Previous research on differential responses to psychological procedure labels has shown that the general public makes no distinction between the labels behavior modification, behavior therapy, and behavior treatment, but shows a strong preference for the label counseling, compared to the labels behavior therapy and psychotherapy. To extend previous research to the more specialized population of college students, responses of 124 students to the psychological procedure labels behavior therapy, counseling, and psychotherapy were examined using a semantic differential with 23 word pairs (e.g., powerful-weak). Results showed a statistically significant difference for 7 of the 23 word pairs. Behavior therapy was seen as more physically oriented than either counseling or psychotherapy. Counseling was seen as more cooperative and personal than behavior therapy and more helpful than psychotherapy. Counseling was also seen as less medically oriented, vigorous, and complex than psychotherapy. Participants also stated which procedure they would prefer for themselves or a family member experiencing personal, emotional or family problems. Previous results were confirmed in this specialized population with a strong preference again shown for the label "counseling." (Author/JAC)
PRACTICING PSYCHOLOGY ON CAMPUS?

WHAT YOU CALL IT MAKES A DIFFERENCE

Harold B. Robb III
Lewis-Clark State College

Running Head: Practicing On Campus?
ABSTRACT

Previous research on differential responses to psychological procedure labels has shown that the general public makes no distinction between the labels behavior modification, behavior therapy, and behavior treatment, but that the general public shows a strong preference for the label counseling, when compared to the labels behavior therapy and psychotherapy. The preference appears based on the perception that counseling is a more straight-forward and mutually undertaken activity than the other two. This investigation extended previous research to the more specialized population of college students by examining responses of 124 students to the psychological procedure labels: behavior therapy, counseling, and psychotherapy using a semantic differential with twenty-three word pairs (e.g. powerful-weak). ANOVA showed a statistically significant difference (p < .05) for seven of the twenty-three work pairs. The Duncan Multiple Range Test (p < .05) was performed on the dimensions with statistically significant differences. Participants also stated which procedure they would prefer for themselves or a family member experiencing personal, emotional or family problems. Previous results were confirmed in this specialized population with a strong preference again shown for the label "counseling."

However, there is little research on the attributions made by potential or actual service recipients about the characteristics of psychological services based on the way those services are labeled. Given the great acrimony and large amounts of money associated with efforts to specify who will be allowed to deliver certain psychological services, and under what circumstances they will be allowed to do so, the dearth of research on the effect of psychological procedure labels seems surprising and unfortunate. However, some small start has been made. Previous research showed that members of the general public do not distinguish between the psychological procedure labels "behavior modification,"
"behavior therapy," and "behavior treatment," nor do they view these terms as generally negative (Robb & Kendall, 1980).

A second study with members of the general public showed a marked preference for the label "counseling" as compared to the labels "psychotherapy," or "behavior therapy." This preference seems to be based on the perception that counseling is a relatively straightforward, mutually undertaken activity. (Robb, 1982)

This study continues the previous research by determining if college students differentially respond to the psychological procedure labels "behavior therapy," "counseling," and "psychotherapy."

**Method**

**Design**

A questionnaire constructed to examine three psychological procedure labels was administered.

**Participants**

The 124 participants, 53 males and 71 females, were members of introductory psychology classes at a small Pacific Northwest State College. Participants ranged in age from 17 to 36 years, with a median of 18.9 years. They described themselves as ranging from 10 to 17 years in education with a median of 12.2 years. They further characterized themselves as follows: "White American," 110; "Black American," 1; "Asian American," 1; "Native American," 5; "Other," 7.

**Questionnaire**

The questionnaire contained four parts: (1) instructions for com-
oleting the questionnaire; (2) demographic information; (3) a semantic differential for three psychological procedure labels; and (4) a section asking which psychological procedure the individual would prefer.

The instructions stated the purpose of the questionnaire was to learn what meaning people give to certain words or concepts. The instructions also described how to use a semantic differential (Osgood, Suci, & Tannenbaum, 1957).

The demographic section provided blanks for age, sex, and years of school completed. The person completing the questionnaire was also asked to provide an ethnic description by circling one of the following: White American; Black American; Asian American; Native American; Other. Parts one and two constituted the first page of the questionnaire.

The next three pages of the questionnaire contained the psychological procedure labels behavior therapy, counseling and psychotherapy. Each label was printed in capital letters at the top of a page with the semantic differential used by Robb and Kendall (1980) printed under each label. The order of the labels varied randomly within these three pages. The semantic differential contained twenty-three word pairs with each word pair separated by seven blanks.

The final section constituted the last page of the questionnaire. At the top of the page was written: "If you or a family member were experiencing personal, emotional or family problems, and if you could receive any one of the following kinds of help, which one would you
prefer." This statement was followed by the words "Behavior Therapy," "Counseling," and "Psychotherapy" printed under one another with triple spaces between. The order of the three labels varied randomly. Participants marked their preference.

**Procedure**

The investigator was an invited lecturer to several introductory psychology classes. The classes had been told the lecturer would talk about the practice of psychology and the role of cognitive factors in human behavior. The lecture began with the investigator distributing the questionnaire, and asking for participation in its completion by class members. The instructions were read by the investigator, and the class was told that those who did not desire to complete the questionnaire need not do so. When the questionnaires were completed and collected, the purpose of the questionnaire as well as previous investigations were discussed. The remainder of the class period was spent discussing the practice of psychology and the role of cognitive factors in human behavior.

**Results & Discussion**

ANOVA was performed for the psychological procedure labels on each word pair in the semantic differential. A statistically significant difference ($p < .05$) was found on seven of the twenty-three word pairs (see Table 1).

---

**Insert Table 1 About Here**

---
The Duncan Multiple Range Test (p < .05) was performed on each of these seven word pairs. The results showed behavior therapy was seen as more physically oriented than either counseling or psychotherapy. Counseling was seen as more co-operative and personal than behavior therapy and more helpful than psychotherapy. Counseling was seen as less medically oriented, vigorous and complex than psychotherapy.

When participants answered the direct question regarding which procedure they would choose for themselves or a family member, they overwhelmingly chose counseling. Of the 124 persons sampled, 94, 75.8% chose counseling; 17, 13.7% chose behavior therapy; 8, 6.5% chose psychotherapy and 5, 4% did not choose one of the available alternatives.

These results are consistent with the previous study done with a sample of 138 persons, 52 males and 86 females, ranging in age from 18 to 86 years with a median age of 35 and ranging in years of education from 8 to 19 years, with a median of 12.7 years. Of that sample, 134 described themselves as "White Americans." Like the college students, 73.9% chose counseling as the preferred procedure for themselves or a family member. While fewer differences are found among the twenty-three word pairs, the pattern remains consistent. As before, behavior therapy was seen as more physically oriented than either counseling or psychotherapy. Additionally, counseling was also previously seen as more helpful than psychotherapy and more co-operative than behavior therapy, as well as less medically oriented and less complex than psychotherapy.
These results indicate that the previously found strong preference for the term "counseling" among the general population holds for the more specialized college student population as well. Additionally, the reasons appear to remain the same. Namely, counseling is seen as a relatively straight-forward, mutually undertaken activity. This author has previously argued elsewhere (Robb, 1980) that counseling psychologists could more rapidly escape their second class citizenship in the community of psychological practitioners by adopting an educational, rather than a therapy paradigm, and that the term "therapy" or its cognates implies the notion of illness. This later notion continues to find support by replication in the present study of the previous finding, that psychotherapy is viewed as more medically oriented than counseling.

Two directions should be taken in future research. First, though there is no __a priori__ reason to suppose persons living in more densely populated areas would perform differently from previous samples, empirical validation is desirable. Second, efforts should now be undertaken to determine what effect, if any, these psychological procedures labels have on persons observing, receiving, or electing to receive a psychological service. While the notion that a difference exists between one procedure called "counseling" and another procedure called "psychotherapy" has been vigorously defended (Patterson, 1973), the community of psychological practitioners has had considerable difficulty stating what the difference is. Perhaps we can at least discover if these different labels have any effect on the responses of those receiving, electing reception, or observing the reception of psychological services.
<table>
<thead>
<tr>
<th>Dimension</th>
<th>df</th>
<th>Between</th>
<th>Within</th>
<th>Between</th>
<th>Within</th>
<th>F. Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak-Powerful</td>
<td>2</td>
<td>369</td>
<td>.4707</td>
<td>1.7975</td>
<td>0.262</td>
<td></td>
</tr>
<tr>
<td>Helpful-Useless</td>
<td>2</td>
<td>369</td>
<td>2.5163</td>
<td>1.2272</td>
<td>2.865*</td>
<td></td>
</tr>
<tr>
<td>Ineffective-Effective</td>
<td>2</td>
<td>369</td>
<td>0.1846</td>
<td>1.9766</td>
<td>0.397</td>
<td></td>
</tr>
<tr>
<td>Manipulative-Cooperative</td>
<td>2</td>
<td>369</td>
<td>12.4383</td>
<td>3.0323</td>
<td>4.102*</td>
<td></td>
</tr>
<tr>
<td>Humanistic-Mechanistic</td>
<td>2</td>
<td>369</td>
<td>1.5484</td>
<td>1.9750</td>
<td>0.784</td>
<td></td>
</tr>
<tr>
<td>Personal-Impersonal</td>
<td>2</td>
<td>369</td>
<td>7.2581</td>
<td>1.3850</td>
<td>5.241*</td>
<td></td>
</tr>
<tr>
<td>Uncaring-Caring</td>
<td>2</td>
<td>369</td>
<td>0.1535</td>
<td>2.2712</td>
<td>0.068</td>
<td></td>
</tr>
<tr>
<td>Medically Oriented-Nonmedically Oriented</td>
<td>2</td>
<td>369</td>
<td>8.5672</td>
<td>2.7489</td>
<td>0.117*</td>
<td></td>
</tr>
<tr>
<td>Psychologically Oriented-Nonpsychologically Oriented</td>
<td>2</td>
<td>369</td>
<td>4.8950</td>
<td>1.9067</td>
<td>2.560</td>
<td></td>
</tr>
<tr>
<td>Physically Oriented-Nonphysically Oriented</td>
<td>2</td>
<td>369</td>
<td>9.8069</td>
<td>2.6845</td>
<td>3.653*</td>
<td></td>
</tr>
<tr>
<td>Good-Bad</td>
<td>2</td>
<td>369</td>
<td>3.0026</td>
<td>1.3264</td>
<td>2.264</td>
<td></td>
</tr>
<tr>
<td>Complete-Incomplete</td>
<td>2</td>
<td>369</td>
<td>1.0244</td>
<td>1.8259</td>
<td>0.561</td>
<td></td>
</tr>
<tr>
<td>Tense-Relaxed</td>
<td>2</td>
<td>369</td>
<td>3.0562</td>
<td>2.5640</td>
<td>1.192</td>
<td></td>
</tr>
<tr>
<td>Deep-Shallow</td>
<td>2</td>
<td>369</td>
<td>2.8308</td>
<td>1.5979</td>
<td>1.772</td>
<td></td>
</tr>
<tr>
<td>Feeble-Vigorous</td>
<td>2</td>
<td>369</td>
<td>5.4277</td>
<td>1.6855</td>
<td>3.220*</td>
<td></td>
</tr>
<tr>
<td>Broad-Narrow</td>
<td>2</td>
<td>369</td>
<td>0.5573</td>
<td>2.3011</td>
<td>0.155</td>
<td></td>
</tr>
<tr>
<td>Impulsive-Deliberate</td>
<td>2</td>
<td>369</td>
<td>5.0430</td>
<td>2.7917</td>
<td>1.806</td>
<td></td>
</tr>
<tr>
<td>Passive-Active</td>
<td>2</td>
<td>369</td>
<td>1.2610</td>
<td>2.4828</td>
<td>0.508</td>
<td></td>
</tr>
<tr>
<td>Complex-Simple</td>
<td>2</td>
<td>369</td>
<td>5.8387</td>
<td>1.6869</td>
<td>3.461*</td>
<td></td>
</tr>
<tr>
<td>Boring-Interesting</td>
<td>2</td>
<td>369</td>
<td>1.5830</td>
<td>2.9667</td>
<td>0.534</td>
<td></td>
</tr>
<tr>
<td>Soft-Hard</td>
<td>2</td>
<td>369</td>
<td>2.3548</td>
<td>1.5579</td>
<td>1.512</td>
<td></td>
</tr>
<tr>
<td>Realistic-Idealistic</td>
<td>2</td>
<td>369</td>
<td>1.6801</td>
<td>2.3529</td>
<td>0.714</td>
<td></td>
</tr>
<tr>
<td>Emotional-Unemotional</td>
<td>2</td>
<td>369</td>
<td>1.9701</td>
<td>1.7623</td>
<td>1.118</td>
<td></td>
</tr>
</tbody>
</table>

* p < .05
References


References—Continued


