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**INFLUENCE OF PSYCHIATRIC DIAGNOSTIC TRAINING ON COUNSELING
STUDENTS' DEVELOPMENT OF A MODEL-FOR-HELPING
AND PROFESSIONAL IDENTITY**

by

Jerry E. McLaughlin

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Counselor Education
and Counseling Psychology

**Western Michigan University
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August 1998**

INFLUENCE OF PSYCHIATRIC DIAGNOSTIC TRAINING ON COUNSELING
STUDENTS' DEVELOPMENT OF A MODEL-FOR-HELPING
AND PROFESSIONAL IDENTITY

Jerry E. McLaughlin, Ph.D.

Western Michigan University, 1998

Over the years, numerous proposals have been made in the counselor education (CE) literature about what counseling philosophy can best lead the profession to a distinctive professional identity (Bauman & Waldo, 1998; Fong & Lease, 1994; Guterman, 1994). An issue in this debate is whether psychiatric diagnostic training forms a part of a counseling philosophy (i.e., model-for-helping) and professional identity that is more focused on client psychopathology than on normal developmental issues. This study explored how training and experience in psychiatric diagnostic categories (PDCs) influenced counselors' development of their counseling philosophy and professional identity.

Focus-group interviews were held at four regional universities. Data from these interviews were analyzed using a form of poststructural discourse analysis (Potter & Wetherell, 1994). Participant orientation (Potter & Wetherell, 1987) was among the methods used to validate the study results (Lincoln & Guba, 1985).

Results shed light on the relationships among psychiatric diagnostic training, counseling philosophy, and professional identity. Research participants' talk about the place of psychiatric diagnostic training in their counseling philosophy and professional identity occurred in two broad, mutually exclusive ways that reflected their PDC training and experience. Research participants with more PDC training and experience talked more favorably about PDCs but were less likely to describe a

distinctive counseling philosophy and professional identity. Research participants with less PDC training and experience talked less favorably about PDCs but were more likely to describe a distinctive counseling philosophy and professional identity.

Given these data, counseling students would benefit from an earlier introduction of PDCs into the counseling curriculum in a way that retains what they see as distinctive about the counseling profession while helping them integrate their counseling philosophy with the philosophy of PDCs.

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CHAPTER I

OVERVIEW OF STUDY

Overview and Purpose of the Study

A debate is occurring in the field of counselor education (CE) over the professional identity (PI) of counselors and their use of a unique counseling philosophy or model-for-helping (MFH). A critical issue in this debate is the place of training in psychiatric diagnostic categories (PDCs) in CE curricula (Ivey, 1989; Johnson, 1993; Sherrard, 1989; Sherrard & Fong, 1991). Some educators argue that such training is incompatible with counseling's humanistic traditions that emphasize normal developmental processes, psychoeducation, and prevention. Others argue that realities of employment, professional credibility, and reimbursement make diagnostic training essential (Fong, 1990; Hohenshil, 1993; Waldo, Brotherton, & Horswill, 1993; Weikel & Palmo, 1989; West, Hosie, & Mackey, 1987).

Addressing these concerns regarding MFH and PI is vitally important. Weikel and Palmo (1989) argue the issue of professional identity is "probably the most significant issue facing MHCs [mental health counselors]" (p. 10). Similarly, Sprill and Fong (1990) speak of an "identity crisis" in the counseling profession and call for "a consensus among counselor educators and practitioners about training needs" (p. 18) as a remedy. Sherrard and Fong (1991) discuss the counseling profession's lack of clarity and coherence in spite of otherwise notable accomplishments.

To date, little research has addressed the issue of how training in and use of PDCs affects mental health practitioners, especially professional counselors (Brown, 1990; Velasquez, Johnson, & Brown-Cheatham, 1993). In addition, there is little or no research that addresses how such training is conducted or what practitioners bring away from it (Sinacore-Guinn, 1995). Velasquez et al. (1993) and others in CE discuss the “dramatic shift” (p. 323) toward PDC training in CE as attributable to increased credentialing, more CE literature on PDCs, and more training opportunities. Others, however, attribute this shift to employment trends and changes in professional role (Hohenshil, 1993, 1996; Ritchie, Piazza, & Lewton, 1991; Smith & Robinson, 1995; West et al., 1987). This proposed research is aimed at informing this debate over the place of PDC training in CE curricula, by interviewing counseling students with experience with or training in PDCs about how this training influences their development of PI and MFH.

Central to this debate on PDC training is the endless tension about whether human knowledge is produced by a primarily perceptual or rational process (Mahoney, 1991). Professional counselors can view this debate as a tension between two poles: those who believe “objective” facts, in the sense of their being independent of anyone’s attitudes or feelings, are “discovered”; and those who believe “constructed” facts, in the sense of their being dependent on particular attitudes and feelings, are “invented,” that is, given form and meaning through the operation of social processes. The following sections elaborate upon this debate and these tensions: first, by discussing the two poles of Objectivism and Constructionism generating this endless tension, and the differences between them; second, by discussing the purpose and significance of this proposed research for informing this debate.

The Objective Perspective on PDCs

From this “objective” perspective, language is seen as representing events and objects in a one-to-one way. Symbols gain their meaning through being properly matched up with events and objects in the world. Specific categories of things are conceived as entities with a specific feature or features in common; category membership is thus a decision of an object or event either having or not having particular feature(s). In this perspective, human reasoning consists of using language to accurately reflect entities and underlying organization of the world (Harris, 1992; Held, 1995; Lakoff, 1987; Rorty, 1979; Rosenau, 1992).

Viewing PDCs from an objective perspective encourages adopting an individualistic-illness MFH, leading to either/or questions about the accuracy of diagnostic categories, and error or bias among professionals using them (Hohenshil, 1993; Myers, 1992; Sinacore-Guinn, 1995). Turner and Hersen (1984), for example, write, “Current evidence indicates that, despite overlapping manifestations, discrete categories of mental disorders *do exist* “ (p. 51, italics added). Cook, Wamke, and Dupuy (1993) found salient “gender bias” (p. 320) in PDCs, despite efforts to make them “as objective as possible” (p. 311).

Advantages of an Objective Perspective on PDCs

An objective perspective on diagnostic categories offers advantages to counselors. Advantages include the possibility of achieving generic knowledge about the kinds of problems that produce human suffering, of achieving certainty about the nature of that suffering, and of achieving cumulative progress in remedying that suffering (Goodwin & Guze, 1984; Held, 1995; Maxmen, 1986).

Knowing diagnostic categories “enhances the selection of effective treatment procedures” (p. 268) and “serves as a benchmark against which counseling effectiveness can be measured” (Hohenshil, 1993, p. 269). Hinkle (1994) discusses PDCs as “the foundation of mental health care” (p. 174), and that only “diagnoses with widespread empirical and clinical support” (p. 176) are included in the PDC taxonomy.

Most research on PDCs views them from an objective perspective (Gaines, 1992; Maxmen, 1986; Millon, 1981; Young, 1995). Most of the CE literature on PDCs reflects this objective perspective, and the individualistic-illness MFH it encourages (Myers, 1992). PDCs provide “a common *language* among mental health professionals” (Hohenshil, 1993, p. 268, italics in original), a view based on an objective notion of language as a transparent medium used to represent events and objects in a one-to-one way. Seligman (1996), adopting a similar view, bases her book on diagnostic categories on the definition of mental disorder contained in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (APA) (*DSM-IV*). A mental disorder is “a clinically significant behavioral or psychological syndrome or pattern that *occurs in an individual*” (p. 60, taken from APA, 1994, p. xxi, italics added), based on the objective notion of mental disorders as distinct entities that people either have or do not have.

Disadvantages of an Objective Perspective on PDCs

There are at least five disadvantages of an objective perspective on PDCs. One is a tendency to nominalization. Potter (1996) defines nominalization as “verbs that have been transformed to take the syntactic form of nouns” (p. 226). Such

formulations confound issues of human agency by expunging actors from descriptions and by inviting confusion of causal processes. For example, the word *acts* in the sentence “John *acts* crazy” can be changed into the nominal “action” as in “John’s *action* was considered crazy.” In the former version it is clear who thinks John is crazy (the speaker). In the latter version, it is not clear. In confusing such issues, “agency obscuring” (Potter, 1996, p. 200) language can complicate mental health treatment through disempowering clients from taking the necessary actions to improve their lives (Beitman, 1987; Mahoney, 1991; Sexton & Whiston, 1991).

A second disadvantage of an objective perspective on PDCs is reification, or to refer to an abstract concept as a thing (Postman, 1976; Potter, 1996). Reifying formulations exclude alternate views and possibilities for action by presenting a thing as of one thing rather than another. O’Hanlon and Wilk (1987), for example, talk of how such “characterizations can be terribly limiting” (p. 244) by overgeneralizing about individuals on the basis of a few aspects, and by “converting malleable patterns into apparently fixed and unalterable givens” (p. 244).

A third disadvantage of an objective perspective on PDCs is diverting attention from social and situational factors in favor of a focus on the individual (Caplan, 1995; Kleinman & Cohen, 1991; Sarbin, 1990; Tavris, 1992). Failing to consider social and situational factors in using PDCs is inherently prejudicial against groups for which such factors pose a greater challenge, such as women and minorities (Russell, 1994). Brown (1990) remarks that the architects of the PDCs “seek to strip psychiatry of any social context” (p. 403).

Falvey (1992a) demonstrates the narrowness of much thinking in this area when she operationalizes clinical judgment as consisting of having a base of information and applying it properly. Such operationalization of diagnosis presents it

as “less problematic than it surely is” (Rentoul, 1995, p. 52), given the myriad cultural and social factors involved. It “conflates and confuses a number of issues which are crucially important to an exercise of this type” (p. 54), such as whether PDCs “are classes of entities that are objectively in the real world” (p. 54), or “a series of arbitrary constructs whose utility is their selling point” (p. 54).

The fourth disadvantage of an objective perspective on PDCs is encouraging a remedial developmental perspective (Kagan, 1989; Kegan, 1982; Steenbarger, 1991). A traditional focus of counseling has been facilitating normal development among diverse groups. Steenbarger argues that “a normal-developmental, as contrasted with a remedial metatheory lies at the heart of counseling’s uniqueness as a specialty” (Steenbarger, 1991, p. 288). An objective perspective on development invites a *linear, remedial, organismic developmental* orientation as epitomized by the developmental ideas of Freud, Kohlberg, and Piaget (Greenberg & Mitchell, 1983; Kail & Cavanaugh, 1996; Rigazio-DiGillio, 1994). Steenbarger argues conceptualizing development as an “intraorganismic process” (p. 293) is inherently flawed because of its overemphasis on the individual, its inability to account for important circumstantial issues influencing development, and its inability to reconcile itself with multicultural influences on development.

A fifth disadvantage of an objective perspective on PDCs is a dilemma about how best to conceptualize issues of PDC accuracy and error. One side of this dilemma views accuracy and error as issues of naming independently existing entities through perceiving their essential features and their underlying structure (the objective perspective). The other side of this dilemma views accuracy and error as issues of constructing particular versions of client problems to achieve particular interactional outcomes through attending to contextual features and to language itself

(the constructionist perspective) (Lakoff, 1987; Leary, 1987; Potter & Wetherell, 1987; Seligman, 1996). The majority of counseling literature focusing on PDC accuracy and error adopts an objective perspective.

The Constructionist Perspective on PDCs in CE

When facts are considered as constructed, language is seen as giving form and meaning to events and objects in a situational and circumstantial way. Symbols, from this perspective, gain their meaning through their relation to their context of use, in that they can only be understood in relation to the specific setting, situation, and placement within an ongoing stream of talk or writing. Specific categories are linguistic resources for interacting with others and have no preset relationship with other events and objects; category membership is a consideration of both where and when in an ongoing stream of verbal interaction a particular category is invoked. Human reasoning in this perspective consists of using language effectively and situationally to accomplish interactional outcomes (Edwards, 1997; Farb, 1973; Lakoff, 1987; Potter, 1996; Potter & Wetherell, 1987).

Viewing PDCs from a constructionist perspective invites adopting a tentative stance towards their “objective validity and pragmatic efficacy” (Guterman, 1994, p. 231), while opening up the possibility of considering other ways of defining human problems. Rentoul (1995), for example, writes of “a misuse of language” (p. 52) lying at the heart of the PDC process, and Lanning (1994) warns that “if diagnosis in counseling becomes rigidly defined (as by the *Diagnostic and Statistical Manual of Mental Disorders* [3rd ed., revised], American Psychiatric Association, 1987), it will be one of the tragedies of the profession from which we will not recover” (p. 126).

Steenbarger (1991) discusses the importance for counseling of adopting a constructionist perspective on development. A constructionist perspective on development is more consistent with emerging themes in communication, interaction, and bidirectionality in counseling. He argues that “the task of counseling is not to cure illness, but rather to facilitate normal developmental change” (p. 292). Questions about PDC accuracy in this view become less about correct perception of signs and symptoms and provision of medical relief, and more about considering social, political, and economic circumstances contributing to human distress, and need for concerted social change for relief (Brown, 1990; Kleinman & Cohen, 1991; Russell, 1994; Tavris, 1992).

There are at least three other implications for counselor training of adopting a constructionist perspective on PDCs. First, the focus on observer-dependence of PDCs fits well with current concerns in CE on respecting and taking an inclusive stance towards diversity (Cook et al., 1993; Sinacore-Guinn, 1995; Velasquez et al., 1993). In encouraging a multiform stance toward PDCs, observer-dependence encourages a diverse stance toward various cultural groups. Second, the focus on language-dependence of PDCs fits well with current concerns in CE on ethics in PDCs by inviting consideration of other possible ways of accounting for client problems, and who wins and loses under the influence of the various accounts (Sampson, 1993). Third, the focus on context-dependence of PDCs fits well with current concerns in CE on achieving a broad-based “ecosystemic view” (Amatea & Sherrard, 1994, p. 6) of clients for purposes of effective treatment (Bevcar & Bevcar, 1994; Borders, 1994; Rigazio-DiGillio, 1994).

Advantages of a Constructionist Perspective on PDCs in CE

There are at least three advantages of a constructionist perspective on PDCs for counselors. They include focusing attention on the observer-dependent nature of PDCs, the language-dependent nature of PDCs, and the context-dependent nature of PDCs (Efran, Lukens, & Lukens, 1990; Lakoff, 1987; Sarbin, 1990). “Problems exist because that is how they are construed” (Strong, 1993, p. 251), rather than because they are objective entities inside individuals. Some fear PDCs will continue a “process of constraining the language all mental health professionals can use in working with clients” (p. 251). A focus on the constructed nature of PDCs as facts given form in language changes the way they are thought about. In discussing the PDC Post Traumatic Stress Disorder (PTSD), Young (1995) summarizes this different way of thinking:

This generally accepted picture of PTSD, and the traumatic memory that underlies it is mistaken. The disorder is not timeless, nor does it possess an *intrinsic unity* . . . does this mean that it is not real? On the contrary, the reality of PTSD is confirmed empirically by its place in people’s lives, by their experiences and convictions, and by the personal and collective investments that have been made in it. . . . It is not doubt about the reality of PTSD that separates me from the psychiatric insider. It is our divergent ideas about the *origins* of this reality and its universality (the fact that we now find it in many places and times). (p. 5)

First, by focusing attention on the observer-dependence of PDCs, a constructionist perspective invites a self-reflective process of examining one’s biases, predilections, and social position (Efran et al., 1990; Gergen, 1994). Questions of PDC accuracy in this view become less exclusively about whether the correct information was obtained and used, and more about the provisional, partial nature of all diagnostic decisions (Efran et al., 1990; Falvey, 1992a; Widiger & Spitzer, 1991).

Second, by focusing attention on the language-dependence of PDCs, a constructionist perspective invites examination of how language works to accomplish action, and what characterizes successful language use (Potter, 1996; Potter & Wetherell, 1987). Questions about PDC accuracy in this view become less about errant cognitive processes like confirmatory bias (i.e., systematically seeking only information that agrees with a position), and more about how particular arrangements of talk or writing achieve outcomes while other linguistic arrangements fail (Haverkamp, 1993; Potter, 1996).

Third, by focusing attention on the context-dependence of PDCs, a constructionist perspective invites inclusion of the social world and counters over focusing on individual malfunctioning. Kleinman and Cohen (1991), for example, discuss the “widespread agreement in the sociological literature that the normal or mainstream are not natural states, but are socially constituted or defined” (p. 867). They also caution that focusing on an individual’s symptoms makes it easier to deny the role social forces play in creating personal distress.

Disadvantages of a Constructionist Perspective on PDCs

Disadvantages of adopting a constructionist view on PDCs include accusations of anti realism, relativism, and linguistic determinism (Edwards, 1997; Lakoff, 1987; Sampson, 1993). “For antirealists [constructionists] the knower’s own cognitive operations . . . always alter or distort . . . (the targeted independent reality), thereby making all knowledge inescapably subjective or relative” (Held, 1995, p. 7). Held argues that without access to the final arbiter of an independent reality, scientific progress is not possible. Applied to PDCs, Held’s view means that all diagnostic decisions are so rife with subjectivity that having a formal diagnostic

system makes no sense since there is no way to ultimately determine the correctness or incorrectness of any particular diagnosis, nor any way to progress in improving the system. Gergen (1994) and others dispute this line of reasoning by insisting that constructionism makes no claims about an independent reality, but only maintains that how we ever know that independent reality is symbolically mediated.

A second disadvantage is the accusation of relativism; that is, if there is no access to an independent reality as final arbiter, then there is no basis for choosing one version of events over another (Harris, 1992; Held, 1995; Root, 1993; Sampson, 1993). Applied to PDCs, this disadvantage means that any PDC is as good as any other, with no standards for choosing among competing diagnostic claims. Sampson (1993) and others dispute this line of reasoning by insisting that the standard of accurate representation of an independent reality as the only acceptable standard for choosing among various claims is itself relative. He argues that such a standard often operates to sustain a status quo at the expense of some and at the benefit of others, and offers alternate standards for choosing among competing versions of events. One alternative standard to correspondence with reality for evaluating diagnostic claims, for example, is who wins and who loses under the influence of different diagnostic claims. Other standards that have been proposed include which claims fit best with personal morality or offer maximum benefits to the majority (Gergen, 1994).

A third disadvantage is the accusation of linguistic determinism. Watts (1992, cited in Sampson, 1993) argues that constructionists' "detachment from the concrete realities of people's everyday lives" (p. 26) leaves them "impotent to do more than speak endlessly to one another about illusory and otherworldly events" (p. 26). Applied to PDCs, this critique means that diagnosis has no material consequences, and hence is a futile enterprise. Sampson (1993) and others dispute this line of

reasoning by arguing that “the ideas in people’s heads both shape the actual concrete life experiences that people have and are shaped by those experiences” (p. 26). Moreover, he brings the issue of power into the equation by arguing that the “idea-reality” (p. 27) distinction serves to maintain the status quo at the expense of many and for the benefit of a few.

Research Question

This proposed study asked master’s-level CE students how PDCs influenced development of their MFH and PI. Specifically, three topics discussed in the CE literature were explored. First, to what extent did counseling students’ talk about PDCs’ place in their MFH and PI reflect an “endless tension” between the counseling profession’s humanism and the objective perspective of PDCs. As previously discussed, PDCs are most often considered from an objective perspective (Gaines, 1992; Maxmen, 1986; Rabinowitz & Efron, 1997). “Psychiatric categories are described as examples of ‘natural categories,’” (p. 51), according to Rentoul (1995), and Brown (1987) says “little is known about the effects [of PDCs] on clinicians themselves, their training, and socialization, or professional development” (p. 37). Learning to what extent counseling students describe a tension around PDCs with reference to their MFH and PI is prerequisite to refining approaches to training PDCs in CE curricula.

A second topic explored was, “How do counseling students manage this tension around counseling’s humanism and PDCs’ objectivism in their MFH and PI?” As discussed, the CE literature is engaged in an important debate on this issue of whether to advocate or discourage a greater place for PDCs in a professional counselor’s MFH and PI (Guterman, 1994; Hohenshil, 1993). A recent national

survey of 334 mental health counselors indicated that they used PDCs for many things, including for reimbursement, case planning, professional communication, and treatment selection. Ninety-one percent said it was their “most frequently used professional reference”; however, only 53% said they would use it regularly “if not required to do so” (Mead, Hohenshil, & Singh, 1997, p. 394). Learning how counseling students manage this tension around PDCs in their MFH and PI is essential to developing PDC training responsive to these issues.

A third topic explored was, “What are the implications for training PDCs and for participants’ MFH and PI of managing this tension between counseling’s humanism and the objectivism of PDCs in these ways?” Ginter (1991), in discussing what distinguishes mental health counselors from other mental health professionals, suggested “philosophy or orientation was a key distinction” (p. 194). Numerous writers have offered different versions of what that MFH philosophy should be (Bauman & Waldo, 1998; Daniels & White, 1994; Guterman, 1994; Steenbarger, 1991). Learning how counseling students deal with this endless tension over MFH and PI philosophy with respect to PDCs is crucial to designing CE curricula that helps them to deal with it in ways productive for them and for the profession as a whole.

Research Purpose

The purpose of this proposed research was to provide empirical data to inform the ongoing CE debate over MFH, PI, and PDC training. Students’ talk was rich with clear and distinctive humanistic descriptions of their MFH and PI with respect to PDCs, and with talk about them from an objective perspective as well. The presence of these two descriptions of their MFH and PI with respect to PDCs

reflected the endless tension around PDCs and how they dealt with it by constructing a “theory/practice distinction” (Wetherell, Stiven, & Potter, 1987, p. 65), and other ways of managing it in their talk about PDCs in their MFH and PI.

Besides knowing little about the consequences of PDCs on clinicians, little is known about how people are trained in PDCs (Sinacore-Guinn, 1995). Smith and Robinson (1995) wrote of future counselors being trained in PDCs and a holistic-wellness model. However, Sporakowski (1995) cautions that conflict and practice difficulties may ensue among counselors who espouse incompatible or contradictory MFH, and MacDonald (1991) seconds this view. But neither Sporakowski nor MacDonald produces empirical data to support their claims. Ivey (1989) discusses “the very significant mental health need” (p. 27) that the mental health counselor provides in “facilitating human development and potential in a multicultural setting” (p. 27) and argues against counselors surrendering that orientation to “focus narrowly on individual change” (p. 29), but again offers no data to support his proposals.

Given the objective perspective in which PDCs are usually conceptualized, can they be reconciled with a holistic-wellness MFH? This study addressed this issue by exploring how counseling students dealt with the endless tension for their MFH and PI of training in PDCs.

Significance

Significance of this proposed study lies in three contributions it can make to the current debate in counselor education about PI, MFH, and training in PDCs. First, exploring how counseling students’ talk about the place of PDCs in their MFH and PI reflects a tension between counseling’s traditional humanism and the objective

perspective of PDCs, empirical data is provided to inform an otherwise stymied theoretical debate about MFH, PI, and PDCs in CE. Second, exploring how counseling students managed this tension regarding the place of PDCs in their MFH and PI provided data for deciding how PDC training in CE needs to be focused to be most helpful to students. Third, exploring the consequences for students and the profession of managing the tension around PDCs in the ways described in this study provides the basis for determining whether this is the proper direction to be heading.

Summary

This study explored the question of how counseling students' PI and MFH are influenced by experience and training in PDCs. Considerable discussion of these issues have been conducted in the CE literature, but little or none of it is informed by empirical data. The question of what place PDCs should play in the MFH and PI is among the most important questions facing the counseling profession. This study has begun to remedy the lack of empirical data by interviewing counseling students and obtaining their perspectives on these issues in a naturalistic research format. Results of this research will inform the current debate over these issues and provide a firmer basis for making decisions about counselor training and professional practice.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

In this chapter, the conceptual framework and pertinent PDC and CE literature are addressed. The conceptual framework is discussed in two parts. First, social constructionism is discussed as it related to this study. Second, discursive psychology as a precursor to the discourse-analytic methodology used in this study is discussed. Description of the conceptual framework is followed by a review of the recent discussion in CE about PDC training, the objective perspective on PDCs, the constructionist perspective on PDCs, and the debate over MFH and PI.

Conceptual Framework

The conceptual framework for this study combined social-constructionist and discourse-psychological perspectives. Social-constructionism advances the view that knowledge is interactional (Leeds-Hurwitz, 1995). Discourse psychology elaborates upon this view in focusing attention on the epistemological and action-orientation of this interactionally-produced knowledge (Edwards & Potter, 1992). Together, they provided a framework for exploring participants' language as it related to the research question.

Social-Construction

Social-constructionism provided an overarching framework for considering the fundamental concerns of this study. This framework included adopting a social over a psychological approach to communication and meaning, recognition of the importance of context in communication and meaning, and a view of language as constitutive of experience rather than merely reflective of experience. Following a discussion of these elements, relevant CE literature is reviewed bearing on these issues as they related to this study.

A Social Over a Psychological Approach to Communication and Meaning

In contrast to approaches that describe knowledge as a product of individual understanding, for example, the current computational metaphor of mind (Searle, 1992) and the conduit metaphor of communication (Lakoff & Johnson, 1980), social-constructionist approaches describe knowledge as a product of interaction (Gergen, 1994; Leeds-Hurwitz, 1995; Sampson, 1993). Several implications follow. First, communication and meaning are mutually created and not the sole province of one person or another. Second, focus is on visible behavior and not on inferred cognitive processes purportedly occurring inside individual skulls. Third, the research focus is less on exploring why something occurs and more on how something occurs, since the latter is more compatible with an interactional focus (Leeds-Hurwitz, 1995).

Importance of Context. In contrast to approaches that marginalize the importance of context to understanding communication and meaning (Edwards, 1997), social-constructionism accords fundamental importance to context, that is, the setting and explicit premises in which communication occurs (Gergen, 1994;

McNamee & Gergen, 1992; Sauber, L'Abate, Weeks, & Buchanan, 1993). Social-constructionism emphasizes the sociocultural context (Gergen, Gulerce, Lock, & Misra, 1996; Leeds-Hurwitz, 1995; Sampson, 1991). Accepting the importance of sociocultural context to communication and meaning raises questions about the validity of research that defers questions about context or fails to consider the influence of context (Edwards, 1997; Leeds-Hurwitz, 1995). Social constructionism's emphasis on context also leads to an emphasis on obtaining samples of research participants' language in natural, rather than contrived, settings.

Language as Constitutive. In contrast to approaches that focus on language as reflecting and representing states of the world (Edwards, 1997; Lakoff, 1987; Lakoff & Johnson, 1980; Potter, 1996), social-constructionism emphasizes how social meanings are constructed from communal experience. The focus is on people adhering to and deviating from tacit and explicit rules (Gergen, 1994; Leeds-Hurwitz, 1995; Mahoney, 1991). Social constructionism emphasizes people as active agents in constructing meaning rather than as passive recipients responding to prefigured stimuli (Leeds-Hurwitz, 1995; Mahoney, 1991).

Summary

Social-constructionism provided a conceptual framework for exploring how master's-level counseling students were influenced by their PDC training and experience to construct a MFH and PI. It provided an alternate way of viewing participants' talk about PDCs as mutually created and constitutive of events, and it provided a basis for scrutinizing the research process itself. The next section discusses the discursive psychology perspective that, with social-constructionism,

made up the conceptual framework for this study. Following that discussion, CE literature related to this proposed study is reviewed. That review focuses on PDC training in CE, the objective perspective on PDCs, the constructionist perspective on PDCs, and the debate over MFH and PI in CE.

Discursive Psychology

Discursive psychology incorporates social-constructionism into a perspective that emphasizes an action orientation (Edwards & Potter, 1992, 1993), self-interestedness (Edwards, 1997; Potter, 1996; Potter & Wetherell, 1987), and “positioning” (Harper, 1994, p. 131) of language-use. In the following section each of these aspects of discursive psychology is discussed.

Action-Orientation of Language

In discursive psychology, people use language to do things (Edwards & Potter, 1992, 1993; Potter & Wetherell, 1987). Discursive psychology dodges efforts to analyze language-use that appeal to the speculative cognitive-perceptual states coming before it, producing it, or ensuing from it. For example, attitudes are conceptualized in the objective perspective as predispositions to act based upon perception. In discursive psychology, however, attitudes are conceptualized as things people do in and with language as parts of everyday social action (Edwards & Potter, 1992, 1993).

Implications of this action-orientation for this research were threefold. First, it suggested that language-use could be looked at in its own right, rather than as a path to covert mental processes (Potter & Wetherell, 1987, 1994). Traditional questions about the validity of “self-report” data are side-stepped, and particular instances of

language-use can be analyzed for their form, function, consequences, and positioning within an interactional sequence without reference to something outside of language.

Second, reaching an understanding of language-use means including context in the analysis (Edwards, 1997; Edwards & Potter, 1992, 1993). Methods that ignore or obliterate the contexts of language-use fail to provide knowledge of the interactional work language-use is doing. What is needed is an examination of the character and use of descriptions in natural situations rather than as prefigured by the researcher, as is common in survey research. Edwards and Potter (1993) summarize this position: "By presenting people with decontextualized sentences, devoid of stake and interest and invented by the experimenter and lacking any context of discursive action, people are invited by the experimental methodology to simply confirm intrasentential semantics" (p. 26).

The present research considered context by using open-ended questions that minimized the imposition of the researcher's orientation to the research questions, by obtaining extended sequences of research participants' conversations on the research topics, and by using a method of analysis that focused attention on the importance of context in interpretation of research results.

Third is attention to variability in language-use. People express a range of inconsistent, contradictory, and incoherent instances of language-use. In the individualistic, objective perspective on language-use, this variability is a problem to be managed by experimental control and statistical analysis (Edwards & Potter, 1993). In DA, variability in language-use is expected, due to the various interactional purposes it is serving (Potter, 1996; Potter & Wetherell, 1987, 1994). Analyzing variation in language-use is a major focus of discursive-psychology (Edwards & Potter, 1992). Potter and Wetherell (1987) summarize discursive psychology's

position on variability in language-use: “People are using their language to construct versions of the social world. The principle tenet of discourse analysis is that construction involves construction of versions, and is demonstrated by language variation” (p. 33).

Self-Interestedness

Appreciating the interactional work language is used to do, raises the issue of self-interest or personal investment in what is said or written. From the vantage-point of discourse psychology, people do not use language to simply report abstract impressions. Instead, they use language to accomplish interactional objectives (Potter, 1996). Because language-use occurs as a part of motivated social action, questions arise about how choices of what to include and exclude get made.

Two implications for this study followed. The first was that in exploring the various ways participants talked about PDCs, and in the interactional work such talk accomplished, attention was less on the “truthfulness” or reality-status of participants’ conversations and more on the talk itself made and its implications. People can talk in a variety of ways about the same event, and deciding how to talk about something is anything but straightforward (Potter, 1996; Potter & Wetherell, 1987, 1994). Exploring the ways participants talked about PDCs in their MFH and PI permitted analysis of the functions or purposes such talk was used for. In terms of this study, revealing such functions provided knowledge of how PDC experience and other influences contributed to participants’ construction of their MHC and PI.

Second, exploring participants’ choices of what to include and exclude as reflected in participants’ talk provided a basis for examining how they dealt with various issues related to PDCs. For example, examining such talk revealed its action

orientation, contextual sensitivity, the inherent contestability of alternate formulations. In the present study, participants' talk was analyzed in order to learn how they talked about the place of PDCs in their MFH and PI, what that way of talking accomplished, and how they managed the contest of versions.

Position

In discursive psychology, people are “positioned” (Parker, 1990, p. 197) by their conversations and those of others. Reports qualify as discourse to the extent they give form and meaning to events and objects. Thus, conversations are a form of discourse. For example, the game of baseball makes up a discourse in that it gives form and meaning to strikes, innings, and home-runs as parts of a social activity. It also positions those who speak or write about baseball as commentators, players, and critics. Particular kinds of conversations locate people in a particular place where a range of behavior is prescribed for them (Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995). People cannot avoid the implications for themselves and others that particular conversations bestow.

Exploring the implications of how various conversations located people led to important insights about the interactional work particular participant conversations were achieving. In this study, exploring participants' discursive positions, as reflected in their conversations of how their PDC experience influenced their construction of a MFH and PI, provided knowledge about how they managed their relationship between PDCs and their MFH and PI.

Summary

Discursive psychology elaborates on social-constructionism in taking a performative, self-interested, and relational view of how people construct meaning. In this view, language is not a transparent, neutral medium used to represent the essence of experience, but is instead an active part of social practice that offers an analytical alternative to traditional approaches. This study explored how master's-level counseling students' talk about their PDC experience and training influenced their construction of MFH and PI. It provided knowledge the extent to which participants were caught in an endless tension about the place of PDCs in their MFH and PI, and gave insight into the ways they managed that tension. The next section reviews the CE literature related to the variables of this study including PDC training in CE, objective perspective on PDCs in CE, the constructionist perspective on PDCs in CE, and the debate over MFH and PI in CE.

Review of PDC and CE Literature

This literature review taps the fields of CE, psychology, psychiatry and family therapy. It is organized in five sections: (1) PDC training in CE, (2) objective perspective on PDCs in CE, (3) constructionist perspective on PDCs in CE, (4) poststructural DA, and (5) the debate over MFH and PI in CE.

PDC Training in CE

CE literature on PDC training is separated into three sections. First is a review and discussion of the history of PDC training in CE. Second is a review and discussion of the current status of PDC training in CE. Third is a review and

discussion of the ambivalence surrounding PDCs in CE. The review articulates themes and patterns that reoccurred throughout this literature.

History of PDC Training in CE

Until recently, PDCs played a minor to nonexistent role in CE (Ritchie et al., 1991; Smith & Robinson, 1995; Weikel & Palmo, 1989; West et al., 1987). This minor role of PDCs in CE is attributed to several factors. First, counselors historically worked in school settings where PDCs were not emphasized (Hinkle, 1994; Hohenshil, 1993; Smith & Robinson, 1995). Second, until 1980, with publication of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* (American Psychiatric Association, 1980), PDCs were considered the province primarily of psychiatrists and clinical psychologists (Hohenshil, 1993; Smith & Robinson, 1995). The recent surge of interest in PDCs in CE is attributed to counselors changing employment from schools to mental health settings (Ritchie et al., 1993; West et al., 1987).

Smith and Robinson (1995) document these employment changes. A surplus of CE graduates unable to find employment in traditional school settings during the 1970s and 1980s set the stage for a sea-change in the counseling profession. This employment change was prompted by redirection of federal monies from the Secondary Education Act of 1965 to the Vietnam War effort. This redirection of monies had two major effects: it led to (1) a dramatic reduction in the number of school counseling positions, and (2) a dramatic increase in the number of counselors professionally relocating to the mental health industry. However, the psychology profession, sensing professional encroachment, has since acted to block this professional avenue for counselors, making future employment again uncertain.

Given these employment realities, many counselor educators believe it essential that training in PDCs become the centerpiece of the counseling profession. Sprill and Fong (1990), for example, describe survey research on 170 mental health agencies requesting information on what knowledge and skills were desired in master's-level counselors. Results indicated most desired were knowledge of psychopathology, diagnosis (PDCs), substance abuse, and psychopharmacology. Similarly, Ritchie et al. (1991), in their survey of 146 counseling programs in 47 states (plus the District of Columbia), found proficiency in use of PDCs was either "recommended or required in 58% of school counseling programs, 89% of community counseling programs, 91% of mental health counseling programs, 95% of doctoral programs, and 97% of other programs" (p. 208).

Present Status of PDC Training in CE

PDC training in CE is gaining momentum. A recent survey of CE programs indicates the majority planned on providing PDC training as a part of their regular curriculum within 2 years (Ritchie et al., 1991). This momentum towards PDC training in CE is fueled by dramatic change in the health-care delivery field from a fee-for-service to a managed-care system (Foos, Ottens, & Hill, 1991; Smith & Robinson, 1995). Moreover, future counselors will work in mental health settings and perform roles similar to those in psychology and social work if present employment trends continue (Smith & Robinson, 1995; West et al., 1987).

Present emphasis in PDC training in CE is on training for accuracy and to respect diversity (Cook et al., 1993; Smart & Smart, 1997; Waldo et al., 1993). A variety of training models have been developed to promote PDCs in marriage and family counseling (Waldo et al., 1993), with culturally diverse populations (Sinacore-

Guinn, 1995; Smart & Smart, 1997; Velasquez et al., 1993), and in a gender-sensitive way (Cook et al., 1993).

Four reasons have been cited for the increased attention being paid to PDCs in CE. First is the trend toward credentialing and employing counselors as mental health professionals. Forty-three states currently have counselor licensure laws, and most of these have been enacted into law in the last few years (Smith & Robinson, 1995; Weinrach & Thomas, 1993). Second is the increase in publications on PDCs in the counselor education literature. Third is the increase in training seminars and workshops on PDCs being offered both within and outside the counseling profession. Fourth is the increase in the number of CE programs that include or promote training in PDCs.

To date, little empirical data have been produced on either the success of PDC training models, or how such training affects counselors (Brown, 1987; Sinacore-Guinn, 1995). The CE research that does exist on PDCs focuses on how accurately counselors use PDCs. Indicative of this research is a somewhat dated study by Maslin and Davis (1975) involving 90 counselors-in-training, 45 men and 45 women. Their quantitative methodology used a standardized instrument to elicit the expectations of behavioral attributes from counselors-in-training of a hypothetical person. The study examined whether sex-role stereotyping existed in their attributions of behavioral features of healthy, competent persons. Results both confirmed and refuted previous research. Similar to previous research, professional ideas of mental health agreed with lay persons' without reference to sex. Contrary to previous research, the male and female counselors-in-training disagreed about what constitutes a healthy female, with male-counselors-in-training expecting a mentally

healthy female to be more stereotypically feminine than did the female-counselors-in-training.

Among the reasons for the paucity of empirical research in CE on PDCs is ambivalence about the place of PDCs in the training of future counselors and in professional counseling practice (Ivey, 1989; Sporkowski, 1995; Weikel & Palmo, 1989). In the next section, this ambivalence about PDCs in professional counseling is discussed.

Ambivalence Surrounding PDC Training in CE

Despite the high profile of PDC training in the CE literature, considerable ambivalence exists in CE about the value of PDC training. This ambivalence shows itself in three ways. First, it shows in the way that CE programs applaud PDC training while requiring and providing little PDC training themselves. In a survey that canvassed 146 CE programs in 47 states, nearly 80% reported devoting part of their curriculum to PDC training (Ritchie et al., 1991). But only 23% of these CE programs devoted a separate class to PDC training, with 35% acknowledging that counselors wanting PDC training had to acquire it from courses in other departments.

A second way this ambivalence about PDC training in CE surfaces is in efforts to placate the opposing forces on the issue. Sherrard (1989) discusses the “benefits of a double description” (p. 36) in extolling the virtues of a developmental approach to counseling that eschews PDCs, then turns to acknowledging the political realities that dictate use of PDCs for third-party reimbursement. Similarly, Johnson (1993) discusses the ambivalence in CE regarding PDCs in terms of a competition between an orientation that emphasizes PDC training and use and an orientation that

does not, concluding that these two opposing practice orientations “are not distinct from one another” (p. 236).

A third way this ambivalence about PDC training in CE shows itself is in field research. In 1992, Wilcoxon and Pulco conducted a nationwide survey of the professional-developmental needs of mental health counselors. Of 288 respondents to their survey, most of whom were master’s-level (186), women (182), and Caucasian (253), the majority expressed interest foremost in marital and family counseling, small group counseling, hypnotherapy, and crisis intervention in that order. Little or no interest was expressed in psychoeducational activities, in professional political efforts, in standards development for professional programs, or in PDC training, though interest in securing third-party reimbursement was expressed, and this interest would presumably involve PDCs at least indirectly.

Ambivalence surrounding PDC training in CE can be traced to historical (Hershenson, 1993; Ivey, 1989; Weikel & Palmo, 1989), political (Sherrard, 1989), and MFH and PI (Cowager, Hinkle, DeRidder & Erk, 1991) factors related to the counseling profession’s past and present. Important in sustaining this ambivalence is the lack of research that might inform what has been a vibrant ideological debate but one relatively uninformed by empirical data. This study has begun to remedy that lack by exploring how PDC training and experience influenced master’s-level students to construct their MFH and PI.

Objective Perspective on PDCs in CE

A majority of the CE literature on PDCs approaches them from an objective perspective (Fong & Lease, 1994; Lanning, 1994; Rentoul, 1995). Literature from an objective perspective on PDCs has been criticized for a number of reasons, including

traditional questions about reliability and validity of the categories (Brown, 1990; Kirk & Kutchins, 1992; Kutchins & Kirk, 1997), cultural relevance and validity (Fabrega, 1989; Mezzich, Fabrega, & Kleinman, 1992), and gender bias (Kass, Spitzer, & Williams, 1983; Rosser, 1992). For the purposes of this proposed research, three aspects of conceptualizing PDCs from an objective perspective are relevant and will be discussed: (1) decontextualizing of the PDC process, (2) assumption of stable word meanings, and (3) embeddedness in an information-processing model of human thinking.

Decontextualizing the PDC Process

To decontextualize the PDC process means to disconnect it from considerations of the communal surroundings and to over focus the process on the individual (Edwards & Potter, 1993; Kleinman & Cohen, 1991; Rentoul, 1995). Decontextualization of the PDC process is blamed for the cultural and gender bias of PDCs (Caplan, 1995; Russell, 1994; Tavris, 1992; Townsend, 1995). This decontextualization of the PDC process is not hard to find. It starts with the core concept of disorder that forms the foundation for the current PDC system. Individual PDCs are conceptualized as residing inside individuals, thus focusing attention there rather than in the social milieu (Seligman, 1996). Proponents of family therapy are but one group that have contested this focus on the individual, arguing instead that human disturbances originate in interactional sequences rather than within individuals (Denton, Patterson, & Van Meir, 1997; Sporkowski, 1995; Strong, 1993; Waldo et al., 1993).

Rather than as efforts to improve diagnostic accuracy, the recent spate of PDC training programs in CE can be seen instead as efforts to redress this

decontextualizing of the PDC process. Each training program includes plans for systematically including elements of the broader social milieu, whether called “social and cultural factors” (Waldo et al., 1993, p. 337), rejection of “male-based norms” (Cook et al., 1993, p. 312), or “bicultural struggle” (Sinacore-Guinn, 1995, p. 24). Each training program also outlines ways of using PDCs that imply a subtle loosening of their objective status, and a need for multiple views to be brought to bear. Sinacore-Guinn (1995), for example, assigns readings critical of the “cultural and gender bias” (p. 27) of the PDCs. Similarly, Cook et al. (1993) discuss the need for counselors to appreciate the pros and cons of PDCs, and how to include the social milieu in PDC decisions.

In summary, a longstanding critique of the PDC system as conceptualized from an objective perspective is that it gives inadequate attention to information about the possible source of an individual’s distress, such as social circumstances, socioeconomic status, and the status of current relationships, in favor of a reductionistic focus on the individual (Charlton, 1990). While the present PDC system does provide for the consideration of psychosocial status and level of functioning, the critique nonetheless advances the view that these considerations are too peripheral to redress the tendency to decontextualization (Fabrega, 1989; Mezzich et al., 1992; Rentoul, 1995; Rogler, 1992; Smart & Smart, 1997).

The present study looked for indications of this decontextualization of the PDC process in evidence of the objective perspective on PDCs in participants’ language. It also addressed decontextualization of the PDC process by adopting a constructionist conceptual framework and qualitative research methodology that prescribed a focus on context (Gergen, 1982, 1994; Glesne & Peskin, 1992; Leeds-Hurwitz, 1995; Lincoln & Guba, 1985). By exploring how PDC experience

influenced master's-level counseling students' descriptions of their MFH and PI within such a research context, attention was directed to the contextual factors responsible for such constructions. Understanding how PDC experience influenced research participants' construction of their MFH and PI can be useful to those developing PDC training programs, as well as to those who advocate or decry the place of PDC training in CE curricula (Hershenson, 1993; Ivey, 1989; Sinacore-Guinn, 1995).

Assumption of Stable Word Meanings

In literature on PDCs from the objective perspective, words are thought to gain their meaning from their reference to objects and events outside language (deShazer, 1991; Farb, 1973; Lakoff, 1987; Rentoul, 1995; Searle, 1995). This view of language permeates the PDC literature both within and outside CE (Fong & Lease, 1994; Guterman, 1994; Rentoul, 1995; Young, 1995). Consequences for the PDC process include rendering the role language plays in PDCs enigmatic, and obfuscating issues of PDC accuracy and error (Guterman, 1994; Harper, 1994; Parker et al., 1995; Rentoul, 1995).

Rentoul (1995) discusses these issues. He argues that the process of using PDCs in practice is rife with confusion, in large measure because of the enigmatic role of language. In discussing the tendency to reify, or to make PDCs appear real, objective categories that "carve nature at its joints" (Kutchins & Kirk, 1997, p. 15), he argues the architects of the PDCs have drastically idealized the PDC process. This idealization is an outcome of ignoring the complexities of assigning less-than-ideal signs and symptoms to particular PDCs. The essence of his argument is his concern about considering PDCs "natural categories" (p. 54, as cited in Fauman, 1994, p. 4)

that lie somewhere outside language, a position he equates with “naive realism” (p. 54), a variation on the objective perspective (Held, 1995; Mahoney, 1991).

CE literature is divided on the role of language in PDCs. One camp argues that the language related to PDCs is direct and clear, and argues that a main advantage of PDCs is their facilitating of professional communication (Geroski, Rodgers, & Breen, 1997; Hinkle, 1994; Hohenshil, 1993, 1996; Seligman, 1983, 1996; Sporakowski, 1995; Velasquez et al., 1993; Waldo et al., 1993). The other camp argues that the role of language in PDCs is vague, subjective, and interpretive (Daniels & White, 1994; Guterman, 1994; Harper, 1994; Lanning, 1994; Parker et al., 1995; Rentoul, 1995; Scadding, 1990; Steenbarger, 1991).

There is research on this issue that supports both camps. On the one hand, the field trials held on recent PDC systems are offered as evidence of their value in facilitating communication as defined by interrater reliability, or the agreement of two or more clinicians about application of a particular PDC in a particular instance (*Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. [*DSM-III*], American Psychiatric Association [APA], 1980; *DSM-IV*, APA, 1994). The field trials involved specially trained clinicians achieving agreement about a particular PDC, for example, personality disorder. In theory at least, this result means that two or more clinicians using the same PDC are communicating more precisely than would otherwise be the case (Millon, 1991).

While supporters of the PDCs claim PDCs facilitate professional communication, other research questions this view. Kirk and Kutchins (1992) argue that the field trials demonstrate a poor level of agreement among professionals using PDCs. Caplan (1995) echoes this point. She contends that two or more clinicians are not particularly likely to confer the same PDC on an individual's problems, rendering

the claim of facilitating professional communication moot. Harper (1994) adds further to this questioning. He conducted a study of the PDC of paranoia and concluded that there was considerable ambiguity in its use by mental health clinicians. Another study examined the PDC of depression, a common, frequently encountered PDC. One hundred and thirteen questionnaires were given to clinicians from various professional backgrounds. Of the 54 questionnaires returned, major misunderstandings of the PDC criteria were common, suggesting that the word may have ambiguous meaning for mental health professionals (Rubinson, Asnis, Harkavy, & Friedman, 1988).

Despite the equivocal nature of the research, CE literature on PDC training nonetheless emphasizes the value of PDCs for facilitating communication (Cook et al., 1993; Fong, 1993; Hohenshil, 1993; Sinacore-Guinn, 1995; Velasquez et al., 1993; Waldo et al., 1993). However, some CE research also questions this view. Research looking at clinical judgment and decision-making among professional counselors suggests susceptibility to various judgment errors in using PDCs (Rabinowitz & Efron, 1997; Sinacore-Guinn, 1995). This literature looks at how counselors reach clinical decisions, including diagnosis. Research results suggest counselors, similar to other mental health professionals, fall prey to confirmatory biases, or weighing information that confirms an already expected relationship more strongly than disconfirming information (Haverkamp, 1993; Strohmer & Shivy, 1994). But that is not all. Other research indicates that a simple confirmatory bias explanation may be incomplete. That research suggests that counselors may give more weight to negative client information than to positive information (Strohmer, Boas, & Abadle, 1996). These results form part of a larger picture of mental health

professionals often adopting an overly pessimistic view of human potential (Dawes, 1994; Gergen, 1994).

The issue of stable word meaning is vitally important. The ability of PDCs to facilitate communication is universally touted as a reason for their inclusion in CE curricula (Fong, 1995; Hohenshil, 1993, 1996; Seligman, 1996). Gaining understanding of how master's-level counseling students describe using their PDC training and experience in the clinical decision-making represented by their MFH and PI can provide information about the extent to which PDC training and experience facilitates professional communication, and the extent to which it invites a more negatively skewed, or "illness-model" (Myers, 1992, p. 139) of helping.

An Information-Processing Model

Literature about PDCs from an objective perspective invariably assumes an information-processing model of mental processing (Lakoff, 1987; Leeds-Hurwitz, 1995; Searle, 1992). Such a model includes three aspects important to this review: (1) possibility of gaining access to what actually occurred; (2) nativism, or the idea that human thought-processes are fundamentally biological; and (3) communication as a matter of individual interpersonal skills (Edwards, 1997; Gergen, 1994; Lakoff, 1987; Sampson, 1993; Searle, 1992). In the next section, these three themes of the PDC literature in CE are elaborated.

Possibility of Accessing What Actually Occurred. Having access to a definitive description of objects and events is fundamental to both the information-processing model of mind and the objective perspective on which it is based (Edwards, 1997; Gergen, 1994; Potter, 1996). CE literature on PDC training

assumes unambiguous access to the truth of the matter is possible, as evidenced by its focus on the issue of diagnostic error, which, of course, implies such a correct view (Cook et al., 1993; Fong, 1993, 1995; Furlong & Hayden, 1993; Hinkle, 1994; Hohenshil, 1993; Seligman, 1996; Sinacore-Guinn, 1995; Velasquez et al., 1993; Waldo et al., 1993).

However, little CE literature explores this issue. Falvey (1992a) did explore the issue of “clinical judgment” (p. 459), something presumably related to using PDCs. For Falvey, clinical judgment is based on an information-processing model comprised of first acquiring a basic repertoire of skills, and then properly applying them. Acknowledging that some clinicians use little or no systematic method for managing information about conceptualizing cases and planning treatment, Falvey concedes that humans’ capacity for managing information is limited. To select from the pandemonium of information impinging upon counselors, they rely on several information management strategies. First, only some of the available information is even considered. Second, information is processed in a linear and unilateral direction. Third, humans ignore probability considerations and rely on shorthand methods to simplify efforts at categorization.

Falvey found three strategies important in counselors use of PDCs. First is representativeness, which means to base PDC decisions on a personal calculation of how similar a client’s symptoms are to a specific PDC. PDC error occurs here because of ignoring probability considerations. Second is availability, which means the ease with which a particular PDC can be brought to mind. PDC error here results from assigning more familiar PDCs. Third is anchoring, which means to over-rely on immediate rather than deferred prompts for PDC decisions. PDC error here occurs because of making premature judgments.

Three conclusions result from this research on clinical judgment. First, knowledge of something is no guarantee of acting on that knowledge. Second, the role played by PDCs in clinical decision-making cannot be understood by looking only at outcomes. Third, research on PDC accuracy has assumed an objective perspective.

Nativism. This assumption permeates the CE literature on PDC training and research. It is shown in the notion that there is an inborn, universal way of thinking that is ahistorical and asocial (Edwards, 1997; Gergen, 1994; Searle, 1992, 1995). PDC training within such a view involves application of this objective, universal way of thinking, and diagnostic error results if this universal way of thinking is compromised.

A majority of PDC training literature in CE embodies this objective assumption. This literature supports the conclusion that it is deviation from this inborn, universal way of thinking that leads to the negative consequences of using PDCs. These deviations are described as departures from this universal way of thinking or violation of a thinking norm. Rabinowitz and Efron (1997) discuss this assumption in terms of “rationality,” which they define as “acting rationally is to apply reason consciously and deliberately to expose and subsequently resolve the problems of a system, mechanism, or theory” (p. 46).

Rabinowitz and Efron (1997) suggest that studies overall do not support rationalism of the PDC process. They argue that “rational diagnosis” (p. 49) involves taking a skeptical attitude toward the data contributing to the final decision about a PDC, being tentative about PDCs such that additional data may alter the decision to use one PDC over another, and seeking information that disconfirms a chosen PDC.

Communication as a Matter of Skills. The CE literature on PDCs from an objective perspective views communication as an inborn proclivity, a trait, or a set of skills possessed and applied by the individual (Carter & Presnell, 1994; Mahoney, 1991). Models of communication based upon an objective view emphasize communication competence as a primary feature, defined as possession of skills such as empathy, self-disclosure, and conflict-management (Kelly, 1982; Leeds-Hurwitz, 1995; Sass, 1994). Such conceptualizations of communication lend themselves well to research approaches that use trained observers to assess and evaluate the skills of research subjects (Brown, 1987; Carter & Presnell, 1994; Leeds-Hurwitz, 1995), but not to approaches that use trained observers to obtain and analyze the socially-constructed meanings of research participants (Glesne & Peskin, 1992; Lincoln & Guba, 1985).

The majority of CE literature on PDC training (Cook et al., 1993; Sinacore-Guinn, 1995), and clinical use of PDCs (Falvey, 1992a, 1992b) is based on this communication as a matter of individual communication skills approach. Emphasis is on development and use of specific assessment (Fong, 1993; Sporakowski, 1995; Waldo et al., 1993), research (Herman, 1993; Waldo et al., 1993), interview (Fong, 1993, 1995; Sporakowski, 1995), and even technological (Furlong & Hayden, 1993) skills to aid counselors in use of PDCs. Significance of this way of viewing the process is that it reduces the process of communication to a mechanistic focus on individual instrumental behavior and diverts attention away from crucial issues of coordinated meaning management (Carter & Presnell, 1994; Leary, 1990; Leeds-Hurwitz, 1995).

Summary

The objective perspective invites an approach to PDCs that encourages decontextualizing them, assuming their unambiguous linguistic reference and meaning, and making judgments about them by an information retrieval and processing model of thinking. Making judgments about PDCs in an objective perspective assumes being able to access what actually occurred, accepting the atavistic universality of human reasoning, and that communication is a matter of possessing a repertoire of behavioral skills.

Significance of these aspects of the objective perspective on PDCs in this study laid in how counseling students' descriptions of their experience with PDCs reflected this objective perspective, and with what consequences for their MFH and PI. Specifically, to what extent their talk show indication of a tension between a humanist perspective and an objective perspective regarding PDCs place in their MFH and PI. How did they manage this tension? What are the consequences for this management, and the implications for PDC training in CE? No CE research was located that addressed these issues. CE research has focused primarily on issues around clinical judgment and the errant computation presumed to lead to PDC error. This study explored how counseling students' talk reflected a humanist versus an objective perspective on PDCs, and how they managed the dilemmas that such a view of PDCs brought forth in terms of their MFH and PI, through the lens provided by a social-constructionist and discursive psychological perspective to which the next section is devoted.

Constructionist Perspective on PDCs in CE

A small but growing body of literature looks at PDCs from a constructionist perspective (Amatea & Sherrard, 1994; Bevcar & Bevcar, 1994; Borders, 1994; Daniels & White, 1994; Ginter, 1989a; Guterman, 1994; Lanning, 1994). Constructionist work on PDCs emphasizes contextualization, an emphasis on multiple perspectives, counselors as participant-observers, the primacy of language and meaning, and interaction as a catalyst for change. In the next section, each is discussed.

PDCs in Context

The guiding analogy in constructionism is contextualism (Minton, 1992; Steenbarger, 1991). Within such a view, “universalistic” (p. 415) claims that PDCs represent categories of things independent of human participation is rendered untenable (Fabrega, 1989). Even if bona fide medical reasons for mental illness could be found, it would not eliminate the symbolic and social meanings they have for people. Some go so far as to claim that PDCs represent nothing more than an implicit folk psychology that values certain experiences over others, and that advances an implicit conception of what constitutes the qualities of the desired person (Gaines, 1992; Young, 1995).

Literature both within and outside CE on PDCs from this perspective reflects this contextualist thinking. Emphasis is on including a broader range of considerations in conferring PDCs (Griffin, 1993), criticism of a categorical approach to human problems (Ginter, 1989a; Mirowsky & Ross, 1989), and questions about

the objective validity and clinical utility of PDCs (Bevcar & Bevcar, 1994; Daniels & White, 1994; Guterman, 1994).

Steenbarger discusses three developmental themes emerging in CE around what he refers to as “contextualism” (p. 288). First, he emphasizes the inability of objective-perspective based theories to account for the complexity of human development. He emphasizes that, rather than developmental teleonomy, or linear directionality, contextualism emphasizes the multifaceted nature of development that better captures the complexity involved. Second, he criticizes the rigid patterns of developmental devolution of objective-perspective based theories. In their place, he contends contextualist models are based on consideration of important situational and personal influences. Third, he criticizes objective-based theories for their “eurocentric” (Helms, 1989, p. 643) bias. He argues that basing development on a hierarchical progression to increasing levels of independence reflects this cultural and sexual bias.

Guterman (1994) summarizes a similar position for PDCs. He argues that commercial interests drive this effort to develop an objective PDC system, and that using such an approach to human problems always involves reducing the contextual information considered. A core argument, however, is to go even further and question the objective reality of PDCs, which he argues is “less ‘scientific’ than we assume” (p. 231).

An Emphasis on Multiple Perspectives

Bevcar and Bevcar (1994) exemplify this implication for counselors when they discuss how “the mental health counselor does not discriminate against any story, and believes that each story has potential utility for the client” (p. 26). Fong

and Lease (1994) discuss the need for “mental health to have a framework for constructing therapeutic meaning that involves all participants without excluding those who may contribute” (p. 121), and Lanning (1994) questions how to train counselors in such a relativistic approach.

A sizable portion of the counselor literature on multiple perspectives refers to an “ecosystemic view” (Amatea & Sherrard, 1994; Bevcar & Bevcar, 1994; Rigazio-DiGillio, 1994). An ecosystemic view conceptualizes client problems as resulting from the chaotic interaction of many elements in combination rather than conceptualizing client problems as resulting from the neat, linear sequences of a Newtonian framework (Rigazio-DiGillio, 1994).

Counselors as Participant-Observers

Amatea and Sherrard (1994) talk about counselors as participant-observers with their clients in acknowledging “the *involvement* of the observer” (p. 18, italics in original). The observer’s view is regarded as an important added source of information. According to Bevcar and Bevcar (1994), mental health counselors operating from a constructionist perspective know they cannot not influence others with whom they interact. Client resistance or lack of motivation must include the counselor in any assessment of what is occurring. Guterman (1994) emphasizes that paying attention to participant-observation opens up possibilities for counselors to reflexively examining the client-counselor relationship viewed as essential to effective helping (Ginter, 1989a, 1989b; Sexton & Whiston, 1991).

The Primacy of Language and Meaning

A third implication of a constructionist perspective on PDCs is the primacy of language and meaning. Griffin (1993) emphasizes this implication when she writes of counselors moving away from “placing the client in predetermined categories to a new model that focuses on the developmental, emotional, and cognitive meaning-making system of the client” (p. 5). Similarly, Fong and Lease (1994), in their review and critique of Daniels and White’s (1994) article on a “problem-determined linguistic systems approach” (Fong & Lease, 1994, p. 120) to therapy, draw attention to the “thought-provoking idea” (p. 121) that therapy “is a linguistic event” (p. 121). Even Hohenshil (1996), a die-hard PDC loyalist, acknowledges the primacy of “meaning or interpretation” (p. 65) in taking the assessment information and making sense of it through the use of some classification scheme.

Interaction as a Catalyst for Human Change

The fourth implication of a constructionist perspective on psychiatric diagnosis is the emphasis on interaction as the centerpiece of human change. Bevcar and Bevcar (1994) explain this implication by writing of “counseling as a recursive dance between client and mental health counselor” (p. 26). Steenbarger (1991) talks about the interactional aspect of human change when he says that “knowledge is constructed in the context of human relationships” (p. 292), and that “problems are thus not like illnesses, residing within an individual as does a virus” (p. 292). Instead, Steenbarger sees them as “ways of controlling relationships that carry a high cost” (p. 292), determined by collaboration between therapist and client rather than being imposed by an expert.

Summary

A constructionist perspective on PDCs differs in at least three fundamental ways from an objective perspective. First, it differs on the issue of PDC accuracy and error. Second, it differs on the issue of language's basis and limits. Third, it differs on the issue of whether human thought is inborn or socially derived.

Significance of these aspects of the constructionist perspective on PDCs in this study lay in learning the extent to which counseling students' descriptions of their experiences with PDCs reflected this constructionist perspective, and with what consequences for their MFH and PI. Specifically, how did they discuss the issue of context in their use of PDCs? How did they discuss the issue of human interaction in their use of PDCs? How did they discuss multiple ways of describing human problems in their use of PDCs? CE research that was located addressed these issues only from an objective perspective (Cook et al., 1993; Sinacore-Guinn, 1995; Smart & Smart, 1997; Velasquez et al., 1993). CE literature from a constructionist perspective has been focused primarily on presenting an alternate MFH from the illness-pathology MFH and has attended to PDCs only peripherally (Ginter, 1988, 1989a, 1989b; Guterman, 1994; Hershenson, 1992; Ivey, 1989; Kiselica & Look, 1993). This study explored what aspects of a constructionist perspective on PDCs influenced counseling students and with what consequences through the lens provided by a social constructionist and discourse-psychological perspective.

Poststructural Discourse Analysis (DA)

A poststructural, discourse analytic (DA) methodology was used for this study. Poststructural DA is a qualitative research approach based on the central tenet

of discursive psychology that language constructs action and is inherently a contest of versions (Antaki, 1994; Billig, 1996; Edwards, 1997; Harre & Gillette, 1994; Potter, 1996). Qualitative research can generate useful theoretical perspectives and empirical data (Bryman & Burgess, 1994; Lincoln & Guba, 1985; Mishler, 1986).

Construction, as used here, refers to three things. First, it refers to the fact that something is being created from preexisting resources, that is, out of words. Second, it refers to the fact that this creation involves a selectiveness about what resources to use in constructing particular action. Third, it refers to the variable purposes to which people can put their constructive resources (Edwards, 1997; Harre & Gillette, 1994; Potter, 1996). People accomplish many things with their discourse, including giving accolades, blaming, excusing, refuting a blaming, and so on. Construction is not used here in a manner synonymous with notions of free will, or volitional behavior versus nonvolitional behavior. It does not imply anything about individual intention, just that peoples' discourse can be seen as having the properties above.

Poststructural DA is appropriate where little work has been done in an area, and where research questions concern participants' meanings, interests, and orientations (Burman, 1991; Dickerson, 1997; Edwards & Potter, 1993; Glesne & Peskin, 1992; Lincoln & Guba, 1985). Poststructural DA studies are appropriate where questions concern the verbal repertoires or sets of interrelated statements people use to do things in particular contexts, or where questions concern how people manage language's inherent contestability (Harre & Gillette, 1994; Harre & Stearns, 1995; Potter & Wetherell, 1987). An example of the former is, "What characterizes the talk of the operating room?" An example of the latter is, "How does scientific writing compete with nonscientific writing?"

Burman (1991) identified the central concern of poststructural DA as a focus on how language generates and restricts meaning as part of communal action. Poststructural DA differs from other DA approaches in focusing on the ideological and the everyday details of constructing meaning instead of focusing on semantic and grammatical details common to other DA approaches (Brown & Yule, 1983; Edwards, 1997, 1993; Edwards & Potter, 1992, 1993; Potter, 1996; Potter & Wetherell, 1987, 1994).

Burman identified four distinctions between poststructural DA and other DA approaches. First is use of the ideas of Foucault (1973) to produce critical and ideological analyses. These approaches focus on exploring the sociohistorical and political effects of particular discourses (Widdcombe, 1995). The objective of such analyses is to catalog what discourses are available for conducting particular social activities, the sociocultural and institutional circumstances facilitating their creation, and who wins and loses under their influence (Rosenau, 1992; Sampson, 1993; Shumway, 1989). This study used a Foucauldian-inspired approach to DA in cataloging what discourses of helping and PI became available to participants as a result of their experience with PDCs.

A second distinction between poststructural approaches to DA and other DA approaches is how they deal with variability in language use. Variability in poststructural approaches to DA is a key to what interactional action a particular account may be doing. In other DA approaches, variability is seen as a problem or unnatural state of affairs that must be controlled either methodologically or analytically (Edwards & Potter, 1992, 1993; Potter & Wetherell, 1987). This study used the poststructural DA analytic components of analysis of patterns of variability and consistency, construction and selectivity, and function and consequence of

participants' discourse to catalog the ways participants produce and make use of their experience with PDCs in developing a MFH and PI.

A third distinction between poststructural DA and other DA approaches is a focus on context and self-reference or reflexivity. Discourse is not just about something; it is also doing something in an ongoing stream of interaction. For instance, saying, "I'm going to lunch," prior to leaving for an eatery at noon is not just a neutral description of a contemplated action; it is a constitutive part of the activity of going to lunch. A focus on reflexivity promotes exploring both what a stream of discourse is about, and what it is doing interactionally. Feminist poststructural DA has taken the issues even further in turning attention to the influence of the researcher on the researched, the need for reciprocation to those researched, and to the role that power plays in research (Leeds-Hurwitz, 1995; Root, 1993; Wilkenson & Kitzinger, 1995). This study addressed these issues: first, by using a research methodology that reduced the power differential between researcher and researched (Lincoln & Guba, 1985); second, by using a data collection strategy that minimized the imposition of the researcher's views on those researched (Glesne & Peskin, 1992); and third, by providing for reciprocation for participants (Morgan, 1998).

A fourth distinction between poststructural DA and other DA approaches lies in its focus on the inherent contestability of language use (Antaki, 1994; Billig, 1996). This focus on the contestability of language led to analysis of how participants managed this rhetorical contest of alternate discourses, what Potter (1996) refers to as "interpretive repertoires" (p. 115). Given this contestability of language use, understanding anything means integrating multiple oppositional discourses or repertoires (Billig, 1996).

This study used poststructural DA to explore how participants used their experience with PDCs as a linguistic resource in constructing a MFH and a distinctive PI, in order to learn how and under what circumstances participants employed this linguistic resource, and to explore how some MFH and PI portrayals are undermined in favor of other portrayals. This study also examined how participants manage the contestable nature of language use.

This DA study attended to participants' conversations as discourse. Data were analyzed using a variation of DA (Potter & Wetherell, 1987, 1994). DA offered a method for analyzing meanings as given form through dialogue. Data were the participants' conversations produced through focus-group interviews (Glesne & Peshkin, 1992; Krueger, 1988; Morgan, 1998).

The Debate in CE Over MFH and PI

The debate in CE concerns which model-for-helping (MFH) and professional identity (PI) should be emphasized in training, research, and practice. According to Hershenson, Power, and Seligman (1989), a MFH is made up of an underlying philosophy and a set of primary theoretical constructs. PI, according to Heck (1990), is made up of "stability and distinctiveness" (p. 532). *Stability* in this sense refers to having a core set of ideas and practices adhered to by the members of that profession, and *distinctiveness* in this sense refers to the ways the counseling profession differs from other professions, most notably social work and psychology. The major source of stability and distinctiveness upon which to erect a PI originates out of the MFH espoused (Hanna & Bemak, 1997; Heck, 1990; Herr, 1991; Hershenson et al., 1989). The debate in CE over PI and MFH is a debate about what is distinctive about professional counseling. Failure to develop a MFH and PI may prove a mortal wound

for the counseling profession (Ginter, 1989b; Maples, Altekruise, & Testa, 1993; Ritchie, 1990). Lack of a distinctive PI may discourage prospective students from looking to a career in counseling to fulfill their professional aspirations. Or, lack of a distinctive PI may expose CE departments to ill-fated scrutiny and curtailment during hard financial times (Weikel & Palmo, 1989).

CE literature on MFH and PI can be parsed into three proposed MFHs. First is a proposed MFH that emphasizes the quasi-medical model of social work and psychology with its emphasis on pathology and PDCs. This approach emphasizes PDC training from an objective perspective. Second is a proposed MFH that emphasizes the educational-developmental traditions of counseling. It is a MFH that opposes PDC training in CE. Third is an array of proposed MFHs, ranging from systemic models to those based on psychoeducation. These MFHs take varying stances on PDC training, from vehement opposition to benign neglect. Each of these three will be discussed in turn.

PDC Training and Counseling's Traditions

One term of the debate over MFH and PI is that PDC training is incompatible with the developmental traditions of counseling (Hesteren & Ivey, 1990; Ivey, 1989; Myers, 1992; Steenbarger, 1991). Development as used here refers to a natural "process of human change over the lifespan" (Hershenson, 1993, p. 431). Ivey (1989) discusses the counseling profession's developmental focus in terms of the relation between psychology, social work, and counseling. He argues professional counselors work between the disciplines of social work and psychology. While both psychology and social work stress PDCs and their remediation, counseling's stress on helping resolve developmental impasses sets it apart from both.

Given counseling's focus on healthy development rather than remediation of pathology, little enthusiasm is expressed for PDC training by these writers. This lack of enthusiasm for PDC training is because it is ensconced in a medical, illness-oriented MFH (Myers, 1991, 1992; Remley, 1993). Many CE educators believe adopting such a MFH threatens either to make counselors the foot infantry or "grunts" of the mental health profession, or to do away with the profession altogether (Weikel & Palmo, 1989). Ginter (1989b) accuses PDCs of leading to static, dualistic, and lineal thinking, and argues that conferring such labels always involves issues of social values more than science. He argues that there is no persuasive reason to believe PDCs are central to therapy. Rather, he suggests that they often act to foreclose on human growth. Ginter cites evidence that few clinicians use PDCs to determine treatment.

Others agree. Hershenson and Strein (1991) warn about over-focusing on PDCs. They argue that what is distinctive about counseling is its focus on "healthy growth and development" (p. 248). They question why current proposed standards for counselors promote expertise in PDCs but not in ways of positive coping, facilitating self-esteem, and promoting prevention (Kiselica & Look, 1993). Steenbarger echoes this refrain in pointing to the flaws in traditional organismic versus contextualist perspectives. He and others argue that development must form the foundation of a MFH and PI for professional counseling.

A MFH and PI Similar to Social Work and Psychology

The majority of CE literature on MFH and PI advocates adopting a MFH and PI similar to social work and psychology (Fong, 1993, 1995; Hinkle, 1994; Hohenshil, 1996, 1993; Seligman, 1996). Such an MFH accords a paramount role to

the PDC training and clinical use conceptualized from an objective perspective. Given the settings where counseling is now practiced, knowledge and skill in PDCs are considered essential (Fong, 1990; Hohenshil, 1993; Sprill & Fong, 1991). West et al. (1988) emphasize the need for counseling students to be trained in PDCs in order to be able to compete in the marketplace.

Seligman (1996) discusses several advantages to being trained in PDCs, including provision of a consistent framework for defining problems and initiating solutions, provision of a common professional language, and enabling counselors to anticipate a probable course of treatment. Other advantages attributed to PDCs include providing a basis for evaluating the effects of counseling (Hohenshil, 1993), working effectively with third-party payers (Hinkle, 1994), and achieving credibility and parity with other mental health professions (Waldo et al., 1993).

An Educational-Developmental MFH

A considerable number of counselor educators question the wisdom of forging a MFH and PI with PDCs as the centerpiece (Ginter, 1989a, 1989b; Hershenson, 1993; Ivey, 1989). The reasons vary but can be generally subsumed under three headings, which are discussed next:

1. PDC training is incompatible with the humanistic traditions of the counseling profession.
2. The counseling profession comes too late to this MFH to achieve parity with other mental health professions or to forge a distinctive PI based upon them.
3. The counseling profession must emphasize a holistic-wellness MFH rooted in counseling's distinctive traditions of education, development, and prevention in

order to develop its own identity (Hershenson et al., 1989; Myers, 1991, 1992; Sherrard & Fong, 1991).

Johnny-Come-Lately MFH

A sizable CE literature discusses the problem of the counseling profession adopting a MFH based on PDCs in terms of having coming too late to the party (Hershenson, 1992; Ivey & Hesteren, 1990; Weikel & Palmo, 1989). They argue that professional counseling will be at a serious economic and professional disadvantage if it places undue emphasis on PDC training because psychology and social work have a much more established reputation with such a MFH (Foos et al., 1991; Smith & Robinson, 1995; Sweeney, 1995). Kiselica and Look (1993) discuss this concern in terms of the counseling profession's incongruity between a philosophy of prevention and practice of PDCs. They attribute this incongruity to a lack of clarity about prevention, the dominant role played by remedial services, and a lack of motivation and know-how about how to conduct preventive counseling. They recommend a MFH in counseling based on a prevention model.

A Holistic-Wellness MFH. The answer to the question of a distinctive MFH for professional counseling is a MFH that eschews pathology and therefore PDCs in favor of a broader focus on wellness and prevention (Hershenson, 1993; Ivey, 1989; Myers, 1992). Myers (1991) identifies six advantages for MHCs of adopting such a MFH and associated PI. First, she argues that emphasizing well-being does not break from the educational-developmental traditions of counseling. She argues that early models of helping developed out of early models of educational guidance, and that the idea of development was added later.

Second, Myer contends that well-being is not the same as health. Well-being results from enhancement of the physical, emotional, and spiritual aspects of what it is to be human. Health, by contrast, is about physical well-being alone. A quasi-medical MFH conceptualizes health in decontextualized, individualistic terms as the absence of illness. Well-being is conceptualized as more holistic and social in its focus on the person-environment interaction.

A third advantage of a MFH based on well-being is that such an approach is economically feasible. Programs emphasizing personal well-being are cost-effective. Obesity, smoking, and hypertension have all been successfully treated with programs emphasizing personal mastery and well-being (Feuer, 1985, as cited in Myers, 1991). Programs emphasizing well-being are compatible with counseling's educational origins as well.

Unlike proposed MFH that calls for a radical change in counseling's fundamental theoretical assumptions and metaphors, a MFH based on well-being does not require a dramatic shift in perspective. A MFH based on well-being, positive development, and prevention can be informed by either an objective or constructionist perspective. Other proposed MFH for the counseling profession have emphasized a dramatic shift in philosophic and theoretical perspective from an objective to constructionist (Amatea & Sherrard, 1994; Bevcar & Bevcar, 1994; Fong & Lease, 1994; Guterman, 1992, 1994).

The fifth advantage of a MFH for counseling based on well-being, normal development, and prevention is that the connection between such a MFH already exists. Helping people in negotiating normal developmental challenges to create a panoply of effective coping skills is proposed as the sine qua non of professional counseling. This connection between counseling's traditions of helping people with

the normal impasses of living and its present professional activities needs only to be made more explicit.

Helping people with normal developmental impasses, however, is viewed as offering little role for PDC training and competence. Such training is viewed as a major part of the pseudo-medical model of social work and psychology. Adopting a MFH rooted in concepts of normal development and mobilization of resources has little place for PDC training's focus on abnormal developmental processes and individual pathology (Hershenson & Strein, 1991; Kiselica & Look, 1993).

The final advantage cited by Myers (1991) of adopting a MFH based on well-being, normal development, and prevention is that it associates the counseling profession with an activity valued by the community. Community recognition of programs to achieve health and well-being have never been more popular. Rather than engage in unbecoming professional infighting in order to gain a piece of the remedial health-care pie, emphasizing a MFH that is holistic, focused on well-being, normal developmental processes, and prevention offers the counseling profession a distinctive way of contributing to society while gaining much-needed recognition. Rather than follow the lead of social work and psychology, counseling might look to the discipline of family therapy for an alternative path to the goal of a MFH and PI. The family therapy field has achieved core provider status without adopting the MFH and PI of social work or psychology. Instead, the family therapy discipline has accomplished core provider status by finding an unfulfilled community need (i.e., family concerns), and offering a specialized way of treating them (i.e., general systems theory) (Hershenson, 1992).

An Array of Proposed MFHs

A number of the proposals for a MFH for counseling fit into neither the illness-oriented MFH with its emphasis on PDC training and competence, nor with the well-being-oriented MFH. Ginter (1988), for instance, discusses the importance for the counseling profession's crisis of PI of adopting a distinct MFH. He laments the eclecticism and "extreme theoretical relativism" (p. 5) that he sees having overtaken the field of counseling. He identifies three elements deemed essential to a MFH for professional counseling: (1) an interpersonal focus that is contextually sensitive, (2) counseling as both remedial and preventative, and (3) counseling as rooted in a developmental approach (Ginter, 1996). He recommends more initiative and accountability by the counseling profession to develop and validate theories based on the counseling profession's distinctive history and intellectual traditions.

Besides a prevention MFH, a MFH based on psychoeducation has been proposed (Dinkmeyer, 1991). Arguing that many human problems are the result of a perceived absence of alternatives, psychoeducation is based on the assumption of a person as a social choice-making being. A psychoeducational approach takes advantage of counseling's educational foundations and developmental traditions.

Other proposals for a MFH for professional counseling adopt a constructionist perspective and closely resemble those of the family therapy discipline. Guterman (1994) offers a social-constructionist-inspired MFH and PI. Such a model focuses on the co-construction of meaning between client and therapist. PDC training is seen as inimical to the aims of this model. Other proposals include an exclusive language-based model (Daniels & White, 1994), an "ecosystemic" (Bevcar & Bevcar, 1994, p. 22) model that emphasizes client stories,

and at least one hybrid model, a “co-constructive-developmental approach to ecosystemic treatment” (Rigazio-DiGillio, 1994, p. 43). All of these proposed MFH place little or no emphasis on PDC training, and some even openly oppose it. The criticisms of PDC training and competence come from the same direction as those earlier discussed regarding the constructionist perspective on PDCs. These criticisms include (a) failure of PDCs to adequately include context; (b) recognizing the limits of language; and (c) determining how meanings are mutually, rather than unilaterally, produced.

Summary

The debate in CE over MFH and PI is a debate over philosophy and theory. Many CE educators view resolution of this debate as crucial to the progress and even continued existence of the counseling profession. The debate positions an illness-model versus a wellness model for professional counseling. The illness-model has been well-tested by the fields of social work and psychology and enjoys acceptance by employers and third-party payers. The wellness-model offers the counseling profession a stable and distinct professional identity based on its traditions of education and development. While this debate has raged, little empirical data have existed to inform it. This study begins to rectify that deficit by exploring how counseling students described their PDC training influenced development of their MFH and PI.

Research Related to Method

While it remains a new approach to social science research, the DA proposed for this research has been used to explore a variety of questions, producing useful

results. Harper (1994) conducted a study of clinicians' use of the Paranoia PDC and showed how the limits of language operate in PDC decisions. Lewis (1995) used DA to examine a single-session of psychodynamic psychotherapy. Results indicated different conversational styles between therapist and patient. Capps and Ochs (1995) explored Panic Disorder with a DA framework and found significant discrepancies between the official, decontextualized version of the disorder and the contextualized version co-created between researcher and participant.

Other DA research has focused on exploring the language of racism (Wetherell & Potter, 1992), of community and conflict (Potter & Reicher, 1987), and the relationship between gender and employment opportunities (Wetherell et al., 1987). Kitzinger and Thomas (1995) used a DA approach to explore the issue of sexual harassment. They found DA a welcome alternative to "positivist research" (p. 35), a phrase equivalent to research conducted from an objective perspective. They explored how sexual harassment is constructed linguistically, and how it is denied by those involved in it. Other DA research has looked at memory (Edwards & Potter, 1995), Anorexia Nervosa (Hepworth & Griffin, 1995), and, perhaps most pertinent to this proposed research, clinical decision-making (Carbaugh, 1995). Carbaugh's research produced a fruitful explanation of decision-making as participation in locally-derived discourses that are partly chosen out of habit, and partly out of individual choice. It offers opportunities for further theorizing and research about what influenced these habits and choices. In each case, linguistic productions were examined for their function, form, and consequences in a stream of ongoing interaction. This study explored counseling students' views of how their experience with PDCs has influenced development of their MFH and PI. Emphasis was on identifying some of the ways they talked about PDCs with respect to their

MFH and PI. DA relies on participants' conversations as the essential data for this study, and their appropriateness as data is discussed in the next section.

Conversations as Data

Sampson (1993) discussed four characteristics of conversations that make them appropriate as data: (1) their interactional nature; (2) their public rather than private nature; (3) their status as forms of social action; and (4) their inclusiveness of symbolic and textual material. First, these four characteristics will be discussed, followed by discussion of the methodology for this study.

Conversations Are Interactional. Gaining access to individuals' meanings, interpretations, and understandings is often thought to require getting inside the head of the other. Questions arise about the value and integrity of such "self-report" data (Brown, 1970; Hersen & Bellack, 1981). Such questions arise out of a "cognitive" approach to meaning in which language is viewed as secondary to more significant events outside it (Lakoff, 1987; Lakoff & Johnson, 1980). By contrast, DA looks directly to language for meaning and makes no assumptions about something more significant outside it (Potter & Wetherell, 1987). As Sampson (1993) puts it, "Even when people are alone, their thinking occurs in the form of an inner conversation or dialogue" (p. 97).

Conversations Are Public. Where cognitive approaches to language abound, individual's meanings are considered covert matters (Carter & Presnell, 1994; Lakoff, 1987; Mahoney, 1991). Questions arise within such a view about gaining access to this covert sanctuary, often through using established measures having acceptable statistical properties to tap this inner domain. By contrast, DA takes the individual's

words as publicly expressed at face value and evaluates them for their organization and function within a sequence of interaction (Potter & Wetherell, 1987).

Conversations Accomplish Action. Where cognitive approaches emphasize the covert role of language in organizing perception, self-regulation, and comprehension, DA approaches emphasize language as a form of social action (Edwards & Potter, 1993). Even approaches trying to explore covert cognitive processes must use overt language performances as data. As forms of social action, language performances are amenable to analysis in terms of what occasions them, how they are performed, and what are the consequences of such performances (Edwards & Potter, 1992, 1993; Potter & Wetherell, 1987).

Conversations Include the Unspoken, Written, and the Emblematic

Conversations include more than face-to-face interaction. Someone surveying an artist's sketch can be described to be engaged in a conversation with that artist about the sketch's meaning, as can the reader of a novel, or the member of a symphony audience. One can even "read" another's nonverbal behavior as conversation. Defined such, it is through conversations that human reality is given form and meaning (Brown, 1987; Efran et al., 1990).

Summary

A wide variety of research has been conducted using DA, the method used in this study. Discourse-analysis (DA) explores naturally-occurring streams of talk for what function it plays in an ongoing stream of interaction, how its form or organization furthers or restricts its function, and what the consequences are of

particular formulations. This study examined how counseling students' experience with PDCs place in their MFH and PI was reflected in their language. Specifically, it explored the extent to which counseling students talked about PDCs in their MFH and PI in terms of a tension between a humanistic perspective and an objective perspective, and examined how they manage that tension. The next chapter expands on this discussion in describing in detail the methodology for this study.

CHAPTER III

RESEARCH METHODOLOGY

Introduction

The purpose of this study was to explore how experience and training in PDCs influenced master's-level counselors in their development of their MFH and PI. Review of the literature revealed that little research has been done in this area. Only one study was located that examined counselors' PI (Swickert, 1997). That study looked at CE doctoral graduates in private practice. It did not focus on the role of PDC training or of MFH. No CE research was located that examined the influence of PDC training on how client troubles, remedies, and therapeutic assistance are conceptualized. Given this lack of research and the stature of the debate in the field about MFH and PI, such research was indicated.

Poststructural DA helped understand this issue in three ways. First, in its focus on the contexts of particular occasions of language use, it shed light on how counseling students described the extent to which PDCs fit in their MFH and PI. Second, in its focus on function or interactional goals, it helped shed light on what interactional outcomes counseling students were accomplishing with their talk about PDCs. Third, in its focus on the consequences of participants' language use, it helped shed light on the implications for PDC training of master's-level counseling students.

Methods

The methodology for this study is discussed under the following three sections: (1) the data collection process and procedures section that provides discussion of participant inclusion and exclusion criteria, participant recruitment procedures, data collection procedures, and sensitizing concepts used for analysis in this study; (2) the researcher-as-instrument section that provides a discussion of what I brought to this research in terms of potential biases, beliefs, and interests; and (3) the data analysis process and practice section that provides a discussion of the DA process, validation methods, and the ethics of this study.

Data Collection Process and Procedures

The data collection process and procedures will be discussed in this part under the following rubrics: (a) participant inclusion criteria, (b) participant recruitment procedures, (c) data collection procedures, and (d) sensitizing concepts to be used in the analysis.

Participant Inclusion Criteria

Participants were recruited by following a purposive sampling strategy that guides selection of participants on the basis of the research goals (Glesne & Peskin, 1992; Morgan, 1998). Given the purposes of this study, following five criteria directed the selection of participants: (1) enrollment in a master's-level counseling program, and current matriculation for completion of two thirds or more of their program of study; (2) current enrollment in, or completion of, training involving PDCs; (3) attendance at one of four selected regional universities; (4) willingness to

participate in at least one 90- to 120-minute focus group; and (5) willingness to participate in the participants' orientation validation follow-up phone procedure. Further discussion of these criteria follows.

Master's-level Counselors-in-training. There were two reasons for recruiting master's-level students as participants. First, no CE research could be located that explored (MFH) and (PI) with this population. Only two studies could be located that looked at the MFH and PI of counselors. One study used doctoral-level CE graduates as participants, but did not look at the additional issues of MFH and PDC training as in this study (Swickert, 1997). The other study looking at PI was Wilcoxon and Pulco's (1992) work on the professional-developmental needs of mental health counselors (MHCs). They conducted a survey of 288 members of the American Mental Health Counselors (AMHC) association. Their results indicated that professional counselors sought additional clinical and practice skills in group and family counseling, and in how to obtain third-party reimbursement. Less sought after were skills and knowledge related to professional licensing and psychoeducation. A significant aspect of this study was that no mention is made of interest in PDC training or its influence on counselors' practice.

The second reason for selecting master's-level students for this study was that they represented the richest source of data about the research question for three reasons. First, their views about the research question were less likely to be biased by work setting, professional role, or specific job duties, and therefore were presumably more a function of their current training experiences than counselors already working in the field. Second, their chronological proximity to their training experiences invited contemporary data on the research questions than counselors with greater distance

from those experiences. Third, students were in the very process of developing their MFH and PI, and thus presumably better able to provide detailed descriptions of this process for analysis. Requiring participants to have completed or matriculated for two thirds or more of their program of study increased the likelihood that they had sufficient time to orient to the professional issues of this study.

PDC Experience. The requirement for PDC training for this study was defined as presently enrolled in or having completed formal course work related to PDCs, presently receiving or having received such training experience as a part of another course; or having relevant work experience with PDCs. The CE literature revealed considerable variability in master's-level CE programs regarding PDC training (Kuselica & Look, 1993; Ritchie et al., 1993). This criterion was designed with that fact in mind.

Four Regional Universities. Potential participants were invited into this study from four regional universities (see Appendix A). One reason for this criterion was to increase assurance that sufficient numbers of participants could be recruited, and to triangulate data sources as a part of increasing data trustworthiness (Morgan, 1998). Given the unevenness of PDC training in CE, relying on one program for participants was viewed as risking not recruiting enough participants. A more detailed discussion of specific recruitment procedures is deferred until the next section.

Willingness to Participate in a Focus Group. Potential participants were informed about the time demands of this study through an initial verbal description and again in the consent procedures (see Appendix B). The focus groups were scheduled to last 90 to 120 minutes. Reciprocation to participants in each focus

group was through offering them an opportunity to win a gift certificate awarded by lottery.

Participants' Orientation. As part of the validation procedure for this study, all focus-group participants were asked to listen to a summary of the developing DA and to comment on the emerging analysis during a 30-minute follow-up telephone interview. What did they see as the reoccurring and dissimilar themes? Did the emerging analysis concur with their interpretation? In poststructural DA, it is not enough for explanations of recurrent discursive patterns to be identified by the analyst; they also need to be confirmed by participants themselves. Detailed notes were taken of the follow-up phone interviews, and the results were incorporated into the developing analysis (Potter & Wetherell, 1987).

All of the 30 participants agreed to be contacted for the participants' orientation. Nine of the research participants were eventually contacted for the participants' orientation. Several reasons may explain the inability to reach more participants for the participants' orientation. First, the interval between participating in the focus group and being contacted for the orientation was almost twice as long as planned, due to greater transcription time than planned. Participants were therefore not as primed to participate and may have even forgotten what the telephone call was about. Second, in some cases, repeat calls to the same number raised questions about whether participants had relocated. Third, in several cases, the telephone numbers provided were no longer operational. That so few participants were reached during this part of the study is a limitation that is taken up again in the limitations section of this study.

Participant Recruitment Procedures

The Directory of the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP) (CACREP, 1997) was used to identify four regional CE programs. I contacted faculty representatives at four regional CE programs by telephone (see Appendix C) to determine their willingness to participate in this study. All four agreed to participate. A follow-up letter followed to confirm our discussion (see Appendix D). I informed them of the study's requirements, and requested time in classes with potential participants to read a prepared script (see Appendix E). This script described the research goals, use of the results, criteria for participant inclusion, demands on participants, including any hazards posed by participating in the study, reciprocation for participation, and two possible prearranged times for the data collection (see Appendix F). Interested students were asked to complete a contact sheet with demographic information and questions about their progress in their program of study. At the conclusion of the class recruitment time, prospective participants were told the specific date, time, and location of the focus group. The focus groups were held at locations that were convenient for participants.

Number of Participants. Qualitative research is *not* aimed at obtaining randomized samples and drawing conclusions about larger populations, as in quantitative research (Glesne & Peskin, 1992; Lincoln & Guba, 1985; Potter & Wetherell, 1987). Qualitative research makes no assumption of a normal distribution of the phenomenon under study. Instead, qualitative research procedures are aimed at gaining understanding, exploring the scope of phenomena, and providing knowledge of individuals' interests, interpretations, and positions (Potter & Wetherell, 1987).

Such results are pursued in qualitative research by garnering sufficient detail rather than sufficient sample size (Potter & Wetherell, 1987).

Focus groups are typically comprised of 6 to 10 people. But they have been successfully run with as few as 4 persons or as many as 12 (Morgan, 1998). Size of a focus group depends on the research question, availability of appropriate participants, and budgetary and time constraints (Morgan & Krueger, 1993).

In poststructural DA, the main determinant of sample size is the research question (Potter & Wetherell, 1987, 1994, 1995). Samples that are too large can overwhelm analysis with literally too much data to productively analyze (Morgan, 1998; Potter & Wetherell, 1987). Since the focus in poststructural DA is on discursive detail instead of those producing it, even very small samples are likely to provide sufficient data for analysis of most research questions (Crabtree & Miller, 1992; Harper, 1994; Morgan, 1998; Potter & Wetherell, 1987).

Size and Number of Focus Groups. The size of each individual focus group is ultimately dependent on the research goals, degree of group structure employed, group composition, and number of focus groups conducted (Krueger, 1998a, 1998b; Morgan, 1998). Smaller focus groups are appropriate when participants have a higher amount of engagement with the research issues, when they have more in common, when the research issues are complex, when participants are emotionally engaged by the research issues, when the goal is to obtain more detailed accounts, and when there are budgetary limitations (Krueger, 1988, 1998a, 1998b; Morgan, 1998). The number of focus groups to conduct in any particular study is determined by the scope of the research topic and the diversity of participant responses. In this study, I conducted four focus-group interviews. Between 4 and 12 master's-level counseling

students participated in each focus group (Morgan, 1998). These numbers fall under the recommended parameters for effective focus groups (Morgan, 1998). The next section elaborates on the focus group method of data collection for this study.

Study Participants. To protect the confidentiality of participants, a group summary of demographic data is presented. The names used in this presentation are the pseudonyms selected by the participants. Other sensitive information revealed during the study is either deleted or modified to preserve the participants' anonymity.

The focus groups ranged in size from a minimum of 4 participants in the smallest focus group, to a maximum of 12 participants in the largest focus group. They ranged in age from 23 to 50, with an average age of 34 years. Twenty-five of the 30 participants were women. Twenty-four of the participants identified themselves as majoring in either community counseling, community agency, or professional counseling. The remainder were divided among those pursuing both community-agency counseling and counseling psychology (3), rehabilitation counseling (1), or school guidance counseling (1). Two participants identified themselves as pursuing a marriage and family emphasis in addition to counseling. Participants had on average completed 83% of their required course work, with a range from 50% to 125%. Five participants described their PDC training and experience as gained mainly through a 15-week course devoted exclusively to PDCs, and taught as part of another curriculum. Six participants described their PDC training and experience as gained mainly as a part of another course taught as part of their counseling curriculum. Eight participants described their PDC training and experience as gained mainly through one class period (170 minutes) taught as part of their counseling curriculum. Six participants described their PDC training and

experience as gained mainly through their work. Five participants described their PDC training and experience as gained mainly through their internship setting (see Table 1). In Table 1, each participant's pseudonym is followed by the name of the school, and the source and nature of their PDC training and experience is provided. Level of PDC training and experience is described in terms of whether it was gained in a semester-long course devoted solely to PDCs; gained in a semester-long course devoted to PDCs along with other topics; gained in a course that devoted one class period to PDCs; gained through internship experience; gained through work experience; or gained in some other way, such as through in-service training, or some combination of sources.

Only one of the four CE programs at the four regional universities had a course devoted exclusively to PDCs available, and this course was part of another curriculum (Counseling Psychology). That only one of the four regional university CE programs used in this study had a specific class available devoted to PDCs is consistent with the status of PDC training in the counseling field. Surveys of CE programs indicate only one out of four CE programs have available a class exclusively devoted to PDCs, and in one third of those CE programs, the training was provided by another department and not as a standard part of the counseling curriculum (Cowager et al., 1991; Ritchie et al., 1991). In another survey, three of four CE programs surveyed provided PDC training as part of another course (including internship).

In this present study, 17% (5 participants) had received PDC training through a class devoted to PDCs, albeit this class was provided as a part of another curriculum. Sixty percent (18 participants) had received their PDC training and experience as part of another CE course. Typical CE training in PDCs consists of

Table 1
Participants' PDC Training in CE

Pseudonym	School	Full Course*	Part of Course**	1 Class Period***	Work	Internship	Location of Client Experience	Length of Client Experience
Annie	WMU	x			x		None	
Prentice	WMU	x			x		CMH	<1 yr
Pitcher	WMU				x		CMH	<1 yr
M.	WMU				x		CMH	<1 yr
Laura	WMU				x		Substance abuse	≥1 yr
Odega	WMU	x			x		Substance abuse	≥1 yr
Gabrielle	WMU	x			x		Internship (CMH)	<1 yr
D.	WMU	x			x		Psych Hosp	≥1 yr
May	Andrews					x	Practicum	<1 yr
Brigette	Andrews					x	Internship (CMH)	<1 yr
Cyclops	Andrews					x	Internship (CMH)	<1 yr
Mufasa	Andrews					x	Internship (CMH)	<1 yr
Suzanne	EMU			x			None	
Lulu	EMU		x				Internship (clinic)	<1 yr
GeorgeAnn	EMU		x				Internship (CMH)	<1 yr
Roadtoad	EMU				x		CMH	≥1 yr
Ilean	EMU		x				Internship (CMH)	<1 yr
Socrates	EMU		x		x		Internship (CMH)	<1 yr
Lynn	CMU				x		Internship (CMH)	<1 yr
Allissa	CMU			x			Internship (CMH)	<1 yr
Pat	CMU		x				None	
Jawbone	CMU			x			None	
Gebriel.	CMU			x			None	
Amy	CMU			x			Internship (CMH)	<1 yr
Margo	CMU				x		CMH	≥1 yr
Montel	CMU			x			None	
Gail	CMU			x			None	
Barb	CMU				x		Psych Hosp	≥1 yr
Jules	CMU			x			None	
Balley	CMU					x	None	

*Full Course: Refers to 15-week course.

**Part of Course: Refers to PDCs made up portion of 15-week course.

***One Class Period: Refers to one class period from 1-3 hours devoted to PDCs.

introduction to PDCs in course work, followed by experience during internship. Another 23% (7 participants) had PDC training and experience that consisted of only one CE class period. Hence, the diversity of PDC training of the participants in this study reflects to a substantial degree the current status of PDC training in the field of counseling. Table 1 summarizes participants' PDC training and experience with clients.

Data Collection

The data collection for this study followed an accepted focus group protocol (Krueger, 1988, 1998a, 1998b; Morgan, 1998; Morgan & Krueger, 1993). Planning the focus groups followed Morgan and Krueger's guidelines in terms of gaining access to relevant participant sites, allocating resources, developing time frames, and determining composition and number of groups. These details are discussed later. Questions for the interview route (see Appendix G) were developed from a review of the literature, with attention to the sensitizing concepts.

As a primary researcher, I acted as moderator of the focus groups because of the advantages accorded by the human instrument of adaptability, interactional responsiveness, and particular knowledge base in the area of the research question (Lincoln & Guba, 1985). In addition to extensive reading of the focus group literature, I brought over 10 years of experience and formal training as a group-therapy leader to this study. Potential bias on behalf of the researcher can be countered through disclosure of potential biases, detailed description of the research procedures and findings, and recognition that no research instrument is bias-free (Lincoln & Guba, 1985; Mishler, 1986). With such information, research consumers can evaluate the degree of bias influencing the study's results. Nonetheless, the lack

of formal training in moderating focus groups is a limitation of this study (see Limitations in Chapter V).

For more traditional research, ideas like social desirability presume a hierarchy of accounts in which one account is a more accurate reflection of reality than another. In contrast, poststructural DA takes a relativistic position in which no account has a superior claim on reality. A primary argument of poststructural DA is that “all language can be analyzed in terms of construction and function” (Potter & Wetherell, 1987, p. 180), independent of considerations like social desirability, attitudes, and attributions. The focus in poststructural DA is not on gaining access to the most accurate account, but rather the focus is on the language itself: how it is assembled and what it is accomplishing (Potter, 1996; Potter & Wetherell, 1994). Therefore, the data analyzed are the participants’ talk with no assumption that such talk symbolizes individual characteristics of the participants.

Focus-group interviews were used to collect data for this study. Focus-group interviews have a long history in market research, but have only recently been used to any extent in social science research (Krueger, 1988; Morgan, 1998). The reasons for selecting focus-group interviews for data collection in this study and the characteristics of focus groups are explained below, followed by a discussion of some of their main characteristics.

Reasons for Using Focus Groups. Morgan and Krueger (1993) offer five reasons for considering focus groups as a data collection method. First, focus groups should be considered where there are significant power imbalances between participants and consumers of research. In these situations, focus groups allow for expression of a group perspective, thus taking the pressure off individuals to take full

responsibility for a position under fear of reprisal. In this study, participants are presumed to have less power than potential consumers of this research, that is, CE faculty.

Second, focus groups should be considered when there is distance between participants and those who may use the research. Focus groups are a potent way to bring participant perspectives to the forefront for consideration by others. In this research, there is presumably some distance between student-research-participants and faculty-research-consumers. The focus groups will provide an opportunity to bridge the gap between the two groups.

Third, focus groups should be considered when exploring phenomena from multiple perspectives that emerge in focus groups permits a detailed exploration of participants' interests, interpretations, and priorities unavailable with other methods. Focus groups permit exploration of the span of perspectives that may be prompted by others' ideas and unavailable with individual interviews.

Fourth, focus groups should be considered when inquiring about how much consensus exists about a particular topic. Focus groups are ideally suited to this kind of exploration through providing a forum for group discussion. Since an interview guide is employed, comparison and contrast across focus groups is possible with regard to specific consensus on a particular topic.

Fifth, focus groups should be considered when the aim is to equalize power imbalances. By providing a context for meaningful discussion and interaction, they can provide an atmosphere that values each and every contribution. In this study, equalizing power imbalances is a primary ethical value as well as a route to the most useful data.

Characteristics of Focus Groups. Focus groups can be characterized along the following five lines. First, and perhaps most importantly, focus groups are a qualitative data-collection procedure. They produce naturalistic data or “talk-in-interaction” (Psathas, 1995, p. 1). Such data is particularly “context sensitive” (p. 36) in permitting the organizational and sequential features of discourse to be included in analysis. Previous research on PDCs has not considered these features (Edwards & Potter, 1993).

Second, focus groups are typically comprised of 6 to 10 people (Morgan, 1998), but they have been successfully conducted with as few as 4 people or as many as 12. The size of a focus group is determined by the nature of the research, availability of appropriate participants, and budgetary limitations, among others (Morgan, 1998).

Third, focus-group participants are typically individuals with some characteristic or characteristics in common. Usually, this common characteristic relates to the research questions. However, in other cases, participants may be recruited for a focus group because of their diversity on a particular characteristic. In this study, focus groups were made up of homogeneous participants that were master’s-level counseling students with PDC training moving towards the final third of their program of study.

Fourth, focus groups provide data in the form of the conversations of the participants. Focus groups are aimed at disclosing the gamut of interpretations, positions, and concerns about an issue. They are not aimed at achieving consensus, agreement, or resolving conflicts (Krueger, 1998a, 1988b). Focus groups are aimed at learning about the participants’ positions, interpretations, and concerns on particular issues as represented by their language products. This characteristic of

focus groups fit with the focus in this study on the language products produced by counseling students with PDC training regarding the development of their MFH and PI.

Fifth, focus groups are a planned discussion. The question route for a focus group is carefully plotted to direct discussion to the area of research interest. An interview guide is found in Appendix G. The focus-group interview route was reviewed both before and during the data collection under the direction of the chair of my doctoral committee to make the questions clearer. Additionally, participant feedback was solicited at the conclusion of the first three of the focus-group interviews and used to make revisions in question clarity and relevance to the research question.

Sensitizing Concepts for the Present Study

Sensitizing concepts are concepts derived from the literature review that guide at least the early phase of data collection (Strauss & Corbin, 1990). At the study's onset, the sensitizing concepts of context, language, and PDC error were considered important concepts to consider in data analysis. As the analysis unfolded, these concepts gave way or were refined to those of interpretive repertoire, indexicality, function, and discursive position. Interpretive repertoire and indexicality were refinements of the previous sensitizing concept of language; function and discursive positions supplanted that of PDC error, because of the latter's lack of explanatory power. Function and discursive position were added as a result of what Potter and Wetherell (1994) refer to as "cross-referencing" (p. 55) with other DA studies. This cross-referencing is not aimed at producing general laws; rather, it is motivated by concern with cataloging the functional and organizational aspects of

discourse in different situations. The final sensitizing concepts of interpretive repertoire, indexicality, function, and discursive position used in this study are described below.

Interpretive Repertoire. An “interpretive repertoire” (Potter, 1996, p. 115) is a subset of reoccurring and interrelated terms, syntactical formulations, and core metaphors that serves as a linguistic resource for constructing particular versions of events. For instance, in a classic study of scientists’ talk and texts around their accounting for scientific error, Gilbert and Mulkey (1984) found two interpretive repertoires operating in discourse: an empiricist repertoire and a contingent repertoire. The empiricist repertoire was characterized by data primacy, impersonal grammar, and pursuit of universal causal laws. The contingent repertoire was characterized by intuitive primacy, personal grammar, and the influence of complexity and serendipity. Gilbert and Mulkey showed how scientists used these two repertoires to construct two versions of scientific error: the first version functioned to explain the scientists’ own error in a manner that kept intact the empirical rigor of science, while the other version functioned to explain other scientists’ error in a manner that attributed it to social factors impeding on the scientific method. This present study used this sensitizing concept of interpretive repertoire to explore the talk of participants around the topics of PDCs, MFH, and PI, and to identify MFH and PI in use.

Indexicality. Indexicality is the idea that words gain their meaning from the occasions of their use (Potter, 1996). This principle suggests that making sense of segments of conversation is not possible without comprehending the situation and occasion in which the conversation occurs. Significance for this study lay in the

attention paid to this issue of word meaning and reference in exploring counseling students' descriptions of how they are influenced by their PDC experience to construct a MFH and PI. By obtaining data with peers, this study accommodated this indexical or indeterminacy of language in action (Edwards & Potter, 1992).

Function. The idea of function is based upon the fundamental notion of poststructural DA that language is a vehicle of communal activity instead of merely a sign system for symbolizing cognition (Edwards, 1997; Potter, 1996). As a vehicle of communal activity, questions arise about what activities are being performed by the talk. The answer is that peoples' language use accommodates to multiple functions, and, thus, analysis of interactional function cannot be regarded in a precise and routine way. Since people use language in carrying out variable social practices, analysis must focus on their patterns of variability in language. Review of the CE literature reveals that the role language plays is different viewed from an objective versus a constructionist perspective. How do participants' ways of talking about PDCs influence their construction of a MFH? From an objective perspective, PDCs are talked about as "brute facts" in the world (Rentoul, 1995). From a constructionist perspective, PDCs are talked about as socially produced categories (Searle, 1995). How does talking about PDCs in one way versus another influence participants' MFH? Do participants who talk about PDCs from one perspective versus another display in their talk a MFH that is more focused on illness or wellness?

Discursive Positioning. Review of the poststructural DA literature reveals the central importance of the concept of discursive positioning (Cronen, 1995; Davies & Harre, 1990; Madill & Barkham, 1997). It refers to the different types of positions individuals can adopt in conversations, and grows out of an emphasis on personal

subjectivity and identity as products of discourse (Madill & Barkham, 1997; Sampson, 1993). Individuals both position and are positioned by the kinds of conversations they engage in (Harre & Gillett, 1994; Parker et al., 1995). Discourses can vie with one another or they can bring into sight alternate or opposing versions of events (Davies & Harre, 1990; Harre & Stearns, 1995). Knowledge in poststructural DA is knowledge of available discourses. In this present study, how did participants' talk about PDCs reflect their discursive position? Did the way participants discursively positioned themselves enable them or constrain them in developing a distinctive MFH and PI?

Researcher-as-instrument

In both interpretive and poststructural DA research, the researcher plays a crucial role in data collection and analysis of results. In this portion, I describe the background and assumptions that I bring to this study. Together with the conceptual framework, this background and assumptions provide the map by which I produced and conducted this study.

A decision was made that I would collect the data as moderator for the focus groups. This decision to use myself for data collection had certain advantages and disadvantages. Among the advantages were greater control over data collection, ability to respond to unique productions from participants, ability to clarify vague participant productions, and the possibility to exploit my particular knowledge base about PDCs, MFH, and PI in conducting the focus-group data collection (Lincoln & Guba, 1985).

However, there were disadvantages to the decision to collect my own data as well. Among the disadvantages were the potential for me to exert undue influence

over the results, and my lack of experience as focus-group moderator. The decision to use myself for data collection was made after a review of the focus-group literature, and concluding that the advantages outweighed the disadvantages. A major consideration was the advantage of my specific knowledge base relating to the research question. A second consideration was that, while not specifically trained as a focus-group moderator, my training and experience as a group therapist provided me with some basis for moderating the groups. The third consideration was that direct disclosure of any potential bias on my part could permit others to make informed decisions about the extent of bias, by detailed description of the study, and by use of methods generally accepted in the poststructural DA literature for validating the results of DA studies (Potter & Wetherell, 1987). Next, I discuss some of the experiences and predilection that I brought to this study, and that might lead to undue influence of the study's results.

I consider myself a middle-class, Caucasian male, reared in Michigan, in my mid to late forties during the period of producing and conducting this study. I began pursuing my doctorate in counselor education and supervision following 8 years as an outpatient therapist, and 4 years working as a staff psychologist in a hospital setting. Through my work in conducting psychological examinations, I have become familiar with DSM and have become fairly proficient in its use. Although my research could be construed as critical of DSM and the practice of diagnosis, in fact I am not an enemy of the practice nor the present DSM. Instead, I see diagnosis as serving purposes, such as authorizing reimbursement, that would be impossible without it. I see the present research as providing information that will allow DSM to be used more effectively, through improved training and professional practice.

My interest in DSM is actually a focus on how language achieves effects in the clinical setting. Since DSM represents the central discourse in mental health, it seemed most appropriate to focus this research in that area. In addition, the counseling literature revealed a burgeoning controversy involving the practice of diagnosis and, given my professional affiliation, this controversy added further to my interest in this research.

A number of assumptions and convictions also influenced my choice of topic and way of approaching it. These assumptions have originated out of personal and professional experiences including personal learning through seminars, books, and discussions; conducting psychological evaluations and making diagnoses; and formal training in counselor education and supervision. I bring the following three assumptions to this study. First, to date, research in the social sciences has failed to provide anything comparable to the general storehouse of findings of the so-called hard sciences. The reason for this failure is traceable to an overemphasis on quantified approaches, which have held the social sciences in a dominant grip that is just now easing (Gergen, 1982, 1994).

Second, interpretive approaches to social science research are better equipped to ask and answer pertinent questions since, rather than giving primacy to method, they give primacy to subject matter; since, rather than prediction and control, they give primacy to context and interpretation; and since, rather than limiting inquiry to variables that can be identified and measured, they seek to explore variables that are complex and interwoven and difficult to measure (Glesne & Peskin, 1992).

Third, forms of inquiry that focus on language itself rather than as a transparent medium to something else offer enterprising ways out of several vexing conceptual problems that have plagued the social sciences. For example, since

discourse is open for all to see, it avoids the conceptual pitfalls of cognitivism, with its elaborately inferred, but insurmountable conceptual hurdles (Edwards, 1997; Searle, 1992).

Data Analysis Process and Procedure

The data analysis process and procedures will be discussed under the following three sections: poststructural DA process, validation methods, and ethics of this study. DA is a term that has been given a variety of meanings. For some, it has referred to delineating the underlying structures of social interaction. For others, it has referred to how language is comprehended. For still others, it has referred to the relation of sentences to reality (Potter & Wetherell, 1987; Searle, 1995). Because of simultaneous developments occurring in a number of disciplines with regard to language, some confusion of meaning has occurred about the various forms of DA. This confusion led Potter and Wetherell (1987) to consider distinguishing their approach to DA from others, by referring to it as a form of social text analysis. However, in the end, they decided to continue to call it DA, albeit a poststructural radically relativistic form.

Poststructural DA Process

This study followed a poststructural approach to DA developed by Potter and Wetherell (1987, 1992, 1994), Edwards and Potter, (1992, 1993), Edwards (1997), and Potter (1996). Poststructural discourse-analysis grows out of an intellectual tradition that has produced valuable scientific products. For example, Berger and Luckman's seminal work *The Social Construction of Reality* (1966) produced a critique of modern objectivist science in examining of our taken-for-granted realities,

concluding that they are not just there, but are instead forged from the alloy of social agreement. And Gilbert and Mulkey (1984) documented the role of social forces in the talk and texts of scientists, demonstrating the role rhetoric plays in even “hard” scientific findings, in documenting the operation of two distinct ways of speaking and writing about scientific error.

Poststructural DA falls on the postmodern-end of a continuum of science that begins with logical-positivism and has variations in between (Hiley, Bohman, & Shusterman, 1991; Rosenau, 1992). Postmodern science emphasizes the plurality of all truths and methods, a position related to its rejection of representationism, or the possibility of a true image being presented (Rosenau, 1992). Positivist science, with its emphasis on a correspondence theory of truth and univocality of methods, has given way to a postpositivism with its approximation theory of truth and a broader base of accepted methodological approaches (Popper, 1992).

Poststructural DA uses practices and procedures that make explicit the chain-of-reasoning by which results were obtained, permitting other researchers to draw their own conclusions. Systematic observations of data are used to produce scientific claims (Leeds-Hurwitz, 1995; Wilkenson & Kitzinger, 1995). These practices and procedures can be contrasted, however, with those of philosophic investigation, which uses a priori arguments and proofs to validate its claims (Rorty, 1979).

In this study, poststructural DA refers to the analysis of spoken and written speech as it constitutes social actions (Potter, 1996; Potter & Wetherell, 1987). This approach to discourse inverts the thought-reality relation found in mainstream psychology, taking language or discourse from its intervening role and making it primary, with thought and reality as its subjects or areas of inquiry (Edwards, 1997). In this study, the social action of import concerns how PDC training influences

participants' descriptions of their MFH and their PI. Potter and Wetherell (1987) outline their approach in 10 stages. The stages are not linear and sequential but recursive and bidirectional. Stages dealing with research question, sample selection, data collection, focus-group interview guide, assuring trustworthiness of the results have been discussed in earlier sections. Therefore, this section will detail the remaining stages of (a) data management, (b) transcription, (c) coding, (d) analysis, and (e) the report of findings.

Data Management. Focus-group interviews offered a way for gathering a variation in participant reports. Collecting data from many sources permitted development of a more complete idea of how participants' language-use is put together and with what results. Focus-group interviews also allowed exploration of the persuasiveness or force of participant accounts. Observing how participants' accounts vie with one another or present alternate or even opposing views of reality permitted analysis of their organizational and sequential features. The focus-group interviews, averaging about 90 minutes, with a range of 90 to 130 minutes, were audiotaped. Audiotapes were secured in a locked file drawer. Only first names were used to protect anonymity, and pseudonyms, chosen by the participants, were used for transcription.

Transcription. Audiotapes were transcribed to allow for multiple readings, a necessary step in poststructural DA. To speed data analysis and to ensure precision of descriptions, audiotapes were professionally transcribed. Given the focus of the analysis, emphasis was on readability of the transcripts rather than level of detail. A modified Ferrara (1994) transcription conventions system was used (see Appendix H). All transcripts were checked against the audiotapes to ensure accuracy.

There is no illusion in DA that capturing the original meaning of a conversation is possible. In fact, it is the fundamental looseness of fit between words and their referents that provides the plasticity required for words to be used to accomplish actions (Edwards, 1997). Transcription is therefore understood reflexively as a constructive activity. Transcription detail was determined by the demands of the research question.

For many research questions, transcription that is too detailed can impede its readability and obfuscate analysis. DA as envisaged here is not a micro-analysis of speech turns, adjacency pairs, or the time intervals between utterances, as in conversation analysis (Potter, 1996; Psathas, 1995). In this study, it is the broader patterns of consistency and variability around PDC training, MFH, and PI that are of interest.

Coding. The purpose of coding is to begin to “divide and conquer” the large, amorphous mass of data. It is followed by a selective coding process that is aimed at an analysis of the data in terms of the research question. The categories developed during coding are those that relate to the research question. Often a first step is to select out all references to something related to the research question.

Analysis of transcribed interviews occurred by using a version of the Non-Numerical Unstructured Data Indexing Searching and Theorizing (NUD*IST), 3.0 version. First, all the focus-group interviews were read and reread multiple times. After multiple readings, the qualitative software package was used to gather all examples where PDCs, or their derivatives, were referred to, using the spread-indexing function of the software package to provide additional transcribed text on both sides of an extract. Participants used the following words or phrases to refer to

PDCs: *DSM, diagnosis, labels, problems, pathologies, psychopathology, and mental illnesses.*

This same process was followed with respect to responses to the focus-group interview question that asked about what was most distinctive about the counseling profession. Any reference to PDCs or derivatives with regard to descriptions of what was distinctive about the counseling profession were gathered, with surrounding text. Certain key words or phrases, such as the words *clinical, counseling, relationship, psychology* and *social work* were searched, as were descriptions of how participants “used” PDCs and their derivatives in their professional activities. Interview topics were originally coded into MFH+ and MFH– categories, depending on whether participants described the relationship between PDCs and their MFH as positive or negative. Later, the coding was expanded to 15 categories aimed at capturing both the patterns of consistency and variability in participants’ accounts (see Appendix I). Examples of these codes included PDCs and reimbursement, PDCs and case conceptualization, and PDCs and negative consequences for clients.

Analysis. Analysis was comprised of two interrelated stages. First, there was a search for regularity in the data, that included both variability and consistency. The analysis of variability looked at how reports differed in content or structure. The analysis of consistency looked at how reports were similar in content or structure. The second part of DA analysis was the analysis of function and consequence. Fundamental to DA as envisioned here is that linguistic performances are invoked for many reasons (i.e., functions) with varying effects (i.e., consequences). A final aspect of DA analysis is forming hypotheses about the functions and consequences and supporting them with linguistic evidence.

This aspect of the study involved forming hypotheses about possible ways of explaining the patterns of variability and consistency and then rereading the transcripts to see if the explanation had explanatory power. The fundamental questions were, how is this particular account organized and then what is this particular organization allowing the account to accomplish? Inevitably, a promising hypothesis was formed, only to be dashed on the rocks of immutable data. However, by incorporating and modifying past hypotheses, rereading in a detailed way, exploring the data for contestability, and drawing on other discourse studies, coherent explanations of the data began to emerge that provided an explanation of the data. No pledge is made that further exploration may not find that the findings of this study are incomplete, or that they must be modified, as is the case with all research.

The Report of Findings. The objective of the report is to lay out the analysis and results in a way that permits the reader to assess the researcher's analysis. Therefore, actual examples of the data along with a specific description of the chain-of-reasoning used to arrive at the final results is important. It is the thoroughness and specificity of the report of the results that provides for additional rigor.

Validation of Results

In qualitative studies, methods for validating results differ from quantitative concerns with statistical reliability and validity of results. All these issues concern what confidence can be placed in the results. In this study, in keeping with the language of poststructural DA, validation methods specific to poststructural DA of coherence, participants' orientation, new problems, and fruitfulness were used to

build confidence in the results. In addition, the general qualitative method of thick description was used to validate the results. In the following section, each of these measures is described in detail.

Coherence. Coherence refers to how patterns of language use come together to explain variability and consistency. This method is somewhat similar to negative case analysis used in other forms of qualitative inquiry. It consists of repeatedly examining coded transcripts for all references to a category of interest, or closely related categories, despite variability or consistency in usage, and comparing these different usages with one another in order to devise a hypothetical pattern that explains their variability or consistency. This activity is followed by a cyclical search for exceptions to this hypothetical pattern of usage, and this repeated review of the coded data occurs until the hypothetical pattern makes sense of both the regular usage and the exceptions (Potter & Wetherell, 1987).

The present study produced an account of PDCs in the MFH and PI of participants that holds promise of informing the debate in CE about the issue of which MFH to embrace, and that sheds light on the path for counseling to follow to achieve a distinctive PI. The results of this study produced a recommendation for counselor training and professional practice.

Participants' Orientation. Participants' orientation refers to how participants' feedback on the developing analysis can enhance the validity of research results (Lincoln & Guba, 1985; Potter & Wetherell, 1987). It consists of incorporating research participants' interpretations, interests, and positions into analysis. Of particular import is what participants see as important, relevant, or irrelevant. In DA, it is not enough that the analyst see particular patterns. More important are what

patterns participants see as important, relevant, or irrelevant. In this study, each participant was given an opportunity to contribute to the ongoing analysis, through participating in a 30-minute, audiotaped telephone interview. In that telephone interview, I presented a cumulative summary of my results and documented their responses to it.

Nine participants took part in the participants' orientation follow-up telephone interview, with at least one participant from each focus group contacted. The participants were contacted by telephone at the primary researcher's expense. The semistructured interviews averaged just over 30 minutes. The interview results were incorporated into the data analysis. First, a preliminary analysis of the focus group data was presented to the participants, and they were asked to comment about the analysis in terms of the follow-up interview questions (see Appendix J). At least one attempt was made to reach each participant. One participant was out of state on an internship, and an attempt to reach him there was unsuccessful. Six participants had relocated and had left no way of contacting them. Two participant telephone numbers were nonoperational. Twelve participants were unavailable at the time of the attempted contact. The fact that only 9 participants participated in the participants' orientation is a limitation of this study. Transcription of the four focus-group transcripts took longer than anticipated, and some of the participants were reported to have moved away from their previous residence.

In some cases, their responses acted as a catalyst that prompted additional efforts at analysis and hypothesis formation. One participant had changed jobs from an in-patient psychiatric setting to an outpatient substance-abuse setting, and she provided a valuable opportunity to compare her talk about PDCs in the two settings. Another participant expressed a concern that my analysis was too critical of PDCs

and did not recognize their value for clinicians. In other ways the participant orientation served to reinforce some developing impressions, such as the differential use of agency-enhancing, agency-diminishing language when it came to the negative consequences of PDCs.

New Problems. New problems refer to how language categories get used as resources for solving particular interactional dilemmas. This use of particular interpretive resources simultaneously solves and creates new problems that call for additional interpretive resources, thus demonstrating in the process the value of this concept.

For instance, the vast majority of attitude research conceptualizes attitudes as some form of enduring trait or predisposition, in order to explain the *consistency* observed in individual's attitudes across time and place. This use of the language categories of trait or predisposition in this way represents use of particular interpretive resources. However, using either of these interpretive resources in this way creates *new problems* in the form of how to explain the *variability* observed in individual attitudes, calling for yet additional interpretive resources, and demonstrating the value of the concept of "new problems." In this study, the concept of new problems was used to explore what function counselors' particular use of diagnostic discourse served, and what interpretive dilemmas were simultaneously created as a consequence.

In this study, the salient new problem created by the particular interpretive resources used by participants to orient to and manage their relationship between PDCs and their MFH and PI, was the problem of "neither the twain shall meet" rhetorical device. The particular way participants orient to and manage the

relationship between PDCs, their MFH, and PI was to keep them separate. This device presented the new problem of how to blend or bridge the two ways of talking about PDCs' place in their MFH and PI. Keeping the two ways of talking about PDCs place in their MFH separate prevents initiation and development of an integrative dialog. The presence of this problem in participants' talk acts as a validation for this study.

Fruitfulness. Perhaps the most powerful method of validating the results of this study, fruitfulness refers to how well an analytic plan emerging from the analysis explains new instances of discourse, and its ability to produce original interpretations (Potter & Wetherell, 1987). The analysis of this study produced a descriptive model of how master's-level counselors with PDC training described it as influencing their MFH and PI.

Following on a social constructionist perspective, the fruitfulness of an explanation must be adjudged communally rather than individually (Cronen, 1995). Hence, the judgment of the value or fruitfulness of the present study awaits such communal assessment.

Thick Description. Thick description refers to providing sufficient details about the setting, circumstances, and limitations of research so that others can make informed judgments about both its possibility of transfer to other settings and circumstances, and to provide sufficient details so that others can understand the nature of the data. In this study, descriptions were provided of the research participants, the guiding research questions, sensitizing concepts, and a thorough discussion of the study's limitations (Glesne & Peskin, 1992).

Ethics of This Research

This study was submitted to the Human Subjects Institutional Review Board (HSIRB) for approval (see Appendix K). Interpretive or qualitative research aims at mutually beneficial relationships between researchers and those researched. This position represents notions about the proper treatment of research participants as well as about the proper way to produce knowledge. Both interpretive and discourse analytic research are concerned with the distinction between researchers and researched, eschewing the notion that a separation in the service of impartiality is either possible or preferable (Edwards, 1997; Potter, 1996). Thompson (1992) discusses ethics in research under the following: whose interests are served, whose interpretations carry the day, and what values are advanced.

Whose Interests Are Served? Ethical research confirms the value of those researched by providing knowledge that helps them to live more effectively. It is characterized by granting those researched an opportunity to genuinely participate in the creation and implementation of the research. Recognizing knowledge is power, results of ethical research must be open and accessible to all rather than to just a few.

In this study, both the interests of the researcher and research have been considered in the planning. The interest of the researcher is clear, the completion of a graduate degree. The interest of the researched lie in furthering knowledge of an issue of great import for the counseling profession.

Whose Interpretations Carry the Day? Ethical research considers those researched to be experts on their own lives. DA methodology agrees with this

position in that it is the views of the research participants that are most important in determining the value and validity of an interpretation (Potter & Wetherell, 1987).

In this study, I emphasized the importance of obtaining and understanding participants' conversations and categories of understanding. The focus-group data collection method permitted a focus on necessary topics while providing opportunities for clarifying and elaborating on what participants had to say. Following Mishler (1986), interviews were viewed as dialogues rather than as monologues in which the researcher's influence can be ignored or my influence neutralized. However, as a focus-group moderator, my role was not to determine the course of the interviews, but to guide the interview in research-related directions.

What Values Are Advanced? Ethical research is clear about what values are being furthered. A considerable amount of research is either unclear on this point, or obscures the values being advanced behind the veil of a pursuit of scientific truth (Leeds-Hurwitz, 1995). Feminist research has done the most to bring issues of values in research to the fore (Leeds-Hurwitz, 1995). Ethical research should advance the cause of social justice and mutually beneficial relationships.

In this study, I sought to interact with research participants so that they experienced a mutually beneficial relationship. Providing empirical data to further discussion about the role of PDC training in the professional preparation of counselors provided knowledge that will further mutually beneficial client-counselor relations.

Summary

This study used a qualitative, poststructural DA methodology to explore how counseling students with PDC training construct their MFH and PI. It focused on the constitutive role language plays in giving form and meaning to objects and events. A qualitative methodology is appropriate where little previous work has been done, and where the questions concern how people make meanings, interpretations, and understandings of phenomena. Poststructural DA has proven useful in exploring questions about how particular interpretive repertoires are deployed, and in exploring how particularly persuasive descriptions are brought into being. In this study, both kinds of questions are asked. First, to what extent do counseling students use their PDC as an interpretive repertoire for creating a MFH and PI? Second, what are the common elements of particularly persuasive constructions of MFH and PI? DA is an appropriate methodology because it has produced useful results in areas closely related to this study. Results of this study can inform curriculum development, inform theoretical debate, and help resolve the current ideological impasse that has developed around the issues of PDC training, MFH, and PI in CE.

CHAPTER IV

RESULTS

Introduction

The results of the study are presented in this chapter. In the first section the relationship among MFH, PI, and PDCs is described. The second section takes up the issue of the results of the analysis and is presented in three phases.

The first phase of the analysis provides an account of how participants used the linguistic categories of PDC and its derivatives in constructing their responses to the focus-group interview topics. This analysis shows how the semantic flexibility or indexicality inherent in such linguistic categories provided participants with an “interpretive repertoire” (Potter, 1996, p. 115) or subset of reoccurring terms, grammatical forms, and core metaphors, from which to draw in constructing diverging versions of how they use PDCs in MFH.

The second phase of the analysis shows the ways this interpretive repertoire was used by participants to construct widely differing versions of PDCs in MFH and provides a theoretical account of what functions or interactional outcomes the varying versions of events accomplished for the participants. This phase of the analysis deals with the more general purposes served by the repertoire relevant to the research question of how counseling students use their experience with PDCs in constructing their MFH and PI.

The third phase of the analysis examined the organization of participants' accounts with respect to how they managed the inherent contestability of their responses to the focus-group interview topics. This phase of the analysis ends with a description of the clash of metaphors that comprises one of the outcomes of this study, the implications of which are taken up in Chapter V.

The social constructionist perspective within which the results of this study is kept at the forefront of the analysis. To this end, no attempt at a final, definitive reading of the data is offered. Rather, the attempt has been to produce a useful account of the data that shows how participants' discourse is interconnected, and how these interconnections can be seen as producing particular interactional functions and consequences, with particular relevance to the research question. The emphasis is on what the participants say about the research topics. The value of the study results lies not in the degree of truthfulness, but instead in its ability to make sense of new instances of discourse, and to invite new ways of solving problems.

DA can be an appropriate method for research that focuses on peoples' language use in a postmodern context. DA complements conventional content analysis by taking a different theoretical stance on language and its variability (Potter & Wetherell, 1987). Content analysis asks different questions and gets different answers based on different theoretical assumptions. Content analysis treats language variability as an anomaly to be explained through various methodological means. DA, however, views language variability as a fundamental feature of how language works, and Potter and Wetherell (1987) give a number of examples to show the difference in the two approaches.

One series of examples they give deals with the issue of social perception and prejudice. They argue that a substantial body of content analytic and social

psychological research has established that the variability in accounts between those people evidencing more prejudice rather than those evidencing less prejudice is the result of perceptual distortions induced by the prejudicial attitudes and stereotypes. While clearly providing valuable insight into prejudice, content analysis is not concerned with how the variability in accounts is organized discursively, or what interactional functions may be. Poststructural DA, however, views language variability as ever-present, that “people are always constructing and redescribing events, not merely when prejudiced or stereotyped. The study of perception largely concerns how people talk about other people; it is a linguistic study as much as an investigation of visual processes” (Potter & Wetherell, 1987, p. 36). Poststructural DA can perhaps add to the understanding of important linguistic processes by addressing important topics not addressed by other approaches. Content analysis also uses different assumptions about language and its variability that make it less suitable for this study. Specifically, content analysis focuses on consistency of content and does not usually address issues of interactional function and consequence (Leeds-Hurwitz, 1995; Psathas, 1995). Traditional survey research, for all its virtues, does not attempt to focus on the instant-to-instant unfolding of actual language use, with its dependence on participants’ immediate interactional goals.

Throughout the analysis, emphasis was on examining participants’ discourse as socially constructed in three ways: one, that it is created out of an erstwhile available store of linguistic resources (i.e., words); two, that it involves an active editing of what to include and exclude within a particular construction; and three, that it is created with attention to making it persuasive and resistant to undermining by alternatives (Potter, 1996).

The Relation of MFH, PI, and PDCs

In contrast with a cognitive view wherein MFH, PI, and PDCs are seen as internally existing entities carried forth by particular individuals from place to place, and expressed as occasions demand, a poststructural DA approach sees them as positions taken in language on particular occasions and for just those occasions (Potter, 1996; Potter & Wetherell, 1987). Poststructural DA considers individuals' language use to be more directly accessible than their cognition. It also produces an understanding of how individuals actually do things with words (Edwards, 1997). Poststructural DA discourages a static view of individuals as containers, holding entities like attitudes and attributions inside them. Instead, it encourages a dynamic view of individuals as builders, using language creatively, to tailor accounts to meet particular circumstances and to achieve particular ends.

Within such a conception of how individuals use language, MFH, PI, and PDCs are seen as topics attended to in discourse, and used to accomplish goals that are a result of either the setting in which such discourse occurs, the individuals present, or both. MFH in this regard refers to discourse that attends to issues of how to conduct professional counseling, and PI in this regard refers to discourse that attends to issues of what commonalities professional counselors share, and conversely, what distinguishes professional counselors from the other mental health professions (Hanna & Bemak, 1997; He, 1995; Sexton & Whiston, 1991; Swickert, 1997).

Establishing a counselor PI rests on development of a distinctive MFH, according to the CE literature (Feit & Lloyd, 1990; Hanna & Bemak, 1997; Ivey & Rigazio-DiGillio, 1991; Myers, 1991; Ritchie, 1990). For instance, in rejecting the

idea that counseling has established a PI, Ritchie (1990) bases his conclusion on the lack of a distinctive counseling MFH, which he refers to as “a common body of knowledge, theory, and skills that is not generally known to the public, is based upon scientific research, and is unique *to the profession*” (p. 222, italics added). A considerable CE literature describes establishment of a counselor PI through development of a distinctive MFH as the most important issue facing the counseling profession (Hershenson et al., 1989; Kiselica & Look, 1993; Weikel & Palmo, 1989).

Development of a distinctive MFH for counseling in turn depends on resolving the current dilemma posed by PDCs, according to a substantial portion of the CE literature (Ginter, 1996; Guterman, 1994; Hershenson, 1992; Mead, Hohenshil, & Singh, 1997; Sherrard & Fong, 1991). One side argues that emphasizing knowledge of PDCs in the MFH of counselors is essential to the enhancement of the profession (and development of a distinctive PI) (Fong, 1993, 1995; Hohenshil, 1993, 1996). The other side argues that emphasizing knowledge of PDCs in the MFH of counselors will prove deleterious to profession (and, hence to development of a distinctive PI), as counselors become indistinguishable from other mental health professionals (Hershenson, 1992, 1993; Hershenson & Strein, 1991; Ivey, 1989; Ivey & Hesterson, 1990; Johnson, 1993; Myers, 1991, 1992).

Hence, questions about the PI of counselors turn on questions about MFH, which turn on questions about PDCs. This study informs those questions, by exploring with future counselors how they bring PDCs into their MFH and PI.

As discussed, MFH, PI, and PDCs are explored through a DA methodology within which they are seen as discourse topics in their own right, taken up in various ways in participants' discourse, instead of as something lying behind, below, or beneath participants' discourse.

Results of Analysis

Focus groups conducted at four regional university counseling departments provided the body of discourse for this analysis. Participants constructed their accounts of how they used PDCs in their MFH by displaying different categorizations of PDCs contingent on what category-based inferences the categorizations made possible. Participants produced different categorizations of PDCs across several dimensions: the descriptions of PDCs, the value of PDCs, and the role of core metaphors in constructions of PDCs.

Results of the second phase of the analysis suggested participants used the PDC interpretive repertoire to construct versions of PDCs in their MFH that achieved a “theory/practice distinction” (Wetherell et al., 1987, p. 65), accounted for the undesired effects of PDCs in MFH, and avoided interpersonal conflict.

The third phase of the analysis presents how participants’ talk about PDCs can be seen as sequentially organized in the form of a “reversal” (Kogan & Gale, 1997, p. 101), a rhetorical device for managing competing versions of PDCs produced by participants in response to the focus-group interview topics. This phase explains how this inherent contestability of participants’ versions of PDCs in their MFH and PI can be accommodated by viewing such contestability as a conflict over the core theoretical metaphor of mechanism, and the core theoretical metaphor of contextualism. The implications of these ways of managing the contestability of PDCs in MFH and PI are taken up in Chapter V.

Phase One: The PDC Repertoire

In this step of the analysis, the various aspects of what was called the PDC interpretive repertoire are described. To accomplish this step, focus is on participant accounts that describe the make up, character, or salient features of PDCs as they related to their MFH. In addition, the variability in participant accounts of PDCs is demonstrated, by examining participant accounts that showed highly diverse constructions of what PDCs are, what they are used for, and the role of various metaphors.

This part of the analysis has two main goals. First, it begins to identify the different aspects of what is here called the PDC repertoire. To accomplish this identification, the analysis focuses on participants' accounts or responses to the interview topics that refer closely to the make up or boundaries of PDCs. In every account, the way in which the words are used is presented as explicitly as possible; notwithstanding, portions of an account considered irrelevant to the analytical point being made have, in some cases, been deleted.

The second part of this phase of the analysis develops the variability or indexicality inherent PDC discourse, focusing on diverging accounts of what PDCs are, why they are used, and the role of metaphors in participants' constructions.

What Are PDCs?

As the extracts in this part of the analysis show, there was a basic ambiguity or indexicality in participants' reference and use of PDCs that relates to precisely what the term referred to and how it was used. In the extracts presented, PDCs were alternately described by participants as (a) aids to case conceptualization, (b) ways of

obtaining reimbursement, and (c) analogous to medical diagnoses. Several extracts of each reference and use of PDCs by participants are presented.

Aids to Case Conceptualization. The first extract is taken from a focus group held in the spring of 1998 at a medium-sized university. The participant is a young woman about to graduate and start work in an agency for abused women. She described her PDC training as “minimal.” In fact, she showed up early for the focus group and inquired as to whether she was appropriate for the study given her limited experience. She produced a description of PDCs that was to ring familiar throughout the four focus groups. That description of PDCs was that they were labels put on clients for various reasons, and with various consequences:

1. *I:* When you hear the words, “psychiatric diagnosis,” what comes to mind?

Jules: I think that a label is a diagnosis. That it is put on patients, sometimes too soon, because of limited times with a client. So for that reason I’m not sure diagnoses are the way to go all the time.

She categorized PDCs (psychiatric diagnosis) as “a label,” a word that appears synonymous here with the word “diagnosis.” Her categorization also described PDCs as an act taken by the counselor towards the client, in that they are “put on patients,” but leaves open through indefinite reference who is accountable for the diagnosing. It could also be seen that her categorization also raises the issue of time and diagnosis, perhaps suggesting that PDCs are often conferred prematurely, presumably a reference to before having enough information about the client. The next extract also seems to categorize PDCs as labels, but adds a twist:

2. *Bridget:* But at the same time, it does give the client (.) they could use that as an excuse and say, “Well, you know, I’m Schizophrenic so, I can’t help it.” Or, you know, and they use that as an excuse and, um, it’s really (.) I guess I just view the label as a necessity that we have to put up with, and it’s not necessarily helpful.

In this extract, Bridget, presently completing her field internship prior to graduation, categorizes PDCs as an “excuse” for particular forms of client conduct, suggesting, among many others, a particular idea about how she accounts for development of clients’ problems and what should be done about them. Categorizing PDCs as excuses may also function to permit a participant to reject them in their MFH and PI. This categorizing of PDCs as excuses was presented by participants in the two focus groups which were conducted in counseling programs that were combined with counseling psychology programs. Participants in independent counseling programs did not describe PDCs as excuses. This difference may reflect a different MFH between combined and independent counseling programs. She ended her description of PDCs by saying they are a “necessity” that is “not necessarily helpful.”

Various constructions of PDCs as a “necessary evil” were presented in all of the focus groups. Derivative constructions of PDCs were produced as well. For instance, later a participant in another focus group described PDCs as a “catch-22,” elaborating on this description to identify their good and bad aspects. Another way this notion of PDCs as a “necessary evil” came out in the focus groups was through offering accounts about “both sides” of PDCs. This ambivalence towards PDCs mirrored the CE literature and was displayed more often among participants with less training and experience with PDCs. This less ambivalence about PDCs is documented in the next extract. M. was a participant who had “worked for three different agencies that have used diagnostics and the DSM . . . IV, so I am very familiar with it and aware of how important it is to be able to diagnose.” She described PDCs place in her MFH in the following way:

3. *M.*: Oh, M. (.) I was (.) diagnostic tools, to kind of steer you in the direction of some options . . .

What could be seen emerging in these extracts for the same reason were two ways of participants' building their disposition toward PDCs: a critical disposition, and a favorable disposition toward PDCs. The previous two extracts illustrated this interpretation. *M.* orients to PDCs by taking up their purported value as clinical aids. Her account of PDCs differs from *Bridget's* concerns that PDCs are a potential "excuse" for the client and unhelpful for the therapist. For *M.*, PDCs are a valuable adjunct to her professional activities. Below, *May*, an ex-school teacher now returning to school to pursue a second career, and hence with much less PDC experience and training than *M.*, builds a "tentative" disposition towards PDCs by appearing to balance her remarks midpoint between favorable and critical:

4. *May*: I think, something that I've been, um, encouraged to think about . . . "Think of the diagnosis as a tentative, um, label. Don't lock it in."

In this extract, PDCs are labels, but tentative ones, that should not be "locked in." *May* can be seen as building her tentative disposition towards PDCs by "ironizing" (Potter, 1996, p. 107) them, or deconstructing their material essence. In this context, such ironizing can be seen in contrast to reification, which is to turn an abstraction into a thing. In effect, *May* is producing an account of PDCs that subverts the view that they are material phenomena, and that rejects their prominence in her MFH. *May* also introduces the issue of sufficient information and PDCs when she speaks of thinking "broader" than diagnosis, a construction that occurred across all the focus groups. As mentioned, *May* had limited experience with PDCs (working as an intern at the counseling department's public counseling clinic) and, consistent with previous participants, expressed considerable tentativeness about PDCs, along with salient concerns about them. To this point PDCs have been used by participants to

construct versions of their MFH in which they are labels, tentative labels, tools, client excuses, and as unhelpful for therapists. Participants' dispositions to PDCs as built-up in their talk, can be seen as varying depending on the kind of therapeutic discourse they drew on to construct PDCs. Broadly speaking, participants drew on a sociological theory of PDCs, and on a psychiatric theory of PDCs. The former theory tended to be critical of PDCs, and the latter favorable to them. Participants' level of training and experience with PDCs, and the nature of that training and experience, seemed directly related to which discourse they drew on. Participants with more training and experience in PDCs tended to draw on the psychiatric theory of PDCs, and participants with less training and experience with PDCs tended to draw on the sociological theory. The next section looks at how participants constructed versions of PDCs as aids to reimbursement.

PDCs as Aids to Reimbursement. The following extracts take up the topic in participants' discourse of PDCs and reimbursement. Reimbursement was a prevalent categorization of PDCs in all four focus groups, making up from 7 % to 12% of total participant extracts. This section starts with an extract from one of the five male members of the four focus groups:

5. *Mufasa*: I guess for me when the psychiatric diagnosis comes to mind, we put a label on a person in order to work with them um, (.) the labeling is also a way (.) the book [DSM-IV] found different things that you can label someone and read about, and it helped (.) it helped me personally to kind of know which direction I'm going. But I don't want to come up with the diagnosis before spending some time with clients.

In this extract, the participant, a young man gaining his first experience with PDCs through an internship in a community mental health center, suggested that PDCs are "put on a person in order to work with him." In reading the context within which this extract was offered, it seems construed as an oblique reference to

reimbursement, and demonstrates how analysis of function cannot be seen as a mechanical process of classifying pieces of speech. There is nothing inherent in this construction that identifies it as showing institutional and perhaps financial incentives for using PDCs. It can only be identified as such from considering the context. In this particular extract, that PDCs help him decide issues of treatment appears a secondary consideration, as the “also” in this construction seems to imply a prior and more primary motive. Both previous and subsequent turns by this participant suggested that he was referring to insurance requirements in his indefinite reference. For instance, in his previous turn, he says:

6. *Mufasa*: That’s one thing (.) Mufasa here (.) that’s one thing I wish [name of university] would incorporate would be a class that worked on diagnosing, DSM-IV, and talk about insurance and health coverage and stuff like that because that’s just as much a part of counseling as actually sitting with the client anymore.

Hence, it appears that this participant categorized PDCs as first and foremost a prerequisite to obtaining reimbursement. It was almost always among the first things participants said when asked about what came to mind when they thought of PDCs. The next participant, from another focus group, constructs a similar version of PDCs in MFH:

7. *Pat*: The label that we’re putting on is to get our insurance payment. That’s truly what it is for. The fact that there is also knowledge of a DSM that allows us to figure out what the best strategy is for helping the person. When I said we don’t have to label them, we ARE labeling them, because we have to put this number on them. At the same time, that’s what I’m talking about with ethics, there are probably ways that we can circumvent that. Amy talked about that earlier.

In this extract, Pat is explicit that the label is primarily something used to get insurance payment or reimbursement for services. Inherent in his construction is the use of modal verbs that imply a sense of necessity rather than agency, that is, “When I said we *don’t have* to label them, we ARE labeling them, because we *have to put*

this number on them” (italics added). This use of modal verbs to construct a sense of necessity was a common feature of participants’ talk about PDCs and reimbursement, as the extract below from an ex-school teacher now returning for a degree in counseling shows:

8. *May*: So (.) it sounds like we all have mixed feelings about, you know, why do we have to label or not wanting to label or diagnose or categorize and yet feeling pressured to do it, or something?

In constructing their dispositions towards PDCs with regard to reimbursement, participants appeared to draw on both the critical sociological discourse and the favorable psychiatric one. Recognition of the importance of PDCs to insurance reimbursement appeared as something that transcended participants’ level of training and experience with PDCs as well. Hence, we have PDCs categorized by participants as a language-category to construct accounts of PDCs to accomplish a number of professional activities: to explain client behavior, to assist treatment, and to meet institutional demands. This ambiguity of reference can be explained by the different functions the particular accounts are serving, and the different interactional circumstances in which participants find themselves. Participants who constructed versions in which PDCs were primarily used for reimbursement often added other details that suggested other purposes for PDCs as well. In the following extract, the participant implies that, while the PDC is for the insurance, it may have some other positive effect for the client as well:

9. *Annie*: And you know, primarily, it is for insurance purposes. I imagine, but I do think sometimes there is an advantage too with respect to this is the best thing we can do for this person right now, so, Conduct Disorder.

This participant builds a favorable disposition towards PDCs because they somehow assist the client beyond the reimbursement issue.

This section has discussed some of the ways participants built-up their disposition towards and against PDCs and their derivatives, categorizing them alternately as labels, excuses, tools, and as a way to obtain reimbursement depending on what category-inferences they were making. It also suggested participants' disposition towards PDCs appeared to depend on the kind of therapeutic discourse participants drew on, and the level and nature of their training and experience with PDCs. The next section elaborates further on these issues in examining how participants categorized PDCs as similar to medical diagnoses.

PDCs as Analogous to Medical Diagnoses. Participants categorized PDCs as analogous to medical diagnoses by drawing primarily on the psychiatric theory of PDCs. Categorizing PDCs in this way made it possible to infer their material existence, that is, to reify them. Other participants, however, categorized PDCs differently, drawing on a sociological theory of PDCs to ironize them. Four percent of total participant turns across the four focus groups took up this topic of PDCs as analogous to medical diagnoses. All but one were produced by participants who had over 1 year's training and experience with PDCs through work in a substance abuse setting, or psychiatric in-patient setting. In the only construction offered by someone from outside a medical or quasi-medical setting, JB offered this version following a sequence of accounts that developed the topic of PDCs as stigmatizing clients:

10. *JB*: More importantly, I think we contribute to the stigmatization by our attitudes. We say they shouldn't be any more embarrassed than being diagnosed as an Obsessive Compulsive Disorder than if they had a cold. ((whispering)) But don't tell anybody they've got it. By walking around saying we shouldn't label, we shouldn't label, we shouldn't do this, we shouldn't do that, especially when other well established helping fields are using it and aren't going to quit using it, I think we help create a dichotomy that goes on.

JB, one of the five male focus group members, described his training and experience with PDCs as “about six weeks.” He had never used them in a job. He justifies PDCs in his MFH through constructing an analogy to medical diagnoses. JB appears to draw a favorable contrast between PDCs and medical diagnoses. Below, Laura, a participant who had worked in several substance-abuse detoxification centers, also appears to construct a version in which PDCs are favorably compared with medical diagnoses through a persuasive personal testimonial:

11. *Laura*: I’m Laura, and I really hate armchair diagnosers. Um (.) there’s a *lot* of that going on. But sometimes from the client’s perspective, I (.) think the diagnosis is welcome. I had some really, really strange stomach pains when I was in Georgia on vacation, and I got rushed to the ER there and I came back and had all these tests, and I would think, GOD, I JUST WISH I HAD A DIAGNOSIS, even if it were a terrible one. I just want some way to quantify this, to label it, so I know somewhat what we’re dealing with. And I’ve had clients that want a diagnosis (.) “PLEASE GIVE ME SOMETHING TO GO ON!”

This second extract is also interesting because of the comment about “armchair diagnosers.” While what she specifically means by this phrase is unclear, it followed another participant’s negative appraisal of PDCs, and was apparently aimed at countering that negative appraisal by diverting the criticism from PDCs to those using them. The next participant demonstrates this contestability of versions in taking issue with the analogy of PDCs to medical diagnoses:

12. *Mufasa*: This is Mufasa. For me, label in a psychological sense is different than in a medical sense because in the medical sense, it’s more scientific. There’s more concrete things. I mean, diabetic being analyzed with blood. You’ve got the biological in diabetic. You could take that person to another doctor, and they’re gonna pretty much say the same thing. But in psychology, it’s kind of like what Bridget said, two different therapists could see the same individual and come up with two different diagnoses.

This participant describes a label in a “psychological sense” as different than one in a medical sense due to the latter’s being “more scientific.” The important analytical point is how two participants can produce contrasting versions of PDCs as

analogies to medical diagnoses, contingent on what interactional purpose or function such versions are being used to justify or reject PDCs in their MFH. Below, another participant introduces additional dimensions to the issue of medical versus psychiatric diagnoses that trades on the fact that one implies things about character while the other does not:

13. *P*: Well, you (.03) I'm P. You just made a good point. The picture that we have of medical is not stigmatizing. But when the stigma is attached to you as (.) meaning medical [inaudible], there are s::oo many stigmas attached to mental illnesses . . . mental (.) illness is about character, which is why the label means something different.

Here the speaker talked of the difference between medical diagnoses and PDCs was that the latter is about “character,” while the other is not. This is reminiscent of an earlier account that constructed PDCs as excuses, and shows how participants could use PDCs as a flexible category for describing a number of different, even contradictory professional practices, related to their level of training and experience. An example of this contradictory way PDCs could be used follows:

14. *Odega*: This is Odega, yeah, sorry. Well, you go to the doctor, and he says you have Herpes, right? I mean, did everyone in (.) did everyone, no matter what doctor you go to for the rest of your life, know that you have, you (.) know, Herpes? Or is it relevant that you have, like, Herpes sometimes? I mean, is it relevant (.) do you want the insurance company to know? Do you want everybody to know? I mean, that's the kind (.) yeah (.) that's kind of a stigma stroke.

In this extract, Odega seems to construct an account that contradicts the distinction drawn in the previous account about character being involved in PDCs but not in medical diagnoses. Instead, she argues that stigma is also associated with some medical diagnoses.

Hence, participants categorized the relationship between PDCs and medical diagnoses in several ways: as equivalent to medical diagnoses, as deserving to be equivalent to medical diagnoses, and as not equivalent in various aspects. These

categorizations do not appear random. Rather, they seem to be prompted by the inferences made available to participants. Participants had available two broad ways of talking about PDCs as analogous to medical conditions. They drew on a favorable psychiatric theory of PDCs, and a critical sociological theory of PDCs.

Constructing versions of PDCs as analogies to medical diagnoses occurred most frequently among participants with the highest level of training and experience with PDCs, and less frequently among participants with the least formal training and experience with PDCs. Thus, the extracts so far can be seen as demonstrating a considerable semantic flexibility inherent in the participants' categorization and reference of the linguistic category of PDC and its synonyms, and participants' dispositions towards them, as built-up through their talk. Particular categorizations of PDCs did not appear purely an issue of matching stimulus features to category definitions as is the view of cognitive psychology. Rather, it is a matter of what category-inferences such categorizations make available, and what participants are doing with their talk. In fact, as the extract below documents, participants' categorization of PDCs can differ within the same participant's account:

15. *Annie*: Now, my own personal thought is that I look at them and I say, okay, here's what I might see. But I think when we talk about those numbers being, uh, not a good thing for our clients is when the insurance companies, and, I mean, the insurance companies have picked up on those numbers, it's like, "oh, my goodness."

The speaker starts by describing PDCs as helpful in terms of "what I might see." But then she shifts the direction of her remark to construct a version in which PDCs are "not a good thing for our clients" when insurance companies get involved. A discursive approach expects variability in people's language use, given its moment-to-moment functionality. In phase two of this analysis, this variability in participant accounts will be taken up with regard to what functions or interactional purposes are

being served by such variability. For now, the next part of the analysis develops further the PDC interpretive repertoire by focusing on the different ways the participants spoke about the value of PDCs in their MFH.

The Value of PDCs in MFH

Continued analysis of participants' discourse revealed the expressions that made up the tenets of the two ways participants categorized PDCs, a critical sociological theory and a favorable psychiatric theory. Participants built alternate versions of their disposition to PDCs in their MFH and PI along the dimensions of (a) communication aids, (b) bias, (c) stigmatizing, and (d) as an aid to treatment planning. Next, each of these alternatives will be discussed.

An Aid to Communication. The following extracts display the first type of alternate categorization of participants' ways of building a positive disposition towards PDCs. This section starts with Laura, an experienced substance abuse worker, who offers a version of the value of PDCs in her MFH:

16. *Laura:* When I think about it, I think it helps communication because if I call somebody else, I make a referral. If I can USE a phrase like, for instance, Borderline or I think it's an Adjustment Disorder, it lets people know that we're kind of all on the same page and they know what kind of things I'm looking at instead of taking the time to describe the symptoms sometimes it expedites the process.

The interviewer's query leads to the suggestion that PDCs are a common language between professionals that can be used to coordinate their activities vis-à-vis a client. This account draws on the psychiatric theory of PDCs, in which they are seen as having a stable meaning. As will be shown, other participants drew on the sociological theory of PDCs to reject the idea that PDCs permit clear professional communication. The tendency to draw on the psychiatric theory of PDCs was a direct

outcome of having received training and experience in it. Another way PDCs were categorized as helpful for communication was to categorize them as aiding in professional communication by permitting participants to partake of research:

17. *B.*: I think, sometimes, it's helpful to get at least a general area so you can (.) if you're in the helping professions and then you can go and research and use some of the techniques that have been proven to work with these people.

18. *Gabrielle*: Um (.) now I think with my experience, especially with my internship, I found that without the diagnostic labels that I couldn't (.) I tried to imagine if we had to go to the library and search (.) do the research, just trying to find out what the best way is to treat my kids that come in. And I don't think there is a way to do that.

In both extracts, the participants can be seen as building favorable dispositions towards PDCs because they facilitated professional communication in terms of reading the professional research. And consistent with the patterns that have emerged thus far, they were produced by participants who had received considerable training and experience with PDCs, either through formal course work or employment setting (see Table 1). Other participants also produced accounts of valuing PDCs for communication because it permitted increased efficiency:

19. *M.*: And to have a common language and to have a common frame of reference will at least be helpful in beginning to assess what people need. Because with particularly now with managed health care coming in, these are what I feel are the person's needs are. You have five hours a week for the next two months and that's it. So, I don't have a lot of time to go backswimming in trying to figure out everything that's going on in this person's life.

Hence, participants traded on the flexible semantics or indexicality of PDC reference to categorize PDCs differently depending on the inferences that the categorizations made available. Participants drew on two broad kinds of talk, a critical sociological theory of PDCs and a favorable psychiatric theory of PDCs to construct their MFH. Next, a second way participants talked about PDCs value for their MFH is discussed.

Negative Consequences for Treatment. Participants constructed accounts in which the value of PDCs for their MFH was rebutted on the grounds that they had at least potentially negative consequences for successful treatment of clients. This rebuttal most often took the form of negatively skewed expectations, as, for instance, in self-fulfilling prophecies. The following extract displays these negatively skewed expectations:

20. *Gail*: I have a problem with it too because of the labeling. I think if the client finds out about the label it's like (.) even for the counselor, you're focused that way.

In this extract, Gail expresses concern that the labeling will bias both the counselor and client by getting them to focus in one way rather than another. In the following extract, this same theme of bias is expressed more explicitly:

21. *Cyclops*: This is Cyclops. For me, when I use the word label, I guess it's that conflict we're talking about (.) you're all right (.) a person comes into my, um, kids (.) like seeing kids, you know, Conduct Disorder. they come in there and I say, "Well, what's your problem?" "Oh, I've been labeled. I (.) I (.) Conduct Disorder, that's what my mom told me. So, I act like this and I have to live up to (.) live up to who I am," type of thing. And that's why I believe they are very very negative, you know.

The participant suggests in effect that the label or PDC has become "part of the problem rather than part of the solution." In this particular situation, he suggests that the label actually caused the client's problems to continue on the basis of a self-fulfilling prophecy. As mentioned, this theme of PDCs distorting or limiting the information about a client was a major theme in all four focus groups, mentioned in over 12% of the total participant accounts produced during the four focus groups. This concern with PDCs as limiting or distorting client information was most prevalent among focus group members with the least PDC training and experience. The next extract, taken from a participant in another focus group, is even more

explicit about this self-fulfilling prophecy aspect, or potential distortion, of PDCs, but also gives a twist to the rendition:

22. *Laura*: I think sometimes it becomes a self-fulfilling prophecy, and that's, as a counselor, something I would look at. When I get someone with a diagnosis of Antisocial or Conduct Disorder, to what degree, you know, has it actually affected them? To what degree are they THAT label. I just don't believe people can be summed up in labels.

She argues that looking at the self-fulfilling prophetic aspect of PDCs is something that counselors in particular are likely to take a look at, suggesting that they draw on a sociological theory of PDCs more than a psychiatric theory of PDCs. This interpretation can be seen in her remarks about gaining added information about how it "has actually affected them?" "To what degree ARE they that label." However, self-fulfilling prophecies are not the only way in which participants built a negative disposition towards PDCs in their MFH. Besides categorizing PDCs as producing bias, participants also offered accounts that categorized PDCs as stigmatizing, which is discussed next.

Stigmatization. Participants also expressed considerable concern in their accounts of the potential for PDCs to harm clients through stigmatization. Stigmatization was used to refer to participant concerns that PDCs would cause clients to suffer restricted opportunities in the society-at-large. In the following extract, the participant, who had no formal training or experience with PDCs, details his concerns:

23. *Pitcher*: I can address that with that client, and I certainly do address some of those issues; however, when that label follows that person on their insurance throughout their life, and when an employer does a consumer report on an individual and gets that information, they may or may not extend a job offer based on that information. Or may or may not extend a job promotion. It doesn't matter a hoot then what I know, we still tack it onto an individual, and that's part of my concern there. And I can address it with a client.

The speaker can be seen as arguing that the “label” can stigmatize the person, in this case for obtaining insurance and employment opportunities. In the following extract, while there is no mention of a loss of opportunities, this topic of stigmatization by PDCs is again taken up, this time in constructing a different version of the negative results of using PDCs:

24. Ilean: My name is Ilean, and the thing that (.) comes to mind for me is, first of all, like George Ann said, labels, categories, narrow, um, and the other piece of it, and I think it’s because of the perspective probably more in the general population and perhaps the client’s and my own personal way of looking at it, but when I hear the work “psychiatric” it sounds bad, it sounds crazy, um, and so I think that terminology carries a lot of negative connotations, so when we put that together with labels, it narrows the category and I think the lang (.) just words themselves, um, are pretty heavily negative.

In this extract, no mention is made of insurance and employment opportunities of clients being curtailed by participants’ use of PDCs. Instead, the focus of the version is on the public’s (and apparently even some professionals) potential for stigmatizing clients with PDCs. Also, the participant’s remark about the client’s perspective being adversely affected relates back to the previous extracts concerned with PDCs’ potential for causing clients problems rather than helping them. However, this description of PDCs as stigmatizing was often countered by other participants’ accounts that viewed PDCs as empowering for clients:

25. B.: I see people coming begging for a diagnosis so they can get social security, you know ((laughs)) So there’s that other end of that.

This participant’s account can be seen as directly countering several previous accounts documenting the potential stigmatizing effects of PDCs. This account effectively reverses the implications of the previous account by shifting the focus, and by connecting PDCs to client benefits. In the extract below, this same participant rejects outright the idea that PDCs stigmatize clients:

26. *B.*: There's some overdiagnosing serious disorder. If they don't fit any of the other criteria for something more medically or some of the more severe, then go ahead and stick a 309 on them what's the big deal. It's not going to hurt them. It's not going to stigmatize them. It's something they can have a problem with and get better quickly. Hey, I don't have a problem with that, you know, I would go with the lesser if I didn't have any criteria to meet something more severe.

B. dismisses the idea that PDCs are stigmatizing of clients, suggesting that only some PDCs are stigmatizing. Interestingly, she does acknowledge some overdiagnosing of serious disorder, which seems a considerable concession to their potential for stigmatization. This tendency to rehabilitate PDCs after other participants had expressed a series of concerns was a recurrent pattern in the data:

27. *B.*: In the internship people keep coming back and they want to come back. They're getting what they need. Ninety-percent of them don't know what their label is. They don't need to know. IF they ask, they have a right to know. If they want their chart, they have a right. They don't care. When their insurance company sends them a copy of their invoice, it doesn't necessarily have any label on it. If it does, it might be a little number and mean nothing to them.

The extract below can be seen as illustrating how participants can draw on different aspects of the PDC interpretive repertoire, either a sociological theory of PDCs or a psychiatric theory of PDCs, to manage interactional business. The above extract can be seen as drawing on a psychiatric theory of PDCs, to construct a favorable disposition towards them. It also showed once again the variability in participant accounts, as they go about categorizing PDCs in order to make available different inferences. Barb, a woman who worked on a psychiatric in-patient ward, described herself as very familiar with PDCs, and, as evidenced by previous extracts, appeared favorably disposed to them (see extracts 25, 26).

28. *Lulu*: Um, I see it as a Catch-22. I (.) it has a very negative connotation when you look at the term "psychiatric." I automatically think, "mental disorder." Um (.) but there's positive things to it, too, is that in order to get money to help these people, you actually have to put it in such a category.

Once again the participant seems to draw on two different dimensions of the PDC repertoire: what PDCs are referencing, and what are her participants' concerns and dispositions towards them. In the above extract, this concern and these dispositions can be seen as fragmentary, incomplete, or contradictory. However, the account can also be seen as organized to perform particular rhetorical work, in this case, to present the participant in a particular way, and to do particular things. As will be shown in the second phase of the analysis, the interactional work being performed involved a particular way of coordinating or managing a conflict about PDCs in their MFH. The participant constructs an account that is both critical and commending of PDCs. This final section on the types of alternate versions participants produced of their valuing and devaluing of PDCs examines their value for treatment planning.

Treatment Planning. Participants categorized PDCs as useful for treatment planning. This categorization of PDCs was the most prevalent theme running across the 375 accounts produced in the four focus groups by the 30 participants. It draws on a psychiatric theory of PDCs in which they are conceptualized in terms similar to medical diagnoses. Extent to which participants built a favorable disposition towards PDCs as helpful for case conceptualization and treatment planning depended on their level of training and experience with PDCs. Together, in the two focus groups in which counselor education programs were combined with counseling psychology programs, 18% of participant accounts of PDCs in their MFH involved their favorable disposition to them because of their aid to treatment planning. Participants in the two independent programs combined offered such accounts only about a third as often. The following extract was typical of participants in the combined programs:

29. *Laura:* I think it's just a necessary evil in all honesty. I mean, you have to have some way to organize a case in a way that seems to work. I

wouldn't be willing to try something that truly unfounded. I couldn't (.) I mean I have to use what's there, you know, and afterwards be able to say that if six or seven different people give different treatment options.

This participant describes PDCs as a "necessary evil" that are useful for organizing a case in a way "that seems to work." She reinforces her construction by implying that PDCs have a proven track record, in that she "wouldn't be willing to try something that's truly unfounded."

A reoccurring feature of this part of the PDC repertoire was participants' use of structural and orientational metaphors:

30. *B.*: I think, sometimes, it's helpful to get at least a *general area* so you can (.) if you're in the helping profession and then you can go and research and use some of the techniques that have been proven to work with these people. If there wasn't anything to focus in on as a problem, you wouldn't know where to focus in as a helper (*italics added*).

31. *Socrates*: I think the DSM can be a viable *tool*, for those that are trained in it (*italics added*).

32. *George Ann*: The only thing I would add to that is how it helps (.) how it has formed how I help people, or whatever, I would have to say, as far as DSM-IV stuff, I use it as a *tool* . . . (*italics added*).

33. *Ilean*: I guess I would say that, for me, similar to what George Ann was saying, that I see the C S course and the DSM-IV criteria as a *framework*, as a way to begin to look at a client when they come in . . . (*italics added*).

For B. and others, the value of PDCs in MFH appears to lie in their facility for case treatment planning. However, demonstrating once again how language can be seen as inherently contestable, the following extract can be seen as offering a counter to value of PDCs in MFH for treatment planning:

34. *Prentice*: And I have mixed feelings when I hear that, primarily because of the population of children that I work with. Out of a total of 70 to 80 kids there's been almost 90% have been labeled ADHD. When you line them all up, they ALL exhibit completely different behaviors and need completely different treatment options . . . I am not able to look at the child and say, "You have this, therefore, I can use this mode of thinking in being able to help . . ."

In this extract, the participant seems to reject the idea that PDCs help practitioners to select the appropriate treatment, and implies that “one size does not fit all” advantage in developing effective treatments. The next extract builds on this idea that counselors perhaps should not be providing treatment based upon PDCs, but for another reason:

35. *Socrates*: I just wanted to ask something (.) my name’s Socrates. Um (.) when we were taking that class, I asked a question of my instructor. I said, “Well, you know, we’re gonna be counselors, and anything in the DSM, uh, is a diagnosable mental disorder, so, uh, if the diagnosis is in that book, does it mean that we’re not supposed to, uh, treat it?” And he really didn’t have an answer. He said, “Well, you know, you can and you cannot.”

Here the participant questions whether counselors should even be working with clientele that require PDCs, implying that the proper clientele of counselors is someone other than an individual so designated. This idea of counselors as aspiring to a different MFH than either psychology or social work was a dominant theme in participant accounts of PDCs. This theme was the first and third most prevalent code among 15 codes in the two independent counseling programs; yet, it was not among the top 5 codes in the other two groups. The following construction, by a participant in one of the two independent counseling programs, makes this implication MFH explicit:

36. *Socrates*: I, um, the reason that I went to counseling was because I didn’t want to work with mentally ill people, and the reason (.) I kind of further in, correct or not, the way I always thought about counseling was that you work with people who are not mentally ill, who are, whatever normal is, but that normal people who have life-adjustment problems or they’re going through a difficult time and just need some, um, instinctively need people to listen to them.

Note also how her construction of her MFH can be seen as turning on the place of PDCs in it. This construction can be seen as documenting how developing a workable orientation and disposition to PDCs is crucial to development of a distinct

PI for counseling. However, again, there was considerable variability in participant accounts around whether counselors should be using PDCs in their MFH, as the next participant's account testifies:

37. *JB*: But unless we become more knowledgeable about diagnosis and more knowledgeable about psychopathology kind of quick, I don't think that we can claim to be on the professional level with some of the other professions in dealing with people who have Schizophrenia and Obsessive Compulsive Disorders and things that are not part of the walking well, to coin the term.

In both participant accounts of what PDCs were, and in their accounts of their disposition towards them, participants' talk of PDCs demonstrated a similar semantic flexibility or indexicality of reference. What participants meant when they used PDCs, and how they were disposed towards them could not be understood without knowing the context in which the accounts of PDCs were offered.

Thus far the analysis has focused on the make up and boundaries of the PDC interpretive repertoire. The analysis has demonstrated variability in participants' use of both what the category of PDCs and derivatives are used to refer to, and in their constructions of their disposition to them. In addition to this variability, there is another aspect over which there was consensus: Using PDCs in MFH involves participants evaluating clients, and this act of evaluating influences the particular kind of relationship that develops between participants and their clients. The following extract demonstrates this establishment of a particular kind of relationship between counselor and client:

38. *Jules*: I just wanted to quickly say, remember something that Dr.#### said in one of my early classes. He said you are probably a better counselor now than you will be when you graduate from this program. I'm like, what am I even here for? What are you talking about. He said the average Jo will probably be a better helper than a person with all this knowledge, because you distance yourself farther and farther away from the humanistic, I think was his reasoning. The more knowledge you have, the more I think training and diagnosis and medical and all that. The farther away or the more superior you

find yourself with your client, was his thinking. I'm not sure I believe that, but maybe that's why this program has not put a great emphasis on the DSM-IV.

39. *Bridget*: Um, I think that with my knowledge, um, I do tend to start thinking with (.) when I'm speaking with a client, at the beginning. I'm frightened of facing them. Diagnosing them right away, or, you know, even (.) not even a client but just, you know, in a movie or something, you know, or if I see someone, I just start, you know, I kind of (.) attributing these things and looking for symptoms and that type of thing.

Bridget seems to find it difficult to make peace with the practice of evaluation. even finding herself “looking for symptoms in all the wrong places.” such as at a movie theater. In the following extract, May, a spiritually-minded person, describes her struggles with the evaluative aspect of PDCs in MFH:

40. *May*: I feel a little bit more afraid of the, uh, diagnostic way of going. That I have (.) I think I have a fairly good sense of, um, being able to be with people and their feelings and (.) and hearing them, but I feel afraid that, um, if I get too cognitive on what the diagnoses are supposed to be (.) I'll lose some of my intuitive sense of their personhood and human value and empathy, and, uh (.) that's scary to me. And that's really scary that, um, and also that (.) and I don't (.) I don't want to find myself evaluating everybody, you know . . .

Hence, a central feature of participants' use of PDCs in their MFH was a set of phrases that can be seen as describing a particular manner of social relationship between client and counselor (i.e., research participant). In the previous three extracts, orientational metaphors that organize experience in terms of spatial relationships. are used to focus the account on the relationship between participant and client (Lakoff & Johnson, 1980). Thus, for example, in extract 38, Jules talks of PDCs leading practitioners to “distance yourself farther and farther away from the humanistic,” and Bridget describes being “frightened of facing” clients, because of the need to use PDCs. In turn, May fears becoming “too cognitive” and thus less able to “be with people and their feelings.” Orientational metaphors that organize experience in terms of spatial relationships accommodate to a focus on human relationship, as

shown here. Next, another formulation of experience is described that drew on different kinds of metaphors, with different implications.

Another formulation frequently encountered in participants' extracts drew on the use of instrumental metaphors. Instrumental metaphors organize experience in terms of structures or instruments. For instance, extracts 1, 2, and 3 describe PDCs as objective entities. Hence, in extract 1, Jules describes PDCs as a "label" that is "put on client," and Bridget describes PDCs as something they could "use as an excuse." Other extracts show this trend as well. For instance, in extract 4, May discusses the utility of not "locking" PDCs in, and in extract 7, Pat mentions the importance of the "label that we're putting on" as for insurance reimbursement.

Table 2 provides a summary of this phase one of the DA. It shows both the semantic flexibility or indexicality in the ways participants used the category of PDCs and its derivatives in their construction of accounts about their MFH and PI, and provides a description of the metaphors participants drew on in constructing their accounts of PDCs in MFH and PI. Following that is the second phase of the analysis of the functions of the PDC interpretive repertoire.

Phase Two: Function of the PDC Interpretive Repertoire

The first phase of this analysis offered an interpretation of data that participants are referencing many different things when they use the category of PDC in their accounts. This referring can be considered the result of participants' categorizing PDCs in order to make available many different inferential possibilities, and to perform many different professional activities.

This second phase of the analysis examines what kinds of professional activities participants were carrying out with their particular accounts. However, this

Table 2
The PDC Interpretive Repertoire

What are PDCs?	<p style="text-align: center;">Basic Alternatives</p> (1) Case Conceptualization (2) Reimbursement (3) Analogous to medical diagnoses
The Value of PDCs	(1) Professional Communication (2) Potential Bias (3) Stigmatization (4) Treatment Planning
Sample Predicates	Metaphors
PDCs are:	
a label put on clients give clients an excuse they could use diagnostic tools as tentative labels, don't lock them in a label we're putting on mixed feelings about but pressured synonymous with medical diagnoses the picture we have when that label follows the person all their life terminology that carries a lot of negative connotations go ahead and stick a 309 on them, it's something I see it as a Catch-22 I see it as a framework	<p style="text-align: center;">structural/instrumental (PDCs are objects or entities)</p>
PDCs are:	
steer you in the direction which direction I'm going dichotomy narrows the category other end of that helps organize a case helpful to get a general area professional level distance yourself farther and farther away facing them [clients] diagnostic way of going line them all up	<p style="text-align: center;">Orientational/spatial (PDCs are spatial relationships)</p>

idea of participants' accounts accomplishing action should not be seen as a routine or automatic process. Instead, analysis of function should be seen as a result of the sequential patterning and inherent contestability of peoples' language use, and the ways people fashion their accounts to compete successfully with other accounts and to resist subversion. Nor should this issue of the function of participants' accounts be seen as involving issues of intention or inferred motive. Participants can intend or not intend a particular account's consequences and still be analyzed for its rhetorical force. Issues of function and intention are taken up here only as discursive activities or discourse topics (Potter, Wetherell, Gill, & Edwards, 1990).

The issue of function, like the issue of indexicality, refers to how discourse is context-sensitive. The issue of indexicality refers to the context sensitivity of particular linguistic categories, as has been demonstrated with the linguistic category of PDC and its derivatives. The issue of function carries this context-sensitivity forward in two ways: one, in examining how a particular account is positioned within other accounts; and two, in how accounts are fashioned for that positioning (Edwards, 1993).

Results of this study suggested that participants can be seen as positioning their talk within other talk in terms of whether it was oriented to the counselor or the client, in constructing a conflicting "theory/practice distinction" (Wetherell et al., 1987, p. 65), concerning the role of PDCs in MFH. Second, participants fashioned their discourse in order to account for the potential undesired effects of PDCs. The next section discusses these two global functions and their interactional outcomes in turn.

Counselor Versus Client Orientation and Discursive Positioning

Participants' accounts varied in terms of whether they were oriented toward counselors or oriented toward clients. This variability can be seen as a way for participants to manage the place of PDCs in their MFH. The word *oriented* is used to represent how participants seemed to take up a particular line of discourse in their accounts, and to avoid a focus on some sort of cognitive process. The following two extracts convey this counselor versus client orientation concerning PDCs in MFH.

41. *Mufasa*: I guess for me when the psychiatric diagnosis comes to mind, we put a label on a person in order to work with them. Um (.) the labeling is also a way (.) the book found different things that you can label someone and read about, and it helped (.) it helped me personally to kind of know which direction I'm going. But I don't want to come up with the diagnosis before seeing the clients. I guess that's one good thing about it. For me, it makes it easier to work with clients. I know what I'm doing with what other people had dealt with, and you can talk to people about it and type think, "Yeah, I've had occasion to get the same diagnosis," and we kind of compare. And that way, it helps me out.

In this extract, the participant's orientation was constructed as towards the counselor. Thus, the account details how "we" use PDCs and how they "helped *me personally* to kind of know which direction *I'm* going," and that he guesses "that's one good thing about it." However, contrast that extract with the following extract, taken from the next participant to respond to the focus group topic:

42. *Cyclops*: For um, for me, it's the same thing as a label, but I don't find it as much a positive as I do find it being negative (.) uh (.) because the fact that *you* label someone, especially if *you* label them at a young age *they'll* go throughout *their* lives maintaining that label. Also, if *you* (.) *you* label someone in their twenties, with a certain start from, you know, diagnosis. And that label can continue on with *them* from agency to agency, everyone else *they* go see and makes it easy to deal with a person, but yet, you don't know how *that person* was previously diagnosed. It could be something that maybe *they* grew up with. It could be something that, you know, *they* thought that this was fine to get reassurances, things like that. So it sticks with *them* unless *they* come to the next therapist in town or whoever is going to see *them*, they see that label unless they go from there, you know.

In these accounts, the focus can be seen as on the client. Thus, the account is taken up with descriptions of the negative effects of PDCs on clients, and the course of action open and not open to them as a result. This was a recurrent feature of participants' accounts of PDCs. Notice the pattern in the following extract from another focus group:

43. *Annie*: And as far as the diagnosis, it is nice, because when you're part (.) time, *I get an idea where these kids are coming from*. But on the adolescent unit, it seems that we have a lot of boys that come in, and *they get the label of Conduct Disorder*, I mean. And I look at them, and people who are basically in the psychological background, which is a doctor, um, *they give them that*, and so therefore, they are treated that way. But I've seen these guys as being no different than the kids that I work with that were in the school . . . And I (.) I guess right there, that is a concern of mine as far as the labels because the kid is gonna have these labels the rest of his life . . .

The participant in this focus group starts by describing PDCs as “nice” because they permit her to “get an idea where these kids are coming from.” Note that she refers to the nice aspects of PDCs in the first-person “I,” but shifts the focus away when talking about PDCs as having negative consequences. This part of her account is clearly oriented to the counselor, and draws on the aspects of PDCs as aiding in case conceptualization discussed in the first phase of this analysis. However, in the latter part of her account, she shifts abruptly away from a counselor to a client orientation in drawing on the aspects of PDCs as potentially hurtful for clients. The variability here can be understood as due to the multiple functions the account is being used to accomplish.

This client versus counselor orientation can be understood in DA terms as a product of “discursive positioning” (Davies & Harre, 1990, p. 48). Discursive positioning is an operation that locates people in particular conversations and storylines. There are two broad discursive positions: the interactional and the reflexive. In the former position, what a person says produces particular possibilities

and constraints for another. In the latter position, what a person says produces particular possibilities and constraints for themselves. With respect to the counselor versus client orientation, four accounts will be examined which show participants' orientation to PDCs in MFH in terms of the interactional, and then the reflexive discursive positions. The first extract is from a young man participating in a rehabilitation curriculum, and demonstrates the client focus that characterized the variability around this issue:

44. *Pitcher*: I think my general concerns about the DSM have come out in the discussion here quite bit. But one of the concern is that once we label somebody, that label stays with *them* and travels with *them* in an insurance billed situation. And THAT is a HUGE concern just as far as my concern for a *client*. Uh, prejudice and *their* future well being.

In this extract, the participant produced an account that interactionally positioned the client with respect to issue of using PDCs in MFH. The focus of the account was on how use of PDCs placed the client in a particular storyline, producing particular possibilities and constraining others. These possibilities and constraints included having the counseling paid for by insurance, and risking the possibility of suffering a prejudice that will affect their future, respectively. The focus of the extract was on how PDCs negatively affected clients, and included their potentially enduring and stigmatizing consequences.

In the following extract, this interactional positioning was again demonstrated. The participant again positioned the client in such a way that particular courses of action were possible, while others were rendered invisible or out of reach.

45. *Gail*: I often wonder if clients are hesitant to come because of the diagnosis, because *they* know *they're* going to get a label. Maybe *they* have relationship problems or whatever and *they're* afraid of the "diagnosis," you know, the label. I wonder if it inhibits people sometimes.

A key to the type of positioning is how pronouns are used. In this extract, the participant's interactional positioning of clients led to casting them as possibly "hesitant" to come to counseling because they are "afraid" of relieving a PDC. Such positioning is obvious in its imposition of particular constraints upon clients.

Interactional positioning of clients competed with reflexive positioning, in which what was said served to locate counselors themselves within particular possibilities and constraints.

46. *B.*: I forgot to say this too. If *you* don't have a diagnosis, *you* aren't going to get paid. Period. *You* have to have one. *You* can't send a bill and say, this guy came in and talked to *me* for a little while. That isn't going to work, unless *you* bill privately, which most people who really need help don't have to the money to pay privately. It is unfortunate, but it does justify that purpose and it is important for *people who are working* to get paid.

In this extract, B. can be seen as demonstrating this reflexive positioning that put participants within particular possibilities and constraints. In this case, the possibilities opened up included using PDCs and getting paid. The constraints included accepting only those who can pay privately. The following extract again documented this reflexive positioning, in which the counselor positioned herself with regard to the issue of PDCs in MFH:

47. *D.*: Because it depends on like if you've got *somebody* that's bipolar compared to *somebody* who's depression, you're gonna have a lot of different lethality levels. You're gonna have to ask certain questions of *that person*. Many of the people I see I don't know.

I: Yeah.

48. *D.*: I've never seen that. But if *they've* already been labeled someplace else with a diagnosis, and *they* know it, you know. That's how (.) and so that depends on whether *I'm* gonna be able to talk to the family or whether *I'm* gonna have to ask *them* questions.

In this interchange, D., who works in a large, metropolitan hospital's adolescent inpatient psychiatric unit, defends the role of PDCs as helping her carry

out her professional duties. It also demonstrated both discursive positionings in placing first the client and then the counselor within a set of enabling and constraining conversations. These discursive positions were not confined to particular individuals. Following on the acknowledgment of the sequential and contextual essence of discourse, participants drew on both discursive positions. The following extract demonstrates this drawing from both discursive positions.

49. *Pitcher*: It's a communication tool that (.) and that helps *us* start to get to a place that's kind of good. And *I* know that if *I* come up with a diagnosis for *somebody*, you know, *client A*, and it's this diagnosis for *client B*, it's this diagnosis, *I* can understand those relationships. But if *I* get that information from another therapist, I'm clueless as to what the hell they really mean, you know. And I sure don't want to look at treatment options based on that at all. I'm just not doing the clients any justice.

The participant started by drawing on particular aspects of the PDC repertoire to construct a version of PDCs as helpful for communication and treatment planning. However, he then shifted his orientation to a client focus and drew from alternate aspects of the PDC repertoire to question the value of PDCs for treatment planning and his disposition to them. This drawing on different aspects of the PDC interpretive system to construct accounts depended on the different interactional work being accomplished by such accounts; overall, it can be seen as a way participants kept at bay the dualistic way they used PDCs in their MFH:

50. *Bridget*: Um (.) I can see both sides of it, too, the positive and the negative, um, that it does give you a direction to go, or it gives you a place to start, an idea of what you might (.) where you might begin to work with a client. But at the same time, it does give the client (.) they could use that as an excuse and say, "Well, you know, I'm Schizophrenic so, I can't help it."

The drawing on different aspects of the therapeutic focus can be seen again in these extracts. Pitcher acknowledged that PDCs are a "communication tool that helps us start to get to a place that's kind of good" but followed that immediately with a description of diagnosis as thoroughly unhelpful for communication among

professionals for treatment purposes. In the second extract, Bridget described PDCs as useful in giving counselors “a place to start.” This stretch of discourse can be seen as functioning to reflexively positioning herself in relation to the purported benefits of PDCs for case conceptualization and treatment planning. However, she resorted to interactional positioning in suggesting that PDCs furnished clients an excuse for their problems. Again, what this extract shows is a pattern of dualistic discourse around the topic of PDCs in MFH, and how alternate ways of organizing that discourse permitted participants to avoid breaching it. What appeared to be missing from participant accounts of PDCs was a manner of talking about PDCs with regard to their MFH that permitted them to talk about how PDCs operate to position both participants and clients within a set of conversational possibilities and constraints, and what other alternatives to such possibilities and constraints were possible.

Hence, the variability in participants’ accounts of their use of PDCs in their MFH resulted from the indexicality of the ways the category of PDC and its derivatives was used by participants, and by the disposition or position constructed towards them by the participants. The pattern of discursive positioning (including both *interactional* and *reflexive*) was consistent in participant accounts of both clients and counselors across the four focus groups. However, their use was more apparent among participants that had described themselves as having more training and experience with PDCs. The next chapter offers a more thorough analysis of what this discursive positioning accomplished functionally for participants. The next section discusses other functions accomplished by participant accounts of PDCs in their MFH and PI.

Other Functions of the PDC Interpretive Repertoire

The variability in participants' accounts can be understood as due to the variety of interactional tasks they were performing. Three particular tasks or outcomes will be discussed because of their connection with the purposes of this research. First is how the conflict or dualism of accounts can be seen as functioning to sustain a type of "theory/practice distinction" (Wetherell et al., 1987, p. 65), in which the theory versions permitted participants to express a particular kind of therapeutic humanism, while the practice versions permitted participants to subvert that humanism in favor of a practicalities of practice version.

The second broad interactional task or outcome accomplished by the participants' use of various aspects of the PDC interpretive repertoire was an accounting for the undesired effects of PDCs in MFH. A third global function accomplished by participants' variable accounts of PDCs was to manage interactional conflict regarding PDCs in MFH. Together, the presence of these functions in the responses to the focus group topics shows the salient lack of consensus regarding the place of PDCs in the MFH of counselor education. In the next section, each of these interactional outcomes is documented and discussed. Following that discussion, the third and final phase of the analysis is provided, focusing on this lack of consensus regarding the place of PDCs in the MFH of counselor education.

Theory/Practice Distinction. Participants constructed variable accounts of PDCs place in their MFH by drawing on different indexical aspects and discursive positions of the PDC interpretive repertoire. Drawing on different indexical aspects and discursive positions permitted participants to develop accounts that achieved a theory/practice distinction, in which they presented accounts with a particular

therapeutic humanism, while also permitting them to immediately subvert such accounts with rival ones of the practicalities of practice. The extracts below document this distinction:

51. *Roadtoad*: I was just gonna say, um, also, as F. was *saying as such a stigma in society*, I know that the population that, um, I used to work with, um, I did a lot of billings for, like, Medicaid and (.) and things like that. Well, Medicaid played a significant role, um, with that, but I guess, too, with that psych (.) *psychiatric diagnosis, that they were able to get services that sometimes they would never have been able to receive.*

This extract seems to refer to this theory/practice distinction. In her opening remark the participant constructs PDCs as “such a stigma in society” but then follows her own remark with how they play “a significant role” in helping clients obtain needed services. In this case, the statement about social stigma is an expression of a particular form of therapeutic humanism in which clients should not be stigmatized by PDCs, while, on the other hand, her later remarks subvert that statement of the ideal by constructing an account in which PDCs are practically useful for obtaining reimbursement for clients. In the extract that followed the one previous, the next participant agrees and constructs a similar theory/practice distinction:

52. *Lulu*: I have to agree with them. My name’s Lulu. Um, *I see it as a Catch-22*. I (.) it has a *very negative connotation* when you look at the term “psychiatric.” I automatically think, “mental disorder.” Um (.) *but there’s positive things to it, too, is that in order to get money to help these people, you actually have to put it in such a category.* Um (.) that’s the real irony of it all.

As in the previous extract, this participant offers an account that started by describing PDCs as “very negative” because they stigmatize clients. However, she then appears to shift her account to discuss the practical aspects of PDCs in terms of getting reimbursement. Interestingly, as in the previous extract, the reimbursement is described as helping clients. The following series of extracts shows how one participant constructed this theory/practice distinction over the course of two

separate focus group turns. In a first extract, she pointedly stated her therapeutic humanism with regard to PDCs:

53. *Ilean*: Yes, people DO get diagnosed so that they can receive services, but the other piece of that for me is, who is that really serving? That diagnosis is serving the system. I don't think that diagnosis is necessarily serving the individual, which, from my perspective, is what I feel is my real responsibility and role is in the counseling, not to serve the system.

In this extract, the participant states the humanistic ideal that she should be serving the client, and that PDCs are not accomplishing that goal. However, three turns later she produced the following account:

54. *Ilean*: This is Ilean, and I guess I would say that for me, similar to what George Ann was saying, that I see the CS course and the DSM-IV criteria as (.) a framework, as a way to begin to look at a client when they come in exhibiting certain kinds of behavior or reactions to things that when they tell you their story and to look at it and begin to say, "Well, it looks more like this based upon what I've seen and what I've experienced."

Here, Ilean, a participant from one of the independent counseling programs, offers what appears to be an alternate account of PDCs that attends to their practical advantages for organizing treatment, and absent is the therapeutic humanism evident earlier. Below, is yet another way that the theory/practice distinction was deployed by participants:

55. *Gabrielle*: I would have to (.) um (.) say that I (.) before this program that I was a lot like M. in the way that I just thought my personality and the way people told me I was a good listener was gonna do it. that was it. Um (.) now I think with my experience, especially with my internship, I found that without the diagnostic labels that I couldn't (.) I tried to imagine if we had to go to the library and search (.) do the research, just trying to find out what the best way is to treat my kids that come in. And I don't think there is a way to do that.

The theory/practice distinction can be seen as a distinction between global explanations of PDCs that were expressed by participants, and more specific explanations of PDCs that were acted on by participants. One function served by this distinction can be seen as articulation of a distinct MFH and PI in the face of a

professional environment seen as alien to it. Such accounts were identified in all four focus groups, albeit they were most prevalent in focus groups conducted at independent counseling programs. In laying claim to a form of theoretical humanism, participants successfully distinguished themselves from other professions in theory, if not in practice. The next series of extracts document this function:

56. *Allison*: I've had people tell me that, depending on what you put down for a diagnosis, that can impact them later for their own insurance . . . So I can appreciate what you are saying about being very cautious about what you putting down something that is not going to cause problems later.

Here, Allison, with minimal PDC training and experience, describes her humanistic reservations about PDCs. Evident here is the interactional positioning that focuses attention on how PDCs position clients within a matrix of possibilities and constraints. The important point, however, is how that account serves as a global explanation mentioned about PDCs. In Allison's next turn, she constructs a contrasting version of PDCs place in her MFH in which she offers an explanation about use of PDCs :

57. *Allison*: I'm graduating in May. This is the first (.) I had on one class period that even talks about diagnosis. I'm thankful that I have an internship at community mental health where they actively use it. Because that's where I am getting my knowledge from. Not from any course work. So I think the program is deficient in that area, because it is a reality we have to use it. We need to know about it.

One way of viewing these extracts is through the prism provided by the theory/practice distinction. This participant *mentions* her concerns in theory about PDCs, then *uses* an explanation about the practicalities of practice to override it. However, in the process she serves to distinguish herself as a counselor from other professions. A question is whether this way of articulating a distinctive MFH and PI is either an only way or a preferred way. That discussion is deferred to Chapter V.

Accounting for PDCs' Undesirable Effects. It can also be understood that participants drew on different aspects of the PDC interpretive repertoire to develop accounts that located agency differently, depending on undesirable effects of PDCs away from them. They did so by drawing on either agency-amplifying or agency-diminishing grammatical formulations that subtly shifted who or what was responsible for such undesirable effects of PDCs:

58. *Laura*: No, actually, I guess, just if *it's* gonna be used at all that you're able to do both, you know. How (.) how does the *label* effectively play a role in their lives just as sure as maybe whatever characteristics they did to get the label in the first place. I think that it's important to be aware of both ends of the spectrum, and again, *it's* not that *I* necessarily support this, but just the fact that *we ARE* encountering it, so it *doesn't* matter whether we support it or not but that you're familiar with it because of that.

59. *George Ann*: I would have to say, as far as DSM-IV stuff, *I* use it as a tool, but I think more than anything, that has helped me form how I help people is very vague, and *it* varies clients on how *it* goes around theories you're supposed to know (italics added).

60. *Margier*: I have to say that *thorough* the years, *I try* to (.) initially in my job that I was working . . . and in that setting, *the use* of diagnosis was very frustrating. What I would see would be long time clients that had a case record that was filled with several different diagnoses, depending on *who saw them* and what year it was. The most frustrating part of it was to see their treatment modeled after what that *label was*. *To have drugs prescribed that weren't necessarily helpful to the client*, having (.) *they* just maintain these drugs because they are this. I don't know (.) I guess one thing I've always been curious about is (.) a key thing that Barb said was, if *they* take the time. *They* don't if it's a community mental health system like that, in that setting, if that is just the norm for that setting . . . During those years, I was very frustrated with diagnosis. In practice, it didn't seem to be playing out so well. You know, for the people I was working with. I guess I've tried in more recent times to come around to the possible positive things about it. *I* can see using it as a common language and things like that. *I* can see the necessity of that and how that has value. But *I* still get concerned about the label, and the damage *it* can do (italics added).

In all the above extracts, the participants seem to construct their accounts differently depending on whether they are talking about positive or negative outcomes of using PDCs. The extended extract shows this alteration between

grammatical forms that construct agency as residing with the participant, and those that construct agency as residing elsewhere, most often constructing it as residing with PDCs themselves.

Use of Reversals to Manage Conflict. Participants appeared to draw on different elements of the PDC repertoire to produce accounts that reversed other participants' accounts in order to avoid open conflict, and to manage the uncertain and potentially conflicting status of PDCs in participants' MFH. Reversals, as used here, refers to "an analysis that subverts or reverses a narrative" (Kogan & Gale, 1997, p. 119), or that finds "an equal truth in an opposite account" (p. 119). Such reversals can be seen as a way to contest an account while avoiding direct conflict, as the following extracts demonstrate:

61. *Roadtoad*: Well, Medicaid played a significant role, um, with that, but I guess, too, with that psych (.) psychiatric diagnosis, that they were able to get services that sometimes they would never have been able to receive . . .

62. *Lulu*: I see it as a catch-22 . . . Um (.) but there's positive things to it, too, in that in order to get money to help these people, you actually have to put it in such a category . . .

I: All right.

63. *Ilean*: I guess I'd like to respond to that. Um (.) as Roadtoad and Lulu were both making their comments, I was thinking, "Yes, that's true. Yes, people do get diagnosed so that they can receive services," but the other piece of that for me is, who is that really serving? That diagnosis is serving the system.

For the most part, such rhetorical moves appeared to prevent even the barest recognition of a budding conflict over the place of PDCs in MFH. The disunified way participants spoke of PDCs was rarely acknowledged by any focus-group participant. Another way of saying this is to submit that participants lacked an available language resource for articulating the difficulties PDCs presented them as future professional

counselors. Reversals worked very well to subvert this recognition. In this next sequence of interaction, following two previous participants' remarks about the value for clients of PDCs for obtaining reimbursement, the third participant offers an account that can be seen as reversing the two previous accounts by constructing PDCs in which reimbursement is not for client benefit, but for agency benefit. The following interchange shows this pattern of reversal:

64. *Pitcher*: And I know that if I come up with a diagnosis for somebody, you know, client A, and it's this diagnosis for client B it's this diagnosis, I can understand those relationships. But if I get that information from another therapist, I'm clueless as to what the hell they really mean, you know? And I sure as heck don't want to look at treatment options based on that at all. I'm just not doing the clients any justice. So I think that's real concerns for the client in there. The fact that it's so nebulous and unclear, particularly Axis IV and V is the problem, the validity is the concern, the reliability is the concern.

65. *Laura*: I'm Laura, and I really hate armchair diagnosers. Um (.) there's a lot of that going on. But sometimes from the client's perspective, I (.) I think the diagnosis is welcome . . .

This interchange displays a pattern by which reversals were accomplished. In this interchange, Laura reverses Pitcher's concern about PDCs "not doing the clients any justice," by suggesting that "from the client's perspective . . . the diagnosis is welcome." However, she prefaces her reversal with an opening remark that acts as a transition from Pitcher's account to hers. That transition is to suggest that Pitcher's concerns are due to "armchair diagnosers," a remark that works rhetorically because of its unclear reference. Returning to the extract of the previous sequence of interaction, Ilean can be seen as using a similar device when she concedes that people are diagnosed. However, she follows that with the reversal of who benefits from such diagnosing. The next extract continues displaying this pattern of accounting for disagreement regarding PDCs in MFH:

66. *Mufasa*: The labeling is also a way (.) the book found different things that you can label someone and read about, and it helped (.) it helped me personally to kind of know which direction I'm going . . .

67. *Cyclops*: For um, for me, it's the same thing as a label, but I don't find it as much of a positive as I do find it being negative (.) uh (.) because the fact that you label someone, especially if you label them at a young age they'll go throughout their lives maintaining that label . . .

In this interchange, *Mufasa* can be seen as proposing a construction in which PDCs are seen as useful for treatment. Consistent with the pattern, *Cyclops* first concedes a point of agreement, that PDCs are labels, then produces a construction that reverses the consequences of that labeling, from helpful for treatment to cause of the continuance of the client's problems. In the following extract, two participants manage opposing dispositional attributions of clients' motives with respect to PDCs:

68. *Gail*: I often wonder if clients are hesitant to come because of the diagnosis, because they know they're going to get a label. Maybe they're having relationship problems or whatever and they're afraid of the "diagnosis," you know, the label. I wonder if that inhibits people sometimes.

69. *Barb*: I see people coming begging for a diagnosis so they can get social security, you know. ((laugh)) So there's that other end of that.

Reversing the terms of a previous participants' account can be considered a way participants achieved an avoidance of interactional conflict. Taking the focus groups as a whole, the participants' accounts can be seen as constituting wide disagreement about the proper role of PDCs in the MFH of counselor education, as the extracts to this point show. However, participants' use of the rhetorical device of reversal worked to manage this disagreement and avoid recognition of conflict. The presence of reversals in the body of focus-group data displays the lack of consensus regarding the place of PDCs in the MFH of counselor education. The third and final phase of the analysis focuses on that lack of consensus.

Phase Three: A Clash of Metaphors

As has been shown, the indexical properties of and discursive positions provided by the PDC interpretive repertoire were used to construct accounts of PDCs in MFH that varied both across and within participants' accounts, depending on the interactional work being accomplished. These varying accounts can be seen as being deployed by participants in accomplishing multiple interactional activities, and this analysis focused on those most relevant to the research question of how participants use PDCs in their MFH. Those interactional functions included bringing about a theory/practice distinction that permitted participants to express accounts that took up a particular form of humanism regarding PDCs, and yet to undermine those accounts with those that favored the practicalities of practice with regard to PDCs, that permitted participants to manage the accountability for the undesired effects of PDCs, and that served to manage recognition of the potential professional conflict as a result of the lack of a way of reconciling their humanism with PDCs in MFH.

This final phase of the analysis focused on the lack of consensus or dualistic way of talking about PDCs' place in their MFH regarding the place of PDCs in MFH of counselor education and suggests that such a way of talking is the outcome of a clash of dominant core metaphors regarding what participants described as distinctive about their MFH.

Results of the analysis showed that participants' lack of consensus regarding PDCs in their MFH could be explained by framing it as a clash between two paradigms: (1) the mechanistic, and (2) the contextualist (Minton, 1992; Sarbin, 1986). The guiding metaphor in the mechanistic paradigm is the machine, and the

guiding metaphor in the contextualist paradigm is the historical act (Hunt, 1993; Minton, 1992; Sarbin, 1986).

PDCs are firmly based in a “human-as-machine metaphor” (McReynolds, 1990, p. 157), or discourse that focuses on development of standardized evaluation methods and universal plans-of-action (Potter, 1996; Sarbin, 1986). This “human-as-machine metaphor is rooted in a mechanistic world view currently dominant in the Western world. Various aspects of the PDC interpretive repertoire document this focus on universal plans-of-action and discovery of temporal causal relationships. Rather than provide additional extracts to illustrate this focus, previously provided extracts related to PDCs as analogous to medical diagnoses, as aids to case conceptualization, and as aids to treatment planning all document this focus. For instance, in extracts 3, 5, and 11 this use of PDCs as leading to universal plans of action and discovery of temporal casual relationships is evident.

However, participants’ MFH appears just as firmly based in a “human-as-agent metaphor” (McReynolds, 1990, p. 141) or discourse that focuses on the uniqueness of the individual and the importance of self-determination. This human-as-agent metaphor, while not dominant, has gained added currency within the Western world. Various extracts pertaining to participants’ MFH and how it differed from that of other professions illustrates this focus on the uniqueness of the individual and the importance of self-determination:

70. *Ilean*: And I would say, for me, what is, um, significant about being a counselor is that it is real person-centered, the client is and should be the center of what is happening and that my role, my responsibility as a counselor is to always do whatever I do with the best interest of that client in mind, not the best interest of the agency or not the best interest of the insurance company or the interest of anybody else but the client. And in terms of assessment, um, I think the curriculum here and the attitude and the way of looking at things is that assessment needs to be a very inclusive process, and that looking at a diagnostic tool, such as the DSM-IV, is a piece of that. But

looking at a client's whole environment, the whole context, the whole, the background, all the pieces of that person's life and other people in that person's life are as, if not more important, than the criteria that's in the DSM-IV.

71. *May*: For me, part of what is distinctive (.) May ((chuckles)) (.) Um, I like the aspect of, um, being listeners, um (.) I think . . . as trying to give some validation to people's feelings and their experience in trying to help give permission and validation to who they are instead of denying, which it seemed to me a lot of the culture denies people their authentic self, I think that is a very wonderful gift.

72. *Socrates*: The way I always thought about counseling was that you work with people who are not mentally ill, who are, whatever normal is, but that normal people who have life-adjustment problems or they're going through a difficult time and just need some, um, instinctively need people to listen to them and to help them to reorient, to help them to meet his need, get in touch with their own inner voice and, uh (.) one thing that happens to people under stress is that they lost their center and the kind of (.) they lose their own balance and they get out of touch with themselves and things like that, and as a counselor, I think it's my role helping them to find that inner voice again, so that's the way I look at it.

In addition to describing participants' focus on the uniqueness of the individual, these extracts can be seen as offering a glimpse of some of the ways participants expressed their concerns with the place of PDCs in their MFH. A central feature of such concerns was what they described as PDCs' lack of respect for the individual in favor of a reductionism in the service of standardized client evaluation methods and universal plans-for-action. As the following extracts show, these concerns appeared to weigh heavily on participants as they tried to reconcile PDCs with their more contextualist orientation:

73. *Prentice*: I think for me, prior to this experience, I think part of that is because since I'm a lesbian and I know and have known that homosexuality is placed in the diagnostic criteria as a perversion, that I knew when I was growing up that I was gonna have to take prejudice, and very likely be labeled as something. And I really struggled with that when I was growing up. And so for me, the issues of are the same and how it can be beneficial to claim an identity, and I also think that it's devastating extremely hurtful to do some of that labeling.

74. *Pitcher*: I think that it is an obligation for me to continue to be educated about the drawbacks and positives by the clients that are being billed, um, by insurance an' need to know the advantages and disadvantages of that to them, and, uh, I wish that there would be as much work of cleaning up the DSM as there is to whether or not to teach it, and to come up with a cleaner version.

75. *May*: And I'm not sure that I'm going to end up using that or staying with the counseling profession exactly for (.) for the reason of the needing to label so much that it might be so much of a (.) a something that I'm uncomfortable with that I may go more of a broader route. And I (.) I'm not sure where I'll come out on that. I think my practice and some of my further experience will help me decide that, but I do have a lot of questions about it.

Thus, participants displayed concerns about PDCs in their MFH that focused on their lack of consideration for the uniqueness of the individual in favor of development of standardized methods of client evaluation and universal plans-of-action. These concerns can be attributed to a clash of theoretical metaphors, between a mechanistic, human-as-machine theoretical metaphorical discourse and a contextualist, human-as-agent theoretical metaphorical discourse. A final section discusses the remedies participants suggested to resolve their concerns.

Remedial Action

The dualism of metaphorical discourses that participants used to describe the place of PDCs in their MFH and PI contributes to three consequences. First, the hegemony of the mechanistic metaphor means that participants require an acceptable way of incorporating PDCs into their MFH in a way that also gives more than lip-service to their contextualist-inspired MFH and PI. Such a requirement is demonstrated here by participants constructing accounts of PDCs that trade on their semantic flexibility or indexicality, that construct competing discursive positions, and that rely on opposing rhetorical organization to manage a potentially argumentative PDC, MFH, and PI terrain. This way of managing the place of PDCs in their MFH

and PI is not without cost. In effect, it provided participants with a false sense of PI, due to their mentioning of a set of theoretical ideals that they then did not use in their actual professional practices. Participants repeatedly spoke of their need to successfully resolve this dualism about the place of PDCs in their MFH, as the following extracts suggest:

76. Margier: It seems if you ADD more emphasis on diagnosis then you have to add MORE emphasis on psychopathology which goes back (.) Are we talking about wellness, are we talking about mental health or are we talking about psychopathology? So it goes back to philosophy again if we start adding all those things into it. So maybe in a sense it will pull us away from a real basic humanistic kind of a philosophy.

77. Lynn: For myself, I was resistant to learning the DSM-IV and I think that if it had been presented earlier in the program that I would have been able to integrate it into where I was better. I had 18 hours at [university] before I transferred here and I didn't have anything on the DSM-IV there. And then here, I'm graduating in May too and in my last class I'm getting it. I think that if it had been earlier in the program, then I would have been able to, as I said, integrate it into my working philosophy better and have been more comfortable with it. Rather than having set everything, my theory base and, you know, what kind counselor I want to be and then at the last minute to throw this other little piece in, or big piece.

78. Montel: I just wanted to say that I have a sort of dissonance going on in my brain about the DSM and diagnosis all together. Just something I need to use and I feel like it's very positive, but at the same time I like to focus on what right with the person. It just doesn't ever meet. I wonder if it ever will. I would have really appreciated more training or at least some more exposure to the DSM, like a semester.

Though they do not put their concerns with PDCs in terms of a clash of core metaphors, in all these extracts it appears that the participants are focusing on how to build a bridge between PDCs and their MFH and PI.

A second consequence growing out of this study is that participants require PDC training and experience that help them bridge the gap between what they describe as PDCs advantages in their MFH for themselves as practitioners, and the disadvantages they describe for clients. Based upon the literature review, in addition

to being presented from an objective perspective, present PDC training appears to be conducted almost exclusively from a practitioner perspective (Cook et al., 1993; Kutchins & Kirk, 1997; Rentoul, 1995; Sinacore-Guinn, 1995). Participants require a form of PDC training that allows for a more compatible synthesis of the reflexive and interactional discursive positions in order to better incorporate their concerns for clients into their formulations of PDCs in their MFH and PI.

Third, participants display in their talk about PDCs a lack of an alternate way of conceptualizing the therapeutic dilemmas posed by professional practice, and this consequence has implications for CE training that are taken up in Chapter V. The following extracts can be seen as displaying this lack of an alternative in system of making sense of client concerns:

79. *Laura*: I think it's just a necessary evil in all honesty. I mean, you need some way to categorize in a way that seems to work. I would be willing to try something if somebody thought of it, but (.) I couldn't (.) I mean I have to use what's there, you know, and that's what's available to me.

80. *JB*: Sort answer (.) I think we need more DSM training. I think the counselors in our philosophy are very strong and perhaps the strongest of the helping professions in working with what is sometimes called the walking well . . . Right now, coming out of this program, I wouldn't dream of working with a Schizophrenic. I would refer them off so fast, because I wouldn't have the foggiest notion of what I was supposed to do with them.

Summary

This DA has yielded several insights about the way participants seem to use PDCs in their MFH and PI. First, they use the category of PDC and derivatives to construct variable accounts that trade on the referential ambiguity of PDCs to develop a variety of ways of using PDCs in their MFH and PI. Second, they use a theory/practice distinction and discursive positioning in their accounts to perform multiple interactional activities. Third, they use particular rhetorical devices and

reliance on core metaphors to manage the accountability for PDCs in their MFH and PI.

Chapter V takes up these issues in more detail through the lens provided by the social constructionist and discursive-psychological conceptual position used in this study, facilitated by the sensitizing concepts of interpretive repertoire, indexicality, function, and discursive position.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

Introduction

Results of this study suggest that, for the participants interviewed, incorporating PDCs into their MFH was a moment-to-moment challenge of constructing varying versions to meet current interactional objectives. The advanced master's students traded on the semantic flexibility or indexicality provided by the linguistic category of PDC and its derivatives (such as psychiatric diagnosis, DSM, and labels), to construct accounts of their MFH and PI. These were fragmentary, ambiguous, and contradictory, but met the demands of the current interactional situation in which they found themselves.

These fragmentary, ambiguous, and contradictory accounts produced by the research participants drew on various aspects of what here has been called the PDC interpretive repertoire, a subset of reoccurring terms, syntactical patterns, and core metaphors. Participants accomplished countless interactional aims with variants of this repertoire, and this study suggested three aims that were particularly pertinent.

First, the study suggested that participants used a theory/practice distinction to accommodate the therapeutic humanism in their MFH with their concern for the practicalities of PDC practice in their MFH. Second, the study suggested that participants used alternate formulations of discursive positioning, and employment of agency-enhancing versus agency-diminishing grammatical formulations, to account

for the effects of PDCs in their MFH and PI. Third, the study suggested the tension between participants' therapeutic humanism and PDCs can be understood as a rhetorical duel over the conflicting metaphors of contextualism and mechanism.

The remainder of this chapter discusses these three results and is divided into four sections. Section one discusses what the results of this study mean in terms of the relevant CE literature, section two discusses the implications of this study for PDC training in CE, section three discusses the limitations of this study, and section four discusses possible areas for future research.

Meaning of the Results and Relevant CE Literature

Phase One: Sociological and Psychiatric Theory

This section discusses the results of the first phase of the poststructural DA, which began establishing the features of the PDC interpretive repertoire. Using the sensitizing concepts of indexicality and interpretive repertoire, the results indicate that participants' categorized PDCs in multiple ways, depending on what part of the PDC interpretive repertoire they drew on, and what they were achieving with it. Participants talked about PDCs in two ways. They talked about them through the prism provided by a sociological theory of PDCs, and through the prism of a favorable psychiatric theory of PDCs. The critical sociological theory of PDCs focused on their institutional effects of PDCs, while the psychiatric theory of PDCs focused on how PDCs are reified, decontextualized, and used clinically.

The results can be seen as suggesting that which theory of PDCs participants drew on depended on their training and experience with PDCs. Participants with more training and experience with PDCs drew more from the subset of terms, tropes,

and ideology of psychiatric theory. These results are consistent with recent survey research in CE in identifying the major professional practices that PDCs are used for, including case conceptualization, treatment planning, and to obtain reimbursement (Mead et al., 1997). However, the results also extend the literature on PDCs in CE by suggesting that the issue of PDCs in counselors' MFH may be more complex than cognitive models of categorization have made it appear.

Results of this study are discussed in this section in the following order. First, the results of the semantic flexibility or indexicality in the ways in which the category PDC and its derivatives were used as an interpretive repertoire are discussed and related to the current CE literature. Second, the results of the function or interactional purposes served by the theory/practice distinction, alternating discursive positioning, and use of agency-enhancing versus agency-diminishing grammatical formulations are discussed and related to the current CE literature. Third, the results of the particular sequential organization or rhetorical duel using reversals and the contest of metaphors between contextualism and mechanism are discussed and related to the current CE literature.

Indexicality of PDCs

Indexicality, or indeterminacy-of-reference, was demonstrated in the way participants used the linguistic category of PDCs and its derivatives to construct diverging accounts of PDCs in their MFH. This indeterminacy in the use and reference of PDCs is consistent with poststructural DA and other poststructural examinations of language, but is contrary to a bulk of CE literature. Briefly, indexicality refers to the notion that meaning is dependent on context. For example, someone who says, "It's a lousy day," could be using the statement to comment

directly on the weather, or to offer a wry comment to a friend who has just had a stroke of good luck. In order to determine meaning, one has to know the context or sequence of interaction in which the statement was offered. It would be wrong, however, to conclude that because of this widespread indexicality all possibility of effective interaction was lost. Rather, it is because of the inherent flexibility of words and context that individuals have available a rich and flexible resource for producing accounts that can be tailored precisely to the settings and purposes required.

The result of this study is inconsistent with a bulk of CE literature on PDCs and communication (Falvey, 1992a, 1992b; Fong, 1993; Furlong & Hayden, 1993; Geroski et al., 1997; Hohenshil, 1993, 1996; Mead et al., 1997). A bulk of CE literature starts from an objective theory-of-meaning in which phenomena form objectively existing categories based on their shared aspects (Lakoff, 1987). CE literature addresses the importance of PDCs for professional communication, based on the fact the specific context or sequence in which they are used is not important (Hinkle, 1994; Hohenshil, 1993; Seligman, 1996).

However, in his study of the PDC of Paranoia, Harper (1994) found considerable indexicality in how specific criteria for the PDC were applied. Even earlier, Rubinson et al. (1988) had found professionals misunderstanding and misapplying PDC criteria for various forms of depression, a common and therefore often used PDC.

No CE research has systematically examined this issue of PDCs facilitating professional communication. Part of the reason for the lack of research is because PDCs are seen as having achieved acceptable levels of interrater reliability, and that achievement is taken as evidence of their value for facilitating professional communication (APA, 1994; Kirk & Kutchins, 1992). However, it is not clear how

the relationship between acceptable levels of interrater reliability and PDCs facilitating professional communication method should be regarded. Several authors argue that achieving acceptable statistical levels of interrater reliability does not translate into facilitation of professional communication (Rabinowitz & Efron, 1997). Other authors question whether acceptable levels of interrater reliability have even been established (Kirk & Kutchins, 1992; Kutchins & Kirk, 1997). A major impetus to PDC training both within CE and in other mental health disciplines is its value for facilitating professional communication (Fong, 1993; Geroski et al., 1997; Hohenshil, 1993, 1996; Seligman, 1996). If PDC training and experience does not enhance the quality of professional communication, it may lead to a reconsideration of its value for professional counseling.

PDCs as an Interpretive Repertoire

Results of this study suggested that participants drew on different subsets of reoccurring terms, tropes, and imagery devices making up a critical sociological theory of PDCs, and a favorable psychiatric theory of PDCs, to construct versions of PDCs in their MFH with implications for their PI. The concept of interpretive repertoire analyzes how people actually do things with words (Edwards, 1997; Potter, 1996; Potter & Wetherell, 1987). More specifically, it focuses analytic attention on how different parts of this repertoire produce different upshots and effects that provide the speaker with both a range of rhetorical possibilities and new accounting problems. For example, in the present study the PDC interpretive repertoire was used to account for versions of PDCs in which they were categorized as excuses for clients' misconduct, or for versions in which they were described as nothing more than an institutional requirement. The important analytical point is that

how PDCs are categorized depends on the social practice of which they are playing a part (Potter & Wetherell, 1987).

This stance is contrasted with a bulk of CE and other relevant literature. The majority of that literature attempts to account for the variability in ways that the objects of interest are conceptualized by appealing to stable, global, internal concepts like attitude or attribution viewed from an objective perspective (Potter, 1996; Sampson, 1991). Such approaches find the variability in human talk and texts problematical, and attempt to manage it through a variety of measures, including coding, selective reading, and statistical measurement (Edwards & Potter, 1993; Potter & Wetherell, 1987). Rabinowitz and Efron (1997), for instance, in describing “misdiagnosis” (p. 40), suggested that it was most frequently conceptualized as the result of “inadequate input” (p. 40), reflecting both the internal focus of such analyses, as well as their place in a psychiatric theory of PDCs. They argued for “rational diagnosis” as an answer. Rational diagnosis, according to these writers, was a universal form of correct reasoning to counter misdiagnosis, an argument which makes clear its stable, global, and internal nature.

Poststructural DA addresses the variability in participants’ accounts first by acknowledging it; second, by acknowledging the selective reading being made of it; and third, by taking a reflexive stance toward it in suggesting that its own research products be subject to the same analysis of construction, function, and organization as others (Potter, 1996).

The concept of *interpretive repertoire* offers another perspective for researchers interested in the workings of language in professional counseling. The concept of *interpretive repertoire* highlights the dynamism of the way people actually use language. As any stretch of talk demonstrates, use of language is rife with

fragmentation, ambiguity, and contradiction. The traditional approaches that emphasize stable, global, and internal entities like attitudes find this fragmentation, ambiguity, and contradiction problematical (Edwards & Potter, 1993). Poststructural DA, on the other hand, focuses attention on just this aspect of peoples' language use. It focuses attention on observables, that is, on people's talk and texts, and does not speculate on inner cognitive operations that take place within the individual.

Phase Two: Function

Function

The concept of function, which served as a sensitizing concept for the present study, concerns the action orientation of language and focuses analytic attention on what the language has been called on to do in a particular sequence of interaction (Potter et al., 1990). This position on language is contrasted with a more traditional view that sees language as a symbolic system of representation (Edwards & Potter, 1993).

People do many things with their accounts. Hence, in the present study the focus was on functions of the participants' talk that were considered most relevant to the research question. The present study suggested that participants used the PDC interpretive repertoire to accomplish several outcomes relevant to the research question, which have been described as a theory/practice distinction, an alternating discursive positioning, and use of an agency-enhancing and agency-diminishing grammatical formulation. The following section discusses each of these functions in more detail.

Theory/Practice Distinction

Results of the present study indicated that participants constructed their accounts of PDCs in relation to their MFH and with implications for their PI, in a way that created a theory/practice distinction. Participants used accounts in which they drew a distinction between talking *in broad theoretical* terms about their concerns about PDCs' incompatibility with what they described as the distinctive humanism of the counseling profession, and talking *in more concrete and practical* terms about the circumstances of PDCs' use.

The present study suggested that participants used this theory/practice distinction in their accounts to achieve a kind of distinctive MFH and PI in relation to PDCs. However, it also suggests that this achievement fell short. While they draw on a sociologically-based theory to *talk* critically of PDCs and to articulate a therapeutic humanism, they nonetheless *act* on the basis of a psychiatric-based theory of PDCs regarding the practicalities of professional practice. This use of the theory/practice distinction complicates the picture of counseling's MFH and PI issue, in suggesting the possibility that counselors believe they have a distinctive MFH and PI when they in fact do not. Participants' use of a theory/practice distinction reflected differences based on their PDC training and experience. Participants with less PDC training and experience were more likely to produce accounts of PDCs that embodied this distinction than participants with more PDC training and experience.

Much of the literature of CE paints a different view. Mead et al.'s (1997) recent survey of counselors is an example. In their nationwide study of how counselors are using PDCs in their MFH, they painted a picture of PDCs as used by counselors for numerous clinical tasks, with little hint of conflict or confusion.

However, they also presented information suggesting a sizable number of counselors would prefer not to use PDCs. Only 53% of the counselors they surveyed said they would continue using the current PDC taxonomy (*DSM-IV*) (APA, 1994) if not required to do so. This result suggests that a sizable number of counselors use the current system because they feel compelled to and not because they want to. Mead et al.'s survey, however, does not shed much light on this result, suggesting only that counselors found the current PDC system potentially biasing for clients, difficult to use in family counseling, and sometimes hard to use.

Rentoul (1995) describes a "further concern" (p. 54) about emphasizing PDCs as "natural categories" (p. 54) rather than as "constructed categories" (p. 55). He suggests that the lack of conceptual clarity around this issue has led to innumerable conceptual problems, such as reconciling PDCs with cultural diversity. Vacc, Loesch, and Guilbert (1997) stir the pot further in suggesting that, given the clientele of counselors, they rarely need extensive PDC training. In the present study, participants' talk about PDCs reflected in large measure the extent of their training and experience with them. Participants with more PDC training talked more favorably about them and displayed favorable psychiatric formulations in their talk. Participants with less PDC training talked more critically about them and were more likely to display critical sociological formulations in their talk.

The results of this study raise questions about the current training that master's-level counselors are receiving regarding the role of PDCs in their MFH. These questions about counselor training have not been addressed by the current CE literature on PDCs, which has been focused more on finding ways to increase PDC accuracy than to address questions of treatment philosophy (Cook et al., 1993; Fong,

1993, 1995; Furlong & Hayden, 1993; Hinkle, 1994; Hohenshil, 1993; Sinacore-Guinn, 1995).

Alternate Discursive Positioning

The results of the present study suggested that participants constructed accounts of PDCs in their MFH and with implications for their PI that were characterized by shifts in their discursive positioning. Discursive positioning, along with interpretive repertoire, function, and indexicality served as sensitizing concepts for the present study. Discursive positioning is the idea that people are both enabled and constrained by the conversations they become involved in (Davies & Harre, 1990). Participants in the present study used in the main two discursive positions in their talk about PDCs with regard to their MFH and PI: a reflexive positioning, in which what they said positioned themselves conversationally; and an interactional positioning, in which what they said positioned another conversationally.

In the present study, participants used accounts that displayed alternate discursive positioning as a way of accounting for the virtues and vices of PDCs. They used formulations of reflexive positioning to describe the virtues of PDCs. Such formulations focused attention back on the counselor, and focused attention on PDCs as helpful for activities like case conceptualization, treatment planning, and obtaining reimbursement. On the other hand, they used formulations of interactional positioning to focus attention on what they described as the drawbacks of PDCs, their potential for harming clients. This method of accounting can be seen as permitting participants to sustain two distinct ways of constructing PDCs, and once again exemplifies the lack of a coherent way of incorporating PDCs into their MFH. Given the dependence of PI on MFH, this result raises further questions about the counseling profession

having a clear PI. As previously discussed, current CE literature has focused primarily on how to increase the facility with which counselors use PDCs in terms of their accuracy (Geroski et al., 1997; Rabinowitz & Efron, 1997) and secondarily in terms of greater sensitivity to client context (Cook et al., 1993; Sinacore-Guinn, 1995; Velasquez et al., 1993). While the CE literature has focused on issues of counselor philosophy and values (Hershenson et al., 1989; Hershenson & Strein, 1991; Ivey & Rigazio-DiGillio, 1991), master's-level PDC training has not kept pace (Ginter, 1989a, 1989b, 1991; Kiselica & Look, 1993). Part of the reason for this failure to address issues of counselor philosophy and values in training is that most counseling students receive their PDC training through other curriculum, primarily psychology departments, or in clinical settings during internship (Ritchie et al., 1991). The results of this study can be seen as suggesting that the present PDC training counseling students are receiving is not adequately addressing issues of their philosophy and values.

Agency-enhancing Versus Agency-diminishing Grammar

A third function of participant accounts was to manage accountability for the effects of PDCs. Participants accomplished this through deployment of subtle shifts in grammatical formulations so that they were more accountable for desirable aspects of PDCs and less for undesirable effects.

This result adds to the current literature both within and outside CE with respect to PDCs in suggesting that students require PDC training that permits them to acknowledge and grapple with the various ethical issues in the use of PDCs in their MFH. By not acknowledging their accountability, participants cut-off the possibility of a productive ethical dialog about PDCs in their MFH. Cutting-off a productive

ethical dialog in this way may have significant consequences for counselor effectiveness. Sexton and Whiston (1991) discuss this and other therapeutic issues in their extensive review of the empirical basis for counseling's effectiveness. They conclude that one of the most important determinants of successful counseling is a therapeutic relationship that is collaborative, ethically responsive, reciprocal, and empathic. Use of agency-diminishing grammar also makes reification of client concerns more likely, thus contributing further to PDCs potential for imposing constraints on client potential rather than opening up new ways of looking at their concerns (Bevcar & Bevcar, 1994; Capps & Ochs, 1995; Daniels & White, 1994; Gergen, 1994; Guterman, 1994; Potter, 1996).

Phase Three: A Rhetorical Duel

Participants constructed accounts of the place of PDCs in their MFH and PI that were organized to take into account both their sequential placement within a broader range of talk, and their content, in terms of their ability to compete with alternative formulations. Participants' constructions of accounts that used reversals demonstrated both the inherent contestability of people's language use, and served to counter or undercut alternate accounts of PDCs in their MFH in a way that avoided more explicit conflict or disagreement.

While a considerable body of literature outside CE is developing around the issue of rediscovering the role of rhetoric in social science theory (cf. Antaki, 1994; Billig, 1996), the core idea of which is that language use is inherently contestable, there was no CE research located that has focused on this issue. In his discussion of a social constructionist MFH for counseling, Guterman (1994) does talk of the primacy of language, and the role of epistemology in every social science theory. But he stops

short of calling the production of meaning in language inherently contestable, instead opting for the now familiar social constructionist position that the production of meanings in language are “reciprocally shared” (p. 321) by the interlocutors in a given conversation. Similarly, Daniels and White (1994) in their advocacy of a “problem determined linguistic system” (p. 105) as a MFH for counseling suggest that producing meaning is a product of “social dialogues where problems are discussed and social organizations are defined” (p. 108). Hence, these writers argue for what appears a cooperative view of meaning-making rather than a contentious view.

Viewing language as inherently contestable refocuses analytic attention on matters that were once part of the background, and opens up potentially fertile areas for future research. Potter (1996) for one discusses the importance for a thorough analysis of peoples’ talk and texts to include analysis of fact production and organization. Since anything can be said in at least two ways, a thorough analysis must include how facts are selected and put together to compete with alternatives. Having completed discussion of the previous results of this study, the next section discusses the last result of this study, followed by a section on the limitations of this research, suggestions for future research, and a concluding section.

A Clash of Metaphors

Overall, the results of this study suggested that participants talked about the role of PDCs in their MFH with implications for their PI in two broad but distinctly different ways. They did so by drawing on various aspects of the PDC interpretive repertoire and by trading on the indexicality inherent in the discursive category PDC and its derivatives. They developed these two broad ways of talking about the role of

PDCs in their MFH because of their lack of another available discourse that permitted them to do the things they did with the two broad ways available to them.

The importance of the prevalence of various metaphors lies in their facility for organizing experience, and in their propensity for reification, or of turning an abstract concept into an object or entity (Potter, 1996). Instrumental metaphors are viewed here as holding out greater propensity for such reification over orientational metaphors because organizing experience in terms of things is more susceptible to reification than is organizing experience in terms of patterns of relationship.

Results of this study suggested that these two ways of talking about the place of PDCs in participants' MFH can be fruitfully described as a clash of the core metaphors of mechanism and contextualism. Mechanism, which advances the view of human beings as machines, emphasizes an individualistic focus on inner forces and discovery and application of universal laws. It is more compatible with the objective perspective on PDCs as described previously. Contextualism, which advances the view of human beings as agents, emphasizes an interactional focus on contextual forces, and appreciation of complexity and change (McReynolds, 1990; Minton, 1992; Steenbarger, 1991). It is much more compatible with the constructionist perspective on PDCs as discussed previously.

These results can be seen as suggesting that master's-level counseling students are struggling to accommodate two contradictory sets of epistemologic assumptions into their orientation to PDCs. Hence, the master's-level counseling students in this study showed an inability to produce what Ginter (1988, 1989a, 1989b, 1996) and others (Daniels & White, 1994; Ritchie et al., 1991) describe as the essence of a profession, that is, having "a clearly-defined theoretical perspective" (Bauman & Waldo, 1998, p. 13).

Participants' PDC Training and Experience

Participants' orientation to PDCs in their MFH and PI depended on their training and experience with PDCs. Participants with more training and experience with PDCs drew more on the aspects of the PDC interpretive repertoire represented by a favorable psychiatric theory of PDCs, while participants with less training and experience with PDCs drew more from a critical sociological theory of PDCs. In a similar vein, participants with more PDC training and experience were more likely to take a reflexive discursive positioning in their accounts of PDCs, while participants with less training and experience with PDCs were more likely to take an interactional discursive positioning in their accounts of PDCs. Further, participants with more PDC training and experience tended to emphasize the practice aspect of the theory/practice distinction in their accounts of PDCs, while those with less training and experience tended to emphasize the theory aspect of the theory/practice distinction in their accounts of PDCs.

Use of agency-enhancing/agency-diminishing grammatical formulations did not appear to depend on PDC training and experience. Independent of participants' training and experience, agency for the undesired effects of PDCs appeared to be mitigated by use of agency-enhancing/agency-diminishing grammar. In sum, participants' training and experience with PDCs to large extent appeared to determine their orientation to, and disposition towards, PDCs in their MFH and PI.

This result is consistent with the small empirical literature on this issue in CE. For instance, West et al. (1987), spoke of how counselors' approach to their professional duties (what is here being called MFH) was determined in large measure by either the setting, role, or duties that counselors performed. To the extent that

they were working in a setting, a professional position, or performing duties that involved PDCs, to that extent they tended to express favorable dispositions towards them.

This result has implications for CE training. It suggests that current training and experience in PDCs being acquired by counselors is leading them away from a distinctive counselor MFH and a clear PI, and towards pathology-based MFH and PI that are indistinguishable from the other mental health professions. What is more, the presence of a theory/practice distinction in these future counselors' accounts suggests the possibility that the counseling profession may be lulling itself into a false sense of security by continuing to believe there is already a distinctive MFH and clear PI, when it is clearly under siege from the practicalities of practice on which most counselors actually base their professional actions. A later section takes up the implication of this result for CE training.

Implications for PDC Training

There are three implications for PDC training that emerge from the results of this study. These implications for PDC training in CE involve the time, the place, and the focus of such training. Each is discussed in turn below.

The Timing of PDC Training

Although participants had on average completed 83% of their course work (range: 50%–125%), over half (18) indicated that they were presently getting their very first exposure to PDCs as part of their counseling program. Five participants reported that they had received a full, 15-week PDC course. However, the course was offered as part of another curriculum and was taught by a faculty outside CE.

While half the participants reported that they had received training and experience with PDCs within their counseling departments, 7 of these reported that it consisted of one class period, and another 4 reported that it was taught as part of another course (see Table 1).

The results of this study suggested that participants talked about PDCs in two relatively distinct ways, and that how they chose to talk about PDCs was determined in large measure by their training and experience with PDCs. Based on the results of this study, it is recommended that master's-level counseling students receive assistance in developing an available language resource for constructing PDCs in a manner that bridges the gap between their contextualist-inspired focus on interaction, context, and collaboration, and the mechanistic focus on the individual, discovery and application of universal laws, and objectification.

This result suggests that CE programs should consider introducing PDCs into the CE curriculum earlier in the students' education than at present. As discussed, only a minority of the participants received any exposure to PDCs prior to having completed over 80% of their program of study. Introducing PDCs earlier in the training of counselors offers students a greater amount of time to incorporate them into their counseling philosophy. Such an introduction does not necessarily mean an entire semester-long course. It may mean instead that PDCs are introduced in, and integrated with, courses in counseling theories, family therapy, or even courses in issues and ethics. Clearly, the current prominence of PDCs justifies the increased attention to them.

The Place of PDC Training

A second implication for CE training of PDCs is that the training should be provided by CE faculty, rather than by other mental health professionals, faculty in other departments, internship sites, or employment settings. The study results suggest that participants oriented to PDCs through a core contextualism that emphasizes interaction, context, and change. However, the majority of research participants were receiving the bulk of their experience with PDCs outside a CE curriculum, either in course work taught by other mental health professionals, at internship sites in mental health settings, or through their employment (more often in mental health settings as well).

The results of this study suggest that CE master's students require experience with PDCs that can accommodate their core contextualism. The present situation leaves students receiving the bulk of their PDC experience through departments such as psychology or counseling psychology, or through internship sites or employment settings, where the core approach to PDCs emphasizes the core mechanistic themes of individualism, discovery and application of universal laws, and objectification. CE students are therefore not provided with an opportunity to begin developing an integrative discourse with respect to PDCs that would allow them to fit PDCs into their core contextualism. This lack of opportunity to accommodate their core contextualism with the core mechanism of PDCs leaves students without a consistent direction with regard to PDCs in their MFH, and this in turn translates into the lack of a distinctive PI.

The Focus of PDC Training in CE

This implication is perhaps the most important of this study. The results indicate that, while students accommodate to PDCs with respect to the everyday aspects of practice, that they do so only with reservations. In this regard, Mead et al.'s (1997) study cited earlier attests to the existence of these reservations, with counselors, and other studies suggest it goes for lay persons as well. For example, Kleinke and Kane's (1997) research with undergraduates regarding models of responsibility attribution found them associating the medical model, in which people are considered not responsible for either their problems or their solution, with psychologists and psychiatrists, and found them associating counselors with a compensatory model, in which people are not responsible for their problems but are responsible for their solutions. Returning to Mead et al.'s (1997) study, while counselors view PDCs as helpful for their professional practice, they also expressed dissatisfaction as well.

The results of this study may shed further light on some of this dissatisfaction. Participants in this study showed considerable conflict over the role of PDCs in their MFH, such that they could speak of them only in two discrete ways. It appeared that the way the current system is taught and used, there may be little opportunity for counseling students to find ways of bridging the gap between their core contextualism and PDCs' mechanism. In the present study, participants' dissatisfaction with PDCs depended on how much PDC training and experience they had. However, the answer to PDC training in CE may not be as simple as providing more. For as the theory/practice and other results of this study suggest, more of the current PDC training is likely to have the paradoxical effect of diminishing

counseling's development of a distinctive MFH and clear PI, by overriding counseling's distinctive concerns about PDCs.

An answer to this dilemma lies in how students' PDC training and experience is oriented. One answer lies in providing them with experience with PDCs that accommodates their core contextualist values described earlier. Despite recent efforts to teach PDCs more inclusively (Cook et al., 1993; Sinacore-Guinn, 1995), such training approaches continue being handicapped by starting from an objective perspective on PDCs. Instead, providing experience with PDCs within a social constructionist perspective gives students at least three advantages. First, a social constructionist perspective is compatible with the core contextualist themes of interaction, context, and complexity, since social constructionist approaches to knowledge emphasize the communal aspects of knowledge (Gergen, 1994).

Second, a social constructionist approach to PDC training and experience does not exclude an objective perspective on PDCs, since social constructionist approaches to knowledge emphasize the value of multiple perspectives, and the universality of none (Daniels & White, 1994; Guterman, 1994). Third, a social constructionist approach to PDC training, in laying emphasis on multiple perspectives, is inherently more compatible with a culturally diverse approach, yet another core contextualist theme or value expressed by students in this study. Fourth, students' descriptions of PDCs in their MFH in this study reflected their "either/or," "never the twain shall meet" orientation to PDCs. As discussed, this orientation suggests that students have not found a way of integrating the virtues of PDCs with what they describe as the contextualist virtues of the counseling profession they are about to enter. A social constructionist approach to PDCs can provide students with

the possibility of a “both/and” way of bridging or blending their two ways of orienting to PDCs in a way that produces a coherent MFH and subsequent PI.

Limitations

There are at least six limitations to the present study. First is the inexperience of the researcher. While I have studied the literature of PDCs, the debate in CE over MFH and PI, and the method of poststructural DA, this study is nonetheless my first effort at formal research. Second, despite the many advantages of focus-group interviews, the depth of information possible from each participant is probably less than in one-on-one interviews. Third, despite reading the focus-group literature extensively and having had years of experience running any number of different kind of therapy groups, my lack of formal training in planning and moderating focus groups is a clear limitation of this study. Fourth, there are also constraints on the sample such that transferring the results to other master’s-level counseling students in other programs and with differing demographics, must only be done with caution. Fifth, since the focus groups were entirely voluntary, there is also the issue of self-selection in the focus-group samples, such that it is unclear whether or to what extent the results can be extended to students who did not or would not volunteer to participate. Sixth, that only 9 of 30 participants were contacted for the participants’ orientation, part of the validation methods for this study, serves as another limitation.

Implications for Future Research

The results of this study open up opportunities for future research in this area. In the discussion to follow, three of these opportunities are briefly discussed: (1) Do PDCs facilitate professional communication? (2) Does providing students with PDC

training from a social constructionist perspective enhance or hinder their development of a MFH and PI? and (3) Does PDC training from a constructionist perspective enhance or hinder students' ability to consider diversity in their orientation to PDCs?

PDCs and Professional Communication

One of the main advantages of PDCs for practitioners has been described as the fact that they facilitate professional communication (Fong, 1993; Hinkle, 1994; Hohenshil, 1993, 1996; Seligman, 1996). The basis for this presumed advantage is the extensive field trials of the current taxonomy that presumably established their reliability and validity (Rentoul, 1995; Widiger & Spitzer, 1991). However, a number of writers have questioned this presumption (Kirk & Kutchins, 1992). These writers and others question whether knowledge of PDCs does facilitate rather than impede professional communication, and little research addresses this issue.

PDC Training From a Social Constructionist Perspective

As discussed, little research exists on how PDC training is conducted, or how students respond to it (Sinacore-Guinn, 1995). However, the proposals for such training start from an assumption of an objective view of PDCs (Rentoul, 1995). Hence, research on students' response to PDC training from a social constructionist perspective would be useful in terms of whether counseling students felt that it better equipped them to bridge or blend their contextualist leanings with PDCs' objective perspective, in terms of their MFH and PI.

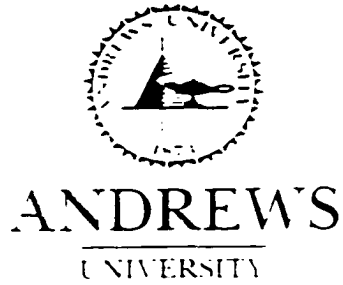
PDCs, Social Constructionism, and Diversity

Diversity has been a hallmark of the counseling profession (Steenbarger, 1991). The objective perspective on PDCs is difficult to reconcile with counseling's focus on diversity, rooted in large part in its traditional contextualism as discussed in this study. Research on PDC training from a social constructionist perspective may lead to valuable insights into how PDCs may be brought into the MFH and PI of counselors while permitting the profession of counseling to stay at the forefront of this important issue.

Closing

Participants in this study offered their descriptions of how they orient to PDCs in their MFH and PI. The overall conclusion of this study is that they display two distinct ways of talking about PDCs with regard to their MFH and PI, with little in between. Participants' ways of talking about PDCs were interpreted as depending on their PDC training and experience, with more training and experience leading to greater acceptance of PDCs and loss of distinctiveness of MFH, and less training leading to less acceptance or even rejection of PDCs, and greater distinctiveness of their MFH. The implications for PI are clear: To develop a clear PI, counseling must move beyond the current dualism in its approach to PDCs and find ways of combining what is distinctive about counseling, with the practice realities faced by counselors in the field. In sum, a clear PI for the counseling profession rests on developing an approach to PDC training in CE that combines what is best about counseling with what is best about PDCs.

Appendix A
Recruitment Letters



December 11, 1997

Mr. Jerry McLaughlin
1809 Arrowhead Trail
Allegan, MI 49010

Dear Jerry:

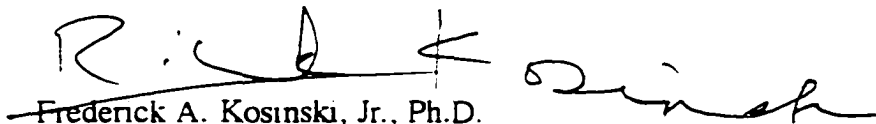
This letter is to verify that you have been granted permission to recruit participants in your research study. You are most likely to find suitable subjects in the following courses:

EDPC658 Projective Testing
EDPC687 Therapies for Adults
EDPC689 Marital and Family Therapy

Projective Testing meets from 2:30-4:20 p.m. on Mondays and Wednesdays in Bell Hall #183. The instructor is Dennis Waite. Therapies for Adults meets from 10:30 a.m.-12:20 p.m. on Mondays and Wednesdays in Bell Hall #180. The instructor is Tim Spruill. Marital and Family Therapy meets from 12:30-2:20 p.m. on Tuesdays and Thursdays in Bell Hall #183. The instructor is Nancy Carbonell.

I look forward to hearing from you early in January. Please feel free to contact me if you have any questions. I can be reached at (616) 471-3466.

Sincerely,


Frederick A. Kosinski, Jr., Ph.D.
Assistant Chair
Department of Educational &
Counseling Psychology

cc: Elsie Jackson

Counseling and Special Education
208 Rowe Hall
(517) 774-3205

11 December, 1997

Jerry McLaughlin
1809 Arrowhead Trail
Allegan, MI 49010

Dear Jerry:

This is to verify that I am willing and able to make available to you the Counselor Education program students here at Central Michigan University for the purpose of collecting data for your dissertation. Your project sounds most interesting, and I look forward to the small part that I will play in this process.

I look forward to hearing from you early next year. Best of luck.

Sincerely,



D. Terry Rawls, Ed.D., L.P.C.
Chair, Counseling and Special Education

Date: Thu, 18 Dec 1997 16:07:15 -0500 (EST)
From: Suzanne.Hobson@emich.edu, "Suzanne Hobson"@wmich.edu
Subject: jerry mclaughlin
To: karen.blaisure@wmich.edu
Reply-to: Suzanne.Hobson@emich.edu
X-Priority: 3 (Normal)

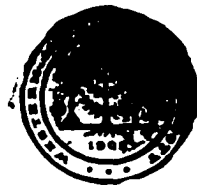
Karen,

I'm writing on behalf of the Guidance and Counseling faculty at Eastern Michigan University. We would gladly support Jerry McLaughlin's research study. As I indicated in my previous e-mail correspondence, there are only two classes in which Jerry will want to recruit participants. I list below the course numbers, instructors, and regular class meeting times. He may contact each instructor at (734)-487-0255 to schedule a time to visit his/her class. Each instructor is assuming his recruiting visit will take approximately 20 minutes of class time and that any students who participate will then take part in more extensive focus group discussions (outside of regular class time).

GDCN 694 Dr. Ametrano Wed. 5:30-7:20
GDCN 786 Dr. Thayer Sat. mornings (internship group supervision)

The students in these classes will all have completed the GDCN 622 class on diagnostic categories and should represent the students in our program most appropriate for participation in this study....

Suzanne Hobson



WESTERN MICHIGAN UNIVERSITY

December 1, 1997

Jerry E. McLaughlin
Doctoral Student
3102 Sangren Hall
Department of Counselor Education
and Counseling Psychology
Western Michigan University
Kalamazoo, MI 49008

Dear Mr. McLaughlin:

You have my permission to contact instructors of CECP classes to request that they allow you to come into their classrooms in order to ask students to participate in your dissertation research.

Sincerely,

A handwritten signature in cursive script that reads "Joseph R. Morris".

Joseph R. Morris, Ph.D.
Professor and Department Chair

c: Karen Blaisure, Ph.D.,
Faculty Advisor

chair:\students\misc

Appendix B
Consent Forms

Consent Form

Principal Investigator: Karen R. Blaisure, Ph.D.

Research Associate: Jerry E. McLaughlin M. A.

(Participant Copy)

I have been invited to participate in a research project entitled, "The Influence of Psychiatric Diagnostic Training on Counseling Students' Model-For-Helping and Professional Identity." I understand that the research is intended to study how psychiatric training influences counseling students' reports of their development of a model-for-helping and professional identity. I further understand that this study is Jerry E. McLaughlin's dissertation project.

My consent to participate in this project indicates that I understand I will be asked to attend one, two-hour focus group interview with Jerry McLaughlin as moderator. I will be asked to meet with Mr. McLaughlin for that session at a prearranged time and place. I will be asked questions about my training in psychiatric diagnostic categories and its influence on my model-for-helping and professional identity. In addition, I will be asked to volunteer for a thirty-minute, follow up audiotaped phone interview at the researcher's expense to offer my impressions of the developing analysis. I understand the interviews will take place in a group setting with students with whom I have not discussed these issues before in any detail. I understand that the only reciprocation is the possibility of my being awarded an \$80.00 gift-certificate to a local bookseller through a lottery at the conclusion of the focus group interview.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to me except as otherwise specified in this consent form. I understand that one potential risk of my participation in this project is that I may be upset by the content of the interview. I understand that Jerry E. McLaughlin is prepared to provide crisis counseling should I become significantly upset and that he is prepared to make a referral if I need further counseling about this topic. I will be responsible for the cost of therapy if I choose to pursue it.

One way in which I might benefit from this activity is having a chance to clarify my ideas about my training in psychiatric diagnostic categories, my model-for-helping, and my professional identity. I also understand that this research may lead to improvements in counseling curricula and the counseling profession.

I understand that all the information collected from me is confidential. My name will not appear on any papers on which this information is recorded. The forms will all be coded, and Jerry McLaughlin will keep a separate master list with the names of participants and the corresponding code numbers. Once the data are collected and analyzed, the master list will be destroyed. All other forms will be retained in a secure location in the principle investigator's office for three years following completion of this proposed study, and then destroyed.

I understand that I may refuse to participate or quit at any time during the study without prejudice or penalty. If I have any questions or concerns about this study, I may contact either Jerry E. McLaughlin at 616-673-5858 or Dr. Karen R. Blaisure at 616-387-5100. I may also contact the Chair of Human Subjects Institutional Review Board at 616-387-8293 or the Vice President for Research at 616-387-8298 with any concerns that I have. My signature below indicates that I understand the purpose and requirements of the study and that I agree to participate.

Signature

Date

Consent Form

Principal Investigator: Karen R. Blaisure, Ph.D.

Research Associate: Jerry E. McLaughlin M. A.

(Research Copy)

I have been invited to participate in a research project entitled, "The Influence of Psychiatric Diagnostic Training on Counseling Students' Model-For-Helping and Professional Identity." I understand that the research is intended to study how psychiatric training influences counseling students' reports of their development of a model-for-helping and professional identity. I further understand that this study is Jerry E. McLaughlin's dissertation project.

My consent to participate in this project indicates that I understand I will be asked to attend one, two-hour focus group interview with Jerry McLaughlin as moderator. I will be asked to meet with Mr. McLaughlin for that session at a prearranged time and place. I will be asked questions about my training in psychiatric diagnostic categories and its influence on my model-for-helping and professional identity. In addition, I will be asked to volunteer for a thirty-minute, follow up audiotaped phone interview at the researcher's expense to offer my impressions of the developing analysis. I understand the interviews will take place in a group setting with students with whom I have not discussed these issues before in any detail. I understand that the only reciprocation is the possibility of my being awarded an \$80.00 gift-certificate to a local bookseller through a lottery at the conclusion of the focus group interview.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to me except as otherwise specified in this consent form. I understand that one potential risk of my participation in this project is that I may be upset by the content of the interview. I understand that Jerry E. McLaughlin is prepared to provide crisis counseling should I become significantly upset and that he is prepared to make a referral if I need further counseling about this topic. I will be responsible for the cost of therapy if I choose to pursue it.

One way in which I might benefit from this activity is having a chance to clarify my ideas about my training in psychiatric diagnostic categories, my model-for-helping, and my professional identity. I also understand that this research may lead to improvements in counseling curricula and the counseling profession.

I understand that all the information collected from me is confidential. My name will not appear on any papers on which this information is recorded. The forms will all be coded, and Jerry McLaughlin will keep a separate master list with the names of participants and the corresponding code numbers. Once the data are collected and analyzed, the master list will be destroyed. All other forms will be retained in a secure location in the principle investigator's office for three years following completion of this proposed study, and then destroyed.

I understand that I may refuse to participate or quit at any time during the study without prejudice or penalty. If I have any questions or concerns about this study, I may contact either Jerry E. McLaughlin at 616-673-5858 or Dr. Karen R. Blaisure at 616-387-5100. I may also contact the Chair of Human Subjects Institutional Review Board at 616-387-8293 or the Vice President for Research at 616-387-8298 with any concerns that I have. My signature below indicates that I understand the purpose and requirements of the study and that I agree to participate.

Signature

Date

Appendix C
Telephone Contact Script

Telephone Contact Script

Hello, my name is Jerry McLaughlin and I am a doctoral student in Counselor Education and Supervision at Western Michigan University in Kalamazoo, Michigan. I am calling to request the opportunity to recruit master's-level counseling students with training in psychiatric diagnostic categories into a study of how that training has influenced their model-for-helping and professional identity. This study is being conducted under the supervision of Dr. Karen Blaisure, Assistant Professor of Counselor Education at Western Michigan University, and the Chair of my doctoral committee. This study is being conducted as part of the requirements for a Ph.D. in Counselor Education and Supervision at Western Michigan University.

If you agree to permit recruitment, I would request up to twenty-minutes in as many master's-level courses as is possible on a day or two over the next two months to read a prepared, introductory script describing the study, and completion of an interest form. I will also want to arrange a location where a focus group interview would be feasible, in order to provide interested parties with a time, date, and location for the data collection.

This proposed study uses a qualitative methodology and focus group data collection procedure to explore how counseling students use diagnostic training to create a model-for-helping and professional identity. the results of this proposed study can inform curriculum development and further the debate over model-for-helping and professional identity in counselor education.

Are you willing to permit recruitment? If "no," then thank you for your time. If "yes," then thank you for agreeing to permit recruitment of participants into this proposed study. Participation is entirely voluntary; participants can withdraw without penalty or prejudice at any time. Confidentiality will be strictly enforced. Reciprocation to participants will be in the form of an \$80.00 gift-certificate to a local bookseller that will be distributed by lottery at the focus groups conclusion.

Are there any questions about this proposed study? If not, then thank you once again. I will contact you by telephone to set up class times and locations for inviting students to participate. If you have questions in the future, please contact me at 616-673-5858.

Appendix D
Initial Contact Correspondence

Initial Contact Correspondence

Dear:

I am a doctoral student working under the direction of Dr. Karen Blaisure in the department of Counselor Education and Counseling Psychology at Western Michigan University (WMU). I am writing requesting permission to recruit participants for my dissertation from your department. My proposed qualitative study concerns the influence of psychiatric diagnostic training on masters level counseling students' reports of their development of a model-for-helping and professional identity. My dissertation proposal calls for using three or more 60 to 90-minute focus group interviews from different academic settings in order to obtain more naturalistic conversations, and for purposes of data triangulation. Participants will be masters level counseling students with at least two-thirds of their course work complete, and who are either presently taking or have taken in the past, a course dealing with psychiatric diagnostic categories. Significance of this proposed study lies in learning how influential psychiatric diagnostic training is in influencing counselor's model-for-helping and professional identity. Results of this proposed study should inform curriculum development, and help identify how participants are reacting to their training in psychiatric diagnosis to conceptualize client problems, resolutions of those problems, and conduct of therapy.

My request to use your department for participant recruitment involves three aspects. First, that I would have permission to talk with instructors of masters level counseling classes about coming to their classes to read an HSIRB-approved recruitment script. This script would inform students about the purpose of the study, participant qualifications, demands on participants, risks and benefits, measures to be taken to assure their privacy and confidentiality, opportunity for reciprocation for their participation, and that they are under no obligation to participate. The second aspect of my request involves asking interested and qualified students to complete a general information form that includes their addresses, phone numbers, curriculum, number of masters level hours completed, and that asks them to briefly describe their course work dealing with psychiatric diagnostic categories. This script would also inform them of two possible dates, times, and locations for convening the focus group, and would ask them the two possible times they could attend a focus group. I estimate that the total time allotment for this activity would be about 20 minutes. The third aspect of my request to use your department for participant recruitment would involve getting your help in securing an appropriate location, such as an empty classroom or office, for convening the focus group. If you agree to permit me to approach instructors, I would appreciate a letter stating your approval of my request. I anticipate convening the focus groups in January 1998. Thank you for my request. If you have further questions, please feel free to contact me at (616) 673-5858.

Cordially,

Jerry E. McLaughlin
M. A. Research Associate

cc: Dr. Karen Blaisure

Appendix E
Participant Recruitment Script

Participant Recruitment Script

I would like to inform you about a study that you may want to participate in. Participation is entirely voluntary, and your decision to decline to participate will not result in any penalty or prejudice. I, Jerry McLaughlin, am conducting this study as part of the requirements for a Ph.D. in Counselor Education and Supervision from Western Michigan University. I am conducting this study under the direction of Dr. Karen Blaisure, Assistant Professor of Counselor Education at Western Michigan University. The purpose of this study is to learn how training in psychiatric diagnosis influences master's-level counseling students' reports of their model-for-helping and professional identity.

Participants I am asking for are master's-level counseling students who have had training in psychiatric diagnostic categories. Participants will be asked to attend one 90-120-minute focus group interview here on campus with myself as moderator. The interview will focus on how your training in diagnosis has influenced your model-for-helping and professional identity. Participants will also be asked to volunteer for a thirty-minute follow-up interview within two-weeks of the focus group interview to discuss their reactions to a summary of my preliminary analysis. To reciprocate for participation, at the end of the focus group interview, an \$80.00 gift-certificate to a local bookseller will be awarded by a drawing. If you choose to participate, you will be asked to complete a demographical information form that includes several prearranged dates, times, and locations for the focus group interview. You are asked to identify which date works best for you. Before the focus group interview, you will be asked to read an informed consent statement regarding this study. The informed consent will describe any negative and positive outcomes of participating in the study. If you agree to participate, you will be asked to sign the consent form.

The information you share as a research participant will be kept confidential. The focus group interview will be audiotaped and transcribed. In the transcripts and in any use of the tapes, your identity will be shielded by using a pseudonym, and through omitting or altering identifying information. A master-list will be kept in a secured location until January 2001 in accordance with the requirements of the Human Subjects Institutional Review Board, after which time it will be destroyed. Thank you for your time today.

Appendix F
Demographic Information

Demographic Information

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Sex: _____

Home Address: _____

State _____ Zip _____ Telephone _____
 Best time to Reach: _____ AM/PM (circle one)

Curriculum: _____ Have you had a course in epistemology? Yes/NO
 (circle one)

Name of School _____

Number of hours completed in your degree program _____ Number of hours required? _____

Briefly describe your training in psychiatric diagnostic categories: _____

Are you interested in participating in this research? _____
 Yes No

The focus group will be held at one of the following two times:

(1) _____	(2) _____
date	date
_____	_____
time	time
_____	_____
location	location

Which date/time/location do you prefer? ____ (1) ____ (2)

Appendix G
Focus Group Interview Route

Focus Group Interview Route

Over the last few years, an important issue in the CE literature has been what model-for-helping (MFH) the counseling profession should advance, and what professional identity (PI) the profession should strive to attain. A considerable amount of attention has centered on psychiatric diagnostic training, with some arguing for, and some arguing against, such training for counselors. The present study explores the question of how PDC training influences counseling students' reports of their development of a MFH and PI.

- Question 1.** What are PDCs?
- Question 2.** How has your PDC training influenced your MFH and PI?
- Question 3.** What is distinctive about the counseling profession?
- Question 4.** How does the counseling profession differ from the psychology profession? The social work profession?
- Question 5.** What are the primary advantages of PDC training? Disadvantages?
- Question 7.** How do you view PDCs?
- Question 8.** How do you envision using your PDC training?
- Question 9.** Should PDC training be a required part of counselor training? Why or Why not?
- Question 10.** What conception of the person does PDC training invite?
- Question 11.** How do you use your PDC training in developing treatment plans?
- Question 12.** How do other professions differ from counseling in their ideology regarding PDCs?

Appendix H
Transcription Conventions

Transcription Conventions

(Adapted from Ferrara, K. W. (1994). Therapeutic ways with words. New York: Oxford University Press.)

Symbol	Explanation
[]	Simultaneous talk by two or more participants
:	Colons are used to denote elongated emphasis on a particular letter or sound
...	Denotes part of an utterance considered unessential to analytic point being made, and therefore deleted for purposes of readability and space considerations
_____	Underlining is used to denote heavier emphasis in speaker's pitch
(.)	Pauses in speaker's utterance. (Numbers in parentheses refer to approximate seconds between parts of utterance. When no number is presented, pause was estimated as less than one-second.)
(())	Inaudible or background talk that transcriber is unsure of
ALL CAPITALS	Denotes louder talk than surrounding talk
<i>italics</i>	<i>To illustrate analytic point.</i>

Appendix I
Copy of Initial and Final Analytic Codes

Initial Coding Scheme

Code	Description
1. LT	Participants talk about lack of PDC training or experience
2. I	Insurance reimbursement (later, all reimbursement)
3. N/C	Negative Consequences of PDCs
4. M/A	PDCs as analogous to medical diagnoses
5. D+	Talk about positive distinction among counseling and PDCs relative to other mental health professions
6. D-	Talk about negative distinction among counseling, PDCs and other mental health professions
7. C	Using PDCs to facilitate professional communication
8. CC	PDCs as aids to case conceptualization
9. CCDT	Case conceptualization and diagnostic treatment
10. NCCDT	Not helpful for case conceptualization and treatment planning
11. DL	Diagnosis as Labeling
12. V/R	Validity and Reliability issues
13. S=	Counseling MFH similar to other mental health professions
14. P/C	Positive consequences of using PDCs
15. C-	PDCs unhelpful for facilitating professional communication

Final Coding Scheme

Code	Description
1. I	All reimbursement
2. N/C	Negative Consequences of PDCs
3. T/P	Theory/practice distinction
4. M/A	PDCs as analogous to medical diagnoses (psychiatric)
5. P/C	Positive consequences of PDCs
6. D+	Talk about positive distinction counseling MFH, PDCs, and other mental health professions
7. D-	Talk about negative distinction counseling MFH, PDCs, and other mental health professions
8. S=	Talk about equivalence among counseling, PDCs, and other mental health professions
9. D/P (a, b)	Discursive positioning: (a) reflexive; (b) interactional
10. C	Talk about PDCs for professional communication
11. CC	Talk about PDCs as aids to case conceptualization
12. CCDT	Talk about PDCs as aids to differential treatment
13. NCCDT	Talk about PDCs as NOT aids to treatment selection
14. D/L	Diagnosis = Labeling (sociological)
15. A/e:A/d	Agency-enhancing versus agency-diminishing
16. Context	Talk about PDCs that is contextualistic, i.e., interactional, contextual, complexity

17. mech Talk about PDCs that is mechanistic, i.e., individual, discovery/application of general laws
18. T Talk about counselor training in PDCs
19. R Talk about PDCs in which participants reverse direction of narrative or account by substitution other words or introduction of polarity
-
-

Appendix J
Follow-up Telephone Interview Questions

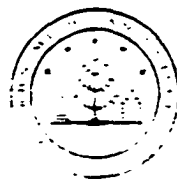
Follow-up Phone Interview Questions

Phone follow-up interviews will be planned for one-month following the focus group interview. They will be conducted at the expense of the research associate, Jerry McLaughlin, and will be scheduled for 30-minutes. Goal of the interviews is to obtain additional information about participant concerns and perspectives. First, the research associate will provide the participant with a preliminary analysis of findings. Second, the research associate will adhere to the following questions to explore how similar or different this preliminary analysis is to the position and concern of participant.

1. Where do you see the relevant issues of the focus group different from the preliminary results presented to you?
2. Where do you see the relevant issues of the focus group as the same as the preliminary results presented to you?
3. What additional relevant concerns do you think were presented in the focus group that are not represented in these preliminary results as presented to you?
4. What irrelevant concerns do you think have been included in the preliminary analysis presented to you?
5. What else can you add from your own position that would enhance the preliminary results presented to you?

Appendix K
Human Subjects Institutional
Review Board Approval

Human Subjects Institutional Review Board



Kalamazoo, Michigan 49006-3899

WESTERN MICHIGAN UNIVERSITY

Date: 3 February 1998

To: Karen Blaisure, Principal Investigator
Jerry McLaughlin, Student Investigator

From: Richard Wright, Chair

Handwritten signature of Richard A. Wright in cursive.

Re: HSIRB Project Number 98-01-02

This letter will serve as confirmation that your research project entitled "Influence of Psychiatric Diagnostic Training on Counseling Students' Development of a Model-for-Helping and Professional Identity" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 30 January 1999

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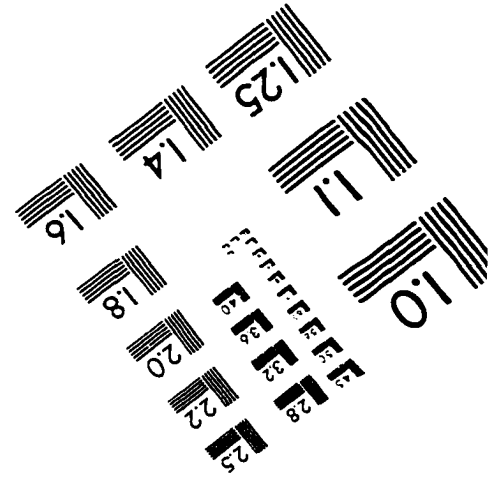
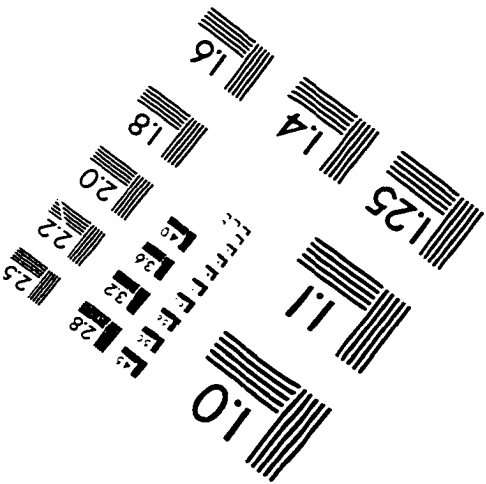
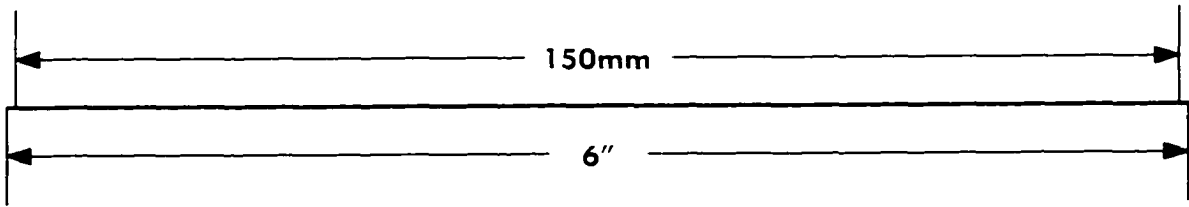
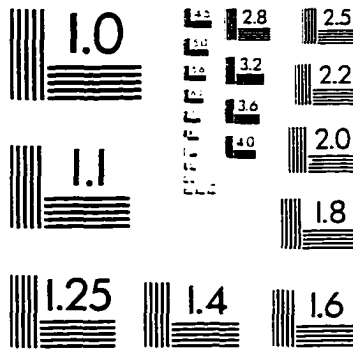
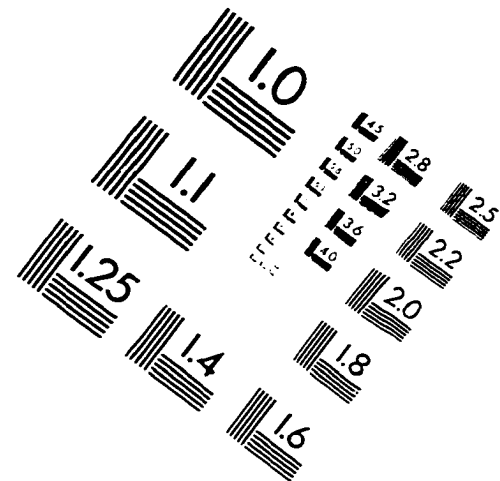
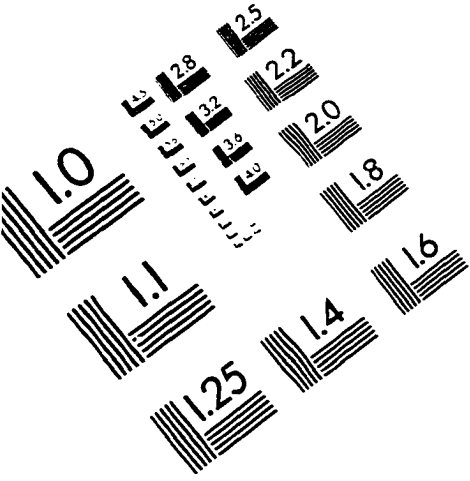
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