Psychology, XXXV (1940), p. 49.
  2. Marshall Greco and Irving Fechner, "Fundamentals of Psychotherapy for a New Orientation", American Journal of Orthopsychiatry, XVII (1947), p. 441.
  3. Carl Rogers, Counseling and Psychotherapy, pp. 174-216.

Blos recognizes<sup>1</sup> that there are steps in the progression of insight, and in speaking of one of his cases, he claims<sup>2</sup> that a client gained insight into his ego defenses through the interpretation by the therapist of omissions, contradictions, denials, forgetfulness, etc.

The difference between the acquiring of insight by means of the two techniques may differ. Under the nondirective procedure insight is attained spontaneously by the client, because his feelings have been reflected by the counselor. Under the analytic approach, insight is frequently achieved through interpretation on the counselor's part.

In directive counseling the client gains insight into the meanings of his behavior by gradual reeducation so that his cerebrum eventually dominates the mid and hind-brain functions. Thorne points out<sup>3</sup> that the achieving of this insight is a very gradual process.

Whatever the procedure, insight is commonly recognized as one of the goals of all three schools of psychological counseling. Its understanding and value was first completely recognized by Freud.

---

1. Blos, op. cit., p. 573.

2. Ibid., p. 577.

3. Frederick C. Thorne, "Directive Counseling and Psychotherapy", American Psychologist, III (1948), p. 163.

Emphasis on Corrective Emotional Experience: Release

The value of the emotional experience in the transference situation has been noted above. It is also necessary that emotion be expressed and worked through in the reproducing of the traumatic scene to the physician, else the process has no curative effect, according to Freud, who likewise claims<sup>1</sup> that one is forced to the conclusion that the patient fell ill because the emotion developed in the pathogenic situation was prevented from escaping normally, and that the essence of the sickness lies in the fact that the "imprisoned" (eingeklemmt) emotions undergo a series of abnormal changes, that in part they are preserved as a lasting charge and as a source of constant disturbance in psychical life.

The importance of the emotional experience is definitely recognized by Rogers whose main emphasis is on the reflection of the client's feelings. He lists<sup>2</sup> the recognition of the therapeutic value of feeling as one of the areas of agreement between therapists, in connection with which he states that it is sound procedure to help the individual recognize and clarify the emotions he feels -- hostile or loving, infantile or mature.

He devotes a whole chapter in his book to the subject of "Releasing Expression",<sup>3</sup> claiming that one of the significant

- 
1. S. Freud, "Origin and Development of Psychoanalysis", American Journal of Psychology, XXI (1910), p. 188.
  2. Carl Rogers, "Areas of Agreement in Psychotherapy", American Journal of Orthopsychiatry, X (1940), p. 702.
  3. Carl Rogers, Counseling and Psychotherapy, pp. 131-173.

goals of any counseling experience is to bring into the open those thoughts and attitudes, those feelings and emotionally charged impulses which center around the problems and conflicts of the individual.

Blos states<sup>1</sup> that, as a result of psychological counseling, the client gains an "affective mobility", the capacity to act and mobilize his "frozen emotions" so that he is receptive to new experience.

More emphasis is placed by directive counseling on the rational intellectual components than on the affective-impulsive ones, yet at the same time Thorne acknowledges an indebtedness of his school to psychoanalysis "with its developmental studies of the affective-impulsive life".<sup>2</sup> He emphasizes training in his approach, yet concedes<sup>3</sup> that it is occasionally necessary to resolve emotional attitudes before this training can be started, although usually the two processes advance side by side.

Assuredly the emotional experience is an important factor in psychological counseling, seemingly an outgrowth of the process of catharsis and abreaction brought to light by Breuer, but given an infinitely greater importance by Freud.

- 
1. L. L. Thurstone, "Influence of Freudism on Theoretical Psychology", Psychological Review, XXXI (1924), p. 178.
  2. Frederick C. Thorne, "Directive Counseling and Psychotherapy", American Psychologist, III (1948), p. 163.
  3. Ibid., p. 165.

Idea of Person as Center of Therapy

In his discussion of the influence of Freud on theoretical psychology Thurstone points out<sup>1</sup> that he emphasized the individual rather than the stimulus as first in consideration. So in the older schools of psychology there was the formula: stimulus -- person -- behavior, whereas with the introduction of Freudism the formula became person -- stimulus -- behavior, where the stimulus is treated as the environmental fact that is used by the person to express his purposes and to obtain the satisfactions he intrinsically wants.

The influence of the idea of the individual person as first in importance, rather than his problem, is graphically shown by Reynolds.

The right of the client or patient to self-determination is coming to be accepted, not on theoretical grounds alone but because changes of conduct are increasingly seen to be based on emotional changes, and these in turn are seen as coming from within or not at all. We become passive in order to let the changes come that not all our talking, our learned interpretations, or our eloquent persuasions could force. We are learning to trust the healing forces within the individual, to wait for him to express himself, and to follow his leads rather than to exploit him in the service of our preconceived ideas.

It is noteworthy that this was written almost ten years before the appearance of the nondirective technique, which has as one of its claims that it is a "client-centered"<sup>3</sup> therapy.

- 
1. L. L. Thurstone, "Influence of Freudism on Theoretical Psychology", Psychological Review, XXXI (1924), p. 178.
  2. Bertha Reynolds, "Discussion of Trends in Therapy", American Journal of Orthopsychiatry, III (1933), p. 344.
  3. Carl Rogers, "Significant Aspects of Client-Centered Therapy", American Psychologist, I (1946), pp. 415-422.

Thorne asserts that "all valid therapy is client-centered",<sup>1</sup> that this is not a characteristic of the nondirective technique exclusively.

As for psychoanalysis, Freud states<sup>2</sup> that it is left to the patient in all essentials to determine the course of the analysis and the arrangement of the material; that any systematic handling of particular symptoms or complexes thus becomes impossible.

Whereas Blos makes no direct reference to the person as the center of therapy, his acceptance of the entire framework of Freudian psychoanalysis as his frame of reference implies the acceptance of this aspect.<sup>3</sup>

It can therefore be seen that though the emphasis is different, all three approaches to psychological counseling make use of this Freudian concept.

#### Objective and Accepting Attitude of Therapist

Related to the matter of transference mentioned above, is the objective and accepting attitude on the part of the therapist. The part that this plays in the resolving of the client's or patient's problems is revealed by Alexander:

- 
1. Frederick Thorne, "Principles of Directive Counseling and Psychotherapy", American Psychologist, III (1948); p. 162.
  2. S. Freud, Autobiography, p. 80.
  3. This was confirmed by him in personal conversation with the writer, April 10, 1949.

The therapist's attitude is objective and understanding... He does not react to the patient's aggression by retaliation or reproach, neither does he gratify the patient's infantile claims for help.... This makes the patient's transference behavior a one-sided shadow boxing and this gives the therapist unique opportunity not only to make the patient see intellectually, but also to make the patient feel the irrationality of his emotional reactions.

Dependence mixed with resentment, because the therapist does not gratify these dependent wishes to the extent the patient desires, is the most common emotional ground pattern upon which the individual variations of transference reactions are superimposed.... And just because the therapist never abandons the realistic therapeutic attitude, the patient's neurotic behavior becomes pointless and one-sided and brings the irrationality of the neurotic patterns into sharp relief.<sup>1</sup>

Ferenczi and Rank write<sup>2</sup> that it is the fundamental rule of analytic technique that the analyst should only come out from his shell of observational reserve, from the role of merely existing, when it is absolutely necessary, that is in general when the resistances require him to intervene in the unwinding of the libido.

Freud devotes considerable time to dealing<sup>3</sup> with the attitude of the physician towards his patient in the process of psychoanalysis. His opinion and technique can be briefly summarized in his own words: "The physician should be impenetrable to

-----

1. Franz Alexander, "Individual Psychotherapy", Psychosomatic Medicine, VIII (1946), p. 113.
2. S. Ferenczi and O. Rank, The Development of Psychoanalysis, p. 24.
3. S. Freud, Clinical Papers XXIX - XXXIII, Collected Papers, II, pp. 323-391.



the patient, and like a mirror, reflect nothing but what is shown to him".<sup>1</sup> His emphasis is on acceptance and self control on the part of the psychoanalyst.

Rogers assuredly reflects the Freudian precepts when he writes: "The function of the therapist is to hold a mirror to the client's feelings".<sup>2</sup> He claims<sup>3</sup> acceptance as a basic qualification of a good counselor, and also says<sup>4</sup> that it is generally conceded that to be helpful as a therapist the counselor needs to have an objective attitude.

May probably best illustrates the same attitude of the analytic technique when he asserts<sup>5</sup> that the counselor must be incapable of being shocked or offended, that calm objectivity, which is based on the realization that nothing which is human is foreign or unworthy of understanding, is the attitude for the counselor. This attitude assuredly recognizes the roles both of objectivity and acceptance.

- 
1. Sigmund Freud, "Recommendations on Treatment", Collected Papers, II, p. 331.
  2. Carl Rogers, "Therapy in Guidance Clinics", Journal of Abnormal and Social Psychology, XXXVIII (1943), p. 285.
  3. Carl Rogers, Counseling and Psychotherapy, p. 40.
  4. Ibid., p. 254.
  5. Rollo May, The Art of Counseling, pp. 144, 145.

Blos confirmed<sup>1</sup> this as part of his frame of reference. However, he pointed out that along with the accepting attitude on the part of the therapist, the latter at the same time tests the capacity of his client to face reality. He pointed out that a person receiving counseling has contradictions. No moral judgment is given him by the counselor, but the latter lines up the client's contradictions with his ability to think rationally so that the client acquires insight into his conflicts.

Thorne states<sup>2</sup> that one of the values of both directive and nondirective therapy is the emotional desensitization which results from the free expression and acceptance of feelings and emotions.

A good therapist, no matter to what school he belongs, is objective and accepting in the Freudian tradition.

### Summary

It is the contention of this chapter, therefore, that in the general milieu of disagreement in which the three schools of psychological counseling herein discussed are embroiled they have a common ancestor in Freud who has not only bequeathed to them a dynamic system of psychology, but in addition at least eight principles which they recognize in common. The relative

- 
1. Personal conversation with the writer, April 10, 1949.
  2. Frederick C. Thorne, "Directive Psychotherapy: VI. The Technique of Psychological Palliation", Journal of Clinical Psychology, II (1946), p. 76.

indebtedness of the three schools varies with the frame of reference accepted by each of them. It is found that all three, however, accept to some extent certain Freudian concepts of psychotherapy, namely recognition of a state of conflict, acknowledgment of the unconscious, the role of repression, the dependence on transference, the acquiring of insight, emphasis on release, the idea that the person is the center of therapy, and the accepting and objective attitude on the part of the therapist. With these concepts psychological counseling takes on a richness of quality which enables it to be a potent process in assisting the individual who is emotionally disintegrated to become whole again.

CHAPTER VI  
CONCLUSIONS, INTERPRETATIONS, AND RECOMMENDATIONS

Introduction

The significant contribution of this thesis is a unification of perspective of different points of view as expressed by Rogers representing the nondirective, by Thorne representing the directive, and by Blos representing the analytic technique of psychological counseling.

This dissertation has gathered within the bounds of one document a collation of information of value to individuals at present practicing clinical psychology, and to anyone considering a career in psychological counseling; for it has brought to a focus, and traced the historical development, of certain factors common to the three above-mentioned viewpoints of psychological counseling, the directive, the nondirective, and the analytic. With the appearance of many articles between the years 1944 and 1949 stressing the difference between these viewpoints, their points of similarity have been overlooked.

Most of the elements of the amalgamation herein presented have appeared in print, but in such widely scattered journals, periodicals, brochures, and books, and over such an extended period of time, as to have made it difficult for students of clinical psychology and others interested in counseling and psychotherapy to achieve the unifying perspective which is here presented.

The three "schools" of psychological counseling represented by Thorne, Rogers, and Blos have certain areas of agreement. All three "schools" have a certain respect for the point of view of the other two, but the representatives of the nondirective, the directive, and analytic psychological counseling have tended to overlook the common history of the three techniques. All three "schools" fulfill a similar function in the lives of the respective individuals whom they serve, each in its own way. They all have the single purpose of bringing psychological help to an individual in need.

The question can now be asked, to what extent are each of the three "schools" of psychological counseling, namely the directive, the nondirective, and the analytic, a product of clinical psychology, related to psychiatry, and indebted to certain Freudian concepts.

#### Comparative Clinical Backgrounds

It was established in chapter III that the therapeutic and counseling role has gradually come to be recognized as one of the functions of the clinical psychologist, but not to the exclusion of others such as the psychiatrist and the social worker. It has also been seen that in his psychological counseling role he has played and is still playing an important part in college counseling, in school guidance, in child guidance clinics, and in rehabilitation work. His rôle is growing in the hospital field, in industry, in correctional work, and in private practice.

It is apparent that a psychological counselor is dependent upon his training and experience for the technique he uses with his clients. The nondirective technique did not appear in well organized form until 1942 with the appearance of Counseling and Psychotherapy. As a matter of fact, there was no definite recognition of different "schools" of psychological counseling until Rogers book appeared. The field was an eclectic one, varying from counselor to counselor. It was the very lack of an organized system of training which caused psychiatry to question the counseling and therapeutic role of the clinical psychologist.

Rogers precipitated a division of psychological counselors, classifying his system as nondirective, and that used by others as directive. Thorne, for purposes of argument, accepted the term "directive" for his technique. Blos, however, (in personal conversation with writer), took exception to a classification of his technique of psychological counseling with that of Thorne.

This classification of psychological counselors into the nondirective, the directive, and the analytic, was one made independently by the present writer as a result of the reading of the literature, and remarks by Blos. It was later discovered that the same classification was used by Brenman<sup>1</sup> and was also

-----

1. Margaret Brenman, "The Role of Training in Psychoanalysis for the Development of Therapeutic Techniques in Clinical Psychology," Journal of Clinical Psychology, Monograph Supplement no. 3, July 1948, p. 71.

inferred by Symonds.<sup>1</sup> (Mention of both Brenman and Symonds was made in chapter II in support of the choice of the three schools.) It is too early for such a classification of schools to be generally recognized, though the prediction can be made that eventually it will need to be considered to clarify the training of the clinical psychologist for counseling and psychotherapy.

Rogers developed his technique as a result of his experience as a clinical psychologist with the Institute of Child Guidance of New York City, as director of the Child Study Department of Rochester, and as director of the Rochester Child Guidance Center. Indeed, he says, "It is perhaps significant that most of the impulses toward the development and refinement of this newer approach have come from the practical field---from the practice of treatment in clinics, schools, and agencies ---rather than from any academic source."<sup>2</sup> In another place<sup>3</sup> he says that his client centered approach had its origin purely within the limits of the psychological clinic.

Thorne also acknowledges the orientation of the directive approach to "all known clinical methods."<sup>4</sup> He claims that "rational therapy, whether directive or nondirective, proceeds logically from aetiological (sic) studies, clinical examinations, and laboratory studies from which a diagnostic formula-

- 
1. Percival M. Symonds, "New Trends in Clinical Psychology," American Journal of Orthopsychiatry, XVIII (1948), p. 156.
  2. Carl Rogers, Counseling and Psychotherapy, p. 28.
  3. Carl Rogers, "Significant Aspects of Client-Centered Therapy," American Psychologist, I (1946), p. 421.
  4. F. C. Thorne, "Directive Counseling and Psychotherapy," American Psychologist, III (1948), p. 161.

tion results."<sup>1</sup>

The matter of diagnosis is one of major disagreement between these two schools, for Rogers claims that diagnostic knowledge and skill are not necessary for good therapy.<sup>2</sup>

However, Rogers points out an area of agreement between his training and that of Thorne in their background of clinical psychology, when he says<sup>3</sup> (as noted in chapter I) that everyone in the clinical field has been heavily exposed to the eclectic "team" approach to therapy of the child guidance movement, and the somewhat similar eclecticism of the Adolf Meyer "school of thought", which Thorne stresses. It is his opinion,<sup>4</sup> however, that these eclectic viewpoints have not been so fruitful in therapy, and therefore he has retained little from these sources in his nondirective approach.

Rogers has abandoned such methods as suggestion, advice, reassurance, and intellectualized interpretation, whereas Thorne asserts: "The critical factor is not what method is used but rather the skill with which it is used."<sup>5</sup> He points

- 
1. F. C. Thorne, "Clinical Method in Science," American Psychologist, II (1947), p. 164.
  2. Carl Rogers, op. cit., p. 421.
  3. Ibid., p. 415.
  4. Rogers, loc. cit.
  5. F. C. Thorne, "Directive Counseling and Psychotherapy," American Psychologist, III (1948), p. 162.



out<sup>1</sup> that methods such as suggestion, reconditioning or reassurance may well turn out to have such startling possibilities when properly used as did uranium in relation to the atom bomb.

As for the development and growth of the analytic school, as herein described, from clinical psychology, Blos, like Rogers and Thorne, has had extensive experience in the clinical field. He worked with Aichorn for several years at his Child Guidance Clinic in Vienna, and, after coming to New York did consultation service for the Child Study Association of America.<sup>2</sup> He wrote the Adolescent Personality as part of a study conducted by the Commission on Secondary School Curriculum set up by the Progressive Education Association.<sup>3</sup> Zachry writes: "The method used by the Study in collecting case material was derived to some extent from the case history technique which had originally been devised by clinics. Insofar as the clinical approach is designed to give a picture of the individual as a total functioning personality, it is similar to the approach employed in the Study."<sup>4</sup>

It is therefore readily apparent that all three "schools" of psychological counseling as herein described have been nurtured in clinical settings. The psychological clinic has formed a basic part of the respective training of Rogers, Thorne, and Blos.

-----  
1. Ibid., p. vi.

2. Personal conversation with writer, May 23, 1949.

3. Caroline Zachry, in foreword to Peter Blos, Adolescent Personality, p. v.

4. Ibid., p. vi.

Comparative Relations to Freudian Psychiatry

In the relationship of each of these three schools to psychiatry the most easily traced bond lies in a mutual orientation in a dynamic psychology which was a major Freudian, and therefore psychiatric, contribution. It was impossible for Blois, Rogers, and Thorne to escape Freud's influence which "already approaches that of Darwin or Marx."<sup>1</sup>

Blois bases his frame of reference upon Freudian doctrine. Thorne gives the psychoanalytic depth analysis credit as one of three psychiatric methods which he modifies in his technique. (The other two are Kraepelinian descriptive classifications and psychobiological longitudinal studies as developed by Adolf Meyer.) Rogers utilizes the Freudian doctrine both directly, as shown in chapter V, and indirectly. So Raskin observed that the chief source of Freudian influence to be found in the nondirective technique was to be traced through Rank. In this connection, Mullahy makes the even broader observation regarding Freud: "All post-Freudians, if we may use a hackneyed phrase, are standing on his shoulders. If they--or at least some of them--can see farther than Freud, it is because he first pointed out the way!"<sup>2</sup>

The nondirective and the directive schools of thought have discarded certain Freudian concepts, and replaced them with newer points of view. Even the analytic school of psychological

---

1. Patrick Mullahy, Oedipus, Myth and Complex, p. 316.

2. Loc. cit.

counseling discards certain of Freud's concepts. This discarding varies with the individual, and is dependent upon the counselor's own analytic frame of reference.

More specifically, as was pointed out in chapter V, Blos, Thorne, and Rogers are all commonly indebted to Freudian psychoanalysis for at least eight concepts: recognition of a state of conflict, acknowledgment of the unconscious, the role of repression, dependence on transference, acquiring of insight, emphasis on release, the idea that the person is the center of therapy, and an accepting and objective attitude on the part of the therapist. Further discussion of these concepts here would be superfluous.

#### Discussion of Thorne's Dependence on Meyer

It is appropriate to mention in more detail the indebtedness of Thorne to Adolf Meyer, another psychiatrist whose influence has been considerable in both the psychiatric and psychological fields. Thorne says: "Directive psychotherapy accepts the concept of distributive analysis and treatment developed by Meyer and described by Diethelm."<sup>1</sup>

Diethelm claims<sup>2</sup> that the goal of this treatment is a synthesis of the various factors and strivings which will offer the patient security, and that the treatment itself is guided by the need to achieve a wholesome integration of the

-----

1. F. C. Thorne, "Directive Counseling and Psychotherapy," American Psychologist, III (1948), p. 164.
2. O. Diethelm, Treatment in Psychiatry. New York: The Macmillan Co., 1936. p. 111.

total personality as well as of various functions. In his discussion he describes<sup>1</sup> a direct approach in which the physician and patient discuss the problems in the form of an ordinary conversation, with the former directing the patient's attention to definite situations and reactions; but he also describes an indirect approach utilizing association tests, the Rorschach, dreams and symptomatic acts, with or without the use of free associations. He claims<sup>2</sup> that in the average case better results are obtained when the physician interrupts the free flow of thoughts whenever it seems best to him, directing the patient's attention in another channel by a brief question or remark.

He points out,<sup>3</sup> too, that in helping the patient achieve an integrated personality it may be necessary to create a situational arrangement which will meet the patient's needs. He even goes as far as to state<sup>4</sup> that an exclusive relationship (between physician and patient) is considered dangerous without contact with relatives or friends. In other words, the directive school does not hesitate to manipulate a patient's environment in order to make his total integration possible.

This school of thought differs from Rogers in that it feels "that active synthesis and even advice is necessary and that spontaneous synthesis is usually not sufficient."<sup>5</sup>

---

1. Ibid., p. 115.

2. Ibid., p. 116

3. Loc. cit.

4. Ibid., p. 119

5. Ibid., p. 118

Blos would assuredly agree with the emphasis placed on the fact that "many of the patient's experiences may be conscious but for various reasons he hesitates to associate and to utilize them. The therapeutic goal is thus a complete integration instead of an inadequate one through desensitization."<sup>1</sup>

### Comparative Training

Another bond in the relationship of the directive, the nondirective, and the analytic schools of psychological counseling to psychiatry lies in the field of training. Since it has been shown that the representatives of each school of psychological counseling are clinical psychologists, and that psychological counseling is a function of the clinical psychologist, it follows that the discussion of mutual training presented in chapter IV is of general interest to all three schools. A more detailed inspection of training recommended or utilized by each of these schools is in order, however.

### Nondirective Counseling

Training for nondirective counseling was discussed<sup>2</sup> by Grummon and Gordon in 1948 in their description of the Counseling Center at the University of Chicago. This center is involved in two separate training programs: the regular one for University students and the Veterans Administration Training

-----  
1. Loc. cit.

2. Donald L. Grummon and Thomas Gordon, "The Counseling Center at the University of Chicago," American Psychologist, III (1948), pp. 166-171.

Program for Personal Counselors.<sup>1</sup> The following account is given of the training program for University students:

Four basic courses are offered students of the University who desire training in counseling: "Dynamics of Personal Adjustment," "Adjustment Counseling: Principles and Practice," "Prepracticum in Psychotherapy," and "Practicum in Psychotherapy." The last is taken for two quarters. Altogether, there are ten courses in psychotherapy offered the University student, including courses in play and group therapy, advanced practicum opportunities, and advanced seminars dealing with research and theoretical interests. In addition, the students have voluntarily organized a weekly discussion group, which they call the "Post-Practicum" for those who wish to continue their training and practice beyond the regular courses offered by the University. There is an opportunity for a limited number of students who have completed the regular series of courses to receive positions in the Center as externs or as counselors.<sup>2</sup>

At the center itself the philosophy of the nondirective counseling is carried out in the method of teaching in which group discussions are used extensively, with the instructor simply "another member of the group".<sup>3</sup> It is noted that this "trend has been unmistakably a gradual change from the more traditional methods of teaching, characterized by lectures and formal presentations, to methods which encourage the free expression of the emotionally-toned attitudes which accompany most learning experiences and methods which give the student more responsibility for his own development."<sup>4</sup>

Another feature of training for nondirective therapy

- 
1. Ibid., p. 169.
  2. Ibid., p. 170.
  3. Ibid., p. 169, 170.
  4. Ibid., p. 170.

which has not been emphasized by the directive and the analytic techniques is the recorded interview which can be played back in the presence of a more experienced counselor or to a group of other counselors for the basis of discussion and improvement of technique.<sup>1</sup> The decision of recording and discussing interviews is left entirely to the discretion of the counselor.

A permissiveness similar to that used so extensively in the nondirective technique is prevalent throughout the whole training program. What is conspicuous by its absence in the nondirective training is the mention of a basic knowledge of psychoanalysis, though this has been emphasized in every other program which has come to the present writer's attention, and Freudian psychoanalysis admittedly forms part of the historical background of this technique, as well as of the others. It is possible that such training is given, but was not mentioned in the article. Another conspicuous lack is intensive clinical experience with all types of abnormal cases, something which Thorne emphasizes.

#### Directive Counseling

Thorne is much more detailed in his proposal<sup>2</sup> for training, recommending specific courses for each of four graduate years. That his emphasis is on a type of training comparable to that for a medical degree has been pointed out in chapter

-----

1. Loc. cit.
2. F. C. Thorne, "Field of Clinical Psychology," Journal of Clinical Psychology, I (1945), pp. 8-11.

IV. He would include courses in Meyerian psycho-biology and elementary psychiatry including the theory of psychoanalysis.<sup>1</sup> He writes: "Since a relatively large number of cases referred to clinical psychologists involve mental deficiency and/or emotional instability, it is incomprehensible that greater attention has not been given these topics in existing graduate curricula."<sup>2</sup> It is his recommendation that the third and fourth years include intensive clinical experiences with all types of material in institutions and outpatient department, suggesting a rotating plan of institutional internship for the third year and experience in an outpatient clinic for the fourth.<sup>3</sup> He emphasizes the need for clinical practice under supervision as physicians are taught.<sup>4</sup>

#### Analytic Counseling

Blos, in his discussion of the training for psychological counseling, pointed out<sup>5</sup> that in his estimation there are three essentials: first, a coherent conceptual frame of reference, second, self investigation (analysis), and third, systematic supervision under, and collaboration with, a more experienced person. Blos commented that Lowrey would offer as a substitute for the analysis work in a Child Guidance Clinic.

-----

1. Ibid., p. 9

2. Loc. cit.

3. Ibid., p. 10

4. Ibid., p. 9

5. Class notes, course in Psychological Counseling, New School, May 18, 1948.



The only danger in such a substitution, in Blos estimation, would be the possibility of neurotic distortion in the counselor's make-up.

It was Blos opinion that the Veterans Administration Training program was primarily concerned with clinical pathology and ignored the pre-clinical field. He considered the usual training for psychiatric social work as most adequate, for in the good school of social work there is less of an academic atmosphere\* than in a university, the instructors are actually in direct first-hand contact with what they teach; and a study can be made of family, community, and social institutions in actual case work practice. He deemed it important that work with, and observation of, the so-called normal adult and child group was necessary.

It was his opinion that supervision should be an extended experience which should continue for at least three years.

#### Training at Postgraduate Center

The group which in the present writer's opinion has taken the most objective point of view in the present state of confusion regarding training for counseling and psychotherapy, and has forged ahead with a comprehensive program, is the Postgraduate Center for Psychotherapy which trains psychiatrists, clinical psychologists, and psychiatric social workers on common ground. Therefore it seems advisable to give a general outline of their requirements and program.

-----  
 \* Cf. Grunmon and Gordon's discussion of the nondirective training.

It is to be noted that: "A personal psychoanalysis is highly desirable for all students. It is, however, mandatory only in those students whose problems, in the opinion of the Board of Admissions, warrant psychoanalytic therapy."<sup>1</sup>

Recognizing the fact that maturity is essential in the psychological counselor or psychotherapist, the following prerequisites are made:

1. M. A. in psychology from an accredited university or college.
2. A total of 3 years clinical experience consisting of:
  - (a) Two years' clinical experience in a recognized mental hygiene clinic or institution doing testing and vocational guidance.
  - (b) One year's clinical experience in a recognized mental hygiene clinic or institution doing counseling or play therapy, or the equivalent.<sup>2</sup>

The minimum requirements for a Certificate in Psychotherapy in Clinical Psychology for Psychologists includes the completion of 900 psychotherapeutic interviews with patients under controlled supervision, and included in the lecture courses and seminars (mentioned in chapter IV) are the following three of particular interest to this thesis: Short-term Psychotherapy Utilizing Psychoanalytic Techniques, Short-term Psychotherapy Utilizing Psycho-Biological Techniques, and Non-Directive Counseling. It would thus appear that in this institute recognition is given to the analytic counselor, the directive counselor, and the nondirective; for the above-mentioned courses in turn give recognition to each of these techniques.

-----

1. Postgraduate Center for Psychotherapy, Inc., Bulletin of Information, 1948-49, p. 12.
2. Ibid., pp. 13, 14.

Problem of Personal Psychoanalysis

The problem of a personal psychoanalysis is one that has received much discussion, and therefore should be considered here.

The Report of the Committee on Training in Clinical Psychology of the American Psychological Association expresses the opinion<sup>1</sup> that psychologists must come around to the acceptance of some kind of intensive self-evaluation as an essential part of the training of the clinical psychologist, with some Committee members believing that this should take the form of psychoanalysis, because of its relative completeness, and others asserting that shorter methods of self-evaluation should be employed because they may be less time consuming and less indoctrinating.

Blos states:

The fact that the counselor must differentiate between those problems which belong in his domain of competence and those which need other types of help and are therefore better off without any psychological counseling, raises many questions with regard to training and supervision. Besides the technical training in psychology, I believe that the psychological counselor should have undergone psychoanalysis<sup>2</sup> as a professional prerequisite for this type of work.

Rogers view in 1939 probably should be pointed out, for he stated then:

- 
1. American Psychological Association, "Report of the Committee on Training in Clinical Psychology," American Psychologist, II (1947), p. 556.
  2. P. Blos, "Psychological Counseling of College Students," American Journal of Orthopsychiatry, XVI (1946), p. 580.

In the more advanced courses the student will have help in analysing his own problems and gaining some insight into himself. This is a very definite and necessary part of the training for the clinical worker. This should not be construed as an argument for the psychoanalysis of every individual going into clinical work. On the contrary, this author is opposed to that process as being wasteful and one-sided. If a person stands in genuine need of the help to be gained from a complete analysis then it is doubtful that he should be a clinical psychologist.<sup>1</sup>

Thorne does not openly express his opinion about the need for psychoanalysis on the part of the directive counselor. In his proposal for training it is not mentioned. Although admitting dependence upon psychoanalysis he does state<sup>2</sup> elsewhere, however, that he considers psychoanalytic theory as one sided, and overemphasizing the affective impulsive components of personality while disregarding the rational and intellectual. It is therefore doubtful that he would consider a psychoanalysis as necessary for one practicing his technique.

It should be mentioned that Kubie, in his final summary of the first conference sponsored by the Josiah Macy Jr. Foundation held in 1947, said:

Somewhat to my surprise and interest there was a rather large degree of agreement that it was possible to give a profound understanding of basic psychoanalytic theory and technique without subjecting everybody to a personal analysis. I am sure that many people will object to this; but here at least the agreement was general and included even the analytic group. Drs. Kris, Spitz, Rapaport and Brenman all took this position, although

- 
1. J. Rogers, "Needed Emphases in the Training of Clinical Psychologists," Journal of Consulting Psychology, III (1939), p. 142.
  2. F. C. Thorne, "Directive Counseling and Psychotherapy," American Psychologist, III (1948), p. 163.

there was some question whether training for the understanding of psychoanalysis and training for the therapeutic application of psychoanalysis can be given in the same way.<sup>1</sup>

It can therefore be seen that the question of the need of a personal psychoanalysis on the part of the clinical psychologist doing counseling is still a matter of extensive discussion, and one that may not be settled for some time to come. It is rather generally conceded that the psychological counselor needs to know himself and his own weaknesses and limitations. Even in the short term training in nondirective counseling offered by Rogers at the University of Chicago for Personal Counselors for the Veterans Administration, over eighty per cent of the second class chose to undergo counseling while in training.<sup>2</sup>

The varying proposals of a personal evaluation, a personal psychoanalysis, or merely a knowledge of psychoanalytic theory without intimate self knowledge tend to keep the nondirective, the analytic, and the directive schools as separate entities.

It naturally follows that psychological counselors who have themselves undergone a psychoanalysis usually do not confine their work to the area of psychological counseling as herein defined, but by the very virtue of their

-----

1. Lawrence S. Kubie, "Training in Clinical Psychology," Journal of Clinical Psychology, Monograph Supplement no. 3, July 1948, pp. 82, 83.
2. D. D. Blocksma, and E. H. Porter, "A Short Term Training Program in Client Centered Counseling," Journal of Consulting Psychology, XI (1947), p. 58.

additional training and experience are enabled to handle cases which counselors without this asset cannot handle, where time permits, and referral cannot be made to other sources. What Rogers failed to note is that often the greatest contributions to a professional field come from individuals who have themselves admittedly undergone similar traumatic experiences (e. g. Theodor Reik and Harry Stack Sullivan).

#### Discussion of Occupations and Research

The appearance of the analytically trained psychological counselor in the field of clinical psychology has been due not only to his own personal insight, but also to the recognition that a person so trained is a step closer to psychiatry. The value of this has been noted particularly in the college field, where psychological counselors and psychiatrists can be found performing parallel functions, as was noted in chapters III and IV.

As a matter of fact, it is difficult to distinguish in all occupational fields discussed between the functions assigned to a clinical psychologist and to a psychiatrist. Where distinctions are made the psychiatrist is most often used in a consulting capacity.

It is therefore impossible to make a blanket distinction between the demands for the directive, the nondirective, and the analytically trained psychological counselor in the areas of employment. Such demands are dependent upon the orientation of the employer, and the type of counseling desired in each case. The distinctions between the three techniques of

counseling are not as yet apparent to the general public, nor have their respective contributions been evaluated, if such evaluation is possible.\*

A discussion of research on the part of clinical psychologists and its relationship to psychiatry was made in chapter IV. Little more need be added here. There it was pointed out that Rogers and other followers of the nondirective technique have carried on extensive research in the field of psychotherapy, and that Alexander and French, psychiatrists using an analytic approach, have begun to carry out a similar type of experimentation.

In much of the research carried out use has been made of a recording of the interviews. Paucity of similar research on the part of other psychotherapists can readily be explained on the grounds that the client should in all honesty be aware that recordings are being made, and that when he is aware of this it is bound to put him on his guard, whether or not he says it makes no difference to him. It is the contention of some psychotherapists that even if there is no conscious resistance to such recording, there is an unconscious one, varying from client to client.

In all fairness, it is possible that the nondirective school may be making greater contributions than have ever been offered the therapeutic field. It may be that they can see

---

\* As mentioned in Chapter IV Snyder claims that research in nondirective counseling has demonstrated the feasibility of comparing different counseling techniques.

further than others. They may be in the process of making a science out of what previously has been an art.

### Conclusions

It has been proved that there are three common fundamental factors in the development of the three schools of psychological counseling, the directive, the nondirective, and the analytic:

- (1) Psychological counseling has developed and grown from clinical psychology as is evidenced by the changing concepts and functions herein presented, the fields of employment, the proposed professional code, and certification for the protection of society from charlatans.
- (2) Psychological counseling is closely related to psychiatry as is shown by the gradual acceptance of the psychological counselor adequately trained by the psychiatrist, by the fact that psychoanalysis serves as a bridge between the two professions, and by the common ground in the concern with the psyche, in research activities, and occupational parallels.
- (3) Psychological counseling, whether its techniques are nondirective, directive, or analytic, places a fundamental reliance on Freudian principles, ranging from one school to the other, and uses these in its practice, as is shown by an acceptance of the conflict theory; the recognition of the unconscious; the role of repression; the dependence on transference; the acquiring of insight; emphasis on the corrective emotional experience: release;



the idea of the person as the center of therapy; and finally, an objective and accepting attitude on the part of the therapist.

### Suggestions for Future Research

It might be pointed out that whereas the three components of psychological counseling were chosen because it was believed that they were basic and fundamental to the directive, nondirective, and analytic methods of counseling, there are other related fields which influenced the development of one or the other. These were noted in the first chapter under the caption Related Areas. It would be of interest to trace the development of the therapeutic role of the Social Worker and its relationship to the field of psychiatry. The development of the eclectic team approach to therapy and the similar eclecticism of the Adolf Meyer school of thought would also be a fruitful topic for research. The relation of Psychological Counseling to Pastoral Counseling would be profitable, as well as the relation of Psychological Counseling to Personnel Counseling in Industry. Such studies would be sequels to the one herein presented, which is actually only an introduction to the Development of Psychological Counseling.

Other possible areas of historical research also include exhaustive studies of the respective roles of the psychiatrist and the psychological counselor in various areas of employment such as those suggested in this thesis, namely the field of the college and university, of public and private schools, of child guidance clinics, rehabilitation work, hospi-

tals, industry, correctional psychology and of private practice, for only a cursory survey was made here.

The relationship between psychological counseling and psychosomatic medicine would be a fascinating study. Studies of the use of psychological counseling in the treatment of certain complaints as asthma, gastro-intestinal disorders, coronary thrombosis, enuresis, migraine, and other chronic conditions opens up almost limitless areas for future research.

### Evaluation of Present Schools

All three schools of psychological counseling herein discussed have made and are still making definite contributions to the field of psychological counseling. Wittingly or unwittingly Rogers has capitalized on some of Freud's contributions and has emphasized them. His is an emphasis on a permissiveness which the analytically trained counselor has of necessity also acquired. His is an objective attitude, and one stressing the feeling tone, rather than the intellectual, which the analytic counselor also possesses. In his concept of counseling, however, advice, persuasion, and suggestion have no place, yet Thorne has shown that there are emergency situations for which such techniques are imperative to carry the client over until such time as a more lasting and fundamental procedure can be utilized. There are also cases in which it is most feasible to make environmental changes in the Meyer psycho-biological tradition, particularly in working with children.

The chief advantage of analytic counseling is that the interpretations offered by the counselor are a short cut in the counseling process, enabling the client to associate two factors which have been irreconcilable sooner than he himself should have achieved this association.

Final Proposal: an Eclectic School

Actually, the best trained psychological counselor of the future may belong to still a fourth school, an eclectic school of psychological counseling, which will train him and give him experience in the use of all three techniques here discussed, as does the Postgraduate Institute at the present time. Such a counselor can then draw upon his fund of resources for the technique which the case at hand demands. Such a counselor will in truth be richly versatile and therefore enabled to assist the confused and bewildered.

## BIBLIOGRAPHY

- Abraham, Karl, Selected Papers on Psychoanalysis. London: Hogarth Press and Institute of Psychoanalysis, 1927. pp. 527.
- Ackerly, Spafford, "The Clinic Team", American Journal of Orthopsychiatry, XVII (1927), pp. 191-195.
- Ackerman, Nathan W., "What Constitutes Intensive Psychotherapy in a Child Guidance Clinic." American Journal of Orthopsychiatry, XV (1945), pp. 711-720.
- "Activities of Clinical Psychologists", Psychological Bulletin, XIV (1917), pp. 224, 225.
- Adler, Alfred, "The Fundamental Views of Individual Psychology", International Journal of Individual Psychology, I, 1 (April, 1935), pp. 5-8.
- Adler, Alfred, "Individual Psychology," Journal of Abnormal and Social Psychology, XXII (1927), pp. 116-122.
- Adler, Alfred, "The Structure of Neurosis", International Journal of Individual Psychology, I, 2 (July, 1935), pp. 3-12.
- Adler, Alfred, "What is Neurosis?" International Journal of Individual Psychology, I, 1 (April, 1935), pp. 9-17.
- Alexander, Franz, "Individual Psychotherapy", Psychosomatic Medicine, VIII (1946), pp. 110-115.
- Alexander, Franz, "A Jury Trial of Psychoanalysis", Journal of Abnormal and Social Psychology, XXXV (1940), pp. 305-323.
- Alexander, Franz, "Present Trends in Psychiatry and the Future Outlook", in Modern Attitudes in Psychiatry. New York: Columbia University Press, 1946. pp. 61-89.
- Alexander, Franz, "Psychological Aspects of Medicine", Psychosomatic Medicine, I (1939), pp. 7-18.
- Alexander, Franz, "Recollections of Berggasse 19", Psychoanalytic Quarterly, IX (1940), pp. 195-204.
- Alexander, Franz, "Sigmund Freud: 1856-1939", Psychosomatic Medicine, II (1940), pp. 68-73.

- Alexander, George H., "Psychotherapy and the Psychotherapist: New Orientations", Psychosomatic Medicine, II (1940), pp. 304-310.
- Allen, Clifford, Modern Discoveries in Medical Psychology. London: Macmillan Company, 1937. Pp x-279.
- Allen, Frederic, H., Psychotherapy with Children. New York: W. W. Norton and Company, 1942. Pp. 311.
- Allen, Frederick H., "Therapeutic Work with Children", American Journal of Orthopsychiatry, IV (1934), pp. 193-202.
- Allport, G. W., Editor, Symposium, "Psychoanalysis as seen by Analyzed Psychologists", Journal of Abnormal and Social Psychology, XXXV (1940), pp. 3-55, 139-225, 305-323.
- American Association for Applied Psychology. Committee on Training in Clinical (Applied) Psychology, "Proposed Program of Professional Training in Clinical Psychology", Journal of Consulting Psychology, VII (1943), pp. 23-26.
- American Psychiatry, 1844-1944. New York: Columbia University Press, 1944. Pp. 649.
- American Psychological Association, "Annual Report of the Policy and Planning Board of the American Psychological Association, 1947", American Psychologist, II (1947), pp. 191-198.
- American Psychological Association, "Committee on the American Board of Examiners in Professional Psychology: Report", American Psychologist, I (1946), pp. 510-517.
- American Psychological Association, "Report of Committee of Clinical Section, Psychological Clinic, XXIII (1935), pp. 1-140.
- American Psychological Association, "Report of Committee on Clinical Psychology", Psychological Bulletin, XLII (1945), pp. 724, 725.
- American Psychological Association, Report of the Committee on Training in Clinical Psychology, 1947, "Recommended Graduate Training Program in Clinical Psychology", American Psychologist, II (1947), pp. 539-558.
- American Psychological Association, "Report of the Policy and Planning Board on the Certification of Professional Psychologists", American Psychologist, I (1946), pp. 41, 42.

- American Psychological Association and American Association for Applied Psychology, Committee on Graduate and Professional Training, "Subcommittee Report on Graduate Internship Training in Psychology", Journal of Consulting Psychology, IX (1945), pp. 243-266.
- American Society for Research in Psychosomatic Problems, "Inauguration", Psychosomatic Medicine, V (1943), p. 97.
- American Society for Research in Psychosomatic Problems, "Proceedings of the Military Session", Psychosomatic Medicine, V (1943), pp. 323-363.
- Anderson, Harold H., "Directive and Non-directive Psychotherapy: The Role of the Therapist", American Journal of Orthopsychiatry, XVI (1946), pp. 608-614.
- Anderson, J. E., "The Contributions of Child Development to Psychology", Journal of Consulting Psychology, VI (1942), pp. 128-134.
- Andrews, Jean Stewart, "Directive Psychotherapy: I. Reassurance", Journal of Clinical Psychology, I (1945), pp. 52-66.
- Anthonisen, M. R., "Practice of the College Psychiatrist", Diseases of the Nervous System, III (1942), pp. 175-184.
- Assagioli, Roberto, "The International Congress of Medical Psychology and Psychotherapy", Journal of Abnormal Psychology, IX (1914), pp. 67-72.
- Association of Consulting Psychologists, "Training and Standards for the Clinical Psychologist", Psychological Exchange, I, 5 (Dec.-Jan., 1932-33), pp. 10, 11.
- Association for the Advancement of Psychotherapy, "Proceedings", Journal of Clinical Psychopathology, VI (1944), pp. 173-182.
- Babcock, Harriet, "The Error in Psychiatry", Journal of Clinical Psychology, I (1945), pp. 253-261.
- Bailey, Pearce, "An Introduction to Rankian Psychology", Psychoanalytic Review, XXII (1935), pp. 182-217.
- Baker, G. D., "What the Public School Needs from the Psychologist", Journal of Consulting Psychology, VI (1942), pp. 177-180.
- Baker, Helen, Employee Counseling. Princeton, New Jersey: Princeton University Industrial Relations Section, Department of Economics and Social Institutions, 1944. Pp. 64.

- Bartemeier, Leo H., "The Contribution of Psychiatry to Psychoanalysis", American Journal of Psychiatry, CI (1944), pp. 205-209.
- Baruch, D. W., "Therapeutic Procedures as Part of the Educative Process", Journal of Consulting Psychology, IV (1940), pp. 165-172.
- Bell, J. E., "Religious Counseling of the Abnormal College Student", Religious Education XXXVII, (1942), pp. 195-202.
- Benjamin, John D., "Psychoanalysis and Nonanalytic Psychotherapy", Psychoanalytic Quarterly, XVI (1947), pp. 169-176.
- Bennett, N. W., "The Psychologist in Family Consultation Service", Journal of Consulting Psychology, VI (1942), pp. 85-88.
- Bentley, Jerome H., Adjustment Service. New York: American Association for Adult Education, 1935. Pp. x-64.
- Bentley, M., "Mind, Body, and Soul in Medical Psychology", American Journal of Psychology, XLV (1933), pp. 577-591.
- Berdie, R., "The Field of Applied Psychology", Journal of Applied Psychology, XXIV (1940), pp. 553-575.
- Berdie, R. and Darley, J. G., "The Fields of Applied Psychology", Journal of Consulting Psychology, IV (1940), pp. 41-52.
- Berdie, R., "A Note on Counseling and Psychotherapy", Journal of Consulting Psychology, IX (1945), pp. 149-151.
- Bernstein, Irving D., "The Developmental Background of Psychotherapy". New York: Ph.D. thesis, New York University, School of Education, 1934. Pp. xi-179.
- Bibring, G. L., "Psychiatry and Social Work", Journal of Social Casework, XXVIII (1947), pp. 203-211.
- Bills, A. G., "Changing Views of Psychology as Science", Psychological Review, XLV (1938), pp. 377-394.
- Bixler, R. H., "A Note of Psychotherapy as a Function of Psychologists", Journal of Consulting Psychology, IX (1945), pp. 238-239.
- Blain, Daniel, "The Psychiatrist and the Psychologist", Journal of Clinical Psychology, III (1947), pp. 4-9.

- Blanton, S., "A Mental Hygiene Program for Colleges", Mental Hygiene, IX (1925), pp. 478-488.
- Blocksma, D. D. and Porter, E. H., "A Short-Term Training Program in Client-Centered Counseling", Journal of Consulting Psychology, XI (1947), pp. 55-60.
- Blos, Peter, "Psychological Counseling of College Students", American Journal of Orthopsychiatry, XVI (1946), pp. 571-580.
- Blos, Peter, The Adolescent Personality, New York: D. Appleton-Century, Company, 1941. Pp. xiii-517.
- Bois, J. S. A., "The Field of the Psychological Therapist", Journal of Clinical Psychology, I (1945), pp. 304-308.
- Boring, Edwin G., "Was This Analysis a Success?" Journal of Abnormal and Social Psychology, XXXV (1940), pp. 4-10.
- Brancale, Ralph, "Psychotherapy of the Adult Criminal", Journal of Criminal Psychopathology, IV (1943), pp. 472-483.
- Breuer, Joseph, and Freud, Sigmund, Studies in Hysteria. New York: Nervous and Mental Disease Publishing Company, 1936. Pp. 241.
- Brill, A. A., The Basic Writings of Sigmund Freud. New York: Random House, Incorporated, 1938. Pp. vi-1001.
- Brill, A. A., Freud's Contribution to Psychiatry. New York: W. W. Norton and Company, 1944. Pp. 244.
- Brill, A. A., "Freud's Method of Psychoanalysis", Psychotherapy, II (1909), pp. 36-47.
- Brill, A. A., Lectures on Psychoanalytic Psychiatry. New York: A. A. Knopf, 1946. Pp. 292.
- Brill, A. A., "Remarks Introductory to the Symposium on the Relations of Psychoanalysis to Psychiatry", American Journal of Psychiatry, XCI (1935), pp. 1089-1092.
- Brill, A. A., "Reminiscences of Freud", Psychoanalytic Quarterly, IX (1940), pp. 177-183.
- Brody, Benjamin and Grey, Alan L., "The Nonmedical Psychotherapist: A Critique and a Program", Journal of Abnormal and Social Psychology, XLIII (1948), pp. 179-192.
- Bronfenbrenner, Urie, "Research Planning in Neuropsychiatry and Clinical Psychology in the Veterans Administration", Journal of Clinical Psychology, III (1947), pp. 33-38.



- Bretemarkle, R. A., "The Challenge to Consulting Psychology: The Psychological Consultant and the Psychological Charlatan", Journal of Applied Psychology, XXIV (1940), pp. 10-19.
- Bretemarkle, R. A., "Clinical Psychology 1896-1946", Journal of Consulting Psychology, XI (1947), pp. 1-4.
- Bretemarkle, R. A., editor, Clinical Psychology: Studies in Honor of Lightner Witmer. Philadelphia: University of Pennsylvania Press, 1931. Pp. xxi - 409.
- Brown, Fred, "The Crisis in Clinical Psychology", Psychological Exchange, IV (1935), pp. 18-20.
- Brown, J. F., "Freud's Influence on American Psychology", Psychoanalytic Quarterly, IX (1940), pp. 283-292.
- Brown, J. F., "The Position of Psychoanalysis in the Science of Psychology", Journal of Abnormal and Social Psychology, XXXV (1940), pp. 29-44.
- Brown, J. F., and Rapaport, David, "The Role of the Psychologist in the Psychiatric Clinic", Bulletin of the Menninger Clinic, V (1945), pp. 75-84.
- Brown, William, Psychology and Psychotherapy. London: Edward Arnold and Company, 1940. Pp. viii - 260.
- Buchner, Edward Franklin, "A Quarter Century of Psychology in America, 1878-1903", American Journal of Psychology, XIV (1903), pp. 566-580.
- Burling, Temple, "Integrating Psychiatry with the Winnetka (Ill.) Public School System", American Journal of Orthopsychiatry, V (1935), pp. 132-140.
- Burling, Temple, "The Role of the Professionally Trained Mental Hygienist in Business", American Journal of Orthopsychiatry, XI (1941), pp. 48-56.
- Burnham, Paul Sylvester, Counseling in Personnel Work: 1940-1944, (a bibliography). Chicago: Public Administration Service, 1944. Pp. 3-38.
- Burnside, Lenoir H., "Psychological Guidance of Gifted Children", Journal of Consulting Psychology, VI (1942), pp. 223-228.
- Burrow, Trigant, "The Meaning of Psychoanalysis", Journal of Abnormal Psychology, XII (1917), pp. 58-72.

- Burrow, Trigant, "Some Psychological Phases of Medicine", Journal of Abnormal Psychology, VI (1911-12), pp. 205-213.
- Burton, Arthur, "Directory of Clinical Psychologists Engaged in Correctional Psychology", Journal of Psychology, XXVI (1948) pp. 19-24.
- Campbell, Helen M., "The Role of the Clinical Psychologist in a Veterans Administration Mental Hygiene Clinic", Journal of Clinical Psychology, III (1947), pp. 15-21.
- Cantor, N., Employee Counseling. New York: McGraw Hill Book Company, 1945. Pp. viii-167.
- Casselberry, W. S., "The Psychologist in Private Practice", Psychological Exchange, IV (1935), pp. 57, 58.
- Cattell, J. McKeen, "Psychology in American", Science, LXX (1929), pp. 335-347.
- Cattell, J. McKeen, "Retrospect: Psychology as a Profession", Journal of Consulting Psychology, I (1937), pp. 1-3.
- "The Certification of Clinical Psychologists in Virginia", American Psychologist, I (1946), pp. 395-398.
- "Certification of Psychologists in New York State", American Journal of Psychotherapy, II (1948), pp. 301, 302.
- Chamberlain, H. E., "School Clinics", Proceedings of the First International Congress in Mental Hygiene, II (1932), pp. 285-302.
- Chase, Stuart, "What Makes the Worker Like to Work?" Reader's Digest, XXXVIII (1941), pp. 15-20.
- Chassell, J., "Individual Counseling of College Students", Journal of Consulting Psychology, IV (1940), pp. 205-209.
- Clark, Robert A., "Psychologist and Psychiatrist", Journal of Personality, XV (1946), pp. 101-104.
- Coleman, Jules V., "Teaching Basic Psychotherapy", American Journal of Orthopsychiatry, XVII (1947), pp. 622-627.
- Combs, Arthur W., "Some Contributions of Non-Directive Methods to College Counseling", Journal of Consulting Psychology, IX (1945), pp. 218-223.
- Cornell, Ethel L., "The Psychologist in a School System," Journal of Consulting Psychology, VI (1942), pp. 185-195.

- Corrie, Joan, A.B.C. of Jung's Psychology. New York: Frank-Maurice, 1927. Pp. x-85.
- Corsini, Raymond, "Functions of the Prison Psychologist", Journal of Consulting Psychology, IX (1945), pp. 101-104.
- Crookshank, F. G., "Inter-Relation of Physical and Psychological", International Journal of Individual Psychology, III, 2 (1937), pp. 121-127.
- Cuber, J. F., "Functions of the Marriage Counselor", Marriage and Family Living, VII (1945), pp. 3-5.
- Culpin, Millais, "History of Psychology in Medicine", Proceedings of the Royal Society of Medicine, XXIX (1936), pp. 1569-1576.
- Culpin, Millais, Recent Advances in the Study of the Psychoneuroses. Philadelphia: P. Blakiston's Son and Company, 1931. Pp. vii - 348.
- Cunningham, James M., "Problems in Development of State Child Guidance Services", American Journal of Orthopsychiatry, XII (1942), pp. 147-153.
- Curran, Desmond, and Guttman, Eric, Psychological Medicine. Baltimore: Williams and Wilkins Company, 1943. Pp. viii-188.
- Dabelstein, D. H., "Counseling in the Rehabilitation Service", Journal of Clinical Psychology, II (1946), pp. 116-122.
- Dana, C. L., Editorial: "The Scope of Psychological Medicine", The American Psychological Journal, I (1883), p. 104.
- Davies, Arthur E., "Psychometry, Psychology, and Psychiatry", Journal of Abnormal and Social Psychology, XXIV (1929-30), pp. 147-152.
- Davis, John Eisele, "Therapy: A Feeling and Doing Process", Mental Hygiene, XXXI (1947), pp. 237-245.
- Dawley, Almena, "Interrelated Movement of Parent and Child in Therapy with Children", American Journal of Orthopsychiatry, IX (1939), pp. 748-754.
- Dearborn, George Van Ness, "Medical Psychology", Medical Record, LXXV (1909), pp. 176-178.
- Dearborn, George Van Ness, "Psychiatry and Science", Journal of Mental Science, LXXIV (1928), pp. 203-223.

- Dearborn, George Van Ness, "The Psychologist Looks at Psychiatry", U. S. Veterans' Bureau Medical Bulletin, V (1929), pp. 17-25.
- Dershimer, Frederic, W., "Psychiatry in Industry", American Journal of Psychiatry, CIII (1946), pp. 145-148.
- Deutsch, Helene, "Freud and His Pupils", Psychoanalytic Quarterly, IX (1940), pp. 184-194.
- Deutscher, Max, "The Clinical Psychologist in an A. A. F. Mental Hygiene Unit", Psychological Bulletin, XLI (1944), pp. 543-547.
- Diethelm, Oskar, "A Historical Review of Psychiatric Treatment", Psychosomatic Medicine, III (1941), pp. 286-294.
- Dimichael, S. G., and Dabelstein, D. H., "The Psychologist in Vocational Rehabilitation", Journal of Consulting Psychology, X (1946), pp. 237-245.
- Doll, Edgar A., "Fields of Clinical Psychology", Psychological Exchange, III (1934), pp. 134-137.
- Doll, Edgar, A., "Some Things We Know in Clinical Psychology", Journal of Applied Psychology, XXIV (1940), pp. 20-26.
- Dreikurs, Rudolf, "Certain Factors Effective in Psychotherapy", International Journal of Individual Psychology, II, 1 (1936) pp. 39-54.
- Dudycha, George J., "A Bibliography on Careers in Psychology", American Psychologist, II (1947), pp. 376-383.
- Dunbar, Helen Flanders, and Arlow, Jacob, "Criteria for Therapy in Psychosomatic Disorders", Psychosomatic Medicine, VI (1944), pp. 283-286.
- Dunbar, Helen F., Emotions and Bodily Changes. New York: Columbia University Press, 1946. Pp. lix - 604.
- Dunbar, Helen F., Mind and Body: Psychosomatic Medicine. New York: Random House, 1947. Pp. ix - 263.
- Dunbar, Helen F., Psychosomatic Diagnosis. New York: Paul B. Hoeber, Inc., 1944. Pp. xox - 741.
- Ebaugh, Franklin G., "The Despecialization of Psychiatry", Nebraska State Medical Journal, XXXIII (1948), pp. 115-119.

- Ellis, Albert, "A Critique of the Theoretical Contributions of Non-Directive Therapy", Journal of Clinical Psychology, IV (1948), pp. 248-255.
- English, Horace B., "The Counseling Situation as Obstacle to Non-directive Therapy", Journal of Consulting Psychology, XII (1948), pp. 217-220.
- Estes, Stanley G., "The Therapeutic Relationship in the Dynamics of Cure", Journal of Consulting Psychology, XII (1948), pp. 76-81.
- Evans, C. E., "The Consulting Psychologist in Industry", American Journal of Orthopsychiatry, XVI (1946), pp. 623-630.
- Felix, "National Mental Health Act", Mental Hygiene, XXXI (1947), pp. 363-374.
- Fenichel, Otto, Problems of Psychoanalytic Technique. New York: The Psychoanalytic Quarterly, 1941, pp. 130.
- Ferenczi, S., and Rank, O., The Development of Psychoanalysis. New York: Nervous and Mental Disease Publishing Company, 1925. Pp. 68.
- Ferenczi, S., Further Contributions to the Theory and Technique of Psychoanalysis. New York: Boni and Liveright, 1927. Pp. 473.
- Fernberger, Samuel W., "The Future of Psychology, or the Goose that Laid the Golden Eggs", American Psychologist, II (1947), pp. 209, 210.
- Fernberger, Samuel W., "A Psychological Cycle", American Journal of Psychology, L (1937), pp. 207-217.
- "The Field of Clinical Psychology: Past, Present, and Future", Journal of Clinical Psychology, I (1945), pp. 1-20.
- Franz, Shepherd I., "Psychology and Psychiatry", Psychological Review, XXIV (1922), pp. 241-249.
- Freud, Sigmund, Autobiography. New York: W. W. Norton and Company, 1935. Pp. 153.
- Freud, Sigmund, Collected Papers, Volume I. New York: International Psycho-Analytical Press, 3rd edition, 1946. Pp. 359.
- Freud, Sigmund, Collected Papers, Volume II. London: Hogarth Press and Institute of Psychoanalysis, 4th edition, 1946. Pp. 404.
- Freud, Sigmund, Collected Papers, Volume III. London: Hogarth Press and Institute of Psycho-Anaysis, 3rd edition, 1946. Pp.607.

- Freud, Sigmund, Collected Papers, Volume IV. London: Hogarth Press and Institute of Psycho-Analysis, 3rd edition, 1946. Pp. 508.
- Freud, Sigmund, A General Introduction to Psycho-Analysis. New York: Horace Liveright, 1943. Pp. 412.
- Freud, Sigmund, New Introductory Lectures on Psychoanalysis. New York: W. W. Norton and Company, 1933, Pp. 239.
- Freud, Sigmund, "The Origin and Development of Psychoanalysis", American Journal of Psychology, XXI (1910), pp. 181-218.
- Freud, Sigmund, The Problem of Lay-Analysis. New York: Brentano's, 1928. Pp. 316.
- Frohman, Bertrand S. and Frohman, Evelyn P., Brief Psychotherapy: A Handbook for Physicians on the Clinical Aspects of Neuroses. Philadelphia: Lea and Febiger, 1948. Pp. 265.
- Fry, C. C. and Rostow, Edna G., "The Problem of College Mental Hygiene", Mental Hygiene, XXV (1941), pp. 552-567.
- Fuerst, K. A., "Problems of Short Time Psychotherapy", American Journal of Orthopsychiatry, VIII (1938), pp. 260-264.
- Gardner, George E., "Future Therapeutic Role of the Clinical Psychologist", American Journal of Orthopsychiatry, XII (1942), pp. 383-387.
- Geissler, L. R., "A Plan for the Technical Training of Consulting Psychologists", Journal of Applied Psychology, II (1918), pp. 77-83.
- Gesell, Arnold, "The Field of Clinical Psychology as an Applied Science", Journal of Applied Psychology, III (1919), pp. 81-83.
- Glueck, B., "Nature and Scope of Psychotherapy", American Journal of Orthopsychiatry, X (1940), pp. 900-904.
- Goldberg, S., et al., "Report on the Functions, Training, and Employment Opportunities of School Psychologists", Journal of Consulting Psychology, VII (1943), pp. 230-243.
- Goldston, Iago, "Psychiatry in the History of Medicine", in Modern Attitudes in Psychiatry. New York: Columbia University Press, 1946, pp. 1-28.
- Goudge, Mabel E., "Abnormal Psychology in General Medical Practice", Journal of Abnormal and Social Psychology, XXVI (1931-1932), pp. 333-337.

- Greco, Marshall O., "The Contingency Technique", Journal of Consulting Psychology, XII (1948), pp. 116-119.
- Greco, Marshall C., and Fecher, Irving B., "Fundamentals of Psychotherapy and a New Orientation", American Journal of Orthopsychiatry, XVII (1947), pp. 439-448.
- Gregg, A., "Critique of Psychiatry", American Journal of Psychiatry, CI (1944), pp. 285-291.
- Griffin, J. D. M., "A Psychological Approach to the Problem of Psychiatry", American Journal of Orthopsychiatry, VI (1936), pp. 61-70.
- Grinker, Roy R., "Brief Psychotherapy in Psychosomatic Problems", Psychosomatic Medicine, IX (1947), pp. 98-103.
- Grinker, Roy R., and Spiegel, John P., "Brief Psychotherapy in War Neuroses", Psychosomatic Medicine, VI (1944), pp. 123-131.
- Grotjahn, Martin, "Psychoanalytic Contributions to Psychosomatic Medicine", a Bibliography, Psychosomatic Medicine, VI (1944), pp. 169-176.
- Grummon, Donald L., and Gordon, Thomas, "The Counseling Center at the University of Chicago", American Psychologist, III (1948), pp. 166-171.
- Gutheil, Emil A., "Psychoanalysis and Brief Psychotherapy", Journal of Clinical Psychopathology, VI (1944-45), pp. 207-230.
- Haberman, J. Victor, "A Criticism of Psychoanalysis", Journal of Abnormal Psychology, IX (1914-15), pp. 265-280.
- Hahn, Milton E., and Kendall, William E., "Some Comments in Defense of Non-Directive Counseling", Journal of Consulting Psychology, XI (1947), pp. 74-81.
- Halliday, James L., "The Rising Incidence of Psychosomatic Illness", British Medical Journal, II (1938), pp. 11-14.
- Halliday, James L., "The Significance of 'The Concept of a Psychosomatic Affection'", Psychosomatic Medicine, VII (1945), pp. 240-245.
- Hamilton, G. V., "Comparative Psychology and Psychopathology", American Journal of Psychology, XXXIX (1927), pp. 200-211.
- Hardwick, Rose S., "The Psychologist in the Habit Clinics", Psychological Exchange, I, 4 (1932-33), pp. 6, 7.

- Harms, Ernest, "Alfred Adler in American Psychotherapy", Individual Psychological Bulletin, VI (1947), pp. 41-44.
- Hart, Bernard, "Psychology and Psychiatry", Mental Hygiene, XVI (1932), pp. 177-201.
- Hart, F. E., Jr., "Counseling in Rehabilitation", Journal of Rehabilitation, XIII (1947), pp. 13-20.
- Hartwell, Samuel W., Practical Psychiatry and Mental Hygiene. New York: McGraw-Hill Book Company, 1947. Pp. 439.
- Hartwell, Samuel W., "Symposium: The Treatment of Behavior and Personality Problems in Children", American Journal of Orthopsychiatry, I (1930), pp. 3-20.
- Harvard University, Henry A. Murray, et al., Explorations in Personality: A Clinical and Experimental Study of Fifty Men of College Age. New York: Oxford University Press, 1938. Pp. xiv - 761.
- Hathaway, Starke R., and Harmon, L. R., "Clinical Counseling in Emotional and Social Rehabilitation", Journal of Clinical Psychology, II (1946), pp. 151-156.
- Hawley, Paul R., "The Importance of Clinical Psychology in a Complete Medical Program", Journal of Consulting Psychology, X (1946), pp. 292-300.
- Healy, William, "Psychiatry, Psychology, Psychologists, Psychiatrists", Mental Hygiene, VI (1922), pp. 248-256.
- Heidbreder, E., "Freud and Psychology", Psychological Review, XLVII (1940), pp. 185-195.
- Hendrick, Ives, Facts and Theories of Psychoanalysis. New York: Alfred A. Knopf, 2nd edition, 1939, Pp. 369.
- Henley, E. H., "The Psychologist in Private Practice", Psychological Exchange, III (1934-35), pp. 218-219.
- Henry, Charlotte S., "Growing Pains in Psychiatric Social Work", Journal of Psychiatric Social Work, XVII (1947-48), pp. 88-90.
- Herma, H; Kris, E; and Shor, J., "Freud's Theory of the Dream in American Textbooks", Journal of Abnormal and Social Psychology, XXXVIII (1943), pp. 319-334.



- Herrick, C. L., "Discussion: Mind and Body - The Dynamic View", Psychological Review, XI (1904), pp. 395-409.
- Himler, Leonard E., "Current Trends in Industrial Psychiatry", American Journal of Psychiatry, CIII (1946), pp. 149-153.
- Hinsie, L. E., Concepts and Problems of Psychotherapy. New York: Columbia University Press, 1937. Pp. xii - 199.
- Hirning, L. Clovis, "Sound Trends and Appropriate Ambitions of the Counseling Movement", Teachers College Record, XLVI (1944), pp. 25-33.
- Hobbs, Nicholas, "The Development of a Code of Ethical Standards for Psychology", American Psychologist, III (1948), pp. 80-84.
- Holman, Charles T., Getting Down to Cases. New York: Macmillan Company, 1942. Pp. 207.
- Hunt, Howard F., "On Goals, Methods and Tactics in Psychotherapy", Journal of Consulting Psychology, XII (1948), pp. 68-75.
- Hutt, Max L. and Milton, Emmette O., "An Analysis of Duties Performed by Clinical Psychologists in the Army", American Psychologist, II (1947), pp. 52-56.
- Hutt, Max; Menninger, William C; O'Keefe, David E., "The Neuropsychiatric Team in the U. S. Army", Mental Hygiene, XXXI (1947), pp. 103-119.
- Hutt, R. B., "The School Psychologist", Psychological Clinic, XV (1923), pp. 48-51.
- Ives, Margaret, "Interrelationship of Clinical Psychology and Psychiatry", Journal of Clinical Psychology, II (1946), pp. 146-150.
- Jarrett, Mary C., "Psychiatric Social Work", Mental Hygiene, II (1913), pp. 283-290.
- Jarrett, Mary Co., "The Psychiatric Thread Running Through All Social Case Work", Mental Hygiene, III (1919), pp. 210-219.
- Jelliffe, Smith Ely, "The Influence of Psychoanalysis on Neurology", Psychoanalytic Quarterly, IX (1940), pp. 214, 215.
- Johnson, A. M., and Ross, H., "The Growing Science of Casework", Journal of Social Casework, XXVII (1946), pp. 273-278.

- Jones, Ernest, "Freud's Theory of Dreams", American Journal of Psychology, XXI (1910), pp. 283-308.
- Jones, Ernest, "Psycho-Analysis in Psychotherapy", Journal of Abnormal Psychology, IV (1909-10), pp. 140-150.
- Katzenelbogen, S., "Psychotherapy", Annals of Internal Medicine, XXI (1944), pp. 412-420.
- Kawin, Ethel, "The Contribution of Adolf Meyer and Psychobiology to Child Guidance", Mental Hygiene, XXIX (1945), pp. 575-590.
- Kelly, E., "Clinical Psychology", and Dennis, W., Current Trends in Psychology. Pittsburgh: University of Pittsburgh Press, 1947, Pp. 75-108.
- Kelly, E. L., "Research on the Selection of Clinical Psychologists", Journal of Clinical Psychology, I (1947), pp. 39-42.
- Kerns, H. N., "Experiences of a Mental Hygienist in a University", Mental Hygiene, XI (1927), pp. 489-495.
- Kinder, E. F., "Psychological Work at Letchworth Village", Journal of Consulting Psychology, I (1937), pp. 76-80.
- Kindwall, J. A., "The Aims of Psychiatry", Mental Hygiene, XXI (1937), pp. 353-372.
- Klein, D. B., "Psychology and Freud: An Historico-Critical Appraisal", Psychological Review, XL (1933), pp. 440-456.
- Knight, Robert P., "Training in Psychotherapy and Psychoanalysis", Bulletin of the Menninger Clinic, IX (1945), pp. 54-59.
- Kraines, S. H., "Brief Psychotherapy", Mental Hygiene, XXVII (1943), pp. 70-79.
- Krout, Maurice H., "The Province of Social Psychiatry", Journal of Abnormal and Social Psychology, XXVIII (1933-34), pp. 155-159.
- Krugman, M., "Recent Developments in Clinical Psychology", Journal of Consulting Psychology, VIII (1944), pp. 342-354.
- Kubie, Lawrence S., "Medical Responsibility for Training in Clinical Psychology", Journal of Clinical Psychology, V (1949), pp. 94-99.
- Kubie, Lawrence S., Practical Aspects of Psychoanalysis. New York: W. W. Norton and Company, 1936. Pp. 223.

- Kutash, Samuel B., "The Psychologist's Role in Clinical Practice", Journal of Clinical Psychology, III (1947), pp. 321-329.
- Landis, Carney, "A Statistical Evaluation of Psychotherapeutic Methods", in Hinsie, L. E., Concepts and Problems of Psychotherapy. New York: Columbia University Press, 1937. Pp. 155-169.
- Lee, Porter, "Discussion of Symposium on Behavior and Personality Problems in Children", American Journal of Orthopsychiatry, I (1930), pp. 47-51.
- Leuba, J. H., "Contributions of Freudism to Psychology", Psychological Review, XXXI (1924), pp. 184-191.
- Levy, David M., New Fields of Psychiatry. New York: W. W. Norton, 1947. Pp. 171.
- Levy, David M., "Psychiatry and Orthopsychiatry", American Journal of Orthopsychiatry, I (1931), pp. 239-44.
- Link, H. C., "The Errors of Psychiatry", American Mercury, LIX (1944), pp. 72-88.
- Link, H. C., "The Future of Consulting Psychology", Journal of Consulting Psychology, I (1937), pp. 12, 13.
- Link, H. C., "Practices and Principles of the Psychological Service Center", Journal of Consulting Psychology, II (1938), pp. 149-154.
- Lipkin, Stanley, "The Client Evaluates Nondirective Therapy", Journal of Consulting Psychology, XII (1948), pp. 137-146.
- Lippman, Hyman S., "Direct Therapy of Child by Social Worker", American Journal of Orthopsychiatry, XIV (1944), pp. 628-633.
- Lippman, Hyman S., "Direct Treatment Work with Children", American Journal of Orthopsychiatry, IV (1934), pp. 374-381.
- Lippman, Hyman S., "Treatment of the Young Child in a Child Guidance Clinic", American Journal of Orthopsychiatry, XII (1942), pp. 42-49.
- Long, Louis, "Professional Status and Training of Psychologists. Report", Journal of Consulting Psychology, X (1946), pp. 104-108.
- Louttit, C. M., Clinical Psychology. New York: Harper and Brothers, 1947. Pp. xviii - 661.
- Louttit, C. M., "The Place of Clinical Psychiatry in Mental Hygiene", Mental Hygiene, XXI (1937), pp. 373-388.

- Lowrey, Lawson G., "Counseling and Therapy", American Journal of Orthopsychiatry, XVI (1946), pp. 615-622.
- Lowrey, Lawson G., Levy, David M; Swift, S., and Tulchin, Simon, "Symposium on Five Years Experience in Supervision of Psychiatrists, Psychologists, and Psychiatric Social Workers in Simultaneous Training", American Journal of Orthopsychiatry, III (1933), pp. 278-308.
- Lowrey, Lawson G., "Trends in Therapy", American Journal of Orthopsychiatry, IX (1939), pp. 669-706.
- MacCurdy, John T., "Psychiatry and 'Scientific Psychology'", Mental Hygiene, V (1921), pp. 239-265.
- Madigan, Virginia E., "An Illustration of Non-Directive Psychotherapy", Journal of Clinical Psychology, I (1945), pp. 36-52.
- Mairet, Philippe, A.B.C. of Adler's Psychology. London: Kegan Paul, French, Trubner and Company, 1930. Pp. 116.
- Maletz, Leo, "The Place of the Mental Hygiene Clinic in the Community", Mental Hygiene, XXIII (1939), pp. 196-214.
- Marcus, Grace F., et al, "Trends in Treatment ", American Journal of Orthopsychiatry, III (1933), pp. 337-343.
- Marquis, D. P.; Novis, F. W.; and Wesley, S. M., "The Role of Psychology in a Rehabilitation Program", Psychological Bulletin, XL (1943), pp. 692-700.
- Martin, G. G., "Mental Hygiene in a General Hospital", Mental Hygiene, XXIII (1939), pp. 190-195.
- Masserman, Jules H., Principles of Dynamic Psychiatry, Including an Integrative Approach to Abnormal and Clinical Psychology. Philadelphia: W. B. Saunders Company, 1946. Pp. 322.
- Mathews, W. Mason, "Scope of Clinical Psychology in Child Guidance", American Journal of Orthopsychiatry, XII (1942), pp. 388-392.
- Mathewson, Robert H., "The Advisement of Veterans at College and University Centers; First Appraisal", American Psychologist, I (1946), pp. 201-204.
- May, Rollo, The Art of Counseling. Nashville: Cokesbury Press, 1939. Pp. 247.
- May, Rollo, "The Present Function of Counseling", Teachers' College Record, XLVI (1944), pp. 9-16.

- McDougall, William, "A Great Advance of the Freudian Psychology", Journal of Abnormal and Social Psychology, XX (1925-26), pp. 43-47.
- McKinney, Fred, "Four Years of a College Adjustment Clinic", Journal of Consulting Psychology, IX (1945), pp. 203-217.
- Meister, Ralph K., and Miller, Helen E., "The Dynamics of Non-Directive Psychotherapy", Journal of Clinical Psychology, II (1946), pp. 59-67.
- Meltzer, H., "The Psychologist in Private Practice", Psychological Exchange, III (1934-35), pp. 182-185.
- The Menninger Foundation School of Clinical Psychology", Menninger Bulletin, XI (1947), pp. 109-140.
- Menninger, Karl A., "Adaptation Difficulties in College Students", Mental Hygiene, XI (1927), pp. 519-535).
- Menninger, Karl A., "Psychiatry and Psychology", Bulletin of the Menninger Clinic, XI (1947), pp. 45-49.
- Menninger, William C., "Perspectives of Psychiatry", Annals of Internal Medicine, XXII (1945), pp. 170-181.
- Menninger, William C., Psychiatry: Its Evolution and Present Status. Ithaca, New York: Cornell University Press, 1948. Pp. xi - 138.
- Menninger, William C., "Psychosomatic Medicine: Somatization Reactions", Psychosomatic Medicine, IX (1947), pp. 92-97.
- Meyer, Adolph, "Thirty-five Years of Psychiatry in the U. S. and Our Present Outlook", American Journal of Psychiatry, VIII (1928) pp. 1-31.
- Michaels, Joseph J. and Gay, Eleanor, "Psychiatric Case Work and Its Relationship to Psychotherapy", Journal of Psychiatric Social Work, XVII (1948), pp. 123-128.
- Miles, W. R., "A Year of State Certification of Psychologists", American Psychologist, I (1946), pp. 393, 394.
- Miller, James G., "Clinical Psychology in the Veterans Administration", The American Psychologist, I (1946), pp. 181-189.
- Miner, J. B., "The Significance and History of the Clinical Section of the American Psychological Association", Psychological Exchange, I, 2 (1932-33 ), pp. 7-12.

- Mitchell, David, "The Clinical Psychologist", Journal of Abnormal Psychology, XIV (1919-20), pp. 325-332.
- Mittelman, Bela; Weider, Arthur; Vonachen, Harold A.; Kronenberg, Milton; Weider, Norma; Brodman, Keene; Wolff, Harold G., "Detection and Management of Personality and Psychosomatic Disorders Among Industrial Personnel", Psychosomatic Medicine, VII (1945), pp. 359-367.
- Mohr, George J., "Orthopsychiatry - 15th Year", American Journal of Orthopsychiatry, VIII (1938), pp. 185-191.
- Moore, T. V., "Psychology and Psychiatry", in American Psychiatry, 1844-1944. New York: Columbia University Press, 1944. Pp. 443-477.
- Morrison, A. W., "A Further Discussion of College Mental Hygiene", Mental Hygiene, XII (1928), pp. 48-54.
- Morrow, William R., "The Development of Psychological Internship Training", Journal of Consulting Psychology, X (1946), pp. 165-183.
- Mullahy, Patrick, Oedipus Myth and Complex. New York: Hermitage Press, Inc., 1948. Pp. 539.
- Muncie, Wendell, "Chronic Fatigue", Psychosomatic Medicine, III (1941), pp. 277-285.
- Murphy, Bradford J. et al., "What is Child Guidance?" American Journal of Orthopsychiatry, XI (1941), pp. 40-47.
- Murray, H. A., "Psychology and the University", Archives of Neurological Psychiatry, XXXIV (1935), pp. 803-817.
- Murray, H. A., "Sigmund Freud: 1856-1939", American Journal of Psychology, LIII (1940), pp. 134-138.
- Murray, H. A., "What Should Psychologists Do About Psychoanalysis?" Journal of Abnormal and Social Psychology, XXXV (1940), pp. 150-175.
- Myers, Glenn, "Freud's Influence on Psychiatry in America", Psychoanalytic Quarterly, IX (1940), pp. 229-235.
- Myerson, Abraham, "The Attitude of Neurologists, Psychiatrists and Psychologists Towards Psychoanalysis", American Journal of Psychiatry, XCVI (1939), pp. 623-641.
- New York Academy of Medicine, Modern Attitudes in Psychiatry; The March of Medicine, 1945. New York: Columbia University Press, 1946. Pp. 195.

- Nunberg, Herman, "Psychological Interrelations Between Physician and Patient", Psychoanalytic Review, XXV (1938), pp. 297-308.
- Oberndorf, C. P., "Constant Elements in Psychotherapy", Psychoanalytic Quarterly, XV (1946), pp. 435-449.
- Oberndorf, C. P., "Sigmund Freud: His Work and Influence", American Journal of Psychiatry, XCIII (1936), pp. 21-28.
- "Opportunities for the Psychologist in Private Practice - A Symposium", Psychological Exchange, III (1934-35), pp. 151-159.
- Orgel, Samuel Zachary, Psychiatry Today and Tomorrow. New York: International Universities Press, 1946. Pp. 514.
- O'Shea, H. E., "Problems in College Student Adjustment Service", Journal of Consulting Psychology, IV (1940), pp. 210-215.
- Palmer, H. D., and Harper, E. O., "College Mental Hygiene Methods", Mental Hygiene, XXI (1937), pp. 397-415.
- Palmer, H. F., "Mental Hygiene Problems in a University", Mental Hygiene, XVIII (1934), pp. 233-244.
- Park, D. G., "Freudian Influence on Academic Psychology", Psychological Review, XXXVIII (1931), pp. 73-86.
- Paterson, D. G., "Applied Psychology Comes of Age", Journal of Consulting Psychology, IV (1940), pp. 1-9.
- Patry, F. L., "Integration of Psychiatry with Education", American Journal of Orthopsychiatry, V (1935), pp. 124-127.
- Patry, F. L., "Some Suggestions on a Mental-Hygiene Program for Schools and Colleges", Mental Hygiene, XVIII (1934), pp. 621-628.
- Patterson, C. H., "Is Psychotherapy Dependent Upon Diagnosis?", American Psychologist, III (1948), pp. 155-159.
- Paynter, Richard H., "Clinical Psychologist at Work", Personnel Journal, VI (1927-28), pp. 283-294.
- Peck, Martin W., "A Brief Visit with Freud", Psychoanalytic Quarterly, IX (1940), pp. 205-206.
- Peck, Martin W., "The Story of Psychotherapy", Mental Hygiene, XX (1936), pp. 353-365.
- Perrott, George St. J., "The Problem of Chronic Disease", Psychosomatic Medicine, VII (1945), pp. 21-26.

- Pfister, O., "Psychoanalysis and the Study of Children and Youth", American Journal of Psychology, XXVI (1915), pp. 130-141.
- Poffenberger, A. T., "The Training of a Clinical Psychologist", Journal of Consulting Psychology, II (1938), pp. 1-6.
- Poffenberger, A. T., "Trends in Therapy, VIII: Specific Psychological Therapies", American Journal of Orthopsychiatry, IX (1939), pp. 755-760).
- Polon, Albert, "The Growth of Psychotherapy and the Evolution of Psychoanalysis", Mental Hygiene, VIII (1924), pp. 55-68.
- Porter, J. P., "Pioneering in Applied Psychology and Personnel", American Journal of Psychology, L (1937), pp. 218-228.
- Porteus, Stanley, D., The Practice of Clinical Psychology. New York: American Book Company, 1941. Pp. 560.
- Prince, Morton, "The Psychological Principles and Field of Psychotherapy", Journal of Abnormal Psychology, IV (1909-10), pp. 72-98.
- "Psychology and Medicine", Editorial, Journal of Abnormal and Social Psychology, XXIII (1928-29), p. 421.
- Psychosomatic Medicine, "Introductory Statement", Editorial, Psychosomatic Medicine, I (1939), pp. 3-5.
- "Psychotherapy and Education", The Nervous Child, III (1944), pp. 231-371.
- Putnam, James J., "Personal Impressions of Sigmund Freud and His Work with Special Reference to His Recent Lectures at Clark University", Journal of Abnormal Psychology, IV (1909-10), pp. 293-310, and 372-379.
- Putnam, James J., "Recent Experience in the Study and Treatment of Hysteria at the Massachusetts General Hospital, with Remarks on Freud's Method of Treatment by 'Psychoanalysis'", Journal of Abnormal Psychology, I (1906), pp. 26-41.
- Putnam, James J., "The Work of Sigmund Freud", Journal of Abnormal Psychology, XII (1917-18), pp. 145-160.
- Rank, Otto, "Psychoanalysis as General Psychology", Mental Hygiene X (1926), pp. 12-26.
- Rank, Otto, "The Therapeutic Application of Psychoanalysis", Mental Hygiene, X (1926), pp. 495-508.



- Rapaport, David, "The Future of Research in Clinical Psychology and Psychiatry", American Psychologist, II (1947), pp. 167-172.
- Rapaport, David, and Schafer, Roy, "Internship Program of the Menninger Clinic", Journal of Consulting Psychology, X (1946), pp. 216-220.
- Raphael, T., Gordon, M. A., and Dawson, E. M., "Mental Hygiene in American Colleges and Universities", Mental Hygiene, XXII (1938), pp. 221-236.
- Raskin, Nathaniel J., "The Development of Nondirective Therapy", Journal of Consulting Psychology, XII (1948), pp. 92-110.
- Reeve, George H., "Trends in Therapy: V. A Method of Coordinated Therapy", American Journal of Orthopsychiatry, IX (1939), pp. 743-747.
- "The Relation Between Psychiatry and Psychology, (A Symposium)", Psychological Exchange, II (1933), pp. 149-161.
- "The Relation Between Psychiatry and Psychology, (A Symposium)", Psychological Exchange, II (1933), pp. 56-64.
- Reynolds, Bertha, "Discussion of Trends in Therapy", American Journal of Orthopsychiatry, III (1933), pp. 344-345.
- Richards, Thomas W., Modern Clinical Psychology. New York: McGraw Hill Book Company, 1946. Pp. xi - 331.
- Richmond, F. C., "The Prison of the Future", American Journal of Orthopsychiatry, V (1935), pp. 1-10.
- Roback, A. A., "The Freudian Doctrine of Lapses and Its Failings", American Journal of Psychology, XXX (1919), pp. 274-290.
- Roethlisberger, F. J., Management and Morale. Cambridge, Massachusetts: Harvard University Press, 1947. Pp. xxii - 194.
- Roethlisberger, F. J., and Dickson, William J., Management and the Worker. Cambridge, Massachusetts: Harvard University Press, 1941. Pp. xxiv - 604.
- Rogers, Carl, "Areas of Agreement in Psychotherapy, Section Meeting, 1940", American Journal of Orthopsychiatry, X (1940), pp. 702-703.
- Rogers, Carl R., "The Clinical Psychologist's Approach to Personality Problems", Family, XVIII (1937), pp. 233-245.

- Rogers, Carl R., The Clinical Treatment of the Problem Child. Boston: Houghton Mifflin Company, 1939. Pp. 393.
- Rogers, Carl R., Counseling and Psychotherapy. New York: Houghton Mifflin Company, 1942. Pp. xiv - 450.
- Rogers, Carl R., and Wallen, John L., Counseling with Returned Servicemen. New York: McGraw-Hill Book Company, 1946. Pp. vii - 159.
- Rogers, Carl R., "The Development of Insight in a Counseling Relationship", Journal of Consulting Psychology, VIII, (1944), pp. 331-341.
- Rogers, Carl R., "Discussion" of Tulchin et al., American Journal of Orthopsychiatry, XII (1942), pp. 403-404.
- Rogers, Carl R., "Needed Emphases in the Training of Clinical Psychologists", Journal of Consulting Psychology, III (1939), pp. 141-143.
- Rogers, Carl R., "The Nondirective Method as a Technique for Social Research", American Journal of Sociology, L (1945), pp. 279-283.
- Rogers, Carl R., "The Processes of Therapy", Journal of Consulting Psychology, IV (1940), pp. 161-164.
- Rogers, Carl R., "Psychometric Tests and Client-Centered Counseling", Educational and Psychological Measurement, VI (1946), pp. 139-144.
- Rogers, Carl R., "Psychotherapy", in Dennis, W., Current Trends in Psychology. Pittsburgh: University of Pittsburgh Press, 1947. Pp. 109-137.
- Rogers, Carl R., "Recent Research in Nondirective Therapy and its Implications", American Journal of Orthopsychiatry, XVI (1946), pp. 581-588.
- Rogers, Carl R., "Significant Aspects of Client Centered Therapy", American Psychologist, I (1946), pp. 415-422.
- Rogers, Carl R., "Some Observations on the Organization of Personality", American Psychologist, II (1947), pp. 358-368.
- Rogers, Carl R., "Therapy in Guidance Clinics", Journal of Abnormal and Social Psychology, XXXVIII (1943), pp. 284-289.
- Rogers, Carl R., "Wartime Issues in Family Counseling", Marriage and Family Living, VI (194 ), pp. 68-69; 84.

- Rosenzweig, Saul, "Clinical Psychology as a Psychodiagnostic Art", Journal of Personality, XV (1946), pp. 94-100.
- Rosenzweig, Saul, "Some Implicit Common Factors in Diverse Methods of Psychotherapy", American Journal of Orthopsychiatry, VI (1936 ), pp. 412-415.
- Rowntree, Leonard G., "Psychosomatic Disorders as Revealed by 13,000,000 Examinations of Selective Service Registrants", Psychosomatic Medicine, VII (1945), pp. 27-29.
- Ruckmich, Christian A., "The History and Status of Psychology in America", American Journal of Psychology, XXIII (1912), pp. 517-531.
- Russell, William L., "The Place of the American Psychiatric Association in Modern Psychiatric Organization and Progress", American Journal of Psychiatry, XII (1932), pp. 1-18.
- Sargent, H., "Professional Ethics and Problems of Therapy", Journal of Abnormal and Social Psychology, XL (1945), pp. 47-60.
- Saunders, J. R., "A Review of Some of the Past and Present Types of Psychiatric Therapy", Virginia Medical Monthly LXXIV (1947), pp. 195-199.
- Schilder, Paul, "The Influence of Psychoanalysis on Psychiatry", Psychoanalytic Quarterly, IX (1940), pp. 216-228.
- Schilder, Paul, Psychotherapy. New York: W. W. Norton and Company, 1938. Pp. x - 344.
- Schindler, C. J., The Pastor as a Personal Counselor. Philadelphia, Muhlenberg Press, 1942. Pp. 147.
- Schmalhausen, Samuel D., "Freud and the Sexual Revolution", Journal of Abnormal and Social Psychology, XXV (1930-31), pp. 299-306.
- Schott, Emmett L, "The Psychologist in the General Hospital", Journal of Consulting Psychology, VIII (1944), pp. 302-307.
- Scott, Ira D., and Lindley, Clyde J., "The Advisement and Guidance Program and the Veterans Administration", American Psychologist, I (1946), pp. 190-200.
- Sears, Robert R., "Clinical Training Facilities: 1947", American Psychologist, II (1947), pp. 199-205.

- Seidenfeld, Morton, "The Psychologist in the Tuberculosis Hospital", Journal of Consulting Psychology, VIII (1944), pp. 312-318.
- Seliger, Robert V., Lukas, Edwin J., Lindner, Robert M., editors, Criminal Hygiene. Baltimore: Oakridge Press, 1946. Pp. 240.
- Selling, Lowell S., "The Function of Psychologists in Mental Clinics and Hospitals", Psychological Exchange, I, 5 (1932-33) pp. 16-20.
- Selling, Lowell S., "A New Profession: Psychiatric Criminology", American Journal of Orthopsychiatry, VI (1936), pp. 437-440.
- Shaffer, Laurance F., "Clinical Psychology and Psychiatry", Journal of Consulting Psychology, XI (1947), pp. 5-11.
- Shaffer, Laurance F., "The Problem of Psychotherapy", American Psychologist, II (1947), pp. 459-466.
- Shakow, David, "Training in Clinical Psychology", A Note on Trends, Journal of Consulting Psychology, IX (1945), pp. 240-242.
- Shakow, David, "The Training of the Clinical Psychologist", Journal of Consulting Psychology, VI (1942), pp. 277-288.
- Sharp, Agnes A., "Note on Diagnosis and Therapy", Journal of Consulting Psychology, XII (1948), pp. 120-122.
- Sievers, Clement H., "The Current Program of Instruction for Clinical Psychologists at the Adjutant Generals School", Journal of Clinical Psychology, I (1945), pp. 130-133.
- Simmel, Ernst, "Sigmund Freud: The Man and His Work", Psychoanalytic Quarterly, IX (1940), pp. 163-176.
- Slavson, S. R., and Meyers, Gertrude, Bibliography on Group Therapy, New York: American Group Therapy Association, 1946. Pp. 12.
- Smalley, R., "Psychiatric Social Worker or Psychotherapist?" Journal of Psychiatric Social Work, XVI (1947), pp. 107-109.
- Smith, S. K., "Practical Modes of Treatment in Handling Mental Hygiene Problems in a University", American Journal of Psychiatry, XIII (1933), pp. 57-67.
- Snyder, W. U., "Dr. Thorne's Critique of Non-directive Psychotherapy", Journal of Abnormal and Social Psychology, XL (1945), pp. 336-339.

- Snyder, W. U., "The Present Status of Psychotherapeutic Counseling", Psychological Bulletin, XLIV (1947), pp. 297-386.
- Steiner, Lee H., Where Do People Take Their Troubles? Boston: Houghton Mifflin Company, 1945. Pp. 265.
- Steinmetz, Harry C., "Directive Psychotherapy: Freeing from the Dilemma", Journal of Clinical Psychology, III (1947), pp. 288-293.
- Steinmetz, Harry C., "Directive Psychotherapy: V. Measuring Psychological Understanding", Journal of Clinical Psychology, I (1945), pp. 331-335.
- Stevenson, George S., and Smith, Geddes, Child Guidance Clinics; A Quarter Century of Development. New York: The Commonwealth Fund, 1934. Pp. vii - 186.
- Stevenson, George S., "Community Clinics as Training Centers for Psychiatrists", Mental Hygiene, XVIII (1934), pp. 353-361.
- Stevenson, George S., "Ways of Developing and Utilizing Psychiatry in Community Health and Welfare Programs", Mental Hygiene, XXIV (1940), pp. 353-365.
- Stogdill, E. L., "A Survey of the Case Records of a Student Psychological Consultation Service Over a Ten-Year Period", Psychological Exchange, III (1934), pp. 129-133.
- Stogdill, E. L., "Techniques of Student Counseling", Journal of Consulting Psychology, IV (1940), pp. 176-180.
- Stone S., "Psychiatry Through the Ages", Journal of Abnormal and Social Psychology, XXXII (1937), pp. 131-160.
- Strang, Ruth, "Criteria of Progress in Counseling and Psychotherapy", Journal of Clinical Psychology, III (1947), pp. 180-183.
- Strauss, Bernard V., "What Constitutes Intensive Therapy in a Child Guidance Clinic?", American Journal of Orthopsychiatry, XV (1945), pp. 721-726.
- Sumner, Francis C., "Psychoanalysis of Freud and Adler", Pedagogical Seminary, XXIX (1922), pp. 139-168.
- Sutich, A., "Towards a Professional Code for Psychological Consultants", Journal of Abnormal and Social Psychology, XXXIX (1944), pp. 329-350.
- Sylvester, Mildred Loring, "The Present Organization of the Psychological Clinic at the University of Pennsylvania", Consulting Psychologist, II (1936), pp. 2-4.

- Sylvester, R. H., "Clinical Psychology Adversely Criticized", Psychological Clinic, VII (1913-14), pp. 182-188.
- Symonds, Percival M., The Dynamics of Human Adjustment. New York: Appleton-Centry, 1946. Pp. xiv - 666.
- Symonds, Percival M., "New Trends in Clinical Psychology", American Journal of Orthopsychiatry, XVIII (1948), pp. 153-162.
- Symonds, Percival M., "Problems Falling Within the Scope of Psychological Counseling", Journal of Applied Psychology, XXI (1937), pp. 66-74.
- Symonds, Percival M., "The Province of Psychological Counseling", Consulting Psychologist, II (1935), pp. 2-7.
- Symonds, Percival M., "Psychoanalysis, Psychology, and Education", Journal of Abnormal and Social Psychology, XXXV (1940), pp. 139-149.
- Symonds, Percival M., "The School Psychologist - 1942", Journal of Consulting Psychology, VI (1942), pp. 173-176.
- "Symposium: The Field of Clinical Psychology as an Applied Science", Journal of Applied Psychology, III (1919), pp. 81-95.
- "Symposium: The Treatment of Behavior and Personality Problems in Children", American Journal of Orthopsychiatry, I (1930), pp. 3-60.
- Taft, Ronald, "The Staff Psychologist in Industry", American Psychologist, I (1946), pp. 55-61.
- Tallman, Gladys, "The Psychologist in a Neurological Hospital", Journal of Consulting Psychology, VIII (1944), pp. 308-311.
- Tendler, A. D., "A Reorientation in Psychotherapy", Psychological Clinic, XXI (1933), pp. 253-259.
- Thayer, V. T., "Psychological Service Needed in a Private School", Journal of Consulting Psychology, VI (1942), pp. 181-184.
- Thom, D. A., "Psychotherapy in Practice", American Journal of Orthopsychiatry, X (1940), pp. 815-823.
- Thorne, Frederick C., "The Clinical Method in Science", American Psychologist, II (1947), pp. 159-166.
- Thorne, Frederick C., "A Critique of Nondirective Methods of Psychotherapy", Journal of Abnormal and Social Psychology, XXXIX (1944), pp. 459-470.

- Thorne, Frederick C., "Directive Psychotherapy: II. The Theory of Self-Consistency", Journal of Clinical Psychology, I (1945), pp. 155-162.
- Thorne, Frederick C., "Directive Psychotherapy: III. The Psychology of Simple Maladjustment", Journal of Clinical Psychology, I (1945), pp. 228-240.
- Thorne, Frederick C., "Directive Psychotherapy: IV. The Therapeutic Implications of the Case History", Journal of Clinical Psychology, I (1945), pp. 318-330.
- Thorne, Frederick C., "Directive Psychotherapy: VI. The Technique of Psychological Palliation", Journal of Clinical Psychology, II (1946), pp. 68-79.
- Thorne, Frederick C., "Directive Psychotherapy: VII. Imparting Psychological Information", Journal of Clinical Psychology, II (1946), pp. 179-190.
- Thorne, Frederick C., "Directive Psychotherapy: VIII. The Psyche of Satiation", Journal of Clinical Psychology, II (1946), pp. 261-266.
- Thorne, Frederick C., "Directive Psychotherapy: IX. Personality Integration and Self Regulation", Journal of Clinical Psychology, II (1946), pp. 371-383.
- Thorne, Frederick C., "Directive Psychotherapy: X. Constitutional Analysis", Journal of Clinical Psychology, III (1947), pp. 75-84.
- Thorne, Frederick C., "Directive Psychotherapy: XI. Therapeutic Use of Conflict", Journal of Clinical Psychology, III (1947), pp. 168-179.
- Thorne, Frederick C., "Directive Psychotherapy: XII. The Client's Weltanschauung", Journal of Clinical Psychology, III (1947), pp. 277-286.
- Thorne, Frederick C., "Directive Psychotherapy: XIII. Psychological Antidotes and Prophylactics", Journal of Clinical Psychology, III (1947), pp. 356-364.
- Thorne, Frederick C., "Directive Psychotherapy: XIV. Suggestion, Persuasion and Advice", Journal of Clinical Psychology, IV (1948), pp. 70-81.
- Thorne, Frederick C., "Directive Psychotherapy: XV. Pressure and Coercion", Journal of Clinical Psychology, IV (1948), pp. 178-188.

- Thorne, Frederick C., "Directive Psychotherapy: XVI. Situational Analysis", Journal of Clinical Psychology, IV (1948), pp. 290-298.
- Thorne, Frederick C., "The Field of Clinical Psychology: Past, Present, and Future", Journal of Clinical Psychology, I (1945), pp. 1-20.
- Thorne, Frederick C., "Principles of Directive Counseling and Psychotherapy", American Psychologist, III (1948), pp. 160-165.
- Thurstone, L. L., "Influence of Freudism on Theoretical Psychology", Psychological Review, XXXI (1924), pp. 175-183.
- Town, Clara H., Merrill, Maude A., and Brown, Andrew W., "Report on the Survey of the Training and Duties of Clinical Psychologists", Psychological Exchange, II (1933-34), pp. 109-114.
- "Training in Clinical Psychology", Journal of Clinical Psychology, Monograph Supplement No. III (July, 1948), pp. 1-88.
- Tulchin, Simon H., "Present and Future Diagnostic Role of the Clinical Psychologist", American Journal of Orthopsychiatry, XII (1942), pp. 397-404.
- Tulchin, Simon H., "Symposium: The Treatment of Behavior and Personality Problems in Children", American Journal of Orthopsychiatry, I (1930), pp. 39-60.
- "Twenty-five Years of Child Guidance", Mental Hygiene, XXVII (1943), pp. 267-278.
- U. S. Civil Service Commission, "Standards for Clinical Psychologists in the Federal Government", Journal of Clinical Psychology, II (1946), pp. 126-230.
- Van Rentergham, A. W., "Freud and His School", Journal of Abnormal Psychology, IX (1914-15), pp. 369-384.
- Van Renterghem, A. W., "Freud and His School, (Concluded)", Journal of Abnormal Psychology, X (1915-16), pp. 46-80.
- Vaughn, Wayland F., "The Psychology of Alfred Adler", Journal of Abnormal and Social Psychology, XXI (1926-27), pp. 358-371.
- Vernon, W. H. D., "Some Professional Problems of the Consulting Psychologist", Journal of Consulting Psychology, X (1946), pp. 136-142.



- Wall, James H., "The Development of Modern Psychiatry", in Modern Attitudes in Psychiatry. New York: Columbia University Press, 1946. Pp. 29-42.
- Ward, Carlos E., and Schneider, Gwendolyn, "The Counseling Program of the Veterans Administration", Educational and Psychological Measurement, V (1945), pp. 125-130.
- Watson, Goodwin, chairman, "Areas of Agreement in Psychotherapy: 1940 section meeting", American Journal of Orthopsychiatry, X pp. 698-709.
- Watson, Goodwin, "The Demand for Psychological Counselors in Education", Mental Hygiene, XV (1931), pp. 542-549.
- Watson, Goodwin, "New Trends in Clinical Procedures and Psychotherapy", Journal of Consulting Psychology, IV (1940), pp. 81-95.
- Watson, Goodwin, "Psychology in the Emerging Education", Journal of Consulting Psychology, X (1946), pp. 57-62.
- Watson, James, "Psychotherapy for the Poor: A State-City-Cooperative Enterprise in the Field of Mental Hygiene", Mental Hygiene, XXIII (1939), pp. 558-566.
- Weider, Arthur, "Mental Hygiene in Industry - A Clinical Psychologist's Contribution", Journal of Clinical Psychology, III (1947), pp. 309-320.
- Weiss, Edward, and English, O. Spurgeon, Psychosomatic Medicine: the Clinical Application of Psychopathology to General Medical Problems. Philadelphia: W. B. Saunders Company, 1943. Pp. xxiii - 687.
- Weiss, Edward, "Psychotherapy in Everyday Practice", in Modern Attitudes in Psychiatry. New York: Columbia University Press, 1946. Pp. 116-150.
- Wells, F. L., "Psychologists' Functions in Hospital", Journal of Consulting Psychology, VIII (1944), pp. 267-272.
- Wells, F. L., "The Status of 'Clinical' Psychology", Mental Hygiene, VI (1922), pp. 11-22.
- Westburgh, Edward M., Introduction to Clinical Psychology. Philadelphia: P. Blakiston's Son and Company, Inc., 1937. Pp. xiii - 336.
- White, William A., "The Adlerian Concept of the Neuroses", Journal of Abnormal Psychology, XII (1917-18), pp. 168-173.

- Wile, Ira S., "International Medical Congress for Psychotherapy", American Journal of Orthopsychiatry, VIII (1938), pp. 754-755.
- Williams, Frankwood E., "Mental Hygiene: An Attempt at Definition", Mental Hygiene XI (1927), pp. 482-489.
- Williams, Tom A., "The Common Principle in Differing Psychotherapeutics", Journal of Abnormal and Social Psychology, XXVII (1932-33), pp. 105-110.
- Williamson, E. G., Longstaff, H. P., and Edmunds, J. M., "Counseling Arts College Students", Journal of Applied Psychology, XIX (1935), pp. 111-124.
- Willoughby, R. R., "Some Articulation Between Psychoanalysis and the Rest of Psychology", Journal of Abnormal and Social Psychology, XXXV (1940), pp. 45-55.
- Witmer, Helen L., "A Comparison of Treatment Results in Various Types of Child Guidance Clinics", American Journal of Orthopsychiatry, V (1935), pp. 351-360.
- Witmer, Helen, Psychiatric Clinics for Children. New York: The Commonwealth Fund, 1940. Pp. 436.
- Witmer, Lightner, "Psychological Diagnosis and the Psychonomic Orientation of Analytic Science", Psychological Clinic, XVI (1925), pp. 1-18.
- Wittman, Philis, "Psychological Services in State Hospitals for the Mentally Ill", Journal of Consulting Psychology, VIII (1944), pp. 291-297.
- Wittman, Philis, "A State-Wide Program in Illinois", Journal of Consulting Psychology, X (1946), pp. 221-224.
- Wolberg, L. R., "Goals and Objectives in Psychotherapy", New York State Journal of Medicine, XLIV (1944), pp. 1792-1796.
- Wolberg, L. R., "The Problem of Self-Esteem in Psychotherapy", New York State Journal of Medicine, XLIII (1943), pp. 1415-1419.
- Wolberg, L. R., "Resistance to Cure in Psychotherapy", New York State Journal of Medicine, XLIII (1943), pp. 1751-1754.
- Woodworth, R. S., "The Future of Clinical Psychology", Journal of Consulting Psychology, I (1937), pp. 4, 5.
- Woodworth, R. S., "Some Criticism of the Freudian Psychology", Journal of Abnormal Psychology, XII (1917-18), pp. 174-194.

- Wyatt, Frederick, "The Self-Experience of the Psychotherapist", Journal of Consulting Psychology, XII (1948), pp. 82-87.
- Young, J. Carruthers, "Individual Psychology and Holistic Medicine", International Journal of Individual Psychology, I, 2 (July, 1935), pp. 13-28.
- Young, Robert A., "The Psychoanalytically Trained Psychologist in Child Guidance", American Journal of Orthopsychiatry, XII (1942), pp. 393-396.
- Zachry, Caroline B., "The Psychotherapist and the School", The Nervous Child, III (1944), pp. 249-257.
- Zehrer, F. A., "The School Psychologist as a Mental Hygiene Specialist", Journal of Consulting Psychology, VI (1944), pp. 218-222.
- Zilboorg, Gregory, and Henry, George W., A History of Medical Psychology. New York: W. W. Norton and Company, 1941. Pp. 606.
- Zilboorg, Gregory, Mind, Medicine and Man. New York: Harcourt, Brace and Company, 1943. Pp. 344.
- Zilboorg, Gregory, "Psychosomatic Medicine: A Historical Perspective", Psychosomatic Medicine, VI (1944), pp. 3-6.

APPENDIX

**Brooklyn College**

BEDFORD AVENUE AND AVENUE H

BROOKLYN 10, N. Y.

June 5, 1947

Miss Josephine H. Ross  
Apt. 5H, 90 Morningside Drive  
New York 27, New York

Dear Miss Ross:

I want you to know that I am deeply interested in the research you propose to do for a doctoral thesis. Having worked myself in the field of psychological counseling for many years, I venture to say that this field of specialization in counseling has come of age, and is ready to develop into a distinctive field of professional endeavor.

Looking over the development of psychological counseling it becomes apparent that it has grown wherever the need arose without sufficient unifying concepts, standards, applications, etc. It would be of great service to the field of psychological counseling if its development were traced to its various sources and could be investigated as to its application and theories in order to arrive at a clearer understanding of its present status.

I know that the research which you have chosen is a very fruitful one, and I hope that you can carry the task to completion. Whenever I can be of help, please feel free to call upon me.

Sincerely yours,



Peter Blos, Psychological  
Counselor, Personnel Department