they frequently approach the issue with an air of diffidence and conciliation and become involved in apologetic and largely unsuccessful attempts to differentiate their practice of office "casework" from "psychotherapy" so that no one will be angry with them (Grinker et al., 1961; Hollis, 1964; Josselyn, 1948; Kaplan, 1963). Lay analysts consider themselves strictly "psychoanalysts"; they stem directly from a European tradition and, because of the official position of the American Psychoanalytic Association, see themselves as a dying breed for whom there is no longer any point in fighting. They constitute a small group, but included among them are such illustrious and respected figures that they cannot be omitted.

I have thus introduced the four professional groups who supply most of the professional psychotherapeutic help given in this country at this time. (There are, of course, others who supply such help—some clergymen, nurses, and even aides in certain psychiatric hospitals, Warme, 1965—but the present discussion will be limited to the four more officially recognized groups.) Two questions immediately arise with reference to the work of these professionals:

1. To what extent can their work be identified with their professional origins?
2. Do the psychiatrists (including medical psychoanalysts) have a significant advantage over the others in the conduct of their day-to-day professional work? If they do have an advantage, from what does it stem? Is it specifically related to their medical training, and, if so, in what way?

To approach the first of these questions, let us imagine an experiment to which random samples of the work of experienced professionals from these four groups are observed by an experimenter who does not know the professional origins of the subjects. It will be immediately apparent that certain professional activities would identify the subject at once: If he were prescribing drugs or giving electroshock therapy, he would have to be a psychiatrist; if he were giving psychometric tests, he would almost undoubtedly be a psychologist; if he were using hypnosis, he would be either a psychiatrist or a psychologist; if he were making a home visit, he would in all likelihood be either a social worker or a psychiatrist; if he were engaged in an interview in which the patient was on a couch, he would be either a psychiatrist or a lay analyst. If, however, the experimenter were confronted with samples of professional behavior limited to "interview material" in the usual sense—individual, family, or group—he would find it extremely difficult, if not impossible, to deduce the subject's professional origins in terms of the so-called "disciplines." Instead, he would probably find himself identifying Freudian analysts, Jungians, Rogerians, psychoanalytically oriented therapists, rational-emotive therapists, existential-experiential therapists, and other breeds. In other words, he would be able to make deductions about the theoretical bias of the therapist, about the teachers who had left their imprint on his work, and about the books he had read far more easily than he would whether the subject had ever gone to medical school or held a doctorate in clinical psychology. While he might well be able to identify a psychoanalytic interview as such, he would undoubtedly not be able to tell whether the analyst had had medical training. Further, if he could observe the course of an entire therapy, he would still not be able to identify with any certainty the professional "discipline" of the therapist as long as the therapeutic contact included none of the "parametric" behaviors mentioned above and as long as the therapist's verbalizations did not include any jargon which is identified with one particular discipline (e.g., if a therapist spoke of "sharing information," he could probably be identified as a social worker on the basis of this verbal clue). It is assumed that the above assertions will not appear strange or untenable to most sophisticated workers in the psychotherapeutic professions. Those who wish corroboration are referred to the work of Hans Strupp (1960) and to the excellent discussion in Schofield's *Psychotherapy: The Purchase of Friendship* (1964, Ch. 6). It has been found that even the observable differences among therapeutic schools tend to diminish with increasing age and experience of therapists.

It may be concluded, then, that the work of professionals in this field can be identified as to discipline of origin only when certain specific behaviors are employed; even then, there are very few such behaviors which could firmly identify a subject in our imagined experiment as having had medical training (assuming that he is not "wearing two hats" and functioning also as a general physician): performing physical examinations, prescribing or administering drugs, and giving electroshock treatment. (He might also be identified by certain administrative behaviors such as giving or withholding ward privileges in a hospital, signing