Developmental Counseling and Psychotherapy: Applying the Theories of Piaget, Perry, Kohlberg and Erikson

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DEVELOPMENTAL COUNSELING AND PSYCHOTHERAPY:
APPLYING THE THEORIES OF PIAGET, PERRY, KOHLBERG AND ERIKSON

by

Toni Perior Gross

Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
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Counseling and Personnel Department

Western Michigan University
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While developmental theories have been used as a diagnostic tool in counseling adults, they do not seem to have been used as a basis for treatment. The author reviews the theories of Piaget, Kohlberg, Perry and Erikson and abstracts from them a series of basic statements and corollaries that form the core of a theory of developmental counseling and psychotherapy.

With these statements as a background, the author discusses the persons involved in therapy, the purposes of therapy, and the stages of therapy. In the considerations on the initial stage of therapy, emphasis is placed on the responsibility of the therapist to determine that the client-therapist relationship facilitates growth in the client's present stages. It is noted that clients attempt, consciously and/or unconsciously, to form a series of relationships with the therapist that are comfortable. When the therapist perceives the relationship to be appropriate for the client's continuing development, he or she may accept the role provided by the client. Otherwise the therapist
must alter the relationship so that he or she may assume a more helpful role vis-a-vis the client. An understanding of the characteristics of the stages of life-task development, as presented by Erikson, is seen to be particularly relevant in determining the appropriateness of the client-therapist relationship.

In the considerations on the intermediate stage of therapy emphasis is placed on the selection of treatment techniques that provide the client opportunity to exercise stage-related characteristics and that maximize the client's demonstrated strengths. The characteristics of the cognitive stages as they are presented by Piaget, Kohlberg and Perry are reviewed briefly in terms of the treatment modalities which might be used with clients at various levels of development. It is not the author's intent to devise new strategies but to indicate the basis on which therapists might select a strategy from those available in the literature and/or devise new strategies themselves.

In order to clarify the concepts presented as a theory of developmental counseling and psychotherapy, the author presents five case studies. Discussed in terms of the clients' developmental stages are both the relationships formed between clients and counselor and some of the treatment modalities employed. For further clarification, the concepts of Developmental Counseling and Psychotherapy are
shown in the context of the historical development of psychoanalytic psychotherapy and client-centered therapy. Discussed in detail are the notions of relationship, transference, countertransference, and resistance. Particular attention is also given to the information which developmental therapists seek from their clients, the inclusion of both past and future aspects of client's lives as they impact the predominant emphasis on the clients' present development, and treatment planning.

Finally, Developmental Counseling and Psychotherapy is analyzed as a theory. The author notes that it is a theory based, not on controlled observation, but on clinical experience and previously explicated developmental theories. As such the theory of Developmental Counseling and Psychotherapy may be seen to be a framework for integrating principles of human development with the process of counseling and psychotherapy.
ACKNOWLEDGEMENTS

This work, while my own, is also the result of the influence of others. I am grateful for that influence and wish to thank, first, my husband, Frank. With him I read the developmentalists on whose ideas this study was based; with him I discussed my efforts to apply those ideas to my work with clients. And, what is perhaps most significant, from him I have received encouragement and support for all that I have done here and for all that has prepared me for it.

Secondly, I wish to thank Dr. Ed Trembley, my advisor, whose enthusiasm for this project has marked its every stage, and whose criticism and suggestions have contributed significantly to whatever excellence is here.

Lastly, my sincerest gratitude to my friends, especially Usha, Marianne, and Kathy, who have provided encouragement throughout my years of study, and to Joe and Matt who are very pleased that their mother has finally passed her last exam.

Toni Perior Gross
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DEVELOPMENTAL COUNSELING AND PSYCHOTHERAPY: APPLYING THE THEORIES OF PIAGET, PERRY, KOHLBERG AND ERIKSON

Western Michigan University

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CHAPTER I

INTRODUCTION

There is, currently, a renewed interest in the study of human development among psychologists. This interest has resulted in the publication of research studies by Kohlberg (1958, 1971), Perry (1970), and Levinson (1978). The work of these researchers has extended that of earlier research in human development. Perry and Kohlberg were specifically concerned with extending Piaget's theories of cognitive and moral development. Levinson, who presented a clearer picture of the tasks adult males face between the ages of 20 and 50, has added to Erikson's descriptions (1959, 1963, 1968) of adult life tasks. Other researchers, Loevinger (1966, 1970, 1976), Selman (1971), Selman & Byrne (1974), and Kegan (1979), have furthered an understanding of ego development, particularly in regard to changes in conceptualizations of self and others from childhood through adulthood.

From the theories and information which these investigators of human development have provided, psychological practitioners have adopted the view of people as passing through a variety of life stages. They recognize that persons in each stage face tasks peculiar to that stage and have characteristics which enable them to complete those
tasks. From this recognition have come efforts to design programs and activities that would enhance normal development and prevent maladaptive development. Among the activities and programs are the Headstart and Upward Bound programs begun in the 1960s, couples' communications training programs, midlife career development programs, retirement planning programs, and workshops to increase one's assertiveness and self-awareness. This work has been encouraged by leaders in the field of counseling psychology. Ivey (1976), Chairman of Division 17, A.P.A., Professional Affairs Committee, defined the role of counseling psychologists to include the three functions of: 1) prevention, 2) education/development, and 3) remediation. Chin (1967) saw a similar concern for prevention and development among clinical psychologists.

In spite of the preventive measures made available by the efforts of mental health professionals, practicing counselors and psychotherapists continue to encounter individuals who are not coping well with life's tasks. These practitioners seem unable to extend their understanding of people as developing from those who attend their psychoeducational programs to those who come for counseling and therapy. This is true, at least, as they move with their clients beyond the diagnostic phase of therapy. Thus therapists familiar with developmental theories may refer to their clients as being in an identity crisis, as struggling
with the crisis of intimacy or generativity, or as being in the denial stage after the diagnosis of a critical illness. Their use of developmental theories is limited to such assessments of difficulty; problem solving is approached from an awareness of the client's deficiencies. Therapists' view of clients continues to be that of persons suffering from psychological ills or wounds that are to be cured or healed. In short, they continue to practice the medical model of therapy.

The medical model of psychotherapy has been criticized by many authors, among them Szasz (1960), Mowrer (1960), Albee (1969), and Ullman and Krasner (1975). These authors, who base their understanding of people and their therapeutic efforts on learning theories, regard their clients as having behavior deficits or as having learned maladaptive behaviors. The therapist's work with clients is to teach new helpful behaviors and to extinguish the old unhelpful behaviors. Thus, like the proponents of the medical model whom they criticize, these authors view the client as having deficits. Nevertheless, the criticism which they have leveled at other schools of therapy raises the question, is there an alternative to viewing the client as sick or wounded or ignorant?

The alternative seems to be that of adopting a view of the client as one who is engaged in development just as surely as the non-client and the client who attends
developmentally oriented programs and workshops. Bocknek (1977) presented a series of hypotheses which indicate the possibility of using a developmental approach in therapy. However he neglected to include some significant factors relevant to a developmental approach, and he failed to extend the hypotheses of developmental theories to the formulation of hypotheses for developmental therapy. Basic to this study is the conviction that such an extension is possible. That is, it is possible to have a developmental approach to counseling or therapy which bases its treatment of clients on their developmental stages and utilizes their strengths to help them do in those stages what they want and need to do.

Statement of the Problem

It is the purpose of this study to present a theoretical formulation of a developmental model of psychotherapy and to demonstrate the application of this model to case studies. More specifically, the purposes of this study are 1) to show that the theories of Piaget, Erikson, Kohlberg, and Perry provide the basis for a theory of therapy with adult clients which may be called developmental therapy; 2) to discuss developmental counseling, which this study defines as an interpersonal process undertaken by a counselor and a client for the twofold purpose of relieving the distress and facilitating the continued development of the
client, and to describe developmental counseling; and 3) to provide a model for using the developmental schemas of these four theorists for assessing the assets as well as the needs of clients and, on the basis of that assessment, to plan and execute the treatment process.

Significance of the Problem

Since Freud presented his developmental theories, normal development has been considered an important facet of an adequate personality theory. Since Freud, at least, therapists have tried to understand the person in trouble in the context of normal development. Frequently, however, this understanding has focused on what seemed to be the penchant of the person to bog down in development, or even to regress. It is not surprising that this should be the case. The basis for most of our developmental theories, including Freud's is the study of clients, i.e., people in psychological trouble. More recently, however, developmental studies have concentrated on the major segment of the population--on "normal people." Researchers such as Piaget, Kohlberg, and Perry have been struck, not by a tendency to fail in development, but by the strength of the momentum of normal development. While both Kohlberg (1971) and Perry (1970) noticed real difficulties in growth experienced by their subjects, and the resulting personal efforts (both successful and unsuccessful) to manage those difficulties, they
noted that by far the greatest majority of their subjects progressed through stages of cognitive development. Their subjects, with few exceptions, continued to grow in spite of personal difficulties and sometimes hostile environments.

Piaget (1952/1963), Piaget and Inhelder (1966/1969), and Erikson (1959, 1963, 1968), made this developmental thrust understandable by their explanations of human growth. Piaget did so by hypothesizing and describing the biologically inherent processes of assimilation, adaptation, and organization as they apply to intellectual development. He suggested that by means of these processes people develop cognitive and action schemes that enable them to interact with their environment more effectively. Continued interaction with the environment leads to further assimilation, adaptation, and the organization of yet more effective schemes. It is the use of newly acquired schemes which signal a new stage. Thus, through the processes of assimilation, adaptation, and organization, people grow, almost in spite of themselves.

Erikson described the tasks which one faces in the developmental process and the qualities which the ego may acquire as one progresses through various phases of development, qualities which may weaken or strengthen one for that which lies ahead. He saw, at each stage, the possibility of gaining positive qualities or strengths (and, of course, the possibility of acquiring the negative variant of
each quality instead) with some one or other quality highlighted at each stage. Life's tasks come inexorably, as a result of one's increased age and as a result of cultural expectations. Since most people function at least minimally in the face of life's tasks, it must be that they have gained at least some of the positive qualities or strengths which Erikson posited. The processes described by Piaget, then, and the strengths described by Erikson are factors that explain continued growth.

There seems to be presently no approach to therapy which assists the counselor in understanding the difficulties a client may be experiencing in the light of the normal developmental processes of assimilation, adaptation, and organization. Neither is there an exposition of how one might discover the strengths which clients possess, that is, strengths which they have as a result of their present and past developmental stages, and which they might be helped to use more effectively for their own growth.

That there is a concern for making developmental theories applicable to therapy is indicated by the publication in January, 1980 of a special issue of The Personnel and Guidance Journal entitled "Counseling and the behavioral sciences." Roger F. Aubrey, guest editor of this issue, commented, "A perusal of counseling literature indicates a general underuse of developmental theory" (1980, p. 322). Again, this underuse reflects the lack of an explicated
strategy for implementing developmental theory in counseling and psychotherapy. There have, however, been recent movements in that direction.

As has been mentioned, Bocknek (1977) presented hypotheses which suggest the possibility of a theory of developmental counseling. Kegan (1979, 1980), having presented his theory of subject-object development, made the transition from that theory to therapy applications. Swenson (1980) endeavored to indicate how the theory of Loevinger may be applied to counseling. Swenson's work appears to be the most complete attempt to date at a formulation of developmental therapy. It is, however, limited to Loevinger's theory and does not, therefore, integrate many facets of development. Neither does it integrate a basic theory of development -- one that forms the foundation for selecting any one or combination of stage descriptions -- into the therapist's concerns for planning developmentally appropriate treatment.

This study attempts to present general statements or hypotheses concerning development that form a base for developmental counseling and psychotherapy. While it is possible, on that base, to use any of several descriptions of developmentally related characteristics, this study relies on the formulations provided by Piaget, Kohlberg, Perry and Erikson. From the general theoretical base, then, the formulations of these developmentalists are here translated
to practice. The primary significance of the study, then, lies in the integration of developmental theory and the process of counseling.

Because this study is concerned with the process of counseling, just as it is concerned with human development, it is necessary that the study focus on significant facets of that process.

One such facet is the therapeutic relationship. Menninger (1958), Rogers (1957), Carkhuff (1969), to name only a few, have recognized the significance in the therapy process of the ongoing and variable relationship between the counselor and the client. While there are some who suggest the possibility of the substitution of the therapist by a computer, most recognize that what happens between the client and therapist is important for the success or failure of the therapy process. Contemporary journals bulge with the results of research studies which attempt to determine the factors which might precipitate a facilitative relationship. This study takes another look at the client-counselor relationship to determine what impact a therapeutic developmental approach can have in determining still other facilitative factors.

Since Freud proposed a psychological cause for his patients' distress, therapists have sought to discover psychological means for relieving that distress. As a result many treatment methods are described in psychological lit-
erature, from the free association proposed by Freud to the planned behavior rehearsal methods suggested by Lazarus and others. That the thought changing processes employed by those who use Ellis' (Ellis and Harper, 1977), Rational Emotive Therapy approach, that the exercises developed by the followers of Perls' Gestalt Therapy (Perls, 1969; Fagen and Shepard, 1970), that Erickson's (1967) use of hypnosis, and Roger's (1951, 1961) empathic listening are all successful, at least with some clients, does not seem to be disputed. Yet, as has been discussed above, there are many authors who continue to be critical of the medical model or deficit approach from which most of these therapy methods come. This study provides in the context of a developmental approach to therapy, an alternative view of these techniques. This view allows for integrating what has been learned about helping people change with what has been learned about their normal process of growth.

Part of what will be attempted here, then, is an integration of what is known about relationships, treatment methods, and other facets of the therapy process with developmental theory. In this integration lies the second important consequence of study, that it can provide a coherent rationale for the eclectic therapist.

A third consequence, and added significance, of an integration of the developmental theories of Piaget, Kohlberg, Perry, and Erikson with a theory of counseling is that
these developmental theories will have been made operational in the counseling and psychotherapy of adults.

Zigler (1963) contended that the value of a developmental theory is found in the extent to which it is useful. To some extent the usefulness of the theories of Piaget, Kohlberg, and Perry has already been demonstrated. Contemporary text books in mathematics demonstrate the application of Piaget's cognitive developmental theories to education. Ginsberg and Opper (1969) suggested other applications of Piaget's theories in education. Kohlberg (1975) described the application of his theory and schema of moral development to changing the thinking of high school students of varying background and of prison inmates. Knefelkamp, Widick, and Stroad (1976), Knefelkamp and Sleptiza (1976), and Widick (1977), indicated that it is possible to apply Perry's concepts to the planning of programs for university students. Their efforts provide an indication of the value of these theories. If this project is successful, that is, if it is able to demonstrate both theoretically and by the presentation of examples, the applicability of the theories of Piaget, Erikson, Kohlberg, and Perry to the counseling and psychotherapy of adults, the usefulness and therefore the demonstrable value of those theories will be increased.
The theory presented here is a theory for the practice of counseling and psychotherapy of adults. It has developed out of an understanding of the developmental theories of Piaget, Kohlberg, Perry, and Erikson and from efforts to apply those theories to work with clients. In order to present this theory, then, it is necessary to make explicit both its theoretical and practical foundations. Thus this study presents in Chapter II the ideas of Piaget, Erikson, Kohlberg, and Perry, and distils from those ideas a series of statements concerning human development that provide a basis for a developmentally oriented therapy.

In Chapter III the basic statements on human development are enhanced with statements regarding the relationship of counseling and psychotherapy to the process of normal human development. These statements are further explicated by a definition of Developmental Counseling and Psychotherapy and a description of the process of Developmental Counseling and Psychotherapy. The description of the counseling process emphasizes the use of developmental theory in assessment and treatment planning (that is, choice of treatment techniques and the choice of direction in which to guide the relationship between client and therapist).

That readers may understand the experiences on which this theory rests, as well as its theoretical foundations
and see, too, how the theory may be operationalized, Chapter IV presents examples of its use in a clinical setting. Marx (1963a) stated that clinical experimental controls do not provide validation for a theory. Such experiences may nonetheless be a basis for evaluating its acceptability prior to rigorous experimental testing and be of assistance in clarifying the theory itself.

Having concentrated somewhat single-mindedly on the notions relevant to Developmental Counseling and Psychotherapy, this study concerns itself in Chapter V with the context in which this new framework for therapy appears. It considers most closely the historical developments and central concepts of psychoanalytic and client centered therapies to show both the similarities and differences between these approaches and the developmental approach. From these considerations it is hoped that the reader will perceive that Developmental Counseling and Psychotherapy is a new approach to therapy with new insights into the nature of such therapy-related phenomena as transference, regression and the client-therapist relationship. At the same time the reader is asked to understand that Developmental Counseling and Psychotherapy is a logical extension of therapy as practiced by psychoanalytic ego psychologists and client-centered therapists.

Finally, having presented a theory of counseling practice, this study discusses, in Chapter VI, that theory as
one would discuss any theory. That is, the theory is evaluated in the light of accepted criteria. The first set of criteria will be those of Marx (1963 b) who provided a "metatheory" or the "rules for theory." Thus this study examines the theory of Developmental Counseling and Psychotherapy to determine the extent to which it passes the tests of theory which Marx presented: 1) the extent to which it is, has been, or can be empirically, as well as logically, validated; and 2) the extent to which it is parsimonious.

Recognizing the limitations of the first of these two criteria; the discussion of Chapter VIII presents alternative criteria; that is, 1) the extent to which a theory is found useful, practically and/or heuristically, and 2) the extent to which a theory explains all the data pertinent to a given phenomenon. This study ends with the effort to bring these new criteria to the theory of Developmental Therapy.

**Vocabulary**

The vocabulary that is used to explicate the theory of Developmental Counseling and Psychotherapy will be defined in the process of explication. However, it seems appropriate here to attend directly to the fact that the words "counseling" and "psychotherapy" are used in conjunction with one another and in isolation, indiscriminantly, throughout these pages. The reason for this is what Stefflre and Matheny (1968) described as the continuing problem of
psychological practitioners to distinguish between counseling and psychotherapy.

Stefflre and Matheny (1968) stated that the distinction is effectively made by a "comparison of points on a continua of goals, clients, practitioners, setting, and methods" (p. 8). They further delineated the differences by indicating that counseling generally involves assisting individuals to complete age-appropriate developmental tasks while psychotherapy involves assisting individuals in remediating those tasks inadequately resolved in earlier stages. Similarly, then, counseling is seen as preventive and developmental; psychotherapy as remedial. Counselors are perceived as working with clients whose usually adequate ability to function in their social environments requires temporary support. Psychotherapists work with patients who function minimally, if at all, in at least some areas of their lives. Whether or not one accepts the need to make distinctions between practitioners in these ways, the fact is that such distinctions are often made.

The use of the phrase "counseling and psychotherapy" indicates that the theory presented here is believed to apply to psychological work with all clients, those whose developmental tasks are age appropriate and those who continue to struggle with challenges from much earlier stages in their lives. It applies to working with people who cope well and those who cope poorly. It applies to preventive
assistance and to remedial assistance. Thus when either counseling and counselor or therapy and therapist are used in these pages it is to be understood that both are implied. Using one word rather than both relieves the burden of reader and writer.

When speaking of the professional helper, then, this author uses the terms counselor and/or psychotherapist. In either case, the person receiving professional help will be referred to as the client. The term client is preferable to the older term, "patient," which implies illness. Developmental Counseling and Psychotherapy prefers to regard clients as persons attempting to complete developmental tasks rather than as sick persons seeking cures.

With this clarification of terminology made, this study now moves to a discussion of the theories of Piaget, Perry, Kohlberg, and Erikson.
CHAPTER II

THE PROCESS AND STAGES OF DEVELOPMENT: THEORIES OF J. PIAGET, W. PERRY, L. KOHLBERG, AND E. ERIKSON

Introduction

The reader may find it helpful to have an outline of the theories of Piaget, Perry, Kohlberg, and Erikson that is adequate to clarify the author's source for the general statements on human development presented at the end of the chapter and that provides sufficient information concerning the stages of development for understanding stage level assessments made in Chapter IV. For these reasons a summary of these ideas is presented here.

The Theory of Jean Piaget

The Process of Intellectual Development

Piaget (1952/1963, 1966/1977) considered intellectual development dependent on two inherited biological tendencies or functions: adaptation and organization. Organization is the tendency of all species to integrate their processes into coherent systems. On the physical level this tendency can be recognized in the coordinated activities of biting, chewing, salivating, swallowing, muscle and chemical activities in the stomach and other organs, which together pro-
vide for the efficient nourishment of the organism. Adaptation refers to the tendency of all organisms to adapt to their environment. Adaptation includes the complementary processes of assimilation and accommodation. Accommodation is the tendency of the organism to change in accordance with environmental demands. On the biological level, again, accommodation is discerned in the contraction of muscles and secretion of juices as the stomach responds to the presence of the foreign substances it receives. The activities of the stomach and other organs, however, transform the ingested substances into a form which the organism can use. This process is assimilation; the environment is altered to fit the structure of the organism.

The process of assimilation and accommodation are the means, then, by which adaptation is accomplished. According to Piaget, it is through the tendencies of adaptation and organization that physical and psychological structures are developed, altered, and then replaced by new structures. It was with the development of psychological, or more particularly, cognitive structures that Piaget was most concerned. He defined these structures, which he also called schemes, as organized patterns of behavior. Piaget endeavored to discover the characteristics of the behavioral and cognitive schemes that are used by individuals in their intellectual development from infancy to adulthood.

In his study of intellectual activity Piaget recognized
that in their interaction with the environment individuals assimilate the factors of that environment according to their pre-existing behavioral and cognitive schemes. However, in order to meet the demands of the environment adequately, individuals change or accommodate the structures. Eventually these changes are so extensive that it is possible to recognize the existence of totally new structures. When an organized system of new structures has been accomplished, individuals have reached a new stage of intellectual development, and a new balance, or state of equilibrium between their cognitive structures and the requirements of the environment.

The cognitive equilibrium attained at any stage is upset by new and different environmental pressures and/or by individuals' efforts to find increased levels of stimulation and excitation. Thus Piaget recognized two factors in the stimulation of cognitive development: 1) an external factor—the press of the environment, and 2) an internal factor—a desire for novelty. With an upset of the cognitive balance of the present stage, individuals begin, through continued assimilation and accommodation, their adaptation to the new environment and the subsequent organization of new structures which is yet another stage. The stages of intellectual development which Piaget recognized are the following.
The Stages of Intellectual Development

Stage 1: Sensorimotor intelligence. The development of sensorimotor intelligence begins with the infant’s use of reflex actions at birth and is completed about the age of two when the young child is able to distinguish means and ends in behavior, to search for new means, and to use mental images in insightful invention of new means. At this level of intelligence the child organizes reality by constructing the schemes of the permanent object, i.e., one which does not cease to exist when it disappears. At this level, children perceive themselves as objects in a universe that is made up of permanent objects and in which there is at work a causality that is localized in space and objectified in things.

Stage 2: Symbolic, intuitive, or prelogical thought. Once children have reached full sensorimotor intelligence with the capability of symbolic thought, they move into the second major stage in which that which is absent can be made present through the semiotic function. The semiotic function, or symbolic function, refers to the ability to form mental pictures or images and to the ability to use words or schematic representations as symbols of real things. Evidences of this stage are the development of language and the practice of symbolic play. Both symbolic play, which is
indispensable to children as an arena in which to assimilate reality and reach equilibrium, and the language of children are structured by sensorimotor schemes. Thus thought, at this level, is based on actions and the coordination of actions and is considered pre-operational.

The affective and social ramifications of the ability to symbolize are many and significant. Preoperational children form lasting sympathies or antipathies toward others as a result of their internal images. The images may have little to do with the objective realities of the others. There develops, too, a permanent awareness of oneself as central reality and a corresponding valorization of, i.e., finding basic value in, oneself as center. Self-awareness is marked, according to Piaget, by a "need for assertion and interdependence and by rivals of all kinds, Oedipal and otherwise, in relation to elders" (Piaget and Inhelder, 1966/1969, p. 115). Thus those who are preoperational place themselves in opposition to others. But since valorization of the self is a basic concern, they also work to win the affection and esteem of others. Children at this stage, Piaget (1962) determined, tend to enter into activities independently of, but alongside others, working or playing for themselves while being stimulated by the presence of their companions. Conversation takes the form of monologues. According to Piaget (1932), morality is first obedience in the presence of the rule giver. Later this
becomes the obedience of moral realism, according to which obligations or values are based on the law or the order itself and are independent of one's intentions or relationships.

**Stage 3. Concrete operational thought.** About the age of six or seven, children become capable of concrete operational thought which is so named because it relates directly to objects and their actual manipulation and not to verbally stated hypotheses, as is true of the final developmental stage, that of formal operational thought. Thus concrete operational thought allows only step by step reasoning. Piaget (1929, 1968/1973) recognized, however, that it provides for a significant advance in the child's understanding of his/her relationship to external reality, that this reality is truly separate from the self. Through concrete operational thought, according to Piaget and Inhelder (1966/1971), (1966/1969) stance, volume, and length under apparent change; they are able to make classifications of objects, seriations, and correspondences of objects.

This new form of thought has its impact on the social life of children. Children at this level are able to enter games with others in a collective spirit of competition according to commonly accepted and observed rules. They are also capable of interpersonal relations of a cooperative nature and can see things from the other person's point of view. Piaget (1932) outlined the ramifications of Stage 3 on
the moral thought realm. At this stage moral relationships are based on mutual respect and rules are seen as the result of agreements between contemporaries and as changeable through democratic consensus. Thus justice, which is based on mutual respect and reciprocity, is favored over obedience as the norm of behavior.

Stage 4: Formal operative thought. This level of thought may first appear at age eleven or twelve and may be fully developed as early as fourteen or fifteen. As with all of the ages given by Piaget, these are approximate and optimal, and it is clear that for some persons, or for any person in some cultural situations, this stage may not be reached or, if reached, not completed. Piaget (1971/1974, 1974/1976) and Piaget and Inhelder (1966/1969) have described some of the characteristics of Stage 4 thought. To the extent that individuals complete this stage, they have freed themselves from the necessity of locating reality in the concrete and are able to do so within a group of possible transformations. Thus, at this stage, individuals are able to reason correctly about propositions they may not yet believe, that is, purely hypothetical propositions. These persons are now able to combine elements, and this ability further enables them "to combine among themselves objects with objects or factors with factors (physical, etc.), or, similarly, ideas or propositions (which give rise to a new logic), and consequently, to reason about a given reality (a
segment of physical reality, an explanation based on factors, or a theory in the simple sense of a group of related propositions) by considering this reality no longer in its limited and concrete aspects but in terms of some or all of the possible combinations" (Piaget and Inhelder, 1966/1969, p. 133).

Piaget concentrated his attention on the development of the new logic and its nature, but he described as well some of the social and moral implications of this new level of thought. Aware of the changes that adolescents experience in relation to others, in their values, and in regard to their understanding of themselves, Piaget attributed the possibility of many of those changes to the acquisition of the schemes that constitute formal operational thought. He noted that a formal operational perspective can free the world of values from concrete and perceptible reality so that it may encompass many interpersonal and social possibilities. It may, too, be the factor that frees one's thoughts of the future from that of an extension of one's present realities, allowing for an imaginative creation of many possible futures from which one may then select the future which one finds most attractive.

These then, are the four stages of cognitive development described by Piaget. This study will now review the changes in the epistemology of college students as discerned by Perry.
Perry assumed the accuracy of Piaget's notions concerning the process of development, and accepted as well the four main stages of cognitive development which Piaget described. His interest was in determining the possibility of developmental change in the manner in which formal operative persons consider the acquisition of knowledge, changes, that is, in the epistemology, and in the making of ethical decisions. From his study Perry discerned a movement in intellectual development through three basic stages, each with three substages. Each of the nine stages, or positions, provides individuals with structures, that is, assumptions regarding the "nature of knowledge and the origin of value" (Perry, 1970, p. 43), which may then be considered to extend to the thoughts, actions, feelings, purposes and cares which are congruent with them. Thus one may speak of stage related schemes. Perry was more concerned with the assumptions which provide insight into the "forms in which a person perceives his world rather than in the particulars or 'content' of his attitudes and concerns" (Perry, 1970, p. ix). These develop according to the following progressions of stages or, as Perry termed them, Positions.

Stage 1. Dualism

Position 1. Basic duality. Persons at this stage of
intellectual, or epistemological development, have the simplest set of assumptions which Perry found among college students. They have an outlook which divides the world of knowledge, conduct and values into that which is accepted by their immediate group (family, church, school, peers) and that which is accepted by others. Thus there are two worlds, the familiar world of Authority-right-we and the alien world of Illigimate-wrong-others. Thus morality and personal responsibility consists of obedience to Authority, and education consists of memorizing, through hard work, the right answers to the right questions, both delineated by Authority. Persons at this position view choices, behaviors, and answers as either right or wrong. Their inability to be detached from their position allows no other possibility.

Position 2. Multiplicity pre-legitimate. Individuals faced with the diversity and complexity imposed upon them from without, particularly by persons in authority (such as college professors) may adapt their basic dualism in one of two ways. In the first adaptation they continue to see diversity as alien, but as elements introduced to their familiar world by Authorities who are failing in their role of presenting the Truth. The result is opposition to those Authorities. Taking such a stance requires the courage of individuality. Frequently such persons take one of two new dogmatic stances, that of the activism of indiscriminant protest or the inactivism of global love or psychedelics.
Other individuals adapt their dualism in a less combative fashion. These persons continue to regard Authority as the possessors of Truth, but adapt their perception of the responsibility of this Authority to include that of presenting multiplicities as a means for teaching students to think independently. Their accepted purpose, then, is to arrive at the truths, which Authority already knows, on their own. The multiplicity which these individuals recognize is thus resolvable, and is expected to disappear when the correct answer is discovered.

**Position 3. Multiplicity subordinate.** At this position individuals retain a belief in the fact of definite answers but accept that they may be unattainable, at least for the present. This new epistemology provides room, then, for uncertainty and has loosened the bond between Authority and Truth. This latter factor causes one to doubt the validity of Authority's judgement of one's answers. Since Authority too is seeking answers, one's own attempts appear equally valid. The element of multiplicity of answers is present and one's focus becomes finding the solution "they" want. This is necessary because "they" possess the power of Authority.

**Stage 2. Relativism.**

**Position 4. Multiplicity correlate or relativism subordinate.** At this stage individuals take one of two avenues toward relativism. These avenues seemed to Perry to parallel
the choices made at Position 2, that is, the choice for opposition or the choice for adherence. The choice parallel to that of opposition is that of multiplicity correlate.

For those who choose a position of multiplicity correlate, as for those who select an alternate route, the area of ambiguity has seemed relatively small up to this point. When individuals become aware that the area is growing larger and that the arrival at Truth seems more and more remote, they may decide to define a domain for multiplicity equal in legitimacy to that of Authority. In this domain the absolute law is, "Everyone has a right to his or her own opinion." Now one need not simply oppose all that Authority has said, a restrictive position at best. One can be involved in an "imperialistic extension of the domain of total freedom at the expense of Authority's claims" (Perry, 1970, p. 97). In this realm one answer is as good as another and Authority has, therefore, no right to evaluate one's answers.

There is, however, another way to accommodate the fact of multiplicity, another route to relativism. In this method the individual does not set up a separate world or domain of multiplicity, but perceives multiplicity as part of Authority's domain in that multiplicity is still something "they" want us to work on. It is no longer, however, a matter of discovering WHAT "they" want, but learning the WAY "they" want one to think. Thus multiplicity becomes a mode of
thought in which one weighs factors, opinions, patterns of thought and approaches to problems. Though one may not yet be independent, one has independent-like thought. The distinction is now made between beliefs and considered judgments, and responsibility for making decisions on matters of petty conduct within Authority's care is experienced.

**Position 5: Relativism correlate, competing, or diffuse.** In the former position the old dualism remained, although it had become a complex dualism. Relativism is simply one of many items in the dualistically structured context. Gradually, however, relativistic thinking becomes habitual. When this is so, the individual has reached Position 5. Initially, relativism may be discovered in the multiplicity correlate of Position 4 when Authority is discovered to be thinking relatively; when the discovery has been made, one has reached relativity correlate. In the transition phase, too, one may speak dualistically at one time and relativistically at another. Perry spoke of this as Relativism Competing. Eventually, relativism is the view from which all thinking is done. At this point the individual has reached Relativism Diffuse.

At this stage the individual perceives Authority as authority, that is, as those more experienced in seeking rather than as repositories of fixed truths. There is with this position a capacity for detachment and objectivity. Freeing as this capacity is, it brings with it a feeling of
rootlessness and the loss of immediacy. There is, sometimes, a feeling that one could relieve the stress of drifting if one could choose one thing and hold on to it.

Position 6. Commitment Foreseen. In the course of understanding and caring about the universe in a relativistic manner, individuals begin to realize that they must choose one orientation, one way of relating themselves to that universe. They recognize too that reason cannot justify their choices; the affirmation of their positions must come from within themselves. This realization, this foreseeing of the need to make commitments (affirmations of one's own truths, relationships, purposes, activities and cares) is Position 6. With it come a hope for order and relief and a concern for achieving, in commitment, proper balances between narrowness and breadth, stability and flexibility, analysis and synthesis, detachment and involvement, and between continuity with one's origins and breaking with one's past.

Stage 3. Commitment in Relativism

By this stage both relativity of human knowing and caring and the responsibility for choice and affirmation in life are accepted. In the third stage there is no major overhaul of the background of life as there is between the first and second stages. Stage 3 represents a qualitative rather than a structural development. Like other stages it
contains three positions.

**Position 7. Initial commitment.** At this point individuals have begun to decide who they are, or who they will be in some major area of their lives, as a career or a specific philosophy of life. They are very much taken up with the content of the commitment and experience a sense of relief in their newly settled purpose.

**Position 8. Orientation in commitment.** In this position the stylistic issues reach prominence over external forms. Thus one decides "what kind of doctor I will become," or "how I will live out my new moral convictions." There remains concern over becoming too narrow, but individuals become more trusting of their choices, and find a balance between tentativeness, which allows an openness to change, and a wholehearted moving ahead with the new choices.

**Position 9. Developing commitment.** At this level of maturity, individuals develop an experience of who they are in both the content and style of their commitments. While they experience themselves as settled, they are also aware that it is up to them and up to the vagaries of fate to determine what the future will bring. They are involved in being what they are and seem to spend less time reflecting on it.
Alternatives to Growth in Perry's Scheme

What has been described above are the nine positions of epistemological and ethical development which Perry believed he saw in the expressions of the undergraduate students he interviewed during their four years at Harvard and Cambridge. While he noticed that almost all of these students moved through most of these positions from their freshman to their senior years, he saw, too, that the movement was not always forward. Perry described some of the alternatives to forward development open to an individual: "(1) He may pause for a year or more, often quite aware of the step that lies ahead of him, as if waiting or gathering his forces (Temporizing). (2) He may entrench himself, in anger and hatred of 'otherness', in the me-they or we-other dualism of the early Positions (Retreat). (3) He may settle for exploiting the detachment offered by some middle Position on the scale, in the deeper avoidance of personal responsibility known as alienation (Escape)" (1970, p. 177). He saw that these means of avoiding growth were chosen to reduce the fear of entering unknown territory and that none of them, even escape, was necessarily permanent. Periods of avoidance are most frequently intervals in which individuals become comfortable enough in their present developmental positions to gather their courage for new growth.
The Theory of Lawrence Kohlberg

While both Piaget (1932, 1962) and Perry (1970) were concerned with that facet of cognitive development which is moral reasoning, Perry's work was centered on the college student, and Piaget's studies considered persons only from infancy to adolescence. Kohlberg's (1958, 1968, 1973) and Kohlberg and Gilligan's (1971) studies, on the other hand, were intended to explicate the development of moral reasoning from early childhood through adulthood. As Perry had done, Kohlberg (1968) accepted Piaget's thesis that cognitive and moral development occurrs in an invariant sequence of steps and that individuals may develop at different rates and may stop on any step. Like them, he believed that each new step provides a way of understanding the world that integrates earlier ways and goes beyond them. In the stages he discerned total ways of thinking, that is modes of moral reasoning that are not attitudes toward a particular situation, and so can be used for taking either side of a moral choice. The steps or stages of moral development he outlined are the following.

Preconventional Level

At this level individuals act in awareness of what their culture defines as good and bad, right and wrong, and the rules that accompany these definitions. They do so sim-
ply for the hedonistic consequences which accompany their so acting and in deference to the holders of physical power. The two stages of this level are the stages at which one can expect to find those individuals whom Piaget described as capable of concrete operational thought. One may also find there individuals whose cognitive development is more advanced, but whose moral development has not kept pace. In short, Kohlberg recognized cognitive development as the necessary but not sufficient condition for the advancement of moral reasoning. The stages of moral reasoning that formal operative thought makes possible, then, are these:

**Stage 1. Heteronomous morality.** Any action is considered good or bad depending on its consequences. Thus persons are bad because they were caught and punished. The motive for doing good is avoiding such punishment. For the same reason one pays unquestioning deference to those in power. At this stage, too, individuals are unable to recognize any differences between their own interests or points of view and those of others.

**Stage 2. Individualism, instrumental purpose, and exchange.** At this stage individuals see right action as that which meets their needs and sometimes the needs of another. Rules, then, are followed to meet these needs. Human relations are based on a fair give and take that is totally pragmatic in a physical sense. Reciprocity is just: "If you
do for me, I'll do for you," and has nothing to do with loyalty, gratitude or justice. While this stage appears limited, it does indicate that individuals there have arrived at some awareness of other peoples' needs.

Conventional Level

At this level individuals initially perceive value to lie in maintaining the approval of others in their primary groups and, later, in maintaining those groups regardless of personal consequences. Individuals whose logical development is such that they are partially formal operational in their thinking are capable of moral reasoning in the two stages of the conventional level.

Stage 3. Mutual interpersonal expectations, relationships and interpersonal conformity. Once individuals reach this stage, they have moved from an awareness of the fact of others having needs which may be different from their own to an awareness of having shared needs, feelings, and expectations with members of their family, peer groups, and nation. Out of loyalty and gratitude toward these others as well as from a desire to be accepted by them, Stage 3 persons choose to live up to what is expected by persons close to them. Thus what is good is what this group defines as good, what this group expects of its members.

Stage 4. The social system and conscience stage. When
individuals begin to change their perspective from that of members of a group to that of the group itself, they move into Stage 4. One's motives then become those of preserving the institution, group, or system and therefore one perceives as good the fulfilling of the duties to which one has agreed, obedience to the system's laws and contributing to society, to group, or institution.

**Post Conventional or Principled Level**

At this level individuals attempt to define moral principles that are independent of any one person or group, but are equally valid for all. Such persons have fully attained the level of formal operative thought, as defined by Piaget.

**Stage 5. Social contract or utility and individual rights orientation.** Individuals at this stage have attained a perspective that the foundation of any group rests on awareness of individual rights and values. Thus one has a sense of having entered into a social contract that requires upholding the laws of the group for the good of all. One also perceives that laws can and should be changed when this mutual good so requires. Stage 5 persons also are aware that the values and rules of their group may differ from those of other groups, but that there are some non-relative values and rights such as any individual's right to life and liberty which must be upheld no matter what the opinion of
the majority of the group's members.

**Stage 6. Universal ethical principles.** Persons at this stage have reached the perspective that persons are ends in themselves and must be treated as such. They thus develop abstract ethical principles that are equally applicable to all and are acceptable to all moral people. What is right, then, is to choose in accord with these principles. Generally, since most laws and social agreements are based on these principles, one acts in accordance with the laws. When laws violate a principle, one chooses in accordance with the principle. The general ethical principles are principles of justice, of the reciprocity and equality of human rights, and of respect for the dignity of the individual person.

The possible stages of cognitive development, particularly as that affects the growth of logical, epistemological, and moral reasoning have been defined by Piaget and, following him, by Perry and Kohlberg. Thus the stages presented by these men parallel one another and their ideas are compatible. The exception to this compatibility significant for psychotherapy is Kohlberg's non-acceptance of regression. (The position of Developmental Counseling and Psychotherapy on regression will be discussed in Chapters III and V.) In spite of this area of disagreement, these three researchers provide considerable information regarding cognitive development. However, people are involved with their environment by activity and responsibility as well as
by understanding. The interaction between individuals and their environment results in emotional reactions as well as cognition, and leads, as well, to a development of personality characteristics that in many ways determine future interactions.

For an understanding of the nature of these interactions (or life tasks), one's emotional reactions to them, and the personality characteristics (or ego qualities) which one gains through them, the work of Erik Erikson will now be discussed.

The Theory of Erik Erikson

Erikson, (1959, 1963, 1968) like Piaget, saw development as occurring in step wise fashion, much as a fetus develops, that is, epigenetically. Thus, according to an innate groundplan, growth energies concentrate at a given time on the biological development of some one organ and/or organ system. When that organ has reached its maturity, another organ system begins to develop and the activity of the first is integrated into the growth process of the next. In the succeeding "stage," these two are integrated into the development of yet another, and so on until the infant, as a functioning whole, is ready for birth. According to Erikson (1963), and to Piaget (1952/1963), with regard to cognitive growth, the new born begins another series of developments in which continued organ development and the infant's in-
Interaction with the environment, including social forces, play significant roles. The facet of the child's development which Erikson focused on is the psychosocial. This facet consists of one's experiences of others and oneself, the tasks that this experiencing opens to one, and the formation of ego qualities which inform the child's ongoing experience of him/her self and continued interaction with the environment.

The qualities which Erikson recognized are trust (or mistrust), autonomy (or shame and doubt), initiative (or guilt), industry (or inferiority), identity (or identity confusion), intimacy (or isolation), generativity (or stagnation), and integrity (or despair). All of these qualities exist in some form from the beginning. However each quality has its period or stage of development when it is highlighted and the individual's balance between the positive quality and its negative variation (given in parenthesis above) is determined. The acquired balance has a significant effect on the outcome of the succeeding stages. Each of the stages which Erikson described can be seen as a life task which involves integrating continued biological and cognitive development with the requirements which society presents at that stage. While each such task has its time of preeminence in any individual's life, it is present in some form throughout life. Thus developmental counselors may recognize efforts to meet the requirements of any stage.
in their clients, no matter what the currently predominant task may be. The stages which Erikson presented are the following:

Stage I. Infancy and the Mutuality of Recognition — Trust vs. Mistrust

At birth the infant is in a state of precarious homeostasis that soon becomes unbalanced as a result of its inability to supply its own need for nourishment. It depends on the mother's response to its needs. From the more or less comfortable mutuality of giving and receiving which this condition provokes, the child learns (or fails to learn) a basic sense of trust in another to provide what it requires.

A crisis in this development is reached when the child begins teething and, to obtain relief from the pain of teething, bites on the breast which nourishes. The mother's response is almost always one of withdrawal and may contain some other action intended to teach the child to nurse without biting. About this time, too, the mother tends to withdraw more from the infant to attend more to her other work and to other people, leaving the child more and more alone. In this period of mother's disappearances and appearances, the child—to the extent of the mother's own comfort with herself in her responsiveness to her own and her child's needs—learns to trust her (or her substitute) as a continuing, even if absent, source of comfort and to trust itself as the recipient of that comfort. The balance
of trust and mistrust, which infants gain at this stage, provides them with the basic quality which determines their gaining other qualities. Trust is the strength which is fundamental to gaining other strength.

Stage 2. Early Childhood and the Will to Be Oneself—Autonomy vs. Shame and Doubt

In the next stage of development, which Freud called the anal stage, children's behavior no longer consists mainly of incorporation, i.e., of "taking in" by mouth, hands, and eyes, as in the first stage. They experience rapid gains in muscle maturation (including those which allow for control of bowel and bladder), in verbalization, and in discrimination, and the consequent ability—and doubly felt inability—to co-ordinate a number of highly conflicting action patterns characterized by the tendencies of "holding on", or retaining, and "letting go", or expelling. In their efforts at this coordination, they experience their own autonomous wills. They experience, too, the struggle to control their wills and the struggle between themselves and their parents to control each others' wills.

Whether the struggle of wills centers on anality proper depends, of course, on the importance of toilet training in the culture. Whatever the focal point, the struggle centers on separating "I" from "You" and determining what is "me" and "mine". Children at this stage frequently alternate between grasping firmly a treasured object and throwing it
away. There seems to be an effort to balance "holding with restraint" and "holding to care for"; to balance "letting go with destructive force" and "letting be or letting pass in relaxation". In this effort the balance between inner, or self, regulation and outer, or other, regulation is very important. Too rigid control by others robs children of the opportunity to learn to control their own impulses and may cause in them a hateful rebelliousness and self-insistence or compulsive self-restraint and meek compliance. From such a loss of self control comes a lasting tendency to doubt and the experience of shame.

Children, on the other hand, who come to this stage and its experiences with a trust in themselves and others that gives them a sense that their urges and desires will not overwhelm them or jeopardize their relationships, who experience that others will firmly guide and protect them in their efforts "to stand on their own two feet" (literally and figuratively), will develop a lasting sense of autonomy. This sense provides a basic feeling of "I am what I can will freely."

Stage 3: Childhood and the Anticipation of Roles -- Initiative vs. Guilt

Erikson noted that at this stage (which is Freud's phallic stage) children are able to move about more freely and violently and have available a seemingly endless set of goals. Their increased use of language enables them to un-
derstand and to ask about a multitude of new things, often gaining just enough information for considerable misunderstanding. They have also an increased ability to imagine themselves in such a variety of roles and situations that they may even frighten themselves with their inventions.

With these newly acquired abilities, children intrude physically and verbally on the world of others and the world of the unknown. If their energies and curiosity are handled well by those into whose world they intrude, a sense of initiative is developed. If mishandled, the children are left with a feeling that they have "gone too far", and a sense of guilt occurs. For most children, both initiative and guilt are experienced. It is the balance between initiative and guilt which will determine the extent to which a child can complete this stage with a growing conviction that "I am what I can imagine I will be."

Stage 4. School Age and Task Identification -- Industry vs. Inferiority

As children end the period of expansive imagination, they are big enough to learn and to do more in the world beyond the family. In the Western world this means going to school. There children learn what they can and cannot do with other children, how to handle the tools of their culture, how to do and to make in an effort to master the tools and ideas of the world which they will one day enter as
adults. When this period is completed satisfactorily, children gain a sense of industry, an awareness of "I am what I can learn to make work." When its resolution is not so satisfactory, as when success does not depend on abilities but upon extraneous factors such as clothing, skin color, or the family's position in the community, they are left with a predominant sense of inferiority.

Stage 5: Adolescence—Identity vs. Identity Confusion

This stage is particularly important. With the advent of puberty, childhood ends and youths begin a period of rapid body growth that includes coming to genital maturity. In their efforts to integrate their extensive physiological changes and the adult tasks which they foresee, youths are primarily concerned with how their awareness of themselves matches how others see them to be and how they may connect the skills and roles which they have formerly cultivated with the possible occupations opening to them. Thus the old crises, the tasks of earlier stages, are undertaken again, often by making previously supportive adults their current adversaries.

In their efforts toward a new understanding of themselves, young people tend to form groups with which they can identify and in which they can identify themselves. Thus cliques are formed whose members adopt uniform dress, speech patterns, and ideals and who passionately, and often
cruelly, exclude all who are in any way "different". During this period, too, adolescents must reevaluate the beliefs and values which they have formerly accepted from their culture to discover what they believe and hold dear. They therefore investigate many ideologies, and often, for greater or briefer periods, attach themselves to charismatic leaders of one or another cult. Adolescence is also a time of falling in love. In adolescent love relationships the basic thrust is not sexual, according to Erikson (although culture may require the inclusion of sex), but "an attempt to arrive at a definition of one's identity by projecting one's diffused ego image on another and by seeing it thus reflected and gradually clarified" (Erikson, 1963, p. 212). This is why conversation is so important to adolescents in love.

From the adolescents' many involvements gradually evolves the integration of understanding of self and understanding of what may lie ahead as a result of talents received and skills developed. There comes a sense of continuity of one's inner past and present and of continuity in one's meaning for others that is ego identity. This understanding of self, and feeling of confident continuity reaches its culmination in the choice of a career.

**Stage 6. Young Adulthood—Intimacy vs. Isolation**

At this stage, as at the beginning of others, the
strength gained in the struggle of the previous stage is put to the test. Newly arrived adults are eager to fuse their recently acquired identity by fusion with others in the solidarity of affiliations with sexual partners, friends, and co-workers. They are willing, as well, to risk losing themselves in abandonment to the inspirations received from within themselves and from others, and the requirements of their work. When the risk of losing one's identity is undertaken wholeheartedly and the difficulties of satisfactory mutuality are faced and worked through, the result is a capacity for intimacy that allows for the acceptance of frustration in relationships as well as for the acceptance of full satisfaction. When young adults, as a result of fear of identity loss, refuse to enter into the partnerships which love and work require, the outcome is a sense of isolation and a consequent self-absorption with a concomitant need to fight off that which could destroy the self.

Stage 7. Mature Adulthood—Generativity vs. Stagnation

After the ability of young adults to lose themselves in the meeting of minds and bodies is achieved, there comes a loosening of mutual bonds and an opening to others. This expansion leads to an investment in establishing and maintaining the next generation. This ability to care for and guide those younger than oneself, whether they are one's own offspring or those of others, an ability that includes pro-
ductivity and creativity, is what Erikson called generativity. When identity and mutuality have not been satisfactorily achieved, adults—even those with children—may settle into a search for pseudo intimacy and an excessive need to indulge themselves as if they were children. The result is stagnation and personal impoverishment.

**Stage 8. Aging—Ego Integrity vs. Despair**

For those who have somehow taken care of things and people, who have experienced the successes and failures of applying what they are by themselves and with others to the production and growth of their world, there is now possible the development of a sense of ego integrity. Such integrity results from understanding how one's own history and characteristics have been integrated with one's cultural situation in a way that could not be other than it is. Thus one has a sense of value of one's own life style and an appreciation for what produced it, a satisfaction with what one is and has done. When this integrity is not reached, an individual experiences the frustration, even despair, of knowing that there is now insufficient time to make life something other than what it is.

These, then, are the stages of ego development which Erikson described. Age and social pressures move individuals inexorably from one stage to another in invariant sequence. No stage, however, is completed or is confined to some
finite expanse of time. Thus, for example, the struggle for identity is present from birth to death. Likewise, the balance of trust and mistrust may continually shift as individuals progress from one stage to another. No one positive ego quality or strength is ever gained fully as a wrapped package, stored in one's personality, never to diminish or increase. Any of the strengths whose presence is of fundamental importance at a particular time may be found in an individual at any time. These strengths are the basis for the successful completion of the individual's present stage, with its particular tasks.

The reader has undoubtedly noted similarities in the descriptions of individuals as presented by Piaget, Perry, Kohlberg, and Erikson. This is not surprising given that each of these theorists recognized the importance of biological maturity and social factors in development and the impact of these on all facets of psychological growth. Thus while each of them concentrated on one or another facet of that growth, their stages parallel each other—at least to the extent that development in all facets is optimal. Table 1 presents the stages presented by these theorists in parallel fashion to illustrate what is possible in the interaction of cognitive, moral, and affective aspects of growth.
<table>
<thead>
<tr>
<th>Approx. Age</th>
<th>Piaget</th>
<th>Perry</th>
<th>Kohlberg</th>
<th>Erikson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-2</td>
<td>Sensorimotor</td>
<td></td>
<td></td>
<td>Trust/Mistrust</td>
</tr>
<tr>
<td>2-7</td>
<td>Pre-operational</td>
<td></td>
<td></td>
<td>Autonomy/Shame</td>
</tr>
<tr>
<td>7-11</td>
<td>Concrete Operational</td>
<td></td>
<td>Egocentric 1.</td>
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<td></td>
<td></td>
<td></td>
<td>(Level 1.)</td>
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<td></td>
<td>Instrumental 2.</td>
<td></td>
</tr>
<tr>
<td>11-16</td>
<td>Formal Operational</td>
<td>Dualism</td>
<td>Approval &amp; Pleasing others 3.</td>
<td>Identity/Confusion</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(Level 2.)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Relativism</td>
<td>Maintaining Social order 4.</td>
<td></td>
</tr>
<tr>
<td>16-30</td>
<td></td>
<td>Commitment in relativism</td>
<td>Social Contract 5.</td>
<td>Intimacy/Isolation</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>(Level 3.)</td>
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<td></td>
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<td></td>
<td>Principled 6.</td>
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<tr>
<td>30 plus</td>
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<td></td>
<td></td>
<td>Generativity/Stagnation</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Integrity/Despair</td>
</tr>
</tbody>
</table>
General Statements Regarding Human Development

The similarity of ideas noted in the theories of Piaget, Perry, Kohlberg, and Erikson can, according to Zigler (1963), be found in all developmental theories. Bocknek (1977) noted that these generalities can be the basis for a developmental approach to psychotherapy. The authors with whom this study has been concerned belong to one of two specific schools of thought regarding development: 1) the Piagetian school (Piaget, Perry and Kohlberg); and 2) the school of Psychoanalytic Ego Psychology (Erikson). Greenspan (1979) has shown the extensive compatibility of these two schools of thought on the theoretical level and how they might be integrated. This author has found these theories compatible on the practical level as well, each providing information which enables one to understand clients' various aspects of development.

This understanding makes possible assessment of clients in regard to their development. At the root of this understanding and assessment, then, are convictions about people and their development which come from the theories presented in this chapter. These convictions are presented here as general statements regarding human development.

1. Human development is a natural forward thrust for growth over the entire span of life. All the factors producing that thrust are not as yet known, nor (with
accuracy) the nature of the interaction between the factors that are known. Yet, it is agreed that human development results from the gradual maturation of the organism, the efforts of the organism to satisfy its drives (including the drive to exercise existing functions), and the efforts of the individual to control satisfactorily its external environment.

2. Human development occurs in many facets of life in regular stages, the characteristics of which can be recognized. Optimally all facets develop in parallel fashion, but not necessarily. Thus, in some areas individuals may develop more quickly than in others. This phenomenon will be referred to as selective development. Whatever the rate of development, development in any area occurs in a regular sequence. Regression may occur, but forward development always proceeds from step to step.

3. At each stage of development the individual has available, for maintenance and growth, modes of thinking, acting, and emotional response that are integrated in patterns unique to the individual. The modes of thinking, acting, and emoting are recognizable as characteristic of specific developmental stages. How individuals integrate the modes that they have acquired, their pattern of action and reaction, are unique to themselves. It is by means of these schemes
or patterns that continued growth occurs.

These three statements form the basis for Developmental Counseling and Psychotherapy. This study looks now at the application of these statements and the developmental descriptions presented by Erikson, Piaget, Kohlberg, and Perry.
CHAPTER III

A THEORY OF DEVELOPMENTAL COUNSELING AND PSYCHOTHERAPY

Basic Statements

In Chapter II general statements regarding human development were presented. From these statements it is possible to develop further statements, or corollaries, specific to counseling and psychotherapy that form the essence of the theory of Developmental Counseling and Psychotherapy. Each of the general statements is presented again here with the corollaries it generates.

General Statement I: Human development is a natural, forward thrust for growth over the entire span of life.

Cor. 1. Clients are in the process of development. They have completed developmental stages and are in the process of managing the tasks specific to their current stages, that is the stage for each facet of development.

Cor. 2. Clients are persons experiencing difficulty in one or other of the tasks which current development requires. The reasons for the difficulty may arise from a variety of sources just as the sources of development are many.

Cor. 3. Clients' choice of therapy as a means for resolving their difficulties makes therapy an integral
part of their developmental process. Therapy becomes one of the factors potentially capable of facilitating growth.

General Statement 2. Human development occurs in many facets of life in regular stages, the characteristics of which can be recognized. This statement is directly applicable to therapy and is the basis for assessment in Developmental Counseling and Psychotherapy.

Cor. 4. Counselors and psychotherapists determine the developmental stages of their clients, the extent of regression, and the extent of selective development.

General Statement 3. At each stage of development the individual has available, for maintenance and growth, modes of thinking, acting, and emotional response that are integrated in patterns unique to the individual.

Cor. 5. The client’s developmentally acquired patterns or schemes are the strengths by which the client will resolve current difficulties and continue the normal developmental process.

Cor. 6. The relationship between the therapist and the client facilitates growth to the extent that it is consistent with the client’s developmental patterns.

Cor. 7. The therapeutic modalities used to effect change in the client facilitate growth to the extent that they are consistent with the client’s developmental patterns.
These statements form the theoretical core of Developmental Counseling and Psychotherapy. They are, however, only the core. Around them have developed more extensive understandings of the therapeutic process. In order that the reader may share these understandings this study proceeds with a definition of Developmental Counseling and Psychotherapy and considerations on each element of that definition.

**Definition of Developmental Counseling and Psychotherapy**

Developmental Counseling and Psychotherapy is an interpersonal process undertaken by a counselor and a client for the twofold purpose of relieving the distress and facilitating the continued development of the client. This definition presents, first, the notion that Developmental Counseling, like most other forms of psychotherapy, is based on the sharing of information between the parties involved. While much of the information shared in Developmental Counseling is the same as that shared in other forms of therapy, there are some notable differences, as will be seen later, in the information sought by the therapist and in the inferences and interpretations made on the basis of that data.

Independent of the nature of the information is the idea, presented by Rogers (1957), that the sharing of information depends upon an appropriate ongoing relationship between the client and counselor. Developmental counselors
understand that this relationship depends upon both themselves and their clients. They perceive their clients' attempts to guide the relationship as occurring within the context of the clients' psychological development. The development of the therapeutic relationship is therefore a matter of significance to developmental counselors and will be considered in greater detail in later sections.

Whatever the specific nuances of any one client-therapist relationship, that relationship is between two persons. All aspects of therapy may therefore be considered from the viewpoint of each of these persons who have different responsibilities in the therapy process. The considerations presented in this chapter will include a presentation of the different viewpoints and responsibilities of the two persons engaged in Developmental Counseling.

Considered, too, will be the fact that Developmental Psychotherapy is a process with a beginning, a middle, and an end. As will be seen, there are aspects of each of these phases of the process that make them different from similar phases in other therapy processes.

One of the major differences between Developmental Counseling and other modes of counseling is to be found in the statement of the purpose of therapy. Developmental Counseling has a double purpose: 1) the relieving of distress as experienced by the client, and 2) facilitating the development of the client. The latter purpose, which is
specifically attended to by developmental therapists, is one of the factors that most clearly differentiates them from other therapists. While the first purpose, that of relieving distress, is common to all forms of therapy, it is seen by the developmental therapist as being linked to continuing psychological development. Consideration of the purpose of therapy from the viewpoints of both the client and the counselor will show this linkage.

In the foregoing overview of the elements of a definition of developmental counseling are the specific aspects which will be considered here: 1) the persons involved, that is, the client and the counselor; 2) the purposes of therapy; 3) the initial stage of therapy and the responsibility of client and counselor in the establishment of the relationship, sharing of information, and formulation of goals; 4) the intermediate stage of therapy and the responsibility of the client and counselor for the nature of the ongoing relationship and the progress toward goal achievement; and 5) the final stage of therapy and the concomitant responsibilities of client and counselor. Each of these five factors will now be considered.

Considerations of the Persons Involved in Therapy

The Client from the Therapist's Viewpoint

Developmental psychotherapists perceive clients to be like anyone else in that they are persons developing in many
areas simultaneously. Developmental therapists are particularly aware of the psychological aspects of development (cognitive and affective), but they are aware that these aspects depend upon and are influenced by 1) organic growth and maturation, 2) exercise of one's physiological and psychological systems and the experience acquired thereby, 3) social transmission and the interactions and the press of life tasks which this includes, and 4) the process of equilibrium or self-regulation in response to external disturbances. Thus developmental therapists see their clients as persons who, against the background of biological growth, life-task pressure, social interactions, and past and present experiences seek to bring harmony to their lives by the development of adequate cognitive, affective, and behavioral schemes. They understand that it is in the recognition of the characteristics of these schemes or patterns of thought, affectivity, and behavior that one may assess aspects of growth. For an accurate analysis of their clients' cognitive, affective, and behavioral schemes, developmental therapists look to the explication of the stages of development presented by theorists such as Piaget, Perry, Kohlberg, and Erikson.

Developmental counselors, then, view their clients as individuals engaged in the process of growth. They recognize that their clients have acquired cognitive, affective, and behavioral schemes that enable them to interact with the
environment. The clients' ways of thinking, qualities such as industry, trust, and autonomy, and the skills clients have gained make up these schemes. They are the strengths with which clients attempt to complete the tasks which their maturation, search for what is new, and the requirements of their environment present. However, the attempt to meet life tasks has become, in some ways, an unsuccessful struggle for clients. Thus developmental counselors are aware that the clients' awareness of themselves, as they present themselves to the counselor, centers not on strengths, but on failures and weaknesses.

The Client from the Client's Viewpoint

Clients come for therapy because they are unable to complete satisfactorily the tasks of their current life situation. Clients see themselves, therefore, as persons with problems. For some clients the problems are familiar; they are difficulties similar to those previously faced. The past resolution of the difficulty is now, however, unsatisfactory. Other clients perceive themselves involved in new difficulties for which they are unable to find solutions. They come for therapy because they want help in moving through their dilemmas to a more comfortable life.

The Counselor from the Clients's Viewpoint

Clients see their counselors as problem solvers. They
expect that counselors will help them find the solutions which have eluded them. Often, too, they expect that their counselors will help them to understand themselves better, to answer the question, "What's wrong with me?" and to understand their situation.

The Counselor from the Counselor's Viewpoint

Counselors, too, see themselves as problem solvers. Traditionally, they are aware that part of their responsibility is to assist their clients to understand themselves and their situation in such a way that the clients' successful functioning in the situation is facilitated. They also understand that much of their work is to teach clients new cognitive, affective, and action schemes which may be used in the resolution of difficulties.

Developmental counselors have another significant dimension to their work. Developmental counselors see themselves as facilitators of the current development of their clients. Their responsibility, as they perceive it, is to discover their clients' strengths and to help them use those strengths to complete present life tasks, knowing that successfully living through one's present stage provides the strengths for entrance into and successful passage through stages yet to come.

What has been discussed in these considerations, particularly the clients' view of themselves as persons with
difficulties and the counselors' self perceptions as problem solvers and facilitators of growth, leads to considerations of the purposes of therapy.

**Considerations of the Purpose of Therapy**

**The Client's Purpose**

For clients, as has already been said, the purpose of therapy is the solving of their problems so that they can get on to the rest of their lives. Both parts of this purpose statement are important. First, clients come for the specific purpose of solving some particular problem(s). Secondly, clients are generally aware that a significant percentage of their time and energy has been consumed in efforts to resolve their difficulties. They are aware, too, that they have presently, and expect to have in the future, many other tasks to manage. Their desire to move beyond their impasse, then, includes the desire to become more involved in the other facets of their lives.

**The Counselor's Purpose**

The basic purpose with which developmental counselors engage in counseling is to assist clients to attain successful growth in their present developmental stages. The counselor's hypothesis underlying this purpose is that each stage of development is a necessary stage. In a stage individuals attempt specific tasks, using their acquired
strengths (ego qualities, ways of thinking and making decisions, patterns of behavior, and involvements with the environment). In the process of completing these tasks they acquire new strengths, strengths essential for the tasks that lie ahead. The counselor's purpose with clients is, therefore, not to force those clients to move through life stages. It is, rather to help them live effectively within their current stages, using their stage-specific modes of thinking, perceiving, emoting, and acting, and making only those transitions which they are presently making. Implicit in this formulation of purpose is the trust that successful developmental progress in one stage maximizes the possibility of successful transition to and living of succeeding stages.

It is necessary to note, here, that this insistence on honoring the current stages of the client, while it is essential to successful developmental counseling, is not perceived as the proper approach by all developmentalists. This is particularly true of Kohlberg (1975, 1978). Kohlberg, however, is an educator rather than a therapist. It may be that his predominant concern with promoting movement from one stage to another is more appropriate for an educator. It may be, too, that a developmental counselor may perceive a client's clinging to the equilibrium of a given stage as the reason for the client's inability to cope with a new situation. In such a case the therapist, too, would promote the
movement to a new stage. Nevertheless, the predominant attitude of Developmental Psychotherapy (an attitude supported by Perry, 1977) is respect for the client's present stages.

Intricately tied to developmental counselors' purpose of facilitating growth is their purpose of assisting clients in resolving their difficulties. There are two reasons for this: 1) Very simply, that's why clients come. To accept their goals as the goals of therapy, insofar as they are morally acceptable to the therapist, is to accept clients' needs to resolve their difficulties. 2) Clients' difficulties are part of their present developmental stages, which developmental counselors see as inherently valuable to clients. To attend specifically to the clients' problems, then, is to promote the general purpose of assisting clients to successfully complete their present stages. In short, accepting the clients' concerns as the focus of therapy, takes into account both the clients' and the therapists' understanding of the current situation.

Both client and counselor, then, have their purposes when approaching the therapy process. These purposes, complementary and overlapping as they are, are the foundation for a process that can be mutually satisfying. At this point it is appropriate to look at the counseling process. This process is seen to consist of three stages: 1) the beginning or initial stage, 2) the intermediate stage, and 3) the final stage.
Considerations on the Initial Stage of Therapy

The Formation of the Therapeutic Relationship

The relationship between client and counselor is an ongoing, always changing relationship which begins at their first instant of contact and is intimately connected with all of the other facets of therapy. It is apparent that the counseling relationship results from the efforts of both counselor and client to interact in a way that facilitates the therapy process. Thus both the client and the counselor have responsibility in beginning and maintaining this relationship.

Besides making the effort to interact with the counselor, an effort which begins when clients request counseling, clients must attempt to respond to the requirements of the structure of the counseling process. This involves the obvious necessity of keeping appointments and working toward a trust in their therapists that is sufficient for disclosure. The progress towards trust and its resultant, open communication, requires that clients make preliminary attempts at sharing their concerns on the basis of their own hope for relief and the counselors' trustworthiness as a professional. In doing so, clients, more or less consciously, present themselves according to their previously adopted behavior patterns and according to their perceptions of their counselors. That is, they attempt to form
a relationship that is satisfying to themselves, that makes what is new and therefore somewhat uncomfortable more comfortable. They endeavor, in short to control the relationship.

Counselors, too, have a responsibility for control of the therapy relationship, a responsibility that must be accepted. Counselors begin their efforts at control by explaining to clients the basic structure of counseling, the necessity of prearranged appointments of specific duration in specific places, and the necessity of attempting, mutually, to share the information that each has relative to their working together. It is the counselors' responsibility to facilitate the development of the trust that makes disclosure possible. Rogers (1957) has explicated the qualities which counselors must exhibit for this development to take place: congruence, unconditional positive regard, and empathic understanding.

Besides providing an environment in which trust can grow, developmental counselors have a further obligation that relates to control of the relationship. This requirement includes the need to be aware of the nature of the relationships which their clients are striving to form. Developmental counselors recognize that the type of relationship is expressive of the developmental stages of the client with respect to the concerns presented. The developmental counselor must judge whether the client's
style of relating is truly facilitative of success in those stages. If that is not the case, therapists must guide their therapeutic relationships to a more helpful form. Thus developmental counselors perceive their relationships with their clients as factors for growth rather than as situations in which past conflicts are relived or as opportunities for forming transference neuroses.

Both clients and counselors, then, are involved in the task of establishing a relationship in which the work of therapy can take place. Another major portion of the work of the initial phase of therapy is the sharing and processing of information. It is to that aspect of Developmental Counseling that these considerations now attend.

The Sharing and Processing of Information.

In the context, first of a hope for relief and trust in the professional status of their therapists, and, later, of a developing trust in personal qualities of their therapists, clients begin reporting their concerns, and, more or less completely, their story. Their responsibility for this aspect of therapy lies simply in doing just that, in stating their concerns and experiences as fully as possible. Because clients come for therapy with a predominant experience of themselves as persons with difficulties, deficits, and failures, it is to those concerns that clients usually attend first.
In keeping with this tendency, therapists have the responsibility to listen to what the difficulties are and how they are expressed and to facilitate as complete a report of the problem areas as possible. With their therapists' help, clients can tell of their emotional and cognitive responses to the crises which they experience, how they have acted in light of them, and the history of these experiences, however brief or long. Besides coming to an understanding of the circumstances of the problem itself, therapists must process the information to determine the developmental stages of their clients. From the nature of the problems comes an understanding of some of the life tasks which clients currently face. From the schemes used to resolve the difficulties, as well as from the reported emotional responses, counselors can gain some understanding of the balance of positive and negative ego qualities which clients bring to their struggles. From the reports of the clients' cognitive responses to their problems and from the way in which clients express their concerns and tell their story, developmental counselors deduce the stages of logical and moral development in which the clients currently function.

In speaking of therapists' efforts to determine clients' developmental stages, care has been taken to refer to those stages as the stages at which clients operate with respect to their problems. This has been done from the conviction of the possibility either of regression in some
problematic situations or of selective development, that is, of development is in some areas of life but not in others. There is some disagreement between the developmental theorists with whom this study is concerned regarding the possibility of regression. Kohlberg specifically finds no place for it in his theory. However, from the clinical experiences of this author, the reports of clinical experience of others, and the experimental evidence supplied by Perry and Kohlberg, there has come the conviction that regression and selective development are possible. Given these possibilities, then, it may be that what stages of cognitive, moral, and ego quality attainment are evidenced in the clients' reporting of their problems is pertinent only to those problems.

Since the developmental levels at which clients function with respect to their problems may differ from the levels at which clients function with respect to other facets of their lives, therapists understand the need to elicit information regarding the other areas of their clients' lives. They are aware that clients are more than the sum of their difficulties and deficits, that they are people who have had successes and who have strengths which enable them to function adequately in some areas. Therapists, then, assist clients in attending to their successes. They are interested in all the clients' relationships, the activities related to their educational, occupational, religious, and
social endeavors, and their recreational activities. Basically, therapists assist clients in answering the question, "In spite of your difficulties and limitations, you are still functioning, you are still with us; how have you made it this far?"

The therapist is interested in determining the areas of life, however small, that are effectively managed by the client and how the client responds cognitively and affectively in these situations. As in the problem areas, the information gathered makes it possible for the therapist to form a more complete picture of the developmental stage of the client. Included in this is a determination of the extent to which developmental stages are consistent, to what extent the strengths of cognitive style, the ego qualities, and effective action schemes which the client integrates in successful functioning are unique to the areas of success.

An aspect of the therapist's effort to understand both the weaknesses and strengths of clients, which requires specific comment, is the therapist's predominant concern with present reality. While developmental therapists are aware of the need to understand some of the historic antecedents of the clients' present strengths and difficulties, their purpose, like that of their clients is to remediate the present with the view of making that present, and hence the future, more satisfying. Thus the information sought is mainly the information pertinent to the client's current
life situation.

From the information gained relative to client difficulties and successes, however moderate those successes may seem to be, therapists are able to understand why their clients experience difficulties. Some of the possibilities, any or all of which may be present, are: 1) Clients may be overwhelmed by the number of life tasks presently to be resolved. Generally this occurs if tasks of one stage were not satisfactorily solved before time and environmental pressure require the solving of others. 2) Clients may be attempting to cope with tasks which one might expect persons of their age to face, but because they have not been successful with aspects of those tasks in earlier stages the balance between the positive and negative qualities of the ego relative to those tasks is such that the negative qualities are currently stronger and the situation seems traumatic. 3) Clients are facing "age appropriate" tasks, but lack necessary skills. 4) Logical and moral developmental levels are not generalized, with the result that clients are attempting to resolve difficulties without using all the cognitive schemes available to them.

With an understanding of the areas of difficulty and the areas of strength, client and therapist are able to move to setting goals for therapy. It is this aspect of the early phase of counseling which will now be considered.
The Formation of Goals.

As a result of the information received, client and counselor are able to make the purposes of counseling specific in the setting of goals. For the client, again, the goals will center upon the relieving of the difficulties brought to counseling. In light of what client and counselor now know about these difficulties, the statement of goals may be a reformulation of the client's concerns so that what is sought as an outcome of counseling is somehow measurable. This reformulation will include, too, what is known of deficits, levels of thinking, and affective responses to situations. In keeping with clients' desires to attain a more equitable distribution of their energies to all of life's tasks, a desire which complements the counselor's purpose of facilitating development, the statement of goals will include this desire.

It is the work of both counselor and client to formulate counseling goals. What is produced by them must be mutually acceptable and clear enough that progress toward goal attainment and eventual achievement of the goal may be recognized by each of them. Once goals have been set, client and counselor begin the work of achieving them, thus moving into the middle phase of counseling.
Responsibility of the Therapist.

The responsibility of therapists at this juncture is considerable. Upon them lies the burden of choosing the means by which the goal may be attained. Unlike Rogers, developmental therapists do not consider all of the solutions to clients' difficulties to lie within clients once they have accomplished an accurate integration of their experiences to the self concept. Unlike psychoanalysts, they do not consider as sufficient for cure an interpretation of the complexes which become apparent as clients relive them in the transference neuroses of the therapeutic relationship. These may, indeed, be adequate avenues of therapy for some clients. If so, it is these which must be chosen by the therapist. For most, however, a different therapeutic modality may be required. It is the responsibility of the therapist to make that decision. The question then becomes, on what basis is this decision made? The answer: on the basis of the nature of the problem and all aspects of the development of the client.

It may be noted here that developmental therapists do not rely on a limited array of techniques as do adherents of many schools of therapy. Therapists who rely on the techniques of one particular school do so, in this author's view,
because they "make sense" to those therapists, that is, they match the strengths consistent with the therapists' developmental levels. Clients who do not respond to these techniques are considered resistant to change. The fault for therapeutic failure lies in the psychodynamics of the client. From the developmental therapist's viewpoint, it may simply be that these techniques do not "make sense" to the client, that they do not match the client's developmental strengths. This is not to deny the possibility of client resistance. As a phenomenon in the treatment process it will be considered again later in this section, and to a greater extent in Chapter V. What is emphasized here is the developmental therapist's conviction that resistance may be lessened if the treatments selected are in keeping with the client's development.

Psychological literature contains many treatment techniques for the difficulties clients bring to therapy. Once the therapist has analyzed the difficulty and is aware of the schemes (of cognition, affect, and behavior) with which a given client has attempted to manage them, it is possible to find several techniques which might be used for remediating the situation. It is now necessary to select one technique or some specific combination of techniques. This selection is made on the basis of the client's developmental pattern.

Fundamental to relying on developmental patterns for
selecting treatment techniques is the conviction that every developmental stage is a good stage. The designation "good" is made here with purpose. In working with clients who appear to be behaving in age inappropriate ways, therapists frequently react to such behaviors, and thus to the levels of development, as if they were bad, of no value, as maladaptive. Developmental therapists on the other hand, recognize, first, that each stage is a necessary stage. Being in any one stage necessitates using the patterns of thought, overt behavior, and affectivity that are concomitant to being in that stage. It is by using the schemes of a stage effectively that one becomes able to make the transition to the succeeding stage. This is as true for clients during the therapy process as it is for them, and others, in the many other arenas of life's activities. The developmental counselor's purpose with clients, then, as has already been stated, is to assist them in using these schemes well.

To do so, then, therapists select treatment techniques that are congruent with the developmental stages at which clients function with regard to their specific difficulties. Looking first at the cognitive developmental stages as described by Piaget, it is apparent that adults generally function at the concrete or formal operational levels. It is important to distinguish which is predominant for clients. Formal operational thinking allows clients to look at their problems objectively, i.e., to analyze them and to consider...
abstractly alternate ways of perceiving and managing them. For clients at this level, verbal therapies, therapies that enable clients to reframe their situations and consider alternative behavior, may be adequate.

Many adults, however, function at the concrete operational level. For them, understanding results directly from experience with objects and persons. Interactions are based on what they believe are mutually agreed upon rules of behavior. It may be that clients operate at this level when the pressures and anxieties relating to their difficulties are so intense that they are unable to regard them with the degree of abstraction that is required for formal operative thought. It may also be that the alternatives and/or possible consequences of those alternatives seen in previous attempts at resolving the difficulties through formal methods were so frightening that clients regressed to concrete thinking. When either of these possibilities is true, the safety of the counseling situation may provide a reduction of fear and anxiety that is sufficient for engaging in formal operative thought.

Sometimes however, a sufficient lowering of anxiety does not occur for these clients. With other clients formal operational schemes have not been developed. Whenever formal operative thought is not a possibility for the client, therapists must choose techniques that match concrete operational modes. Some of these techniques are role playing,
behavior rehearsal, and fantasy experiences. In general, methods which are experiential, which provide opportunities for manipulation of, that is, interaction with persons and objects, are appropriate for persons using concrete operational thought. Such interaction may take place within the therapy sessions or "in vivo", it may take place in the context of concrete reality or in fantasy; but it must take place.

Turning now to other aspects of cognitive development, that is, the epistemological and ethical levels described by Perry, it may be seen that adult clients may be at any of Perry's levels. Considering first the possibility that clients may be at Position 1—that of basic dualism—in which the world is divided into the realms of "us" and "them", it is necessary for therapists to select techniques which may be perceived as fitting into the world of "us". Frequently it is not so much a matter of what techniques are used but how they are presented to clients. That is, these techniques must be shown to be consistent with the clients' worldview. This is necessary for clients who have moved well along in Perry's scheme, for, as he has shown, elements of dualism remain until the completion of Position 5, when the individual has reached the point of relativism diffuse. For clients at this stage (and the level of formal operative thought which is its necessary condition), and even further along, that is, in commitment, there is greater freedom for
therapists in the presentation of new ideas and new alternatives for behavior, since such clients are more willing to accept that which they have not previously considered.

Such clients may also be at Kohlberg's Stage 5—that of principled moral choice. For them authority lies in the principles they have themselves determined as basic, and it is their responsibility to apply these principles to the realities of life. The therapist's suggestions may then be more easily comprehended as consistent with their principles, or not, and then accepted, or rejected. It may be that rather than present new ideas, the therapists' role is more that of the Rogerian therapist who facilitates clients in their efforts to determine what new alternatives may be suitable for them in the light of increased self-understanding and in view of their principles.

But what of clients at earlier stages in Kohlberg's scheme of things? It is to be noted, first, that adult clients may be found at any of Kohlberg's stages, though the majority will make decisions with at least some elements of Stage 2 thinking. For clients at this stage, the concept of fairness is very important, and while their awareness of their difficulties may center on how unfair their life circumstances seem to be, the concept may be used to advantage. One of the strengths of this stage is the ability it contains for one to be aware of others' needs as well as one's own. This strength can be used to assist clients in choosing
alternative behaviors (both within the therapy sessions and outside it) that are consistent with both sets of needs. If alternatives are presented from within this framework, clients should be more willing to accept and try them.

Clients in Kohlberg's Stages 3 and 4 are more aware of themselves as belonging to a group. At Stage 3 they are concerned about fitting in with the group and being accepted by it. Thus again, as with Perry's dualists, it is important that therapeutic techniques be presented within the framework of the ideology of their primary groups, or that the techniques contain elements which are consistent with that ideology. The reader will find examples of the application of this principle in Case 1 and Case 4, in Chapter IV. If clients are at Stage 4, where a primary concern is with the protection and advancement of the groups to which they belong, considerable motivation can be raised for the acceptance of alternative modes of thinking and acting if they are presented in that context. Such a cognitive approach is possible because of the ability for formal operative thought which is a prerequisite of this stage.

Having considered the cognitive aspects of development and how the characteristics of the stages as presented by Kohlberg, Perry, and Piaget can be seen as strengths which may be relied upon for continued progress in those stages, it is time to consider the stages of psychosocial development which Erikson described. Here it is not sufficient to
proceed from stage to stage, matching techniques to the modes of thought which clients use. Rather it is necessary to recognize the balance of ego qualities which the client has developed at any of the previous stages and, by selecting techniques in accordance with the positive qualities, assist the client in meeting the life tasks, however age appropriate they may be, with which he or she is currently engaged.

In the process of obtaining information on the various aspects of clients' lives, therapists are often struck by the disparity of successes in the different areas. Thus some people may possess the autonomy and industry required for successful careers but are incapable of entering into satisfying intimacy with others. Other people may be capable of satisfactory relationships but be unable to commit themselves, through indecision, to some form of work. Developmental counselors, having learned what characteristics make clients' successes possible and how these characteristics are used, assist clients in transferring these schemes to the problem areas through appropriate techniques and recommendations for change. Direct statement of their intent may or may not be used.

The reader may wonder if the therapists' concentration on the clients' present personality characteristics, or strengths, might lead clients to a life style that exaggerates some aspects of life and ignores others. The response
to this is twofold. First, yes, it is possible. But that is not necessarily to be regretted. Each human personality contains, according to Erikson, a balance of positive and negative ego qualities. As people develop they depend upon their strengths as they devise for themselves a satisfying life plan, integrating their weaknesses, perhaps simply by ignoring them, into that plan. Some are able even to make virtues of those weaknesses. Erikson has described two who did that in his psychohistorical accounts of Luther (1958) and Gandhi (1969). To some extent, though usually less spectacularly, all people integrate their shortcomings into their lives on the basis of what they can do well.

The second response to the possibility of lopsided personality development as a result of concentration on strengths is that such an imbalance does not necessarily occur. Successful development of positive ego qualities in one stage depends on an individual's effective use of the strengths gained in previous stages, and, most particularly, the strengths gained in the stage immediately preceding the person's current stage. To rely, then, on clients' previously acquired competencies in assisting them to resolve difficulties, is to mimic the normal developmental process, or (perhaps more accurately) to make therapy a part of it. Thus, it is just as likely that, from a concentrated effort to use old strengths well, new strengths will be acquired. The result: a more balanced personality.
In this series of considerations on the application of Erikson's notions to the middle stage of therapy, we have concentrated on the idea of utilizing developmental strengths for planning treatment. There is one aspect of treatment that merits special attention once again because it is itself a part of treatment and because it is the vehicle for all other aspects of treatment; in fact it is the vehicle for all of the counseling process. This is the relationship between the client and the counselor.

We have already considered the formation of the relationship in the beginning stage of therapy. In considering its place as therapy continues, it can be noted that the responsibility of the therapist to direct the relationship persists. The direction of the relationship, that is, the type of relationship, must be in keeping with the developmental stages of the client. Erikson's descriptions of the life stages can be helpful in determining the type of relationship that is conducive to development in those stages. Thus, with different clients, or with the same client at different times, the therapist may be a supportive, caring parent, a chum, a confidante, a colleague in experimentation, an authority, a firm guide, a teacher, and/or an honest friend. Whatever the relationship, it must provide the therapist with the freedom to say and do what he or she believes is appropriate, given the client's developmental stages. When the relationship is not
facilitative of development, the therapist is maneuvered into saying what the client wishes. It can be noted here that the relationship which the client seeks may be one that is conducive to continued development. If such is the case, then it is, of course, appropriate for the therapist to accept the role.

If the roles of client and therapist are mutually conducive to development, the resistance to change, which is at least in part a resistance to the perceived role of the therapist, will be lessened. This is true because the therapist's role, when determined according to the client's developmental needs, should "make sense" or "feel right" to the client. When it does, the counseling process can be what it is meant to be, that is, another arena for development. Individuals develop through using acquired schemes in efforts to solve life's tasks. Involved in this are interactions with other persons, many—perhaps most—of whom facilitate development. The difference between those who are clients and those who are not is the inclusion of the counseling situation as a factor for continued growth and the presence of a therapist as an ally in the growth process.

The therapist's responsibility in the middle phase of therapy is, then, to plan a program of treatment that relies upon the strengths of the client, is presented to the client in a manner that is consistent with the client's cognitive development, and in the context of a developmentally appro-
appropriate relationship. It is, of course, also the responsibility of the therapist to monitor the client's progress in all facets of life as the treatment plan is implemented, to revise that plan as needed, and to continue to guide the relationship.

Responsibility of the Client

During the intermediate phase of counseling, clients have responsibilities which are concomitant to those of the counselor. The clients' responsibilities consist of receiving the new ideas, interpretations, and suggestions of the counselor, participating in the exercises presented during counseling sessions, and sharing with the counselor their emotional and cognitive responses. They must, too, attempt to put into practice, in various aspects of their lives, any new behaviors which have been suggested and report to the counselor the results of these attempts. In short, the client's responsibility consists of being an active partner with the counselor in all aspects of the therapy process.

When therapist and client have engaged in this process over a period of time, the length of which will vary depending on the client and the nature of the difficulties attended to, they will reach a point where therapy seems no longer necessary. They then enter the final phase of the counseling process. It is this phase which will be considered next.
Considerations on the Final Stage of Therapy

In the latter stages of therapy counselors find it necessary to make fewer suggestions and interpretations. Clients' strengths will have been developed to the point that they are making their own suggestions, and discovering new ways to utilize their strengths. The counselor's responsibility at this point is in great part that of encouraging the client to continue in this growth and of responding enthusiastically to all gains.

Either client or counselor may now suggest that the client seems able to continue without therapy. Client and counselor together review the goals set for therapy and consider the extent to which they have been reached. They review, therefore, the areas of difficulty and the success that has been gained in obtaining relief; they consider the extent to which all facets of the client's life fit into place so that each requires only its appropriate amount of the client's time and energies. In short, they determine not if all of life's tasks have been completed and all difficulties resolved completely—they never are—but, rather, if the client is able to face alone and with others the tasks which are at hand and believes herself or himself capable of meeting successfully the tasks which lie ahead. When this ability is seen to exist, client and counselor say goodbye. The therapy process ends.
Having presented the basic statements of Developmental Counseling and Psychotherapy and having discussed the implications of these statements for the process of therapy, this study presents in the following chapter case studies of the practice of Developmental Counseling and Psychotherapy.
CHAPTER IV

DEVELOPMENTAL COUNSELING AND PSYCHOTHERAPY IN PRACTICE

The following cases are examples of Developmental Counseling put to work. The accounts of counseling presented here are based on the counselor's case notes. In each case there was an effort to determine a relationship that was developmentally appropriate for the client and to use treatment modalities that were based on the client's strengths. Besides presenting the reader with an account of the counseling process with these clients, the study will attempt to present the assessment of the client's developmental levels and some of the evidence for that assessment. Likewise it will attempt to show the link between that assessment and the nature of the client-counselor relationship and the treatment modalities selected.

Case 1. Marilyn

Marilyn was 35 years old when she came for personal and vocational counseling. The gist of her story, as she told it in the first few sessions, was this. She had been a 20 year old nursing student when she became pregnant by her fiance. She married the young man and divorced him when their daughter, Jane, was about six. Jane remained with the father when Marilyn left the small southeastern community in which
Marilyn came to the city seeking, as she put it, "the good life." After almost nine years working for an insurance company, she was bored with her job and was looking for a new career. She had been thinking about preparing to be a real estate agent, but was unsure. The counselor scheduled her to take the Strong-Campbell Interest Inventory and the Personality Research Form for assistance in guiding Marilyn's decision-making in this area.

When asked about her family of origin, Marilyn spoke with resentment about her parents. Although they had helped her financially on occasion, she felt alienated from them because their lifestyle is so traditional. She felt, too, that they consider her a wicked person for having divorced her husband and left her daughter. "What can I say," she said, shaking her head. "Jane had so much more with her father than I could have given her then." And she added, "Their values are so different." She said that recently she had written her father, requesting to enter his business. He had taken two of her four younger brothers into his retail business. He did not respond. "He may be an alcoholic anyway," she commented. "All he does is sit around and drink beer. My mother runs him down for it and treats him like a dog. She's fat and sloppy and catty — like all housewives. All she ever did was complain about me, too."

Although she was unhappy about her parents and bored
with her job, she found no reason to complain about the city. Marilyn continued to enjoy its restaurants, theatres, concerts, and sporting events. However, she felt that she was not using these recreational outlets frequently enough and was in a social rut. Marilyn had been dating John off and on for the last year. While she liked being with him because he was as "sexually charged" as she, he took advantage of her. John borrowed money and did not repay it; he had just borrowed "my beautiful new sports car...my beautiful car" and had lost it. (The car was recovered two weeks later.) The crowning insult was that he was a stay-at-home. When they were getting along he seldom took her anywhere. When he did she usually paid for their entertainment. Marilyn tried repeatedly to discontinue the relationship, in fact was trying to do so at the time of her second interview. She felt, however, that if (and when) he phoned or wrote she would resume her affair with him.

Besides her bouts with John, Marilyn had dates with other men. Most of these came as the result of personal advertisements which she placed in a local what's-doing-about-town magazine. She said she enjoyed these dates because they usually included dinner in a nice place and doing something else that was fun. The only problem, she said, was that she almost always ended up having sex with the man and the he never called again. "I don't know how to change this," she said. "How do other women handle this?"
Marilyn appeared for her first appointment dressed in a tight skirt and a tight blouse with a plunging neckline. Her hair was bleached blonde, severely damaged, and in considerable disarray. She wore excessive makeup. With the counselor she was friendly and forthright—almost hearty. She expressed clearly what she saw as "stupid" in the way she handled her relationships with men, especially John, and made specific resolutions to change. In this session the counselor remained in the background as much as possible, attempting to establish an atmosphere of acceptance and understanding. She occasionally asked questions about some aspect of Marilyn's life and reflected what seemed most significant.

In the next several sessions, two patterns became apparent. The first was that Marilyn began each session with a report of how she had succeeded or failed in her attempts to keep the resolutions she had made. The counselor attempted to make little comment about these efforts except to reflect that it seemed to be important for Marilyn to do her best to make immediate changes in her life. Marilyn responded that she felt that the weekly sessions were pressuring her to do the "right" thing. The counselor recognized that Marilyn was attempting to establish a relationship with her that was a rebellious daughter and critical mother relationship.

The second pattern that appeared was that of costume changing. Every other session Marilyn appeared as one might
expect a business woman to dress. On the alternate weeks she dressed either in very alluring outfits or in flamboyant costumes. On one occasion she wore a black sweater, black slacks, black high-heeled boots, a wide brimmed black cowboy hat with chin string, and a full length fur coat which, to the untutored eye of the counselor, seemed to be raccoon. Marilyn's costume reflected her stance for the session. In career-woman garb she reasserted her goals of attaining a career a stable, satisfying relationship with a man, marriage, and a family. In her more outrageous attire she repeated the importance of excitement in her life.

From these patterns the counselor determined that Marilyn had not satisfactorily completed the identity stage and was engaged simultaneously in efforts to establish a comfortable identity, and a struggle for intimacy. In her efforts to make the counselor a critical mother, Marilyn continued to rebel. Rebellion is an appropriate identity stage behavior, and Marilyn had previously used it to obtain independence for herself. In her rebellion Marilyn had chosen to act out a series of rules regarding sex and religion that were the antithesis of her parents' rules. With the realization that her previously chosen rules were no longer satisfactory, she began looking for new ones. Erikson (1969) has described the adolescent's tendency to alter costumes to fit that of the group in which one is seeking membership. Like them Marilyn "tried on" various lifestyles as she
"tried on" her costumes.

The counselor was also able to determine that Marilyn was in Kohlberg's Stage 3 and Perry's Position 3. Considering first Kohlberg's categories, the counselor noted that in her efforts to find a set of rules that made sense, Marilyn kept asking, what do other women do? What do single career women do? What has worked for you (the counselor)? It was clear that "right and good" for Marilyn was that defined as "right and good" by the group in which she sought membership. This is typical Stage 3 conventionalism. Considering secondly Perry's categories, the counselor was aware of the implications of several of Marilyn's statements. In discussing her sexual behavior Marilyn commented, "Since I can't go to bed with just anybody, anytime, I guess I'll just have to wait until I'm married." And, then, in anguish, "But I can't do that either!" At another time, "How can I meet men? The magazine ads and singles' bars get me men who want one-nighters. The men from a church dress like slobs and are dull, dull, dull." It was clear that up to this point there were two sets of criteria—those of her mother (which would make her "Miss Polly Pure") and those of her rebellion (which made her "Miss Suzie Sexpot"). It was clear, too, that Marilyn was beginning to see the possibility of something other than these two dichotomous sets of standards.

In working with Marilyn the counselor knew that her
first priority must be that of directing the relationship. If the critical - mother - rebellious - daughter tenor of the exchanges continued, it would be likely that Marilyn would rebel against therapy. Recognizing Marilyn's continuing efforts to complete an identity struggle, the counselor endeavored to become for Marilyn a respected member of the group in which she wished full membership--the group of career women. Thus the counselor could confront without becoming the enemy. She became Marilyn's mentor and role model.

Maintaining this type of relationship with Marilyn was not easy. Repeatedly Marilyn would ask, "You don't like this (my outfit, my behavior on some given occasion, my attitude about men), do you?" Receiving criticism might be uncomfortable, but it was familiar, and she knew how to rebel against it. It was necessary, at times, to respond to such queries directly, making it clear that the counselor did not consider it her job to be judge and jury with regard to Marilyn's clothes or behavior or any other aspect of her lifestyle. She helped Marilyn rephrase the questions in reference to the stated goals of counseling. For example, does this style help me gain the acceptance as a professional woman that I seek? Will this behavior help me to meet the kind of man with whom I can establish a stable relationship? Are the principles by which my behaviors and attitudes are formed the ones I want? Gradually the relation-
ship between Marilyn and the counselor became that of mentor and mentee; it was then easier to pursue the goals she and the counselor had established. One by one they tackled various facets of Marilyn's life—each within the context of Marilyn's developmental stages. They concerned themselves, for example, with the means by which Marilyn would meet the kind of man she wanted to meet. She rejected the swinging singles' advertisements she had previously used. Likewise she rejected bible study groups. It was in these that her mother had urged her to make friends. Marilyn decided, instead, to join a singles group sponsored by a church. After her first meeting she was impressed by the apparent sophistication and geniality of the members. When she began dating one of the men, she became acutely aware of her need to determine what her sexual behavior would be.

Caught between the "Miss Polly Pure" and "Miss Suzy Sexpot" possibilities, Marilyn asked for help in finding other alternatives. With the counselors' assistance she realized that she could not set up arbitrary rules such as, "It's not all right to have sex on the first date, but it is all right on the third (or fourth, or tenth)." Incidentally, this realization indicates an effort to move from concrete operational thinking in regard to her difficulties. Reliance on this mode had necessitated the counselor's avoiding insight-oriented therapy with Marilyn. Now, however, Marilyn was looking for generalities. As she discussed with the
counselor the role of sex in a relationship and the course of development of relationships, she formulated the following guidelines for herself: Sex is a means of furthering intimacy between two people. Therefore it makes sense to reserve sex until one is aware of the possibility of a friendship between oneself and the other. This possibility is made evident by two people's enjoying each other's company, being able to enjoy some activities together, and being willing to get to know each other over a series of contacts. Once this guideline or "policy" had been stated, Marilyn recognized that she would have difficulty living by it.

"I won't be able to say 'No' even when I want to," was Marilyn's expression of her difficulty. As this difficulty was reviewed, Marilyn and the counselor understood that the inability to turn down a sexual invitation was another manifestation of the way she related to men. One of her recurring complaints was that the ongoing relationships she experienced were either boring or involved her being taken advantage of, or both. The counselor was struck by the disparity between Marilyn's behavior with men and her behavior at work.

Marilyn, although wanting to find a more challenging career, had been successful in her work. She was an energetic, forthright member of an office staff. As such she was able to speak up appropriately for what she needed to
complete the tasks assigned her. Her efficacy was validated by the fact that she received a $50/month raise during the early weeks of counseling. After the counselor expressed her surprise at the observed disparity, Marilyn was also able to recognize it. Together they worked to investigate other aspects of the difference between her relationships with men and her relationships with coworkers. They uncovered the fact that Marilyn had no friends among her colleagues, who were almost all women. It seems that she thought of men as the source of one's social satisfaction and women as efficient workers whose purpose was to keep them happy, no matter the cost to oneself.

Made aware of the difference between this ideation and that of other professional women, Marilyn had no difficulty recognizing its effect on her life. The counselor suggested that Marilyn make efforts to establish friendships among her coworkers. She explained to Marilyn that such a friendship would lessen the burden she placed on her male-female relationships and provide her with a same-sex peer with whom she could talk about her concerns. It is interesting to note that Marilyn began a friendship with a woman in her early twenties. Recently divorced, this woman had reentered the work world and was eager to better her position there. She was also anxious to begin new male-female relationships. She and Marilyn were struggling with similar life tasks, despite the differences in their ages.
In looking for a method to assist Marilyn in managing her relationships with men, the counselor took into consideration Marilyn's desire to act as professional women act and her previously developed ability to be forthright with some people. Thus the counselor suggested that Marilyn begin assertiveness training, mentioning that this was a means that many women were using to be more effective. She referred particularly to its popularity with women who had assumed leadership positions in business, industry, and the professions. She asked Marilyn to purchase Fensterheim and Baer's (1975) *Don't Say Yes When You Want to Say No*. Impressed with the book's popularity (it was sold out of the first two bookstores Marilyn went to), she began reading it eagerly. She and the counselor determined situations in which she could begin applying assertive skills, and she practiced them in role play situations during counseling sessions.

Marilyn then began using these skills with her dating partners. She found that when she turned down a man's invitation to sex early in the relationship he continued to want to date her. She discovered, too, that most men appreciated a woman's stating her preference for an evening's entertainment, and that she could enjoy staying quietly at home with someone who was too tired to go "out" for the evening, if she could state her desires regarding some of the TV shows. Once Marilyn had experienced satisfactory outcomes
from her new behaviors, she became confident that she could successfully continue her efforts to reach her goals without additional counseling. Together she and the counselor reviewed the insights she had gained, the changes she had already made, and the direction in which she wished to continue. They then terminated their work together.

**Case 2: Ray**

Ray came to counseling for help with a speech phobia. A 30-year-old specialist's level student of counseling psychology, Ray brought carefully prepared notes to the session. From these he formally presented his problems. It seemed that while he could read prepared papers to his classmates, the question and answer periods following the reading brought great discomfort. He was aware that his fellow students found his reading uninteresting and were dissatisfied with his answers to their questions. He was unable to formulate more adequate responses in the midst of anxiety even though he was more than sufficiently acquainted with the material.

Ray was also having difficulty with his internship experience. His placement required that he do family and marriage counseling, activities for which he was unprepared. After completing an M.A. in counseling, Ray had worked as a resident advisor at a home for boys. Feeling inadequately prepared to help his charges with their psychological prob-
lems, he had returned to graduate school. He was refused admittance to the very competitive doctoral program at the university, and had taken admission to the specialist's program instead. He had not had, in either the first or second term of the program, course work in marriage or family counseling. He also felt that his internship supervisor, a woman, was not very helpful in that she continually neglected to provide advice for what to do with his clients. Difficulty in both his program of classes (as a result of the speech phobia) and his internship was weighing more and more heavily on his mind. As a result he was experiencing depression.

Ray stated too that he had become aware, through his reading, that he was, to some extent, unmindful of and unexpressive of his emotions. He had begun remedying this on his own and felt that he was making progress. He would like whatever assistance the counselor could give. Having completed his presentation, Ray asked the counselor if she had any questions.

The counselor, aware that Ray had created of the counseling session a speaking engagement, expressed appreciation for the clarity with which he had presented his concerns. She questioned him about his family. Ray is the younger of two sons. His brother, Kevin, a linguist, speaks several foreign languages fluently. Kevin's way with words was evident early in life, and as a young boy both he and his
parents criticized Ray's use of language. According to Ray, his parents frequently compared his lesser verbal skills to Kevin's. Nonetheless the brothers got on well together. Ray, being the better coordinated of the two, excelled in sports and played varsity golf and tennis during his four years of high school. He was also a member of the university golf team during his collegiate career. Ray spoke of his parents with affection. He said he tried hard to please them. He saw them as always having been kind to him and his brother, but more proud of Kevin's accomplishments than his. While they were not effusively affectionate, Ray said he was always sure of their love. They were religious people and conscientiously reared their sons according to the tenets of their church. It was within the church community that Ray did most of his socializing, the rest revolving around sports.

Ray married Carol shortly after he finished his master's degree five years before. He spoke of their relationship as very warm and open. They had both worked until the birth of their son Eric two years previously. Carol then decided to devote herself full time to maintaining home and family. Ray said that he found Carol particularly supportive in this time of difficulty. His only concern with regard to her and Eric was that he would, in his own distress, be a source of stress for them.

In the next few interviews Ray requested advice from
the counselor about his work. He repeated his criticisms of
his supervisor and his unsureness of himself as marriage
counselor. Not wanting to assume the supervisor's position,
the counselor attempted to empathize with Ray, sharing her
experiences as an intern and encouraging him to speak more
directly to his supervisor. She learned, too, that Ray and
his small family had moved to the community five months
before, specifically as a result of his choice of graduate
school. They had purchased a small home which Ray, being
something of a handiman, was gradually improving. He was
also working as an orderly in a psychiatric ward. He found
his position as a subordinate to the nurses somewhat
demeaning, especially with his M.A. However, as they rec­
ognized his skills, they gave him increased autonomy. He
found them friendly and enjoyed working with them.

Aware that a move can be a traumatic experience and
that the early months, and even years, in a new community
can be a very lonely time, the counselor asked Ray how he
and Carol were adapting. With some surprise, she learned
that they already felt very much at home in the community.
They had joined a church shortly after their arrival. There
they met several other young couples with whom they social­
ized on Friday evenings, getting together for conversation
and relaxation. Ray frequently golfed with one or another of
the men on Saturdays and had already played in several small
tournaments.
It became clear to the counselor that Ray was engaged in the tasks of adulthood. Having satisfactorily completed the struggle for intimacy he, with Carol, was embarking on the long process of home- and- family- making. Generative persons are concerned, however not only with their own offspring and the home they require, but also with the broader world those children will soon enter. They are concerned thus with productivity. It is here that Ray had difficulties. The counselor suspected that these difficulties began with a fostering of self- doubt in Stage two, when a child is concerned with his/her first products, speech and the products of bowel and bladder. This self- doubt would then have hindered a full development of a sense of industry and, later, a satisfying career identity. On the other hand, Ray's success in acquiring intimacy suggested an early achievement of trust. This trust made it possible for him to respond in a positive manner toward others. It was from this strength that even his somewhat shaky career identity -- that of a server of others -- flowed.

In regard to other categories of development, the counselor was aware from Ray's ability to speak in generalities about his difficulties (except his troubles as a marriage counselor), that his cognitive developmental level was formal operational. This suggested that the counseling mode might be at least partially insight oriented. At this stage the counselor had little evidence of Ray's position on
Kohlberg's or Perry's scales.

Counting on Ray's ability to establish successful relationships, and recognizing his need for an enhanced sense of productivity, the counselor looked for an appropriate relationship. Ray's discomfort with his own products (counseling session, speeches) made it apparent that the counselor must not become a surrogate supervisor. Rather, she chose the role of sister to this man. Such a role allowed her intimacy with freedom for confrontation, and confrontation with the freedom of empathic acceptance. From that position the counselor asked Ray about his difficulties with speech. As he talked about his compulsion to write out his speeches and his fear of the extemporaneous question and answer periods, it seemed to the counselor that Ray was working to protect his audience from himself, from the verbal garbage he might throw at them in an unguarded moment. His products were suspect. When she suggested this possibility, he looked startled and then grinned sheepishly as if caught out. Seeing in his grin the possibility of using humor as a way to manage this fear, the counselor prompted Ray to think of the worse things he might say if he did not carefully control himself. Aware that the learning of verbalization and muscle control is a Stage 2 task (or, as Freud would have it, an anal task), and that excessive criticism of his verbal products may have left Ray with considerable doubt about them, the counselor returned to the
language of early childhood. "You poopy heads, I'm going to throw poopy all over you," she suggested.

Laughing delightedly, Ray agreed that that was the kind of thing he might say. Then, "But I never would, you know."

"No, of course not."

"Then there really isn't much to be afraid of."

"No."

And the topic ended there. Further inquiries in later sessions indicated that Ray was feeling less and less tension in class sessions. About a month later he gave an oral report from an outline with relative comfort.

While Ray needed no further assistance with the speech problem (insight being sufficient as the counselor expected) it remained to extend this insight to other areas of his life. The counselor had noted that whenever Ray spoke of accomplishments he minimized them. He built a new set of stairs to the back porch, but they weren't really professional looking; yes, he played tournament golf, but he didn't win very often. The counselor pointed out the yes-but habit, and asked if Ray had treated himself this way for a long time. Again the look of surprised recognition. Yes, and he could prove it.

The yes-but approach to his accomplishments indicated to the counselor a cognitive behavior consistent with the dualistic stage as defined by Perry. That it was, in Ray, confined to the tasks related to productivity was also
clear. Ray spoke always with pride and satisfaction about his relationships with others, while he was aware of a desire to improve them. He needed neither to condemn or glorify them. Likewise, he had made a commitment in relativism regarding intimacy in the choice of a marriage partner. It seemed to the counselor that Ray's dualism with regard to his products further indicated selective development.

This hypothesis was verified in the next session when Ray brought his "proof" in the form of an autobiography he had written thirteen years earlier as a senior in high school. In the autobiography Ray had written of his athletic accomplishments, his scholastic achievements, his goals for the future. In each case he had been able to find fault with their lack of perfection. Together Ray and the counselor explored the effect of this cognitive pattern on Ray's emotional state. They began with the present, that is his current habit of finding fault with his work as a counselor, his work around the house, and his golfing. Ray recognized that his concentration on failure and lack of perfection either led directly to depression or at least lessened the pleasure he might take in his accomplishments. He began, then, the task of changing his habit of thinking and speaking disparagingly about his work, accepting that his best was good enough.

While his thought patterns were changing and the
changes were reducing his depression, Ray continued to be aware of a questioning attitude toward his future. His failure to be accepted into the doctoral program and his difficulty in marital counseling suggested that he consider something other than counseling as a career. In his group of friends were engineers, businessmen, and others who, like himself, were providers of service. Ray had been taught that the nobler professions were those involving service. But he knew his friends in engineering and business as good people whose ideals were as lofty as his own. He wondered if he should change his field of endeavor to engineering, a program he had begun as an undergraduate.

One by one Ray reviewed the pros and cons of business and engineering, the pros and cons of changing fields at this stage in his life, and the relative merits of remaining in some area of counseling. When he had finished his analysis, Ray was no closer to a decision then he had previously been. In this area of concern, Ray's usual ability to use formal operative thought was not effective. Given that, it seemed necessary to rely on techniques that were more concrete operational in their appeal, that would allow for the actual manipulation of the environment.

Aware of Ray's comfort with friends, the counselor suggested that Ray ask his friends if he might spend a day "on the job" with each of them. Ray decided to ask the aeronautical engineer, the manager of a local bank, and the
electrical engineer since those were the careers which most interested him. Two weeks later Ray returned. Quietly he reported his experiences. In each case he had found himself interested in the overall significance of the work his friends were doing, but their daily routines he found dull and unattractive. With a "by the way", Ray mentioned that another friend, a fellow student, had come to him with a plan to begin a program for disturbed boys and their fathers. As Ray talked about this idea his eyes brightened and he spoke with obvious enthusiasm.

The counselor reminded Ray of his efforts to be more aware of his emotional responses and to use that awareness in interaction with people. She reminded him that self awareness can be useful in a variety of areas and asked him to review his reporting of his recent experiences in terms of the emotional content. Ray recognized that his recounting of his time in engineering and banking was dull and listless and that his account of his friend's plan was spirited. He saw, too, that he found the prospect of pursuing this kind of activity pleasing as a career goal.

Once this realization was there, Ray was able to appraise his difficulties in marriage counseling realistically. He saw how that difficulty clarified for him the areas of counseling he would prefer in the future, and how his tendency to dwell on his imperfect performances had exaggerated his difficulties.
The reader may have noted in the discussion of Marilyn and Ray that the counselor used no formal assessment tools in determining either the life stage or cognitive developmental levels of the clients discussed so far. A consideration of these two cases will explain why. First, while Marilyn's cognitive developmental level was consistently concrete operational, there was some aspect of pre-operational thinking in her judgement of men. Likewise, Ray's method of adapting to his world was predominantly formal operational. In terms of making a career decision, however, anxiety led to regression to concrete operational thought. The incongruities in BOTH MARILYN'S AND RAY'S LEVELS OF COGNITIVE OPERATIONS WERE discovered in the process of working on specific content areas in counseling. Were assessment tools to be given at the beginning of therapy and relied on as a guide, these discrepancies would probably have been missed. Cooney and Selman (1980) have documented the difference between an individual's level of functioning with regard to objective situations and the same person's actual management of a real experience. Counselors must be attuned to differences in the way their clients address different areas of their lives.

**Case 3. Arleen**

So far this study has considered two cases in which the clients attempted to establish relationships which the
A counselor considered developmentally inappropriate. This is not always the case. Some clients seem unconsciously to recognize the relationship they need, even when it is unlike any they have previously experienced. Such clients elicit responses from their counselors which build that relationship. Developmental counselors, in analyzing their responses, must recognize not only the relationship toward which the client is working but its appropriateness as well. They then work within the relationship, continually monitoring it as it undergoes inevitable changes. Arleen was a client whose efforts for relationship building with the counselor were such as to produce a situation which would lead to her continued growth.

Arleen was a twenty three year old black woman who came to counseling in November of her last year of college. She was the sixth of eleven children of an alcoholic mother and an unknown father. The family seemed to fall into two groups—the older five and the younger six. When Arleen was about seven, the courts ruled the mother unable to care for her large family and placed the older five (some of whom had been in trouble with the law) in foster homes. As the oldest of the children then at home, Arleen was often left in charge of her siblings when her mother was away working as a domestic or when she was out drinking.

When Arleen was ten her mother lost all of her children to foster homes. Arleen lived with Big Mama and Big Papa
until she was in her early teens. At that time Big Mama became concerned about Arleen's affection for Big Papa and had her placed in another home. She remained there until she went away to college on a scholarship. After her first year of college Arleen returned to her home community and continued her education there. The previous November, about one year before she came for counseling, Arleen agreed to sharing her apartment with her sisters, Gwen (then 15, who was unhappy in her foster home), Jan (then 13), who had been in trouble and was threatened with the possibility of a detention home), and Barbara (then 18 who had now to leave her foster home).

It soon became apparent that the arrangement was unworkable. The girls generally refused to contribute their share of the living expenses. Gwen and Jan refused to accept Arleen's authority and ignored any rules she set with regard to their behavior. Jan was especially difficult; she was truant from school regularly, stayed out until the early hours of the morning, and stole money from her sisters. As a result of her truancy, Jan was placed in a detention home the following spring. At that time Arleen declared that she was unable to continue caring for any of her sisters and continue to go to school as well. Barbara moved in with an older brother and Gwen returned to the foster home she had left eight months before.

When Arleen came to the counseling center in November,
she was wondering whether to take Jan in again. Jan requested this since finding an acceptable home was a condition of her being released from the detention facility. Arleen had continued her contacts with Gwen and Barbara. Barbara had become pregnant by a young man who seemed an unsuitable marriage partner, and Arleen was attempting to counsel her. In her efforts to be surrogate parent to her sisters, Arleen was not spending sufficient time on her studies and found herself too depressed, when she did attend to her books, to study well. She felt she was sinking more and more deeply into the morass of multiple concerns, and asked for help in climbing out.

During the first two sessions the counselor found herself responding in a warmly maternal way to Arleen. Arleen continued to present herself as a needy, eager young woman who had been let down by the women in her life and needed someone to appreciate her and love her.

The counselor considered that Arleen, at 23, was chronologically at a stage that might well be late adolescence. Her being an undergraduate, preparing for a career in mental health, engaged in an on-going non-sexual relationship with a young man, and coming for counseling with what was essentially a question about her role in relationship to her family members—an identity question—confirmed that she was, in fact, in Stage Five. Considering that adolescents frequently expend large quantities of energy
rebelling against their parents, the counselor was interested that this young woman sought a nurturing parent. She was reminded, however, that after rebellion adolescents often find in their parents kindly confidantes who support their weak identities as they step tentatively into the greater world.

Arleen had rebelled against her world of poverty and ignorance. She had succeeded in high school and college as a means of "showing" (as in "I'll show you!") the foster mother who had called her stupid and worthless. The young, somewhat arrogant, black woman had managed, in her rebellion, to alienate her female teachers and supervisors. Now she was seeking something else. Considering that Arleen was at a time in her life that required that she gain confidence in herself as a wage-earner, the counselor decided that it was indeed appropriate that she become a nurturing mother to Arleen. One of her goals, as that of any mother of a college-aged adolescent, would be to ease her young charge out of the nest.

With her new mother figure, Arleen was able to give up the role of mother to her sisters and allow them to find their own way. She worked through her anger at her real mother and her foster mothers, the trauma of having been raped twice (at the age of six and again at seven), an abortion in her late teens, and her anger at the misunderstanding of a truly innocent love for her foster
father. She worked through, as well, anger toward her elementary school teachers whom she saw as feeling sorry for her poverty and not appreciating her efforts to do well in school or understanding her need to be liked. Not a very attractive young woman, Arleen began talking with the counselor about fashion, hair style, and personal grooming. She dealt with her hopeless feelings regarding other young women of her race--such as her sisters.

The techniques the counselor used in facilitating Arleen's management of these concerns were several. Their choice was related, in each case, to Arleen's cognitive, moral, and life-stage developmental levels. Since it is the purpose of this case presentation to demonstrate a client's appropriately structuring a relationship, this study will ignore these other facets of the therapy process. Arleen terminated her counseling relationship the week she graduated in July.

One year later she was employed full time, had developed several close female friends, continued her concern for her younger sisters (though in a more balanced manner), and hoped that she might yet establish an intimate relationship with a man. Whether or not this goal would be successfully reached, the counselor was convinced that, on the basis of Arleen's continued growth, Arleen had achieved a sense of herself sufficient to achieve a healthy intimacy with others and eventually an ability to provide adequately for the next
generation. The counselor's challenge had been to use well the role in which her client had cast her from the time of their first session.

**Case 4. Vashti**

Vashti was as beautiful as Arleen was plain. However, she too had lost her mother at the age of ten. She had been abandoned to the care of an Aunt and Uncle when her divorced mother remarried. Like Arleen she was accused of an inappropriate affection for her male guardian at the age of thirteen and given over to the care of yet another set of guardians—this time to her grandparents. They had been gentle, loving, and trusting toward her and she had responded warmly. She tried very hard to please them and knew that they were proud of her. Vashti was, however, afraid that she was unworthy of that pride.

Like Arleen, Vashti appropriately asked her counselor to be an accepting mother. She however, rather than an acceptance of her strengths, needed an acceptance of her weaknesses. Again the counselor accepted the role, and from that position facilitated Vashti's working through of the fact of two abortions. Besides the relationship, the counselor relied upon a specific characteristic of the identity stage as Vashti mentioned it. It is the use of this characteristic which this case study seeks to highlight.

Since her return from college where she had been a
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happened to her aborted fetus and that she believed in God as a loving father, the counselor asked Vashti to engage in a guided fantasy experience.

She directed Vashti to close her eyes and relax. When Vashti was sufficiently relaxed, the counselor asked her to picture herself holding the baby in her arms. She was asked to examine the baby carefully, its fingers, and toes, its face and head, to learn its sex ("It's a boy!") and to caress it lovingly. She asked Vashti to speak to her son, telling him whatever she wished. Vashti told him, "I love you; I'm sorry." The counselor then asked Vashti to picture God standing before her, God the Father who could be, and was, a loving Father to her baby as well as to herself. "Now," she suggested, "place the baby in God's arms where he will be safe always... Let the image of God and your baby fade slowly from your mind... Your baby remains with God."

Vashti cried quietly for a while and then said, "It's all right! I still feel sad, but it's all right!" From then on she was no longer bothered with thoughts about the abortion and was able, in counseling, to continue an integration of her experience of herself as both good and bad. She also received advice from her counselor-mother on how to engage in relationships with young men without those relationships becoming sexual.

**Case 5. Thelma**
In the discussion of the treatment techniques used with Ray and Vashti, reports were given of techniques selected when clients experienced such anxiety that they were not able to use their usually operative formal operational modes of managing the world. In these instances they regressed to concrete operational thought. In Ray's case the effectiveness of direct experience was evidenced. It is clear that, with Vashti at least, fantasy experiences could substitute for direct experiences.

The story of Thelma's counseling may be further evidence of the possibility of using fantasy experiences with persons who, for one reason or another, are operating on a concrete operational level. Thelma came to counseling because it was required of her as a resident of The House, a treatment facility for young substance abusers who were determined to change their drug-related behaviors. Thelma was brought to The House by an older brother who had nowhere else to bring her; her mother was very ill and could no longer care for the girl. Although she was innocent of substance abuse of any kind, Thelma was accepted as a resident because her situation made her vulnerable to the advances of the drug culture.

Thelma, at fifteen, had been out of school for over a year, trying to help her mother. She had lived several miles from a small rural community all her life. Being in a city was new. In her first couple of weeks at The House, she had
begun adult education classes in pursuit of a GED and had applied for a part-time job as a sales clerk. However, she had stood mute during an oral interview and thus did not receive the position. One of the goals suggested by The House staff was ability to engage in such an interview.

Thelma came for her first interview and sat with her head bowed, unable or unwilling to look at the counselor. During this and the following two sessions the counselor attempted to establish an environment within which Thelma could feel comfortable. At no time did she look at the counselor or respond verbally. Long periods of time passed in which client and counselor sat directly together. In the fourth session the counselor began asking direct but open-ended questions. To these Thelma gave minimal responses, often simply shrugging her shoulders. She was unable (or unwilling) to verbalize any goal which she might have had for counseling, but agreed to pursue the goal suggested by the staff. Asked to talk about her family, Thelma recounted her last visit with her mother. At another time she told briefly of a recent visit to her brother and his family. She said she most liked taking care of her young niece and nephew. She agreed that she was uncomfortable in counseling.

The counselor decided to begin a program aimed at helping Thelma relax during counseling and follow that with a program geared to assisting her to deal with interviews in the public sphere. While the verbal exchanges between
herself and Thelma were such that accurate assessment of
cognitive development was impossible, she relied on the fact
of Thelma's having recounted a few experiences as indicative
of greater comfort with the concrete operational modes of
thinking. She was aware, too, that as an adolescent Thelma's
uncommunicative behavior might be a form of rebellion. Such
rebellion was understandable given the lack of control she
had over her own life at that time and the changes she had
recently experienced.

With some help from Thelma, the counselor was able to
determine that Thelma's feelings of anxiety regarding coun-
seling began when she got up in the morning on the days
counseling was scheduled, increased as she prepared to
attend the session, and peaked as she came into the coun-
selor's office. While the discomfort subsided somewhat dur-
ing the session, it did not really abate until after the
hour was ended. With this information and the admission that
Thelma experienced the discomfort as stomach cramps, the
counselor began a modified systematic desensitization pro-
gram. She taught Thelma a deep breathing and relaxation
response. She then asked Thelma to close her eyes and imag-
ine waking and thinking about the coming counseling session,
then breathe deeply and relax. When this was done, Thelma
was encouraged to imagine preparing for the counseling
session, walking toward the office, entering the office,
sitting in the chair. After each fantasy the simple
relaxation procedure was used. Between sessions Thelma was encouraged to duplicate this process on her own, or at least to engage in the relaxation response whenever she thought of therapy.

The next four or five sessions consisted of: a brief conversation in the early minutes of the session, repetition of the desensitization program, and a brief conversation at the end of the session. The session was concluded when the second conversation ended. During none of these sessions did Thelma look at the counselor. She did, however, begin to talk with the counselor about her experiences in school and at The House. Particularly, she began to complain about the way she was treated by some of the other residents. The counselor offered suggestions about ways in which she might manage the difficulties she experienced, both privately and through the avenues open to her as a resident. Gradually the periods of conversation lengthened. Occasionally they focused on the counselor and her family. Thelma asked if the counselor had any children. Upon learning that she had two, Thelma inquired about them and their activities from time to time.

Taking Thelma's increased efforts to communicate—as limited as they remained—as signs of increased comfort with counseling, the counselor suggested that she and Thelma begin working on interview skills. Thelma agreed.

At this point the counselor had learned that Thelma was
having difficulty in her course work for the GED. She had also learned, however, that Thelma had shouldered considerable responsibility at home, and had frequently been left in charge of nieces and nephews. She enjoyed these times and was proud of the way she had handled them. The counselor suspected that Thelma's sense of identity included an awareness of herself as skilled at domestic tasks, but unskilled in tasks related to schooling and to the world of work. Suddenly surrounded by young women who were obviously more skilled than she, and more sophisticated in their dress and language, she had chosen to minimize her presence in The House (and in the counseling office). By not speaking she might remain unnoticed and, perhaps, unembarrassed. By not speaking she could also learn. That Thelma learned by listening was already part of the counselor's experience of her. The counselor also learned that Thelma had begun a quiet relationship with another female resident who was delighting in teaching Thelma to dress in the styles of the young and to wear makeup. The need of the adolescent to belong seemed to enable Thelma to overcome, albeit slowly, her initial reticence to be involved with the other residents. She still did not speak at meals, but now looked around the table at those who did speak and giggled at the bantering that often occurred.

Not wanting to impose on Thelma any more self consciousness in the counseling session than she already expe-
rienced, and not wanting to expose for possible embarrassment Thelma's lack of verbal skills, the counselor looked for some means of teaching interview skills. She decided to rely on Thelma's demonstrated ability to learn by listening and fantasizing. In each of several sessions the counselor began by describing a job setting for Thelma to fantasize; she then asked Thelma to imagine herself preparing for an interview with the personnel manager, proprietor, head clerk, or other person for a position in the given workplace. Relaxation responses were evoked regularly. She then suggested that Thelma fantasize the interview with her. They began with the opening greeting, introductions, responses to initial inquiries and proceeded to more extended inquiries and then to possible questions Thelma might ask her interviewer.

In each fantasy experience the counselor assumed the role of interviewer. Thelma's instructions were to respond (silently) to the interviewer, letting the counselor know if she did not understand the question or did not know how one might answer it. The counselor explained any questions until Thelma expressed understanding. She also provided two or three possible responses to questions Thelma found difficult, suggesting that Thelma use one of them if it seemed to fit for her or to make up another that she could say more comfortably.

After the first two fantasy experiences Thelma's ques-
tions were few and far between. The counselor assumed that Thelma had selected her responses and an interview style and was practicing them. During the weeks that they were working on this, two significant events occurred. First, the director of The House obtained for Thelma an appointment with the director of a county agency which reserved positions for teens with difficulties or disabilities severe enough that they were unlikely to obtain positions elsewhere. Thelma was interviewed and refused the position because the interviewer could detect no disability. Although they were disappointed because she did not yet have a job, the counselor considered the interview a victory. She continued the strange sessions in which she spoke and Thelma sat, eyes closed, head bowed.

Between sessions Thelma met a man five years her senior, a friend of her brother. After several weeks they agreed to marry and Thelma moved with him to another city. Thelma had not discussed any of this with the counselor. Six months later she returned for a brief visit to The House. When asked by the director what experiences during her stay there had been most helpful, her simple response was, "Counseling."

The account of counseling Thelma is an interesting one because its uniqueness points to several aspects of Developmental Counseling which might be missed in considering more conventional case studies.

One notes, first, the limited nature of the assessment
of developmental levels that it was possible to obtain. Decisions as to the Piagetian level upon which counseling was based was made on the most meager evidence—the fact that the only material shared by the client came in the form of stories. That the concrete operational was Thelma's preferred mode of cognitive functioning might also be inferred from the difficulty she was having with high school course work. But there were many factors which might have explained that. Nonetheless, on the basis of a few sentences an assessment was hypothesized and treatment formulated on this basis (as well as out of the desperation of experiences with the totally silent client). It has been mentioned that developmental assessment requires that the counselor be attuned to discrepancies between the client's usual way of managing the world and his or her way of handling some particular aspect of that world. Often the evidence for that discrepancy is less than monumental. With the silent client the evidence for the usual mode of operation (cognitive or otherwise) may be just as limited.

Another factor that bears commenting upon here is the extent to which the counselor assumed responsibility for directing the counseling process. She determined the goals for counseling, the order in which those goals were to be pursued, the teacher-pupil relationship established, and the means which would be used.

It might be pointed out that Thelma, too, had a lot of
control—and exercised it. From the first session she refused to carry on extensive conversation with the counselor. Especially carefully did she refrain from any self disclosure other than expressing lack of understanding regarding a question or some difficulty in formulating a response to an interview question. She did not at any length speak of fear or anger or pleasure, of sadness or joy. Almost all that the counselor knew (or thought she knew) of Thelma's emotional states was inferred from non verbal behavior and/or assumed similarity between Thelma and herself and between Thelma and other people she had experienced.

In effect, Thelma created (albeit passively and perhaps unconsciously) a vacuum into which the counselor stepped to teach her how to be a client, how to relax, how to act and react in an interview situation. Given what the counselor knew of Thelma's history and age there was no indication that a teacher-student relationship would be inappropriate developmentally or situationally. Indeed, allowing the counseling environment passively created by Thelma to determine her choice of behaviors, the counselor allowed (she hoped) this girl the only control she could have over her present life situation. Her brother had determined that she must leave home; he had decided where she would live; the staff of the House had told her (among other things) that she must return to school, obtain a job, and see a counselor. If her silence was hostility to her helpless condition,
it was an indication of an autonomy that required exercise and was certainly to be supported. The counselor's willingness to use Thelma's silence was also a willingness to respect the developmentally acquired strength of autonomy.

It can be seen, then, that though it was in some ways unique, the counselor's experience with Thelma fits into the structure of Developmental Counseling. Hopefully this case, as well as the accounts of Marilyn, Ray, Arleen, and Vashti have provided the reader with some understanding of what Developmental Counseling looks like in practice. This study would now step from its consideration of the practical order to a view of the theory of Developmental Counseling in the context of other theories of counseling and psychotherapy.
CHAPTER V

DEVELOPMENTAL COUNSELING AND PSYCHOTHERAPY IN CONTEXT

Historical Context

Like all other forms of therapy, Developmental Counseling and Psychotherapy has both immediate and remote historical contexts. In terms of its immediate or specific history, Developmental Therapy evolved from a conviction that what the counselor knows about the developmental stages of a client should influence the counselor's choice of treatment for that client. From the conviction came the attempt to apply it, then the formulation of a consistent developmental approach.

Besides the specific history of Developmental Counseling and Psychotherapy as a statement of the author's efforts to integrate developmental theories and the process of counseling, Developmental Therapy has a broader or more remote historical context. It appeared at a time when there were already many forms of counseling. Some of these had directly influenced the author; others had not. While its development did not occur as the author's conscious effort to extend either psychoanalytic ego psychology or client-centered therapy, the after-the-fact analysis indicates the possibility that Developmental Therapy is such an extension.
Clarifying the statements of Developmental Therapy required analyzing them in the light of the statements of other theories. It seemed particularly important to make such an analysis with the theories of psychoanalytic psychotherapy and client-centered therapy for two reasons. First, like Developmental Counseling and Psychotherapy each of these insists on the centrality of the client-counselor relationship, and, secondly, it is from psychoanalytic ego psychology that Erik Erikson, one of the major developmentalists, comes. From the comparison of Developmental Counseling and Psychotherapy with psychoanalytic and client-centered therapies came the realization that, although there was no conscious effort toward this, the construction of Developmental Therapy had produced what could be considered a logical extension of these other therapies. Thus there are in Developmental Therapy ideas similar to the ideas to be found in them and significant departures from them. This study, in its attempts to further clarify the notions of Developmental Counseling and Psychotherapy, will present in this chapter what the author sees as Developmental Counseling's logical place in the history of therapy and then compare more specifically the notions of Developmental Counseling with those of its ancestors.

**Psychoanalytic Psychotherapy**

Considering first the psychoanalytic approach to psy-
Developmental Counseling can be seen as a logical progression of the practice of psychotherapy as espoused by some ego psychologists. This progression becomes clear if one follows the development of psychoanalytic psychotherapy itself. Alexander and French (1946) understood psychoanalytic technique to have progressed through five periods. 1) The first method of psychoanalysis Freud and Breuer developed was that of cathartic hypnosis. Under hypnosis patients (while this author prefers the terms therapist or counselor and client, the terms used by other theorists will be used when discussing their work and ideas) relinquished control to the physician who questioned them. Through questioning, the origin of the symptoms was discovered and patients discharged repressed emotions. While Freud and Breuer soon realized that abreaction produced no lasting results, their experiences convinced them of the role of the past and of repression in the development of hysterical symptoms. They saw, too, that a patient's discharging excess emotions led to temporary relief from symptoms.

2) Looking for a method for obtaining permanent results, Freud began experimenting with ways in which the conscious mind could be involved in the therapeutic process. His next step, then, was the use of waking suggestion by which he "would lay his hand on the patient's forehead and assure him that he could recall the past" (Alexander and French, 1946, p. 15).
3) After three or four years Freud abandoned this technique as nonproductive and began to use free association. In free association, the unconscious past was recalled while the conscious mind reflected on memories of former traumatic experiences. The patient then discharged the emotions these memories produced. The major difference between this process and that of cathartic hypnosis is that in free association the past is recalled gradually and the emotions are discharged in small quantities over a long time.

4) Through the use of free association Freud discovered that patients relived their neurotic past in their relationship with the physician. This new neurosis of the patient-physician relationship he called the transference neurosis. Once he discovered the transference phenomenon, Freud was less concerned with the search for the historical roots of his patient's symptoms. While continuing to use free association, he concentrated on understanding the transference and handling it effectively. He advised (Freud, 1915/1958, 1920/1953) that the physician keep the patient in a state of emotional abstinence by refusing to respond to the patient's emotions. In this neutral climate the patient gradually reveals the preconditions for the emotions experienced during analysis, all the characteristics of the emotions, and their historical roots. Furthermore, by living through the transference neurosis the patient learns to react more appropriately in situations which evoke the emo-
tional patterns.

It is this period of psychoanalysis which one finds written of most extensively by Freud (1912/1958, 1915/1958, 1919a/1958, 1920/1958). It is also the period of orthodox analysts A. Freud (1936/1946), Fenichel (1945), and Menninger (1958). Paul (1978) is another representative of this stage though he makes less of the transference neurosis than Freud. While these therapists retained an insistence on the neutral atmosphere in therapy and recognized the analysis of the products of free association as the only legitimate technique of therapy, others, as a result of the theoretical insights of A. Freud (1936/1946), Horney (1939), and Hartmann (1939), moved to a consideration of including other techniques. Even Fenichel (1945), while he saw traditional analysis as the definitive method of achieving psychological change, understood that other modes of treatment such as providing the client with direct suggestions can be helpful in obtaining some cures.

Freud, himself, left the door open for other techniques and therefore for the next period of psychanalytic development when he spoke (1919b/1958) of the changes in therapy which could result from extending therapy to a greater number of patients by a greater variety of therapists. Alexander and French (1946) stated that those changes had begun and had brought about a new phase in the history of psychoanalysis.
5) The final period of psychoanalytic psychotherapy which Alexander and French present is that of emotional reeducation. Emotional reeducation is similar to, but different from, the training of the ego which results from experiencing the neurotic emotional patterns in a new way in the transference neurosis. Emotional reeducation takes place in all spheres of the patient's life "under the influence of the emotional and intellectual experiences on the couch" (Alexander and French, 1946, p. 19). Included in the process are the patient's interactions with the therapist and the patient's efforts to apply the insights gained in those interactions to various aspects of actual life. Because successful management of one's life is seen as the goal of therapy, Alexander and French suggested that the therapist must not neglect providing the client assistance in managing life's problems--including giving directives for specific activities. They suggested, too, that in order for therapy sessions themselves to contain appropriate corrective emotional experiences, the therapist must, on the basis of diagnosis, "control and manipulate the transference neurosis" (p. 25). What Alexander and French seemed to mean by this "control and manipulation" is the therapist's determining the extent to which the transference neurosis is to be permitted to develop. Perhaps one might say, more accurately, how the transference is permitted expression in therapy sessions. Correspondingly, this determination in-
cludes a decision on the extent to which the therapist-patient relationship will be based on the reality of the therapy situation.

Among psychoanalytically oriented psychotherapists there are several whose work expresses much the same approach, and who, therefore, may be seen as participating in the advances of Period 5. Among these are Erikson (1964) and Blanck and Blanck (1974). The work of these authors indicates that the practice of therapy is edging toward a sixth period, for they seem to have described their positions as therapists vis-à-vis their clients as specifically filling the place of a developmentally significant individual in the clients' lives. Since the purpose of deliberately assuming such a role remains that of ego reeducation, it may be sufficient to view this change as progress within the same period. However one labels it, the change is there. It is this change that may be seen as the forerunner of Developmental Counseling and Psychotherapy. However, before showing how Developmental Therapy contributes to the change, this study would note that similar therapy directions were present in other forms of psychotherapy.

The writings of Fromm-Reichmann (1959) are an exemplification of the Sullivanian approach to therapy. Recalling Rychlak's (1973) comment that Sullivan "more than any other theorist in the first half of the twentieth century moved the locus of personality description to

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interpersonal rather than intrapersonal aspects of human behavior" (p. 241), one is not surprised by Fromm-Reichmann's explicit statements of the value of making the real relationship between the client and therapist a focus of therapy. Commenting on the effects of Freudian analysts to remain a blank screen, Fromm-Reichmann labels such efforts a "dangerous pretense." Rather, she said, the therapeutic procedure must be a process "whose very essence is an intimately interpersonal experience whose aim is the patient's reestablishment of real contacts in a real world" (1959, p. 52). This understanding of the therapy process as taking place in the context of the experiencing of a relationship is currently the focus of client-centered therapy as well. Since that has not always been true, this study now turns to look at the changes that have taken place in that school of therapy.

Client-Centered Therapy

In his discussion of the history of client-centered therapy, Hart (1970) described three distinct periods. The theoretical basis for each of these periods is to be found in Rogers' three major publications (1942, 1951, 1961). During the first period of client-centered therapy, which Hart labeled the period of Nondirective Psychotherapy, the therapist's role was to create a permissive, noninterventive atmosphere in which, as a client, one could
gradually gain insight into one's self and one's situation. Client-centered therapists provided the required atmosphere by exhibiting complete acceptance of the client. Facilitation of the client's increased insight was accomplished by the therapist's clarifying the client's reflections and expressions of feelings. Thus the relationship between client and therapist of which Rogers spoke was the experience of accepting and being accepted.

In the second period of client-centered therapy, the period of Reflective Psychotherapy, the notions of the first period were refined. As a result, clarification of the semantic meanings of clients' statements were replaced by reflections of feelings. Often the feelings reflected were those which the therapist perceived to be implied by the semantic meaning of clients' statements. In this period, again, the emphasis was on the client's growing insight as a person, as congruence increased between the client's self-concept and phenomenological field.

As client-centered therapists extended their practice and research to new populations, they became less concerned with therapeutic techniques and more concerned with "general therapist attitudes and abilities that could be communicated via a wide range of therapist behaviors" (Hart, 1970, p. 10). Rogers (1957) presented three basic therapist attitudes whose expression he saw as essential for providing successful therapy. These are positive regard, empathic under-
standing, and genuineness. The first two attitudes may be thought of as restatements of the therapist's need to provide acceptance (Period I) and to accurately reflect the client's emotional state (Period II). The third attitude, therapist genuineness, or willingness to express to the client the therapist's concerns and feelings in therapy, is a new emphasis for client-centered therapy. Hart names the third period, Experiential Therapy. There is concern here, now, for the fact of the presence of two persons in the therapy room. There is an awareness that the process of therapy depends upon the expression by each person of his or her experience of that process. How similar, one notes, this sounds to the statement of Frieda Fromm-Reichmann quoted above.

This similarity has been noted by others. Hart quoted a colleague who had read his description of experiential therapy as saying, "Why these sound like everyone from Albert Ellis to John Rosen and Frieda Fromm-Reichmann! You can't use these as examples of client-centered therapy. People will say that client-centered therapists are merely doing what others have done for a long time" (1970, p. 17). It seems obvious that the colleague is correct.

Be that as it may, the main contribution of client-centered therapy as a school of theory, practice, and experimentation is its efforts to make explicit what is implicit in the theory and practice of other therapists. In
the seventies, it seems, those efforts were concentrated on understanding and using the process of "experiencing" in therapy. It is not to the point here to explore the notion of "experiencing". Rather, it is pertinent to note that in having come to a concern that therapist and client genuinely present themselves to one another in the experiencing of the counseling process, client-centered therapists have joined other schools of therapy such as ego psychologists in working toward client growth in the context of the client-therapist relationship. For both groups of therapists, relationship transcends reliance on a single technique.

In the midst of this glorification of relationship, it is well to recall that there are other schools of therapy represented by such practitioners as Wolpe (1958), Shelton and Ackerman (1974), Beck (1976), Lazarus (1976), and Ellis and Harper (1977) whose expressed concern with relationship is minimal. The vehicle for change relied upon by these therapists is the practice of new behaviors or new cognitive patterns, the practice of new ways of thinking and behaving. This practice may be begun in the context of a client-therapist relationship, but is executed predominantly in the real life of the client. These therapists, too, report successful therapy experiences with clients. Since this is so one is moved to ask if there is some correlation between this approach and that of relationship oriented therapists. In spite of the real differences between these groups of
practitioners is there not some point of compatibility?

It seems that some agreement exists between ego psychologists and behavioral therapists that is recognizable in such statements as, "Like the adage 'Nothing succeeds like success,' there is no more powerful therapeutic factor than the performance of activities which were formerly neurotically impaired or inhibited. No insight, no emotional discharge, no recollection can be as reassuring as accomplishment in the actual life situation in which the individual failed...The chief therapeutic value of the transference situation lies in the fact that it allows the patient to experience this feeling of success in rehearsal, a rehearsal which must then be followed by actual performance" (Alexander and French, 1946, p. 40).

That this, too, is the result of development in psychoanalytic circles can be understood if one contrasts it with A. Freud's concern with uncovering all of the repressed material in the psyche, the material in the id and the ego. She noted, however, that this uncovering and the insight it produces is not sufficient for permanent change. Nevertheless, she stated that "it is the business of education rather than of analysis" (1936/1946, p. 69) to teach the lessons necessary to insure permanent in vivo behavior change.

It appears, then, that in the evolution of the various strains of psychotherapy there is, in spite of the continued
existence of dinosaurs, a common recognition among psychoanalysts and client-centered therapists of the importance of regarding therapy as a genuine interpersonal relationship. There is also a common recognition among ego psychologists and behavioral psychologists of the need to work with the client on changing the client's behaviors in the real life situation.

At this point of mutuality in thinking, Developmental Counseling and Psychotherapy appears. It is presented as a continuation of the development of client-centered and ego psychology in that it attempts to systematize the notion of working with the client-therapist relationship. It is particularly a continuation of the ideas on relationship implicit in Erikson (1964) and Blanck and Blanck (1974). What is referred to here are notions of the relationship depending on the level of emotional (or life task) development of the client. Developmental Therapy is presented also as a framework within which to systematize the use of various modes of treatment, including those developed by behavioral therapists. In general, then, Developmental Therapy, while it contains much that may be found in other forms of counseling and psychotherapy, is seen as unique. Its differences from the other schools will be seen more clearly by considering several of the theoretical concepts which were presented in Chapter III alongside related ideas from other forms of therapy. Again, the comparisons will be
predominantly with various representatives of psychoanalytic therapy and client-centered therapy.

Comparison of Theoretical Concepts

**Relationship.**

Having defined Developmental Therapy as an interpersonal process, this study has accepted the relationship between the client and therapist as an important element in therapy. Developmental Therapy is thus concerned with the information shared by each of the parties involved and with the emotional responses each has during that sharing. In this statement there is little difference between Developmental Therapy and many other forms of psychotherapy today. The difference lies in the insistence on attention to developmental stages. Before considering this difference further, however, it may be helpful to point out the differences between Developmental Therapy's concern for both persons involved in the therapy process and the notions expressed by earlier and more orthodox exponents of psychoanalysis and client-centered therapy.

Freud, himself, as has been seen, expected the analyst to provide a neutral background against which the patient could project expressions of perceptions and affect. He commented (1920/1953) that patients, in the process of obtaining cure, oppose the process throughout the treatment experience. Freud labeled the opposition resistance. One of
the major forms resistance takes is that of transference. By reliving emotional experiences, patients free themselves of the obligation of recalling them. Freud directed analysts to turn this negative state of affairs into a positive one through analysis of the transference. By this means the transference is not only overcome as a resistance, but is transformed to a medium for insight, and thus for change. It appears that Freud did not consider any "real" emotional interchange between the analyst and the patient. The analyst was expected to be neutral to the point of not allowing any real relationship. Any emotional response of the client is "transference"; any emotional response of the analyst to the patient is "countertransference".

There seems to be no change in this basic approach to analysis in the work of A. Freud (1936/1946) or Fenichel (1945). A. Freud defined transference as "all those impulses experienced by the patient in his relation with the analyst which are not newly created by the objective situation but have their source in early--indeed, the very earliest--object relations and which are now merely revived under the influence of the repetition compulsion" (1936/1946, p. 18). She thus recognized the possibility of the patient having impulses regarding the analyst that are newly created. She did not, however, provide any other approach to them besides that of analysis for the sake of insight. Fenichel (1945), in considering transference and the role of the analyst,
commented, "The interpretation of the transference is difficult because of the tendency to react to the patient's affect which cannot be done if one is to effectively get to the basic instinctual conflicts. Thus countertransference must be eliminated" (p. 31). So much for the position of the therapist in any interpersonal relationship.

Menninger (1958) presented a systematic discussion of the psychoanalytic method. In doing so he devoted several chapters to discussing the nature of the reaction of the patient to the analyst, explaining how the neutrality of the analyst frustrates the patient, how this frustration causes patients to regress to forms of behavior learned at an earlier time of life and therefore to react to the analyst as they had previously reacted to other persons in their lives. Menninger acknowledged, as did Freud, (1915/1958, 1920/1953), the analyst's temptation to respond in kind to the patient's regressed behaviors. Like Freud, he made it clear that such a response would be inappropriate because it would destroy the therapeutic atmosphere and the patient's opportunity for experiencing the neurotic pattern in a new way. Menninger did, however, make explicit how the analyst's tendency to react in countertransference can be helpful. He suggested that the analyst, "try to think through the analytic situation again and identify those features or acts or words of the patient which triggered off this reaction...What is the patient subtly trying to get me to do
which I haven't seen clearly, maybe because I so much want to do it" (1958, p. 90)?

In this statement Menninger indicated the usefulness of the therapist's reaction to the client. From the therapist's reaction one can understand the client's methods of eliciting responses from others and the client's unverbalized themes and impulses. This understanding may then be included in later interpretations presented to the client. There is here a similarity to and a difference from the ideas inherent in the conception of the interpersonal relationship of Developmental Therapy. The major difference, of course, is that the developmental therapist takes a more active role in the therapy process and is, therefore, never the blank screen that Freud and Menninger recommended. Likewise, in Developmental Therapy the therapist's purpose is not to impose a state of deprivation and frustration other than that which may develop in a professional relationship. Developmental therapists expect that, even without high frustration levels, the client will demonstrate behaviors which are more appropriate for younger persons. These behaviors are believed to indicate either regression to an earlier developmental state or the client's actual developmental level. The client's actual or reported behaviors will produce responses in the therapist.

First, as Menninger suggested, therapists are to analyze their responses to the client. For developmental ther-
apists this analysis produces an understanding of the client's developmental level. In this understanding the developmental therapist joins the client in his or her demonstrated developmental stage by assuming a role that facilitates growth in that stage. It is in the assumed role that the therapist determines the further use of his or her responses. It may be that it is in keeping with one's role to interpret the behaviors that elicited the original response; it may be in keeping with one's role to report one's response, as, for example, "I am irritated (or pleased) at what you just said; " and/or it may be in keeping with one's role to express one's response in words, voice tone, and nonverbal behaviors. If one of these possibilities "fits" the role, the therapist acts on that "fit". Otherwise the response remains covert and a source of understanding.

A reference to one of the cases of Chapter IV may assist in clarifying these ideas. The counselor's early responses to Ray included sympathy for his difficulties as a marriage counselor and a desire to assist him in his work. Simultaneously she felt irritation at being asked to perform a role inappropriate to the situation. For the counselor realized that assisting him as a supervisor was inappropriate in her professional role as his counselor. She realized, too, that assuming that role would put her in the position to criticize his work, particularly his verbalizations (in marriage counseling) and that was what his mother had done.
The counselor chose as an alternate role, that of a sister, and responded to Ray in this manner: "I'd rather not talk about your clients; it's really not appropriate for me to take the place of your supervisor. But I know how frustrating it is when you don't get the kind of help you want. What helped me in my internship was to try to make clear to my supervisor the kind of help I thought I needed."

In such a statement the overlapping of the professional role (of the counselor) with the assumed role (of sister) is clear. One does not eradicate the other. One notes also that the counselor does not interpret to Ray the possibly regressive attempt to interact with the counselor as he had once interacted with his mother. Rather, as a sister would, she expresses her sympathy and attempts to establish the openness of a peer relationship by hinting at similar difficulties in a similar situation (memories of which were stimulated by Ray's complaints), and how she had managed them. There is here, then, an expression of sympathy and the desire to help in a manner congruent with the assumed role. There is absent, however, any expression of the counselor's anger. To have reported or expressed it in some manner might have furthered the therapist's assuming the critical mother role. Instead the counselor relieved her anger by altering the situation.

Another example of the counselor's use of her responses to Ray was her expression of surprise at his extensive so-
cial adjustment to a new community. When Ray told her that he and Carol had found a new group of friends and felt no lack there she commented, "Really?! How wonderful for you! You have an unusual ability to form new friendships!" Her expression of surprise and admiration helped Ray to be aware of his strength and prepared for use of that strength later in the counseling process.

The uses of one's responses to the client suggested for the developmental therapist are not unknown in the literature on psychotherapy, as the presentation of the historical development of psychoanalysis and client-centered therapy indicates. Considering again current practices in client-centered therapy, one notes, as Hart (1970) expressed it, concern for genuineness or congruence on the part of the therapist. This concern, Rogers (1961) stated, translates to the therapist being "what he is, when in the relationship with his client he is genuine and without 'front' or facade, openly being the feelings and attitudes which at that moment are flowing in him...By this we mean that the feelings the therapist is experiencing are available to him, available to his awareness, and he is able to live these feelings, be them, and able to communicate them if appropriate" (p. 61). Such an expression of feelings is not fully accepted in client-centered circles. In her description of congruence, Meador (1973) described it as the therapist's expression of his or her experiencing empathetically, the emotions which
the client expresses. Thus, the therapist's "understanding is not only intellectual, but also organismic to the extent that he can 'feel' what it would be like to live the experiencing of the client. Genuineness and empathy combine as he reports his felt meanings after putting himself in his client's shoes" (p. 138). Meador then goes on to paraphrase Roger's statement on congruence quoted above. Her meaning of congruence is, therefore, not clear. Be that as it may, Roger's statement and the example of Roger's therapy which Meador included in her article make it clear that Rogers accepts, even encourages, appropriate self-revelation on the part of the therapist.

An acceptance of the appropriateness of the therapist's expressing feelings, needs, and wants is also present in Fromm-Reichmann's (1959) statements regarding therapy. We have already quoted her insistence on the fact that therapy is an "intimately interpersonal experience". Aware that her schizophrenic patients needed to learn to engage in real contacts in a real world, Fromm-Reichmann endeavored to establish working relationships in which the therapist's actions and reactions were as "real" as she hoped her client's reactions would become. Commenting on Freud's notion of transference and countertransference as a vehicle for insight, she said, "we still believe that it is not only helpful but indispensable for psychotherapeutic success to study the patient's and the psychiatrist's mutual relation-
ships in terms of their repetitional characteristics. But we keenly feel that this should not be done to the point of neglecting to scrutinize the reality of the actual experience between therapist and patient in its own right” (p. 64). It must be, she said later, a "we experience" (p. 102). This sentiment comes from a member of the Sullivian school of therapy which, since 1929, developed in parallel to the psychoanalytic school. That the distance between the two groups was, at least on some issues, not very great can be seen in the discussion of relationship by Alexander and French (1946). These authors agreed that transference relationships of varying intensity develop between client and therapist. However, they insisted that "emphasis is no longer on the transference neurosis but on the transference relationship as the axis of therapy" (p. 44). While there is little discussion of the possibility of the therapist's emotional self revelation here, Alexander and French indicated that the client's responses in therapy that are simply "resistance reactions against the therapist in his role as advocate of the patient's disturbing conflicts" (p. 79), must be dealt with realistically as such rather than as manifestations of the transference neurosis. It is, in fact, according to Alexander and French, through the realistic response of the therapist to the client's resistances that ego reeducation occurs.

There is, perhaps, no clearer expression of the part of
the therapist in the realistic relationship between client and therapist among ego psychologists than that by Erikson (1964). He said that "The psychotherapist must include in his field of observation a specific self-awareness in the very act of perceiving his patient's actions and reactions. I shall claim that there is a core of disciplined subjectivity in clinical work -- and this is both on the side of the therapist and the patient -- which it is neither desirable nor possible to replace altogether with seemingly more objective methods" (p. 53). Erikson would not only be aware of his reactions in therapy, but use them. After describing his expression of anger in one particular therapy session, Erikson stated that "the disposition of the clinician's 'mixed' feelings, his emotions and opinions" (p. 72) is part of the clinician's methodology. Thus, "a certain combination of available emotion and responsive thought... marks a therapist's style" (p. 74).

How hesitant others had been to suggest so radical an approach to the therapist's self-expression can be seen in the writings of Symonds (1956, 1957) who sees cure as occurring through abreaction in the context of a therapeutic relationship. Symond's ideas seem to be an integration of the ideas of psychoanalytic therapy through Period Four and of Rogerian or client-centered therapy thorugh Period Two. While he encouraged the therapist's taking a realistic role in relation to the client, he spoke of the possibility of a
therapist's facing his own attitudes and then admitting them to the client as a realistic response to a realistic expression by the client and added that, when this occurs, "the client has turned therapist" (1957, p. 215).

Nevertheless, Symonds also suggested that the nature of the relationship between client and therapist be determined by the therapist on the basis of the client's needs. The rule for selecting that role is this: "The essence of the process of psychotherapy is that the therapist's reaction should be different from those of the client's parents, or at least the expectations that the client has or has had with respect to his parents...In every case the role that he plays should be one which opposes the dominant personality trends of his client and one which permits and encourages the expression of those parts of the client's personality which have been repressed and distorted" (pp. 242-243).

Blanck and Blanck (1974) who concerned themselves with the treatment of borderline patients, understood that borderline syndromes occur in persons whose developmental processes in the first three years of life were impaired. This impairment, they believed, resulted from unsatisfactory mothering which may have occurred for a variety of reasons. Concerned with "healing the damaged ego" (p. 10), Blanck and Blanck suggested a variety of treatment techniques, not the least of which is becoming a good mother for the patient. Thus, in the terminology used in Developmental Counseling
and Psychotherapy, Blanck and Blanck suggested that the therapist assume a role which they saw as appropriate given the developmental level of the client.

Given what Rogers, Alexander and French, and Erikson have said about the reality of the relationship between therapist and client, given what Symonds has said about selecting a role and what Blanck and Blanck at least intimated about the developmental significance of the role, one might well ask what is the contribution, if any, of Developmental Counseling and Psychotherapy regarding the therapist-client relationship. It is this: Developmental Therapy provides a framework within which the therapist can determine which role the therapist is to take with the client and thus the extent to which and the manner in which reactions to all that occurs in the counseling situation may be expressed.

What is evident in Erikson (1964) is that a client may be understood to be within a given developmental stage, struggling with the tasks of that stage. In this view the role of the therapist is to assist the client in that struggle. For Blanck and Blanck (1974) the client's difficulty may have begun in the first three years of life. If this is so, the client requires that the therapist be a good mother. For the developmental counselor the client is understood to be struggling with the developmental tasks of any one or group of developmental stages. The therapist must
select the role or series of roles that provides a framework for relating with the client in ways that promote developmental growth. There is no rule of thumb for any one stage; clients differ in their manner of managing a stage's tasks. Clients differ, too, in the extent to which they seek a developmentally appropriate relationship. Hence, developmental counselors do not accept Symond's (1957) suggestion that one always assume a role in opposition to the expectations of the client.

Transference and Countertransference

One of Developmental Psychotherapy's unique contributions to psychotherapy is its suggestion to the therapist to select a role vis-a-vis the client that is consistent with the development of the client, understanding that the role may change from time to time during the therapy process. To the extent that developmental therapists assume a given role with a client, transference and countertransference are altered in significance. Before considering their significance in Developmental Therapy, it must be stated that Developmental Therapy assumes that clients do in fact sometimes react to a therapist in a manner that is unrelated to the reality of the present therapist-client relationship. Likewise Developmental Therapy assumes that therapists sometimes react to their clients in ways that are unrelated to the reality of the counseling situation. In short,
Developmental Therapy acknowledges that transference and countertransference do occur.

Considering, first, the phenomenon of countertransference, it must be stated that any therapist’s reaction to what a client says or does, the nature and intensity of which "makes sense" given the reality of the client’s behavior, is NOT countertransference. Thus if, as Marilyn did, a client insistently prods a therapist to be critical, and the therapist experiences (and in some cases expresses) irritation, that irritation is not countertransference. It is a realistic reaction to the real behavior of the client. If on the other hand, Marilyn’s behavior had caused the therapist intense anger, or even, perhaps, delight, countertransference must be considered to be operating. The therapist’s realistic reactions to a client’s behavior may serve several positive functions. First, they assist the therapist in assessing the client’s developmental stages. Secondly, they provide evidence to the therapist of the kind of relationship the client is attempting to form. It is then necessary for the therapist to accept or reject that specific relationship on the basis of its developmental appropriateness for each of them.

Considering, secondly, transference as a phenomenon, it is, here too, important to note what transference is not. It is not the realistic reactions of the client to the real behaviors of the therapist in the relationship. This is true
even when the reactions of the client may be considered resistance. To the extent, however, that the client ignores the real relationship and reacts as if the therapist were filling another role, transference is active. Developmental therapists do not expect fully developed transference neuroses with most clients. Such are to be expected only if they are fostered in the neutral relationship of an analytic therapy process.

There are times when clients misunderstand the behaviors of the therapist, or impute inaccurate motives to the therapist. Frequently, the reasons for these errors is transference and/or the client's efforts to reenact with the counselor interpersonal patterns that are more familiar than satisfactory. While Freud (1920/1953) considered the reenactment of such patterns a "repetition compulsion," Developmental Counseling theory regards maladaptive patterns very much as Alexander and French (1946). That is, as behaviors learned, at one stage in life, to adapt to (using a phrase consistent with the theories of Hartmann (1939) and Piaget (1952/1963), as well as those of Alexander and French) the vicissitudes experienced at that stage. For most people, or for all people in at least some areas of life, patterns of behavior are gradually modified to facilitate successful management of later events. When these events are too disturbing to face, for whatever reason, individuals cease to modify their problem solving techniques. Later
attempts to solve the problems inherent in similar events will therefore be "stereotyped repetitions" (Alexander and French, 1946, p. 79) of the earlier problem solving techniques.

Since the use of these behavior patterns might indicate failure to learn beyond a given developmental stage, it may be considered fixation (Freud, 1920/1953) at that stage. It may also indicate selective development. It may be, however, that rather than indicate either fixation or selective development, the use of behaviors learned at an earlier stage may be regression. It may be that those earlier behaviors were adapted to later events, that the individual has learned to use more adaptive schemes, but that, under stress, has returned to schemes learned much earlier.

To the extent that the use of these maladaptive patterns are used with the therapist in the therapy process and with others in the client's life outside of therapy, it is important that the therapist use them as a means for understanding the client's difficulties and developmental stages.

Resistance

The necessity of differentiating between transference and a client's reactions to the therapy process has been noted. Freud (1920) stated that resistance is one of the most consistently recognized of client reactions. Menninger (1958) differentiated five types of resistance. Blanck and
Blanck (1979), aware as always of developmental implications in client responses, saw true resistance as indicative of three processes. First, they recognized resistance as clients' efforts to protect themselves from painful recollections and/or painful admissions about themselves. Secondly, they recognized that resistance may be an effort to avoid making changes. Finally, Blanck and Blanck commented that what may seem resistance may be the effort of the individual to express developmentally acquired autonomy. Developmental therapists concur with these possibilities and recognize the importance of determining the extent to which any or all of these factors is present.

There is, however, another facet to resistance. This facet may be related to what Menninger spoke of as transference resistance and which he described as expressing "the patient's resentment at not getting from the analyst (as a representation of an earlier figure) the expected response...It is as if such a patient were sulking or... as if he had become...almost too angry to tell him anything" (1958, p. 106). The facet of resistance recognized by Developmental Counseling and Psychotherapy is certainly related to the form of resistance spoken of by Symonds (1957). He said, "In contrast to resistance in the sense of internal blocking, there may also be external opposition as when one is under the influence of circumstances, especially conditions set up by other persons, which interfere with the
psychotherapeutic process" (p. 260). Symonds was talking about the resistance raised by the clients' significant others who, for reasons of their own, do not want the client to change and who sabotage that change. He could, however, be referring to the resistance raised by therapists who do not assume a developmentally appropriate role.

Developmental Counseling and Psychotherapy asserts that resistance to self revelation and to change may be due, at least in part, to the client's experienced relationship with the therapist. If the relationship, through transference or otherwise, is one that does not fit with the client's efforts at specific developmental levels, the client will be uncomfortable. This discomfort produces resistance. If on the other hand the relationship fits the client's developmental stage, the client will be more comfortable. In this comfort a client more readily reveals him or her self. Similarly, the extent to which the modes of treatment match the client's developmental level determines the extent of the client's comfort with the treatment and the client's ability to use the treatment successfully. What appears to be resistance to change, therefore, may be a mismatch between the client and the treatment mode.

Obtaining Information

Given the fact of comfortable relationships, clients are willing to share information about themselves. What is
the information developmental therapists seek? Is there any
difference between this information and that sought by other
therapists? Are the means used to obtain the information any
different from those used by other therapists? The answers
to these questions will be attempted in this and the fol­
lowing two sections.

Considering, first, the notion of means, one notes that
in both psychoanalytic and client-centered psychotherapies,
the emphasis in the earlier periods was on the therapist's
being as inactive as possible in the eliciting of informa­
tion. Freud (1920/1953) insisted on the analyst's presenting
the client with the rule of free association, i.e., with the
necessity of speaking aloud all of the thoughts which come
to mind during the analytic session. The analyst is to do
little or nothing to alter the flow of thoughts, except in
so far as the analyst's interpretation of the thoughts and
the patient's emotional responses to those interpretations
affect the flow. A. Freud (1936/1946) continued the emphasis
on free association although she altered the focus of the
analyst's attention. She insisted that the analyst be as
aware of the defense mechanisms of the ego as they had been
of the content of the id. Emphasis on therapist inactivity
and the rule of free association is found also in Fenichel
(1945) and Menninger (1958).

In client-centered therapy, too, there has been an
insistence on the therapist's refusal to direct the flow of
therapy. Rogers (1951) required that therapists "act consistently upon the hypothesis that the individual has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness. This means the creation of an interpersonal situation in which material may come into the client's awareness, and a meaningful demonstration of the counselor's acceptance of the client as a person who is competent to direct himself" (p. 24). Given this facilitative interpersonal situation, then, the client is expected to introduce all the topics for consideration.

A similar expectation is held by Paul (1978), and for much the same reason as Rogers expressed. He believed that leaving the choice of the matter for discussion to the client is essential for demonstrating respect for the client. Paul also believed that leaving all initiative with the client is of the essence of the psychotherapy process. Psychotherapy is a process which is undertaken by the client alone and is merely facilitated by occasional interpretive comments made by the therapist.

Because some psychoanalytic psychotherapists such as Alexander and French (1946), Erikson (1964), and Blanck and Blanck (1974) saw psychotherapy as occurring within a real relationship, they were aware that the therapist does affect the flow of the therapy process. To the extent that the therapist responds realistically to the client, the thera-
pist affects the process. Now the client must respond to the therapist. Besides that, Alexander and French spoke of controlling the level of transference and determining the extent to which therapy will be uncovering, supportive, or intent on altering the client's environment. Such efforts at control and determination imply directing the content of the client's productions.

Developmental therapists also perceive themselves as operating in a direct and often directive manner with clients. They are aware that there is certain information to be obtained. Generally they seek out that information rather than wait passively for it to appear.

This is not to imply that the therapist runs rough shod over the terrain of the client's story, but that, out of respect for the client's present experiencing, desire for change, and need for independence within the dependency of the client-therapist situation, the therapist is willing to take some responsibility for guiding the process. As a problem solver, the developmental therapist is aware that problems are solved well if all the pertinent factors of the problem are known. Thus, the developmental therapist seeks out those factors using the variety of means suitable for this client at this client's level of cognitive and life task development, emotional state, and personality characteristics. Some of those means are the same means used by psychoanalytic therapists and client-centered therapists:
silence, reflection, clarification, and interpretation. Sometimes, however, the means are more directive, such as turning a client's attention to a specific aspect or time of life, asking a direct question, requesting a specific kind of information.

One might well ask if this is a truly unique phenomenon. The answer to such a question would have to be in the negative. One can see, at least by implication, in the style of therapy reported by Alexander and French (1946), Fromm-Reichmann (1959), Rogers in his later work (1961), and Erikson (1964), that all of these means are accepted and used, at least to some extent, and at least with some clients. The only claim to being unique which the developmental therapist might make is that of straightforwardly claiming all of these means as appropriate for the gathering of information. With this claiming of means there is the recognition and acceptance of the responsibility to select the means to be used in this session with this client. The means are selected, then, in accordance with the present needs of the client, the developmental characteristics of the client, the personality and role of the therapist, and the stage of the counseling process itself.

Time Orientation of the Information Sought

Having considered the means by which information is sought, it is appropriate to consider the information it-
self. It was stated in Chapter III that developmental therapists are concerned with 1) the nature of the problem, 2) the circumstances surrounding the problem, 3) the history of the problem, and 4) the areas of life affected by the problem. Each of these aspects of the client's concern impinges on the question of the time frame within which the therapy process centers its concerns. Thus, the question, to what extent do developmental therapists seek information about the client's past, present, and future, must be answered.

Since developmental therapists perceive their role as that of problem solver and facilitator of growth in the client's present circumstances, the primary focus of attention in gathering information is on the present. The therapist is concerned with the nature of the problem now and the nature of the client's reality now. However, as indicated, the therapist is also concerned with the history of the problem. As a developmental therapist one is aware that what the client is as a person, what the client does, and how the client manages a given situation are directly related to experiences of the past. How the client has learned to think and the ego qualities which the client has gained will have been demonstrated over the life of the client. Developmental therapists will endeavor to search the client's past for evidence of the characteristics which were gained at various stages. From such information the counselor is able to determine whether age-inappropriate characteristics result
from fixation, regression, or selective development.

Unlike Freud (1920/1953), developmental therapists do not believe that the client must confront those conflicts of the past which made it difficult for the client to gain an ego quality necessary for successfully completing life's tasks. Should the therapist deem such an approach necessary with some client, that approach will be used along with the necessary exploration of the past. Generally, however, developmental therapists are concerned more with understanding the patterns of the past and their replication in the present than with curing specific events of the past.

An awareness of the past and its impingement upon the present leads developmental therapists to a willingness not only to look at the past, but even to direct the client's awareness there. This differentiates developmental therapists from client-centered therapists. The latter are almost solely concerned with the client's present experiencing. It is the client's present thoughts and feelings about life's reality which client-centered therapists endeavor to reflect and clarify. While developmental therapists are concerned about the client's present experiencing they are also interested in what has been.

Thus developmental therapists claim greater concern with the present than Freud and greater concern for the past than client-centered therapists. They are, however, aware that they are not alone in their dual concern. Alexander and
French (1946) spoke of the therapist's purpose as assisting the patient's efforts to solving present problems. Thus they were concerned with keeping the client's efforts focused on the present reality as much as possible. Likewise, however, they knew that the therapist requires an understanding of the patient's past because "only in the light of the past will he be able to understand and interpret the meaning of the patient's transference behavior" (p. 22). For Alexander and French this "meaning" involved an interpretation of the patient's conflicts. For developmental therapists the concern is predominantly for an understanding of developmental patterns.

Additional Information

So far in this discussion the therapist's efforts to gain information has concentrated on information directly related to the client's problem. Developmental therapists are also concerned with the areas of a client's life which are managed with some degree of success. They are interested, too, in the strengths which the client has gained and used, either in the past or the present, and which may be used again.

The reader will note here little reference to other authors. It is in this concentration on strengths that developmental therapists are unique. The uniqueness is extended to those characteristics of the client which the
therapist sees as strengths. Developmental therapists see as possible strengths any stage-appropriate behavior, however age-appropriate the stage may be. For that reason, developmental therapists seek information on how clients manage many different areas of life; they want to know how clients make choices, how they think about rules and who makes those rules. They seek, in short, to determine the affective, cognitive, and behavioral schemes with which clients manage life's tasks. It is by these characteristic schemes that clients will successfully complete the tasks of their current stages.

Thus, the counselor working with Ray learned and then used his ability to relate to his peers in a shared intimacy. Likewise what the counselor learned of Marilyn's ability to assert herself at work, her placing of authority in her chosen group of reference, and her recognition of the limitations of her rules for life were combined in selecting the treatment modality by which her efforts to attain her goals were improved.

Treatment

In referring to these clients it has been necessary to speak of the information gained about them and the linkage between that knowledge and the treatment modalities chosen by the counselor. It is for the planning of treatment that developmental therapists seek information. To understand the
extent to which this statement differentiates Developmental Counseling and Psychotherapy from other forms of counseling and/or psychotherapy, it is necessary to review some of the other writers on psychotherapy already discussed.

One returns, then, to Freud (1920/1953), who stated that the process of psychotherapy is that of making the unconscious, conscious. For, "by extending the unconscious into consciousness the repressions are raised, the conditions of symptom-formation are abolished, and the pathogenic conflict exchanged for a normal one which must be decided one way or another" (p. 442). The resistances, the transfers, and ultimately the basic conflicts are to be understood by psychoanalysts in order that they may be interpreted to the patient. It is the insight gained by the patient into the conflicts which is the goal of treatment. In all cases cure results from insight.

This emphasis on cure through insight remains in the writings of A. Freud (1936/1946), Fenichel (1945), and Menninger (1958). It is the basis for cure in the psychotherapy of Paul (1978), and even, ultimately, in client-centered therapy as described by Rogers (1951), although included in Rogers (1961) is the notion of reexperiencing or experiencing oneself in a new way. This reexperiencing may be similar to combining insight and abreaction, much as Freud did, though without the extensive interpretation provided by the therapist.
This study has already mentioned the concern of Alexander and French (1946) with building a real relationship between the client and the counselor, their intent to provide success experiences for the client, and their predominant interest in the present problems of the client. They are concerned, in short, with "flexibility in treatment." This flexibility includes a choice between supportive, uncovering, or changing external conditions therapies, and a willingness to combine the three. Developmental counselors find in Alexander and French's efforts to use a variety of techniques nothing with which to argue. They agree that the counselor must, to some extent, guide the client's daily activities, and that "the common failure lies in not making this guidance an integral part of the whole treatment" (p. 19). Developmental counselors also agree with Widroe (1968) in his assertion that treatment must be planned. However, they are convinced that the plan must include more than a statement of the extent to which insight therapy, drugs, and/or hospitalization are to be used. With Alexander and French they would concentrate on planning for continued guidance of the client's activities. They would add planning for "in therapy" experiences, for alterations in the relationship between the client and the counselor, and for helping the client to understand his/her problem, if that understanding would be helpful.

Essentially, what differentiates the treatment planning
of developmental therapists is the use of their assessment of the developmental characteristics of their client as a means for systematizing their selection of treatment modalities.

With this the presentation of Developmental Counseling and Psychotherapy concludes. What remains is the necessity of regarding this framework for therapy as a theory, that is the necessity of evaluating it as a theory. It is this task to which this study moves in Chapter VI.
CHAPTER VI

DEVELOPMENTAL COUNSELING AND PSYCHOTHERAPY AS A THEORY

Introduction

This study has described a framework of counseling and psychotherapy. Having completed the description, it is necessary to evaluate it. One notes that Developmental Counseling and Psychotherapy can claim to be a theory of therapy on two counts. First, it is an extension of other theories, those of Erikson, Piaget, Perry, and Kohlberg. Secondly, it is an attempt to explain therapy experiences and purports to provide a framework within which a therapist may make choices leading to predictable outcomes. Since the status of theory is claimed for Developmental Counseling and Psychotherapy, it is as a theory that it must be evaluated. Further, Developmental Counseling and Psychotherapy must be evaluated as a theory of therapy within the area of personality and within the still larger field of psychology.

Such an evaluation is not an easy task because there has been, since the advent of modern psychology, no generally accepted criteria for a theory of personality. Leeper (1963) explained that this situation results, historically, from the fact that modern personality theories have come from two distinct sources. The first source was the efforts
of the medical profession to understand and treat physical maladies which seemed to have no physiological cause. It was from this work that the theories of Charcot, Janet, and Freud appeared. The second source of personality theory was the "laboratory research on sensory processes and reaction-time by physiologists and physicists, and in studies of animal behavior" (Leeper, 1963, p. 392).

Both sources of personality theory have roots in the speculative discussions of mental processes, particularly those involved in learning, by philosophers. Philosophical psychology in the second half of the nineteenth century is represented by Brentano's (1874/1973) study of perception and the categorization of mental phenomena. His technique: inner perception. Students of all areas of psychology, including Brentano and Freud, were impressed with the power of the scientific method. Psychologists of the modern era have therefore concerned themselves with the techniques which are acceptable in a true science. While some psychologists have continued to find acceptable those theories based on techniques such as Brentano's (1874/1973) "inner perception" and Polanyi's (1968) "tacit knowing," others (Marx, 1963b, 1970; Marx and Hillix, 1963; Steffire and Matheny, 1968; Eacker, 1972) require that theorizing be based on data obtained from the controlled observation of experimental research, and that theories thus generated be tested in the same manner.

It seems then, based on what are regarded as acceptable
techniques, that there are two general outlooks from which one could evaluate a theory of counseling and psychotherapy. That being true, this study will look at Developmental Counseling and Psychotherapy from those two perspectives.

Developmental Counseling and Psychotherapy as a Theory of Observable Human Behaviors

Since the mid nineteenth century there has been a sincere appreciation in psychology of the scientific method. Psychology has sought to model itself, as a science, after the physical sciences. This was as much Freud's concern as it was the concern of Wundt; it remains as much Roger's concern as it is the concern of Skinner. What has changed in the line of academic and experimental psychologists from Wundt to Skinner is not the extent of psychology's appreciation of the scientific method, but rather the focus from one set of phenomena to another because of psychology's need to change technique. Thus Brentano (1874/1973) defined psychology as "the science which studies the properties and laws of the soul" (p. 5). Recognizing that discussing the soul required the assumption of hypotheses that were not parsimonious for psychology as a science, he redefined psychology as "the science of mental phenomena" (p. 19). For, after all, "whether or not there are souls, the fact is that there are mental phenomena" (p. 18).

The methods by which mental phenomena were to be stud-
ied were disputed, however. Brentano insisted, for example, that Wundt's methods of self-observation under controlled conditions in the laboratory were inadequate. He suggested as an alternative the process of inner perception which he claimed to be less subject to the uncertainties inherent in self observation. Such disputes led to greater concentration by experimentalists on those aspects of human behavior that are more easily controlled, such as problems of memorizing and space perception. Gradually the focus of concern so completely shifted that Macmurray (1939) defined psychology as "the general science of human behavior" (p. 115) rather than the science of mental phenomena because the "mind is precisely that aspect of experience which is not open to observation and experiment, and which is contrasted with the world of objective fact" (p. 116). The requirement for control has so dominated the thought of some psychologists that Eacker (1972) could doubt not only the measurability but the fact of mind.

According to Marx and Hillix (1963) the shift toward studying observable behaviors was strengthened by the physicist, Bridgeman's, insistence in 1927 of the need to operationalize the concepts of one's hypotheses. Psychologists as well as physicists accepted this as a necessary qualification for using the scientific method. Nevertheless, when McGeoch (1933) presented what has come to be recognized by many (Marx and Hillix, 1963) as appropriate criteria for
a psychological system, he included a statement of the necessity for defining not only the field of psychology but the character of the data to be accepted for study. A system of psychology must, according to McGeoch, establish "(1) whether the data are to be subjective or objective, or both; (2) whether they are to be qualitative or quantitative or both; and (3) what are to be the units of description" (p. 7). It is clear that these criteria might suit a psychoanalytic system as well as a Watsonian system. Nevertheless the question of whether or not subjective data as well as objective data are acceptable continues to be the basis of such debates as that between Rogers (1973) and Strupp (1976).

Although the debates continue, it is true that since Macmurray's (1939) definition, psychology (as a science) has been perceived less and less as having to do with personality, change through psychotherapy, and human development. The view of psychology as a science is more and more that of psychology as the study of animal behavior.

Perhaps what it comes down to, however, is the fact that there are psychologists who are intent on understanding "that which can be verified in the field of practical experience through observation and experiment (Macmurray, 1939, p. 84) and psychologists who use other methods for their understanding. In spite, then, of the efforts of Marx and Hillix (1963) to show the similarity between experimental
and clinical psychologists, that similarity might of necessity be minimal. The possibility of the separation of these two groups according to their most characteristic way of knowing will be considered in greater detail in the next section. Whether there are two distinctly different groups or not, there are some who claim to be psychologists and who continue to study human personality and continue to speculate about human personality and how it changes. Developmental Counseling and Psychotherapy is one such speculation. It is appropriate, then, to ask the extent to which it is an acceptable theory.

From the perspective of those who, like Marx (1963b), require empirical referents for the terms used in theoretical statements, who require that the theory be drawn from controlled observations and be useful for predicting results in still other controlled situations, the theory of developmental counseling and psychotherapy is, at best, a poor example of a theory. It has been developed from two sources: 1) the theories of development formulated by Piaget and Erikson, and 2) clinical experiences. Zigler (1963), whose position with regard to scientific processes in psychology is much the same as that of Marx (1963b), commented on the first of these sources, "What have passed for 'theories' in developmental psychology are actually little more than grand designs or frames of reference which attempt to explain everything and hence succeed in explaining very
little" (p. 342). Zigler saw theories such as those of Erikson and Piaget as either so close to what is observed as to be merely "shorthand expressions for empirical observations" or generalizations so broad that they fail to make the empirical observations understandable.

Regarding the second source of the theory of Developmental Counseling and Psychotherapy, clinical experience, it suffers from the same weakness which Zigler saw in developmental theories, that is, "an over-reliance on natural observations and an underuse of the scientific method." Another error is discerned in the fact that its method of observation actively involves the observer. No efforts have been made at control, even the limited controls which Marx (1963a) and Marx and Hillix (1963) allowed for the clinical situation.

Is there then no hope for such a theory to gain scientific acceptability? Only this. One could regard this theory as a "prescientific" statement about therapeutic change, or as Zigler would have it, "a legitimate first stage in theory construction" (1963, p. 342). From experience an attempt has been made at explanation. It is now necessary to operationalize the terms of the theory and test its hypotheses in controlled situations. When such tests have been made and the theory revised, Developmental Psychotherapy may become a theory.

The probability that changes in the theory will take
place in this way, however, is not high. Operationalizing concepts like "ego development," "strengths," "developmental level" are admittedly difficult. As a result Marx and Hillix (1963) criticized all personality theories on their lack of validation by experimental data. At least as it is presented here, this theory is no different.

Besides its basis in controlled observation, Marx (1963b, 1970), Marx and Hillix (1963), Stefflre and Matheny (1968) required that a theory be parsimonious. It is here that the theory of Developmental Counseling and Psychotherapy may have some claim to the label "scientific." The theory introduces no new developmental processes and no new therapeutic processes. It attempts, rather, to explain therapy as one type of experience by which development can occur. Likewise it explains the success experienced in any type of psychotherapy as the result of the fit of the therapeutic experience to the developmental stages of the client. While its statements may be difficult to operationalize, they are not many in number.

Nevertheless, the theory does refer to schemes or patterns of thought, affect, and behavior which may be used to understand a client. It relies upon an acceptance of the notion of "developmental stages." These notions are not observables; they may even tend to clutter up one's efforts to understand a client. Thus the parsimony of the theory may be questioned.
Whatever may be claimed for the theory in parsimony, however, is lost when one reflects on its inadequacy as an explanation for therapeutic change based on objective data. Here, as has been said, it fails as a scientific theory. Only as a pre-scientific statement can it claim attention. But what if one allows for theory based on subjective data? It is to this question which these considerations now turn.

Developmental Counseling and Psychotherapy as a Theory Based on Practical Experience

As has been stated above, modern psychology has evolved from the reflections of philosophers regarding the nature of human kind. The earliest tools of psychology were introspection, inner perception, and memory. In one stream, at least, of psychology such methods are now unacceptable. In another, however, they remain the principal, if not the only, tools. This area is that of psychotherapy and the theorizing about human personality that has evolved from it. It is to be noted here, that this use of introspection and memory is different from that of Brentano and Wundt, who attempted to impose on their use the controls required by experiment. Nevertheless the methods are the same. In this era of the glorification of control, can one still claim some acceptability for such methods? One can do so only by admitting as acceptable ways of knowing other than the scientific.
Macmurray (1939) demonstrated the logical impossibility of psychology's ability to answer all questions about the nature of the human personality. This limitation is recognized, albeit passively, in the fact that science "is not concerned to discover what things are, but rather to discover how things behave" (p. 225). From the discovery of rules of behavior, however, science moves quickly to statements of "what things are." Notable examples of this are the wave (and corpuscular) theory of light and the atomic theory of matter. This fact is recognized by Leeper (1963) as well as by Macmurray (1939). Still, one must admit that the atomic theory of chemistry, as mythical as it is, is based on more observable data than, for example, Freud's tripartite division of the psyche.

We return again, then, to the question of Freud's (and Roger's, and this author's) source of data. It is the data of immediate, uncontrolled (in the scientist's sense), and remembered experience. It is also the data of assumption, professional clinical understanding, and/or empathy. It is the data that Polanyi (1968) called tacit knowledge. In order to appreciate this kind of knowing it may be helpful to review Polanyi's notions.

Polanyi (1968), in his effort to describe how one knows that something is "real", i.e., has coherence, described the viewing of stereoscopic pictures. Using a viewer, each of the observer's eyes regards one of two pictures. While the
observer is aware of the two separate pictures, what is at the focus of attention is a stereo or three-dimensional picture. Polanyi suggested "that the two pictures function as subsidiaries to our seeing their joint image which is their joint meaning" (p. 29). This is the metaphor for tacit knowing. In tacit knowing the knower moves from some particulars (subsidaries) to a new entity or focus with which the particulars are involved in a functional relation. In tacit knowing there is also a phenomenal transformation (that is, the particulars in their joint meaning provide different perceptual qualities) and the acquisition of a new meaning by the subsidiaries. This new meaning is the semantic aspect of from - to or tacit knowledge. Polanyi showed that all efforts to make sense of the world, to perceive its realities, are tacit knowledge. He also showed that it is impossible to define all the subsidiaries used in acquiring a focal target and the new meanings it imparts. Thus the new meanings may be mistakes.

Furthermore, Polanyi demonstrated that tacit knowledge is the basis for scientific knowledge and accompanies all aspects of the scientific method, even in its most controlled efforts. Just as tacit knowledge is the foundation of science, it is the way we "know other minds." But it is filled (both for science and for the knowing of other minds) with indeterminacies. Commenting on the indeterminacies, Polanyi (1968) said:
But let us realize that we could turn this deficiency into a flourish. Instead of deploring that a statement about external reality has an indeterminate content, we could take pride in the fact that we can thus see beyond established facts; instead of regretting that we cannot define the quality of coherence in nature, we could be gratified at the capability of feeling such subtle, virtually invisible, signs of reality. Far from being embarrassed by our incapacity to state all the grounds on which empirical knowledge rests, we could insist on the recognition of our powers to know far more than we can tell. These faculties are indeed those that we shall claim once we have accepted tacit knowing as a legitimate and, in fact, indispensable source of all empirical knowledge" (p. 30).

Given Polanyi's definition, the theory of Developmental Counseling and Psychotherapy can be seen as the joint image of experiences such as those described in Chapter IV and the theories outlined in Chapter II. The meanings that have been drawn from these subsidiaries may be erroneous, but it is not improper to have made them. Having been made they are now open to comparisons with the tacit knowledge of other counselors and psychotherapists. Through such comparisons these notions of developmental therapy may be accepted, altered, or rejected totally.

Marx and Hillix (1963), among others, criticized personality theories on the basis of what they perceived as an impenetrability to the influence of additional data. This perceived impenetrability is the result, they claimed, of broad generalizations, and causes in turn a lack of change in the theory. With this criticism being repeated so often, one believes that it must be legitimate. Yet in Chapter V broad changes in both psychoanalytic and client-centered
therapies were outlined. There is a considerable difference, for example, between the therapy procedures outlined by Freud (1920) and those outlined by Alexander and French (1946). This change is no less significant than the changes in the atomic theory in this century.

If one accepts the value of tacit knowing and its place at the root of science, it becomes clear that the lack of controlled data is sufficient to destroy the acceptability of a theory of (or framework for) the practice of psychotherapy such as has been presented here. An understanding of tacit knowing as the basis for all knowing of "reality" makes subjective data acceptable. It requires for subjective data, no less than for other kinds, the accumulated meanings of many observers and continual efforts to recognize the subsidiaries from which the meanings come.

In one sense, then, it is appropriate to say that experimental and clinical sources of data are essentially different. Experimental data is predominantly scientific; clinical data is predominantly tacit. Yet, as Marx and Hillix (1963) and Marx (1963a) propounded, the sources of clinical data can be controlled. To the extent that such control is possible, it ought to be applied when testing theory. Further, as Polanyi (1968) demonstrated, scientific knowledge comes entwined with tacit knowledge. It seems clear to this author that one cannot claim any theory to be valid on the basis of the kind of data one uses in the for-
mulation of that theory. One can only specify the specific kind(s) of data that have been used.

If the fact of the acceptability of subjective data is allowed, one requires some other criteria for a meaningful critique of a theory such as that of Developmental Counseling and Psychotherapy. The criteria seem to be indicated by several of the thinkers, (Marx, 1963b; Marx and Hillix, 1963; Leeper, 1963; Stefflre and Matheny, 1968; and Rychlak, 1973,) to whom this discussion has referred. Marx (1963b) summarized the criteria most succinctly in seeing theory as "both a tool and a goal" (p. 5). This study attempts now to evaluate Developmental Counseling and Psychotherapy as both a tool and a goal.

Applying New Criteria

Developmental Counseling Theory as a Tool

Macmurray (1939), in his discussion of psychology as science, was as aware as Polanyi (1968) of the "unscientific" (or tacit) nature of "scientific" theories. Commenting on this, Macmurray observed, "Like his contemporary pioneers, Kant was convinced that knowledge is created by the spontaneity of the mind, by that productive imagination which he described as a blind art hid in the depths of the soul... Kant realized that all our knowledge, including especially our scientific knowledge is the product of fantasy" (p. 75). With this awareness Macmurray was
brought to a question similar to the one posed above. He asked, "If we invent our knowledge, what right have we to call it knowledge" (1939, p. 75)? His answer came in the form of a test: "We can test both our theories and the observation on which they are based by our success or failure in acting upon them. If our imaginary construction cannot be used to anticipate correctly the results of our actions; they cannot be valid. The pragmatist is no doubt wrong in claiming that what works is true, but he may be right if he limits his statement that what does not work is false" (p. 82). It seems, then, that the theory of Developmental Counseling and Psychotherapy is acceptable to the extent that it is a useful tool for counselors and psychotherapists.

Marx and Hillix (1963), it seems, would accept the view of the usefulness of a personality theory (and theory of therapy) as an alternate criteria. They commented that the harshness with which they evaluated personality theories, as theories, "must be tempered by the admission that personality theories, unlike most other theories we have considered, may be reasonably judged from certain viewpoints other than the strictly scientific. For example, they have a unique relation to clinical practice. Such other functions—the provision of a systematic framework for various practitioners...can certainly be accepted as legitimate" (p. 343). Likewise, Zigler, in attempting to resolve the question of how one developmental theory is to be selected as preferable
from among the several that have been proposed, suggested that the question must be asked in a different way. Rather, he said, than attempt to determine which system is right and which wrong, the "right must not be viewed as an absolute but, instead, must be approached pragmatically. The question must be raised about the consequences of believing one system rather than another... one must ask what things... the user can now do which he would not be able to do in the absence of a theory" (p. 356). And Stefflre and Matheny (1968) defined theories of counseling as statements intended to serve as a guide to understanding clients and for determining counselor behavior.

If one accepts the necessity of asking the pragmatic questions, one must ask them in relation to the theory presented in this study. The questions: Does it work? Does it provide a framework for understanding clients, for assisting counselors and therapists to know when to "advise, support, reflect, or interpret" (Stefflre and Matheny, 1968, p. 1)? Does it assist them in selecting from among the many treatment techniques proposed in the literature of psychotherapy that one which will be useful for this client now? May it seem, be tentatively answered in the affirmative. In Chapter IV examples of the use of this theory were presented. While it is necessary to reiterate that, since these examples were both the source of the theory and the effort to practice it, they are insufficient supports for theoretical
acceptability. Still they demonstrate at least some support. Tentatively, then, one may acknowledge that this theory provides a means for selecting both one's type of relationship with clients and one's selective use of treatment modes.

The theory presents as the basis for selection of these facets of therapy both the basic nature of human development and the individual developmental differences of a particular client. (Underwood, 1975, reminded personality theorists of the need to explain individual differences.) That the theory is useful in selecting from a variety of techniques appears to be due to the fact that it enables the therapist to recognize the validity of other useful theories. Thus, the theory may also be seen to meet the criteria of theory as goal.

**Developmental Counseling and Psychotherapy as Goal**

Marx (1963b) and Marx and Hillix (1963) are predominantly concerned with theory as a goal of science. They see science as the attempt to amass reliable data concerning the world, to organize all data relevant to any one phenomenon, to formulate theories which explain that phenomenon, and ultimately to develop systems which explain all the various theories, thus showing how all the phenomena regarded as belonging to any given field of study are interrelated. Formulators of general theories (or systems) must, then, be
aware of all the data on all the phenomena of the field of study. Leeper (1963) reminded personality theorists of their need to integrate the knowledge acquired in the laboratory, as well as that gained in therapy interviews, in their formulations. It was hinted above that the theory of Developmental Counseling and Psychotherapy might meet the criteria of theory as goal, that is, as integrating the data relevant to therapy.

In testing such a claim, it is necessary to regard the extent to which this theory includes all relevant data acquired experimentally. It is to be noted that the theory makes no attempt to include all such data. This is a notable limitation. It is recommended that this limitation be remedied as a second step in the development of the theory.

The theory may appear to fare better, however, in regard to its ability to integrate what is known through methods other than strictly experimental techniques. Considering developmental data first, one notes that one could use any and all descriptions of developmental stages. That this study has integrated the ideas of four researchers was not meant to indicate that therapists ought to base their practice on only the data presented by these four. Rather, the theories put into practice here exemplify how an acceptable theory might be used. Thus the theory of Developmental Counseling and Psychotherapy can be seen to integrate acceptable schemes of human development.
Another set of data pertinent to the practice of counseling and psychotherapy is the data about "what works" in helping people change. Goldfried (1980) has pointed out the extensive exchange of methods between practitioners who have been trained in very different schools. The word has gotten out that some things "work". As Goldfried suggested, there is need for discovering a theoretical statement linking these various strategies.

Whether or not Developmental Counseling and Psychotherapy provides such a statement, it does provide for the use of many different strategies in its assertion that a strategy is successful when it 1) is suitable for the developmental levels of the client; 2) is appropriate as a means of resolving the client's particular difficulties and 3) is presented in the context of a developmentally appropriate relationship. Specifically, the suggestion is made in Chapter III that behavioral techniques and fantasy experiences will be successful with clients operating at the concrete operational level. It is suggested, too, that insight-oriented therapy is successful with clients capable of formal operational thought. It is also suggested that clinical strategies that include characteristics of the identity group will be successful with clients attempting to define their identity. In practice this hypothesis was applied in the use of assertiveness training with Marilyn and by including an image of God in Vashti's fantasy expe-
rience. What has been learned concerning the relationship between specific therapy techniques and specific developmental stages is limited. It is recommended that extensive experimental and clinical evidence for other relationships of this kind be sought.

The success or failure of experimental and clinical efforts to establish other relationships between strategies and specific stages of development will determine the extent to which Developmental Counseling and Psychotherapy can integrate the mass of clinically derived data that exists. However its ability, even now, to integrate techniques from behavioral, psychoanalytic, gestalt, and client-centered therapies indicates the likelihood that it will be able to indicate still other techniques. In short, the evidence is that Developmental Counseling Psychotherapy begins to meet the requirements of theory as goal.
This chapter has shown that it is inappropriate to criticize a theory on the extent to which it is based on experimental data. Although one must indicate the nature of one's data, the theory that one formulates must be critiqued on two other criteria. The first of these is its usefulness, that is, the extent to which one is able to do things which one could not do without the theory. Some of these things are predicting relationships between variables in experimental situations and/or effectively assisting clients to change in clinical situations. The second criterion is the extent to which the theory incorporates all the data relevant to the phenomena discussed by the theory.

It has been shown that there is some evidence (admittedly minimal) that the theory of developmental counseling and psychotherapy begins to meet these two criteria. The data on which the theory is based is subjective. The "truth" that it would proclaim is totally that of tacit knowledge. It requires the testing of further clinical experience, more or less controlled, as its users find possible. It is necessary, too, that the theory be studied in the light of pertinent experimental data. These, it seems, are further steps, steps which may (and ought to) be taken after the presentation of the theory. It seems that the evidence for the acceptability of the theory is sufficient for its

Summary

This chapter has shown that it is inappropriate to criticize a theory on the extent to which it is based on experimental data. Although one must indicate the nature of one's data, the theory that one formulates must be critiqued on two other criteria. The first of these is its usefulness, that is, the extent to which one is able to do things which one could not do without the theory. Some of these things are predicting relationships between variables in experimental situations and/or effectively assisting clients to change in clinical situations. The second criterion is the extent to which the theory incorporates all the data relevant to the phenomena discussed by the theory.

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being presented here for the consideration and use of those scholars and practitioners who call themselves psychologists.
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