MENTAL HEALTH PROFESSIONALS' COMPARATIVE EVALUATIONS OF THE INTEGRAL INTAKE, THE LIFE-STYLE INTRODUCTORY INTERVIEW, AND THE MULTIMODAL LIFE HISTORY INVENTORY

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This research study was performed in an attempt to fill an apparent void regarding the relative utility and comprehensiveness of three published, theoretically-based, idiographic, initial assessment inventories: Integral Intake (II), Life-Style Introductory Interview (LI), and Multimodal Life History Inventory (MI). "Experts" -- defined as professors of counseling or psychology and licensed practitioners who have been practicing as counselors or psychologists for at least five years – read through the inventories and then evaluated them by responding to both (qualitative) open-ended questions as well (quantitative) rankings and ratings.

The researcher posed three primary research questions: 1) how do participants' evaluations differ regarding the *overall helpfulness* of the three inventories; 2) how do participants' evaluations differ regarding the *comprehensiveness* -- both relative to each of the eight dimensions of the client (*thoughts, emotions, behaviors, physical aspects of the client, physical aspects of the client's environment, culture, spirituality,* and *what is most meaningful to the client)* and overall -- of the three inventories; and 3) how do participants' evaluations differ regarding the *efficiency* with which the three inventories assessed the eight dimensions.

Results indicated that participants consistently evaluated the II and MI as more helpful, comprehensive, and efficient than the LI – both *overall* and relative to the eight specific dimensions. The LI was consistently evaluated as the worst of the three inventories -- on all dimensions. The MI was evaluated as the best inventory on four dimensions: the *client's thoughts, emotions, behaviors,* and *physical aspects*. The II was evaluated as the best inventory on seven dimensions: *physical aspects of the client's environment, client's culture, client's spirituality, what is most meaningful to the client,* and, notably, on *overall comprehensiveness, overall efficiency*, and *overall helpfulness*. Another goal of this research was to obtain feedback from the participants relative to how to improve the II. This goal was also accomplished and the researcher will implement this feedback into subsequent versions of the Integral Intake.

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CHAPTER 1

INTEGRAL COUNSELING AND GENERAL ASSESSMENT ISSUES

Introduction

Most counseling theorists and practitioners agree that comprehensive assessment, in which information encompassing as many aspects of the client as is reasonable to obtain is obtained, is essential and crucial to successful counseling (Cavanagh, 1982; Eckstein, Baruth, & Mahrer, 1992; Hood & Johnson, 1991; Lazarus, 1995, 1997; Mosak, 1995; Shertzer & Linden, 1979; Wilber, 2000b). Moreover, "the ability to assess an individual is a basic skill required of all counselors regardless of the setting in which they practice" (Shertzer & Linden, 1979, p. 3). Exceptions to this perspective come from the humanists, exemplified by Carl Rogers (1957, 1961) and, late in his career, Heinz Kohut (1984), both of whom posited that regardless of what the client's problems were, the most important thing the therapist could do is communicate accurate empathy, thus rendering assessment relatively unnecessary or even a diversion from what is most beneficial to clients.

Rogers' and Kohut's perspectives on assessment, however, may be in need of revision. This can be demonstrated by considering an unfortunately not-too-uncommon situation: poverty stricken, alcoholic parents, whose children are growing up in an inner city and are attempting to navigate the gang-scene without being shot or otherwise killed. Are we truly to believe that such clients need empathy more than anything else?

Moreover, at times, a simple change of diet, an increase in exercise, taking an antidepressant, or other physical -- as opposed to psychological -- interventions can be as effective as, or more effective than, psychotherapy (Lazarus, 1995; Leonard & Murphy, 1995; Wilber, 2000b).

Without obtaining information from clients, effective counseling is impossible (Shetzer & Linden, 1979). Even existentialists (May & Yalom, 1995) and humanists who do not formally assess clients with assessment instruments are continually receiving and encoding information gleaned from their interactions with their clients. Seen in this light, how one conceptualizes this information is a function of one's guiding theory of counseling, regardless of how conscious or unconscious the counselor is of this assessment process (Fall, Holden, & Marquis, in progress; Shertzer & Linden, 1979). The question, then, is not whether or not clinicians should assess their clients, because even Rogers made assessments of his clients -- along dimensions of how open to their experience they were, to what extent their ideal selves and self-concepts were congruent, and so forth (1961). Rather, the question seems to be one of how formally, and with what degree of theoretical consistency, does the practitioner approach the process of assessment?

The issue of how formally or informally one performs initial assessments is an important one. As previously stated, all psychotherapists assess their clients in one way or another. In this paper, the researcher terms informal assessment the gathering of information through the process of relating to, or interviewing, the client in-session, without the use of an assessment instrument or other formal structure. Some mental

health professionals opt for a more formal/structured interview in which an assessment instrument is used to guide the questions and queries the therapist asks in the interview. In contrast to informal assessment, formal assessment involves the use of assessment instruments, whether nomothetic or idiographic. Nomothetic instruments are standardized and, therefore, provide a normative reference with which an individual's scores can be compared to the population upon which they have been normed. Idiographic instruments, in contrast, are not standardized. Idiographic assessment inquires into more subjective and unique aspects of the person, thus positing the individual, rather than a normed group, as her own reference. These two types of assessment instruments, nomothetic and idiographic, will be discussed subsequently in greater detail. Considering the premium assigned to brief therapy by managed care, initial assessment instruments that efficiently gather as much information as possible – ideally without requiring much time during the counseling session itself – may have considerable value for many practitioners (Beutler & Rosner, 1995).

Theoretically-based initial assessment instruments are few indeed; only two have been published: the Life-Style Introductory Interview (LI; Eckstein, Baruth, & Mahrer, 1992) and the Multimodal Life History Inventory (MI; Lazarus, 1997). Given the widely recognized assumption that optimal counseling is guided by theory and that assessment "is embedded within the overall context of counseling" (Ruddell, 1997), it seems surprising that a thorough search of the professional literature yielded only two theoretically-based initial assessment instruments. It appears that many counselors, especially those practicing in agencies, use unpublished initial assessment inventories

that have been designed relative both to the types of clients who most frequently seek their services and also to the types of research they are conducting. Although such approaches have utility and afford some measure of success, published, theoretically-grounded initial assessment instruments not only gather information efficiently and from the perspective of the counselor's guiding theory but also allow the opportunity for far greater numbers of practitioners to use them, thus affording greater possibilities for comparison, research, and increased effectiveness. Moreover, with published assessment instruments already in existence, creating assessment instruments anew is quite like reinventing the wheel.

Statement of the Problem

A thorough review of professional literature revealed a surprising lack of reported research regarding the relative utility of the few published idiographic initial assessment instruments. Such research, however, could contribute to more efficient and effective service to counseling clients and, thus, warrants attention. In an attempt to fill this apparent research void in the professional counseling literature, the researcher explored how experts evaluated the Integral Intake (II), the LI, and the MI, with "experts" being defined as professors of counseling or psychology and licensed practitioners who have been practicing as counselors or psychologists for at least five years. The study addressed these questions: Are there differences in how experts rate and rank these three instruments? If so, what are the differences?

Review of Literature

Each of the three instruments evaluated in this study – the II, the LI, and the MI --

is associated with a counseling theory: Integral counseling, Individual (Adlerian) counseling, and Multimodal counseling. Because each instrument is best understood in the context of its counseling theory, each theory is summarized below. Because most mental health professionals are less familiar with Integral counseling than the other two theories, the Integral counseling section will be more extensive.

Integral Counseling[1]

Integral counseling is an extrapolation of Integral Psychology (Wilber, 2000b). The word "integral" has several meanings, one of which is

> to integrate, to bring together, to join, to link, to embrace. Not in the sense of uniformity, and not in the sense of ironing out all the wonderful differences, colors, zigs and zags of a rainbow-hued humanity, but in the sense of unity-in-diversity, shared commonalities along with our wonderful differences (Wilber, 2000c, p. 2).

Rather than a subset of psychology, integral psychology is an integration of many diverse disciplines, such as psychology, philosophy, and spiritual traditions, as well as anthropology, cognitive sciences, neuroscience, and consciousness studies. As such, Integral psychology appears to represent an integrative quest that spans an unparalleled spectrum of human possibilities, manifesting in the individual as well as the collective, taking into account both objective and subjective points of view, and honoring both ancient wisdom and modern knowledge.

[1] Parts of the "Integral Counseling" section have already been published in Marquis, Holden, & Warren, 2001.

Integral psychology is one of 10 branches of the Integral Institute, founded by Ken Wilber in 2000. The Integral Institute has branches of ecology, business, politics, law and criminal justice, religion, psychology, art, education, medicine, and the university student outreach. Although the infrastructure of the Integral Institute is still, and slowly, being established, Wilber's goal is that the Integral Institute embody, in the lexicon of *Spiral Dynamics* (Beck & Cowan, 1996), a "second-tier" organization – sharing and integrating the most important insights from each of these diverse disciplines. The meaning of "second-tier" will be discussed under the heading "Spiral Dynamics."

The simplest definition of "integral" is "all quadrants, all levels," the meaning of which will be subsequently elaborated. In addition to the *four quadrants* and the *levels* of development, integral psychology also addresses *lines* of development, *states* of consciousness, *types* of orientations, and a *self* that balances, navigates, and integrates the preceding phenomena. These six concepts are subsequently described, preceded by a brief exposition of the philosophical underpinnings of integral psychology.

The Perennial Philosophy

Although relatively unknown today, a consistent, dominant philosophical perspective has prevailed throughout most of history. This perspective is termed "perennial" (Huxley, 1945; Schumacher, 1977; Smith 1976, 1992) because of the astonishing similarity with which it has come into view across both culture and time, suggesting its universality. According to the philosopher Alan Watts,

> we are hardly aware of the extreme peculiarity of our position, and find it difficult to realize the plain fact that there has otherwise been a single philosophical

> consensus of universal extent. It has been held [by men and women] who report the same insights and teach the same essential doctrine whether living today or six thousand years ago, whether from New Mexico in the Far West or from Japan in the Far East (cited in Wilber, 1997, p. 38).

According to Wilber, the perennial philosophy "is either the single greatest intellectual error ever to appear in humankind's history -- an error so colossally widespread as to literally stagger the mind -- or it is the single most accurate reflection of reality yet to appear" (1997, p. 39).

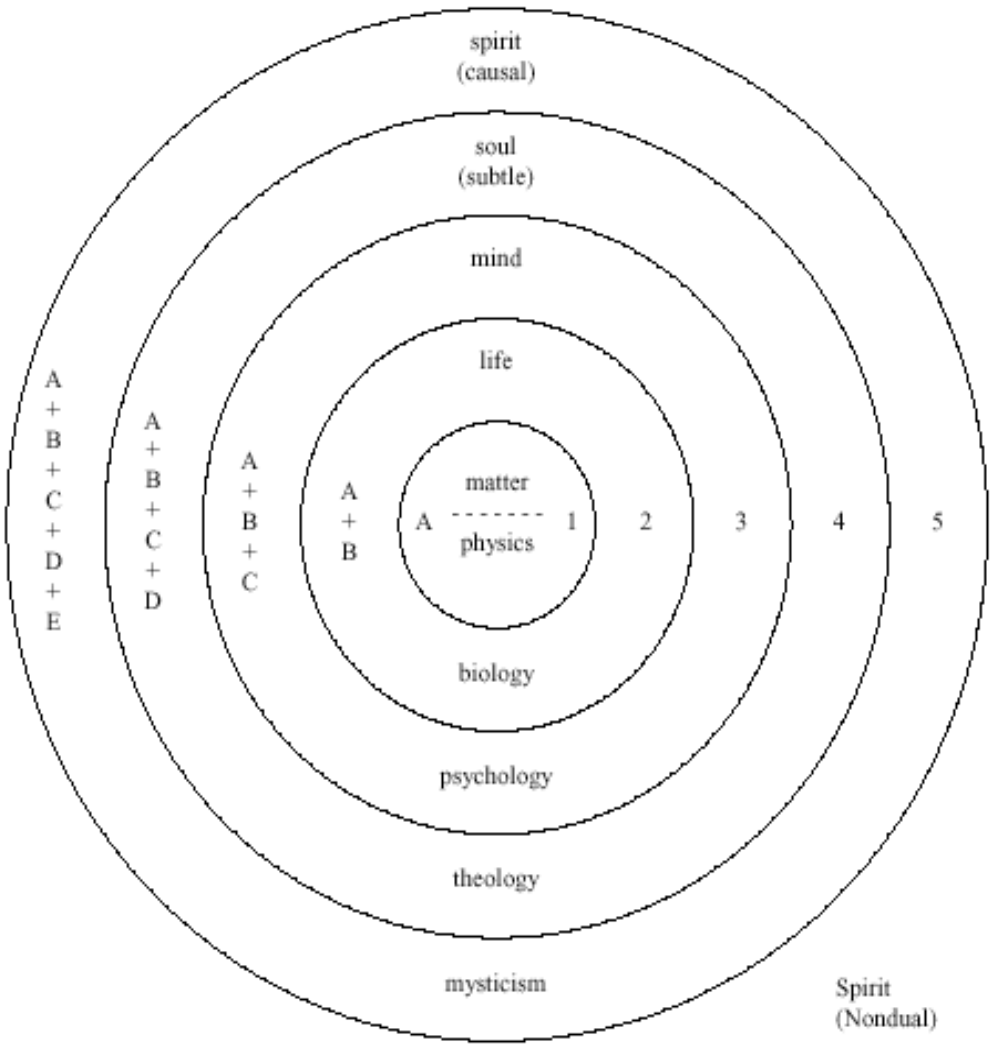
The prevailing philosophical perspective of the West is *scientific materialism*, which posits that *consciousness/awareness arises out of matter*. In other words, matter is viewed as primary/fundamental, and out of matter, organisms have evolved with sufficiently complex nervous systems to become self-reflective and self-aware. Although proponents of the perennial philosophy would not argue against the hierarchical nature of evolution/development in the relative/manifest realm, they differentiate between the relative (manifest reality) and the Absolute (formless, unmanifest Reality -- Spirit/Consciousness as Such). Thus, according to the perennial philosophy, That which is most fundamental and prior to anything in the manifest realm is Spirit, the Absolute, which is the *Source* of all – as opposed to the *cause* of all, as in the notion of a creator God. Through the process of *involution*, the converse of evolution (Aurobindo, 1970), Spirit issues forth as matter, which then evolutionarily proceeds up the Great Chain of Being – through life, mind, and soul --until all these manifestations of Spirit re-cognize themselves *as Spirit* (Wilber, 1997).

Perennial philosophers (Avabhasa, 1985; Huxley, 1945; Smith, 1976; Walsh, 1999) also posit that in addition to knowing *about* this immaterial Spiritual Ground of Consciousness, it is possible for humans to know Spirit *directly* -- prior to and without the mediation of conceptual thought. These rare experiences have been referred to as "mystical," and their omega point appears to be not only a communing *with* God, Atman, Buddha-nature, Spirit, the Self -- by whatever name one will call it – but, ultimately, a felt identification of one's self *as* God, Atman, Buddha-nature, Spirit, the Self (Huxley, 1993). Such a realization "*is the* summon bonum: *the highest goal and greatest good of human existence"* (Walsh, 1999, p. 8, emphasis in original). It must be stressed that these are not dogmatic claims to be blindly believed. On the contrary, every major religion has set forth a set of contemplative practices, which, if ardently undertaken, will foster one's own direct experience of these claims. What is required is that one allows one's own consciousness to become a personal laboratory in which these claims may be experimentally tested for oneself, checking for confirmation or rejection of one's experiences/data by a community of those competent in this domain. These three steps -- injunction/practice, experience/data accumulation, and confirmation or rejection -- are what differentiate Wilber's post-metaphysical, authentic spirituality from the dogmatic metaphysics that has characterized, and even plagued, so much of the world's legitimate religions throughout history (Wilber, 2001).

Another of the core concepts of the perennial philosophy is the model of reality called the *Great Chain of Being.* In this model, conditional, or manifest, reality – the ever-changing realm of phenomena -- is distinguished from the Absolute, Eternal, and

Unchanging Reality and is viewed as consisting of *different but continuous* levels, or dimensions -- from the lowest, most fundamental, and least conscious to the highest, most significant, and most conscious: for example, matter - life - mind - soul - spirit. More accurate than the metaphor of a linear chain or ladder is that of a *series of nested, concentric spheres* in which each successive level includes and goes beyond the previous level or dimension, adding its own unique, emergent qualities (see Figure 1). In this view, out of matter emerges life, out of life emerges mind, and so forth. It is noteworthy that *each successive stage includes the qualities of the previous stage* -- life contains matter, just as the realm of mind is composed of life and its qualities -- *while adding its own unique and emergent qualities* -- life can reproduce itself, is usually mobile, and is at least minimally aware of its environment, whereas matter is not; and mind can reflect on life and its own activity, whereas the body (life) cannot (Wilber, 1995).

Figure 1. The Great Nest of Being. Spirit is both the highest level (causal) and the nondual Ground of all levels.



Reprinted from Wilber, K. (2000b). Integral psychology. Boston: Shambhala, p. 6.

These different levels of reality, the nested spheres, appear to emerge in an invariant order. Life does not emerge before matter, just as mind does not emerge before

the body (life). Thus, the Great Chain is a type of *hierarchy*. Before the reader responds aversively to this word's connotation of patriarchical oppression, the reader is asked to note that the word "hierarchy" was originally introduced by Saint Dionysius, the Christian contemplative, and referred to "governing one's life by spiritual principles": *hiero-* means holy or sacred; *-arch* means rule or governance (Wilber, 2000a, vol. 7, p. 453).

According to Wilber, what hierarchy essentially means is that what is a *whole* at one level becomes an inclusive *part* of the next level. That which is simultaneously an individual *whole* and a *part* of a larger/collective whole is termed a *holon* (Wilber, 1995). Holarchies, or hierarchies composed of holons, exist everywhere in nature: atoms are wholes that are parts of molecules, which are wholes and are parts of cells, which are wholes and are parts of organs, and so forth. In fact, Wilber posited that "all developmental and evolutionary sequences that we are aware of proceed in large measure by hierarchization" (1997, p. 41).

The Four Quadrants

Contemplating the multitude of apparently contradictory assertions by brilliant theorists and schools of thought as diverse as psychoanalysis, person-centered psychotherapy, spiritual traditions, the natural sciences, economics, cultural studies, linguistics, and so forth, Wilber discovered what he referred to as an intrinsic aspect of the Kosmos -- a Greek word referring to the patterned nature of all of the realms of the universe, not simply the cosmos, or physical universe: *the four quadrants,* a conceptual scaffolding within which to situate diverse perspectives in such a way that they

complement, rather than contradict, one another. The four quadrants are formed by the intersection of two axes: subjective-objective and individual-collective/system. Wilber's essential message regarding the four quadrants is that a sufficiently comprehensive description of any phenomena demands that one take into account these four irreducible perspectives: the perspectives arising from the intentional, behavioral, cultural, and social quadrants.

For example, when seeking to understand the phenomenon of a person, each of these four perspectives yields different meanings and information necessary for a more complete understanding of the person, which, in turn, reveals that none of the four perspectives can be reduced to one another without violating the essential value of each point of view.

1. Upper Left/Intentional: Interior-individual. This quadrant includes the subjective, phenomenal dimension of individual consciousness: one's experience "from the inside." This quadrant includes sensations, perceptions, feelings, and thoughts that can be subjectively described in "I" language. Clinically, the intentional quadrant involves the counselor's capacity for empathy, the ability to experience as similarly as possible what another is experiencing, and the exploration of other subjective aspects of the client such as her self-image and how she esteems herself; what has meaning in her life; her insights into herself; how she cares for or soothes herself; her experience of emotions; and her relationship to, or experience of sexuality, creativity, and spirituality.
2. Upper Right/Behavioral: Exterior-individual. This quadrant includes the objective,

"scientific" perspective of individual structure and/or behavior as viewed "from the outside." This quadrant includes structures and processes that can be objectively described in "it" language. Clinically, the behavioral quadrant involves inquiry into the more objective aspects of the client, such as sensory, physical, or mental impairments; medical conditions and any medications the client is taking; objective assessments or evaluations; and client's diet, drug and alcohol use, as well as patterns of exercise, sleep, and rest.

Nothing exists isolated in a vacuum. Each holon relates in one way or another with other holons in its system/community. Thus, in addition to the singular perspectives of the first two quadrants, the plural perspectives of the following two quadrants are essential.

3. Lower Left/Cultural: Interior-collective. This quadrant includes the intersubjective dimension of collective consciousness: the group's experience "from the inside." This perspective requires a sympathetic resonance common only to members of a given system/community--shared world views, customs, linguistic semantics, meanings, and communal values—that are subjectively described in "we" language. Clinically, the cultural quadrant involves understanding both the client's culture and subcultures as well as the intersubjectivity that emerges between the counselor and client (see Atwood & Stolorow, 1984; Orange, Atwood, & Stolorow, 1997; Stolorow, Brandchaft, & Atwood, 1987).
4. Lower Right/Social: Exterior-collective. This quadrant includes the interobjective, "scientific" perspective of the collective as viewed "from the outside." This quadrant

includes objective aspects of a society, such as architecture, transportation systems, governmental systems, and communication systems, as exemplified by buildings, subways, democracy, and the internet, respectively. Also important is the physical layout/geography of a city -- for example, whether there are fields in which children can self-organize and play games, or whether all of the fields been developed for economic reasons, leaving only organized activities such as Girl Scouts or league sports in which children can participate. The latter scenario may deprive children of opportunities to learn organizational and conflict resolution skills. Social phenomena are objectively described in "its" language. Clinically, the social quadrant involves understanding the client's socioeconomic status and other objective conditions of the client's social system, such as the condition and layout of the client's household, neighborhood, and educational or work environments. If a client lives in poverty and is without heat in the winter, for example, a counselor's empathy may not be the most important factor in helping this person, although empathy may be a necessary but insufficient condition in helping this individual. From the perspective of the social quadrant, a counselor is more effective as a resource advocate -- informing the client about, and helping the client obtain, help – whether welfare, assisted living, or other health resources. These forms of assistance have traditionally fallen within the realm of social work rather than psychotherapy.

Hopefully, the reader appreciates that each quadrant provides a *different* perspective on a given phenomenon, each of which is *valid* for that quadrant. Implications of this model are complex and far-reaching. Suffice it to summarize that each holon within a

given holarchy exists not only in relationship with the holons above and below it, but also interdependently with holons in the other three quadrants. In a comprehensive integral vision, individual human development is not conceived merely along the dimensions of levels, lines, and states. Individual development must also be understood as it relates to the other three quadrants. No holon exists in isolation. Rather, each holon is always in relational exchange, both within its own quadrant and in its relationship with other quadrants. Each person and phenomenon has a subjective, an objective, an intersubjective, and an interobjective aspect. Even the simple process of feeling hungry and planning what to eat (intentional) involves certain brain structures and neurochemistry (behavioral); occurs in a context indicating when, what, and how to eat (cultural); and utilizes some technological means to produce the meal (social) (Wilber, 2000a, vol. 6).

The Self

In Wilber's (2000a, vol. 7) view, "the self," as opposed to the structures of consciousness, is "where the action is" (2000a, vol. 7, p. 458). The self is the dynamic *process* holding together the various developmental lines, establishing something of a cohesive whole. The self, or self-sense, or self-system, is the seat of a host of significant operations and capacities, such as *identification,* self-identity; *organization,* providing a sense of cohesion to the psyche; *will*, choosing and acting from one's level of development; *defense,* the employment of defense mechanisms; *metabolism,* psychological digestion of one's experiences; and *navigation,* one's journey through the developmental labyrinth.

The self also mediates the basic and transitional structures of the psyche. Basic structures are those that, once they emerge in development, tend to remain, becoming incorporated into subsequent stages. Examples of basic structures can be seen in Piaget's stages of cognitive development and in the development of motor capacities. Transitional structures are those that are replaced, rather than incorporated, with subsequent development. Examples of transitional structures are Kohlberg's stages of moral development and one's worldviews. It is the self's exclusive identification with a basic structure that generates a corresponding group of transitional structures. Thus, a self that identifies with Wilber's third basic structure, the representational mind, generates or supports a moral stance of obedience and punishment avoidance (Kohlberg), a self need of safety (Maslow), and a protective self-sense (Loevinger). As the self develops and identifies with the formal-reflexive basic structure, a new set of transitional structures are generated, this time consisting of individual rights (Kohlberg), self-esteem (Maslow), and a conscientious self sense (Loevinger) (Wilber, 1997)

Each time the self develops to a new level, it must undergo a 1-2-3-process of: 1) *identifying*, merging, or fusing with the new structure, 2) *differentiating* from the previous structure, and 3) incorporating and *integrating* the previous structure(s) into the new structure. Wilber termed this 1-2-3 process a "fulcrum of self-development" (1997, p. 141), with each fulcrum corresponding to a basic structure. At any fulcrum, development can go awry for a number of reasons, the most common of which is that differentiation can go too far, becoming dissociation. Rather than transcending -- including and going beyond -- a given structure, dissociation represses, denies, alienates, or distorts the previous/"lower" structures, creating a fragmented and fractured sense of

self (Wilber, 1995). Moreover, each fulcrum of development, if unsuccessfully negotiated, yields a specific pathology. Wilber's (1986) spectrum of pathology corresponds to the spectrum of development. From lowest to highest levels, respectively, the pathologies are: psychoses, borderline/narcissistic personality disorders, neuroses, script pathology, identity neuroses, existential pathology, psychic disorders, subtle disorders, and causal disorders. Wilber's spectrum of consciousness model consists of a spectrum of development, a spectrum of pathology, and a corresponding spectrum of treatment modalities, which will be subsequently elaborated.

Levels of Development

Everything changes, and most things change in such a manner, with such directionality, that it is most appropriate to term the change "development." This is true even of psychological perspectives of human development. In terms of individual development, a large body of research conducted in the last 30 years powerfully suggests that average adults have fallen far short of their developmental potentials (Alexander, Druker, and Langer, 1990; Assagioli, 1991; Maslow, 1968, 1971; Wade, 1996; Wilber, 1999a, vol. 4; Wilber, Engler & Brown, 1986). These findings imply that "what we call 'normal' in psychology is really a psychopathology of the average, so undramatic and so widely spread that we don't even notice it" (Maslow, 1968, p. 16).

Applying holarchic principles to individual development, Wilber (1999a, vol. 4) conceptualized human development as ten levels or spheres clustered into three realms: *prepersonal, personal,* and *transpersonal,* or preconventional, conventional, postconventionl, or egocentric, ethnocentric, and worldcentric. The prepersonal realm,

corresponding roughly to the Great Nest spheres of matter and life, and the personal realm, corresponding roughly to the Great Nest sphere of mind, are corroborated by Western academic psychology, from Freud (1971) and Piaget (1977) to Mahler, Pine, and Bergman (1975) and Kohut (1977, 1984). Empirical evidence for the transpersonal realm, which corresponds to the Great Nest spheres of soul and spirit, rests primarily in the developmental mappings of the contemplative traditions, both East and West (Aurobindo, 1970; O'Brien, 1984). Wilber has used the terms *levels, structures,* and *waves* to refer to different aspects of the developmental stages. "Levels" connotes the qualitatively distinct nature of each stage; "structure" underscores the integrated, holistic nature of each stage; and "waves" emphasizes the fluidity with which each stage flows into the successive stage.

Humans have the potential to develop through three broad phases of development: *prepersonal*, prior to the emergence of the sense of a separate, autonomous self; *personal,* involving the development and strengthening of the sense of a coherent, relatively stable self; and *transpersonal,* in which exclusive identification with the separate self is relinquished, resulting in the realization, to varying degrees, of one's deepest identity as the spiritual source of the universe. Wilber has posited 10 basic structures of consciousness – a spectrum of consciousness that further delineates these three broad developmental phases.

In conceptualizing the 10 stages of development, Wilber (2000a, vol. 6) has employed and extended concepts first posited by the linguist Noam Chomsky (1969): deep and surface structures. Wilber has contended that the waves of development

constitute *deep structures* that are universal, that is, present as potentials in all humans regardless of culture. Outward variations of the deep structures are *surface structures*, manifestations specific to given cultures. For example, although the deep structure of a human face is the same for everyone -- consisting of two eyes, two ears, one nose, and one mouth -- the expression of the same underlying deep structure may manifest in the countless surface structures found in diverse faces around the world. Likewise with spiritual phenomena: Although a Christian and a Hindu may experience spiritual communion with different entities -- Christ and Krishna, respectively (surface) -- both religious adherents are experiencing an archetypal image of the divine in human form -- a manifestation of the transpersonal structure Wilber termed *subtle* (deep).

The Spectrum of Development, Pathology, and Treatment

Prepersonal

F-1: Sensoriphysical (0-1 yr.). Theorists and researchers of various schools, from Freud to Piaget to Margaret Mahler, agree that newborns are completely unaware of themselves as separate entities. Out of this undifferentiated matrix, between the fifth and ninth months, the infant differentiates its physical body-self from the physical environment. In so doing, the infant arrives at F-1, the first fulcrum of development, and develops an identity as a *physical self*. Here, the infant's sensoriphysical self, after Mahler, "hatches" from its previous symbiosis and takes its first tentative steps toward individuation. Note that it is only the infant's physical self that has here differentiated from its surroundings, for its emotional and mental self have yet to clearly emerge from what Mahler termed the "primal undifferentiated matrix" (cited in Wilber, Engler, &

Brown, 1986, p. 86-87). At this level of structural organization, one is *premoral* (Kohlberg), self-needs are *physiological* (i.e., food, shelter; Maslow), and one's worldview is *archaic* (Wilber).

If for some reason, such as repeated trauma and/or some combination of physiological/genetic factors, this physical differentiation of "I" and "not I" is not accomplished, the result is *psychosis*. Psychosis seems to be, in essence, a "failure to differentiate and integrate the physiosphere" (Wilber, 1995, p. 211). As such, it involves a condition of subject and object being fused -- an absence of physical boundaries and a confusion of who one is. In addition to research suggesting a genetic component to psychoses (Efran, Green, & Gordon, 1998; Rowe, 1990), Mahler's (1975) extensive clinical data strongly suggest that developmental "lesions" in the autistic-symbiotic phases -- which precede the differentiation subphase of separation-individuation, in which "hatching" occurs -- are a major etiological factor in infantile psychoses (Wilber et al., 1986).

Psychoses seem to reflect the most profound and primitive lack of psychological organization. Correspondingly, intervention must apparently be equally primitive -- *pharmaceutical* and *physiological* -- with psychotherapy perhaps being used conjointly (Wilber, 1995).

F-2: Phantasmic[2]*/Emotional (1-2 yr.).* If development proceeds successfully through the first fulcrum, the toddler recognizes the physical environment and others as

[2]Phantasmic is Arieti's (1976) term for the *image* mind - the earliest and simplest type of mental representation - images *look like what they represent*, whereas symbols do not (Wilber et al., 1986).

separate from her physical self. Although infants experience emotions from the time of Birth, they do not possess a sense of an *emotional* self (Wilber, 1995). Their emotions have yet to be differentiated, and they thusly assume that others feel the same way they do. The fundamental task of this state is to realize that others have feelings that are not necessarily the same as one's own -- to develop a stable emotional self. This development corresponds to Mahler's rapprochement subphase, which she called "the psychological birth of the human infant," meaning that, for the first time, the child has a distinctly separate sense of its emotional self (Wilber et al., 1986, p. 87). If all goes well, the child will attain "emotional object constancy," meaning that the child has formed a stable concept of self and object (person/other) in which the child maintains an essentially unchanging representation of the object despite the child's changing emotions/conditions of need. However, the child at this stage still has not differentiated between mind and body. Kohlberg termed one's morality at this level *"magic wish*"; self needs are still *physiological* (Maslow); one's self-sense is *impulsive* (Loevinger); and one's worldview is *magical* (Wilber, Piaget).

If this stage is not successfully navigated, one will, according to Mahler and Kernberg, exhibit a *borderline or narcissistic personality organization* (Wilber, 1995). This is a condition in which one has begun the separation-individuation process -- the person has physically differentiated -- but the emotional realm is still undifferentiated and confused. Thus, people arrested at F-2 feel overwhelmed or engulfed by their emotional environment (borderline disorders), treat their environment as an extension of their own feelings (inflated narcissism), or derive their sense of self-worth from their perceptions of

how others feel about them (fragile narcissism). These individuals have not developed a strong enough organizational structure, a strong enough self or ego (in the psychodynamic sense of the word), to be able to resort to the higher (neurotic) defenses such as repression and rationalization. Instead, they employ primitive defenses such as splitting and denial (McWilliams, 1994; Wilber et al., 1986).

The appropriate treatment for such individuals is the *structure-building approach*, in which the therapist helps the client re-engage in the separation-individuation process. To this end, the therapist rewards/reinforces the client's movement in that direction and gently confronts both the client's distortions of consensus reality and the client's movement toward splitting and "de-differentiation" (Wilber et al., 1986, p. 130).

F-3: Representational mind (2-7 yrs.). During this period of development, facilitated by the child's acquisition of language, the *mental self* emerges. Around 18 to 24 months, *symbols* emerge -- in language, symbolic play, imitation that occurs after a lapse in time, and "internalized" imitation. This development marks the beginning of Piaget's preoperational period, which lasts from about two to seven years of age. According to Piaget (1977), it is through the process of *internalizing that which was previously known only through the senses into mental representations* that thought becomes possible. The child now has access not only to objects and actions that are immediately present to the senses but also to ones in the past as well to those that occur "out of sight." This ability opens up an entirely new world to the child. As significant a development as this is, children at this stage are still very *egocentric*. That is to say, they lack the ability to take perspectives other than their own. Still preconventional, one's

morality here revolves around *obedience and punishment avoidance*, one's self needs are for *safety*, one's identity is *self-protective*, and one's worldview is *egocentric*.

This level of development corresponds to Freud's phallic stage and the Oedipal conflict. With the uprise of sexual and aggressive impulses, children usually learn through the process of socialization that these feelings are unacceptable to others. Prior to this stage, the psyche is not sufficiently developed or organized enough to perform the more mature defenses such as repression or displacement, which the child may now enlist to repress much of the emotional self. Thus, unsuccessful navigation of this stage involves the mental self's *dissociating* from the emotional self or *remaining fixated* upon certain bodily or emotional impulses, rather than *differentiating* from and *integrating* the emotional self -- the task of this stage. If the repression of the emotional self is severe, *neuroses* result, and that which was repressed returns in the form of "disguised symptoms" forcing themselves into consciousness (Wilber, 1995; Wilber et al., 1986).

The treatment of individuals "stuck" at this level largely involves "*uncovering techniques*." The therapist employing these techniques facilitates the client's exploration, direct re-experiencing, and re-integrating of repressed material.

At this point in describing Wilber's model, the paramount importance of an accurate developmental diagnosis becomes clear (Marquis, Holden, & Warren, 2001). The optimal treatment approach greatly differs for clients with different levels of development and intrapsychic organization. For example, working with a neurotically organized, F-3 client, the therapist might *confront and interpret defenses* -- so that the client can become conscious of previously repressed material. In contrast, a therapist

working with a borderline- or narcissistically-organized, F-2 client would first help the client develop a strong enough self/ego -- which involves encouraging and *assisting the development of neurotic defenses* -- so that the client can repress the feelings and emotions that are experienced as disorganizing, overwhelming, and engulfing (McWilliams, 1994; Wilber et al., 1986).

Personal

F-4: Rule/role mind (7-11 yrs.). This stage corresponds to Piaget's concrete operations. If all went well at F-3, the mental self differentiated from the bodily and emotional self and, thus, transcended "its embeddedness in a merely bodily orientation - absorbed in itself (egocentric) - and begin(s)...to *take the role of other* - a new, emergent, and very difficult task" (Wilber, 1995, p. 223). Precisely because F-4 involves *the capacity to take the perspective/role of others* (Piaget, 1977), one can now assume various *roles*. Whereas identity at the first three fulcrums were, respectively, physical/bodily self, emotional self, and mental self, at F-4 one assumes an identity as a *role self.* Thus, Wilber revealed that as children learn their roles in society, their worldview shifts from egocentric to *sociocentric*, which lends itself to *conventional (law and order)* morality, *belongingness* needs, and a *conformist* self-sense (1995).

In addition to the ability to take roles, this fulcrum involves the capacity to perform mental *rules* -- what Piaget termed *operations* -- internalizeable, reversible actions that are "coordinated into systems characterized by laws which apply to the system as a whole" (Piaget, 1977, p. 456). Just as preoperations incorporated sensorimotor material, representing mentally what was previously known through the

senses, concrete operations incorporate and act upon preoperational material -- one's mental representations. These operations, or rules (classification, multiplication, hierarchization, etc.), "begin to grasp the incredibly rich relationships between various parts and wholes" (Wilber, 1995, p. 225).

Whereas the pathologies of F-3 revolve around psychodynamic issues involving bodily and emotional concerns, F-4 pathologies are more cognitive in nature, revolving around roles and rules -- following Erikson (1980) *role confusion* and, following Beck and Weishaar (1989), a kind of rule confusion characterized by a distortion of the rules of logic in one's thinking. *Duplicitous transactions*, in which hidden agendas or covert messages are masked by different overt messages, are key to the diagnosis of, after Berne (1961), *script pathologies*. For example, upon his son's arrival home from a party, dad asks, "What time is it?" His overt message is a request for information, whereas his covert message is hostile criticism. If these duplicitous transactions are extreme, the result is an interior splitting or dissociation of the script-self, analogous to F-3 repression and F-2 splitting (Wilber et al., 1986).

An appropriate therapeutic approach for clients suffering from role confusion is *Transactional Analysis* (Berne, 1961), in which the therapist helps "separate, untangle, clarify, and integrate the various communicative strands involved in role-self pathology. The interior splitting of the text-self into overt vs. covert communicative engagements (or into dissociated sub-texts) is thus confronted, interpreted, and, if successful, integrated" (Wilber et al., 1986, p. 133). An appropriate therapeutic approach for those with the more generalized, confused, and distorted thinking that constitutes rule confusion is Beck's

cognitive therapy.

F-5: Formal-reflexive (12yrs.-)[3]. Corresponding to Piaget's formal operations, this is the first stage at which one can *think about thinking*. Consequently, "it is the first structure that is clearly self-reflexive and introspective" (Wilber et al., 1986, p. 71). With the emergence of this structure, one becomes capable of what Piaget termed *hypothetico-deductive reasoning*, a primary tool of science in which a hypothesis is formed about something; the possible, logical consequences are deduced from the hypothesis; and then the object under consideration is observed to ascertain whether or not it behaved as predicted (Piaget, 1977).

Another development at the formal-reflexive level is that of *propositional logic*, the ability to evaluate the validity of a sequence of reasoning independent of its factual content. The focus is on the *relationship* between the premises and conclusions rather than on the nature of the propositions, which gives rise to the *capacity to completely dissociate form from content*, evidenced by the preadolescent's ability to replace any concrete proposition by arbitrary symbols such as *p* and *q* (Piaget, 1977).

Thus, the formal-reflexive structure involves rationality, or reason -- *the realm of possibilities* --"possibilities not tied to the obvious, the given, the mundane, the profane...[it] is the gateway to the unseen, the beginning of the invisible worlds, which is usually the last way people think of rationality" (Wilber, 1995, p. 231). Here, thought requires no "real life" referents; symbols and imagination dominate. *Formal operational thought* is responsible for the remarkable scientific and technological advances since the

[3] The age is left open because most individuals do not develop beyond this stage.

Enlightenment paradigm of the West, and it also *allows for the first genuinely pluralistic point of view*, transforming the sociocentric/anthropocentric worldview of F-4 into a genuinely non-anthropocentric/*worldcentric* worldview.

Wilber pointed out that whereas the sociocentric person -- with a *role/conformist* identity -- proclaims, "My country right or wrong," the individual at F-5 asks, "Is my country actually right?" (1995, p. 234). "No longer bound unreflexively to social rules and conventional morality," one at F-5 relies upon one's "own principles of reason and conscience" (Wilber et al., 1986, p. 116). The question "Who am I?" ushers into consciousness and burns there, generating a transformation of: a conformist self into a *conscientious* self; a conventional morality into a *postconventional* one based upon *individual rights*; and belongingness needs into *self esteem* needs (Wilber, 1995).

Existing in the realm of possibilities, the individual at the formal-reflexive level can now imagine possible failures and horrors that were previously unimaginable. One may obsess over possible losses. Frequently, the person becomes engaged in philosophical concerns, introspecting and contemplating one's very existence. The pathology of this level is termed *identity neurosis*, referring to everything that can go awry with formal-reflexive capacities: Will one be strong enough to break away from society's rules and be one's own person? Will one be able to handle the anxiety and depression involved in emerging as an individual, thinking for and trusting one's self?

The primary nature of identity neuroses involves *not* the repression of libidinal impulses or engaging in duplicitous transactions but, rather, the vulnerabilities and distresses of the emerging introspective self. To this point, Wilber wrote, "no amount of

uncovering techniques or script analysis will suffice to handle these problems, precisely because these problems involve structures that transcend those lower levels of organization and thus represent entirely new features, functions, and pathologies of their own" (1986, p. 135). What will suffice is *introspection*, or *philosophizing* -- with the therapist becoming a "co-philosopher" -- engaging the client in a *Socratic dialogue*. This stimulates the client's reflective/introspective capacities and her developing conscientious/individualistic self-sense. Some therapists may worry about influencing, or "contaminating," the client with one's own point of view. Wilber sees this concern as unfounded, for the formal-reflexive structure "by definition, will gravitate towards its own views, the birth of which the therapist may Socratically assist" (1986, p. 136). This is *not* to say that one at F-5 cannot, at times, benefit from uncovering approaches or script analysis, because "any subphase deficiencies, if not enough to arrest development entirely at a lower level, can and will invade upper development in specific and disturbing ways" (Wilber, 1986, p. 135).

F-6: Vision-logic. Although formal operational thought involves the capacity to abstract, to think symbolically about possibilities, and to deduce relationships among data, it nonetheless operates with a dichotomizing, Aristotelian logic of either/or. Vision logic, or network logic, on the other hand, is *integral-aperspectival* (Gebser, 1985). That is to say, vision logic allows one to simultaneously entertain multiple perspectives without privileging any of them. Thinking with vision logic, one can hold contradictions in one's attention; can unify opposites; and can think in nonlinear, dialectical, and intuitive ways -- weaving together apparently incompatible notions, provided they relate

in the newly emerging holon, "*negated* in their partiality, but *preserved* in their positive contributions" (Wilber, 1995, p. 185). Vision logic is that which allows one to synthesize and integrate multiple perspectives and, thus, discover *networks of interactions*.

At this stage, the self has transcended – included and gone beyond – the formal reflexive structure, or the purely rational mind. Now, rationality is, in Piaget's lexicon, the *operand* of vision logic. Because of this*,* the self can observe the mind. The mind is no longer merely looking at the world, its representations of the world, or its own activity. With vision logic, the *observing self is looking at mind*. Because *body, emotions*, and finally, *mind,* have been transcended -- *not* denied, distorted, repressed, or dissociated -- they *can for the first time be integrated* (Wilber, 1995). This is why Wilber's symbol for this stage is the *centaur* -- half human (mind) and half horse (body and emotions).

Who or what is this observing self? According to the perennial philosophy, it is none other than the Divine, Emptiness, God, Spirit, Consciousness As Such. The notion that one's ultimate identity or nature is beyond the *bodymind* should not seem as occult or mysterious as it does to most people. After all, the works of Piaget (1977), Margaret Mahler (1975), and John Broughton (1975, cited in Loevinger, 1976) reveal that self identity develops in a fashion that is increasingly *less egocentric*, involving a continual process of *decentering* and *disidentifying*.

This developmental progression is strongly supported by Broughton's (1975, cited in Loevinger, 1976) research, in which he asked people from preschool to graduate school, "What is the self?"- "Does the self control the body or the body control the self?",

and so forth. The results were as follows. Initially, after emerging out of an undifferentiated matrix, the person identifies with the *physical body*, then with one's *emotions*, followed by the sense of being a *person with social roles*. Around eleven years of age, the stage of early formal operations, the social roles one plays are acknowledged to be a "false outer appearance - different from the true inner self" (Broughton, cited in Loevinger, 1976, p. 442). At late formal operations, the concept of a postulate becomes important in understanding the self: A postulate is a hypothesis advanced as an essential presupposition or premise of a train of reasoning. At late formal operations, the self is perceived as "an abstract postulate lending unity and integrity to personality, experience, and behavior" (Broughton, cited in Loevinger, 1976, p. 443). At early vision logic, the "self as observer is distinguished from the self-concept as known" (Broughton, cited in Loevinger, 1976, p. 443). This "self as observer", or witness, suggests the beginning of ego transcendence. Late centauric individuals communicate that "mind and body are both experiences of an integrated self" (Broughton, cited in Loevinger, 1976, p. 443). Because awareness has transcended an exclusive identification with body, emotions, and mind, these three realms can now be integrated, each working cooperatively in a unified manner. The rational/worldcentric worldview of F-5 has now been transformed into an *existential/universe-centric* worldview, corresponding to a morality based upon *individual principles of conscience*, *self-actualization* needs, and an *integrated/autonomous* self-sense.

Vision logic is another rung up the developmental ladder and, thusly, affords one the capacity to see over and beyond what previously blocked one's view. However, not

all one sees from this perspective is favorable. Vision logic is a deeply *existential* stage of development, and the centaur, holding and considering the perspectives and possibilities of existence, usually arrives at the dismal conclusion that *personal* life is an infinitesimally small and brief spark in a meaningless cosmic void. Most of the existential philosophers, from Nietzsche and Camus to Sartre and Heidegger, conveyed that *dread* is the authentic response to the givens of existence. Regardless of how great life may seem at the present, everyone will die. When one authentically views one's life, one sees its ending, and all of the previous self identities -- body, persona, ego, and mind -- are recognized as inauthentic avoidances of the cold fact of one's future, but certain, isolated death. This "existential malaise" is characteristic of the *existential pathology* of F-6 (Wilber, 1995, p. 263). Concerns relative to personal autonomy, authenticity, self-actualization, existential isolation, and a search for meaning in one's life absorb the centaur's attention. These are concerns that do not occupy nearly as much of the attention of individuals prior to this level of development. These concerns would not arise to the magic- or mythic-believer who thinks preoperationally; or to the sociocentric person with concrete operational thought, focused on fulfilling his/her duty to society; or to the scientific rationalist who decided long ago that such are not the appropriate questions. As Wilber stated:

> No, that question arises from a self that knows too much, sees too much, feels too much. The consolations are gone; the skull will grin in at the banquet; it can no longer tranquilize itself with the trivial. From the depths, it cries out to gods no longer there, searches for a meaning not yet

> disclosed, still to be incarnated. Its very agony is worth a trillion happy magics and a million believing myths, and yet its only consolation is its unrelenting pain - a pain, a dread, an emptiness that feels beyond the comforts and distractions of the body, the persona, the ego, looks bravely into the face of the Void, and can no longer explain away either the Mystery or the Terror. It is a soul that is much too awake. It is a soul on the brink of the transpersonal (1995, p. 264).

The appropriate therapeutic approach for the F-6 pathologies are the *existential therapies*, such as those developed by Yalom, May, Frankl, and Schneider. Through "concernful reflection," the self becomes more transparent to itself, and the more it can rid itself of egocentric and inauthentic modes of being, the more it can become grounded in autonomous authenticity. Wilber wrote that "it is this *grounding* in authenticity and autonomy that *itself* provides existential meaning in life, that combats dread and angst" (1986, p. 136). Thus, interpretation and confrontation of the client's inauthentic modes of being constitute the main work of this therapy.

Transpersonal

Before proceeding to the *transpersonal* -- literally including but also *beyond the personal* -- levels of development, a few clarifications are in order. Each *contemplative* tradition, whether Buddhist, Hindu, Christian, Jewish, or Islamic, includes the claim that higher realms of awareness, identity, love, reality, and truth exist. However, these are not dogmatic assertions to be believed because they were proclaimed by an authority or because one's salvation depends upon such adherence. Rather, these claims follow the

same general, systematic demands of any reconstructive science. Although all of these traditions go beyond mere rationality, they begin rationally, demanding that one follow the essential procedures of the *experimental method*: 1) that one performs an *injunction* – in this case, contemplative practices such as meditation, *satsang*, yoga, contemplation, or devotion; 2) that *truth is established by evidence*; and 3) that *one's results* – in this case, one's personal experience -- *are confirmed among a community trained and competent in the paradigm or injunction* (Wilber, 1995, p. 265-266). *Satsang* is Sanskrit for "the company of Truth, Reality, or Being." In the Hindu tradition and Adidam -- the way that Adi Da (also known as Da Free John or Da Avabhasa; 1985) teaches -- satsang, being in the company of one's Guru, is the principal practice and means of realization.

With regard to paradigms and injunctions, it is important to note that in *The Structure of Scientific Revolutions* (1996), the philosopher of science Thomas Kuhn revealed that the first aspect of knowledge gathering is not simply "to observe." Rather, it is to "perform a practice/injunction, then observe." He pointed out that science progresses by means of exemplary injunctions, or paradigms -- "exemplary practice[s] or technique[s] or methodolog [ies] that all [those competent in the domain of inquiry] agreed [were] central to furthering the knowledge quest" (Wilber, 1995, p. 274). Without performing the injunction, whether the injunction is mathematical or contemplative training, one will not have access to the relevant data. Thus, a non-contemplative dismissing the claims of contemplatives is rather like one who has not undertaken the injunction of mathematics and yet declares the Pythagorean theorem invalid.

As Piaget (1977) noted, one at a developmentally earlier stage cannot "grasp" the

qualities or capacities of those at subsequent stages. Therefore, one operating with rationality -- formal operational thinking -- does not have the capacity to understand the five post-rational stages of development. This is not to say that these stages are irrational, for they are not. Because they are post- or *trans*-rational, they simply cannot be grasped from the rational rung of the developmental ladder. Here, it is worth noting what Piaget emphasized: "Even after long study and reflection and immersion into the subject [of cognitive development], it is astonishingly easy to slip into taking for granted that something obvious at one level is obvious at other levels" (1977, p. xxi).

This phenomenon of not recognizing the realities of levels or stages beyond one's own current level of development is well-demonstrated by a child at preoperational thought who lacks the cognitive ability to conserve (Piaget, 1977). This child will consistently report that the tall thin glass has more water than the short wide glass, regardless of how many times the same water is poured back and forth. In fact, if the child is videotaped doing so, and then shown the tape years later when she has developed to concrete operations, including the ability to conserve, the child will insist that the tape has been "doctored." The child cannot imagine anyone, let alone herself, being that stupid. The preoperational child is "*immersed* in a world that includes concrete operational realities, is *drenched* in those realities, and yet cannot 'see' them: they are 'otherworldly'" for such a child (Wilber, 1995, p. 267).

In the same manner, one at a rational level of development cannot "see" the transrational Reality declared by yogis, saints, and sages. The "farther reaches of human nature" have no existence for such a one, even though that one is, from a perennial

philosophy perspective, bathed in those farther realms. It is important to bear in mind that, according to those acknowledged as advanced in transpersonal development, these transpersonal "realms" are spacio-temporally immediate, ever-present, and coincident with everyone's currently lived-experience, even though most people are not aware of such. To realize, or know directly, the truth of that statement, rationality is not enough; even those who have developed some of the most penetratingly brilliant intellects -- the greatest physicists such Heisenberg, Einstein, Schroedinger, Pauli, and Plank -- have concurred with this conclusion (Wilber, 1985, p. ix).

It should also be noted that, following Piaget's criterion of the invariant sequence of stages, one does not have to be an Einstein, Pauli, or Heisenberg -- obvious representatives of at least vision logic -- to proceed to the transpersonal levels of development. To develop to a subsequent stage simply requires the accomplishment of a fundamental task, or demonstration of an "adequate competence" of that stage, *not* an articulation of all the qualities of the stage. For example, a child can be at concrete operations without being able to define it, just as one can have formal operations without understanding calculus. Whenever one imagines possibilities, one is using formal operations. From that capacity, one can enter vision logic, the fundamental task of which is the holding of multiple perspectives in one's awareness simultaneously and "thinking globally" (Wilber, 1995, p. 259).

The claims of the perennial philosophy are often perceived as regressive, confused, or irrational by many scientific materialists, who armed with rationality, believe they will eventually explain away the mysteries of the universe. As previously

stated, however, post-metaphysical proponents of the perennial philosophy have always operated with the same fundamental methods as science: that one performs an injunction -- meditation, satsang, and so forth; that one gathers data -- one's personal experiences in a life of contemplation; and that one's results are confirmed or refuted by a community of those competent in the injunction -- one's Teacher/Guru or spiritual community. As Wilber (1996) wrote, let us not be like the Churchmen who stubbornly and dogmatically dismissed Galileo's claims without even looking through his telescope, for that is the only way that one who has not undertaken the contemplative injunction can deny its validity -- with stubborn dogmatism. With these caveats in mind, let us turn our attention to the transpersonal structures of consciousness.

F-7: Psychic[4]. The primary quality of this stage is an awareness that is not exclusively identified with the isolated, separate, individual ego (Wilber, 1996). Although paranormal – traditionally "psychic" – experiences may occur, it is not these experiences per se that characterize functioning at F-7. Rather, the fact that in such experiences one transcends the functional limits of conventional selfhood – for example, knows more than one could by virtue of the physical senses and reason alone – intimates the potential to realize a stable self-identity that transcends the ego/separate self-sense. For example, one at the psychic level does not perceive a mountain as, "I, inside my body, am looking at a mountain out there." Rather, there is no longer the experience of a separate "observer;" the observer has been transcended and one's experience is that *there is only the mountain*.

[4] Ages will not be included for the transpersonal structures because such development has not been adequately studied to provide such ages. People generally do not develop transpersonally until after adolescence.

This phenoemnon is not to be confused with psychotic adualism; Wilber (1995) termed it *nature mysticism*. On one level, there is awareness of one's body, where it stops and the environment begins, but one's identity has now expanded to literally include all of cosmic nature, or what is often termed the "gross" realm (Avabhasa, 1985). More precisely, one is not felt to be a part of nature; nature is felt to be part of one's own deeper self (Wilber, 1995). This accounts for how one can have access to traditionally psychic phenomena that are not disclosed to the five senses; one *Is* everything that naturally arises in the phenomenal world.

At this stage, one directly experiences the universal Self - a Self that is, "prior to, within, and beyond matter, life, and mind, so that, for all the glorious radiance of a Spirit embodied, nonetheless matter and nature and civilization all 'withdraw before their God'" (Wilber, 1995, p. 292). A good example of one at the psychic level of development is Ralph Waldo Emerson (Wilber, 1995, p. 278). He used the term "Over-Soul" to emphasize that the Soul is the nature of all beings: "...that Unity, that Over-Soul, within which every man's particular being is contained and made one with all other...It is one light which beams out of a thousand stars. It is one soul which animates all" (Emerson, cited in Wilber, 1995, p. 284).

Whereas the centaur integrated the physiosphere, biosphere, and noosphere, the Over-Soul is one with them. Emerson was not being merely poetic about this. For him, this was a direct realization: "the act of seeing and the thing seen, the seer and the spectacle, the subject and the object, are one" (cited in Wilber, 1995, p. 285). It is crucial to bear in mind that *nature is an expression or manifestation of Spirit, not in itself Spirit*.

Emerson explained:

> Beauty in nature is not ultimate. It is the herald of inward and eternal beauty, and is not alone a solid and satisfactory good...Nature is a symbol of spirit. Before the revelations of the Soul, time, space and nature shrink away (cited in Wilber, 1995, p. 286).

In Buddhism, the psychic structure corresponds to the realm of *Nirmanakaya* -- union with the natural world -- and in Hinduism, it corresponds to the realm in which the previously dormant *kundalini* awakens (Wilber, 1996). The psychic level definitively transcends conventional, or consensual, reality, but it nonetheless is related to the "gross" realm. Accordingly, Adi Da (1985) assigned kundalini experiences and the *Path of Yogis* to this level. Although kundalini is a subtler energy to which most people are not sensitive, it is nonetheless somatically, or grossly, perceived (Wilber, 1995). Da, Aurobindo -- generally regarded as India's greatest philosopher/sage --, and Plotinus all assign paranormal experiences and "cosmic consciousness" to this level, for these phenomena are registered in the gross-related, or nature, realm (Wilber, 1995). A person at this level of development operates from what Kohlberg suggested as a 7th stage of moral development, *universal-spiritual* -- "suggested" because he was unable to interview an adequate number of sufficiently developed subjects to confirm his hunches regarding such a level of moral development. Here, identity expands to embrace all of *nature*, with a corresponding worldview of *nature mysticism*, and from this point on, needs (according to Maslow) are based on *self-transcendence*.

Wilber (1986) referred to all the wide array of potential problems of F-7 as *psychic*

disorders and divided them into three main groups. First are the spontaneous awakenings of unsought spiritual energies and capacities, such as kundalini, which "can be psychological dynamite" (Wilber et al., 1986, p. 120). Next are the spiritual crises that, during severe stress, invade the lower levels of development. In this regard, it is notable that some psychotic-like episodes seem to produce profound spiritual insights. However, Wilber (1986) insisted that anyone familiar with the perennial philosophy would be able to differentiate someone undergoing a psychotic break from someone having a genuinely spiritual experience. Third are the many problems of those beginning a contemplative life, such as psychic inflation -- attributing the transpersonal energies to the individual self/ego --, structural imbalances -- resulting from improper employment of a spiritual disciplines --, and the "dark night of the soul" -- having tasted unity with the Divine and then to have it fade, one enters a profound state of despair and depression, not to be confused with neurotic or existential depression (Wilber et al., 1986).

For one in whom spiritual energies have been spontaneously awakened, the best treatment is conscious engagement of, following Da (1985), the *Path of Yogis*, consisting of such practices as Raja Yoga, Kriya Yoga, Kundalini Yoga, and Siddha Yoga. According to Stanislav Grof (1967), if such a one is conventionally psychiatrichally medicated, the tremendous spiritual potentials are often frozen, preventing further reparative developments (Wilber et al., 1986). For more psychotic-like episodes, contemplative work is at least temporarily contraindicated; psychodynamically speaking, such an undertaking breaks down/disintegrates structures such as the ego/self, so further meditation (especially vipassana-types) could threaten further ego/self disintegration.

Instead, a structure-building approach, such as might be offered by a Jungian therapist, is indicated, after which one could take up one of the less arduous contemplative paths, such as mantrayana. For beginning contemplatives who are experiencing problems, optimal treatment consists of involvement with a genuine yogic adept or spiritual teacher who works in conjunction with a transpersonal or integral therapist (Wilber et al., 1986).

F-8: Subtle. Whereas the experiences of psychic mysticism still have actual referents in the gross realm or "real world," the subtle level has few, if any, gross referents. This is the realm of archetypal forms and patterns, interior luminosities and sounds, and extremely subtle currents of bliss. Whereas the yogic/psychic level dealt primarily with the first five chakras, the subtle level, the *Path of Saints*, is associated with the sixth chakra (Wilber, 1995). From the Hindu tradition, chakras are the energy centers of the body, of which there are seven.

The process of "interiorization" or "within and beyond" that began at the psychic level has now intensified (Wilber, 1995, p. 293). Nature mysticism is now transformed into *Deity mysticism*; one experiences a union of Soul and Spirit:

> a union *prior* to any of its manifestations as matter or life or mind, a union that outshines any conceivable nature, here or anywhere else...God within announces itself in terms undreamt of in gross manifestation, with a Light that blinds the sun and a Song that thunders nature and culture into stunned and awestruck silence (Wilber, 1995, p 293).

Wilber's exemplary saint of the subtle level is the Christian contemplative St. Teresa of Avila. In the *Interior Castle* (Avila, 1961), she described "seven mansions" or

seven stages of development through which the "little butterfly" -- the soul -- must pass. Teresa described an absorption in and communion with God in which all faculties cease, " for as long as such a soul is in this state, it can neither see nor hear nor understand"; this experience corresponds to *savikalpa samadhi* in Hinduism, and the *Sambhogakaya* -- the interior bliss/transformational body -- of Buddhism (Wilber, 1995, p. 294; Wilber, 1996, p. 211).

For St. Teresa of Avila, the individual self or ego is like a silkworm, but after "one taste of absorption in Uncreated Spirit, the worm emerges as a butterfly" (cited in Wilber, 1995, p. 295). She continued: "This secret union takes place in the deepest center of the soul, which is where God dwells, and I do not think there is any need of a door by which to enter it"; this statement corresponds to the "gateless gate" of Zen (Wilber, 1995, p. 297).

Before the seventh mansion, such experiences are temporary. The true "Spiritual Marriage" of the seventh mansion, however, is eternal:

> But here it is like rain falling from the heavens into a river or spring; there is nothing but water there and it is impossible to divide or separate the water belonging to the river from that which fell from the heavens...it is here, that the little butterfly dies, and with the greatest joy, because Christ is now its life (Avila, cited in Wilber, 1995, p. 297).

The soul, which emerged with stability only through the death of the individual ego, then passes through the psychic and subtle realms. This progression, according to St. Teresa, culminates in the Spiritual Marriage with God, in which the soul dies as a separate self

(Wilber, 1995, p. 301).

The *subtle disorders* of F-8 may occur in several forms. One revolves around the 1-2-3 process of identifying-differentiating-integrating. Although the self at F-8 is capable of identifying with archetypal deities, the self often fails to integrate that identification with the previous structures, for what that integration requires is

> the death of the mental-psychic self. Rather than suffer this humiliation, the self *contracts* on its own separate being, thus fracturing the higher and prior archetypal identity...instead of *being* Archetypal Awareness (as a subject), the self, in meditation, merely stares at fragments of it (as objects) (Wilber et al., 1986, p. 123).

Thus, integration is aborted. Another subtle disorder involves simply confusing archetypal forms, interior luminosities and sounds, and extremely subtle currents of bliss to be final liberation or enlightenment. In Zen, this is called "Zen sickness" (Wilber et al., 1986).

For the first type of subtle disorder, Wilber expressed unawareness of any treatment other than an intensification of one's practice, which at this point involves a *consideration* into the nature of the *self-contraction* that creates the sense of being a separate entity (Avabhasa, 1985; Maharshi, 1985; Wilber et al., 1986). A "consideration," as used here, is a process of one-pointed and ultimately thoughtless concentration and exhaustive contemplation of something -- in this case, the self -- until its essence is clear (Avabhasa, 1985). According to Da, the self-contraction is synonymous with *egoity*, which he stressed is more accurately thought of *not as a noun but as a verb* -- the *activity*

of contracting away from one's primordial nature. Thus, what is required to remedy this disorder is one's direct observation that one's own activity is responsible for creating the (illusory) sense of being a separate entity. For the second type of subtle disorder, one's Teacher or Sangha is required in order to re-orient the practitioner toward one's fullest developmental potential and, thus, for the practitioner to intensify contemplative work.

F-9: Causal. That which is realized at the causal level of development is the ground and support -- the *cause* -- of all of the previous levels (Wilber, 1996). It is the *unmanifest source* of all prior structures. In Buddhism, it is known as the Void, or Emptiness; in Hinduism, it is known as nirvikalpa samadhi. Wilber's and Da's descriptions of transpersonal development diverged for the first time in their descriptions of this structure. Whereas Wilber apparently contended that the attainment of nirvikalpa samadhi signifies entrance into the causal, Da has posited that *one must both attain and transcend nirvikalpa samadhi in order to enter the causal*. In addition, Da commented that for all of its profundity, nirvikalpa samadhi is experienced *only on the basis of subtle stress*, or manipulation, *a strategy to flee the body by manipulating attention* upward into "infinite Light" (1993b, p. 278). In Vedantic Hinduism, the causal is known as *jnana samadhi*; in Zen, it is represented as the eighth of the ten ox-herding pictures; in Gnostic Christianity, it is known as the Abyss or Godhead; Plotinus called it the Absolute One (Wilber et al., 1986).

At the subtle level, the realization is a union of Soul and God. At the causal level, the level of *sages*, both the Soul and God are transcended. The realization is of one's prior identity as *Godhead*, following Meister Eckhart, Wilber's representative of the

causal. Eckhart referred to the Godhead, which he also called "God beyond God," with such words as "Abyss," "formless," "primordial origin," "emptiness," and "nothingness:" "God is a being beyond being and a nothingness beyond being" (cited in Wilber, 1995, p. 301-303).

Eckhart, much to the chagrin of the 13th century church, declared, "For in this break-through [transcendence] I discover that I and God are one. There I am what I was, and I grow neither smaller nor bigger, for I am an immovable cause that moves all things" (cited in Wilber, 1995, p. 302).

In this realization, one does not *see* the Godhead; rather, one *is* the Godhead. Things that one can see are merely objects, which one is not. Eckhart continued:

> It is free of all names and barren of all forms...It is not aware in that place of any kind of image, either from itself or from any other creature...You should love God mindlessly, that is, so that your soul is without mind and free from all mental activities, for as long as your soul is operating like a mind, so long does it have images and representations. But as long as it has images, it has intermediaries, and as long as it has intermediaries, it has neither oneness nor simplicity. And therefore your soul should be bare of all mind and should stay there without mind (cited in Wilber, 1995, p. 305).

Eckhart and Adi Da both referred to this condition as "Divine Ignorance," because, mentally, this state cannot be known. Ramana Maharshi, India's greatest modern sage, attempted to shed some light upon this inconceivable condition:

> The Self is known to everyone but not clearly. The Being is the Self. "I am" is the

> name of God. Of all the definitions of God, none is indeed so well put as the Biblical statement I AM THAT I AM. The Absolute Being is *what* is - It is the Self. It is God. Knowing the Self, God is known. In fact, God is none other than the Self (cited in Wilber, 1995, p. 305).

This Self is *pointed to* in Hinduism by "*neti, neti"* - "not this, not that," for anything that can be seen is not the Seer, the true Self. As much as sages try to describe this condition, it is ultimately somewhat futile, for this condition is ultimately *nondual* -- *literally not two* -- the original, interpenetrating unity of the Self and one's own identity has been realized. Because the Self is not an "other," It cannot be objectified. It is not sensations or thoughts. It is free of all dualities, and, therefore, it cannot be seen or known. It is "Divine Ignorance" (cited in Wilber, 1995, p. 306). Sri Ramana declared:

> The truth is neither one nor two. It is as it is. People want to see the Self as something. They desire to see it as a blazing light, etc. But how could that be? The Self is not light, not darkness, not any observed thing. The Self is ever the Witness. It is eternal and remains the same all along (cited in Wilber, 1995, p. 306).

This level corresponds to Adi Da's 6th and penultimate stage of development, *Awakening to the Transcendental Self*. Here, attention, the root-essence of mind, abides *without strategic manipulation or inversion* as "Witness-Consciousness." The highest expression of this is jnana samadhi, "the temporary or exclusive realization of the Transcendental Self, or Consciousness Itself" (Avabhasa, 1985, p. 44). Here, one

> Stands free of the binding phenomena and illusions of psycho-physical existence,

> while observing more and more profoundly and "radically" transcending the root-action of egoity, which is self-contraction, or the activity of primal separation that creates the fundamental sense of "difference", or the feeling of relatedness (Avabhasa, 1985, p. 44).

The sixth stage practice is *founded upon a prior realization of God, Truth, or Reality,* and development occurs "within the context of enstasy (or transcendence of the self-contraction where it stands, in the well of being, or Consciousness Itself)" (Avabhasa, 1985, p. 181). Sri Adi Da proclaimed:

> Passage through and beyond the sixth stage of life depends on realization of the Transcendental Self, but it also requires transcendence of the tendency of holding to the transcendental Self-Position while otherwise strategically excluding objective or conditional states. It is only when the tension or stress associated with that effort of exclusion relaxes in simple or tacit Divine Recognition of phenomenal or conditional states that there is, by Grace, Full Awakening to the Divinely Enlightened (or Divinely Self-Illumined) Condition of the seventh stage of life (Avabhasa, 1985, p. 182).

The causal disorders of F-9 involve either *a failure to differentiate* from, or die to, "the subtlest level of the separate self-sense," or having differentiated itself from all objects of awareness -- to the extent that no objects arise to consciousness -- one fails to integrate the causal unmanifest with manifest realm of forms. Wilber pointed out that teachings as diverse as Zen, Adidam, and Vajrayana Buddhism maintain that the overcoming of these final obstacles involve

> a subtle but momentous collaboration on the part of the student and the teacher...The teacher, at this point, resides within the "Heart" (or causal/unmanifest realm) of the student, and exerts a special "pull"; the student, in the final and root form of the separate-self sense (the archetypal self), is still standing in a subtly contracted form "outside" the Heart (i.e., resisting the final and total dissolution of the separate-self sense). The student and teacher "together," through an "effortless effort," release this stance, and the separate-self sense "falls" into the Heart (1986, p. 143).

F-10: Nondual. At the causal level of development, one's identity abides as the unmanifest source, ground, support, or cause of all arising phenomena. At the nondual -- which is actually *not* a discrete state apart from other states, but rather the reality, suchness, or condition of *all* states -- there is not the sense that the Ultimate Nature of Reality rests in the causal unmanifest. Rather, *Consciousness*, identified with the causal unmanifest, *is seen to be not other than all arising conditional phenomena*. As Wilber wrote, "Consciousness and its display are not-two" (1996, p. 228).

The Indian philosopher Krishnamurti said, "In the gap between subject and object lies the entire misery of mankind" (cited in Wilber, 1996, p 229). At the nondual, the sense of a self as a separate entity simply does not arise. Paradoxically, though, this condition, which actually is *already* everyone's condition, cannot be attained through effort, grasping, or avoiding. No technique or method will take one to the nondual, precisely because *the nondual is always already the ever-present condition, to which most people simply are not "awake."* Thus, the nondual traditions simply try to point to

this condition or to "shake" one into awakening to this condition (Wilber, 1996, p. 231).

When the ultimate nonduality of Reality is realized, the dualities of the phenomenal world can still be observed, but they are "seen through," Divinely Recognized as identical to their causal, unmanifest Source or Ground. *Spirit and its manifestations* -- Consciousness and its display -- Emptiness and Form -- nirvana and samsara -- *are recognized to be not-two*. In Buddhism, Nirvana is liberation or release into the Ultimate Reality or Truth; samsara is the conditional realm of suffering in which most people are engrossed. With realization of the nondual, no ascetic avoidance of the world of senses arises because every phenomenon is spontaneously recognized as a gloriously radiant modification or expression of Spirit or Consciousness Itself.

This progression in consciousness is the development from nirvikalpa to *sahaj samadhi* -- an unbroken, natural, and spontaneous absorption. Sri Ramana Maharshi said, "The object to be witnessed and the Witness finally merge together and Absolute consciousness alone reigns supreme." He continued by saying this "state" is one in which "the whole cosmos is contained in the Heart, with perfect equality for all, for grace is all-pervading and there is nothing that is not the Self. All this world is Brahman" -- in Hinduism, Brahman is the Absolute, the Universal Self, and Ultimate Reality (cited in Wilber, 1995, p. 309). Meister Eckhart declared, "God is all and is one. All things become nothing but God" (cited in Wilber, 1995, p. 309). The nondual realization is succinctly captured by Sri Ramana Maharshi's saying, "The world is illusory; Brahman alone is real; Brahman is the world" (cited in Wilber, 1995, p. 302).

Corresponding to Wilber's nondual level of development is Adi Da's seventh stage

of life, *Divine Enlightenment*. Sahaj samadhi, or the "ecstasy of spontaneity," coincides with permanent transcendence of egoity/self-contraction and full awakening as the Transcendental Self. Adi Da stressed that *this is not an experience at all*, but rather the natural, spontaneous recognition of the Truth of Reality (1993a, p. 80). Whatever conditions arise are "Divinely Recognized" as mere temporary modifications of Consciousness Itself: "the Understanding arises that every apparent 'thing' is eternally, perfectly the *same* as Reality, Consciousness, Happiness, Truth, or God. And that Understanding is Supreme Love-Bliss" (Avabhasa, 1993a, p. 80).

Because Consciousness is no longer experienced as, or felt to be, separate from the arising forms of conditional reality -- the world as most people perceive it -- meditative seclusion is not necessary to perpetually realize "identification with the One Divine Reality" -- identification with the ground, or source, of all manifestation (Avabhasa, 1993a, p. 80). In Divine Enlightenment, one's ecstatic confession is that there is only God, and that no one is ever apart from It. *It is always already the condition of all*.

Lines of Consciousness Development, States, Types, and the Self

In addition to the four quadrants and the levels or structures of consciousness, Wilber posited that any comprehensive psychological theory must account for at least four additional phenomena: lines, states, types, and the self (2000b).

Wilber (2000a, vol. 7) described and mapped out more than two dozen different developmental *lines of consciousness*, also referred to as "streams," that each proceed sequentially, yet quasi-independently, through the 10 waves. Some of these developmental lines are cognition, object relations, morality, role-taking,

psychosexuality, affect, creativity, altruism, needs, and worldview. Each line manifests in an identifiable way at each wave/level; however, the lines can and do develop at different rates. Thus, a person may be relatively more developed in some lines and less developed in others. In addition, although *specific* developmental lines and levels unfold sequentially, *"overall development*…is far from a sequential, ladder-like, clunk-and-grind series of steps, but rather involves a fluid flowing of many waves and streams in the great River of Life" (Wilber, 2000a, vol. 6, p. xvii).

Temporary *states* of non-ordinary consciousness, in contrast to relatively stable transpersonal traits/levels/waves of development, have sparked much of the interest in the transpersonal field. Wilber (1999b, Vol. 4; 2000a, vol. 7) has contended that *virtually anyone at any level of development can have a temporary experience (state) of any of the tranpsersonal levels. However, how that experience is interpreted and integrated is largely a function of one's predominant level of development*. For example, a person at an egocentric wave of development who has a subtle experience of communion with Christ is more likely to interpret that Christ singled her out because she is special and deserving of fame and attention; her interpretation reflects ego inflation. In contrast, a transpersonally developed individual who has a similar experience would more likely interpret the experience as a gracious gift for which one must now become responsible through such actions as service, devotion, and contemplation.

Within a given line of development at a specific level, an individual also may function within the framework of a given *type* such as those specified by the Enneagram, the Myers-Briggs Type Indicator, or even gender (Wilber, 1999b). Different types may

exist for each of the various developmental lines, adding to the fluid and nonlinear appearance of overall self development.

Spiral Dynamics

Spiral Dynamics is the system of thought that Wilber has most recently integrated into his integral philosophy. Based upon Clare Graves' pioneering work, and elaborated by two of his students, Beck and Cowan, Spiral Dynamics is a system of human development that posits at least eight primary levels or stages of consciousness development. Each level or stage is labeled a "meme" and is designated by a color: beige, purple, red, blue, orange, green, yellow, turqouise, and coral -- each of which can be transposed "into a world *view*, a value *system*, a *level* of psychological existence, a belief *structure*, organizing *principle*, a *way* of thinking, and a *mode* of living" (Beck & Cowan, 1996, p. 40). Importantly, their developmental theory has been tested in First-, Second-, and Third World countries -- with more than fifty thousand subjects -- finding remarkable consistency and no major exceptions to their general scheme (Beck & Cowan, 1996; Wilber, in press).

In Spiral Dynamics, the first six memes, which comprise the "first-tier," have in common an inability to recognize the importance of other memes, a capacity that emerges with "second-tier" memes. Those people characterized by any of the first-tier memes view all previous memes as invalid and tend *not* to acknowledge the existence of memes beyond their own, thus failing to recognize that their own meme is a part of the larger whole. Only with the emergence of yellow, the first of the second-tier memes, can one view the previous levels or memes as essential to the overall spiral of development.

Moreover, second-tier memes have a greater capacity to access previous memes/modes of being as conditions warrant. The first-tier memes can be broadly conceived as subsistence levels, and culminate in green -- a postmodern, humanistic perspective that honors pluralism, contextualism, and constructivism. Despite its many glories and tremendous evolutionary significance, the green meme tends to hold an extreme distaste relative to the notions of hierarchy and levels of development, failing to notice the profound difference between pathological hierarchies and natural, growth, or actualization hierarchies.

This concludes the review of Integral Counseling. Adlerian and Multimodal counseling will now be reviewed, albeit in a much more condensed manner because they are already widely-known and well-established in the counseling field.

Adlerian Counseling

Alfred Adler (1870-1937) developed Adlerian counseling; also known as individual counseling -- although the German word Adler used is more accurately translated as *indivisible*, emphasizing the holistic nature of the person. Adler's psychotherapeutic approach emerged out of classical psychoanalysis. Adler wrote that "the life of the human soul is not a 'being' but a 'becoming'" (cited in Mozak, 1995, p. 53). Although this is clearly a dynamic psychology, its divergences from traditional psychoanalysis are numerous and significant (Mozak, 1995).

Adlerians reject reductionistic perspectives in favor of a *holistic view* of the individual. Thus, polarities such as conscious/unconscious and structures such as id, ego, and superego are seen as relatively unimportant except with regard to how the whole

person experiences or uses those concepts in pursuit of one's *fictional goal* – one's subjective image of a future condition in which one will achieve significance and belonging. The notion of a fictional goal emphasizes both the *teleological* and *constructivist* nature of Adler's theory.

In contrast to Freud's emphasis on causality and determinism, Adler saw people as *purposefully choosing and moving toward life goals* that they have constructed and imbued with meaning. "We are interested not so much in the past as in the future. In order to understand a person's future we must understand his style of life [which is based upon his law of movement]" (Adler, cited in Ansbacher & Ansbacher, 1965, p. 195, brackets in original). The importance of viewing people as being motivated toward a purposeful future, in contrast to being caused by the past, cannot be overemphasized. "The fundamental law of life, therefore, is that of overcoming" (Adler, 1938, p. 71). This overcoming has been described as a striving for superiority, self-realization, competence, significance, self-actualization, and meaning (Mosak, 1995). It also bears great similarity to Nietzche's concept of "will to power."

Rather than being a psychology of possession, Adlerian psychology is a *psychology of use*. Thus, one's genetic endowments and the specific environmental circumstances that one encounters are considered less important than *how the individual uses these in purposeful pursuit of one's fictional goal.*

Perhaps the most important concept in Adler's theory is that of the *lifestyle*, a type of personality structure consisting of the convictions people construct by four to six years of age in order to help them organize and understand their experience. One's lifestyle is

neither right nor wrong but is simply the spectacles through which one consistently perceives and interprets the world and one's place in it (Mozak, 1995). Once one's style of life is established, the person will always and only see himself and his world through his "schema of apperception" (Adler, in Ansbacher & Ansbacher, 1965). Thus, Adler wrote that "we must be able to see with his eyes and listen with his ears" (cited in Mozak, 1995, p. 52). This statement demonstrates the necessity of understanding clients from their own *subjective/phenomenological* perspective, in contrast to a more objective point of view.

Adler also posited that humans are *socially embedded*, and because all behavior takes place in a social context, people cannot be adequately understood in isolation. Thus, Adlerian psychology is an inherently *interpersonal*, as opposed to individual/one-person, psychology. The most influential interpersonal environment is one's *family constellation*. More important than how one's family of origin appears from an "objective" view is how the child subjectively perceived her family and her struggle to achieve significance and belongingness therein.

Because people are inherently social, *social interest* is of paramount importance in Adler's theory (Adler, 1938). In fact, Adler viewed social interest as a necessary criterion of mental health. If an individual's strivings are merely for her own satisfaction, enjoyment, or pride, she is viewed by Adlerians as motivated by self interest and, therefore, as relatively unhealthy. If, however, an individual pursues similar strivings for the purpose of somehow contributing to humanity, she is viewed as motivated by social interest and, therefore, as relatively healthy.

That *people can choose* for themselves whether or not to work toward socially useful goals points to the fact that as they move through life, people are always confronted with *alternatives*. Although Adler acknowledged that factors such as heredity and environment are often very influential in the development of one's lifestyle, he emphasized the importance of assuming responsibility and authorship for one's life when he concluded with the caveat that "everything can also be different" (cited in Ansbacher & Ansbacher, 1965, p. 194). This caveat also reveals the necessity of understanding the uniqueness of the individual idiographically as opposed to applying general, nomothetic laws to all people (Ansbacher & Ansbacher, 1965). Adler's belief in personal responsibility can also be seen in his assertion that "the most important question is: Who moves the mental life, and in which direction does he move it? The mover is always the self" (cited in Ansbacher & Ansbacher, 1965, p. 177-178).

That the author of one's life is always one's self highlights the importance of *how* one meets the challenges of the *life tasks*, which Adler explicitly identified as society/friendship, work, and sex/love. Dreikurs and Mosak added the fourth and fifth life tasks of spirituality and dealing with one's self (cited in Mosak, 1995). Thus, Adlerian psychology not only views the self as central but is also a "psychology with a soul" (Ansbacher & Ansbacher, 1965, p. 4). The relatively healthy person courageously commits to the life tasks without evasion, excuses, or "side shows."

The Adlerian counselor uses the above theoretical constructs through four basic phases of counseling. First, the therapist must *establish a healthy, therapeutic relationship* – a friendly, collaborative, and egalitarian relationship. The client is

encouraged to be active in therapy, to assume responsibility for one's problems, and to collaboratively develop goals.

The second phase involves *investigation of the client's lifestyle*. This phase involves assessment, whether formal or informal, including inquiry into such areas as the client's family-of-origin constellation, early recollections, psychological birth order, and personality priorities. From the information gained, the therapist formulates tentative hypotheses about the *basic convictions* upon which the client has based her movement through life. Of particular interest are the client's *basic mistakes*, convictions that defy the "common sense" of consensus reality and are believed to underlie client discouragement, the Adlerian term for distress and/or dysfunction. Formal Adlerian assessment will be discussed in greater detail under the section "Life-Style Introductory Interview."

The third phase involves *interpretation of the client's lifestyle*. Here, the therapist tentatively communicates her understanding of the client's lifestyle to the client, checking to see how that information fits with the client's understanding. "The emphasis in interpretation is on purpose rather than cause, on movement rather than description, on use rather than possession. Through interpretation, the therapist holds up a mirror for the client" (Mozak, 1995, p. 72).

In the fourth phase of counseling, *reorientation*, the therapist attempts to persuade the client that change is in his best interest. For Adlerians, understanding alone is insufficient to facilitate change. Thus, they define insight as understanding that is necessarily expressed through action. This phase of counseling involves the client's using

what has been learned in counseling to think and act differently, a process that usually involves restructuring/reorganizing the client's basic mistakes and changing one's behaviors.

Adlerians view people as unique, responsible, and creative choosers who move through life pursuing what is most meaningful to them. The Adlerian approach is phenomenological, humanistic, idiographic, and teleological. Its central construct is the lifestyle, the convictions one has developed to aid one's journey through life's labyrinths. All in all, it is an optimistic therapy that attempts to encourage the individual to assume social interest and "to have faith in self, to trust, and to love" (Mozak, 1995, p. 88).

Multimodal Counseling

Multimodal counseling was developed by Arnold Lazarus and appears to represent one of the more comprehensive, holistic, and systematic approaches to therapy. Like Integral therapists, multimodal counselors are technically eclectic while remaining theoretically pure. Thus, multimodal practitioners' flexibility and versatility are critical to their effectiveness. Like behavioral therapists, Lazarus (1995) has firmly held that clinical practice should be closely tied to the systematic operations and findings of experimental science. He also has championed a therapeutic endeavor that addresses numerous aspects of human nature as well as the sundry factors that influence psychological disturbance. It makes sense that clients are more likely to achieve lasting change if their therapists account for and attend to as many aspects of clients as possible.

Although Lazarus's theory shares much with behaviorism, his approach to treatment

> transcends the behavioral tradition by adding unique assessment procedures and by dealing in great depth and detail with sensory, imagery, cognitive, and interpersonal factors and their interactive effects. A basic premise is that patients are usually troubled by a multitude of specific problems that should be dealt with by a similar multitude of specific treatments (Lazarus, 1995, p. 322).

The aim of multimodal assessment is to answer the important question "what treatment approach is optimal for whom and under what condition?" The first goal is to assess the idiographic uniqueness of each person and then tailor an appropriate course of treatment, even if that means referring the client to another multimodal therapist – "the client always comes first" (Lazarus, 1995, p. 351). Multimodal assessment is further discussed under the section "Multimodal Life History Inventory".

Lazarus (1995) stated that humans are biochemical-neurophysiological entities and that "human life and conduct are products of ongoing ***b***ehaviors, ***a***ffective processes, ***s***ensations, ***i***mages, ***c***ognitions, ***i***nterpersonal relationships, and [***d***rug/]***b***iological functions" (p. 323). Taking the first letter of each of these modalities yields the acronym *BASIC I.D.* which Lazarus posited as comprising human temperament and personality. He asserted "that everything from anger, disappointment, disgust, greed, fear, grief, awe, contempt, and boredom to love, hope, faith, ecstasy, optimism, and joy can be explained by examining components and interactions with a person's BASIC I.D." (1995, p. 323). Importantly, he also stated that it is necessary to consider factors that do not fall under the BASIC I.D., such as political, sociocultural, and other macro-environmental events. Also, the "D" in BASIC I.D. stands not simply for drugs and other medical/pharmacological

interventions, but also for exercise, nutrition, hygiene, and other biological/physiological factors.

The course of multimodal treatment usually follows three broad phases. The first involves assessment. Here, the therapist arrives at the client's modality profile, which is a systematic list of disturbances, concerns, problems, deficits, or excesses in each domain of the client's BASIC I.D..

In the second phase, specific strategies are tailored for each problematic area. Two primary procedures are used, *tracking* and *bridging*. "Tracking refers to a careful examination of the 'firing order' of the different modalities" (Lazarus, 1995, p. 324-325). Modality firing orders refer to the order in which a particular individual proceeds through the modalities in the course of generating, for example, negative emotions. One person's firing order may be SCIB: sensations - dizziness and heart palpitation; followed by cognitions – ideas of illness, pain, and death; followed by images – pictures of hospital wards and sick and dying people; followed by behavior – unnecessary avoidance and withdrawal. Another's firing order could be I.BSCA: interpersonal-behavior-sensation-cognition-affect. Lazarus' (1995) clinical observations suggest that using techniques that follow clients' firing orders facilitates successful outcome. "Bridging refers to a procedure in which the therapist deliberately tunes into the client's preferred modality before branching off into other dimensions that seem likely to be more productive" (Lazarus, 1995, p. 324-325). For example, if the counselor asks the client to describe *thoughts* associated the problematic event, and the client responds by describing *sensations*, the counselor will reflect and elaborate on the client's *sensations* before

redirecting to an exploration of the client's thoughts. In essence, bridging involves *reflecting* the modality on which the client is currently focused as a segue to *redirecting* client focus to another clinically promising modality.

In the third phase, any specific concerns are separated and analyzed into *modality firing orders*, followed by the selection of the appropriate techniques to deal with the specific concern (Lazarus, 1995).

If treatment becomes stuck, a *second-order BASIC I.D.* is performed. This process involves examining in greater detail a given problem on the client's initial modality profile, in terms of the BASIC I.D. domains. Lazarus gave an example of a second-order BASIC I.D. for a woman who had difficulty being assertive. He asked her to give BASIC I.D. associations to the idea of assertiveness. The following emerged: behavior – attacking; affect – angry; sensation – tension; imagery – bombs bursting; cognition – get even; interpersonal – hurting; drugs/biological – high blood pressure (Lazarus, 1995, p. 340). Attending to this client's second-order BASIC I.D. revealed that for her, acting assertively essentially meant viciously attacking. Thus, the therapist chose to teach about, model, and help the client rehearse assertive behaviors in depth.

Multimodal counseling is a systematic and quite comprehensive approach to helping people change. With its emphasis on flexibility and matching the treatment to the individual, as opposed to fitting the individual to a given treatment, multimodal therapy appears to signify a developmental step in the delivery of mental health services.

General Assessment Issues

Why Formally Assess?

As stated earlier, formal assessment can be an efficient and systematic way to obtain information about clients and to subsequently tailor a counseling approach most likely to serve clients optimally (Beutler & Rosner, 1995; Palmer, 1997). "One purpose of engaging appraisal, then, is to understand a person; but even more important, it is necessary to foster an individual's understanding of himself or herself" (Shertzer & Linden, 1979).

The more information a counselor obtains, the more likely the client will be deeply understood by the counselor, thus increasing the likelihood that an appropriate course of counseling will be taken, ultimately increasing the likelihood of successful outcome (Karg & Wiens, 1998). Assessment also stimulates the consideration of various issues, helps elucidate the nature of the client's problem(s), may lead to alternative approaches to the problem(s), may offer potential solutions, and often allows a means to evaluate of the success of counseling (Hood & Johnson, 1991; Lambert & Cattani-Thompson, 1998; Ruddell, 1997).

As many authors have noted, the process of assessment is potentially therapeutic in and of itself (Hood & Johnson, 1991). Of course, whether or not it is therapeutic is a function of *how* the assessment is carried out. Some important aspects of assessment administration and interpretation are presented in the later section "The Process of Assessment."

Why Not Formally Assess?

Negative attitudes toward psychological assessments frequently stem from unrealistic expectations regarding what assessments can and cannot do, cultural biases, and the outright misuse of the administration and interpretation of assessment instruments. Some critics (Hobson, 1985; Szasz, 1991) have even asserted that formal assessments may have a deleterious impact on the counseling process by communicating a lack of empathy or respect, treating the client more like an objective -- often sick -- entity than a human being.

It is not appropriate to formally assess every client, especially when the client may experience the process as dehumanizing or if it is unlikely to yield accurate information because of the client's mental status, as in the case of individuals of low cognitive functioning, individuals who have suffered a recent trauma, clients in crisis, or someone experiencing a psychotic episode (Palmer, 1997; Ruddell, 1997). In such instances, only after first dealing with the client's most pressing concern should the counselor then attempt to obtain the relevant information, perhaps using the assessment instrument as an interviewing guide in the session (Palmer, 1997). It is important in such cases not to overwhelm the client with an onslaught of questions. Building a healthy therapeutic relationship through the communication of empathy takes precedence over data accumulation.

Some of the primary criticisms of assessment instruments are that they label and predetermine individuals, setting them up for a negative self-fulfilling prophecy; they are imperfect, lacking in validity or reliability; they are biased against anyone not from a

white middle-class background; they obscure idiosyncratic talents by focusing on verbal and quantitative skills; they invade privacy; and they encourage competition rather than cooperation (Hood & Johnson, 1991; Palmer, 1997; Shertzer & Linden, 1979). It is noteworthy that all of these criticisms are at least partially true of nomothetic instruments, but much less so, if at all, of idiographic instruments.

Dangers of assessing. When clinicians form a view of a client based solely on the results of a single test, a fragmented picture of the client may emerge (Beutler & Rosner, 1995). Thus, it is imperative that clinicians realize that only multidimensional assessments have the potential to comprehensively account for the entire person. When noncomprehensive instruments are used, such as intelligence or personality measures, the most responsible clinician integrates the results with other sources of information, such as interviews, self-reports, and other instruments.

Before administering an assessment instrument, the counselor should be familiar with the instrument and should know its purpose – what it can and cannot measure or what types of information it can or cannot elicit. The counselor should also have taken the instrument. Before giving the client the instrument, the counselor should inform the client of the purpose of the assessment and how to complete it. For example, some instruments must be completed in specific circumstances or within time limits.

Before discussing the results of the instrument, it is important to ask clients how they feel about the instrument(s) they completed. Doing so may reveal information regarding their attitudes toward the instrument, insights into their motivation, and, therefore, the validity of the results. Thus, assessment and interpretation of even the most

"objective" tests are an integral and collaborative aspect of the counseling process that can either help or hinder the therapeutic relationship.

That assessment is an ongoing and interpersonal *process* within the therapeutic relationship is even more pronounced when the instrument used is an inventory or questionnaire. The term assessment may be used to refer to any and all methods by which characteristics of people are obtained, including both idiographic, qualitative, nonstandardized instruments, as well as nomothetic, quantitative, standardized instruments. However, distinctions have also been made between "assessments," which generally *measure* various characteristics such as personality, intelligence, or pathology, and "inventories" and "questionnaires," which generally *elicit self-report measures* of such phenomena as one's life-history, feelings, thoughts, opinions, and reactions (Hood & Johnson, 1991).

When interpreting a client's completed instrument, the counselor should collaboratively enlist the client (Karg & Wiens, 1998). Any items that were left blank, as well as any responses that seem unclear or "charged," should be further discussed.

Multicultural issues. Assessment of minority clients, or of any client from a culture other than that upon which a test has been standardized, presents numerous difficulties (Hood & Johnson, 1991; Shertzer & Linden, 1979). Fortunately, idiographic assessments bypass most of those difficulties by focusing on the individual's uniqueness and individuality. Nonetheless, it is still imperative that the counselor proactively seek a greater understanding of minority clients' cultural backgrounds. Such understanding facilitates more accurate interpretation of the meaning of the completed assessment.

Thus, the client's cultural background must always be taken into account and the therapist must remain sensitive to what the client's responses mean *from the client's cultural perspective.*

The Process of Assessment

The reader should note that assessment is not a static, isolated part of the counseling endeavor. Rather, *assessment is an integral and ongoing process that, ideally, is done "with" rather than "to" the client* (Beutler & Rosner, 1995; Hood & Johnson, 1991; Shertzer & Linden, 1979). In other words, for the results to be valid and the process to be therapeutic, the client must willingly and actively participate in the entire process -- from agreeing to take the instrument, to the interpretation of its meaning, to the course of counseling derived from the results (Karg & Wiens, 1998). For example, even if a counselor administers one of the more "objective," nomothetic, medical-model-based assessment instruments, such as the Weschler Adult Intelligence Scale – Revised, the Minnesota Multiphasic Personality Inventory (MMPI), or the Millon Clinical Multiaxial Inventory (MCMI-III), one would be breaching one's code of ethics were one not to interpret the meaning of the client's scores with the client (ACA, 1995). The ethical therapist also 1) involves the client in both the test/instrument selection and interpretation, 2) informs the client of what the instrument is and is not capable of assessing, 3) provides the meaning of the results, not just the scores, and 4) explores the client's reactions to the interpretation process, remaining sensitive to how the client may react to the results.

It must also be remembered that "psychological assessment includes the use of

clinical skills beyond the mechanical administration of tests and computation of scores…that the measurement instrument of greatest value in the final analysis is the clinician, not the test" (Beutler & Rosner, 1995, p. 6). In fact, the assessment procedure most frequently used by clinicians is informal -- not involving an instrument -- the *clinical interview* (Beutler, 1995b). Clinical interviews can be either *structured* -- following a predetermined format, set of questions, and order; or *unstructured* -- depending upon the counselor's skill, competence, judgment, and creativity (Beutler, 1995b). Although practitioners more frequently use unstructured interviews, Beutler warned practioners that the unstructured interview is "among the least reliable and potentially least valid measure used in psychological assessment" (1995b, p. 94).

Clinical interviews provide a unique condition for gathering certain types of information that would be difficult to obtain with a paper and pencil instrument, such as follow-up questions that search for more detailed descriptions of the client, her circumstances, and her experiences. Interviews also afford the counselor's observation of interpersonal styles and any discrepancies between verbal content and observed behavior. These observations, which should ideally be made in the first few sessions, provide a foundation for a practitioner's hunches regarding how well one will be able to work with a particular client.

With these points in mind, Beutler (1995b) proposed what he called the Integrative, Semistructured Interview, which

> occupies a central role in evaluation but does not carry the burden of being the only or even the primary tool…This conception of the interview as part of a

comprehensive clinical evaluation invites the clinician to incorporate the semistructured interview into an integrative battery of assessment procedures (p. 97).

In essence, such an interview is what occurs between counselor and client after the counselor has perused the client's completed biographical inventory. This would also be an appropriate way of assessing an illiterate client.

Nomothetic vs. Idiographic

When considering what type of assessment instrument to use, probably the most significant issue revolves around the choice of nomothetic versus idiographic instruments. *Nomothetic* instruments have been standardized and thus provide a normative frame of reference -- a "norm" -- to which the individual's scores can be compared. In contrast, *idiographic* instruments, also called "ipsative" -- self-referent -- instruments, have not been standardized and, therefore, use the individual as her own reference point (Beutler, 1995a). Idiographic instruments are thus more concerned with individual differences and the uniqueness of the person. As Hood and Jonhson wrote, "nomothetic techniques can be more readily interpreted, but they may not be as relevant or as penetrating as idiographic methods" (1991, p. 7).

Cronbach (1970) described this same issue as the *psychometric* versus *impressionistic* approach. The psychometric approach, which he identified as primarily American in origin, provides a numerical approximation of a single aspect of a person. In contrast, the impressionistic approach, which he identified as chiefly German in origin, allows one to obtain a more comprehensive view of the person through exploration of any

and all aspects of the person by any and all available means.

Results of assessments, predominantly those that are nomothetic, are also described as either *categorical* -- whether or not a client fits or does not fit a certain category, such as a particular diagnosis -- or *dimensional* -- which assumes that many characteristics are found in most or all people, to varying degrees. Proponents of dimensional assessments argue that many attributes such as depression, anger, maladjustment, neuroticism, anxiety, fear, and extroversion are inaccurately portrayed by categorical representations (Beutler & Rosner, 1995).

Beutler (1995a) pointed out that the preferences in human sciences for quantitative measurements and methodologies have come primarily from researchers in academia. In contrast are the clinicians who "have become disillusioned with quantitative methods and have criticized academic psychology and measurement theorists for the failure to attend to individual idiosyncrasies" (Beutler, 1995a, p. 81). Clinicians tend to believe that idiographic assessments, such as multidimensional biographical inventories, capture more accurately the complexity of what it is to be human, attempting to attend to the whole person and her environment. Beutler also pointed out that because idiographic instruments lack quantitative demonstrations of their validity and reliability, it is important for such instruments to be theoretically grounded.

A final benefit of idiographic methods involves their greater economy and efficiency in gathering information about a broad range of topics by comparison with most nomothetic methods. The following excerpt from George Kelly's classic *The Psychology of Personal Constructs* describes his point of view that idiographic

assessments are “more enlightened” than nomothetic assessments.

There are two ways in which one can look at psychological measurement and clinical diagnosis. On the one hand, he [sic] can seek to fix the position of the subject with respect to certain dimensions or coordinates – such as intelligence, extraversion, and so on – or to classify him as a clinical type – such as schizoid, neurotic and the like. On the other hand, he can concern himself with the subject’s freedom of movement, his potentialities, the resources which can be mobilized, and what is to become of him. From the point of view of the psychology of personal constructs, in which the emphasis is upon process rather than upon fixed position, the latter represents the more enlightened approach. Let us say, then, that the primary purpose of psychological measurement…is to survey the pathways along which the subject is free to move, and the primary purpose of clinical diagnosis is the plotting of the most feasible course of movement. (Kelly, cited in Neimeyer & Neimeyer, 1981, p. 188).

The essential argument against idiographic instruments derives from what has been called “physics envy” -- the attempt of a human/social science to adopt the methods and truth claims of the hard/natural sciences -- with “objective,” quantifiable data being valued over qualitative, subjective human experience. Thus, it has been said that idiographic/non-standardized assessment instruments are less dependable, reliable, and valid than nomothetic/standardized assessment instruments (Kelly, 1967). However, the former allows the counselor to obtain types of information that are unobtainable with the latter. This is especially true of cultural and environmental factors, as well as qualitative, subjective information such as what is most meaningful to the client (Hood & Hohnson,

1991). As previously stated, this study focused on idiographic, initial assessment inventories.

A Brief History of Assessment

As Shertzer and Linden put it, "the origin of mental measurement is lost in antiquity" (1979, p. 32). That is to say, humans have been attempting to evaluate others as long as they have been able to recognize that others existed apart from themselves. Modern psychological assessments, on the other hand, represent a contemporary manifestation of that age-old attempt to account for similarities and differences among and between people and their experiences (Beutler & Rosner, 1995; Shertzer & Linden, 1979).

Assessments initially emerged as a means of selecting those individuals who would be most likely to succeed in certain vocations or schools (Goldman, 1972). Goldman proceeded to write that the relationship between assessment and counseling would end miserably unless assessments evolved away from emphases on selection toward enhancing self-exploration, self-understanding, and possible courses of action to remediate one's problems.

Interestingly, an examination of the historical context within which assessment instruments have emerged suggests that changes in assessment trends have been more a function of social fluctuations than of theorists' innovative ideas. Thorndike and Hagen organized the history of assessment from 1900-1960 into four phases: pioneering (1900-1915) -- marking the origin and development of many assessment methods; "boom" (1915-1930) – an era in which standardized tests of achievement, ability, interests, and

personality proliferated and were indiscriminately and widely used; critical appraisal (1930-1945) – a period when attention shifted from assessing a small range of academic skills to assessing the full range of educational objectives; and test batteries and testing programs (1945-1960) – a phase when large-scale assessment programs and integrated aptitude batteries expanded in number and size at a tremendous rate. Shertzer & Linden (1979) extended this organization by describing the era from 1960 to the present as "a time of public controversy" over limitations and misuses of assessment instruments (p. 33). For an overview of selected historical assessment events, see Table 1.

It is noteworthy that the period in which controversy over appropriate assessment reached its zenith coincided with the emergence of humanistic psychology, which championed the need to honor the individual's uniqueness and subjective experience. Moreover, the humanists "called for recognition that the supposedly objective approaches are in fact dependent on or based on other ideas and approaches that are clearly subjective" (Shertzer & Linden, 1979, p. 39).

Table 1

Selected Historical Assessment Events

Date	Leader	Contribution
1809	Carl Gauss	Measurement Error
1869	Francis Galton	Publication of Hereditary Genius
1879	Wilhelm Wundt	1st Psychological laboratory
1889	James Cattell	Measures of mental abilities
1904	Charles Spearman	Measurement reliability, correction for attenuation, standard error
1905	Alfred Binet	First practical intelligence test
1916	Lewis Terman	Standardized and validated Binet test
1918	Robert Woodward	First personality inventory
1921	Hermann Rorschach	Inkblot projective test
1923	T. L. Kelly et al.	Standard Achievement Test Battery
1925	E. K. Strong, Jr.	Vocational Interest Inventory
1939	David Weschler	Inividual Intelligence Scale
1940	Stark Hathaway and Fred McKinley	Minnesota Multiphasic Personality Inventory
1957	C. E. Osgood	Semantic Differential

Recently, a trend toward appreciating the need for idiographic/impressionistic methods of assessment appears to be emerging (Beutler, 1995a; Mahoney, forthcoming). Shertzer & Linden predicted this trend 20 years ago: "growing discontent with standardized test data will bring into greater use interviews, rating scales, questionnaires…the variety of characteristics that can be measured by standardized

instruments is far from comprehensive" (1979, p. 524).

S-data vs. O-data

Another important dimension of comprehensive assessment involves what Block (1961) referred to as "S-data" and "O-data." The former is ***s***elf-reported by the client, the latter is ***o***bserved and reported by the counselor.

Comprehensive assessment requires both S-data and O-data. Research suggests that informed self-assessments are at least as accurate in predicting future performance as are standardized assessments (Norris & Cochran, 1977; Shrauger & Osberg, 1981). The value of biographical/self-reported information is expressed in the maxim, "The best predictor of future performance is past performance" (Hood & Johnson, 1991, p. 17). In addition, non-performance-oriented information gleaned from clients (S-data), such as that addressed in Wilber's (1995) four quadrants, seems likely to facilitate a successful counseling experience. Further support of the value of self-reported measures is evidenced by the high regard with which the Beck Depression Inventory is held (Ponterotto, Pace, & Kavan, 1989).

Biographical Inventories

Biographical inventories, also called personal data records, personal history questionnaires, biographical data inventories, and personal/biographical data blanks, are self-report questionnaires developed as alternatives or precursors to interviews. Two advantages of such inventories are economy and efficiency relative to time needed to gather information because they are completed by the client outside of the session, and uniformity in format compared to unstructured interviews (Shertzer & Linden, 1979). In

addition, “one of the strengths of the self-assessment ethos that typifies holistic health/wellness assessment practices is that self-assessment contributes to the sense of personal responsibility” (Dana & Hoffman, 1987). The responses provided by clients to such inventories provide excellent “jumping off places” -- leads that the counselor can further explore during subsequent sessions. Such inventories also enable practitioners to compare results among various clients, although not in terms of standard scores as in the case of nomothetic instruments. For example, a simple frequency count of the number of hobbies written down may be significantly different between clients who are depressed and those who are not.

> The value of such inventories
>
> depends on four factors: (1) the comprehensiveness with which the instrument asks for data regarding individual characteristics; (2) the accuracy with which the individual describes himself or herself; (3) the perspective that the instrument provides counselors, teachers, and other personnel on areas of individual characteristics and behavior that should be explored in interviews or counseling sessions; and (4) the opportunities that this technique affords individuals for obtaining an increased degree of self-understanding (Shertzer & Linden, 1979, p. 383).

Shertzer and Linden, following up on the point made by Goldman (1972), wrote that

> To make self-understanding and personal development a primary rather than secondary purpose of testing will require major changes in measurement instruments and technology. Such change is but in its infancy today. It is an

> exciting venture and represents a trend highly promising for the work of counselors (1979, p. 538-539).

Multidimensional Assessment Instruments

Multidimensional assessment instruments are a type of biographical inventory that attempt to yield as much information as possible regarding the major dimensions of human experience. Although the exact content of such instruments varies as a function of the instruments' theoretical underpinnings, the goal is to obtain as comprehensive a "snapshot" as possible of the whole person and the environment in which the person resides (George, 1994). Such comprehensive approaches can also yield crucial relationships among various dimensions of the person's well-being.

Several authors have noted that assessment batteries tend not to address environmental factors that might influence clients' problems and difficulties (Karg & Wiens, 1998; Pressly & Heesacker, 2001; Shertzer & Linden, 1979). Shertzer and Linden (1979) wrote the following as one of the fundamental principles of assessment.

> *Any personality attribute, or any information about such an attribute, can be understood only in relation to the personality as a dynamic whole.* No matter how reliable the datum or how accurate the measurement, its importance and meaning are apparent only when it is understood as a part of a functioning whole – a person. The individual is the reality, and no fact is more important than the fact of his or her existence. (p. 17, emphasis in original).

A review of the counseling and psychology literature revealed only two published initial assessment instruments designed for counseling, both of which are multidimensional and

theoretically grounded: the Life-Style Introductory Interview (Eckstein, Baruth, & Mahrer, 1992) and the Multimodal Life History Inventory (Lazarus & Lazarus, 1991).

Life-Style Introductory Interview. Central to Adlerian psychotherapy and counseling is life-style investigation (Eckstein et al., 1992; Mosak, 1995). Life-style has been conceived of as one's "personal mythology" (Mosak, 1995, p. 70). According to Eckstein et al., "Adler's late writing equated 'style of life' with the self or ego, one's own personality, the unity of personality…the method of facing problems, opinion about oneself and the problems of life, and the whole attitude to life" (1992, p. 20). Investigating a client's lifestyle involves exploring how the person experienced early formative influences. The focus is on one's perceptions of one's first social group, typically one's family-of-origin constellation. "Although the time reference is the past, determination of implications for the present and future is the goal of life-style assessment" (Eckstein et al., 1992, p. 21-22).

By 1929, Adler had created life-style forms for young children, adolescents, and adults. Adler wrote that gaining information about the eighteen questions comprising the adult form would provide "extensive insight into the style of life of the individual already within about half an hour" (cited in Eckstein et al., 1992, p. 43). In 1967, Dreikurs elaborated upon those eighteen questions and created a longer questionnaire, providing much of the material for the Life-Style Introductory Interview (LI; Eckstein et al., 1992), a copyrighted instrument that may be obtained from Kendall-Hunt Publishing Company.

The LI begins by inquiring into the client's subjective "way of being in the world" and then has the client rate herself on the life task dimensions of work/school, friendship,

love, self-esteem, and spirituality/existentialia. The majority of the inventory is devoted to exploring the atmosphere of the client's family of origin with questions such as "Who was most different from you? How? If you are an only child, in your peer group who was most different from you? How?", "Who was most like you?", and "Who took care of whom?" Next, the client is presented with 23 characteristics such as intelligence, conforming, and idealistic, and the client is asked to rate which sibling is most and least characterized by each adjective. The client then describes her parents, including who was each parent's favorite child and why. The inventory ends with inquiry into the client's early recollections and any recurring dreams.

> *Multimodal Life History Inventory*. In 1966, Arnold Lazarus wrote that anamnestic interviews may be considerably shortened with literate individuals by asking them to complete, at their leisure, a Life History Questionnaire…Using the completed questionnaire as a guide, patient and therapist may quite rapidly obtain a comprehensive picture of the patient's past experiences and current status (cited in Lazarus & Lazarus, 1998, p. 15)

Since 1966, the initial inventory has evolved through four versions, each revision incorporating what was learned from field-testing. The most recent version appeared in 1997 and is called the Multimodal Life History Inventory (MI). It is a 15-page, copyrighted inventory, and it can be obtained from Research Press, 2612 North Mattis Ave., Champaign, IL 61821.

The MI aids counseling by "encouraging clients to focus on specific problems, their sources, and attempted solutions…providing focal antecedents, presenting problems, and

relevant historical data…generating a valuable perspective regarding a client's style and treatment expectations" (Lazarus & Lazarus, 1998, p. 15). Lazarus, like others noted before, reported that he uses the inventory as a guide in interviewing those clients who will not or cannot complete it. Lazarus reportedly advises clients to complete the inventory over several days rather than trying to finish it in one sitting. After the client returns the completed inventory, the therapist should read through the completed form in her own time, noting items she wishes to pursue further in session. Clients are told they can leave blank their names or any other identifying information if that will help them complete the inventory more honestly.

The MI is an extensive initial assessment instrument. It begins with general information and a personal and social history. Next, it asks for a description of the client's presenting problems and expectations of therapy. After that is the modality assessment. Following Lazarus' acronym "BASIC I.D.," the modality assessment thoroughly inquires into the client's **b**ehaviors, feelings/**a**ffect, physical **s**ensations, images, thoughts/**c**ognitions, **i**nterpersonal relationships, and biological factors/**d**rugs.

Evaluation of the MI and LI. The MI is clearly a rather comprehensive instrument and Lazarus should be commended for the clarity and breadth with which he translated his theory of counseling into a means of assessment. From an Integral Psychology perspective, however, what seems to be lacking is attention to the client's physical environment, culture, and spirituality. An additional weakness of the MI is its length. Clients are likely to experience fatigue in their attempting to complete it and the question remains as to whether or not a comparable breadth of information could be gleaned more

efficiently by a less lengthy instrument. Although the LI inquires with a bit more detail into the client's family of origin atmosphere, the LI appears less comprehensive than the MI. Moreover, like the MI, the LI does not inquire into the physical aspects of the client's current environment or the client's culture. Thus, the need for a more comprehensive inventory appears to be substantiated.

Integral Intake. From an Integral Psychology perspective, comprehensive assessment involves at least two aspects, developmental and quadrantial. Developmental issues of clients are extremely relevant to clinicians' selection of treatment modalities, as noted in the "Levels of Development" section of this literature review. However, the primary researcher's inquiry into how to incorporate developmental issues into the initial version of the Integral Intake led him to conclude that it was beyond the scope of his dissertation to do so. He found that measures of self development are extensive both in administration and scoring/interpretation – for example, Loevinger's Sentence Completion Test (1976), Beck and Cowan's Value Test (2000), and Kegan's Subject-Object Interview (1994). Because a primary motivation in creating the Integral Intake was a balance of comprehensiveness and efficiency, the primary researcher decided to focus his initial efforts exclusively on the quadrantial aspects of Wilber's model, which seem a bit more fundamental to getting the "whole picture" of the client than formal assessment of development issues. The researcher does address, in the "Introduction to the Integral Intake," the issue of informally addressing clients' developmental issues.

The significance and relevance of environmental, cultural, and spiritual issues has been acknowledged in the counseling literature, yet few assessments address these in a

thorough manner (Karg & Wiens, 1998). Most assessments "have concentrated on the individual and the individual's specific traits, states, aptitudes, and attitudes. Little attention has been paid to the environments in which individuals function" (Hood & Johnson, 1991, p. 168). The environment is, of course, the bottom half of Integral Psychology's four quadrants – viewed both objectively and subjectively.

The Integral Intake Inventory, or simply Integral Intake, was developed to address all four quadrants of the client's life, thereby aiding in the most comprehensive assessment and treatment of clients as possible. Based on the pioneering work of Ken Wilber, the Integral Intake will help provide an overview of the client and her environment as well as assist clinicians to clarify within which quadrant(s) the client's most pressing issues exist.

Purpose of Study

The purpose of this study was twofold. First, the researcher wanted to explore whether or not there are differences – and if so, what those differences are -- in how experts evaluated the Integral Intake, the Life-Style Introductory Interview, and the Multimodal Life History Inventory. Participants ranked and rated the inventories relative to how comprehensive, helpful, and efficient the instruments are in assessing clients' thoughts, feelings, behaviors, culture, spirituality, physical aspects, environments, as well as what is most meaningful to clients. Second, the researcher wanted to receive feedback/suggestions from the participants regarding how to improve the Integral Intake.

CHAPTER 2

METHODS AND PROCEDURES

Research Questions and Hypotheses

The purpose of this study was to compare counseling experts' evaluations of three idiographic inventories. Three research questions and 22 hypotheses were tested. The first question involved how participants' evaluations differed regarding the *overall helpfulness* of the three different initial assessment inventories: Integral Intake (II), Life-Style Introductory Interview (LI), and Multimodal Life History Inventory (MI). The second question involved how participants' reactions differed regarding the *comprehensiveness*, both relative to each of the following eight dimensions and overall, of the three inventories. The third question involved how participants' evaluations differed regarding the *efficiency* with which the three inventories assessed the eight dimensions that are enumerated in the following hypotheses. The research hypotheses were as follows, with higher numbers representing higher rankings and ratings:

1. On the dimension of *overall helpfulness*, participants will rank the inventories as follows: II (3), MI (2), and LI (1).
2. On the dimension of the *client's thoughts*, participants will rank the inventories as follows: MI (3), II (2), and LI (1).
3. On the dimension the *client's emotions*, participants will rank the inventories as follows: MI (3), II (2), and LI (1).

4. On the dimension of the *client's behaviors*, participants will rank the inventories as follows: MI (3), II (2), and LI (1).
5. On the dimension of *physical aspects of the client*, participants will rank the inventories as follows: MI (3), II (2), and LI (1).
6. On the dimension of *physical aspects of the client's environment*, participants will rank the inventories as follows: II (3), MI (2), and LI (1).
7. On the dimension of the *client's culture*, participants will rank the inventories as follows: II (3), MI (2), and LI (1).
8. On the dimension of the *client's spirituality*, participants will rank the inventories as follows: II (3), MI (2), and LI (1).
9. On the dimension of *what is most meaningful to the client*, participants will rank the inventories as follows: II (3), MI (2), and LI (1).
10. On the dimension of the *overall comprehensiveness* of the inventories, participants will rank the inventories as follows: II (3), MI (2), and LI (1).
11. On the dimension of the *overall efficiency* with which the inventories assess the various dimensions, participants will rank the inventories as follows: II (3), MI (2), and LI (1).
12. On the dimension of *overall helpfulness*, participants will rate the inventories as follows: II (3), MI (2), and LI (1).
13. On the dimension of the *client's thoughts*, participants will rate the

inventories as follows: MI (3), II (2), and LI (1).

14. On the dimension the *client's emotions*, participants will rate the inventories as follows: MI (3), II (2), and LI (1).

15. On the dimension of the *client's behaviors*, participants will rate the inventories as follows: MI (3), II (2), and LI (1).

16. On the dimension of *physical aspects of the client*, participants will rate the inventories as follows: MI (3), II (2), and LI (1).

17. On the dimension of *physical aspects of the client's environment,* participants will rate the inventories as follows: II (3), MI (2), and LI (1).

18. On the dimension of the *client's culture*, participants will rate the inventories as follows II (3), MI (2), and LI (1).

19. On the dimension of the *client's spirituality*, participants will rate the inventories as follows II (3), MI (2), and LI (1).

20. On the dimension of *what is most meaningful to the client*, participants will rate the inventories as follows: II (3), MI (2), and LI (1).

21. On the dimension of the *overall comprehensiveness* of the inventories, participants will rate the inventories as follows: II (3), MI (2), and LI (1).

22. On the dimension of the *overall efficiency* with which the inventories assess the various dimensions, participants will rate the inventories as follows II (3), MI (2), and LI (1).

Methods and Procedures

Development of the Integral Intake and the Evaluation Form

The researcher created the Integral Intake. He structured the inventory on the conceptual basis of the four quadrants and the lines of development, such as physical, emotional, interpersonal, cognitive, and spiritual, described in *Integral Psychology* (Wilber, 2000) (see Appendix A).

Next, the researcher developed the Evaluation Form (EF). The EF consisted of three parts. The first part addressed demographic information. The second part was a qualitative assessment consisting of five open-ended questions designed to gather participants' initial and, thus, minimally biased subjective evaluations of the inventories. The third part was a quantitative assessment in which participants first ranked each inventory on 11 dimensions and then rated each inventory on those same dimensions. The 11 dimensions consisted of eight that addressed the inventories' attentions to eight aspects of the client -- *thoughts, emotions, behaviors, physical aspects of the individual, physical aspects of the individual's environment, culture, spirituality, and meaning* – and three that addressed the inventories' *overall helpfulness, comprehensiveness, and efficiency* (see Appendix B). Using both quantitative and qualitative measures is a type of methodological *triangulation*, an attempt to eliminate biases that may ensue from an exclusive reliance on a single method of data-collection (Gall, Borg, & Gall, 1996).

Procedures

The researcher assembled packets consisting of informed consent forms, instructions, the three inventories, 2 raffle tickets, the EF, and a postage-paid return

envelope. Next, the researcher distributed the packets to the recruited participants. Participants were instructed to read through -- not complete/fill out – each of the three inventories and then complete the EF. The order in which the participants read through the inventories was controlled and rotated. The six ordinal permutations were: II, LI, MI; II, MI, LI; MI, LI, II; MI, II, LI; LI, II, MI; and LI, MI, II. Each time the researcher mailed, or handed out, the packets, the three inventories were rotated so that each permutation was equally represented. Instructions for the participants appear in Appendix C. The brief introductions to each of the three inventories that the participants read before reading the actual inventories appear in Appendices D, E, and F. The primary researcher holds the copyright to the II, received permission from the publisher to reproduce the LI for the purposes of this non-profit research, and purchased copies of the MI.

Analyses. The researcher entered data from the EF into the computer and analyzed it using *SPSS for MS Windows Release 10.1*. *Reliability* of the quantitative portion of the EF was established through the examination of its *internal consistency* via Cronbach alpha. For the purpose of this study, a Cronbach alpha of .80 or higher was considered reliable, .65 - .79 marginally reliable, and .64 or lower unreliable.

Although it has been common practice to establish reliability by squaring the correlation between alternate/parallel forms of *each* item measure, many researchers currently prefer to establish reliability by computing the internal consistency of *all* of the items measured (McDonald, 1999). There are two primary reasons why the latter is particularly appropriate in the case of this study. First, to establish reliability by examining the correlation between alternate forms of a given construct (also called factor,

trait, or dimension), the alternate forms must be "parallel" (Huck, 2000; McDonald, 1999). That is to say, the alternate forms must truly be measuring the same or highly equivalent constructs. Although the researcher assumed that rankings and ratings are parallel/equivalent tasks, empirical analysis of the data revealed that they are not. The most striking evidence for this involved participants' frequently *rating* the three *inventories equally* for a given construct, while *ranking* the three *inventories differently* for the same construct, even though the participants were instructed that ties were permissible in the rankings. Also, it is clear that the rankings and ratings are not parallel forms because, across all participants, the ratings were much more homogenous than the rankings. Second, in order to establish reliability via alternate-forms, the scales of the alternate forms must allow for the establishment of a linear relationship. Unfortunately, the researcher did not anticipate this, asking participants to rank the instruments from 1-3 and rate them from 1-5.

In light of the considerations just discussed, the Cronbach alpha was derived by analyzing all responses to all 11 items for each inventory, separately for the rankings and the ratings. Results of this analysis appear in Table 2.

Table 2

Internal Consistency Reliability Analysis of the EF

Section of EF	Inventory	Alpha
A (Rankings)	II	.88
A (Rankings)	LI	.90
A (Rankings)	MI	.85
B (Ratings)	II	.97
B (Ratings)	LI	.93
B (Ratings)	MI	.93

As shown in Table 2, internal consistency reliability for the three inventories ranged from .85 to .97. As a result, the EF was deemed a reliable source with which to evaluate the three inventories.

Construct validity for the EF was established first by the primary researcher and then by Dr. Janice Holden examining the conceptual content of the EF. They concluded that the 11 dimensions were highly relevant to the goals of this research study. Next, high internal consistency coefficients (see Table 2) for the EF confirmed that the EF evoked the conceptual information from the participants that the researcher had intended.

To test the research hypotheses that involved rankings, the researcher calculated mean rankings of each of the three inventories on each dimension. Using these means, he determined the rank orderings of the inventories on each dimension.

To test the significance of difference in rankings, the researcher ran a Friedman test on each of the 11 dimensions of Section A of the EF. Also known as the Friedman two-way analysis of variance, this statistic is founded upon the rationale that if the

different groups -- in this case, the three inventories -- do not differ with regard to the criterion variables -- in this case, the 11 dimensions -- then the participants' rankings should be random and, therefore, not exhibit statistically significant differences (Siegel, 1956).

After determining whether or not participants ranked the three inventories differently on each dimension, the researcher ran a post hoc Wilcoxon Signed Rank test on each pair of inventories (II-LI, II-MI, LI-MI) to determine between which mean rankings the differences existed.

To test the research hypotheses that involved ratings, the researcher calculated mean ratings of each of the three inventories on each dimension. Using these means, he determined the rate orderings of the inventories on each dimension.

To test the significance of difference in ratings, the researcher then ran a one-way repeated measures ANOVA on the ratings for each of the 11 dimensions of the EF. ANOVA is a statistical procedure that compares the amount of variance between-groups (in this case, the three inventories) to the amount of variance within-groups (Gall et al., 1996). Thus, the ANOVA tested the null hypothesis that no systematic differences existed in the ratings.

After determining whether or not participants rated the three inventories differently on each dimension, the researcher then ran an ANOVA Paired Samples test on each pair of inventories (II-LI, II-MI, LI-MI) to determine between which mean ratings the differences existed.

In this study the researcher used research/directional hypotheses rather than

null/non-directional hypotheses because he believed that he had a strong sense of how each inventory addressed each of the 11 dimensions. Although the researcher stated the hypotheses in directional/one-tailed terms – as opposed to null hypotheses – he nonetheless ran the above statistical tests in two-tailed fashion. He did this for two reasons. First, running two-tailed analyses allows for the discernment of differences even when those differences are in a direction that was not hypothesized. In other words, if the researcher had run one-tailed tests, and differences existed contrary to the researcher's hypotheses, those differences would have gone unnoticed, which is far from ideal research practice. Secondly, two-tailed tests are considered more conservative and "honest," thus lending confidence to the significance of the results (McDonald, 1999). A statistical significance level of .05 was established, for the Friedman and the one-way repeated measures ANOVA tests, as the criterion for either retaining or rejecting the research hypotheses. For the Wilcoxon and the ANOVA Paired Samples test, the researcher used the Bonferroni adjustment technique to reduce the risk of a Type I error. Thus, because the Wilcoxon and the ANOVA Paired Samples tests tested each hypothesis three times, the .05 p value was divided by three, which yielded .017, which the researcher rounded to .02 (Huck, 2000). Using the Bonferroni technique "leads to a more rigorous alpha level for each of the separate tests being conducted, [and] each of those tests becomes more 'demanding.'" (Huck, 2000, p. 223). Thus, Bonferroni-adjusted alpha levels demand more stringent criteria -- data even more discrepant from null hypothesis expectations -- before the rejection of the null is permitted.

Definitions

Helpfulness was defined as how clinically useful the inventory was in helping clinicians understand clients -- their most pressing issues and optimal courses of their treatment.

Comprehensiveness was defined as how thorough each instrument was in assessing clients. Comprehensiveness consists of two components: depth and breadth. Whereas depth involved the extent to which a specific domain was investigated by the instrument, breadth involved the extent to which the numerous domains that comprise the client were investigated. By assessing eight dimensions that seem essential to understanding a person's mental health – one's *thoughts, emotions, behaviors, physical aspects of the person, physical aspects of the person's environment, culture, spirituality,* and *meaning* – the researcher inquired into each instrument's relative depth of comprehensiveness. In contrast, regarding the dimension of overall comprehensiveness, the researcher inquired into each instrument's relative breadth of comprehensiveness.

Efficiency was defined as how productive the time required to complete the inventory was; it was a function of the amount of time required to yield a given degree of comprehensiveness - something approximating the amount of comprehensiveness divided by the amount of time required to complete the inventory. In other words, was any of the time required to complete the inventory wasteful or unnecessary? The import of this dimension regards issues of client fatigue and likelihood of clients completing an inventory.

The *four quadrants* are a central construct of integral theory (Wilber, 1995). They

provide a conceptual scaffolding within which to situate diverse perspectives such that those perspectives complement, rather than contradict, one another. The four quadrants are formed by the intersection of two axes: subjective-objective and individual-collective/system. Wilber's essential message regarding the four quadrants is that a sufficiently comprehensive description of any phenomenon demands that one take into account these four irreducible and interrelated perspectives.

Participants

Participants were "experts" in the counseling field – professors of counseling/counselor education and of psychology as well as licensed counselors and psychologists who had been practicing as professionals for at least five years.

Using face-to-face, telephone, and email contact, the primary researcher asked colleagues from numerous universities, practitioners from different cities, as well as professional conferences attendees if they would be participants or if they would provide the researcher with the contact information of "experts" they knew who might be willing to participate. Although random, stratified sampling would have been more appropriate, because this was an exploratory study and because of economic limitations regarding the cost of each packet and the increased likelihood of the packets being returned by previously committed volunteers, the researcher decided to use this volunteer sampling procedure. The researcher attempted to obtain a diverse, and roughly stratified, sample.

When an "expert" agreed to participate and, as was necessary in most cases, provided one's address, the researcher provided the participant with a packet. The researcher distributed packets between March 1 and April 15, 2002. The first item in the

packet was the informed consent form, which the participant was instructed to complete before proceeding with the remainder of the packet. The researcher notified the participants in the informed consent form of deadlines for returning the completed packets. If participants returned their completed packet by April 15, both of their raffle tickets were entered in the DVD player raffle. Those participants who had not returned their packets by April 15 were reminded either via email or phone of the May 3 final deadline. Those who returned their packets between April 15 and May 3 were allowed to enter one raffle ticket in the DVD player raffle. On May 13, the researcher drew the winning raffle ticket and shipped the DVD player to the winner.

Seventy-one research packets were mailed or handed out; 58 were returned. For the quantitative portion of the EF – the parts calling for a numerical evaluation for *each* of the three inventories on each of the 11 dimensions – 13 of the 58 participants instead placed a check mark by one inventory. Consequently, their quantitative data were unusable, although their qualitative data were usable. Thus, the usable return rate for the quantitative data was 63% (45/71) and for the qualitative data was 82% (58/71).

Participants in this study experienced minimal risks. Such risks involved the potential pain of remembering, considering, and re-experiencing emotional trauma from their pasts. Participants may also have experienced insights about themselves that could have lead them to make changes in their lives, thus resulting in temporary disorder or disruption of their normal lives. Participants were informed, in the informed consent form, of how to contact the researcher in case they felt concerned about anything related to the study. In the event that a participant experienced any distress arising from

participation in this study, the researcher would have given the participant an appropriate referral to a mental health professional. These potential risks were outweighed by the potential benefits. In the order from most to least likely, these benefits included: increased knowledge of initial assessment inventories; the gratification of contributing to beneficial research in the field of psychotherapy; an opportunity to receive a summary of the results of this study; increased self-awareness; insights into difficulties they experience; and a chance to win a DVD player. As of the completion of this dissertation, no participant had contacted the researcher.

No one was excluded from this study on the basis of ethnicity, religion, gender, sexual orientation, or theoretical orientation. All participants received and completed an informed consent form, written in language they could understand (see Appendix G). The researcher respected each person's right to decline to participate in the study or to withdraw from the study at any time. The participants' privacy and confidentiality was protected by the researcher keeping all data locked away; only those who understood confidentiality had access to the data. If the researcher publishes the data beyond this dissertation, he will protect the participants' identities. This study was monitored by the researcher's major professor, Dr. Holden.

Instruments

The researcher developed the EF to assess 11 dimensions of three idiographic inventories: the relative effectiveness of the inventories in addressing eight aspects of the clients -- *thoughts, emotions, behaviors, physical aspects of the individual, physical aspects of the individual's environment, culture, spirituality,* and *meaning* – and three

that addressed the inventories' *overall helpfulness, comprehensiveness,* and *efficiency* (see Appendix B).

CHAPTER 3

RESULTS AND DISCUSSION

This chapter presents the results of the analyses of both the qualitative and quantitative data, a discussion of the implications of the findings, limitations of the study, and recommendations for further research.

RESULTS

Participant Demographics

Fifty-eight participants returned research packets. Two of the 58 did not fill out demographic information regarding gender or ethnicity. Of the other 56 participants, 22 were male and 34 were female. Regarding ethnicity, 51 were European American, two were African American, one was Asian American, one was Native American, and one was European. Regarding theoretical orientation, *seven were Adlerian*, six were person-centered, four were psychodynamic, four were transpersonal, *three were multimodal*, three were existential/humanistic, *two were integral*, one was Jungian, and one was cognitive. Eight marked "other," of which four were eclectic, two were Gestalt, one was integrative, and one was developmental. Finally, the researcher was unable to determine the theoretical orientation of 19 of the participants because they marked two or more different theories. Regarding their professions, 40 of the participants were counselors, 14 were professors of counseling or counselor education, 13 were psychologists, and eight were professors of psychology; these numbers total more than 58 because some

participants marked more than one profession.

Findings Regarding the Differences in How Participants Evaluated the Three Inventories

Qualitative Inquiry

After reviewing the three idiographic inventories and providing demographic information, participants responded to six open-ended "General Impressions" questions that provided the qualitative data for this study, before they proceeded to the quantitative portion. The six questions were:

1. From a clinical perspective, what were your impressions or reactions to reading through these inventories?
2. How do you think clients would react to being asked to complete these inventories?
3. Which of these three inventories would you most likely use with your clients? Why?
4. Were there aspects of any of the three inventories that elicited a negative reaction from you? What were they? (please specify the inventory and the items).
5. Do you know of other assessment inventories/instruments that you think are more clinically useful? What are they?
6. Anything else?

Qualitative Analyses. The primary investigator entered all of the participants' responses to the above questions into a word-processing computer program. He then read through all of the responses three times, compiling lists of both themes and keywords. For example, keywords such as "too long," "taxing," "fatiguing," "overly long," "tedious," "laborious," "overkill," "too in-depth," "too thorough," and so forth would signify the theme of the inventory being "overwhelming."

The primary researcher then analyzed the participants' responses for concordance rates of the various themes – the number of times a given theme was noted by participants. He did this with the "Find" function in *Microsoft Word*. Regardless of how many keywords for a particular theme a given participant wrote to a particular question, no more than one tally for that theme would be attributed to that participant. Thus, whether a participant wrote that an inventory was "too thorough," or "too thorough, laborious, and fatiguing," the researcher marked one tally for the "overwhelming" theme. Keywords were always read in context – for their *meaning* – as opposed to simply being counted by frequency. For example, "detailed" connoted a positive evaluation, whereas "too detailed" connoted a negative evaluation. Another example is "easy to understand" vs. "difficult to understand." Appendix H shows a list of all the themes and keywords for the qualitative analyses.

After compiling the themes and frequencies for each of the six questions, where appropriate, the researcher divided the themes into positive valence – in which the participant was complimenting or expressing approval of the inventory – and negative valence – in which the participant was criticizing or expressing disapproval. Within each of these two categories, the researcher then calculated the total frequency with which participants mentioned each theme and sequenced the themes from most to least frequent. The results of this analysis appear in Tables 3 through 6.

In addition to the themes shown in Table 3, one participant noted that a combination or synthesis of all three inventories would be ideal. Three participants stated that they would prefer to use the inventories as guides to an informal interview whereby

the client and therapist would dialogue about the items rather than the client fill out the forms.

Table 3

Frequencies with which Participants Responded with Various Themes to the Question: From a clinical perspective, what were your impressions or reactions to reading through these inventories?

Valence	Themes	Total Frequency	II	LI	MI
Positive	Comprehensive	43	18	7	18
	Helpful	30	11	8	11
	User friendly	11	5	0	6
	Concise	5	3	1	1
	Spiritual	2	2	0	0
Negative	Overwhelming	26	8	8	10
	Not user friendly	9	5	4	0
	Too much emphasis on past	5	0	5	0
	Too invasive	3	1	1	1
	Too much emphasis on siblings	2	0	2	0
Neutral	Good for psychologically-minded clients	4	2	1	1

Regarding the II, one participant noted particularly liking it's emphasis on the interpersonal/system/subjective. Two participants noted liking the "open-format" of the II, writing that it would allow the client to fill in responses without being influenced or biased by the inventory. Lastly, one participant noted that the II would be great for brief therapy. Regarding the LI, one participant noted that important aspects were absent –

most notably suicidal ideation and risk. Regarding the MI, one participant noted that it seemed "too cold." One participant noted that the MI seemed "pathology-focused." Finally, one participant wrote of the MI, "I like the physical 'book' format of this intake."

Table 4

Frequencies with which Participants Responded with Various Themes to the Question: How do you think clients would react to being asked to complete these inventories?

Valence	Themes	Total Frequency	II	LI	MI
Positive	Scientific	10	6	3	1
	Thorough	7	3	1	3
	Helpful	6	2	1	3
	User friendly	5	2	0	3
	Interactive	3	3	0	0
	Concise	2	2	0	10
	Spiritual	1	1	0	0
Negative	Overwhelming	44	11	11	22
	Not user friendly	19	6	9	4
	Offensive	17	5	5	7
	Too much emphasis on past	5	0	5	0

In addition to the themes shown in Table 4, four participants noted that such inventories should not be given before a healthy therapeutic relationship is established: "If client has more serious problems, having him/her complete these inventories before a trusting therapeutic alliance has been established could result in the client never coming back!" Also: "Typically, I assess clients in dialogue…I view assessment as an ongoing

process, deepening in relationship to the client/therapist alliance. Such written assessments would, I feel, be uncomfortable for many private clients to fill out in an initial session." Three participants noted that therapists had better read and remember what clients wrote. Three other participants noted that some clients may experience enhanced self-awareness by simply completing an inventory: "I think that clients could really think about their life in a different way…Hopefully, clients would see that each question could help the therapist to help them in counseling." One participant wrote, "I cannot imagine a negative response." The primary researcher was struck by how varied the participants were in their responses, even to the point of expressing polar opposite reactions.

One participant wrote, "II tends toward being more interactive." Another wrote that "I also think that the questions on the MI might bring clients to catastrophize or perseverate on all the details of their life, and bring them to feel pathologized."

Table 5a

Frequencies with which Participants Responded with Various Themes to the Question: Which of these three inventories would you most likely use with your clients?

Inventory	Frequency*
II	26
LI	5
MI	21
None of them	5
Any one of them	1
Combination of all three	3

* The sum of the frequencies is 61, 3 more than the 58 participants in the study. That is because three participants responded that, in actuality, they would not use any of them, but, for the purposes of the study, they proceeded to report the one they liked the most.

Table 5b

Why? [do you prefer the inventory you identified in Question 3]?

Valence	Themes	Total frequency	II	LI	MI
Positive	Comprehensive	12	6	0	6
	Format	10	1	0	9
	Comprehensive without being too long	8	7	0	1
	More relational and "interactive"	8	8	0	0
	It fits with my guiding theory	5	0	5	0
	More contextual data	4	4	0	0
	Leads to a treatment plan	3	0	0	3
	Yields more interesting data	2	0	2	0

In addition to the themes shown in Tables 5a and 5b, other reasons participants gave for choosing the II included: its breadth, how it is organized (the theory behind it), its inclusion of meaning and spirituality, its ease of language, that it "includes the best of the other two plus other stuff," that it included both objective and subjective queries, that it is "more integrated into one's personhood," and because it appears "more objective and less theoretically-biased." A reason one participant gave for choosing the LI was because it yields more in-depth information about a client's family constellation. Other reasons participants gave for choosing the MI included: it appears more relevant, it is more behaviorally oriented, and it is broad without being invasive.

The five participants who reported that they would not use any of these inventories all gave very similar justifications: all three of the inventories seem too long and too clinically abrupt for their style. In other words, these participants would not want to administer such inventories prior to establishing a sound therapeutic alliance, and even then, would most likely prefer to assess via informal interview rather than via paper-and-pencil inventories. The participant who reported any one of the three being candidates for use gave the reason that "each is thorough." Three participants noted that they would prefer to use an inventory that culled the best items from the II, LI, and MI, creating a synthesis or combination of their own.

Table 6

Frequencies with which Participants Responded with Various Themes to the Question: ere there aspects of any of the three inventories that elicited a negative reaction from you? What were they? (please specify the inventory and the items)

Valence	Themes	Total frequency	II	LI	MI
Negative	Instructions too complicated	15	0	15	0
	Too long	15	3	0	12
	Too much emphasis on siblings/family atmosphere	12	0	12	0
	Too much emphasis on past/early recollections	10	0	10	0
	Not user-friendly (esp. regarding the format)	6	2	3	1
	Vague or irrelevant questions	5	5	0	0
	Heterosexual bias	5	1	0	4
	Likert-scales seem cold	2	0	1	1
	Pathologizing	2	0	0	2

The five participants whose reference to the theme of "vague or irrelevant questions" appears in Table 6, *all* referred to questions on the II that included the stem "What is the meaning and importance of your…" followed by "religious/spiritual beliefs", "morals/beliefs", "political views/concerns", "environmental views/concerns", and "beliefs about sex." Regarding the II being "user-unfriendly," two participants commented that they would have liked for it to include some checklists. One participant commented that the print/type of the II was too small. One participant noted that the question on the II involving "marital status" is heterosexually biased and that a query into "relational status" is less problematic.

Regarding the 15 participants who noted that the LI's instructions were too complicated (also using words such as confusing, difficult, and awkward), one participant wrote that the overall vocabulary was also too complex and abstract. Two participants noted that the LI neglects several very important queries: suicidal ideation, biology/physical aspects, work relationships, past therapy, past and present drug use, and current concerns.

Regarding the MI, one participant did not like the use of checklists, writing that clients might not be able to "think beyond the list to enter more significant issues." One participant noted that its attention to religious and spiritual issues is lacking. Two participants felt that its questions about bowel movements, sex life, and menstrual history were "cold," "impersonal", and "intrusive." One participant believed it was appropriate only for "high-functioning" clients. The four participants who noted a heterosexual bias were responding to the item that inquires into "any significant homosexual reactions or

relationships."

In response to the fifth open-ended question: "Do you know of other assessment inventories/instruments that you think are more clinically useful? What are they?", all but a few of the participants responded "No." One participant noted using the MMPI-2, which is a completely different type of assessment instrument – nomothetic and geared toward classifying people with regard to psychopathology and personality characteristics and providing inferential information regarding people's behavior (Hood & Johnson, 1991). One participant wrote that most agencies have created their own interview forms specific to their clientele and services. Two participants noted using a genogram-centered interview in their practices, as two others reported using the Beck Depression Inventory. One participant reported using a Meyers-Briggs Type Indicator and a Keirsy-Bates Inventory. A few of the participants' responses to this question follow: "I prefer to have the client's information to largely emerge in the interpersonal context of the therapeutic relationship (other than the first person objective and systemic/objective) and so rarely use extensive inventories at the outset. When called for, I use the Rorschach as an interactive diagnostic tool." Another participant's response: **"**Not really, and I've seen a lot! I teach clinical interviewing, and see two main choices: a) comprehensive written intake – works great with some people – lousy with some populations; b) a guideline for oral interviews that prompts and reminds, gives menu but not exhaustive." Finally: "No, most initial inventories seem to seek to circumvent the process of counseling so that the counselor immediately can focus in on the client's 'problem!' The counselor will gain much more information and focus from developing a relationship with the client and

allowing this kind of information to unfold."

The last open-ended question, "Anything else?" elicited some interesting data. These responses are presented according to which inventory the responses appeared to favor.

One participant wrote that "the II reflects current changes in counseling – requires time and self-analysis to respond, however." Three participants noted that they were influenced by their familiarity with Adlerian and Multimodal theories, as well as with the LI and MI, and their total lack of familiarity with Integral theory and the II. Regarding the II, one participant wrote that it is "much more aimed at the person as a whole and toward relationship. Spiritually important and useful addition. May be hard for some clients to complete due to writing requirements. I had seen the other two instruments. An interesting study." Another: "MI was too long and detailed. Information that may not be necessary. II was succinct and to the point." Another: "The II is the most balanced, with best comprehensive coverage. It is (surprisingly!) weak in the interpersonal, with a tendency to revert back to client self-experience. The II is also very good in the 'personal-subjective' components, though not as detailed as the MI. The MI gives the most in-depth detail on the client: subjective self-experience (ongoing 'tapes' and emotions). The LI is the strongest in offering a picture of the interpersonal situation and family subculture of the client's family of origin." Another participant wrote that "the II would have an even higher value if some of the information could be secured with a checklist. Higher value in that the client may be more willing to respond and that often checklists trigger info that the client may have not thought was important. I wonder if you

could use the II as an oral interview model. I wonder if you would get different info if the intake was oral rather than written? Thought: maybe the II could be sent by mail and client could complete at their leisure. Question – can I use the II now in my practice?"

Another participant wrote, "It is important to note that the layout and configuration of the LI limits several areas. I think that the client would quickly be overwhelmed by the length of the directions and finish quickly and incompletely. The MI, on the other hand, is very professionally presented and leads to a deeper exploration and immediate responses."

Compared to the previous ideas, the following two participants presented a different perspective: "I prefer understanding much of what is asked for on the assessments via the existential relationship" and "rather than putting so much analysis burden on clients, let's do a better job of training practitioners to be intake instruments."

Quantitative Analyses

Research survey packets were mailed to 71 "experts" who agreed to participate in the research study. Fifty-eight packets were returned, an 82% return rate. Unfortunately, 13 of the 58 did not accurately follow the directions for the ranking and rating sections of the EF, thus rendering their quantitative data unusable. For example, rather than filling in *each* of the fields with a numerical ranking or rating, many of the subjects placed a check mark in only one of the boxes for a particular inventory, per item. Of the 13 data sets with unusable quantitative data, seven of them had reported that the II was the inventory they would most likely use with their clients (open-ended question C); four chose the MI; one chose the LI; and one answered "neither of the three." Thus, for the quantitative data, 45

data sets were analyzed relative to the 22 research hypotheses (11 hypotheses each for ranking and rating).

The 22 research hypotheses are presented below, first the 11 involving rankings (Section A of EF), then the 11 involving ratings (Section B of EF). Each hypothesis is followed by a table demonstrating how participants actually ranked and rated the inventories; another table demonstrating whether the differences in the ratings and rankings were statistically significant, using the Friedman test and ANOVA respectively; and when the former calculation yielded significance, a third table demonstrating whether the differences in ratings and rankings of each pair of inventories (II-LI, II-MI, MI-LI) was significant, using the Wilcoxon and the ANOVA Paired Samples Test, respectively.

Rankings – Section A

Research Hypothesis 1. On the dimension of *overall helpfulness*, participants will rank the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 7.

Table 7

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of Overall Helpfulness

Instrument	Mean	SD	Ranking
II	2.27	0.787	**3**
MI	2.23	0.720	**2**
LI	1.50	0.726	**1**

On the basis of the results in Table 7, research hypothesis 1 was retained.

Table 8

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of Overall Helpfulness

Friedman Test Statistic	*df*	*p*
17.19	2	**.000**

Table 9

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the II, MI, and LI on the Dimension of Overall Helpfulness

Instrument Pairs	Wilcoxon Test Statistic	*p*
II - LI	3.26	**.000**
II - MI	0.11	.91
MI - LI	3.48	**.000**

Research Hypothesis 2. On the dimension of the *client's thoughts*, participants will rank the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 10.

Table 10

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of the Client's Thoughts

Instrument	Mean	SD	Ranking
MI	2.37	0.723	**3**
II	2.26	0.707	**2**
LI	1.38	0.657	**1**

On the basis of the results in Table 10, research hypothesis 2 was retained.

Table 11

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of the Client's Thoughts

Friedman Test Statistic	*df*	*p*
27.80	2	**.000**

Table 12

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the MI, II, and LI on the Dimension of the Client's Thoughts

Instrument Pairs	Wilcoxon Test Statistic	*p*
MI - LI	4.41	**.000**
MI - II	0.42	.67
II - LI	3.98	**.000**

Research Hypothesis 3. On the dimension of the *client's emotions*, participants will rank the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 13.

Table 13

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of the Client's Emotions

Instrument	Mean	SD	Ranking
MI	2.38	0.684	**3**
II	2.33	0.674	**2**
LI	1.42	0.691	**1**

On the basis of the results in Table 13, research hypothesis 3 was retained.

Table 14

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of the Client's Emotions

Friedman Test Statistic	*df*	*p*
26.98	2	**.000**

Table 15

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the MI, II, and LI on the Dimension of the Client's Emotions

Instrument Pairs	Wilcoxon Test Statistic	*p*
MI - LI	4.23	**.000**
MI - II	0.25	.80
II - LI	4.07	**.000**

Research Hypothesis 4. On the dimension of the *client's behaviors*, participants will rank the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 16.

Table 16

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of the Client's Behaviors

Instrument	Mean	SD	Ranking
MI	2.58	0.657	**3**
II	2.13	0.726	**2**
LI	1.40	0.618	**1**

On the basis of the results in Table 16, research hypothesis 4 was retained.

Table 17

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of the Client's Behaviors

Friedman Test Statistic	*df*	*p*
33.03	2	**.000**

Table 18

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the MI, II, and LI on the Dimension of the Client's Behaviors

Instrument Pairs	Wilcoxon Test Statistic	*p*
MI - LI	4.93	**.000**
MI - II	2.31	.020
II - LI	3.60	**.000**

Research Hypothesis 5. On the dimension of *physical aspects of the client*, participants will rank the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 19.

Table 19

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of Physical Aspects of the Client

Instrument	Mean	SD	Ranking
MI	2.60	0.688	**3**
II	2.18	0.614	**2**
LI	1.33	0.603	**1**

On the basis of the results in Table 19, research hypothesis 5 was retained.

Table 20

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of Physical Aspects of the Client

Friedman Test Statistic	*df*	*p*
37.93	2	**.000**

Table 21

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the MI, II, and LI on the Dimension of Physical Aspects of the Client

Instrument Pairs	Wilcoxon Test Statistic	*p*
MI - LI	4.90	**.000**
MI - II	2.29	.020
II - LI	4.58	**.000**

Research Hypothesis 6. On the dimension of *physical aspects of the client's environment*, participants will rank the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 22.

Table 22

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of Physical Aspects of the Client's Environment

Instrument	Mean	SD	Ranking
II	2.33	0.826	**3**
MI	2.20	0.726	**2**
LI	1.62	0.747	**1**

On the basis of the results in Table 22, research hypothesis 6 was retained.

Table 23

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of Physical Aspects of the Client's Environment

Friedman Test Statistic	*df*	*p*
13.68	2	**.001**

Table 24

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the II, MI, and LI on the Dimension of Physical Aspects of the Client's Environment

Instrument Pairs	Wilcoxon Test Statistic	*p*
II - LI	3.22	**.001**
II - MI	.55	.58
MI - LI	2.84	**.005**

Research Hypothesis 7. On the dimension of the *client's culture*, participants will rank the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 25.

Table 25

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of the Client's Culture

Instrument	Mean	SD	Ranking
II	2.58	0.691	**3**
MI	1.84	0.638	**2**
LI	1.62	0.716	**1**

On the basis of the results in Table 25, research hypothesis 7 was retained.

Table 26

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of the Client's Culture

Friedman Test Statistic	*df*	*p*
24.39	2	**.000**

Table 27

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the II, MI, and LI on the Dimension of the Client's Culture

Instrument Pairs	Wilcoxon Test Statistic	*p*
II - LI	4.12	**.000**
II - MI	3.59	**.000**
MI - LI	1.33	.185

Research Hypothesis 8. On the dimension of the *client's spirituality*, participants will rank the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 28.

Table 28

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of the Client's Spirituality

Instrument	Mean	SD	Ranking
II	2.76	0.609	**3**
MI	1.60	0.618	**2**
LI	1.49	0.626	**1**

On the basis of the results in Table 28, research hypothesis 8 was retained.

Table 29

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of the Client's Spirituality

Friedman Test Statistic	*df*	*p*
46.04	2	**.000**

Table 30

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the II, MI, and LI on the Dimension of the Client's Spirituality

Instrument Pairs	Wilcoxon Test Statistic	*p*
II - LI	4.99	**.000**
II - MI	5.01	**.000**
MI - LI	0.68	.499

Research Hypothesis 9. On the dimension of *what is most meaningful to the client*, participants will rank the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 31.

Table 31

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of What is Most Meaningful to the Client

Instrument	Mean	SD	Ranking
II	2.51	0.758	**3**
MI	2.00	0.739	**2**
LI	1.64	0.712	**1**

On the basis of the results in Table 31, research hypothesis 9 was retained.

Table 32

Friedman Test of Difference between Rankings of the II, MI and LI on the Dimension of What is Most Meaningful to the Client

Friedman Test Statistic	*df*	*p*
19.87	2	**.000**

Table 33

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the II, MI, and LI on the Dimension of What is Most Meaningful to the Client

Instrument Pairs	Wilcoxon Test Statistic	*p*
II - LI	3.89	**.000**
II - MI	2.35	**.019**
MI - LI	1.83	.068

Research Hypothesis 10. On the dimension of *overall comprehensiveness*, participants will rank the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 34.

Table 34

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of Overall Comprehensiveness

Instrument	Mean	SD	Ranking
II	2.42	0.691	**3**
MI	2.38	0.716	**2**
LI	1.33	0.564	**1**

On the basis of the results in Table 34, research hypothesis 10 was retained.

Table 35

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of Overall Comprehensiveness

Friedman Test Statistic	*df*	*p*
35.32	2	**.000**

Table 36

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the II, MI, and LI on the Dimension of Overall Comprehensiveness

Instrument Pairs	Wilcoxon Test Statistic	*p*
II - LI	4.87	**.000**
II - MI	0.20	.842
MI - LI	4.61	**.000**

Research Hypothesis 11. On the dimension of *overall efficiency*, participants will rank the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 37.

Table 37

Participants' Rankings of the Extent to which the Inventories Addressed the Dimension of Overall Efficiency

Instrument	Mean	SD	Ranking
II	2.33	0.798	**3**
MI	2.11	0.775	**2**
LI	1.64	0.802	**1**

On the basis of the results in Table 37, research hypothesis 11 was retained.

Table 38

Friedman Test of Difference between Rankings of the II, MI, and LI on the Dimension of Overall Efficiency

Friedman Test Statistic	*df*	*p*
11.90	2	**.003**

Table 39

Wilcoxon Signed Ranks Test of the Difference Between Rankings of the II, MI, and LI on the Dimension of Overall Efficiency

Instrument Pairs	Wilcoxon Test Statistic	*p*
II - LI	3.06	**.002**
II - MI	1.09	.274
MI - LI	2.21	.027

Ratings – Section B

Research Hypotheses 12. On the dimension of the *overall helpfulness*, participants will rate the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 40.

Table 40

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of Overall Helpfulness

Instrument	Mean	SD	Ranking
II	3.13	1.359	**3**
MI	3.07	1.251	**2**
LI	2.53	1.079	**1**

On the basis of the results in Table 40, research hypothesis 12 was retained.

Table 41

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of Overall Helpfulness

SS	*df*	MS	F	*p*
9.733	2	4.867	4.107	**.020**

Table 42

ANOVA Paired Samples Test for Overall Helpfulness

Instrument	t	*df*	*p*
II - LI	2.47	44	**.017**
II - MI	0.34	44	.733
MI - LI	2.16	44	.037

Research Hypotheses 13. On the dimension of the *client's thoughts*, participants will rate the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 43.

Table 43

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of the Client's Thoughts

Instrument	Mean	SD	Ranking
MI	3.49	1.160	**3**
II	3.38	1.319	**2**
LI	2.73	1.053	**1**

On the basis of the results in Table 43, research hypothesis 13 was retained.

Table 44

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of the Client's Thoughts

SS	*df*	MS	F	*p*
14.978	2	7.489	6.356	**.003**

Table 45

ANOVA Paired Samples Test for the Client's Thoughts

Instrument	t	*df*	*p*
MI - LI	3.02	44	**.004**
MI – II	0.64	44	.528
II - LI	2.55	44	**.014**

Research Hypotheses 14. On the dimension of the *client's emotions*, participants will rate the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 46.

Table 46

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of the Client's Emotions

Instrument	Mean	SD	Ranking
MI	3.40	1.176	**3**
II	3.18	1.302	**2**
LI	2.62	0.960	**1**

On the basis of the results in Table 46, research hypothesis 14 was retained.

Table 47

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of the Client's Emotions

SS	*df*	MS	F	*p*
14.444	2	7.222	6.793	**.002**

Table 48

ANOVA Paired Samples Test for the Client's Emotions

Instrument	t	*df*	*p*
MI - LI	3.27	44	**.002**
MI – II	1.22	44	.229
II - LI	2.43	44	**.019**

Research Hypotheses 15. On the dimension of the *client's behaviors*, participants will rate the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 49.

Table 49

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of the Client's Behaviors

Instrument	Mean	SD	Ranking
MI	3.47	1.359	**3**
II	3.18	1.134	**2**
LI	2.20	0.991	**1**

On the basis of the results in Table 49, research hypothesis 15 was retained.

Table 50

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of the Client's Behaviors

SS	*df*	MS	F	*p*
36.659	2	19.830	15.626	**.000**

Table 51

ANOVA Paired Samples Test for the Client's Behaviors

Instrument	t	*df*	*p*
MI - LI	4.44	44	**.000**
MI – II	1.50	44	.140
II - LI	4.33	44	**.000**

Research Hypotheses 16. On the dimension of *physical aspects of the client*, participants will rate the inventories as follows: MI (3), II (2), and LI (1). The results appear in Table 52.

Table 52

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of Physical Aspects of the Client

Instrument	Mean	SD	Ranking
MI	3.47	1.502	**3**
II	3.18	1.173	**2**
LI	2.18	1.154	**1**

On the basis of the results in Table 52, research hypothesis 16 was retained.

Table 53

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of Physical Aspects of the Client

SS	*df*	MS	F	*p*
41.170	2	20.585	12.624	**.000**

Table 54

ANOVA Paired Samples Test for Physical Aspects of the Client

Instrument	t	*df*	*p*
MI - LI	3.89	44	**.000**
MI – II	1.43	44	.161
II - LI	3.87	44	**.000**

Research Hypotheses 17. On the dimension of *physical aspects of the client's environment*, participants will rate the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 55.

Table 55

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of Physical Aspects of the Client's Environment

Instrument	Mean	SD	Ranking
II	3.31	1.328	**3**
MI	2.93	1.251	**2**
LI	2.53	1.307	**1**

On the basis of the results in Table 55, research hypothesis 17 was retained.

Table 56

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of Physical Aspects of the Client's Environment

SS	*df*	MS	F	*p*
13.615	2	6.807	5.268	**.007**

Table 57

ANOVA Paired Samples Test for Physical Aspects of the Client's Environment

Instrument	t	*df*	*p*
II - LI	3.06	44	**.004**
II - MI	1.45	44	.154
MI - LI	2.01	44	.051

Research Hypotheses 18. On the dimension of the *client's culture*, participants will rate the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 58.

Table 58

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of the Client's Culture

Instrument	Mean	SD	Ranking
II	3.33	1.398	**3**
MI	2.53	1.160	**2**
LI	2.22	1.063	**1**

On the basis of the results in Table 58, research hypothesis 18 was retained.

Table 59

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of the Client's Culture

SS	*df*	MS	F	*p*
29.570	2	14.785	11.504	**.000**

Table 60

ANOVA Paired Samples Test for the Client's Culture

Instrument	t	*df*	*p*
II - LI	3.98	44	**.000**
II - MI	3.32	44	**.002**
MI - LI	1.66	44	.104

Research Hypotheses 19. On the dimension of the *client's spirituality*, participants will rate the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 61.

Table 61

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of the Client's Spirituality

Instrument	Mean	SD	Ranking
II	3.22	1.380	**3**
MI	2.09	1.083	**2**
LI	2.07	1.095	**1**

On the basis of the results in Table 61, research hypothesis 19 was retained.

Table 62

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of the Client's Spirituality

SS	*df*	MS	F	*p*
39.304	2	19.652	14.991	**.000**

Table 63

ANOVA Paired Samples Test for the Client's Spirituality

Instrument	t	*df*	*p*
II - LI	4.23	44	**.000**
II - MI	4.54	44	**.000**
MI - LI	0.11	44	.910

Research Hypotheses 20. On the dimension of *what is most meaningful to the client*, participants will rate the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 64.

Table 64

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of What is Most Meaningful to the Client

Instrument	Mean	SD	Ranking
II	3.40	1.355	**3**
MI	2.82	1.051	**2**
LI	2.60	1.053	**1**

On the basis of the results in Table 64, research hypothesis 20 was retained.

Table 65

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of What is Most Meaningful to the Client

SS	*df*	MS	F	*p*
15.348	2	7.674	6.103	**.003**

Table 66

ANOVA Paired Samples Test for What is Most Meaningful to the Client

Instrument	t	*df*	*p*
II - LI	3.11	44	**.003**
II - MI	2.44	44	**.019**
MI - LI	1.04	44	.302

Research Hypotheses 21. On the dimension of *overall comprehensiveness*, participants will rate the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 67.

Table 67

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of Overall Comprehensiveness

Instrument	Mean	SD	Ranking
II	3.56	1.289	**3**
MI	2.56	1.246	**2**
LI	2.44	0.990	**1**

On the basis of the results in Table 67, research hypothesis 21 was retained.

Table 68

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of Overall Comprehensiveness

SS	*df*	MS	F	*p*
31.570	2	15.785	13.740	**.000**

Table 69

ANOVA Paired Samples Test for Overall Comprehensiveness

Instrument	t	*df*	*p*
II - LI	4.58	44	**.000**
II - MI	1.10	44	.276
MI - LI	3.68	44	**.001**

Research Hypotheses 22. On the dimension of *overall efficiency*, participants will rate the inventories as follows: II (3), MI (2), and LI (1). The results appear in Table 70.

Table 70

Participants' Ratings of the Extent to which the Inventories Addressed the Dimension of Overall Efficiency

Instrument	Mean	SD	Ranking
II	3.13	1.342	**3**
MI	2.93	1.269	**2**
LI	2.38	1.134	**1**

On the basis of the results in Table 70, research hypothesis 22 was retained.

Table 71

ANOVA Test of Difference between Ratings of the II, MI, and LI on the Dimension of Overall Efficiency

SS	*df*	MS	F	*p*
13.793	2	6.896	4.860	**.**010

Table 72

ANOVA Paired Samples Test for Overall Efficiency

Instrument	t	*df*	*p*
II - LI	2.80	44	.008
II - MI	0.93	44	.356
MI - LI	2.10	44	

DISCUSSION

The following discussion addresses the meaning of this study's results (as interpreted by the primary investigator), implications for MHPs, limitations of the study, recommendations for further research, and a conclusion.

Three Primary Research Questions and 22 Hypotheses

To clarify this discussion, Table 73 summarizes the overall rankings and ratings of the three inventories on the 11 dimensions. Regarding the three primary research questions (how do participants' evaluations differ regarding the *overall helpfulness* of the three inventories; how do participants' reactions differ regarding the *comprehensiveness* -- both relative to each of the eight dimensions of the client that are enumerated in Table 73 and overall -- of the three inventories; and how do participants' evaluations differ regarding the *efficiency* with which the three inventories assessed the eight dimensions), the data appear straight-forward: participants consistently evaluated the II and MI as more helpful, comprehensive, and efficient than the LI – both *overall* and relative to the eight specific dimensions. Comparing the II with the LI on the 22 items, participants consistently evaluated the II significantly more highly. Comparing the MI with the LI on the 22 items, participants also consistently evaluated the MI more highly, though not always significantly. The following 11 paragraphs summarize the rankings and ratings of the three inventories, dimension by dimension.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of *overall helpfulness*. Although participants ranked and rated the II more highly than the MI, those differences

were not statistically significant. However, participants did rank and rate the II statistically significantly higher than the LI. Participants evaluated the MI more highly than the LI, but those differences were statistically significant only on the rankings.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of the *client's thoughts*. Although participants ranked and rated the MI more highly than the II, those differences were not statistically significant. However, participants did rank and rate both the II and the MI significantly higher than the LI.

Taken together, the rankings and ratings yielded the same evaluative profiles

Table 73

Summary of Overall Rankings/Ratings of the Three Currently Published Initial Intake Inventories

Dimension	II	MI	LI
Overall helpfulness	3/3	2/2	1/1
Client's thoughts	2/2	3/3	1/1
Client's emotions	2/2	3/3	1/1
Client's behaviors	2/2	3/3	1/1
Physical aspects of the client	2/2	3/3	1/1
Physical aspects of the client's environment	3/3	2/2	1/1
Client's culture	3/3	2/2	1/1
Client's spirituality	3/3	2/2	1/1
What is most meaningful to the client	3/3	2/2	1/1
Overall comprehensiveness	3/3	2/2	1/1
Overall efficiency	3/3	2/2	1/1

regarding how well the inventories addressed the dimension of the *client's emotions*. Although participants ranked and rated the MI more highly than the II, those differences were not statistically significant. However, participants did rank and rate both the II and the MI significantly higher than the LI.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of the *client's behaviors*. Although participants ranked and rated the MI more highly than the II, those differences were not statistically significant. However, participants did rank and rate both the II and the MI significantly higher than the LI.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of *physical aspects of the client*. Although participants ranked and rated the MI more highly than the II, those differences were not statistically significant. However, participants did rank and rate both the II and the MI significantly higher than the LI.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of *physical aspects of the client's environment*. Although participants ranked and rated the II more highly than the MI, those differences were not statistically significant. However, participants did rank and rate both the II and the MI significantly higher than the LI.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of the *client's culture*. Participants ranked and rated the II more highly than the MI, and those differences were

statistically significant on both the ranking and rating sections. Participants also ranked and rated both the II and the MI higher than the LI, but the differences were statistically significant only between the II and LI, not between the MI and LI.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of the *client's spirituality*. Participants ranked and rated the II more highly than the MI, and those differences were statistically significant on the ranking section. Participants also ranked and rated both the II and the MI higher than the LI, but the differences were statistically significant only between the II and LI (on the ranking section), not between the MI and LI.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of *what is most meaningful to the client*. Participants ranked and rated the II more highly than the MI, and those differences were statistically significant on the ranking section. Participants also ranked and rated both the II and the MI higher than the LI, but the differences were statistically significant only between the II and LI (on the ranking section), not between the MI and LI.

Taken together, the rankings and ratings yielded the same evaluative profiles regarding how well the inventories addressed the dimension of *overall comprehensiveness*. Although participants ranked and rated the II more highly than the MI, those differences were not statistically significant. However, participants did rank and rate both the II and the MI significantly higher than the LI.

Taken together, the rankings and ratings yielded the same evaluative profiles

regarding how well the inventories addressed the dimension of *overall efficiency*. Although participants ranked and rated the II more highly than the MI, those differences were not statistically significant. However, participants did rank and rate both the II and the MI higher than the LI, although those differences were statistically significant only between the II and LI. Although the above paragraphs make many distinctions, the more interesting, certainly more subtle, distinctions involve the ways participants evaluated the II relative to the MI. On the three dimensions addressing *overall helpfulness, comprehensiveness,* and *efficiency*, participants consistently ranked and rated the II more highly than the MI, though the differences were not statistically significant. These differences may have been statistically significant if 13 of the 58 quantitative data sets had not been deemed unanalyzeable; after all, of those 13, seven responded that the II was their inventory of choice, versus four for the MI and only one for the LI. These findings seem even more noteworthy given that participants who consider themselves "integral" were under-represented in this study: of those specifying more than one theory – at least one of which was a theory associated with an inventory assessed in this study – and those specifying affiliation with just one inventory related theory, only two and two participants, respectively, identified themselves as "Integral," compared to 14 and seven, respectively, who marked themselves "Adlerian," and nine and three, respectively, who marked themselves "Multimodal." The primary researcher believes that the practical significance of these findings is strengthened by the fact that the II was evaluated as the best overall inventory even though integral participants were under-represented and integral theory is the least-known theory, compared to Adlerian and Multimodal theories.

Participants both ranked and rated the II significantly higher than the MI on items evaluating client's *culture, spirituality*, and issues of *meaning*. They *rated* no dimensions significantly higher on the MI than the II. This is a highly practically significant finding. Overall, participants -- regardless of their theoretical orientation -- evaluated the II most highly. Thus, the II is already the best overall inventory. However, participants did *rank* the MI more highly than the II on the dimensions of the *client's thoughts, emotions, behaviors* and *physical aspects*, although those differences were not statistically significant. Thus, from a practical standpoint, the researcher will pay particular attention to those four dimensions when he revises the II so that it will be, by an even larger margin, the most helpful initial intake inventory available for those MHPs who are inclined to use such inventories.

Based on the quantitative results, all 22 research hypotheses were retained. The practical import of this finding is that the researcher, though affiliated with integral theory, was not globally biased in favor of the II; he perceived, and participants perceived virtually identically, *different* strengths and weaknesses among the three inventories. On this basis it might be more safely contended that his analysis of the qualitative data, which tended to favor the II but not exclusively so, also was relatively unbiased.

Another important point to bear in mind is that all of the data collected in this research study – both qualitative and quantitative – involved participants' self-reports. Thus, respondent veracity is a crucial factor in the validity of the results. In other words, how truthfully, carefully, or conscientiously did the participants respond to the EF? Given the high levels of internal reliabilities established via *Cronbach* alphas, the researcher

feels safe in assuming that participants were conscientious and truthful in their evaluations. However, respondent veracity is always an issue of practical significance regarding self-report data.

Implications

The results of this study have several implications. First, an initial assessment instrument was created -- the Integral Intake -- that, in its first draft/version, was ranked and rated by "expert" participants as the overall best available, published intake inventory. Given that the author of the II also received constructive feedback relative to improving and clarifying various aspects of the II from this research, the primary investigator has reason to believe that the II appears, overall, to be the most helpful assessment tool for MHPs. The changes that the primary researcher intends to implement in the second version of the II range from increasing the size of the font, to having the II published in "book" format, to changing "marital status" to "relational status" in order to minimize heterosexual bias, to re-wording vague questions ("What is the meaning and importance of your…" followed by "religious/spiritual beliefs", "morals/beliefs", "political views/concerns", "environmental views/concerns", and "beliefs about sex") into more clear ones, to the addition of a few checklists. As previously stated, particular attention will be paid to those dimensions on which participants evaluated the MI more highly than the II. Of course, the MI was also rated as a very helpful and comprehensive inventory. However, the MI is considerably more lengthy than the II, and participants described the MI as "overwhelming" with twice the frequency of the II or LI. Because some participants reported that the II was overwhelming, the researcher will also give

consideration to how some items could be deleted without compromising the comprehensiveness of the II.

The results of this research also shed light upon some of the shadows of assessment. For example, many participants -- who, despite their enthusiasm for or fondness of a given inventory -- reported that they would prefer to assess their clients via dialogue or informal interview rather than with paper-and-pencil instruments. Their concerns revolved around the potential danger that clients might be "put-off" by having to reveal such personal information prior to establishing a trusting and sound therapeutic alliance. The primary researcher agrees that this is an important and valid concern. Perhaps clinicians should use their own best judgement regarding which clients will appreciate filling out a paper-and-pencil inventory versus which clients would be better served by being assessed informally via dialogue; in the latter case, the MHP might use the inventory as a guide to the intake interview.

Another item of interest involves the high correlations reported in Table 2. Because all 11 items for each inventory on the EF correlate highly, the correlations must be measuring a fairly homogeneous construct. Indeed, factor analysis confirmed that the 11 items loaded onto one primary factor -- something akin to the overall utility or helpfulness of each inventory. The researcher considers this very important and unexpected data. The one-factor finding also suggests the possibility that an "instrument-variant" of the halo-effect may have been in effect, as if the participants' overall reactions to a given inventory colored their evaluations of each individual item for that inventory. That is to say, participants' evaluations could have been a reflection of a type of bias, and

therefore they would not differentiate as well among the 11 items. However, *participants did differentially rank and rate the three inventories*. In other words, participants did not, for example, evaluate the II best on each dimension. This suggests that participants did evaluate each dimension individually, as opposed to being completely biased for or against a given inventory.

One final point involves one of the participant's comments that the II appears "more objective and less theoretically-biased." The primary researcher would certainly like to believe that is the case, and he believes it may be so because the integral perspective, in contrast to Adlerian or multimodal perspectives, is a meta-theory – a conceptual scaffolding capable of situating traditional theories of counseling within a more differentiated and hierarchically-complex framework. For a fuller elaboration of this issue, the reader may refer back to Chapter 1.

Limitations and Recommendations for Further Study

This research was originally proposed as an exploratory study – the primary investigator's dissertation. As such, it has several limitations. First, the participants were not randomly selected and, thus, are not necessarily representative of the population of MHPs. The reasons the primary researcher opted for volunteer participants, rather than a random stratified sample, involved the cost of the research packets and, consequently, the need to have a high return rate to ensure an adequate size N for data analyses. However, because the volunteer participants could differ systematically from the MHP population, further research along the lines of this study should use a random stratified sample of participants.

Another limitation of this study revolves around the fact that only the primary investigator analyzed the qualitative data. The researcher did take measures to minimize bias. For example, in addition to his differentially perceiving strengths and weaknesses in the inventories, he used methodological triangulation in the study -- using both qualitative and quantitative methods of inquiry and, within the quantitative domain, both rankings and ratings, to form an understanding. Nevertheless, the qualitative results could have been strengthened if Adlerian and multimodal co-investigators had participated in the qualitative analyses. This is suggested in follow-up studies.

Also in future studies, if both ranking and rating methods are used, the researcher would be wise to use the same scale for both (1-3), thus allowing for the use of different types of statistical correlations between the ranking and rating sections that were not possible to use in the current study. In addition, when asking for the participants' theoretical orientation, the researcher will ask participants indicating eclecticism to "pick the one theory with which you most identify."

Also, given that the MI appeared more "professional" in format – recall one participant's noting her fondness of its "book" format – future research comparing such inventories would ideally have their formats matched more equivalently, that is to say, to have them either all in "book" format or all with a staple in the upper-left corner.

To summarize, the LI was consistently evaluated as the worst of the three inventories -- on all dimensions. The MI was evaluated as the best inventory on four dimensions: the *client's thoughts, emotions, behaviors,* and *physical aspects*. The II was evaluated as the best inventory on seven dimensions: *physical aspects of the client's*

environment, client's culture, client's spirituality, what is most meaningful to the client, and, notably, on *overall comprehensiveness, overall efficiency*, and *overall helpfulness*.

Conclusion

Maslow once remarked, "If all you have is a hammer, everything begins to look like a nail." One of the primary researcher's hopes was to develop a tool – the Integral Intake – that is capable of accomodating diverse clients with diverse issues and needs, thus helping MHPs expand their theoretical and practical "tool boxes," and even assisting their choosing the optimal "tool" /treatment approach for the job.

In addition to inquiring into how "expert" participants evaluated the three inventories, the primary researcher hoped to receive feedback/suggestions from the participants regarding how to improve the Integral Intake. Both goals were accomplished. Based on the results and discussion of the evaluations reported above, it appears clear that, overall, the II was evaluated as the best inventory. The primary researcher can also conclude that participants' feedback will be incorporated into what will be the second version of the II. He is thrilled to have received so much constructive feedback and is excited to improve upon an inventory that is already very helpful.

APPENDIX A

INTEGRAL INTAKE

INTEGRAL INTAKE

Client's Name _____Age_____ Date First Seen _____

Home Phone (_____)_____(message: Y/N) Work Phone (_____)_____(message: Y/N)

Address _____City_____ Zip_____

Date of Birth _____ Gender(M/F) Referral Source _____

Emergency Contact: Name _____ Phone (_____)_____

(Please use the back side of this form if you need more space to respond to *any* of the questions)

PRELIMINARY ISSUES AND PREVIOUS THERAPY

What is the primary concern or problem for which you are seeking help?

_____

_____

_____

_____

_____

_____

What makes it better? What makes it worse?

_____

_____

_____

_____

_____

Are there any immediate challenges or issues that need our attention? Yes/No If yes, please describe.

_____

_____

_____

_____

Have you had previous counseling or psychotherapy? Yes/No From when to when? With whom?

_____

_____

What was your experience of therapy?

_____

_____

What was most helpful about your therapy?

_____

_____

What was least helpful about your therapy?

_____

_____

What did you learn about yourself through the process of therapy?

_____

_____

What do you expect from me and our work together?

_____

_____

_____

PERSONAL/SUBJECTIVE

What are your strengths?

_____

_____

_____

What are your weaknesses?

_____

_____

_____

How would you describe your general mood/feelings?

_____

_____

What emotions do you most often feel most strongly?

_____

_____

What are the ways in which you care for/soothe your self when you feel distressed?

_____

_____

How do you respond to strong emotions – both in yourself and in others?

_____

_____

How do you respond to stressful situations?

_____

_____

_____

How do you respond to problems and make decisions?

_____

_____

_____

Are you bothered by recurring images or thoughts (either while awake or in dreams)? Yes/No If yes, please describe._____

_____

_____

Have you had any past suicidal thoughts/attempts? Yes/No If yes, please describe.

_____

_____

_____

Are you presently experiencing suicidal thoughts? Yes/No If yes, please describe.

_____

_____

_____

Has anyone in your family ever attempted or committed suicide? Yes/No If yes, please describe.

_____

_____

_____

Have there been any serious illnesses, births, deaths, or other losses or changes in your family that have affected you? Yes/No If yes, please describe.

_____

_____

_____

_____

_____

_____

_____

What is your earliest memory?

_____

_____

_____

What is your happiest memory?

_____

_____

_____

What is your most painful memory?

_____

_____

_____

_____

Where in your body do you feel stress (shoulders, back, jaw. etc.)?

_____

_____

Do you have ways in which you express yourself creatively and/or artistically? Yes/No If yes, please describe. _____

_____

_____

Describe your leisure time (hobbies/enjoyment).

_____

_____

_____

_____

_____

Have you ever been a victim of, or witnessed, verbal, emotional and/or physical abuse? Yes/No If yes, please describe. _____

PERSONAL/OBJECTIVE

Please list any medications you are presently taking (dosage/amount and what the medication is for).

_____

_____

_____

_____

Height_____ Weight_____lbs.

When was your last physical? _____Were there any noteworthy results (neurochemistry, blood pressure, cholesterol, etc.)? _____

_____

_____

Have you ever suffered a head injury or other serious injury? Yes/No If yes, please describe.

_____

_____

_____

What other significant medical problems have you experienced or are you experiencing now?

_____

_____

_____

Describe your current sleeping patterns (How many hours per night; do you sleep straight through or do you awaken during the night?). _____

_____

Do you feel rested upon waking? Yes/No

Describe your diet.

_____

_____

_____

_____

Do you take supplements/vitamins/herbs? Yes/No If yes please describe.

_____

_____

Describe your drug and alcohol use (both past and present).

_____

_____

_____

_____

Do you engage in some form of exercise (aerobic and/or strength building)? Yes/No If yes, please describe.

_____

_____

Do you have any communication impairments (sight, hearing, speech)? Yes/No If yes, please describe.

_____

_____

_____

INTERPERSONAL/SYSTEM/SUBJECTIVE

Describe your relationships, including friends, family, and co-workers.

_____

_____

_____

_____

_____

_____

What is important and meaningful to you (what matters the most to you)?

_____

_____

_____

_____

_____

_____

Which emotions were encouraged or commonly expressed in your family of origin?

_____

_____

Which emotions were discouraged or not allowed in your family of origin?

_____

_____

What emotions are most comfortable for you now?

_____

_____

What emotions are most uncomfortable for you now?

_____

_____

How do you identify yourself ethnically? What does it mean to you to be a part of your culture?

_____

_____

_____

How did your family of origin express love and care?

_____

_____

How does your current family express love and care?

_____

_____

How did your family of origin family express disapproval?

_____

_____

How does your current family express disapproval?

_____

_____

Describe your romantic/love relationships, if any.

_____

_____

_____

What is your sex life like?

_____

_____

What is the meaning and importance of your beliefs about sex?

Do you have a religious/spiritual affiliation and/or practice? Yes/No Please explain.

_____

_____

_____

What is the meaning and importance of your religious/spiritual beliefs?

_____

_____

_____

What is the meaning and importance of your morals/beliefs?

_____

_____

_____

What is the meaning and importance of your political views/concerns?

_____

_____

What is the meaning and importance of your environmental values/concerns?

_____

_____

Are you involved with any cultural activities or institutions? Yes/No If yes, please describe.

_____

_____

_____

_____

INTERPERSONAL/SYSTEM/OBJECTIVE

Describe your current *physical* home environment. Describe the layout of your home, and other general conditions, such as, is it well-lighted, do you have A/C, heating, etc.

_____

_____

_____

Describe your current *social* home environment (how do you get along with those who live with you?)

_____

_____

_____

Describe your neighborhood. _____

_____

_____

What is your income/standard of living?

_____

_____

_____

Describe your work environment (include co-workers and supervisors who directly affect you).

_____

_____

_____

_____

What is your educational background?

_____

_____

What is your occupation and how satisfied are you with it?

_____

_____

_____

What is your marital status? Have you been married before? Yes/No If yes, please describe.

_____

_____

_____

Are you currently involved in a custody dispute? Yes/No If yes, please describe.

_____

_____

_____

What other aspects of your life are stressful to you? Please describe.

_____

_____

_____

_____

What sort of support system do you have (friends or family who help you in times of need)?

_____

_____

_____

List your **family of origin** (family you lived with for most of your life), beginning with the oldest, include parents and yourself.

Name	Age	Gender	Relationship to you (include "step" and "half", etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ _____ _____ _____

_____ _____ _____ _____

Describe any family history of mental illness.

_____

_____

_____

_____

List your **current family** or all the people you currently live with (begin with the oldest person and include yourself).

Name	Age	Gender	Relationship to you (include "step" and "half", etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you involved with organizations? Yes/No If yes, please describe.

_____

_____

Do you participate in any volunteer work? Yes/No if yes, please describe.

_____

_____

Is there anything else you want me to know about? (use the back of the page if you need to).

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX B

EVALUATION FORM

Evaluation Form

Please complete this form in the order provided. In other words, please do not look ahead to part 3 and then complete part 2.

Part 1: Demographic Information

Age_____ Gender M/F
Ethnicity
_____European American _____African American
_____Asian American _____Native American
_____Middle Eastern American _____Other, please specify_____

Theoretical Orientation with which you identify:
_____Psychodynamic _____Existential/Humanistic
_____Adlerian _____Person-Centered
_____Jungian _____Integral
_____Cognitive _____Transpersonal
_____Multimodal _____Rational Emotive Behavior Therapy
_____Other, please describe:_____

Please check all that apply regarding your professional roles:
_____Professor of _____ for _____ years
_____Psychologist, practicing for _____ years
_____Counselor, practicing for _____ years
_____Other, please describe_____

Part 2: General Impressions (feel free to use the backs of the pages if the space provided is insufficient)

From a clinical perspective, what were your impressions or reactions to reading through these inventories?

How do you think clients would react to being asked to complete each of these inventories?

Which of these three inventories would you most likely use with your clients? Why?

Were there aspects of any of the three inventories that elicited a negative reaction from you? If so, what were they? (please specify the inventory and the items).

Do you know of other assessment inventories/instruments that you think are more clinically useful? If so, what are they?

Part 3: Evaluation Form

Helpfulness is defined as how clinically useful the inventory is to the clinician relative to understanding clients, their most pressing issues, and optimal courses of treatment.

Comprehensiveness is defined as how thoroughly each instrument assesses the client. Comprehensiveness consists of two components, breadth and depth. Whereas depth involves the extent to which a specific domain is investigated, breadth involves the extent to which the numerous domains that comprise the client are investigated. Regarding eight dimensions that seem essential to understanding a person's mental health – thoughts, emotions, behaviors, physical aspects of the person, physical aspects of the person's environment, culture, spirituality, and meaning – the researcher is inquiring relative to deep comprehensiveness. In the question addressing overall comprehensiveness, the researcher is more concerned with the inventories' comparative breadth, not depth.

Efficiency is defined as how productive the time required to complete the inventory is; it is a function of the amount of time required to yield a given degree of comprehensiveness - something approximating the amount of comprehensiveness divided by the amount of time required to complete the inventory. In other words, was any of the time required to complete the inventory wasteful or unnecessary? The import of this dimension regards issues of client fatigue and likelihood of clients completing an inventory.

A. For the following questions, *rank* the three inventories (3=best, 2=middle, 1=worst) (ties are permissible)

	II	LI	MI
1. *Overall*, which inventory would be most *helpful* to you in your clinical work?			
For items 2-9, please rank the *comprehensiveness* of each instrument on each item below.			
2. Client's thoughts			
3. Client's emotions			
4. Client's behaviors			
5. Client's physical aspects			
6. Client's physical environment/system			
7. Client's culture			
8. Client's spirituality			
9. What is most meaningful to the client			
10. *Overall*, which inventory appears most *comprehensive* (I am more concerned with *breadth* than depth).			
11. *Overall*, which inventory appears most *efficient?* (getting the most information from the least investment of the client's time).			

B. For the following questions, *rate* the three inventories (1=poor, 2=fair, 3=good, 4=very good, 5=excellent)

	II	LI	MI
1. *Overall*, how *helpful* would each inventory be to you in your clinical work?			
For items 2-9, please rate the *comprehensiveness* of each instrument on each item below.			
2. Client's thoughts			
3. Client's emotions			
4. Client's behaviors			
5. Client's physical aspects			
6. Client's physical environment/system			
7. Client's culture			
8. Client's spirituality			
9. What is most meaningful to the client			
10. Rate the *overall comprehensive* of each inventory (I am more concerned with *breadth* than depth).			
11. Rate the *overall efficiency* of each inventory*?* (getting the most information from the least investment of the client's time).			

Part 4: Anything else?

APPENDIX C

INSTRUCTIONS

INSTRUCTIONS

You have agreed to participate in this study. It is important that you follow these directions closely.

1. Please read through the three inventories and their introductions thoroughly in the following order: _____. You **DO NOT** need to actually answer the questions or actually complete the inventories. Rather, as you read through each inventory, consider how well the information gathered by each inventory would provide you, as a psychotherapist, with information helpful in formulating an early "snapshot" of the client and tailoring the optimal therapeutic approach for each given client. Place a large "?" next to any item about which you are unclear.

2. After you have read through all three inventories, complete the Evaluation Form.

3. Send your informed consent form (sealed in the white envelope), the three instruments, and your completed Evaluation Form in the postage-paid return envelope provided.

Thank you very much.

APPENDIX D

A BRIEF INTRODUCTION TO THE INTEGRAL INTAKE

A Brief Introduction to the Integral Intake

The Integral Intake is an assessment instrument based upon the Integral Psychology of Ken Wilber. From the perspective of this theory, comprehensive and holistic conceptualization of a client includes knowledge of four distinct and irreducible perspectives of each client: the *four quadrants*. The four quadrants are *intentional* (client viewed subjectively/from within), *behavioral* (client viewed objectively/from without), *cultural* (client's system viewed subjectively/from within), and *social* (client's system viewed objectively/from without).

APPENDIX E

A BRIEF INTRODUCTION TO THE LIFE-STYLE INTRODUCTORY INTERVIEW

A Brief Introduction to the Life-Style Introductory Interview

The Life-Style Introductory Interview is an assessment instrument based upon the Individual Psychology of Alfred Adler. From the perspective of this theory, comprehensive and holistic conceptualization of a client includes knowledge of each client's *lifestyle*, the convictions one developed in early life in order to organize and understand one's experience and move purposefully through life.

APPENDIX F

A BRIEF INTRODUCTION TO THE MULTIMODAL LIFE HISTORY INVENTORY

A Brief Introduction to the Multimodal Life History Inventory

The Multimodal Life History Inventory is an assessment instrument based upon the Multimodal theory of Arnold Lazarus. From the perspective of this theory, comprehensive and holistic conceptualization of a client includes knowledge of each client's BASIC I.D.: ***b***ehaviors, ***a***ffective processes, ***s***ensations, ***i***mages, ***c***ognitions, *i*nterpersonal relationships, and ***d***rug/***b***iological functions.

APPENDIX G

INFORMED CONSENT FORM

INFORMED CONSENT FORM

Participant Name: Date:

Title of Study: MENTAL HEALTH PROFESSIONALS' COMPARATIVE EVALUATIONS OF THE INTEGRAL INTAKE, THE LIFE-STYLE INTRODUCTORY INTERVIEW, AND THE MULTIMODAL LIFE HISTORY INVENTORY

Principal Investigator: Mr. Andre Marquis

Co-investigator: Dr. Janice Holden

We are contacting you to request your participation in a research project that will serve as Andre Marquis' dissertation. As counselors who work with clients with diverse concerns and issues, we face significant challenges regarding how to best assess and work with clients in a manner that is optimal *for them*. We hope that you will take the time to complete and return this survey study so that the gap in initial assessment research can be partially filled.

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the proposed procedures, benefits, risks, and discomforts of the study. It also describes your right to withdraw from the study at any time. It is important for you to understand that no guarantees or assurances can be made as to the results of the study.

Purpose of the study and how long it will last:
The purpose of this study is to explore whether or not there are differences – and if so, what those differences are -- in how "experts" evaluate three initial assessment instruments -- the Integral Intake, the Life-Style Introductory Interview, and the Mulitmodal Life History Inventory. "Experts" are defined as either professors of counseling or psychology and/or counselors or psychologists who have been licensed practitioners for at least five years. Your participation is expected to require approximately 30-60 minutes of your valuable time, which we sincerely appreciate. We greatly need your participation, which is crucial to our ability to compile meaningful results/research. We have strived to minimize the time required to complete the survey. Your responses will be carefully analyzed; through your cooperation and input we hope we will provide relevant and important research regarding how to optimally assess and serve our clients.

Description of the study including the procedures to be used:
This study will involve **your reading through – not completing or filling out** – the three enclosed instruments, followed by your completing the enclosed Evaluation Form, which you will then return to the researcher in the pre-addressed, postage-paid envelope.

Description of procedures/elements that may result in discomfort or inconvenience:
Reading through questions that inquire into areas such as your family of origin, past painful memories, or past trauma could lead you to re-live painful memories or to experience some discomfort in the form of distressing or painful emotions. However, given that you are not required to actually fill out the instruments, the likelihood of such discomfort appears unlikely. In the event that you experience any distress arising from participation in this study and contact Mr. Marquis, he will give you an appropriate referral to a mental health professional. These potential risks are outweighed by the potential benefits.

As a sign of our appreciation, we are offering the opportunity to enter a raffle for a name-brand DVD player. Participants who return their completed survey packets, postmarked by April 15, will have both of their tickets entered in the raffle. If we have not received your completed packet by April 15, we will send you a reminder either via email or phone. Participants who return completed packets after April 15 and postmarked by May 3 will have one of their tickets entered in the raffle (there will be a maximum of 80 participants). The raffle will occur on May 13, and all respondents who entered the raffle and provided an email address will be notified of the winner.

Benefits to the subjects or others:
Potential benefits of participating in this study include: increased knowledge of initial assessment inventories; the gratification of contributing to beneficial research in the field of psychotherapy; an opportunity receive a summary of the results of this study; increased self-awareness; insights into difficulties you experience; and a chance to win a DVD player.

Confidentiality of research records:
The identity of each participant will be known only to the researchers. Upon receipt of the completed packets, the raffle ticket(s) and informed consent forms will be separated from the Evaluation Forms, thus ensuring that your identity cannot be linked to your responses. All data will be kept locked securely in a filing cabinet under the supervision of the primary researcher. Any publication of data will be done in an anonymous manner with no individual identities revealed.

Review for protection of participants:
This research study has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940) 565-3940.

RESEARCH SUBJECTS' RIGHTS: I have read all of the above. In case there are problems or questions, I have been told I can call Andre Marquis at (940) 458-5697 or email him at dremarquis@earthlink.net. I can also call Dr. Janice Holden at (940) 565-2919 or email her at **Holden@coefs.coe.unt.edu**. Andre Marquis has made himself available to me in case I have had any questions. I have been informed of the potential risks or discomforts and possible benefits of the study.

I understand that I do not have to take part in this study, and my refusal to participate or to withdraw will involve no penalty or loss of rights or benefits or legal recourse to which I am entitled. The study personnel may choose to stop my participation at any time.

I understand my rights as a research participant, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done.

Subject's Signature	Date

For the Investigator:

I certify that I have reviewed the contents of this form with the person signing above, who, in my opinion, understood the explanation. I have explained the known benefits and risks of the research.

Principal Investigator's Signature	Date

Thank you in advance for completing and retuning this survey. Your assistance is sincerely and deeply appreciated.

Andre Marquis, M.Ed **Janice Holden, Ed.D.**

Would you like to correspond with Mr. Marquis via e-mail regarding this study? Yes/No
Would you like to receive a summary of the results? Yes/No
If you answered "yes" to any of the above, please write your e-mail address below:

e-mail address_____

APPENDIX H

THEMES AND KEYWORDS FOR THE QUALITATIVE ANALYSES

Themes and Keywords for the Qualitative Analyses

Themes and keywords for Table 3:

Comprehensive: thorough, informative, multidimensional, complete, broad, scope, widest, well-rounded
Overwhelming: overwhelm (ed), too long, length, off-putting, taxing, fatigue (ing), perfunctory, overly long, tedious, intimidated, laborious, overkill, too detailed, too in-depth, too thorough, too much
Too invasive (no other keywords)
Helpful: useful, pertinent, utility
Too much emphasis on <u>past</u> (no other keywords)
Too much emphasis on siblings (no other keywords)
Spiritual (no other keywords)
User-friendly: visually interesting, clear, easy to understand, check-list, easier, well-developed, attractive, straight-forward, usable,
Not user-friendly: clumsy, confusing, difficult, stagnant or dull format, complicated, frustrated, not even clear
Concise: succinct
Good for psychologically-minded clients (no other keywords)

Themes and keywords for Table 4:

Offensive: intrusive, probing, nosy, traumatic, put off, too personal, invasive, scared, threatened, cold, uncomfortable, objectified,
Overwhelming: tiring, frustrated, length, intimidated, long, discouraged, daunted, tedious, exasperated, time-consuming, redundant
Helpful: detailed, balanced, practical, easy
Scientific: interesting, sophisticated and educated clients (will like them better), psychologically-minded, objective
User-friendly: easily, format, wording/style, less threatening, list(s)
Not user-friendly: confusing, confused, vagueness, relevance, difficult, understand, complicated, burdened, cold, irritating, redundant, print too small
Interactive: open-ended Q's don't limit what type of info is obtained, open-ended
Thorough: extensive
Concise: succinctly
Too much emphasis on the past: not "here and now"
Spiritual (no other keywords)

Themes and keywords for Table 5b:

Comprehensive: breadth, socio-economic factors, developmental factors, current concerns, physical and emotional issues

Comprehensive without being too long: complete but efficient
More contextual data: inclusion of social, cultural, domestic violence, ethnicity, custody and volunteer queries
More relational and "interactive": more client friendly, liked the open-ended questions, allows clients to answer without being biased
Leads to a treatment plan (no other keywords)
Format: Most complete and well-developed; check-lists; variety of scales, fill in the blanks, often requires only one-word answers
It fits with my guiding theory (no other keywords)
Yields more interesting data (no other keywords)

Themes and keywords for Table 6:

Vague or irrelevant questions: (no other keywords)
Not user-friendly: long list of questions, no checklists
Too long: too detailed
Too much emphasis on siblings and family atmosphere: (no other keywords)
Too much emphasis on early recollections (and the past in general): not enough on present
Instructions too complicated: instructions too confusing, complex, difficult
Likert-scales seem cold: (no other keywords)
Heterosexual bias: (no other keywords)
Pathologizing: (no other keywords)

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