1986 Leona Tyler Award Address:
Aim and Trajectory

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This paper, which is one of the perquisites attached to the high honor
you have bestowed on me, has characteristics that are structurally
determined. The very fact of being positively judged for one's career
contributions stimulates a retrospective frame of mind. A perusal of
addresses of past recipients attests to the universality of this impact. My
choice of title certainly shows this influence. I am going to look back, as
any psychologist is wont to do, to see how I was expressing myself in the
particular directions I took. Being greedy, I will make my modest bid for
immortality by discussing where the extrapolations of my theories and
ideas lead. Thus, I will also be dangling the baton for any takers.

As you no doubt know, two of the enduring preoccupations of my
professional life have been (1) with how vocational choice and career
reflect the vicissitudes of personal development and (2) with under-
standing the if, how, and why of the interventions of another in a
person's change process. In this latter connection I have evolved a
theory of the working alliance as the key element in counseling and
psychotherapy.

Because I belong to that school of psychologists that searches for
understanding through extensive review of antecedents and contexs,[1]
we have to go back to my beginnings in a Russian Jewish immigrant
family. My father, a reflective, impractical, therefore not very successful,
small businessman, never gave up his socialist commitments, brought
from the old country. My cherished memories of him were of his
analytical ways of disposing of disputes, whether petty or, as it seemed
to us, momentous. Although I drew on his analytical style and did not
escape the impracticality that was attached to it, my mother's drive left
its mark, even while I fought her "Jewish mother" envelopings. This
wariness about being enveloped was probably enhanced by my status as

the youngest of three boys separated by six years from the next youngest. All these seem the relevant antecedents to the outsider set with which I approached new persons and new ideas. My attitude was a questioning one, giving priority to doubts and stubbornly fending off being a follower. Perhaps I was diverted from becoming a professional debunker by the influence of the analytical style. This forces me, if I am going to reject a person or an idea, to do it out of knowledge rather than from ignorance. Whatever the reason, my style has been to avoid being a follower and only accept formulations when I had made them my own.

This analytical, oppositional character was displayed early when I thought of better ways for my father to run his candy-jobbing business. It continued as I started on my professional work at the University of Minnesota, when I devised and advocated different approaches to the way that Ed Williamson and Jack Darley ran their counseling business. In the case of J. R. Kantor's holistic behaviorism, I followed a more complex course. He came without his family as a visiting professor during a summer term at Ohio State. I had the privilege of sharing dinner with him many times in addition to attending his seminars. I think this was one of my important intellectual antecedents. Kantor eschewed the appeal to what he called "ghosts," the reliance on a mythology, whether religious or biological, for explaining psychological events. He insisted that the answers must be found in the reactional biography of the individual. But, of course, I did not remain a strict Kantorian. I had the satisfaction, at an APA meeting many years later (he continued his intellectual productivity until his death in his 90s), in obtaining his reluctant admission of the possible usefulness of hypothetical constructions providing they were couched in a form that made apparent their contraries and thus rendered them falsifiable. I doubt that he could become very closely attached to such a construct. Intervening variables in the Meehl-MacCorquadale distinction were more his cup of tea.

This, then, was the kind of emotional and intellectual indebtedness that I brought to counseling and clinical psychology. At Minnesota in the 1930s and 1940s, it led me beyond and behind the counseling task of aiding college or would-be college students to assess themselves realistically in making education and vocational decisions. My thought turned from what is the best fit to what made these young people vulnerable either to indecisiveness or to unrealistic or detrimental decisions.

This turning from test scores to the individual context had me getting inside the person, trying to understand how he or she was approaching my help. I saw that the client's approach reflected expectations fostered by our procedures. At that time all applicants for counseling started with an introductory interview that elicited the person's initial formulation of the problem, followed by filling out a lengthy questionnaire. The client was then shipped to a testing room where the psychometrist, after reviewing the records, assigned a battery of tests. Then the client came to me completely primed to have a tea-leaf reading! No wonder I found it difficult to engage my clients in a process of active self-exploration.

In retrospect, this was the birthplace of my working alliance theory. Although its mature form concentrates on the building of a strong partnership between the person who seeks change and the person who offers himself or herself as the change agent, it takes into consideration the kinds of expectations created in both the referral and the entry process. It leads to efforts, where possible, to forestall the creation of unrealistic incompatible expectations (e.g. that vocational counseling is a matter of taking a battery of tests and having the results interpreted).

Here, too, were the seeds of my career-long involvement with career choice and development as a window through which to examine the details of personality and development, the forces that shape the styles of the person's life. It was this perspective that had me finding vocational counseling shading into personal counseling and psychotherapy.

What distresses me is to find that there are those who convert this statement to the proposition that vocational counseling *is* psychotherapy. There are partnerships other than that of the therapeutic working alliance, and some of them do not have change as a goal. The working alliance between husband and wife is not aimed at change even though change in the individuals involved may come out of the process of building a strong coalition. What distinguishes vocational counseling from psychotherapy is that it is decision rather than change oriented. My self-exploratory approach may uncover the need and the wish for change, but this goal requires a new and different working alliance.

The building of a vocational decision working alliance has different requirements than does the building of a therapeutic alliance. If the goal of vocational counseling is that of enlarging the base of self-understanding from which the individual's decisions are made, then one of the big tasks in building a strong alliance is to make relevant the larger look at the client's life history. What in the context of psychotherapy is taken

for granted, in vocational counseling can be experienced as intrusive "psyching." The client has to be shown that the details and dynamics of one's life are relevant to the decisions faced. When a first-year law student comes in to discuss her lack of enthusiasm for law, she can respond to the evocative character of my remark that both of her psychologist parents working in a prison would seem to have some connection with her choice of law, albeit at another point in the inmate's progression. It helps her to examine where the choice of law came from rather than acting as an out-of-the-blue shift of purpose and set. When a senior undergraduate struggles with the discomforts associated with the less than clear-cut vocational path represented by her humanistic curriculum, she finds it useful for us to explore the contrast between her and her younger sister's following her father's well-laid-out path of practical, planful work in business management. Although following this direction will uncover her vulnerability to this father's strong expression of his own preferences and his expectation that his children will follow them, it also leads to a recognition and an acceptance of her own choice to be an explorer rather than to follow beaten paths the way her father and sister do. If her recognition of this vulnerability to her father's opinion leads to a wish to change that, then we move as we did to establishing a therapeutic alliance.

Incidentally, there is a baton to be found here. Measuring the strength of the working alliance in vocational counseling is virtually untouched. There have been examinations of the impacts of client expectations that are tangential, but no one has tackled the measurement of the strength of working alliances in vocational counseling and its relation to outcome.

This set to pay attention to the individual's search for self-expression and the ways in which anxieties can influence or distort it, were with me as I moved from decision making to change. Once more I was in the outsider role. Some of my best friends from my graduate years at Ohio State, Vic Raimy, E. H. (Junior) Porter, and Charley Cannell, were deeply involved with Carl Rogers, who had come to Columbus the year I left for Minnesota. At that point Rogers was designating his position as "nondirective" and throwing Minnesota into the camp that he called "directive." When I moved to Michigan, I entered an environment heavily saturated with the psychoanalytic point of view. My characteristic oppositionalism resulted in everyone seeing me as belonging to the other camp. I like to think that my analytic bent forced me into examining from the inside each proponent's way of thinking. In this

sense I was characterologically client centered. Thereby, I was saved from a chameleonlike eclecticism and led toward true integration. I assumed that each of the proponents was seeing and expressing an important view. I thought that each was concentrating on different aspects of persons as well as on different kinds of persons with different pathological states. Rather than choosing one approach, I selected aspects of how they helped another and developed understandings of how the situation and the disposition of the person being helped influenced response.

Out of this process came a focus on the attributes of psychotherapy that made it therapeutic. Thus, I proposed that level of ambiguity of therapeutic task and situation differentiated therapeutic traditions and had predictable effects in interaction with states of mind and character. Similarly, I noted that therapeutic traditions differed in amount and kind of emphasis they gave to the affective versus cognitive-instrumental aspects of behavior. Finally, I sought to capture differences in affective distance between client and therapist that appeared to characterize different therapeutic approaches.

Although I have been using the first person pronoun, all this represented the fruits of an extended collaboration with my then Michigan colleagues, Harold Raush and Allen Dittmann. We were searching for the attributes of the therapeutic relationship and of its work that made change possible. Our approach featured the careful development of measures. We evolved and examined the psychometric characteristics of measures of ambiguity, depth of interpretation, client resistance to therapeutic work, and client effectiveness in complying with the task of free association.

We were, of course, ahead of our time. We felt that the key issues were not whether change was occurring, but how it could be brought about more certainly. But Eysenck's challenge claimed researchers' attention. Almost two decades later, the question of whether psychotherapy has any effect is old hat, although some stubbornly cling to it. The closely linked question of which treatment has the most effect still has a strong pull, even though the failure to find much difference, if any, continues to pile up.

It is clear that while we have developed ways of fostering change in clients and patients, there is little or no evidence favoring one among competing methods. Further, although changes achieved are worthwhile, they are, nonetheless, modest, especially in view of the time, effort, and money expended. All this suggests the need for a new tack in

our theory and research. The new research direction must concentrate on the dismantling of treatment packages to sift out the relevant from what is irrelevant to change. We have some brilliant prior examples in work around desensitization. But we need to be guided more than in those prior instances by theories that are not bound to any one package. We need to find a new paradigm.

I think our 1950s' search for attributes that can be applied across therapeutic traditions leads in that direction. We should strive to establish knowledge of how various dimensions of helping situations interact with the attributes of the person seeking various varieties of change. This knowledge can make possible the creation of new treatment packages that satisfy the criterion of demonstrated differential application according to the person being treated.

I am, of course, convinced that the new paradigm will turn out to be based in the theory of the working alliance. There is already a respectable amount of evidence that a measure of strength of the therapeutic working alliance will forecast outcome. Moreover, it has been demonstrated to forecast outcome across modes of treatment. Thus, we have evidence to support that part of the theory that accounts for the positive influence on change shared by many modes of treatment. That, of course, is one of the requirements of a new model.

I turn now to the question of whether a model leading to different treatments is necessary. After all, Carl Rogers offered us a theory and pattern of treatment that was applicable to all persons trying for change. Strength of the working alliance might be seen as an extrapolation of his client-centered view. It is true that the emphasis on the achievement of mutuality in my view of strength of alliance owes a great deal to Carl's insights. But my views of the role of negotiations around change goals and around the tasks that the therapist selects as relevant to the selected goal are nowhere foreshadowed in that theory. Still, if it were tenable to assume goals and tasks are interchangeable, then strength of the working alliance would be not only necessary but sufficient to maximize change in therapeutic work.

I do not find it credible that change goals are interchangeable and that all of the therapeutic tasks that are embedded in various treatment packages are alternate paths to the same goal. It seems more likely to me that each of many sensitive and creative therapists arrived at methods that were appropriate to the kinds of persons he or she was trying to help who were different from the persons who were being helped by another equally sensitive and creative therapist.

Thus, I am not satisfied to rest with strength of working alliance. More attention must be given to how strong working alliances are built, instead of simply measuring the resultant strength. One test of the need for different treatment packages would rest in the examination and comparison of the achievement of mutuality with regard to goal and task in alliance with two or more varieties of clients or patients. In selecting varieties of persons for comparison, it would be important not to confine ourselves to diagnosis, for example, Axis I of DSM III, but to include personality characteristics, Axis II or some other base. I anticipate that such research will find systematic differences in the goals and tasks to which the person seeking change can lend himself or herself. Further, these differences will prove to be functions of a combination of context/current state and enduring personal characteristics, diagnosis/personality attribute. This is a study crying to be done.

Let me interrupt the topic of differential goals, tasks, and treatments to offer some observations on the search for mutuality with regard to goals. With the possible exception of strict behaviorists, most therapists conceptualize goals that are not reducible to a single action or set of actions. Whether of the cognitive, humanistic, or psychodynamic sort, they use constructions about dispositions. Achieving mutuality with regard to change goals and avoiding hidden agenda, which undermine mutuality, require that the therapist find ways to translate technical terms into words that are embedded in patients own accounts of their lives, their views of themselves, and their satisfactions and dissatisfactions. The kinds of formulation that James Mann offers as a focus for his time-limited therapy represents an excellent example of the couching of a change goal that simultaneously articulates an enduring struggle and striving that the patient has experienced. Mann's preparatory eliciting and underlining of features of that pattern, as well as his sensitive attention to nuances in response to his proposal, are excellent examples of what I have in mind about what is required in building mutuality.

Before returning to therapeutic tasks as the key to finding specificity in therapeutic treatments, I want to call your attention to two sources of specificity that already reside in the strength of the working alliance. From my view, a major part of the treatment of both schizoid and borderline personalities involves a slow arduous process of building what I call a foundation working alliance of adequate strength to sustain the great efforts to follow. My sense is that the kind of person we call borderline tends to enter a pseudoworking alliance in that he or she is

searching for a relationship to which to cling rather than being committed to change. The schizoid person does not trust him- or herself or other people enough to be able to enter into a partnership for change without a long period of testing. Being able to enter a solid partnership, for these two kinds of persons, represents a major part of the change sought.

The second source of specificity in the strength of alliance lies in the possible obstacles toward mutuality with regard to task arising from a poor match between demands made by the selected task or tasks and the client's capacity to satisfy them. Although I do see tasks as therapeutic when they tap into aspects of the difficulties that led to the search for change, the task must still be within the person's general repertoire. For example, to suggest keeping a journal or therapeutic reading to a person of very limited literacy would set up conditions inimicable to mutuality and strength of alliance.

As you are probably aware, in speaking of tasks in the therapeutic alliance, I am referring to specific actions proposed by the therapist to the patient with the implicit or explicit understanding that this is the way they need to work to achieve change. Whereas strength of working alliance represents what all successful therapies have in common, the reliance on one or another major task or set of tasks is what differentiates therapeutic approaches. Engaging in these tasks is assumed to have certain important impacts on the person. The task of free association, when accompanied by an unobtrusive therapist, draws the person's attention to his or her own inner life, the sequences of thoughts and feelings that are inner directed. It highlights the influence of inner factors on response to situations. It is a meaningful task for the person who is mystified by thoughts and feelings or by the ways that they are expressed. When the person is concentrated on specific actions, especially on being more skillful and effective, practice of these kinds of actions with the therapist as a coach is a natural therapeutic task.

The search for greater pinpointing of the power for change in psychotherapy will surely take us, I believe, into a more thorough examination of therapeutic tasks, their theoretical base, and how they work. Such a program of investigation will require movement back and forth between the clinic and the laboratory. Having isolated a task, we could make use of the laboratory to study its impact on various kinds of persons with varying sets. We must always be careful to validate our findings further by testing for corroboration with clinical settings to guard against being victimized by oversimplification.

Eric Penner, a Michigan graduate student, and I have been engaging in one kind of preparatory step. Toward achieving a taxonomy of therapeutic tasks, we have searched the various approaches to psychotherapy as well as reviewing examples of therapeutic interviews. Some of the tasks, such as free association, practicing an action, or double chairing, were easy to identify. In reviewing interviews, we had to keep reminding ourselves that although the therapist has characteristic responsibilities associated with the patient's work on each task, the reference is to what the patient is expected to do.

As we went along we found it necessary to make further distinctions. A task such as free association, experiencing, or practice is overarching or continuing. Others, such as the Gestalt double chairing or the repetitions of words or actions are more discrete in place and duration. Tasks early in the process are in the service of building a working alliance rather than directly toward change. For example, the mutualities of goal and task are built out of the process of reviewing and reporting the person's problems and symptoms, their course and the kind of history in which they are embedded.

As is proper because it has consumed a major portion of my recent attention, I have devoted a large part of this paper to my involvements with working alliance in counseling and psychotherapy. Before closing, I do want to make some remarks about unfinished business in the area of personality and work. The results of our work had us examining accountants and creative writers, lawyers, dentists, and social workers, clinical psychologists and physicists, chemists and educational administrators, engineering and the ministry. In some instances we looked at current personality differences and in others we attended to shaping childhood experiences. There is sufficient evidence to take seriously a view of personality and work that goes beyond the stipulation of personality traits to the nature of personality development and dynamic associated with choice. For its usefulness in counseling, it is necessary to be able to map occupations according to the intrinsic satisfactions that they offer.

What is called for is a focus on the key motives to be satisfied by the specific activities of the occupation. I am not yet certain of the full dimensions of such a list. I am certain that it will include nurturing, curiosity, power, precision, self-display, sensual stimulation and expression, and the complexities that are involved in self-realization through identity. Each motive requires a specific theory and related set of research. The need to interweave the kinds of involvement in nurturing

that might range from teaching, social worker, animal trainer, and florist with altruism and empathy would represent an example. Our theory and research must address questions about the kinds of childhood experiences that activate such motives and elevate them to the special place in our lives that they assume as part of a career investment. We are going to find important areas of convergence with both social and developmental psychology in pursuing this path.

Most of all, it is important to remember that persons do not work for bread and prizes alone. Athletes have made a cliché of the statement that "I am so lucky to be paid well for what I love to do." I am waiting to see when and how our growing interest in gerontology brings us to examine how love of one's work influences the characteristics of life after the age of retirement. I know how it influences me. Even after I no longer need the additional income (I do not know when, if ever, satiation with prizes sets in), I continue with work as a psychologist. I hope that my involvement with these ideas and activities has not kept you here longer than satisfying your intrinsic interest would require. I suppose that another possible side effect of reaching the age of retirement is the danger of becoming a bore. With no further apology, I rest. Thank you.

NOTE

1. I might add that having a social historian as a life-long partner has greatly deepened my appreciation of historical setting.