

PERSPECTIVES ON PSYCHOTHERAPY IN THE UNITED STATES

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In order to appreciate the place of psychologists as practitioners of psychotherapy in the United States, a review from an historical perspective seems imperative. The field is, as it has been for some time now, in a state of creative ferment and exponential growth. An understanding of its modest beginnings and the subsequent transition into its current pattern of fulminating expansiveness will keep all of us from being one or another of the four wise but blind men who attempted to make sense out of the nature of an elephant by groping around its extremities.

We must bear in mind that until about thirty years ago the discipline of psychology in the United States was predominantly an academic and scholarly one, situated without exception in departments of psychology which were in turn housed in the cloister of the university. Those who desired to become psychologists aimed at careers in research, most typically empirical research conducted with lower organisms, or desired to become teachers of psychological principles and theories to students who themselves were aspirants for future careers of scholarship.

It is true that a small minority of persons who identified themselves as psychologists had attempted to "apply" psychological insights to the concerns of the extended human community outside of the academic setting. Pioneers such as Raymond Catell and Lewis B. Terman who gave important impetus to the "mental measurements" movement beginning in the early 1900's, and Lightner Witmer, who first coined the term "clinical psychology," founded the first psychology clinic at the University of Pennsylvania and taught his students the "clinical method of psychology" in the opening decades of this century, embodied in their persons the seeds of an organic process. This process lay predominantly dormant, however, until social conditions provided the congenial medium in which growth and expansion could unfold.

It may be a tragic observation about the human condition, but it is unfortunately true, nonetheless, that it is often humanity's wars which impel us to invent important social solutions for problems which prior to war time went undetected or neglected. For professional psychology this sorry fact has proved valid once again. Thus,

the First World War greatly accelerated psychology's concern with measurement, classification of human traits, diagnosis and psychopathology. The Second World War, for the first time, saw a sizeable number of often inadequately prepared psychologists hurled, out of pressing exigency, into the role of healers of men at war, men who had fallen victim to the anguishing emotional stresses of separations, horrible experiences of life-threatening danger, endless privation and the thousand-and-one other burdens that global conflict inflicts upon the residents of this planet.

Some of the neophyte "psychology" psychotherapists who served men in war-time stress began their new careers with woefully inadequate preparation—a course or two at the undergraduate level in personality theory or a course in "abnormal" psychology. Nevertheless, those who have been attracted to our discipline have tended to be rather intelligent and resilient human beings. Pressed into difficult roles only because they were a notch above being completely ignorant of the human condition, these persons learned by doing, created what they needed and in a very real sense founded a profession. It is also true that, in the beginning, psychologists who aspired to become effective as psychotherapists were inclined to vest real or imagined expertise in the persons of the psychiatrists with whom they often worked in a paraprofessional status. Having accepted, sought, or embraced the role of "healers of the mentally sick" psychiatrists had already, of course, for decades been enmeshed in the struggle with the kinds of issues psychology was newly discovering and seemed an obvious repository of profound wisdom. Those psychologists who aspired to enlightenment as psychotherapists in this country naturally gravitated to roles initially as the handmaidens of psychiatrists. More will be said about this below.

To have some notion of the profound transformation wrought on psychology in the United States by the Second World War it is only necessary to note that during the 1930's, the membership of the American Psychological Association was numbered in the hundreds. Its annual meetings were typically held on a college campus; the contents of its proceedings consisted of the exchange of scholarly papers on learning, motivation, perception, physiology, etc., by a small cadre of recognized scientific leaders who were professors in the more prestigious departments of psychology and who knew each other on a first-name basis. During this germinal period, however, it should also be noted that the American Association of Applied Psychology was in the process of being founded. In turn, the membership of the latter organization swelled, as psychologists left academia to take their places in a nation at war, in the armed services or in the federal bureaucracy. Soon after the end of the war, then, the two associations made a decision to negotiate a merger. For

the first time, as a result of this merger, the membership of the newly amalgamated American Psychological Association expanded into the thousands. Conventions now had to be held in major metropolitan centers. Programs began to center around applied as well as scientific topics.

The end of the war did not, of course, bring a halt to society's demand for psychologists willing to explore the still-novel possibility of careers as psychoterapists. Quite the contrary. Over eight million persons had served the nation at war in its armed forces. The Veterans Administration of the United States government was pledged to continue to look after the social, medical and dental needs of these individuals as they negotiated the sometimes perilous transition to peace-time life. Counseling services needed to be made available in large quantities to meet this great challenge. In addition, the more serious psychic casualties of the war were going to require continued attention for some time to come.

The members of the young discipline of professional psychology, persons who had felt the worthwhileness of the possibilities of their newly-established commitment to lives of applied service as psychotherapists, also wanted to continue the exploratory efforts they had begun. Mindful of their limitations, they expressed deep longings for further and more intense educational experiences which would better equip them for the exigencies of their calling. By 1945, the federal government made a fateful decision that it was in the public interest to encourage these developments and to expand the numbers of persons trained as clinical psychologists. Public funds were to be appropriated for the purpose, funneled primarily through the Veterans Administration and secondarily through the United States Public Health Service.

At first, how these funds were to be used was a matter of some debate. The Menninger Foundation, for example, made a serious proposal that it be vested with the sole responsibility for training all the future members of the profession of clinical psychology and was prepared to expand its facilities sufficiently to do so! Others made now-abandoned proposals, too. By the middle of the 1940's, however, decisions about training patterns and models were solidified in a manner which vested primary training responsibility in the hands of the nation's university-based departments of psychology, a pattern which was to endure relatively unchanged and unchallenged for more than twenty years to come. Admission to study in professional psychology was to require a baccalaureate degree, typically in psychology. The model training pattern established consisted of an initial component of graduate academic education given in the department of psychology. Following suitable academic study on the campus, the neophyte clinician was subsequently sent off to

a human service setting (often a Veterans Administration Clinic or Hospital in the case of those many programs supported with government funds) for practical experience. In most departments, all courses, seminars and other academic experiences were completed as a prerequisite and only then did the student receive permission to undertake a formal year of full-time internship experience of practical professional work. In other programs, such practical experience was distributed over most of the sweep of four or five years of graduate training with certain kinds of laboratory and practicum experiences in the delivery of human services tied to early offerings in the curriculum, leading by stages to more involvement and more responsibility for the complexities of a wider range of human services later in the graduate career. Both of these models of education are still being pursued today, and each has its vocal proponents.

The historical developments described above have led the psychologist-as-psychotherapist into a schizophrenic existence, one which has not at all been healed even thirty years later. Two sets of social forces created this schizophrenia. First, it was very well and good that the United States government had decided that there ought to be a profession of clinical psychology and that it was prepared to support the establishment of such a profession with federal funds. But of what would the training of these new professionals consist? After the first few years of experimentation, the American Psychological Association convened a conference held at Boulder, Colorado in 1949 to attempt to resolve the issue.

The luminaries among those engaged in the professional training enterprise came together at Boulder to hold debate upon the aims of the training venture and upon appropriate vehicles for achieving these aims. Flushed with tentativeness and uncertainty about psychology's ultimate place in the fabric of the culture of this country, the conferees struck what in hindsight seems like a very timid note. It was the assessment of the panel that the world still lacked sufficient dependable knowledge about the human personality (and about intervention strategies for its modification) in the middle of the twentieth century to build a true profession of practitioners. It urged that university departments, therefore, implement the so-called "scientist-professional" model of training. The person who was to emerge from appropriately designed post-baccalaureate educational ventures and receive the doctorate in clinical psychology would be a person trained primarily as a scholarly investigator in the grand traditions of the discipline of psychology. He or she, in addition, would be given sufficient exposure to principles of assessment, of diagnosis and of psychotherapy to become sensitive to limitations and inadequacies in theories, methodologies and procedures.

It was the belief of the assembled elders, then, that the graduates from the post-Boulder training programs would, based upon their sophisticated skepticism, carry out the investigations needed to develop a "real" science of human service delivery and prepare the way by their studies for the founding of a true service profession over several decades (maybe even centuries) to come.

What these sets of philosophical notions resulted in was somewhat different from the outcomes anticipated by the architects of the Boulder recommendations. Students flocked idealistically to the university departments of psychology eager to learn psychotherapeutic skills and seeking educational experiences which would, they hoped, equip them for service careers. Instead, they were often taught courses in technique by academicians who denigrated the very things they were teaching and exhorted students to equip themselves appropriately for the only "meaningful" career possible, namely a career of research on clinical problems. The schizophrenic symptom resulting from this dynamic has been quite obvious. A majority of the graduates completing their educations in these programs did not fully internalize the required value system. They went on, rather, not to academic but to service careers. They did not accept their "responsibility" to become investigators. (The median publication rate for the graduates of clinical psychology training programs after the award of the doctorate is exactly zero!) These students did what was required of them by their mentors; they completed their educations, wrote their doctoral dissertations and departed the cloister. Then they actualized their original values by seeking careers as clinicians where services were needed. They did little or no subsequent scholarly investigation of the type of which their teachers might have approved. In this, the dream of the Boulder conference was never realized. Much of its real effect was the untoward and unpredicted one of making students feel that they were vaguely disreputable and worthy of scorn for not holding the undertaking of investigation to be the highest form of career aspiration. Students and young clinicians in the 40's and 50's often felt guilt-laden and full of complicated remorse that they were "only" clinicians.

The second dynamic which has made for schizophrenia on the part of psychologists who practice psychotherapy may be found in the discipline's peculiar relationship to psychiatry in this country. Some psychologists wandered into the frontiers of psychotherapy from beginnings in educational or vocational counseling. For most, however, following the model established by war service and by post-war experience in the Veterans Administration, the domain of psychotherapy was entered in a medical setting. The psychologist in such settings was from the beginning a member of the so-called

medical "team." Psychology's neophyte status in medically dominated and administered clinics and hospitals probably was initially established at a notch above the ward aide, but certainly less than that of the nurse or the medical social worker. And because several subsequent generations of clinical psychologists received much if not all of their clinical experience in medical and not psychological settings, the pervasive effects of such subtle status rites and perceptions are indelibly imprinted on their psyches. Like the black citizens of this nation, psychologists have had to engage in their own consciousness-raising, their own sometimes belligerent separatism and in a constant struggle for true, abiding and meaningful equality as psychotherapists. For all too many psychologists in the United States, initial access to "being allowed" to practice psychotherapy came only because of a personal relationship with some psychiatrist or physician who "permitted" the psychologist to engage in this slightly sinful, illicit activity. And too often the price that had to be paid for the privilege was an acceptance of a kind of shuffling niggerhood.

Two other stigmata have resulted from psychology being incubated like the cuckoo bird in the nest of the psychiatric profession. The profession has been trapped so far, because of the manner of its inception, in the "illness" model of human dysfunctioning. For generations, society vested legitimate sanction for attempting to ameliorate human emotional distress in the hands of the priesthood. Two centuries ago, for a variety of reasons beyond the scope of this survey, this function began to pass on to the medical profession. But whether or not troubled humanity is seen as evil, demon-possessed, suffering from illness or simply handicapped by a failure of adaptation and faulty learning, all such competing visions have immensely practical consequences for whom it is that society vests with the responsibility for attempting remediation, what kinds of remedial attempts are considered legitimate and illegitimate, and who has certain kinds of power and the economic rewards for the exercise of this function. Clinical psychology started, by and large, by joining medicine in claiming that many difficulties in human effectiveness were the product of "illness." This blind decision on the profession's part locked it into second-class citizenship for over two decades, made it doubt its members' own adequacy, and raised incredibly conflict-laden issues such as whether or not psychotherapy is a service which ought to be covered by a troubled person's medical insurance and whether or not psychotherapeutic services (and the participation of psychologists) ought or ought not to be included in national health care legislation which will soon be adopted by the federal Congress of the United States (see below). Finally, by accepting the illness model, psychology has created problems for itself

centering around whether it is, or can ever be, an autonomous profession. There are no easy answers to these dilemmas. Our culture as a whole subscribes to the "illness" view of impoverished and hurtful human functioning. The economic resources which society provides for the attempt to remediate these problems are given to those who adopt the "illness" view and who function in terms of its parameters. It may be, therefore, that the future of psychology is tied, at least for the present, to continue what for many is the fiction that psychology is a "health" profession. And, also, true separation from and parity with the medical profession will yet take additional decades of evolution to achieve.

The final consequence of professional psychology's inception as the illegitimate child of medicine has been an at first unquestioning allegiance to the psychoanalytic movement on the part of the majority of the early post-war generations of clinicians spawned by the profession. It was noted above that some psychologists encountered the profession of psychotherapy as an extension of pastoral or educational counseling. These individuals, by and large, did not elect to join the analytic movement. For the vast majority, however, indoctrination occurred in a medical context. Within that context, allegiance to a psychoanalytic view of the human condition had for some time provided the most compelling and heuristically useful set of notions for making sense out of the clinical experience. Beginning in the 1930's, the most sensitive and creative young psychiatrists, nurtured by the tide of brilliant and outstanding European analysts who fled to the United States to escape Hitler's holocaust in Europe, aspired to receive formal analytic training. These persons sought entry into the growing number of psychoanalytic institutes all during the decade. With the onset of the war, analysts were of course pressed into military service and began to serve as role models for the neophyte psychologists who were then beginning to work with the troubled. Most professional psychologists, then, on through the 1940's and 1950's in this country, saw human suffering through the colored lenses of the illness model and believed that psychoanalysis provided the best set of conceptual tools and technical interventions for remedying the human condition.

For many psychologists, it was a particularly bitter experience that the psychoanalytic movement had fallen so totally into the hands of the medical profession in the United States (in contrast to its origins in Europe where lay analysts had had a long and honorable history as seminal figures in the development of the discipline). With the exception of a few token psychologists who were admitted to analytic training on the condition that they use it solely for "research" purposes and not attempt to set up a conventional psychoanalytic practice, the psychoanalytic institutes in this country, by

and large, remained closed to the large numbers of clinical psychologists who would have sought formal training in the two post-war decades.

The mystique of psychoanalysis became an integral part of psychology's niggerhood during this era. Psychology's most promising young clinicians desired to be initiated into the mysterious rites of the analytic movement, for those they admired in the settings in which they trained or were employed had been or were in the process of being so trained. But access to formal training was denied to all but a few, a few by and large who were willing to make peace with the corrosive effects of avowing second-class citizenship. In a variety of ways, then, professional psychologists sought less formalized forms of psychoanalytic training. Many entered personal psychoanalysis as patients while in graduate school or soon after. (In retrospect, the niggerhood of the profession is nowhere near as poignantly in evidence as in the bittersweet fact that most aspiring or young psychologists during the two post-war decades would certainly not seek psychotherapy for their own torments with another psychologist. A psychiatrist, usually analytically-oriented, was sought. If he or she were a training analyst at an institute, folklore would have it that the psychotherapy which would eventuate was of course the most potent available and the psychologist-analysand would be accorded high status by his peers.) Other groups of psychologists banded together in study and reading groups or attempted to recruit the services of a training analyst to conduct seminars or to lead discussions.

It was painful but true that it took professional psychology the better part of two decades to develop a sense of identity and purpose, to begin to grow its own culture heroes, to stop seeking these in other disciplines, and to develop its own leaders and teachers. But we need not be too surprised at this path of development. The childhood and adolescence of professional psychology unfolded in approximately the same time frame as does the childhood and adolescence of a single human life. Perhaps it cannot be otherwise.

At any rate, the graduate programs in clinical psychology which had been fostered and aided by social forces spawned in war time, began to pump out a steady stream of idealistic psychologists who yearned for service careers in the community. And the most typical service career sought was one as psychotherapist. The balance of this survey will focus on the rapidly changing scene which has eventuated as a result of this great social movement. In this context, it should be noted that the present membership of the American Psychological Association stands in excess of 35,000 full members (possessing the doctorate). Somewhere in the decade between 1965 and 1975, in addition, the composition of this membership changed pro-

foundly and probably permanently. For the first time, the majority of those who call themselves psychologists are engaged in careers of rendering service to the public, rather than in careers of teaching or research. Manpower projections from both the Central Office of the American Psychological Association and from the United States National Institute of Mental Health suggest that the proportion of the former will continue to grow at the expense of the latter in response to increasing social demand for services, continued demand from prospective students for such training, and declining enrollments in institutions of higher education which have traditionally provided the employment setting for academic and research psychologists. The imminent advent of comprehensive national health care in the United States should also result in an explosive increased demand for human services of all kinds and for both new and traditional forms of psychotherapy in particular.

But let us examine in some systematic way what has been wrought by the individual and collective efforts of that growing number of psychologists who have sought service careers during the past three decades. First, the separate autonomy of psychology as a psychotherapeutic discipline distinct from medicine has been accomplished in many significant details. Beginning in the early and middle 1950's, psychologists in the most populous states of the United States began to propose legislation in their state capitols to restrict the use of title "psychologist" (a title in this country often adopted historically by entertainers who employed hypnosis, fortune tellers, untrained counselors, faith healers and others) to those appropriately trained. By the mid-1970's, almost all the states have now achieved the degree of both control and recognition for psychologists implied in such certification legislation. In addition, many states have moved on to the next stage of social recognition and social sanction, that implied by true licensing legislation. In the latter form, a state adopts laws which define not only what training a psychologist must possess to call himself or herself a psychologist but goes on to define the activities in which psychologists who are licensed (and *only* such individuals) may engage. It seems a safe prediction that licensing laws for psychologists in all of the fifty states of the United States may be a reality by the end of this decade.

As a related phenomenon, most psychologists who are professional practitioners have outgrown their earlier feelings of being stigmatized. Where previously many were wont in years gone by to identify themselves as "lay analysts," "psychoanalysts," or "psychotherapists," most members of the profession seem to fall naturally and rather proudly into describing themselves as psychologists. There is a developing sense that psychology may only just be coming into its dawn as a profession which is a repository of grow-

ing skill and wisdom. Where previously psychologists desired to emulate or even to fuse with other professional persons, now a quickening sense of eagerness to get on with the development of psychology's unique and perhaps vital role in the survival of the human spirit seems to have gripped the profession. More and more, psychologists through the example of their lives seem to be groping for a definition of the calling as a kind of secular priesthood, as a ministry to individuals, groups and even entire social orders who have lost their way in the current crises of human history on this planet. That is much too important a mission to be abdicated to any other profession.

The practical consequence, of course, of this expanding socio-legal-political autonomy is an increasing separation of psychology from medicine. Medical and/or psychiatric referral and supervision for the psychotherapeutic activities of the psychologist is a rapidly vanishing phenomenon. This has not been brought about without strife or strident conflict on occasion. For a long time, for example, the American Psychological Association's Committee on Relations with Psychiatry urged during the 1950's and early 1960's that psychologists in the various states move only with great cautiousness in attempting to formulate licensing legislation lest members of the psychiatric profession become incensed. The committee which was supposedly representing the interests of organized psychology began its task in a posture of fear and timidity! It was ultimately necessary for angry professional psychologists to mobilize and to fight a civil war within the American Psychological Association in order to bring about a change in such a stance on the part of the national association. And the fight within the various state legislatures to bring certification or licensing laws for psychologists into existence was often carried out over the opposition of organized medicine. The keynote typically sounded by medical lobbyists was that psychotherapy was, of course, a medical specialty and could not be left in the hands of those who had no medical training! Guild and economic considerations were, obviously, never aired publicly.

In some states, California for one, psychology was only able to win the right, first for certification in the 1950's and then for a comprehensive licensing law in the middle 1960's, by agreeing that the Psychology Examining Committee, responsible for making determinations about qualifications for licensure, would be housed administratively under the aegis of the Board of Medical Examiners of that state. It is interesting to note, however, as a sign of how rapidly the autonomy of the profession is evolving, that the Board of Medical Examiners is about to petition the legislature for a change in the law. Medicine itself is now requesting a divorce, resents the fiscal and administrative drain that the operations of the Psychology

Examining Committee represents on the functioning of the Board of Medical Examiners, and is beginning to demand that there be created a separately funded and administered co-equal Board of Psychological Examiners! And developments of this sort are not limited to California, although California contains one of the largest concentrations of psychologists in the United States and is often a pioneering milieu for the development of social experiments of all sorts.

As professional psychology has been gradually winning the battle to become an autonomous profession, one perceived by society in the United States as an organized group of individuals possessing high-level capability for the rendering of important human services, it has vigorously prosecuted the related struggles for additional kinds of legitimacy. It has never seemed sufficient to most clinicians to have earned the right to be in independent practice, the right which is conferred by licensing legislation. Psychologists have, by and large, not elected to enter private practice (except on a part-time basis) in exceptionally large numbers. There are probably only a few thousand clinicians who have established full-time careers as independent entrepreneurs, and these tend to be situated in the large urban centers of the nation. Far more psychotherapists have sought careers in hospitals, clinics, university settings and community mental health centers (with perhaps a few private clients tucked into busy schedules in off hours). In such settings, professional psychologists have had to wage unending battles for parity in salaries and in responsibilities and for autonomy from medical control and domination. Even the principle that within bureaucratic organizations psychologists should have the right to report to and be supervised by senior psychologists is an issue that is by no means yet completely resolved to the satisfaction of the profession, although this seemingly minor but vital staffing pattern is now becoming fairly well accepted.

Yet there are encouraging signs that the struggle for parity will also eventually result in the desired granting of co-equal status to psychologists. Increasingly, national, state and local county regulations governing the staffing of community mental health clinics are beginning to reflect the principle that roles, functions and responsibilities ought to be determined by specific competencies rather than the discipline (medicine, psychology, social work or nursing) from which a particular individual has been drawn.

Members of the profession are beginning to establish themselves as chief administrative officers of some few community programs, hospitals or clinics. This is even more descriptive of the sparsely populated portions of the United States where there remains a lack of human service personnel. (Our nation seems char-

acterized by the fact that professional people seem to want to gravitate to larger urban areas where more and varied personal stimulation is available.) Psychologists have, further, been winning the right to testify as expert witnesses on psychological issues in court and to certify individual claimants as incapacitated (and to render service to these individuals) under the federal social security and state disability and welfare programs.

By far the most striking gains have been made by professional psychology in securing economic legitimacy for the professional practice of its members as psychotherapists. Early post-war graduates of clinical training programs of course found employment in clinics and hospitals as renderers of psychological services, primarily psychodiagnostic assessment and some psychotherapy. (Indeed, an early view of the "proper" functioning of the clinical psychologist likely to have been subscribed to by his or her medical colleagues was that the psychologist was the psychiatric team technician who could use assessment instruments to make "an X-ray of the psyche," a person who stood in the same relationship to psychiatry as radiology technicians stood to physical medicine!) By the early 1950's however, a few hardy pioneers had begun to engage in part-time, independent private practice of psychotherapy. By the middle of the decade, there were actually small nuclei of practitioners, particularly in New York, Chicago and Los Angeles, whose sole employment pattern was full-time, fee-for-service solo practice of psychotherapy.

From this base, a steady revolution in service delivery and in its funding has taken place. Indeed, some professionals have begun to be concerned with the headlong pace with which this revolution has been occurring and have begun to voice alarm about some of its as yet relatively unexamined potential consequences. For example, it is now true that in the United States at the present moment in time not only has private practice expanded exponentially and become respectable, but third parties with economic concerns are increasingly, as a result, coming to intrude themselves in the therapist-client relationship. For those who are engaged in the private practice of psychotherapy, the main third parties have so far been either an insurance carrier who has issued major medical coverage, including benefits for psychotherapeutic "treatment of mental disorders or illness," to one or more clients or an instrumentality of state government (or its designee) for other clients who are disabled or indigent. Comments from those in practice make it evident that the portion of fees received from such third parties for service rendered to clients has been a steadily rising fraction of the total economic base of private practice. (Perhaps the designation "private practice" is even rapidly becoming a misnomer, given the developments

now being described!') At any rate, the simple fact that the fraction continues to expand is, in itself, eloquent testimony to organized psychology's growing success and increasing sophistication in mandating that psychology be included on a parity with medicine in appropriate insurance contracts which cover "mental illness" and in relevant legislation and bureaucratic regulations.

At the federal level, here in the United States, we have just recently borne witness, thanks to the labors of the Council for the Advancement of Psychology as a Profession and Science (an advocacy organization supported by the donations of the nation's professional psychologists whose purpose it is to influence federal legislation), to the passage of so-called "freedom of choice" legislation. These new laws mandate that the insurance coverage provided by the United States government for its over twenty million employees shall recognize the eligibility of the professional psychologist for reimbursement for private psychotherapeutic services which may be rendered to those employees. In addition, the federal government provides access to the private sector of the health delivery system for many members of the armed services and the military establishment (and their dependents) under the government's Civilian Health program. Professional psychologists have, since the inception of this program, been recognized as legitimate purveyors of "health care."

Within various of the fifty states, state psychological associations have succeeded in some states (a number which will expand) in effecting other sorts of "freedom of choice" laws. These now compel private insurance carriers to recognize the legitimacy of claims for reimbursement by private psychologists when "mental health" care is carried as a specified benefit in the insurance contract. And most state-funded aid programs for the disabled or for the indigent also allow some, if limited, participation by psychologists.

Most psychologists in the United States who are engaged in the practice of psychotherapy, however, do not primarily render their services in the context of private practice but are employed by a community mental health center, a clinic or a hospital much more typically. While the growing impact of the intrusion of third parties on private practice is still only a moderate one (the filling out of claim forms for insurance carriers or the occasional need for petitioning some agency with appropriately documented justification, for increased "benefits" for those being aided by one of the states), its impact on psychology in the public sector is already more profound. In most segments of the public sector, professional psychologists who function as psychotherapists must deliver these services in the context of a growing and complex set of regulations about who is eligible for such services, what kinds of services can be provided, what the extent or limits of the service are, and what kinds

of records must be kept and shown to whom. All these conditions are laid down by the funding agency or agencies which control the destiny of the public setting!

Serious and sufficiently close attention now needs to be paid to the articulation of these growing constraints with the ethical and legal issues involved in traditions of privileged communication between therapist and client, the responsibility for maintaining confidentiality of revelations secured in the psychotherapeutic session and the obligation to be guided in professional behavior solely by concerns for client welfare. A political issue related to the latter is also a very poignant matter. With public funds supporting the public sector, the psychologist increasingly falls into danger of being subtly or overtly coerced into becoming an agent of social control and pursuing with clients those matters which are the concern of society and not necessarily those matters which are of concern to the client. Finally, the kind of evolving context of practice being described here has profound technical implications as well. As the parameters change which affect the circumstances under which psychotherapy is offered and subsequently takes place, so inevitably must the very nature of psychotherapy change. Unfortunately, in its headlong race toward the future, professional psychology in the United States has not as yet had sufficient pause to study these issues in depth.

To add urgency to the matter, within the next six months it is likely that the United States will join most of the countries of Western Europe and adopt comprehensive health care plans for all citizens of the nation, plans which will make access to the broad spectrum of health care services a matter of right to each citizen. The political prospects for psychology's inclusion among those disciplines deemed qualified in proposed legislation to be providers of service have improved somewhat in recent months. Psychology's odds of being included as an autonomous profession free from medical control and supervision as well, while not overwhelmingly favorable, are also improving steadily. When such legislation becomes the law of the land, the face of our discipline will once again be transformed in yet further ways as to make it almost unrecognizable from current perspectives. Over and beyond the constraints already on psychologists and the intrusions of third parties into the psychotherapeutic process as these currently exist in the United States, it is possible to predict further imminent controls from an analysis of competing forms of proposed legislation which have already been made a matter of public record in the federal Congress.

Three additional conditions are almost certainly going to be imposed on the psychotherapeutic practice of psychologists. First, psychotherapists are going to have to conduct cost-benefits analyses of the impact of their services on clients. Practitioners who seem

wasteful or inefficient in terms of amounts of funds expended to reach specified therapeutic goals (and norms will probably be established) will be called to account for the discrepancies. As a related process, the second control will be the imposition of professional peer review. If the third party who is monitoring the professional functioning of a given psychologist has reservations about any of the particulars of services as these are being rendered, the psychologist in question will be subject to a review of that functioning by a panel of colleagues. Finally, mandated continuing educational requirements for the renewal of licensure will follow very swiftly as organized society makes a renewed attempt to keep its practitioners from sliding into obsolescence.

As a result of these cataclysmic changes on whose threshold psychology in the United States now trembles, it seems almost impossible to peer through the murk of uncertainty or to attempt to specify with any clarity what a psychologist who considers him/herself to be a psychotherapist will be doing in the privacy of a consulting room in the year 1984—or indeed if there will even be anything which approximates a private consulting room by that year. The only assertion which it seems reasonable to make is that professional psychology began its existence in symbiosis with medicine and was embedded as a result, in the medical model of the nature of human distress. The profession in this fashion adopted the appropriate set of perceptions and the value system which was consequently necessary for its survival and for its future growth. Having joined the medical journey in a rather unreflective, automatic fashion, members of the profession continue to walk the chosen path. But dangerous places are now appearing ahead on that road. Continued sojourning in familiar surroundings may yet augur the destruction of our calling as we know it.

Yet psychologists who have ventured forth to become psychotherapists have always been exceptionally resilient persons. If the chosen and familiar road does indeed become too dangerous, it is likely that visionaries among the ranks of the profession will sound the alarm and lead a movement to a new point of departure. Already, some distant voices have been heard asserting that applied psychology is *not* akin to medicine; rather, it is a peculiar mixture of education and secular religion. Such a vision would have very practical implications if it came to gain popular currency. It would mean that psychologists would have to begin to change our society's notions about the sources and nature of human distress once again and lead the struggle to modify related notions about what constitutes appropriate professional preparation for those who shall be entrusted with attempts at remediation of that distress. Between four and three centuries ago, the mission began to pass from the

priesthood to medicine. The myth of medical primacy now, in turn, may need to vanish into history. Our culture, by the beginning of the twenty-first century, may have to move on from "mental health" to a human service perspective on what constitutes the appropriate metaphor for confronting its own anguish. And professional psychologists are likely to be leading this next revolution in human consciousness.

What has preceded has been a survey of the historical context of professional practice and its current social, economic, and political statuses. Yet a final domain remains to be reviewed if the description of the nature of the profession in the United States is to be complete. To this point, issues of professional preparation and of the theoretical allegiances of practitioners have only been touched upon rather lightly.

It should be remembered that the psychologist-as-psychotherapist was born as the bastard child of the union of medicine and academic psychology. We have already explored the complicated issues which have resulted from the parenthood of medicine. That academic psychology was the other progenitor has unfortunately created as many, if not more, conflicts. It was noted above that academic departments of psychology eagerly embraced the mission to undertake the professional preparation of psychologists following the end of the Second World War in response to the incentive of federal funding for this purpose. But that eager embrace proved, in itself, to constitute a large problem.

It does not seem to be an exaggeration to assert that the commitment of many academic departments of psychology to professional preparation was often a fairly cynical one. "Professional" programs were developed which appeared creditable on paper and resulted in large amounts of federal dollars being given to a particular department for the purposes of engaging in the proposed venture. But a real commitment to the professional enterprise far too often was not present on the part of the department chairperson and the senior professors who had political power in a particular academic fiefdom. Instead, the teaching of clinical courses in personality theory, assessment, psychopathology and psychotherapy tended to be assigned either to the newest and least sophisticated members of the department or to older professors who taught these contents from a posture of total skepticism. The latter used the podium of the classroom to attempt to proselytize students away from career aspirations for lives to be spent in rendering human services and toward lives to be spent in teaching or research. Students who had the dedication and integrity to maintain that they desired to find employment as psychotherapists upon completion of their educations frequently had to listen to the vilification and denigration of such aspirations

from their mentors. It was not an uncommon experience for these students to be told by their teachers that they ought to transfer into schools of social work or go to medical school so that they might become psychiatrists!

It should be remembered that professional preparation during the late 1940's and on into the 1950's was primarily guided by the recommendations of the conference on training which had been held at Boulder, Colorado. This conference had described and legitimized the so-called "scientist-professional" training model. The model was intended to add professional skill preparation to a solid basis foundation given each student in the core contents of the sciences which compose academic psychology. But in reality, all too many programs hypercathected the "scientist" half of the model and paid far too scant attention to its proposed conjugal partner, professional training.

There were exceptions to the caricature which is being etched here, of course. Some university-based departments of psychology did, indeed, undertake to carry out as creditable training programs in professional psychology as they were able given then available resources and eschewed the temptation to divert federal funds into indirect support for scientific activities instead. One of the distinguishing characteristics which differentiated those departments paying lip-service to professional preparation from those whose commitment was more genuine was the structure of the curriculum as it articulated with practical experience. In the former, the model of the post-academic internship year was likely to be instituted. That is, students would spend four or more years on the campus studying theory, research methodology and professional techniques in the abstract in the classroom. The scholarly investigation on which the doctoral dissertation was to be based would next be done. Then and only then would the student leave the cloister and spend a full-time year as an intern or extern in residence in a treatment facility. This setting was most likely to be a psychiatric hospital or psychiatric outpatient clinic where all the most potent role-models were physicians. In this fashion, the academic cloister could be spared from contamination by "messy" clinical problems.

The latter programs, those which attempted to do a more creditable job of carrying out the spirit of the Boulder recommendations, tended to implement distributed practica and internships. That is, some actual involvement by students with live human dilemmas was available across the entire span of students' academic careers even if only for small portions of each week. This permitted the illumination of material being presented in academic courses on the campus and allowed for the practice of increasing skill mastery. Students who were fortunate enough to attend the best of these pro-

grams might even look forward to being taught by mentors who *believed* in the appropriateness of psychologists as renderers of human services, who themselves were doing so, and who had good wishes toward the aspirations of the students they were assigned to teach. But until recently, aspiring psychologist-psychotherapists in this country had to have been fortunate indeed and had to have been enrolled in one of under a score of university-based programs to have stumbled across faculty who wished them well in their career hopes and who also shared a common dream.

For a twenty-year period from 1945 to 1965, then, the above description can serve as a reasonable approximation of the context in which psychologists who now perform as psychotherapists received their preparation for their careers. In spite of the tensions which existed in the training venture, thousands of students somehow managed to complete their academic preparation, received the doctorate in psychology, and (over the objection of many who had trained them) entered service roles in society. Those who had persevered in securing more than minimal preparation for the calling of psychotherapy met with an eager reception from society. Those who had been slighted in their preparation remedied their deficiencies by accepting further post-doctoral training internships, blundering through employment responsibilities and upgrading their capabilities by sheer experience plus reading plus possible consultation, or banded together with other young graduates to embark upon joint programs of self-motivated study and mutual support. Whatever the particular means chosen, psychologists have creditably demonstrated a cleverness about, combined with a sense of social responsibility for, achieving competence which has been admirable for the most part. In this, the bastard child has hurled back in defiance the curses of both of its parents.

Somehow, everything began to change in the middle of the 1960's. Three separate dynamics seem to have brought about the beginnings of these changes. First, academic psychologists appear to have become annoyed, envious and resentful of the growing creditability, growing influence and growing prestige of professional psychologists as the ranks and the significance of the latter continued to swell. By this time, the policies and programs of the American Psychological Association began noticeably to tip toward increasing concern with professional issues and away from purely scientific and scholarly concerns. As a result, the most prestigious members of its Division of Experimental Psychology founded the Psychonomic Society in protest against the national association's drift and have, since that time, threatened intermittently to tear the American Psychological Association asunder with their withdrawal rather than see the organization fully captured by predominantly professional

preoccupations. These tensions, of course, spilled over into departments of psychology and into the training venture. The then chairman of the department of psychology at the University of Illinois, for example, a long-time and ardent protagonist for the point of view that psychology's most legitimate calling is scientific investigation, pioneered in the separation of professional from scientific training in his department into two distinct programs. Those aspiring for careers in teaching and/or in research henceforth would and do have one curriculum and are granted the Ph.D. degree; those who wish professional training would and do have a separate curriculum and receive the Psy.D. (Doctor of Psychology) degree. While it is unclear whether such a slur was deserved, some observers of this new development have believed that such developments must be motivated by a desire to place professional preparation into a clearly second-class status and to bring about a divorce between the science and profession of psychology.

The second social force which began recently to have important impact on professional preparation has been the gradual waning of federal financial support. As the war receded in the distance, so too did some training funds. In addition, an almost unbroken succession of national governments elected by the Democratic party with its traditional preoccupation with government spending for social causes eventually gave way to the eight years of the Eisenhower presidency during the 1950's and to more fiscal cautiousness. (With a temporary reversal during the administrations of Presidents Kennedy and Johnson, it now seems apparent that the policies of the Nixon-Ford presidency may result in a semi-permanent and serious decline in funding for graduate education in psychology and in other related disciplines.) The net effect of the gradual withdrawal of fiscal support for professional training in psychology has been that university departments began to retrench and to regress. For many, their devotion had never gone for the professional training enterprise in the first place. By the second half of the 1960's, the so-called "Stanford-Harvard" phenomenon came to be apparent. This social development was named for two of the universities on the west coast and the east coast of the United States which had traditionally had reputations for possessing prestigious departments of psychology. At about the same time these schools elected independently to discontinue any further attempt to engage in professional preparation altogether. Their actions seem to have heralded a gradual but spreading retrenchment of effort expended by universities in professional training, although it is as yet too soon to tell whether the phenomenon is a temporary or permanent one. Which it is will depend partly on yet another unrelated set of social forces described below.

The third pressure which has been brought to bear on the issue of how professional preparation ought to and shall be undertaken has come from the extended professional community which pursues its calling outside of academic settings. By the late 1950's, large numbers of professional psychologists had developed sufficiently secure positions in the fabric of society that the raw issues of whether or not the nascent profession would survive had begun to fade into the background. These psychologists generated, then, a sometimes strident dialogue with the members of university departments which had spawned them. The conflict-laden issues in that dialogue focused on continuing feelings on the part of the professionals that the preparation they had received had been inadequate to equip them for the roles and responsibilities they had found thrust upon them. They requested that the academic departments modify professional preparation in such a fashion as to correct what appeared to them to be an overemphasis on empty scholasticism at the expense of practical study. The kind of informed response to the training enterprise generated by graduates actually pursuing professional careers in the community had little or no impact upon patterns of training at first, for those in responsible positions in the universities tended to listen from a posture of great and guarded defensiveness.

By the middle of the 1960's, the disaffection of the practicing professionals and their continuing sense of frustration and impotence as a result of not being able to foster modifications in patterns of training began to intensify and to coalesce. It should be noted that, following the Boulder conference, the American Psychological Association had, between 1950 and 1965, sponsored several interim conferences whose participants convened to discuss one or another aspect of problems of training in professional psychology. Without exception the participants who came together to staff those conferences were drawn from the ranks of those already engaged in the training enterprise. These eminent academicians would typically meet for several days, confer and issue a report. The report would be an orgy of self-congratulation, recommend some very minor readjustments of curriculum and internship characteristics, and then go on to a ringing re-endorsement of the scientist-professional model as it had been promulgated at Boulder. The outcomes of conferences of the period, to put it mildly, made practicing professionals furious.

In 1965, change began at last to be apparent in how psychologists were coming to view the training enterprise. That change first manifested itself in a political struggle over yet the next training conference which was then being planned. The Division of Clinical Psychology of the American Psychological Association had, in that year, received federal funding for the purpose of mounting

a conference which would once again specifically focus on the matter of the then extant and future desirable patterns for the preparation of professional psychologists. This time, psychologists in the community at large resolved that the conference participants would *not* be drawn solely from among the chairpersons of departments of psychology. Diverse individuals and groups began to subject the conference planning committee and the division's executive board to political pressure, insistently clamoring (often in extremely strident tones) that the participants be drawn from a heterogeneous population which would include not only those already engaged in training but representatives from student populations, from professionals in private and institutional practice, from employers of psychologists and from consumers of psychological services as well.

The political pressure succeeded. A very broadly based group of around one hundred persons convened in Chicago, Illinois in 1966. The Chicago conference seemed to mark a real turning point. At last the conferees took sufficient note of the fact that the so-called scientist-professional model developed at Boulder a decade and a half previously had tended to emphasize the left half of the hyphenated title at the great expense of the right, at least as it was implemented in most graduate departments of psychology. The report of the Chicago conference, while re-endorsing this model, called upon training programs to redress the imbalance and to attempt to take seriously its real intent. Some of the sub-groups of conferees who met to discuss particular topics even considered the possibility that true professional programs, not hybrids, might one day be developed.

At this same moment in the evolution of the profession, psychologists concerned with improving the professional training enterprise at last came together to build a much-needed organization. The National Council on Graduate Education in Psychology (NCGEP) was founded. Its mission was to apply the pressures necessary for fostering the development of more adequate professional training in the United States at those points in the structure of organized psychology which seemed appropriate.

Suddenly, by the late 1960's an avalanche of significant developments began to take place. The Division of Psychotherapy of the American Psychological Association, for example, developed a position paper on the parameters of adequate psychotherapy training for psychologists and made recommendations on the nature and intensity of practica and internship experiences, on the kind of curriculum necessary to carry out a competent training mission, and on the nature of the professional faculty who could and should serve as adequate role models for aspiring professionals. NCGEP itself issued a publication which attempted to list adequate training opportunities for professional preparation. The Education and Train-

ing Board of the American Psychological Association created an *ad hoc* Committee on Professional Training which began to generate proposed changes in the standard which the national association had traditionally employed for the purpose of determining formal APA approval for professional training programs. By 1970, revised standards which went some distance toward recognizing the intent of the Chicago Conference recommendations were at last adopted by the APA Accreditation Committee, in effect thus increasing the national association's formal commitment to adequate professional preparation.

By far the most exciting development, however, was the beginning of the professional school movement in the late 1960's. The Board of Directors of the California State Psychological Association took note in 1967 of the harmful effects of the "Harvard-Stanford" phenomenon (the growing retrenchment of involvement with the professional training mission on the part of some of the previously most significant academic settings) upon human service staffing patterns in their state. In that year, a survey revealed that over 70% of all licensed professional psychologists had received their training outside of the borders of the state! California's existing private colleges and its state college and university systems which enrolled more students than the educational structures of any other state in the union was simply not even coming close to meeting California's needs for professional psychologists. A further survey conducted by a special task force of the Board concluded that the numbers of professionals trained in the state would continue to decline. Its report predicted that by the following year the number of doctoral graduates with adequate professional preparation turned out by all the colleges and universities in the state would fall below thirty!

After an initial shocked and depressed response to this second survey of the status of professional training in the state, the Board of Directors of the California State Psychological Association rallied itself and resolved to explore the feasibility of developing, establishing and founding the nation's first free-standing, autonomous professional school of psychology. The project came to fruition by 1970 with the opening of the Los Angeles and San Francisco campuses of the California School of Professional Psychology (CSPP), followed by additional campuses in San Diego (1972) and Fresno (1973). In its fifth year of instruction, the school has now stabilized with a population of around 750 students enrolled in graduate professional education. Almost all of these students will receive formal training in psychotherapy, and, as the younger campuses come to graduate their initial entering classes, the school will be sending around one hundred and seventy-five appropriately trained

professionals out into the nation each year. Limitations of space prevent a full description of the contours of the CSPP training venture. It is sufficient for the purposes of this paper to note that CSPP has chosen to pioneer in the implementation of the professional-scientist model, one which continues to assert that adequate professional training can only be effected upon a sound foundation of training in psychological science and investigatory skills. The professional-scientist model, however, places educational emphasis on the *excellence of professional training*, on appropriate skill mastery and reverses the traditionally stultifying focus of the training enterprise which has cursed the discipline of psychology for the last twenty-five years since the Boulder conference.

Emboldened perhaps by developments in California, other groups have come together to explore and to implement new departures in professional preparation for psychologists in the 1970's. The Institute for Advanced Psychological Studies has been formed at Adelphi University in New York as a professional training program autonomous from the department of psychology. The New Jersey School of Professional Psychology has begun instruction during the current academic year as an autonomous program lodged on the campus of Rutgers University. Two additional training programs which are purely professional and grant the Doctor of Psychology degree have joined the one already in existence for some time at the University of Illinois. These are located in the medical schools at Baylor University in Texas and at Hanemann College in Pennsylvania.

All of these programs have one thing in common. They represent serious pioneering attempts to move psychology away from the Boulder model of the scientist-professional. In each, strong emphasis is given to psychotherapy training, and a commitment has been made to explore training models which produce professional-scientists or even more purely trained professionals. In response to these developments, the American Psychological Association in 1973 convened its most recent conference to focus on such matters in Vail, Colorado. The report of the Vail Conference on Levels and Patterns of Professional Training gives a ringing endorsement to continued experimentation with and the consolidation of programs which bear a primarily professional stamp. It calls upon organized psychology to recognize the legitimacy of such programs via its accreditation process and to use its resources to increase the possibilities for professional preparation available to women in the United States and to the nation's minority group members. The Accreditation Committee of the American Psychological Association, as a result, has now begun to review its accreditation guidelines in light of the Vail recommendations.

It seems safe to predict, then, that expansion into true professional training is now an established fact for the discipline of psychology. This dynamic should go on unfolding over the balance of the century. The United States will continue to bear witness to the founding of more independent professional schools brought into existence by practicing professionals and to the establishment of professional programs separate from the departments of psychology within universities. Groups are already hard at work planning such developments in New York, Michigan, Ohio, Tennessee, Massachusetts, and Colorado to mention the most prominent. At last, students who aspire to careers of service in psychology will have adequate numbers of training slots available and faculties to learn from who themselves are devoted to the importance and vitality of careers in professional psychology.

This overview will conclude with some observations of the current and projected theoretical commitments of psychologists who engage in the practice of psychotherapy. It should be borne in mind that at the close of the Second World War (when numbers of psychologists for the first time evidenced an interest in such career possibilities and began to enter the profession with any frequency) there seemed to be only two theoretical orientations which had recruited any large number of adherents. The vast majority of psychologist-psychotherapists had received their training in medically dominated facilities and were led thereby to an allegiance to psychoanalysis as the most compelling theoretical and technical system. A much smaller, but certainly significant group of psychotherapists had their notions about the nature of the enterprise shaped by those who began to practice psychotherapy proper after many years of work in educational or pastoral counseling. Carl Rogers and his students were outstanding examples of this latter phenomenon. Hardly any other theoretical orientations held much sway or captured the allegiances of any real segment of the early pioneers in the discipline.

It is hard to know how to make sense out of the revolutionary changes which have occurred since 1945. An exhaustive survey of these developments seems outside the scope of this work. Interested readers may consult any of a number of publications which outline developments in psychotherapy in the United States in much more systematic fashion and in more meticulous detail. For present purposes, it seems sufficient to paint these developments with fairly broad strokes.

It is apparent that the allegiance of psychologists to psychoanalysis as an organized system of theory and technique has undergone both a continuous revision and a decline over the past thirty years. (The same may be said for the commitment of psychiatry

and medicine to psychoanalysis and for its popularity among educated segments of the lay public.) On the theoretical side, the impact of the ego-psychologists and objects relations theorists on psychoanalysis has been to broaden its philosophical structure in the attempt to make it not only a theory of psychopathology but a true psychology of the human race and its adaptations to the vicissitudes of human development, and of the human condition as this is shaped by the social order. On the technical side, psychoanalysis has seen itself stretched by the innovations of pioneers who have attempted to extend its potency as a therapeutic strategy to populations for which the modal technique was never terribly applicable: psychoses, severe character problems, the lower classes, the non-psychologically minded, groups and families. Since other movements within psychology have arisen which address themselves to these same efforts, the net effect has been to diminish the hold which psychoanalysis had traditionally exercised over the imagination of psychologists. Psychoanalytic institutes have, for almost a decade now, experienced a decline in the proportion of creative young psychiatrists who desired formal analytic training upon completion of their residencies. One result has been that some institutes of psychoanalysis have consequently softened their stance on admission of qualified psychologists to enrollment as analytic candidates. There is some kind of crazy irony in all of this. At a time when large numbers of psychologists hungered to embrace the analytic calling and to be acceptable within it as peers, such an outcome was impossible in this country. Now that the discipline of psychology is rushing in a variety of other directions to found its own schools and movements, the doors of the analytic cloisters are beginning to open! This development is occurring at a time which is probably too late, at least for psychoanalysis and certainly for psychology.

The movement which found its earliest voice in the person of Carl Rogers has fared better and continues to flourish. Not only does it seem to have established a rather secure place for itself in the panoply of allegiances which now characterize the discipline of psychology, but it seems also to have spawned a whole sprawling, brawling and chaotic set of groups and movements which are in a state of rather anarchic ferment. These sets of individuals and organized collective movements lump themselves together under the rubric of "humanistic" psychology. Indeed, there is now a national association, The Association of Humanistic Psychology, in the United States, and one of the divisions of the American Psychological Association bears this name.

It is rather difficult to describe what it is which the "humanists" share in common, since a review of the kinds of literature generated by those who insist that they belong to the movement reveal very

different kinds of beliefs and therapeutic strategies. The elements which seem to tie these individuals together are: a rejection of the "illness" model (and its medical implications) of human distress; an infatuation with existential philosophy and with related beliefs that human suffering is an inevitable consequence of the human condition; a belief that the task of the psychotherapist is to be fellow human being with, and not authority to, the client; at the same time, a diametrically opposed belief in the therapist as guru, secular priest, or healer whose charisma is an important ingredient in the psychotherapy; commitment to the notion that catharsis is a curative experience; and finally some idealistic assumptions *a la* Rousseau that human beings are noble savages at heart but have just been corrupted by society, upbringing, or some other external villain. Sometimes humanistic psychologists sound like middle-aged versions of our nation's youthful "hippies" who surfaced during the 1960's and who were convinced that the world would magically become a beautiful place if only people would grant themselves the right to "do their own thing," by which seems to be meant a kind of surrender to narcissistic whimsicality and an assumption that someone else, of course, would continue to keep the machinery of the social order in motion.

In addition to further shaping the vicissitudes of those psychotherapeutic movements already apparent in the 1940's, the last thirty years have also seen the eruption of significant new movements in psychotherapy. Probably the most compelling of these has been the explosive expansion of interest in so-called "behavior-modification" as a psychotherapeutic strategy. A growing number of psychologists, bastard children of the fornication between medicine and "scientific" psychology, have developed a methodology for behavior change based upon an adaptation of the contemporary technology of experimentation in learning theory. These interventions for attacking human distress have been designed in such a fashion as to rely heavily on both classical conditioning paradigms *a la* Ivan Pavlov and instrumental conditioning paradigms *a la* Burrhus F. Skinner. The movement rests on assumptions that other forms of psychotherapy are fuzzy-headed and "unscientific" and that the only true psychotherapeutic religion must be found in the translation of the principles of academic psychology to the human being in the same model within which the experimenter approaches the rat or the pigeon. Those committed to behavior modification as a theoretical orientation and as a tactical point of view denigrate or ignore the human relationship between therapist and patient as having any implication whatsoever for the outcome of the therapeutic intervention. As "good" scientists, the practitioners of behavior modification also deny that their efforts have any implications for a theory

of values. "Real" science is, after all, value-free. Behavior modification, so the ethos would maintain, is simply the application of the most potent behavioral engineering strategies available to the correction of defects in human performance. When those with a behavioral approach begin to consider what are the purposes and values implied by the human species, a true psychotherapy, as opposed to empty scientism, may yet result.

A second emergent of recent decades which merits serious review because of its impact upon the discipline of psychology is the gestalt therapy movement founded by Frederick Perls, a charismatic leader whose early training was in psychoanalysis and who possessed degrees in both medicine and in psychology. Gestalt therapy is based upon the assumption that there are natural, spontaneous healing forces within the person which can and will be tapped if that person dares to experience the fullness of what is from moment to moment. The gestaltists, as do the behaviorists, in asserting this principle attempt to deny that they are concerned with making value statements about human behavior. Instead, they content themselves with immersing clients in a variety of techniques of proven potency which are designed to expand the client's capacity to express affects and to increase awareness of the client's momentary state of being. Those clients engaged in gestalt therapy are likely to become proficient at the expression of the entire spectrum of human feelings with great gusto. The bemused observer of the gestalt scene often pauses to reflect about the interrelationships between gestalt therapy, the psychoanalytic equation between affects and feces, and the middle-European preoccupation with cleansing the body of fecal material lest the accumulated poisons which were supposed to reside in it cause illness. Somehow, the proponents of gestalt therapy behave as if the expression of strangulated affects will be cleansing and curative, much as preceding generations believed that an enema or laxative would have salutary effects on physical illness.

The belief in psychotherapy-as-catharsis or perhaps more appropriately, catharsis-as-psychotherapy (a belief that Freud rejected around 1900) also has appeared in other guises in the movements which characterize the contemporary scene in the United States. At the present point in time, there has been a great increase in interest in the so-called body therapies which build upon the writings of Wilhelm Reich, or of the neo-Reichians as personified by theorists like Ida Rolf. Psychologists who subscribe to this belief system maintain that the stigmata of human error, the kind of error which produces improper living, manifest themselves in bodily dysfunctioning. The royal road to the remediation of human distress, then, may be found in paying careful attention to the disposition of body parts. This may be done passively through directing the sufferer's

attention to the state of portions of his or her own body, or actively through massage and manipulation. In any event, successful attention to body language and to the manipulation of muscular stases often can result in a powerful outpouring of both memory and affect. Storms of sobbing, anguished screaming or rage may eventuate. Those who subscribe to these theoretical persuasions tend to believe that the affect storms are, in and of themselves, curative. Critics, on the other hand, maintain that immersions in such a technology simply produces affect addicts who learn how to engage in dramatic displays of expressiveness but whose lives outside of the therapeutic moment may, indeed, remain essentially unchanged.

A related school which derives from early psychoanalytic notions about the efficacy of catharsis, a school of thought which is rapidly gaining adherents, is Arthur Janov's so-called primal theory. Clients desiring this form of intervention must set aside several weeks of their lives. The primal therapist, subscribing to the dictum that therapy must be carried out in a state of abstinence, arranges to remove the client from all the ordinary activities and indulgences of his or her life. With a combination of the effects of abstinence, suggestion and persuasion carried out many hours each day, the client is immersed in a regressive experience designed to penetrate backwards through early memories down to even the earliest stratum of human consciousness and to discharge strangulated affects resulting from these and from the birth trauma and other pre-verbal experiences, too. The client in primal therapy is supposed to experience and discharge a kind of primordial *angst* in great clotted screaming and writhing fits. The proponents of this movement believe that a true primal experience is the only real curative psychotherapeutic moment and that the cure is a permanent one. In this, psychologists who subscribe to these notions bear an affinity with heroin addicts who also spend their lives searching for the perfect and permanent fix.

A variety of other movements in psychotherapy in this country stem from some variant of the view that human distress is ultimately traceable to disturbed communication patterns of one sort or another. Albert Ellis, the founder of rational-emotive psychotherapy, for example, asserts that all human misery ultimately stems from the misguided things people say to themselves and to their mistaken notions and unexamined premises about the nature of reality. Psychotherapy, from this point of view, becomes akin to re-education.

Hellmuth Kaiser believes that the universal symptom of neurosis is duplicity in language—that the client says one thing and means another. The task of the therapist, then, is to confront the

client with the duplicity of communication and to urge the client to stand behind his or her words. Cure is expected to result.

Other communications theorists locate communication disturbances within a social system composed of several individuals rather than solely within the client (and often treat families or groups as a result of this perspective). Eric Berne's transactional analysis, for example, is a theory of the human condition and a strategy for its amelioration which depends heavily on an analysis of "games" and "scripts." These are rather stable and enduring interaction patterns which go on between client and significant others, lead nowhere, and yet serve important defensive functions. The aim of the interventions made by the transactional analyst is to make the client more knowledgeable about these maneuvers and to attempt to interrupt the symbiosis.

Ronald D. Laing believes that even psychosis itself is a communication disturbance created by intolerable and contradictory messages coming from the family of the psychotic. The resultant psychosis deserves to be taken seriously and to be listened to by the therapist. Instead, Laing asserts, we mistreat the psychotic by viewing his or her productions as illness which ought to be interrupted or redirected as expeditiously as possible through whichever means (physical, chemical or psychotherapeutic) can be found. The psychosis is not an "illness" when seen from this point of view but the client's attempt at survival in a mad existence.

Similar notions of the human condition are held forth by the followers of Gregory Bateson. These therapists view psychotic and neurotic symptomatology as communication disturbances evoked by insane life circumstances and representing a stuck attempt by the client at a solution to the insanity of these circumstances. The therapist, through the offering of communicative intimacy, provides a corrective emotional experience as well as participates in strategy planning with the client to formulate more potent solutions to the life dilemmas which have produced the impasse.

The communications theorists by and large deinstinctivize and debiologize the human organism. They also seem to uphold notions of free will as opposed to the determinism of other schools. What is probably even more important, though, they hypercathect verbiage in the vain belief that human problems are amenable to an avalanche of words.

Many of the social movements in psychotherapy described above have now set up their own training centers. When professional psychology was coming into being, only psychoanalysis had its monasteries and its priesthood. Now, centers for training in gestalt therapy, transactional analysis, primal therapy and in some of the neo-Reichian body therapies exist in many of the urban centers of

the nation. Many aspiring psychotherapists spend time in these centers either before, during, or after formal education in graduate programs in psychology. Those responsible for the graduate programs, in turn, and as a result, have their lives made miserable by the rapidly expanding spectrum of psychotherapeutic modalities competing for a place in human consciousness. Students, in the face of such diversity, clamor for all kinds of experiences. Training programs, in response to student pressure, polarize themselves. One kind clings tightly to a very narrow theoretical orthodoxy and teaches only, for example, the revealed religion of behaviorism. Another kind of program exhausts and squanders its resources by attempting to set up a great cafeteria and to be all things to all students, leaving them fractionated and confused.

Oh well, psychotherapy in the United States in the year 1975 is completely fractionated and confused. Why should not the students of psychotherapy mirror its current status? Perhaps one day the true guru will descend from the mountain bringing wisdom and clarity, making sense to everyone out of the grand and discordant clamor which characterizes our current landscape. That person will make everyone breathless and speechless with the clarity of his or her vision and with the elegance, simplicity and penetrating wisdom of his or her grand synthesis of the maddening clamor of voices all claiming to behold the truth. At this moment in history, the emergence of the master architect of the new vision of psychotherapy seems a most distant and unlikely prospect. It is much more likely that we psychotherapists in the United States will continue to shriek shrilly and uncomprehendingly at each other as did the former residents of the tower of Babel.