

The History of Self-Esteem

Child Guidance

Introduction

The first dissertation to feature “self-esteem” in the title was submitted to New York University in 1950 by Leonard Small. Its purpose was to link low self-esteem with emotional disturbance and delinquency in adolescent boys. After the First World War, at a time when society’s control over youth was disintegrating, there was a national panic over juvenile delinquency. To some extent, this was renewed during and after the Second War, at which time Small’s research took place. Yet, this distinct delinquency problem and the clinical solution Small represents were part of a broader movement toward ‘child guidance’ that had its roots in the late nineteenth century. Small’s dissertation provides an unequaled opportunity to link self-esteem with these more general historical developments: the rising profession of child guidance and the escalating anxieties about youth in American culture that helped to shape it.

Small’s dissertation, however, was not the first to focus on self-esteem. In 1943 Victor Raimy, a student of Carl Rogers, completed his dissertation on the “self-concept”. Although the ostensible subject was a broad one, the practical research and hypothesis of this dissertation focused on the evaluative component of the self-concept, which the author explicitly identified with self-esteem. Raimy’s dissertation is therefore an important precursor to Small’s, and indeed occupies a prominent place in the latter’s discussion of the literature. Furthermore, although Raimy did not relate self-esteem to child-guidance himself, his background in child-guidance nonetheless suggests an historical connection worth exploring. The inclusion of Raimy in this chapter thus allows a broader perspective on the historical relationship between child-guidance and self-esteem.

The broad aim of this chapter is to explore the historical connections between self-esteem and child guidance. More concretely, its primary aim is to situate Small’s dissertation on self-esteem within the cultural history of youth as a social challenge and the institutional framework that was developed in order to address it. A secondary function of this chapter is to integrate Raimy’s dissertation on the self-concept into our narrative. This achieves two things. First, it covers a key precedent to Small, putting his work in perspective. Second, the child

guidance background of Raimy, as well as his supervisor Rogers, reinforces the historical connection between self-esteem and child guidance as one of its earlier social motivations.

The chapter begins by locating child guidance within the progressive movement, first in the form of a general child-saving impulse and later in the rise of mental hygiene. It then ties the emergence of child guidance with the development of its constituent disciplines, namely the emerging authority of psychiatry and the nascent career of clinical psychology. The latter is especially important for keeping focus on the history of psychology in accordance with the methodology of this thesis. All of this background is the lead up to the two respective dissertations, first covering Raimy's work, then moving on to the primary target of the chapter, the dissertation by Leonard Small.

Troubled Youth in the Progressive Era

Any discourse about the wellbeing and future of society contains a logical pathway to a concern about children, the adults of tomorrow. In this respect the Progressive movement, the middle-class response to the social, cultural and philanthropic challenges of the new urban and industrial order of the Nineteenth Century, was not exceptional. The primary manifestation of progressive interest in childhood was progressive education, which sought to reform schooling to better suit the contemporary economy and its workforce. Another manifestation was an impulse known as 'child saving'. The children in question were urban working class individuals, often visibly impoverished and often of immigrant stock. The child savers were people concerned with the "delinquent" behavior that became associated with this class by the turn of the century. That American middle class values permeated their mission is evidenced by their emphasis on the supposedly defective motherhood behind the child's behavior. The child savers' efforts resulted in establishing the first dedicated juvenile court in Chicago in 1899. The Illinois legislature's definition of a "delinquent child" confirms the general pettiness of the target behavior, much of it amounting to little more than the breaking of an unspoken curfew on youth. Kathleen Jones argues that, class and cultural prejudices notwithstanding, the nascent juvenile justice system reflected an idea of behavior that was not so much criminal, but rather inappropriate for the age group.¹ Over the next few decades this would change.

The first turn in the clinical direction was a response to the problem of 'recidivist' or repeat offenders. These unresolved cases brought the new legal system under criticism and, mindful of the psychological sciences emerging at the time, child savers began to question the 'normality' of apparently incorrigible individuals. A committee on this problem was held in 1908, and the result was the creation of the Juvenile Psychopathic Institute in the following year. The title reflected the medical model now being applied to these children, and their status as mentally abnormal or inferior. Financed partly by the wealthy child saver Ethel Dummer, the Institute was directed by psychiatrist William Healy, who had already made his reputation in the psychopathology of young offenders. The primary research

output, *The Individual Delinquent*, published in 1915, represented a crucial paradigm shift. The traditional progressive approach to social problems was a simplistic environmentalism that attributed social ills to social and economic circumstances. Healy, however, adopted a highly individualized understanding of the complex set of factors that governed a person's behavior. It was the individualist orientation that would characterize the psychiatric approach to mental problems for decades to come. He also established what would be the standard inter-disciplinary model of the child guidance movement: a clinical team comprising psychologist, psychiatrist and social worker. The psychologist handled the psychometric testing, the psychiatrist conducted investigative interviews, and the social worker dealt with case histories, liaisons with parents etc..²³

The Juvenile Psychopathic Institute shared its birth year, 1909, with another famous body, the National Committee for Mental Hygiene (NCMH). Mental hygiene was a newer progressive development, and although there was some overlap in interest between it and child saving (Julia Lathrop, for example, was a prominent figure in both), it stemmed from a very different social problem. Founded by Clifford W. Beers, a former mental patient, mental hygiene was a reaction to the horrors of the asylum, both insanity itself and the treatment of the committed. Its early years were focused on consciousness raising and the reform of the conditions and treatment of the insane, whereas later its emphasis shifted toward prevention. By the 1920s it had become an ambitious and optimistic mission for nothing less than the application of psychiatric principles to a sweeping range of social problems.

One social problem the hygienists applied themselves to was crime, bringing them up against the then popular hereditarian tradition. Psychologists like Henry H. Goddard were claiming that crime was a product of inherited intellectual deficiency. From 1916, the NCMH set out to challenge this view, conducting studies on prison inmates. Contrary to Goddard's claims, they found that inherited subnormal intelligence was responsible for a minority of cases, the majority caused rather by preventable psychotic disturbance. One of the researchers, Bernard Glueck, defined a distinct personality type that offered the most potential for intervention. The "psychopathic delinquent" was an antisocial individual due to a weak impulse control and disinclination to adapt to society. Significantly, this problem of character and adjustment appeared at an early age, resulting in a "precriminal" child. This child presented an opportunity to nip criminal behavior in the bud. The emphasis here is not on juvenile delinquency as a problem in itself, but rather on problematic behavior as a symptom of a real (adult) criminal in the making.⁴

The Commonwealth Fund, the private philanthropy organization that joined forces with mental hygiene to launch the child guidance movement, *was* specifically interested in juvenile delinquency. Founded in 1918, the fund had been searching for a social cause that was not yet exploited by other philanthropies. Having narrowed the search down to child welfare, they found juvenile delinquency to be conveniently outside of the Laura Spelman Rockefeller Memorial's

child welfare territory. This was not because the area seemed trivial. The war appeared to have left America with a crime wave. The media was reporting violent crime generally and juvenile crime in particular. One editorial reads:

It seems to be an accepted axiom nowadays that our young people are going to the devil... the neighborhood gangster, aided by his youthful sweetie and stimulated by the false courage of heroin or cocaine, robs and murders with casual calmness long before he is out of his teens.⁵

Things had evidently gotten more serious since the juvenile justice system began! In 1922 the Commonwealth Fund launched the Program for the Prevention of Delinquency. The program was unambiguously a mental hygiene project. Glueck himself had helped steer it toward an application of his own work. Another leading consultant was the NCMH medical director Thomas Salmon.

Although the efforts of this program were directed toward catching juvenile dysfunction in its infancy, hygienists quickly concluded that this was not early enough: children had to be set straight *before* symptoms became manifest. With compulsory education laws in place, the key avenue of intervention was the school. Having adopted the malleable personality as their paradigm of mental illness, in contrast with the traditional biological determinism of psychiatry, the hygienists focused their efforts on nothing less than transforming the entire schooling system. The key aim was a shift in the fundamental goal of the school from straightforward academic education toward the healthy development of personality, amounting to what Sol Cohen calls the medicalization of American education.⁶

It was in this context that a significant connection was made. The hygienists determined that school was not only an opportunity to reach children but was itself a significant source of the “stress” that threatened personality development. One particular source of stress they identified was the problem of academic failure, which could result in feelings of inferiority. This became a focus of the hygienists’ critique of the existing curriculum.⁷ This perspective no doubt reflects the “inferiority complex” discourse going around at the time, but perhaps more of interest is the fact that it anticipates the most infamous feature of the self-esteem movement by about half a century. As we will soon see, it may also have contributed to Raimy’s thinking about self-esteem as he had some experience in this educational environment.

Child Guidance and the Rise of Psychodynamic Psychiatry

The Program for the Prevention of Delinquency is considered the beginning of the child guidance movement. Despite the title, according to historian Margo Horn the emphasis on preventing delinquency was lost “[w]ithin the first months of operation.”⁸ Rather, the target of child guidance was the so-called ‘problem child’. The problem child was a social construct to the extent that it reflected

widespread anxiety about childhood and adolescence in the 1920s. As Horn summarizes:

The problem child was a child of normal intelligence who exhibited a range of behavior and psychological problems that were lumped together in a category called maladjustment... Maladjustment was defined in relation to the expectations of those in the children's immediate environment and the demands of the adults responsible for their care.⁹

The problem child was thus a social deviant, and as the decade drew to a close, a primarily middle class one.

The main function of the original program, carried out by a newly created division of the NCMH, was to fund and administer eight demonstration clinics in selected cities across the country, in order to seed the proliferation of many more autonomous ones, "some forty-two clinics by 1933."¹⁰ In 1927, the Commonwealth Fund revised its program, renaming it the Revised Program in Mental Hygiene for Children, and turned its focus toward training the professionals. This task was centralized with a high quality training facility called the Institute for Child Guidance, located in New York City.¹¹ In a slight refinement of Healy's model, the standard child guidance clinical team consisted of psychologist, psychiatrist, and psychiatric social worker.

Operating closely behind mental hygiene and child guidance was the advancement of psychiatry as a profession. In the early twentieth century, psychiatrists were becoming fed up with their lot working with the institutionalized insane, and were pushing outward toward a broader role in society. They were successful, and over the ensuing decades became a leading scientific authority in a culture that saw science as an answer to social problems. This idea is exemplified in the psychiatric transformation of social work. The psychiatric sub-specialty of social work had been developing for decades, becoming official with the establishment of the American Association of Psychiatric Social Workers in 1926. By 1930, it was a compulsory component at the major centers of social work training. Because of its moral and charitable associations, psychiatric social work was a woman's profession. Consequently, it was low status and low paid, and therefore cheaper for the Commonwealth Fund to train. Thus they largely outnumbered the other professions: there were often more than one on the child guidance team. Despite its professional (and somewhat symbolic) subordination, the nature of psychiatric social work converged strongly on that of psychiatry itself. Thus, while retaining the 'social' elements that distinguished the field, the psychiatric social worker was, effectively, a kind of low rank psychiatrist.¹²

What made this possible was a new paradigm of mental illness. The classical notion of insanity as somatically caused left little room for a solution and progressivism and American Culture generally demanded a more optimistic approach. This demand was addressed by a new class of liberal psychiatrists whose dynamic theories emphasized emotional development. One of the foremost

authorities of the new psychiatry was Adolf Meyer, whose eclectic “psychobiology” saw the roots of disorder in childhood experience, thus defining the basic premise of mental hygiene and child guidance. Yet, in this respect, Meyer was largely standing on the shoulders of Freud, one of the major sources of his synthesis. It was through the liberal psychiatrists that the psychoanalytic perspective made an early imprint in twentieth century psychiatry, but it would not stop there. In the 1920s and 1930s Freud and psychoanalysis became a major force in American popular culture, especially among the urban, educated and liberal. This is probably one of the reasons that it also became the dominant paradigm in psychiatry in the same period. Nathan Hale attributes its success, once again, to its superior utility in tackling mental illness.¹³ This probably holds in the context of mainstream practitioners working adult patients. Yet, in the context of child guidance, Margo Horn offers a very different explanation. In the 1920s, the dominant paradigm of child guidance was behaviorism. John Watson himself had made bold claims about the shaping of children through the manipulation of their environment. Over the decades this orientation gave way to a psychodynamic one. To some extent this reflects the rise of Freudianism in psychiatry and culture more broadly. But according to Horn, it had even more to do with advancing the authority of the psychiatric profession. This explains why child guidance turned to psychodynamic approaches to intervention despite the fact that they apparently found them *less* effective in actual practice than the behaviorist approach.¹⁴ Whatever the reason, it was this paradigm that Leonard Small, under the influence of psychiatrists, would employ in his application of self-esteem to juvenile delinquency.

Child Guidance and Clinical Psychology

Clinical psychology is almost as old as modern psychology itself. Yet, the profession as we understand it emerged much later as a product of the Second World War. Prior to the war, clinical psychology was still in the process of attempting to establish, assert and define itself. The extent to which it struggled to do so is perhaps not surprising. As psychologists interested in mental problems, they were caught between two powerful establishments. On the one hand, there was psychiatry, which had an effective monopoly over mental illness, especially regarding treatment. For this reason, the work of clinical psychologists was largely relegated to the most stereotypical psychologist’s occupation of the time, mental testing. On the other hand, their more fundamental problem was academic psychology. The American Psychological Association (APA), which set the standards of education and training to the extent of its power within universities, was significantly controlled by an elite of experimentalists. These were the ideological guardians of pure science uncorrupted by pragmatic concerns. This was not an easy idea to sell in a pragmatic nation like America, and psychology had been moving in the ‘application’ direction for decades. Thus was pre-war psychology marked by perpetual tension between professional or ‘applied’ psychology, and the academic tradition that resisted it. As a largely practical enterprise, clinical psychology had inherited this problem.

Although it preserved the superior position and privileges of psychiatry, the Institute for Child Guidance provided a rare and attractive opportunity for aspiring clinical psychologists. It offered full-year fellowships to 15 trainees with psychology master's degrees, eight of whom were women. Significantly, the training of these psychologists included the practice of psychotherapy, thus overcoming the traditional division of labor with psychiatrists. They did, however, remain under psychiatrist supervision, and were generally given charge over cognitive problems, rather than emotional ones.¹⁵

The child guidance movement was the context in which Carl Rogers' lifelong career in clinical work began. It started while he was still doing his doctorate in psychology at Teachers College, Columbia. His interest areas were clinical and educational psychology. Following an internship at the newly established Institute for Child Guidance in New York City in 1927-8, he moved upstate to Rochester, where he continued working with children for the next twelve years. Up until 1938, he worked in the Child Study Department of the Rochester Society for the Prevention of Cruelty to Children, where he became director. He then became the first director of the Rochester Guidance Center, a social initiative in which he had been involved.

When Rogers left the child guidance scene for a university position in 1940, his career took a remarkable turn. Until then, it had been as if his background in psychology had never existed. Now he was a full-blown professor of psychology at Ohio State University. And from then on his significance as a psychologist rapidly escalated: in just half a decade he would be president of the APA. As he began teaching at Ohio, he began to sense that he had developed a novel approach to therapy. In 1942 he published the definitive summary of this approach in his second book *Counseling and Psychotherapy*.

In this book, Rogers distinguishes between two fundamentally different styles of therapy. He calls the more traditional approach 'directive therapy', wherein the therapist directs the client's goals and courses of action. His own approach he calls 'non-directive therapy' which places responsibility for these things upon the client. He summarizes the non-directive viewpoint thus: "Effective counseling consists of a definitely structured, permissive relationship which allows the client to gain an understanding of himself to a degree which enables him to take positive steps in the light of his new orientation."¹⁶ The key word here is 'permissive'. Everything the therapist says is aimed at facilitating the client's progress in piecing together the reasons behind their own maladjustment. The basis of this process is growth. He writes: "The aim is not to solve one particular problem, but to assist the individual to *grow*, so that he can cope with the present problem and with later problems in a better-integrated fashion."¹⁷ The ultimate aim is 'greater independence'.

Counseling and Psychotherapy introduced more than just a professional paradigm shift. It also contained the first complete transcript of an entire course of psychotherapy: "The Case of Herbert Bryan". Rogers believed that the process of therapy itself, and the transformation of the client, should be studied with the

rigor and objectivity of science in order to test the sort of claims that traditionally relied on the likes of psychoanalytic authority. For this reason, he pioneered the phonographic recording of therapeutic interviews in order to produce transcripts that could then be subjected to quantitative analysis. In this way, Rogers aimed to transform therapy into a real “science” with a solid foundation of empirical research. Practicing therapy was not sufficient; it had to be studied.

A third, although obviously related, legacy of Rogers’ years at Ohio was his students. A self-styled revolutionary, his reception at Ohio followed the familiar pattern of territorial resentment from the staff and the enthusiastic interest of the students. He was hugely influential and gained a devoted following of graduate students, several of whom went on to lead influential careers of their own. One of them, Victor Raimy, would later write the report of the historic ‘Boulder conference’ on clinical training in 1950, as well as making a pervasive contribution to the emergence of the concept of self-esteem in post-war psychology.

Like Rogers, Victor Charles Raimy had a background in child guidance, working at the Ohio State Bureau of Juvenile Research in 1936-7 and as a psychologist for the Lucas County Juvenile Court in Toledo in 1937-8. He then moved to Ohio State University, appointed as Graduate Assistant for the first two years, then as Teaching Assistant, then as Instructor in Psychology for two years, while performing his doctoral research. He earned his PhD in 1943. His dissertation, supervised by Rogers, is titled “The Self-Concept as a Factor in Counseling and Personality Organization.”¹⁸

Ohio State University was the professional home of Horace B English, who had been professor of psychology there since 1930.¹⁹ In 1941, he and Raimy co-authored a book titled *Studying the Individual School Child: A Manual of Guidance*. The book is, broadly speaking, a pedagogical-methodological work. It is aimed at aspiring teachers and others interested in child psychology at the tertiary level, and instructs readers on how to perform amateur case-studies on school children in order to develop understanding and research experience. The book purposefully avoids prescribing a theoretical orientation, and as such is of limited value for historical analysis. Suffice to repeat the authors’ own admission that “The sophisticated reader will see places where our treatment has been influenced by analytic psychology.”²⁰ Yet, the sheer practice of making case studies of individual school children is well contextualized within child guidance in the broader sense of the term. It reflects the interest in the child’s developing personality that the mental hygienists had brought into the school system. It reflects the medicalized education that sought to foster individual mental health. Raimy’s involvement in this project, alongside his other work in the child-adolescent area, must say something about the context of Raimy’s thesis. It seems to represent a significant part of his professional life in the years leading up to it. Indeed, the context in which Raimy himself claims to discover his key idea (below) is not entirely devoid of child-psychological content. Perhaps more significant is his senior colleague, for in his dissertation Raimy acknowledges Horace B English as “the source of much of the theory, although

he should not be held responsible for the present exposition.”²¹ So Raimy’s theoretical orientation was evidently influenced by a professor of psychology with whom his most significant (i.e. published!) context of collaboration was in child guidance.

The Self-Concept

According to Raimy, his thinking about self-concept emerged in the context of his work with ‘age-regression’ in hypnosis. What impressed him about the phenomenon was the radical transformation in personality that took place, regardless of whether the regression was genuine. With one simple sentence, uttered two or three times by the hypnotist, the subject’s behavior switched from one integrated set of characteristics (those of an adult) to a completely different one (those of a child). As potentially fake as the child-like behavior may have been, it was still remarkably organized and consistent. What it demonstrated was a remarkable capacity for personality, in all its complexity, to suddenly change. This suggested to Raimy that personality was organized around a central focal point, which would be “flexible enough to permit rapid reorganization, yet sufficiently enduring to permit considerable consistency of behavior over long periods of time.”²² This factor that he hypothesized gradually became identified as the “individual’s thinking about himself”, the self-concept.

He then turned to the literature:

Meanwhile, selective reading of a wide range of psychological literature revealed a distinct similarity between the writer’s first vague wonderings about the Self-Concept and the theoretical importance which many psychologists attached to an individual’s appreciation of himself.²³

From this passage one gets a sense that Raimy’s own insight distinctly precedes his knowledge of his predecessors. He draws particular attention to two authors, William James and Kurt Kofka. Shortly after he gives a more thorough review of the literature, including George H. Mead, Charles H. Cooley, William McDougall, Gordon Allport, Alfred Adler, Carl Rogers, William Stern and Lawson Lowrey. Needless to say, there is some scope for questioning the true role of these authors in developing Raimy’s view. Two particular figures seem likely to have influenced his discovery. One is Rogers, with whom he was personally associated, and the other is Kofka, a relatively recent inspiration in American psychology upon whom Raimy draws considerably.

Fundamental to Kofka’s approach is a distinction between two environments. The geographical environment is what we might call the ‘real’ or ‘objective’ one. The behavioural environment²⁴ is the environment *as experienced by the individual*. He illustrates this difference with the story of a man who arrives at an inn exhausted by a journey across a snow-covered plain on horseback, only to die of fright when informed that he had actually been traveling on thin ice. The frozen Lake of Constance happened to be the man’s geographical environment.

His behavioural environment was merely a plain, which was not itself a cause of concern. That his behavior in traversing the lake was consistent with how he experienced his environment at the time illustrates that it is the behavioural environment, not the geographical, that determines the individual's behavior.

But the major theme in Kofka's approach to psychology is the 'field'. In physics, he explains, the understanding of gravity has moved past the Newtonian notion of action at a distance. Instead, objects are conceived as existing in a gravitational field, in which the force of gravity at a given location is a product of the surrounding objects. Consequently, these objects cannot be atomized, but must be understood in relation to each other. The same goes for the behavioural environment, and the resulting 'environmental field' becomes the basis of much of Kofka's monograph. The environmental field is not limited to the environment in the narrow sense of the individual's surroundings. The individual does not perceive the environment as merely a sensory canvas, but rather as a space with relative directions: in front, behind, to the left etc.. This implies an object at the center, which Kofka identifies as the 'ego', or the 'self'. Thus the self is itself an object, albeit a special one, in the environmental field.

Raimy's basic definition of self-concept involves two core claims. The first is the most fundamental: "It is our thesis that the Self-Concept is a learned perceptual system which functions as *an object in the perceptual field*."²⁵ This is essentially a restatement of Kofka's view of the ego, without following his exact terminology (i.e. the 'environmental field'). It can be said, then, that Kofka anticipated Raimy's self-concept theory in its most fundamental aspect. The second defining claim summarizes the structure of the self-concept as "an intricate arrangement of sub-systems which themselves have sub-systems or parts."

According to Raimy's theory, value is generally an inherent part of the self-observations that form the self-concept. When a child reaches the age at which they begin making self-observations, these observations become laden with evaluations in response to their experience of other people's reactions: "In certain cultural groups, for example, the small child may be taught that being dirty in dress or having unclean hands and face is a matter which brings forth much verbal and attitudinal disapproval from his parents."²⁶ Thus the child inherits society's evaluations of observed characteristics, assigning to them positive and negative values. It appears that this connection between self-observation and value in Raimy's theory may reflect his background in child guidance, wherein the disapprovals of parents is a common theme. In this respect it may also reflect the psychoanalytic focus on such childhood evaluations. At any rate, the connection itself is reflected in Raimy's research.

The chapter on general methodology opens with a view "that certain significant aspects of the Self-Concept can be subjected to quantitative analysis." As it turns out: "These aspects are subsumed under the more general psychological principle of self-evaluation."²⁷ He then proceeds to discuss self-evaluation, only in the course of this discussion he begins using the term "self-esteem" instead:

Some persons undoubtedly esteem themselves very highly... Nor is it certain that a high degree of positive self-esteem is reflected throughout all aspects of the Self-Concept... Regardless of the true distribution of self-esteem it does seem logical to believe that it is distributed unevenly and that within a particular individual the relative degrees of positive and negative self-esteem can vary from time to time. Now although we seem justified in assuming that changes in self-esteem imply changes in the Self-Concept, the reverse does not seem to hold true.²⁸

Raimy leaves little doubt that his research itself is about self-esteem, for which 'self-evaluation' is a synonym.

Methodologically, he notes that "[t]he process of self-evaluation can probably be studied most easily in the personalities of individuals who are maladjusted enough to seek skilled help,"²⁹ partly because they are more willing to reveal themselves. Furthermore, he assumes that in successful therapy self-evaluation, or self-esteem, will shift in the positive direction. This yields an additional advantage: "Such changes are better than a static situation in revealing the presence of psychological processes."³⁰ Such rationales notwithstanding, it is reasonably transparent that Raimy's research has been co-opted into Rogers' program, subjecting the process of therapy to rigorous scientific study. Is it not appropriate that his analysis includes the Case of Herbert Bryan? At any rate, that successful therapy involves an improvement in positive self-evaluation, i.e. self-esteem, naturally becomes Raimy's hypothesis.

Conveniently, another student and very close associate of Rogers, William Snyder, had devised "a method for objectively characterizing client responses."³¹ Proceeding on this basis, Raimy developed a 'check list' for categorizing client statements according to the attitudes they reveal about themselves, their self-references. The name of this check list, the "PNAv Method", represents the three major categories: Positive (P), Negative (N) and Ambivalent (Av). This was applied to "14 cases for which there were verbatim reports from phonographic recording, complete stenographic notes, or very complete counselor notes."³² The cases were separately categorized with regard to success, and a group of seven successful cases was compared with a group of five unsuccessful ones. Raimy's hypothesis was confirmed primarily by the clearly greater proportion of positive self-references in the success group. In addition, straight line graphs calculated from individual interview sessions showed that successful cases were clearly distinguished by "a change from predominant self-disapproval to predominance of self-approval."³³ Although in the context of Raimy's thesis self-(dis)approval is synonymous with self-evaluation/self-esteem, once again the Freudian connotations of the former should be noted in connection with child guidance.

In the year Raimy completed his PhD, he joined the navy. His thesis proved to be very influential, and would be cited for many years to come. According to his obituary, it was because the demand for copies of his thesis was so high

that the university eventually published an edited version in 1971.³⁴ In the meantime, however, Raimy's work remained unpublished until 1948, when it was condensed into a paper, "Self Reference in Counseling Interviews", in the *Journal of Consulting Psychology*. The paper was as successful as the thesis.³⁵

Self-Esteem and Juvenile Delinquency

Robert Sickels points out that in some respects the youth situation in the 1940s was not unique to that period: "as different things came into vogue, kids did things their parents didn't, which resulted in parents asking 'what's wrong with kids today?'"³⁶ The 1940s were indeed a continuation of the progressive era by virtue of the fluid boundary between youthful behavior that was obviously (criminally) delinquent and behavior that was merely controversial at the time. What was unique to the 1940s were the particular social circumstances that facilitated these behaviors and helped to shape some of the remedies.

The previous decade had been characterized by a massive unemployment problem. After America entered the war, and perhaps, as historians tend to believe, *because* America entered the war, the situation reversed and employment became abundant. Paradoxically, both of these conditions, in their own ways, encouraged adolescents to work. In the case of the depression, it was sheer necessity, when the income of parents was insufficient. In the case of the wartime era, it was sheer opportunity, when adults alone did not satisfy the demand for labor. Many adolescents, to some extent motivated by patriotic obligation, left school to seek work. Many adults at the time were concerned that these youth were not acting wisely in doing so, and a "National Go-to-School Drive" was established to urge them to return. Yet, once these individuals had experienced paid employment and the independence that it provided, for some there was no turning back. They became a permanent part of the emerging middle-class workforce.

Another major group of workers that the war fostered was women, and while contemporaries were quick to link working mothers with unhinged youth, there was an element of truth in this. Not surprisingly, childcare provision to support working mothers, including many who were effectively single because their partners were either fighting or dead, was ill-equipped to meet the demand. As a consequence, many youths were frequently unsupervised, free to pass time as they pleased, with distant mothers and even more distant fathers, and delinquency was on the rise. The problem was compounded by the fact that those who left school did not always find work, and some ended up in street gangs instead. The media made a sensation of the problem.

To summarize, the major disruptions in the workforce caused by the war generated a problem of youthful 'idleness', resulting in a heavily publicized and exaggerated increase in juvenile delinquency. This idleness, then, seemed like a reasonable window of intervention for the child guidance specialists who worked with the adolescents themselves. And because, when the war was over, working youth was becoming more normal, vocational guidance was a reasonable solution. One

example of this was the Big Brother Movement in New York City, which used part-time work to help disadvantaged boys become better adjusted in society. Ironically enough, one of the preferred outcomes of this program was to convince boys to go back to school! The spirit of the National Go-to-School Drive had not disappeared.³⁷

Around the same time, another New York organization, the Vocational Advisory Service, was conducting a special project on rehabilitating ‘disturbed and delinquent adolescent boys’ at Bellevue Psychiatric Hospital. The idea was to utilize vocational and educational counseling and job placement in order to keep the boys “busy, off the streets, and [expose] them to the influence of successful business men.”³⁸ This approach assumed superficial environmental causes for delinquency: bad influences and inadequate social infrastructure. The psychiatrists at Bellevue reached different conclusions. They regarded ‘idleness and vulnerability to bad influences’ as mere symptoms. Observing the boys’ histories they found several recurring disadvantages, such as physical and mental handicaps, parental absence or dysfunction and sexual guilt. Such circumstances were not obviously amenable to straightforward counseling solutions. One counselor employed by the Vocational Advisory Service, Leonard Small, made the problem the subject of his PhD thesis. At some point, one of the psychiatrists at Bellevue, Dr. Kurt Fantl, had “called [his] attention to the problem of self-esteem.”³⁹ The result was a research project begun in March 1947 and completed in August 1949. The thesis, titled “The Role of Self-Esteem in the Rehabilitation of Emotionally Disturbed and Delinquent Adolescent Boys”, was accepted for the School of Education of New York University in 1950. It was the first thesis to feature the term “self-esteem” in the title.

“[A]ll of the listed factors”, Small recounts, “were seen to have one effect in common: they tended to undermine the self-esteem of the child, drive him into compensatory neurotic defenses, and compel him to adopt the behavior patterns characteristic of the delinquent.”⁴⁰ He suggests two ways in which low self-esteem can lead to delinquency. One is that the behavior provides social status among a peer group. Another is that it expresses and demonstrates the low value assigned by the individual to himself. The significance of self-esteem was suggested by interviews with the adolescents themselves, in comments like ‘nobody likes me’, ‘I’m a bad kid’ etc.. This insight suggested a potential alternative solution more in line with psychiatrists’ findings: “perhaps the techniques of vocational and educational counseling could be used to direct the boys into socially acceptable areas in which they could experience success, and in the process reconstruct their self-esteem.”⁴¹ Note that the superficial treatment has not changed in that it still takes the form of the same sort of practical counseling. The difference is that the premise has shifted from exposure to role-models of success, alongside addressing sheer idleness and boredom, to the actual experience of success and its positive impact on self-esteem. Note that this is the exact inverse of the problem of *failure* that concerned the mental hygienists in the context of the school curriculum.

In his discussion of the literature, Small situates himself primarily within the self-concept tradition, acknowledging Victor Raimy as the contemporary pioneer. Describing Raimy's own account of his forerunners, Small provides a concise list: "Charles H. Cooley's 'social self,' McDougall's 'sentiment of self-regard,' Lawson Lowery's 'feelings of difference,' William Stern's 'self-characterization,' and Gordon Allport's 'consciousness of self.'" ⁴² He then proceeds to tag self-esteem onto the end: "To these may be added 'self-esteem' used here to describe the self's feeling of worthiness. All are referring to some aspect of the same thing, the self-concept."⁴³ Self-esteem, then, is one of several aspects of the broader phenomenon of self-concept, and the manner in which Small appends it to the others conveys a sense that self-esteem qua worthiness is a missing piece to the self-concept literature. Later Small spells out the relationship between self-esteem and self-concept more clearly. He notes: "In all manifestations of the self-concept there appears to be an evaluative note."⁴⁴ In light of the self-reference remarks used in Raimy's investigation, he concludes: "self-esteem is the evaluative function of the self-concept in every experience. The child who feels he is loved also feels he is lovable; the adult who successfully assumes masculine responsibilities thinks of himself as manly."⁴⁵

Another tradition that appears in Small's review is Freudianism. He suggests that Freudianism is largely responsible for "the emphasis placed by psychologists of this century upon the individual's perception of his self."⁴⁶ In particular, he describes the developmental theory of Fenichel. According to this view, self-esteem originates in the feeling of omnipotence experienced by the infant who has not yet differentiated itself from its environment. It then becomes associated with pleasure and nourishment, before transferring to the parent who provides it. Self-esteem is now dependent on the love of this parent, and as the child matures, ultimately becomes dependent on the super-ego. Small accepts the Freudian view of self-esteem articulated thus:

self-esteem originates and develops in the relationship between the ego and super-ego... Inferiority feelings, shame, remorse, and guilt are productions of the super-ego imposed upon the ego. These are disturbances of the state of well-being or self-esteem.⁴⁷

It is this Freudian view that underlies the definition of self-esteem that Small provides: "an affective self-regarding attitude involving a feeling of worthiness in both a personal and social sense."⁴⁸ It is the super-ego that makes self-esteem social, and the social that gives meaning to 'worthiness'.

Clinical Psychology

Clinical Psychology and the Second World War

The Second World War shaped the clinical psychology of the post-war period in three basic ways. First, it provided the opportunity it needed to attain recognition and authority. Second, it triggered a paradigm shift that would

define the domain of the profession. Third, it provided a key source of material for professional intervention.

As previously explained, clinical psychology in the inter-war years struggled to establish itself against the academic elitism of the APA and the therapeutic monopoly of psychiatry. Under such political circumstances it might have taken nothing short of a major war to turn the tables. And it did. James H. Capshew's *Psychologists on the March*, based on his PhD, details how psychologists capitalized on the opportunities of warfare to advance their status as a scientific, social and political authority. In the case of clinical psychology, the war gave them the break they needed for the crudest of reasons: there were not enough psychiatrists. As the war progressed and the psychological strain on soldiers took its toll, the demand for clinical intervention overwhelmed supply within the medical establishment. With the encouragement of leading psychiatrist William Menninger, the military began training and recruiting clinical psychologists to address the deficit. Although their position remained subordinate, working under the supervision of psychiatrists, and despite the latter's preference for the traditional division of labor, psychologists were practicing psychotherapy.⁴⁹

Clinical psychology emerged from the war as a serious discipline that had broken psychiatry's monopoly. But the monopoly over what? For the war had also transformed the nature of clinical practice. To understand this development, we must shift the focus from psychologists to clinicians generally, which for the most part means psychiatrists and physicians. The following account relies on that of Ellen Herman's *The Romance of American Psychology*.

In the years leading up to the war, psychiatry had begun to move away from the rigid classical understanding of mental illness as a severe affliction suffered only by abnormal individuals. Experiences like the depression had drawn attention to the effect of social conditions on shaping individual behavior. But it was still fundamentally about abnormality. The emphasis was still on mental *illness*. And most importantly, it was still explained primarily in terms of the predisposition of the afflicted. So when it was publicized that the psychiatric effects of the First World War had cost almost \$1 Billion, the assumption was that the soldiers had simply not been screened properly on recruitment. In 1940, at the request of President Roosevelt, psychiatrists in the military set out to address the problem with a screening program aimed at filtering out predisposed individuals before they joined the army. The main outcome was the disqualification of about 2.5 million recruits. As scandalously large as this figure was, it did not have the desired effect. The psychological disturbance of soldiers was still a major problem. By 1944, it was clear that trying to screen out mental issues in war was futile. It had to be managed instead, turning clinical efforts toward providing efficient treatment.⁵⁰

The implications of this shift were not lost on clinicians. The screening program had been premised on the assumption that mentally devastated soldiers would have been predisposed. But the extent of the breakdown rates, and especially the fact that they were proportional to direct involvement in physical violence,

suggested that the experience of warfare was sufficient to cause mental problems for anybody. As a result, clinical explanations of mental illness shifted in a decidedly environmentalist direction. Psychological adversity became recognized as a normal response to extreme stress. The consequences of this idea were significant. It switched the emphasis from abnormal to normal, from mental *illness* to mental *health*. This was most dramatically demonstrated in the rise of psychotherapy. Once limited largely to the wealthy and the insane, for the first time psychotherapy was being practiced on a mass scale. Perhaps the most telling example of how normal mental disturbance had become is the propagation of self-help literature instructing soldiers on how to manage their emotions healthily, most notably the best-seller *Psychology for the Fighting Man*.⁵¹

The psychological mark left by the war on ex-servicemen was the impetus that moved clinical psychology forward in the post-war period. The Veterans Administration (VA) was overwhelmed by the number of neuropsychiatric patients, which exceeded 40,000. As in the war itself, psychology was the practical solution. In 1946, “[t]he VA established the Clinical Psychology Program in the Bureau of Medicine and Surgery”. The main function of the VA program was to provide funding for the further training of clinical psychologists. “After three years of operation, VA support extended to more than 1,500 students in 50 institutions around the country.”⁵² Because of the normalization of mental health practice, the use for therapy was not restricted to serious cases. In principle, post-war adjustment difficulties as comparatively mild as confusion and lack of purpose were sufficient to warrant psychological help. In this respect, as in the normalization of mental health generally, psychology was catching up with Carl Rogers.

In 1942, in *Counseling and Psychotherapy*, Rogers discussed the relevance of therapy to the war effort. After addressing the need for counseling during military service itself, he suggests that the need is even greater following demobilization. Focusing on the problem of readjustment, he further narrows the problem down to independence:

The experience of the last war indicated that in this situation, most of all, the individual needs a type of counseling which can help him to become more independent, can help him to leave the ordered life of the army where responsibility can always be comfortably left to ‘the one higher up,’ and undertake again the decisions, the choices, the responsibilities of adult life.⁵³

In other words, ex-servicemen need non-directive therapy to undo the loss of independence inflicted by military life.

In the closing paragraph, Rogers goes further to suggest that more than the suffering individual is at stake:

Under the pressure of a war psychology, many of the characteristics of a democratic society are temporarily laid aside. There is always the risk that those characteristics may be permanently gone, that

the dictatorial structure which a democratic group adopts in time of crisis may prove to be unchangeable.

Non-directive therapy, then, may be the key to protecting democracy against the pressures of war, which are inherently hostile to it. He further hints that a truly democratic nation should be expected to provide counseling to its soldiers, due to “the value which democracy puts on the fundamental importance and worth of each citizen.”⁵⁴ Even where the whole of society is concerned, Rogers’ emphasis remains on the individual.

In the years following this commentary on the psychological needs of (ex-)servicemen, Rogers himself became actively engaged with them. In 1943 he conducted a classified research project on the re-utilization of aerial gunners after combat. Following this work, in 1944-5, he went on to become director of counseling services at the United Services Organization (USO).⁵⁵

In 1944, Rogers published an article in *Psychological Bulletin* titled *Psychological Adjustments of Discharged Service Personnel*. In this article, he describes “the assimilation of the veteran into community life” as “the most far-reaching question of the coming decade.”⁵⁶ Yet, he also points out that this ‘future’ problem has already begun: “Not every one is aware of the fact that more than a million and a half men have already been discharged since Pearl Harbor.”⁵⁷ He discusses the various adjustment issues faced by returning soldiers, which range from vocational issues, through combat trauma, to loss of purpose.

For our purposes, the most important of these adjustment difficulties is “self-esteem”. What Rogers means by self-esteem in this context is the soldier’s sense of adequacy. According to Rogers, the sudden disappearance of the importance and status associated with military service leaves the individual feeling inadequate:

Servicemen and women have been part of a struggle upon which the attention of the world was focussed. [sic] To drop out of this, to become one citizen among millions, unsupported by a widespread social purpose and a far-flung social group, is a difficult loss to assimilate.

Now even the far less dangerous and more mundane challenges of civilian life seem extremely daunting and the one-time hero is meek before them. In relation to this, Rogers also relates this blow to self-esteem to the issue of dependence: “A part of this disturbance of adequacy will also come from the conflict over the man’s desire to remain dependent.”⁵⁸ Although not stated, the obvious reason for this connection seems to be that independence is an essential prerequisite for a feeling of adequacy.

In this article, Rogers also makes a particularly strong statement of his political critique of directive therapy:

the psychologist, called upon to expand his functions during this period, and excited by the opportunity to use his technical professional tools, may come to regard himself as Jehovah, may take unto

himself an authority for directing and regulating individual life which is totally incompatible with genuine democracy.⁵⁹

The problem, however, runs deeper than professional vanity. He notes a disturbing trend toward a loss of faith in the ability of an individual to direct their own life. This cynical outlook also tempts the therapist to discard the democratic ethos in dealing with their client.

The climax of Rogers' engagement with the costs of militarization was one of his less well known books, *Counseling with Returned Servicemen*. Co-published with Ohio student John Wallen in 1946, its purpose was to provide an accessible guide for anyone involved in counseling veterans. The preface opens with a hint of urgency: "As we move into the postwar years, the counseling of servicemen, servicewomen, and war workers assumes an importance it has never had before."⁶⁰ There seems little doubt that Rogers believed the Second World War to be the major mental health issue of his time.

The most revealing chapter in this book is the one on 'the attitude of the nondirective counselor'. This is a central part of Rogers' system. Because the responsibility for understanding the adjustment problems lies with the client, the therapist's role is to facilitate this understanding. This is achieved by creating an ideal environment, which allows the client to talk freely about their problems. This, in turn, is made possible by an accepting, nonjudgmental attitude on the part of the therapist. As it turns out, these things are especially important when dealing with the ex-serviceman.

With regard to the general environment, Rogers' emphasis is on the issue of responsibility:

With the returned serviceman the counseling climate will be more important than ever. Having lived in an atmosphere of regimentation, restriction, danger, and anxiety, he may be unused to accepting decisions as his responsibility. The major responsibility for his activities has been shouldered by his superiors. The authoritarian atmosphere will inevitably have held in check the positive development toward the acceptance of complete responsibility for his own decisions.⁶¹

The military institution has stunted his ability to deal effectively with his own problems. It is especially important, therefore, for the therapist to counter this conditioning, by providing an open environment in which the client can learn to 'shoulder' his problems for himself.

With regard to the attitude of the therapist, Rogers reveals what may be the most fundamental problem of the ex-serviceman:

The counselor's attitude of respect for the integrity of the client contributes much to the counseling climate. The individuality that the military services have been forced to strip from the serviceman is restored. No longer is he just another G. I. Joe. Instead he again become Bill Hanks or Harry Williams. In contrast to marching troops

who are 'men without faces,' the client begins to resume selfhood as a specific, unique individual.⁶²

The military has been 'forced' by the grave necessities of modern warfare to deprive the serviceman of nothing less than his very self, reducing him to a self-less non-individual. It is the counselor's function to reverse this process and offer recognition of the client's individuality. By means of this recognition his self is allowed to emerge once again, reestablishing its existence, legitimacy, and value. In other words, it is a task of the utmost importance for non-directive therapy to undo the deep damage afflicted by military training: mass de-individualization.

Post-War Years: From Individual Psychology to the Q-Technique

Rogers was not the only psychologist interested in the individual. This trend had been emerging in psychology for decades and has no single obvious cause. Psychology had, from its origins in the late-nineteenth century, conceived of itself as a science, and its traditional emphasis was the discovery of principles of behavior and mental functioning. In this 'nomothetic' approach the individual is merely an instance of such principles, and even that only to the extent that they conform to them. In 1937, Gordon Allport published an influential book called *Personality: A Psychological Interpretation*, in which he argued for an 'ideographic' approach in psychology, which moves the focus to the unique and complex individual. Thus the emergence of personality as a topic in psychology was associated with a shift in its philosophy of science from abstract principles to concrete cases; from population-typicality to individuality.

After the War, the individual had gained new significance. The revelation of the holocaust, alongside the dramatic revelation of nuclear weaponry at Hiroshima and Nagasaki, cast a dark shadow over the subject of human behavior and indicated the capacity of an individual to instigate anything from mass suffering to the extermination of the human race, regardless of whether they conformed to a nomothetically derived principle of behavior or not. This sentiment is well articulated in another influential work, *Individual Behavior: A New Frame of Reference for Psychology*, by Donald Snygg, and another student of Rogers from Ohio, Arthur Combs. Published in 1949, the book brings together the spirit of Allport and the Gestalt orientation, and contextualizes itself in the doom and gloom of the post-war era.

The ideographic shift in psychology had a statistical counterpart that would help to shape ideas about self-esteem. One of the major preoccupations in the nomothetic tradition of psychology was the measurement of intelligence. The emphasis in this context was on the *difference* between individuals, and, more to the point of the social ideas of the time, the average difference between entire populations of individuals, such as African Americans and their white compatriots. It was in this context that Charles Spearman developed a statistical technique called 'factor analysis', which was the basis of his well-known measure

of general intelligence, Spearman's g .

Factor analysis is a method for reducing large numbers of variables to aggregates. Correlation, in its simplest form, analyzes the relationship between two variables for a given sample of individuals. A point on a two dimensional graph represents an individual, and its coordinates the respective values of the variables. For example, variable 'y' might be the individual's score on an aptitude test, and variable 'x' a test of socio-economic status. An ascending line of fifty dots means that for fifty individuals, the higher 'x', the higher 'y'. The more consistently true this is, the straighter the line, and the higher the value of the correlation number, Pearson's r . However, some correlations involve more than two variables, requiring more complex 'multi-variate' statistics to resolve them. Instead of a single aptitude test, the 'y' axis might represent an entire assortment of tests measuring a great variety of intellectual abilities. This is achieved by 'factoring' the r values between all these variables to create a single 'best-fit' variable suggesting a more general picture of intelligence, hence Spearman's g .

One problem that plagued factor analysis was the limitations of sample size. Pearson's r must be calculated from as many cases as possible in order to minimize the role of chance in the outcome. Yet, pairs of identical twins reared apart, to take the holy grail of hereditarian theorists, seldom exceeded 20. In the mid-1930s, the factorist William Stephenson developed an ingenious solution to this problem: instead of correlating tests for a given sample of individuals, one can correlate individuals, or a single individual under different circumstances, for a given sample of tests, or individual items on a test. Sample size is thereby a product of the researcher's labor, not the availability of subjects. This is the basic idea of what came to be called Q-technique, an alternative application of factor analysis. Such a radical shift, however, implies a corresponding shift in the questions being investigated. The extraction of information from a small number of individuals generally makes little sense in a research paradigm that seeks general principles of human behavior and relies essentially on population-level phenomena of which individuals are merely cases with particular values. What it fits is the more detailed and individualized study of the laboratory and the clinic. The Q-technique was riding the wave of the shift from nomothetic to ideographic psychology, and that is exactly how Stephenson saw it: his 1953 monograph *The Study of Behavior* proposes an entire Q-methodology to fit his preference in a controversy in factor analysis that matched the more fundamental division over nomothetic and ideographic philosophy of science.

Client-Centered Therapy: From Self-Concept to Self-Ideal

In 1945, with the War over and his patriotic duties fulfilled, Carl Rogers moved to the University of Chicago and set up a counseling center. While there he continued to associated with Victor Raimy, and this may explain why the 'self-concept' was beginning to make its way into his thinking. In the same year he was elected to serve as president of the American Psychological Association for the 1956-7 term, and in his presidential address he shared his developing

thoughts about the self-concept. As it happened, Raimy himself, together with Arthur Combs, gave talks on the subject at the same conference. The extent to which Raimy lay behind Rogers ideas is suggested in the profound embarrassment Rogers felt when he realized that he had not acknowledged his former student in the address.⁶³

In 1951, Rogers published his next major work after *Counseling and Psychotherapy, Client-Centered Therapy*. In this book, he discusses the self-concept extensively, with an evident consequence. Raimy's thesis and paper had been influential, and were cited generously. But despite Rogers' eagerness not to steal Raimy's credit, authors writing after *Client-Centered Therapy* often associated the self-concept idea with Rogers. Raimy's name was, perhaps inevitably, obscured by the sheer fame of his teacher. What is more, Rogers' book contains another significant idea, and once again it was his students who were responsible for it.

At Chicago, Rogers' project of scientifically studying psychotherapy was getting serious. He secured a series of grants: \$172,000 from the Rockefeller Foundation, \$97,000 from the United States Public Health Service, \$350,000 from the Ford Foundation. The Counseling Center became a laboratory for a major research program. Aside from the grants, another asset of the program was a powerful new research tool. As it happens, William Stephenson was teaching at the University of Chicago, and Rogers' student Margaret Hartley was taking a course with him. When she told Rogers, it was reportedly 'like a conversion experience', the discovery of an instrument for measuring the self, and the Q-technique became an integral part of the research.⁶⁴

Although the research was still underway, in 1954 a large quantity of it was published by Rogers and Rosalind Dymond in an edited volume titled *Psychotherapy and Personality Change*. The first chapter to report the findings is 'Changes in the Relation between Self-Concepts and Ideal Concepts Consequent upon Client-Centered Counseling' by John Butler and Gerard Haigh. The chapter begins with the premise that self-concept (following Rogers' discussion) is important and asks how it can be used objectively. The answer lies in the fact that an individual can conceive of many personality characteristics and the extent to which each one is correct for that individual e.g. "I am lazy" might be true, partly true or completely false. This could yield information about self-concept, but from the perspective of Rogers' definition it is not enough because it lacks value statements: the same self-concept could be entirely positive or entirely negative. The solution to this problem is that the individual could also rate the same set of personality characteristics for the extent to which each one is *ideal* for that individual. This could yield what the authors call an 'ideal self-concept'. The key point is the relationship between these two concepts:

The discrepancy between the placements of a given characteristic on the self scale and the ideal scale would yield an indication of self-esteem. It would indicate operationally not only the way in which the individual perceived himself as possessing this given characteristic

but the degree to which he values this state. The discrepancies between self and ideal on all these characteristics would yield an index of self-esteem or self-value.⁶⁵

These discrepancies were measured using the Q-technique. The subject was presented with 100 self-referent statements and asked to sort them into nine piles representing a linear scale from least to most. Two such 'Q-sorts' were required. In the Self-sort, items were ranked according to how true they were for the subject. In the Ideal sort, they were ranked according to how much the subject would like those characteristics. So if a given item was placed in pile 4 in the Self-sort and pile 6 in the Ideal sort, this would indicate a slight discrepancy. With 100 items, a correlation of sample size 100 could be calculated. The higher the correlation, the lower the discrepancy between self-concept and self-ideal, and therefore the higher the self-esteem. For technical accuracy, it should be noted that although the Q-technique is considered a form of factor analysis, this case is technically not factor analysis because only two variables are calculated, negating the need for multi-variate statistics.

Although this research was still unpublished at the time, Rogers publicized it in *Client-Centered Therapy* as potentially one of the key changes that successful therapy involves:

The correlation between self and ideal is initially low, but becomes much higher as a result of therapy due to the changes in a converging direction in both self and ideal. Thus the result of therapy would appear to be a greater congruence between self and ideal. The self and the values it holds are no longer so disparate.⁶⁶

Although Rogers himself does not use the term self-esteem here, the association would prove an easy one.

Social Psychology

Abraham Maslow, Self-Esteem and College Life

An important precedent to discussion of self-esteem in social psychology was set by Abraham Maslow during the war, although his own background was somewhat different. His graduate training was in straight experimental psychology, although his work with primates under Harry Harlow at the University of Wisconsin, as opposed to the more traditional rats, moved him into the tradition of comparative psychology, the comparative study of behavior in humans and other species. His exploration of self-esteem exemplified this approach, establishing a basis in his primatological work, and then moving on to college students. The exploration, however, began much earlier.

Born in New York in 1908, Maslow grew up in a culture that placed a great deal of emphasis on masculinity. In industrial America, this was associated with physical fitness and primitive male instinct. Judged by such standards of expectation,

Maslow was not very successful. According to Ian Nicholson, his “youth was scarred by deep feelings of personal inadequacy.”⁶⁷ The result was a kind of inferiority complex in which confidence, masculinity, dominance, superiority, physicality and sexuality were all intimately connected. As a consequence, these were the themes of his early work with primates, and which he went on to develop in the human context.

After completing his doctorate in 1934, Maslow moved to New York City the following year and began a postdoctoral fellowship directed by Edward L. Thorndike at the Institute of Educational Research at Teachers College. The fellowship was funded by the Carnegie Corporation, which would later fund the Department of Social Relations at Harvard (below). Under this patronage, Maslow conducted a study on the social and sexual attitudes and behavior of female students at Barnard College. This study resulted in a series of papers, several of which were published in the *Journal of Social Psychology*, including both of the two in which the term “self-esteem” appears in the title. In fact, a look at the use of the term in these papers reveals an interesting transition.

In 1939, the *Journal of Social Psychology* published Maslow’s paper “Dominance, Personality, and Social Behavior in Women”. The main focus of the paper is “dominance-feeling”, which turns out to be a somewhat circular construct. Maslow admits that the term “cannot be given very clear definition”, and that “[t]he definition that we have used amounts to a list of the feelings it correlates with.”⁶⁸ In order to circumvent the problem of self-correlation, he resorts to the medical concept of ‘syndrome’, i.e. a unitary aspect of personality comprising interrelated parts. This reflects the gestalt orientation, and indeed Maslow acknowledges a point by Max Wertheimer in a footnote on the following page. In the actual definition he presents at the beginning, he appends a synonym in brackets: ‘Dominance-feeling (or ego-level)’. The basic definition is “an evaluation of the self; operationally defined, it is what the subject says about herself in an intensive interview, after a good rapport has been established.” The rest of the definition goes through the list of ‘interrelated parts’. Although it already sounds as though he is talking about self-esteem, self-esteem turns out to be one of those parts, in a manner that illustrates the circularity of his terminology rather well: “Low-dominance-feeling is seen as lack of self-confidence, self-assurance, and self-esteem.”⁶⁹ Self-esteem itself remains undefined, and although Maslow states that “[g]eneral self-esteem increases as dominance-feeling increases,”⁷⁰ the surrounding discussion does little to separate them. It is not surprising then, that the distinction would soon be dropped.

Having established a ‘syndrome’ of dominance-feeling, Maslow proceeded to construct a test that would rate individual women along this spectrum. The test, called the *Social Personality Inventory*, was published in the same journal in 1940, in a paper titled “A Test for Dominance-Feeling (Self-Esteem) in College Women”. It is not obvious from the paper itself why this parenthetical extension is warranted. Aside from inconsistently retaining the sense of self-esteem as one of the ‘variables’ in dominance-feeling in table 1, all the paper does is list

it in a footnote as one of several ‘synonyms’ for the same syndrome: “feeling of superiority, self-esteem, ego level, ego strength, ascendancy, feeling of power or drive to power feeling or adequacy.”⁷¹ The privileged editorial status of self-esteem in the title alone seems to suggest a last minute change at publication time, rendering Maslow’s own role in it unclear.

In 1942, the journal published another paper from Maslow’s research, this time focusing on the relationship between dominance-feeling and sexuality. Once again, it contains a definition of dominance-feeling. This definition is exactly the same, word for word, as the one presented in the 1939 paper, except for one significant difference: where the earlier paper had inserted “or ego-level” in brackets as an alternative label, this one reads “or self-esteem.”⁷² This parallels the shift in the title of the 1940 paper. However, the title of *this* paper has now gone even further: “Self-Esteem (Dominance-Feeling) and Sexuality in Women”. In the last paper, dominance-feeling was the key term, and self-esteem a bracketed synonym. Suddenly they have switched places, with dominance-feeling taking subordinate position! Again, this is not the case in the paper itself, which *still* lists self-esteem as a variable of dominance-feeling in table 1. At the same time, this paper expands the meaning of self-esteem. In light of further guidance by Wertheimer, he points out that in the case of secure individuals, self-esteem is not characterized by dominance but rather cooperation. He thus acknowledges self-esteem to be a broader phenomenon than the language of the paper allows, which, he admits, limits the term to a narrow sense that is interchangeable with dominance-feeling.⁷³

In these papers, we can observe in a strikingly graphic manner the term ‘self-esteem’ quietly beginning to creep into the forefront of the literature, in the course of just a few years corresponding with the first half of the Second World War. What is more, this shift appears to have been arbitrarily imposed on the papers at the publication level, mainly effecting the titles, with relatively little baring on the muddled nomenclature of the contents. We can conclude that although Maslow was indeed writing about self-esteem, at least in one form, it was very possibly the journal itself that was responsible for pushing the actual term.

College life proved to be a lucrative area for exploring self-esteem. Over a decade after Maslow’s work, a few short dissertations, mostly Masters-level, seemed to continue the tradition.

Robert Soergel’s dissertation is titled “A Study of the Relationship between Self-Esteem and Acceptance by Fraternity Brothers”. It is dated 1952, and was completed as part of Soergel’s Master of Arts under the Faculty of the Graduate School of Emory University. He provides little detail about the context of his research except that the setting was a college fraternity of which he himself was a member.⁷⁴ This fact may partly explain how his interest in the subject developed. In explaining his intervention, Soergel refers to a correlation between the way an individual views oneself and the way they view others. This was the focus of some recent papers developing Raimy’s self-concept theory. He inverts

the latter part of this problem, seeking to correlate the individual's self-concept, specifically self-acceptance, with the extent to which *others* accept the individual. The aim of his research is to investigate this empirically. He notes, however, that the idea has been explored before. The authors he cites here balance psychology (William James and Gardner Murphy) and psychiatry/psychoanalysis (Karen Horney and Harry Stack Sullivan).

With regard to the definition of self-esteem, Soergel draws attention to Abraham Maslow's papers. He proposes what he calls a 'composite definition' that "has been formulated" from both Maslow and Rogers: "Self-esteem is the perception of one's self as a person worthy of respect rather than condemnation. It is the individual's image and evaluation of himself -- his own resources, his prestige, his strength, his worth, his body, his function."⁷⁵ Self-esteem is thus about worthiness. Although the 'prestige' factor suggests a social component, the emphasis is on how others *should* view the individual, not how they actually do.

Edward M. Gordon's dissertation is titled "Self-Esteem, Need for Achievement, Test Anxiety, and Performance". It is dated 1954, and was completed for Gordon's PhD under the Faculty of the Graduate School of Yale University. Gordon reviews the literature on test anxiety and its relationship to performance, which focuses on comparing students on the basis of their levels of anxiety. He notes a number of factors that correlate positively with high anxiety. High anxiety students tend to "perform poorly on some representative intelligence tasks" and "make lower post-performance estimates of their actual performance."⁷⁶ They also tend to have a high need for achievement, to come from cultural backgrounds that stress achievement, and to actually be overall higher achievers. Gordon's intervention is to bring the measurement of self-esteem into this picture. His first logical step is to hypothesize that the need for achievement is *necessary* for high test anxiety. However, this does not make it sufficient. Another factor is required to determine high anxiety and the factor he proposes is low self-esteem: "the test is seen to pose a threat to self-esteem by arousing a fear of failure to achieve in someone who must achieve in order to feel secure and worthwhile."⁷⁷ Gordon does not begin with an explicit definition of self-esteem. Instead, he measures it by means of a questionnaire designed to indirectly gauge the extent of subjects' criticism of their own behaviors. Self-criticism is thus his operational definition of negative self-esteem, based on the assumption that self-esteem and self-criticism are negatively correlated. The test subjects in this case were undergraduate psychology students.

Mary O. Gallwey's dissertation is titled "Some Correlates of Self-Esteem in College Men and Women". It is dated 1954, and was completed for Gallwey's Master of Arts under the Faculty of the Graduate School of Cornell University. Gallwey graduated from Cornell in September 1951 with a major in psychology. Cornell was the traditional goto place for aspiring female postgraduates in the discipline. When she entered graduate school two years later her major was Child Development and Family Relationships. From 1951-1954 she was involved in a research project, Cornell Studies in Social Growth, which was sponsored

by the Department of Child Development and Family Relationships. Gallwey's dissertation opens with a statement that suggests her broader disciplinary context:

A large part of the energies of psychologists in general and of personality theorists and social psychologists in particular has been devoted to the development and testing of theories and hypotheses which attempt to predict or explain the social behavior of individuals.

She appears to be engaging with social psychology and its contemporary interest in the individual, hence personality theory.

Her discussion centers on the notion of the self, of which she offers an informal definition: "By self we mean the constellation of personal characteristics ...which the individual perceives as belonging to him, without which he would be another person."⁷⁸ Her understanding of the self draws from more classical sources, namely Charles Cooley and George Herbert Mead, the latter of whom she quotes extensively. The self is not hereditary, but rather develops as a product of social interaction. As a child matures it develops the ability to distinguish the immediate social group (e.g. parents) from a larger abstraction (e.g. society) and thereby becomes capable of identifying with multiple, and possibly conflicting, group perspectives. For this reason, the mature individual must be able to mediate between the immediate social group and the non-immediate other. That is, the individual must have freedom to appeal to broad social sources of judgment and the ideals that they hold, while at the same time negotiating with the demands of the people around them. More concretely, the self "must be able to decide when the long-term satisfactions in terms of consistency with the ego-ideal or higher moralities justify and require violating the opinions of the immediate community. It must esteem itself."⁷⁹ Thus Gallwey arrives at an informal definition of self-esteem, of which an individual can be said to possess to the extent that he "considers himself to have qualities which he values and which others value". She notes that this concept is distinct from that of 'self-acceptance' because acceptance does not in itself imply value. She notes a general lack of research on the correlates of self-esteem. She observes: "The only hypothesis to receive more than cursory attention has been that of the relationship between esteem of self and favorability toward others."⁸⁰ Her intervention is to further develop this correlation, and to identify others, specifically in the context of college. With regard to the former, she returns again to the earlier writers, quoting Cooley as an example.

Social Psychology as Behavioral Science

The Second World War mobilized American Universities in such a way that ultimately led to the attempted synthesis of a new "behavioral science". Although this mobilization was by no means restricted to a particular institution, historian Joel Isaac places Harvard at the center of its developments.⁸¹ While Harvard's President, James Bryant Conant, was overseeing the Manhattan Project, the

university itself took on a distinctly military atmosphere as the war effort placed a heavy emphasis on applied science. The ‘application’ was the unifying force that drew together, indeed demanded, specialists from a range of disciplines, resulting in a new spirit of inter-disciplinary cooperation and the synthesis of new sciences such as cybernetics and game theory. The prospect of synthesis was not lost on the human sciences, which, according to Isaac, “were drawn inexorably into this research culture.”⁸² Although some social scientists — psychologists, sociologists, anthropologists, economists — were drawn to the new hybrid disciplines, many were recruited to more distinctly human or social problems: morale, propaganda, management and understanding the enemy. As with the hard sciences, these engagements not only broke through existing disciplinary and institutional boundaries, but they suggested that a true “science” of human behavior was finally coming of age.

In 1943, a small group of social scientists led by psychologist Gordon Allport formed a committee in order to lobby the Harvard administration for a complete reorganization of the social sciences. The Allport Committee succeeded, and became the nucleus of a new Department of Social Relations (DSR) which was established in 1946. The institutional problem had been addressed. Now the DSR had to deal with the theoretical problem: what was the theoretical framework of behavioral science? Burdened by issues of interdisciplinary communication and agreement, it was enough of a problem that in 1948 sociologist Talcott Parsons approached the DSR’s financial donor, the Carnegie Corporation, to fund a dedicated research program to resolve it. The Carnegie Project on Theory was essentially a failure, resulting in unresolved disagreement over fundamentals. Its output was a volume, *Toward a General Theory of Action*, edited by Parsons and another sociologist, Edward Shils, and published in 1951.

If there was one thing that did unify the social sciences, it was a basic research paradigm called ‘the situation’. The situation was an answer to the dichotomy between the laboratory and real life: the observation of human behavior in quasi-natural settings. It was not experimental in the classical sense. Yet it was neither real life, contained as it was within research boundaries. This form of research was aggressively developed at the DSR’s Laboratory of Social Relations, headed by yet another sociologist Samuel Stouffer.

In its appeal to the Harvard administration, the Allport Committee identified two branches of psychology at the ‘nucleus of knowledge’ of the social sciences: clinical and social.⁸³ In fact, Gordon Allport is also a very important figure in the history of social psychology, although the field is more directly associated with his brother Floyd. In 1939 he was the first president of the American Psychological Association (APA) to identify with the field. He was also one of the three delegates of the Society for the Psychological Study of Social Issues (SPSSI), the major social psychology body (see below), to the Intersociety Constitutional Convention that convened in 1943 to decide the reorganization of the APA.⁸⁴ And at Harvard, in the same year that the DSR was founded, he led the social psychologists into secession from the Department of Psychology.⁸⁵

Perhaps most importantly, he facilitated the mobilization of social psychologists in the war. In Capshew's words, "Social psychology... had not yet attained respectability as a psychological specialty."⁸⁶ Allport fought vigorously to establish an official place for it in the war effort. Although he failed, he personally coordinated a great deal of activity from his Harvard office, with a particular focus on morale research. His work eventually obtained official recognition, and in 1941 he became the chair of a new Subcommittee on Defense Seminars. This program was enormously successful, and evidently for that reason it lost its mainstream support. Nevertheless, the outcome of the war was that social psychology, like psychology generally, had found an opportunity to prove its worth as a serious discipline.

One of the leading figures in post-war social psychology was the Jewish German emigre Kurt Lewin. Lewin was closely associated with the pioneers of gestalt psychology, and although he did not identify with the field himself, he was strongly influenced by it and consequently brought the gestalt tradition into American social psychology. In a re-branding of Kofka's 'environmental field', Lewin's 'field theory' held that human behavior is a product of the 'life space'. The life space consists of the individual person and the environment as experienced by that person. The motivation that causes behavior is a vector, i.e. a force generated by a disruption of equilibrium in the field. An object of desire in the environment, for example, creates tension due to the separation of that object from the person, motivating the closure of that separation.

The meaning of *social* psychology was not limited to the topic of study, but had moral and political connotation. Its major organization, the SPSSI, was founded in 1936 in response to the social issues of the Great Depression. The activist orientation of the society was epitomized by the early leadership of Lewin. Exposed to antisemitism from a young age, he had a strong sense of social justice even before the rise of Hitler and his subsequent experience of American democracy in contrast to the Third Reich left a lasting imprint. His position was ratified by an experiment in which he exposed children to democratic, authoritarian and laissez-faire systems. The results convinced him of the superiority of democracy and that scientists should apply themselves to social issues rather than remain disinterested. Lewin's activism manifested itself in what he called 'action research', which was directed toward solving real-world problems. One of his major areas of action research was industry, in which he applied psychology to problems of worker productivity, training and occupational sexism.⁸⁷

Stationed at the University of Iowa during the war, Lewin negotiated with the Massachusetts Institute of Technology (MIT) to turn his program into a research institute. The Research Center for Group Dynamics was established at MIT in 1945. Centered around Lewin and his coworkers, it was funded by the American Jewish Congress and the Field Foundation. It also received strong endorsement from Allport. The term 'group dynamics' was Lewin's, and related social psychology to personality. More particularly, Lewin's work in

industrial psychology represented a key part of the agenda. It had impressed Douglas McGregor, a professor in the Industrial Relations Section with training with psychology. According to Capshew, “McGregor played a key role in 1944 in convincing MIT officials that the proposed center would fit the engineering mission of the school.”⁸⁸ As it turned out, the commitment of MIT administration proved insufficient when Lewin died suddenly in 1947. They abandoned the center, which consequently migrated to the University of Michigan in 1948.

At Michigan, the Research Center for Group Dynamics, now led by Lewin’s student Dorwin Cartwright, became part of a much greater institutional structure, which was rapidly developing under the extraordinary administration of psychologist Donald Marquis. Under Marquis the size of the psychological faculty and the rate of PhD production underwent dramatic increase in the space of just a few years. In particular, Michigan was becoming a major center of social psychology, with a new doctoral program set up in 1947 under the direction of Theodore Newcomb. A Survey Research Center was also established, and in 1949 was joined to the Research Center for Group Dynamics under the Institute for Social Research. This was the setting of one of the first dissertations ever written about self-esteem.⁸⁹

Cohen

Around 1950, the Institute for Social Research at Michigan was publishing studies by the Survey Research Center on hierarchical power-relations in the workforce.⁹⁰ Around the same time, a group of researchers at the Institute’s other arm, the Research Center for Group Dynamics, conducted a study on interpersonal relations between psychiatrists, psychologists and psychiatric social workers. The focus was on the power relations between the professions and the consequences of the exercise of power over individuals. It was initially assumed that individuals’ reactions to such power would be ‘threat-oriented’. That is, they would react to power exercised over them by experiencing that power as a threat to their goals. As it turned out, this threat response was not consistent but varied from individual to individual. The researchers noted several conditions upon which threat-oriented behavior depended, some of them concerning self-feelings. The study, which was presented as an unpublished symposium at the American Psychological Association in 1952, suggested that self-esteem should be treated as an explicit variable.⁹¹ The group included Alvin F. Zander, who had become Program Director of the Center shortly after it moved to Michigan.⁹² It also included a pair of close student colleagues, Ezra Stotland and Arthur R. Cohen.

One of the researchers, Cohen, made the self-esteem problem a focus of his PhD research. The setting of this research was the Michigan Bell Telephone Company, which provided 198 of its employees as subjects for an experiment of the situation variety (above). The subjects were telephone operators, and although Cohen’s dissertation does not systematically deal with sex as a variable, it indirectly indicates what readers would evidently have taken for granted: the subjects were female. The company also provided an additional experimenter, as well as two

assistants, both women. Each subject was taken straight from the switchboard, summoned into an experiment room under the pretext of a (different) study and introduced to one of the assistants. The assistant was presented as a supervisor who would present tasks to the subject and judge her performance. At the end the experimenter would take over, administer a survey, establish rapport for a casual discussion, reassure her against possible consequences and see her off. These two-person group experiments were varied in the 'structuredness' of the tasks, based on the (un)clarity of instructions and (in)consistency of the assistant's behavior, in order to observe the effect on the threat response of the subject. At the same time, the subjects were divided into three groups of low, medium, and high self-esteem, in order to see how the groups differed in their threat response.

The assessment of self-esteem was based on the Q-technique. Cohen's dissertation does not acknowledge or even mention Carl Rogers and company in this regard. Rather, the approach was based on the use of the Q-technique by another recent dissertation from the University of Michigan by D Shapiro. Still, the basic strategy and the definition of self-esteem it reflected was the same: the higher the congruence between self-concept and self-ideal, the higher the self-esteem. The technique itself was just a little more complicated. 65 statements about a person were divided into 13 groups of five. Each group represented a particular 'constellation of needs' according to a theory of needs used by Cohen. The subject was instructed to indicate their self-ideal by selecting one statement from each group as most like what they would like to be, and another statement from each group as least. This procedure was repeated to reflect the subject's 'self-percept', i.e. how they saw themselves. The discrepancies between the two scorings were then calculated. The less discrepancy, the higher the self-esteem.

Cohen's dissertation, "The Effects of Individual Self-Esteem and Situational Structure on Threat-Oriented Reactions to Power", was submitted in 1953. The introduction opens with a statement suggestive of the social context with which Cohen is concerned: "It is a well-recognized fact that much of social interaction occurs in situations of differential power, prestige and status. Research into such situations is imperative if social science is to obtain a rounded and comprehensive picture of social interaction."⁹³ The social context of his work is the hierarchical ordering of society and the consequent power relations within, manifest in Cold War-era capitalism and the modern workplace, perhaps especially in the corporate sector.

Having stressed that much more work needs to be done in the area of hierarchical power-relations, he further suggests a subtle paradigm shift. According to Cohen, much of the previous work was mainly focused on group level processes. He draws attention to the "motivational and perceptual processes of the individuals comprising that group," and their consequences for the group level processes, and suggests that subsequent research must be more attentive to "the relationship between the individual and the social structure within which he operates." The individual factors he has in mind are chiefly personality and motivation. This

theoretical individualism reflects the ideographic shift in psychology explained in the last chapter. However, it also appears to reflect the new behavioral science of Parsons and Shils volume *Toward a General Theory of Action* (above), which Cohen singles out as the epitome of the increasing emphasis in recent literature on “the links between social structure and personality.”⁹⁴ Another broad intellectual trend adopted is the Gestaltist ‘field theory’ orientation. Although this is consistent with the spirit of Lewin, the Research Center’s founder, the particular brand of ‘field theory’ used by Cohen is the “phenomenal field” of Snygg and combs’ *Individual Behavior* (See previous chapter).

The dissertation tells us more about self-esteem than his Q-technique alone. A core notion underlying Cohen’s thoughts on self-esteem is “ego-involvement”, which is by and large identified with high motivation. This is stated in his definition: “ ‘Ego-involvement’ or high motivation is that relationship to a situation in which the individual perceives that his self concept may be markedly affected by what happens therein.”⁹⁵ The key point here is that ‘high motivation’ is based not on purely utilitarian factors such as nutritional needs etc., but on ‘self concept’. That is to say, the object of this motivation is an image of the self. The extent of this association is hammered home in the following sentence: “When the individual’s self-picture is not at stake, when he has no pressing desire to reach a goal, then power will not be perceived as a potential threat.”⁹⁶ Note how the first two clauses are treated as though they are synonymous. The next sentence weaves them together: “when he is motivated to do well in a given undertaking as a measure of himself.”⁹⁷ Thus, a figure with power over an individual has the potential to threaten their self-image, providing the individual is highly motivated, meaning ego-involved. It is on this theoretical basis that Cohen relates threat to self-esteem, which he defines thus: “The individual’s self-esteem concerns that portion of his self-concept seen as a value; it is the evaluation the person places on whatever aspects of his self are relevant to him at a given time.”⁹⁸ He further suggests that people judge themselves according to frames of reference which are acquired through group experience.

Despite referring to ‘self[-]concept’ in both definitions quoted above, Cohen does not appear to be drawing from Raimy. (Raimy’s article on self-reference in counseling appears in the bibliography, but not his often-cited thesis on self-concept.) This might be because Cohen is not writing in the context of counseling and psychotherapy, but rather in the context of social psychology. The psychologists he draws from can generally be described as proto-humanists, some with connections to Carl Rogers and non-directive therapy: Arthur Combs, Donald Snygg, McClelland, Gardner Murphy, Newcomb, Rogers and Symonds. Finally, he cites some of Maslow’s early papers, and in his discussion of self-esteem cites one of his papers on that topic. Elsewhere, in the section dealing with his own measurement of self-esteem, Cohen notes that Maslow’s treatment is insufficient because it equates self-esteem too narrowly with dominance.

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