

## **Leona Tyler, PhD**

### **Your Biography**

You are Leona Tyler, Psychologist.

You were born in Chetek, Wisconsin in 1906. When you were a child, your family moved to Mesabi Iron Range in Minnesota, where you would live until college.

You originally studied English literature as an undergraduate. You met the applied psychologist D.G. Paterson and started a PhD In Psychology at the University of Minnesota. In 1940, as ABD, you was appointed the head of the Personnel Research Bureau at the University of Oregon. After WWII, you established a veteran's counseling service funded by the VA at U Oregon. In 1951-52, you traveled to Maudsley Hospital<sup>1</sup> in England to work with the Psychiatrist Hans Eysenck. And in 1962-63, you held a Fulbright in Amsterdam.

In 1947, building on your experience at the University of Oregon, you published *The Psychology of Human Differences*. Still a classic of counseling, in it you suggest that the best way to understand individuals in counseling session is to see them as making choices between an infinite array of possible alternatives. You do not have a taste for theoretical bickering. As a counselor, you take a pragmatic approach to theoretical issues, but various commentators have noticed your similarity to theories of Piaget, Carl Rogers, Erik Erikson and others. Your practice blends psychoanalytic, behavioral and cognitive therapies.

The primary focus of your work is 'individuality,' not in a philosophical or moral sense, but in the sense that you reject the idea that an individual personality can be represented as a profile of scores in an  $n$ -dimensional space. On the contrary, you argue that an individual personality can be best described by the series of choices that that individual has made. It is possible, you hypothesize, to identify patterns in choice-making behavior. Your 'Choice Pattern Technique,' which asks people to choose and sort cards representing careers and leisure-time activities, is still widely used by psychological and career counselors today.

In recent years, however, you have come to theorize that in order to make choices, an individual must be able to represent possible courses of actions or states of affairs that are not actual (i.e. possible but not currently real). At times, the internal representations discussed by these new 'Cognitive Scientists' like Chomsky and Miller, sound very similar to your hypothetical structures. But you're not willing to give up the obvious successes of behavioral therapy.

To understand an individual, then, we must understand both that the individuals' cognitive / representational abilities and their patterns of choosing between possibilities to make them actual.

### **Game Objectives**

As an initial member of the Research committee, you'll be called upon to judge the scientific legitimacy and ethical acceptability of proposed research programs. You should make yourself familiar with the sections of the game book titled 'A Primer on Research Methods' and 'Ethics of Human Research'. Your gamemaster will give you an additional sheet outlining the responsibilities of members of the research committee in evaluating proposals.

Notice that the official documents of the APA, as included in the game book, are written in gender-specific language: I.B states “a nonmember of the APA may read a paper provided that *he* is sponsored...”. The implication here is, of course, that a female nonmember is *not* allowed to present. As this document is an official representation of the policies of the APA, it should be clarified to reflect the policies of the organization. You should make those proposals in 1973.

If you become president, it is almost certain that there will be a number of proposed proclamations on the table. You should insist on the following the 'advocacy' principle. If you can make it policy, so much the better:

As citizens, members of the APA have the right to advocate for any cause through the myriad of political advocacy organizations, but when psychologists and psychiatrists speak for the profession through APA public stances and proclamations, it should be from science and professional experience.

On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.

You can split these two paragraphs into two proposals, if you believe it will be easier to pass them. The second is a direct result of the Goldwater affair<sup>2</sup> (see the gamebook 'Playing a psychologist or psychiatrist in the 1970s'), and anticipates the problems associated with the APA's stand on abortion in 1970's.<sup>3</sup> You can mine the history of both of these issues for arguments in favor of your proposal. You should also look at Principle 5 of the APA Ethical Standards of Psychologists for support.

You should organize your efforts on these matters with the other women in the organization. As you'll notice from the brief history in the gamebook, the APA had women members since its second year of existence, and Mary Whiton Calkins was a president in its 12th year (1905). There has not, however, been a woman in a leadership position since that time. You are a serious candidate to be the first woman president in over 50 years.

You are neutral on **the issue of the definition of mental illness**, so long as it is clearly not gendered in any way.

### ***Specific Assignments***

You should present a paper introducing your view of counseling and a 'hopeful' psychology (based on your actual 1973 presidential address) *whether or not* you are elected president. If elected president, this should be your presidential address. If not, you'll have to propose it as a conference paper to the Program committee.

## Must Read

Tyler, L.E. (1969). *The Work of the Counselor*, Prentice Hall

Tyler, L. E. (1973) "Design for a hopeful psychology" *American Psychologist*, 28(12)  
1021-1029

## Secondary Sources

Zilber, S. M. & Osipow, S. H. "Leona E. Tyler (1906- )" in *Women in Psychology: a bio-bibliographic sourcebook*, O'Connell, A. N. & Russo, N. F. (1990). Greenwood Publishing

"Leona Tyler Memorial Lecture Series", Department of Psychology, University of Oregon. Available <http://dynamic.uoregon.edu/~jjf/hyde2002/index.html>

"Profile: Leona Tyler", Feminist Voices, <http://www.feministvoices.com/leona-tyler/>

See (for summary of biography): <http://www.webster.edu/~woolfm/tyler.html>

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<sup>1</sup> Many of the first-person stories on the 'treatments' of homosexuality that are collected at <http://treatmentshomosexuality.org.uk/> come from Maudsley.

<sup>2</sup> In 1964, a magazine called *Fact* asked 12,000 psychiatrists if they would be willing to diagnose conservative presidential candidate Barry Goldwater. Of the more than 2000 that responded 1,189 responded that he appeared to have a 'personality disorder'--that slippery category between psychosis and neurosis. The headline proclaimed (under the magazine's title 'fact:') that "1,198 Psychiatrists Say Goldwater Is Psychologically Unfit To Be President! You may recall that the 1964 election witnessed Johnson's famous 'Daisy' ad, which suggested that the election of Barry Goldwater would lead to nuclear annihilation.<sup>1</sup>

<sup>1</sup> For a brief history see Pinsker, H. (2007). "Goldwater Rule' History", *Psychiatric News*, 42 (15), p. 33 (<http://pn.psychiatryonline.org/content/42/15/33.1.full>)

<sup>3</sup> In 1969, the American Psychological Association issued a public proclamation, citing lack of evidence to the contrary that:

**WHEREAS** in many state legislature, bills have recently been introduced for the purpose of repealing or drastically modifying the existing criminal codes with respect to the termination of unwanted pregnancies; and whereas, termination of unwanted pregnancies is clearly a mental health and child welfare issue, and a legitimate concern of APA; be it resolved, that termination of pregnancy be considered a civil right of the pregnant woman, to be handled as other medical and surgical procedures in consultation with her physician, and to be considered legal if performed by a licensed physician in a licensed medical facility.<sup>1</sup>

The American Psychiatric Association followed in 1977 with:

The emotional consequences of unwanted pregnancy on parents and their offspring may lead to long-standing life distress and disability, and the children of unwanted pregnancies are at high risk for abuse, neglect, mental illness, and deprivation of the quality of life. Pregnancy that results from undue coercion, rape, or incest creates even greater potential distress or disability in the child and the parents. The adolescent most vulnerable to early pregnancy is the product of adverse sociocultural conditions involving poverty, discrimination, and family disorganization, and statistics indicate that the resulting pregnancy is laden with medical complications which threaten the well-being of mother and fetus. The delivery that ensues from teenage pregnancy is prone to prematurity and major threats to the health of mother and child, and the resulting newborns have a higher percentage of birth defects, developmental difficulties, and a poorer life and health expectancy than the average for our society. Such children are often not released for adoption and thus get caught in the web of foster care and welfare systems, possibly entering lifetimes of dependency and costly social interventions. The tendency of this pattern to pass from generation to generation is very marked and thus serves to perpetuate a cycle of social and educational failure, mental and physical illness, and serious delinquency.

Because of these considerations, and in the interest of public welfare, the American Psychiatric Association

1) opposes all constitutional amendments, legislation, and regulations curtailing family planning and abortion services to any segment of the population; 2) reaffirms its position that abortion is a medical procedure in which physicians should respect the patient's right to freedom of choice - psychiatrists may be called on as consultants to the patient or physician in those cases in which the patient or physician requests such consultation to expand mutual appreciation of motivation and consequences; and 3) affirms that the freedom to act to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications.<sup>2</sup>

You'll recall that the US Supreme court decided that abortion was covered by the constitutional dictate to a 'right to privacy,' thereby blocking all laws that had kept abortion illegal.

<sup>1</sup> Available at <http://www.apa.org/about/governance/council/policy/abortion.aspx>

<sup>2</sup> Available at <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/197703.aspx>