What is Motivation? Building Conceptual Clarity.

Rebecca Leith
2009

Presented in partial fulfillment of the requirements for the degree of Masters of Sciences in Psychology at Massey University Auckland

Until one is committed, there is hesitancy, the chance to draw back, always
Ineffectiveness, concerning all acts if initiative and creation.
There is one elementary truth,
the ignorance of which kills countless ideas and splendid plans:
That movement one defiantly commits oneself, then providence moves too.
All sorts of things occur to help one that would never otherwise have occurred.
A whole stream of events issues from the decision.

Johann Wolfgang von Goethe

ABSTRACT

The following exploratory research was conducted to begin to build conceptual clarity for the currently ambiguous construct of motivation. Motivation is a term that is used extensively within psychology and psychotherapy. The construct of motivation has multiple theories explaining this complex phenomenon, each with their own definition. The vast array of definitions pertaining to motivation creates conceptual confusion between researchers and in turn unreliable motivational measures.

Q Methodology was used to bring a subjective viewpoint towards the research. This subjective approach allowed the opinions of the target population to determine the type of information used in analysis.

Results indicate that participants view motivation as an internal and emotional process. This research proposed a definition of motivation, as it is referred to in psychotherapy. The findings propose that motivation is an internal process fueled by emotions that energize the body towards action at a conscious level. The thought processes of an individual ignite a purpose which initiates a drive towards a change of state. Positive reinforcement of this action will perpetuate future action. Negative reinforcement of this action will decrease the likelihood of the action reoccurring.

These findings are discussed and future recommendations are suggested. A replication of this research would provide further support for these findings.

ACKNOWLEDGEMENTS

I would like to express my deepest thanks and appreciation to my partner, Ben. For your unconditional support and belief in my capabilities. Your patience and encouragement was always there at the most needed times.

My thanks to my friends and family, for your incredible support and belief in my potential. The numerous phone calls and texts offering support and advice were always welcome, though it may not have seemed so at the time.

My sincere thanks to my supervisor Dr Mei Williams. Your support and encouragement throughout this process was so valuable. Your advice was always greatly appreciated. This research would not be what it is without your input.

Lastly, I would like to express my thanks to the participants of this research. Your time and effort made this research possible. I hope that this research will be beneficial to you all in your practice of psychotherapy.

TABLE OF CONTENTS:

APPENDIXES

LIST OF TABLES

CHAPTER I

Introduction

Motivation is a term that presents itself in many different aspects of human behaviour. Weight loss, sports, education and psychology all include motivation as a useful construct in their field. To study motivation and the determinants of motivation is to focus on understanding why humans do what they do.

Dornyei and Otto (1998) comment on the amount of research that is being conducted on what is motivation? Traditionally the emphasis has been placed on identifying those influences that affect motivation and validating motivational theories. Consequently researcher attention towards defining what motivation is as a construct, including a universal definition within the psychotherapy fields, has been overlooked (Pintrich, 2000).

There are many theorists who deter from understanding motivation. Instead they opt to tailor the meaning to their specific research. Veith (1997) confirms this notion. Commenting on the common occurrence of researchers who overlook the meaning of motivation and use their own definition which 'fits' their current research. The lack of clarity on what is motivation is evident in a number of ways. For example when a new theory or model is designed the meaning of motivation that is proposed is specific to that particular theory or model.

Another example lies with clinicians working everyday in the field. The understanding of motivation is specific to each therapist. Therapists have their individual beliefs on what this popular construct is and how to assess for it.

Ill-defined popular concepts such as motivation can be obstacles to theoretical and practical progress. Within the psychological field there is greater conceptual confusion around motivation. Conceptual confusion creates unreliable communication perpetuating differences in understanding between clinicians and the general public. Clarification of motivation within the psychotherapy field will remove the ambiguity and in turn assist in improved communication between therapists and across measures (Drieschner, Sylvia, Lammers & van der Staak, 2004). A complete analysis of this construct and its determinants needs to be completed to begin to build conceptual clarification (Murphy & Alexander, 2000).

Firstly, this research will discuss the number of motivational theories that are commonly referred to in the psychological literature pertaining to motivation. Beginning with a brief history of motivation and the three main theories of motivation. For example, psychodynamic, behavioural and cognitive theories. These theories provide the foundation of motivation and motivational assessment. A discussion on motivation in psychotherapy will follow.

THEORIES OF MOTIVATION

At the beginning of the 20th century, motivation was included under the spectrum of psychology. At this time theories of human behaviour were based upon ideals of philosophers such as Plato and Aristotle. Renee Descartes a renowned psychological theorist proposed his theory of motivation. Based on ancient philosophy, he proposed that motivation is 'will' based. Descartes believed individual 'will' was the instigator for action. It was the 'will' of an individual which told the organism whether to act and what to do when engaged in an action (Reeves 2005).

This theory does not account for the differences in variance of an individual's experiences. Therefore it is not a substantial definition of motivation. The theory of will seems to be as complex as motivation. For example, what is will? How do we asses it? Does it change over time? This 'will based' theory of motivation has its own lack of conceptual clarity. Willpower is proposed as the singular force behind an individual's action (Reeves, 2005). Motivation is not made up of a single determinant but is a multifaceted phenomenon (Wallach, 1963).

Charles Darwin's theory of biological determinism must not be overlook whilst examining theories that contribute to motivation. Darwin's theory brings forth an explanation of motivation that he believed could account for the innate motivational force.

Darwin's theory proposed that a 'force' comes from within an individual. This 'force', which was once referred to as 'will', came to be known as instinct ((Elliot & Dweck, 2005). Darwin emphasized the importance of instincts. His emphasis was placed upon the instincts an organism receives. Darwin believed instincts were physical reactions sourced in ones genes (Reeves, 2005).

It was at this point in history that motivational researchers moved away from philosophical ideas to explain motivation phenomena. Directing their focus towards the natural sciences. This movement saw the birth of one of the longest debates in motivational history. The pleasure vs. pain debate (Elliot, 2008). Dating back to the writings of Democritus, Plato and Socrates. Democritus recorded that the best guide to predict human action, is to determine whether the human is in pursuit of pleasure, and or the avoidance of pain (In Elliot, 2008).

The psychological field has adopted and defined these ancient writings further. Beginning with William Wundt in the 18th century. Wundt emphasized the importance of understanding the pleasure and pain elements which energize the body towards movement. Such elements are continually manifested in an organism's cognitions, behaviour, sensations and emotions, energizing an organism into action (Willingham, 2001).

William James expanded on Wundts theory further, borrowing heavily from Darwin's biological theory of motivation as his foundation. James proposed that pleasure and pain responses are 'springs of action' (Reeves, 2005). James believed all that was needed to activate an individuals instinct was a stimulus. James proposed pleasure as a strong reinforcer of behaviour and pain as a strong inhibitor of behaviour.

This biological instinct theory remained favorable for some time. It began to loose its appeal, when researchers begin to debate how many instincts one might possess (Madsen, 1974). The biological instinct theory provided strength in favor of biological factors predisposing motivation. However this theory is a circular theory. Therefore it does not clarify what motivation is. For example, if an individual has the instinct to fight, it motivates aggression, but in order to understand an individual's instinct to fight, a detection of aggressive behaviour would occur. Not a clear picture of motivation at all.

James moved away from the theories of instinct, instead favoring pleasure and pain as predictors to change in behaviour. James proposed the new idea of approach avoidance motivation theory (Elliot, 2008; Elliot & Dweck, 2005). This theory incorporates the best of the biological approach, with clear clarification of the new constructs incorporated in this theory. For example, approach motivation has been defined as the energization of behaviour by or towards positive stimuli. Avoidance motivation is the energization of behaviour by or away from negative stimuli (Lewin, 1935).

This well defined theory lacks the notarization that other theories maintain. Based on behaviourism concepts. This theory places its emphasis on the energizing of the body. What this theory lacks in strength within the psychological community, it makes up for in clarity of motivation and its processes. In summary, the early biological theories of motivation harbor a belief that motivation in an internal process.

It is proposed that motivation as an internal process is a derivative of the regulatory approach to motivation (Schunk, Pintrich & Meece, 2008). The regularity and purposive approaches to motivation as explained by Beck (2004) are the two approaches to motivation which all other theories of motivation fall under.

The Regularity Approach:

The regulatory approach to motivation is the birth place for many common theories and interpretations of motivation. This approach places focus on the body's response to such states as hunger, thirst and pain. The body is believed to work towards maintaining a state of homeostasis. A deficiency is registered within the nerves centers, the body will then seek to alleviate the distress/discomfort and restore homeostasis to the body (Beck, 2004).

The regulatory approach to motivation founded its roots in biological theories (Beck, 2004). Such as Darwin's theory of evolution and Maslows needs based hierarchy. Watson's behaviourism arose under the regulatory approach as an answer to the research question, how is an organism able to adapt to its environment?

Watson's belief was extreme for the time period. Watson believed that mental processes were not a factor of behaviour (Martin & Pear 2003). Therefore there was no need for understanding purpose or intent. Watson's theory left no room for discussion of motivation as an individually experienced concept. The focus of behaviourism was placed on stimuli and stimulus responses. Therefore concluding that all behaviour is predictable according to the stimuli presented.

Woodworth later proposed that organisms needed energy or drive to activate an otherwise motionless organism (In Ellis & Newton, 2000). Simply studying the cause after the fact was not sufficient to determine why we do what we do. Therefore, the regulatory approach to motivation, maintains an internal need activates a drive, perpetuating an action which quenches the internal unbalance and restores homeostasis. The internal need can be triggered from an external stimulus or an internal discomfort.

The Purposive Approach

The purposive approach to motivation maintains that individuals actively engage in goal directed behaviour. This approach places focus on the future and the long term rewards. For example, an organism makes choices about which courses of action will be most beneficial to them. Organisms will choose between multiple possibilities and determine the best possible solution for their satisfaction (Beck, 2004).

The regularity and purposive approaches each have their place in explaining motivation. Each approach offers insight into what is igniting the process of motivation to occur.

However, they are complimentary approaches. What one lacks in theoretical perspectives the other proposes and vise versa. In order to understand the processes of motivation, an examination of the major theories is important. Following on from the purposive and regulatory approaches; psychoanalytic theory, behavioural theory and cognitive theory and the next three main theories of motivation. These theories will now be explained further, including their limitations regarding defining motivation.

The Psychoanalytic Theory of Motivation:

Freud broke away from James and his ideas towards his own theories of human motivation. Freud favored the regulatory approach. His theory was based on the notion that the purpose of motivational behaviour was to provide the action that satisfies a need (Reeves, 2009). Behaviour was therefore energized to serve bodily needs. When a discomfort or unbalance was detected within the body, the body would seek out a resolution. The seeking of a resolution is the drive behind Freud's theory of motivation (Elliot & Dweck, 2005).

Freud's theory of motivation was similar to James's at first. However, Freud developed his theory further, focusing on the unconscious instinctual drives as a proposed explanation for motivation. Freud believed that every action has a reaction. Freud hypothesized that at its core motivation is based on instinctual sources such as sex and aggression (Arkes & Garske, 1977). Freud's theory of motivation was now based on physical energy.

Freud believed that people are closed energy systems each with the same amount of energy. Energy builds up in the 'id', when the energy develops a need arises and the body then seeks out the resolution (Schunk et al., 2008).

Freud's theory of motivation is insufficient like the other early theories of motivation. These early theories did not view concepts such as social interactions, genetic predispositions and cultural traditions as important to motivation. These concepts are viewed in the modern literature as important influences on an individual's choices towards change (Eccles & Wigfield, 2002).

The Behavioural Theory of Motivation:

Behaviourists and behaviourism dominated the motivational and psychological literature in the mid 20th century. The behavioural theory of motivation hypothesizes motivation as a change in behaviour caused as a reaction from environmental events and stimuli. The stimuli can be either external or internal (Martin & Pear, 2003). For example, an external stimulus may be a paycheck for a job completed. An internal stimulus may be the aching of a sore hand. The rate, at which the behavioural responses to a stimulus will occur, is a function of how often it is paired with the stimulus (Baum, 2005).

Behaviourists believe it is important to take into consideration what occurs after stimulus presentation. For example, reinforcing occurrences after stimulus presentation make future behaviour more likely. A punishing occurrence after stimulus presentation decreases the likelihood of the behaviour occurring again in the future.

From a behaviourists view motivation is defined by the rate, frequency, form or likelihood of behaviour occurring (Schunk et al., 2008; Martin & Pear, 2003). The behavioural view of motivation is predictable and therefore can be altered according to the stimulus presented. Thus, the behavioural approach to motivation is heavily used.

However, this theory does not allow for any consideration of internal processes, including introspection. Behaviourists believe that only observable scientific phenomena should be included in their theories (Martin & Pear, 2003; Baum, 2005). Concepts such as introspection, values, goals and social expectations are not included. Behaviourist theories of motivation maintain a simple view of motivational behaviour. Complex behaviours can be broken into a series of simple behaviours for explanation. The behaviourist approach is concise and clear but it is also limited, because it does not incorporate internal processes, therefore it is incomplete.

The Cognitive Theory of Motivation:

The cognitive approach to psychology and motivation was born out of contest to the strong behaviourism movement. Bandura (1997) proposed that most motivation is based on internal cognitive processes. Cognitive motivation theory proposes that individuals motivate themselves and direct their behaviour through the exercise of forethought. This approach places a large focus on introspection (Jung, 1978). Introspection means the ability of an individual to reflect and describe their own mental processes (Colman, 2003).

The cognitive theorists stress the role of mental processes in processing of information. For example, the beliefs, emotions and meanings one attaches to their experiences are vital for understanding the reoccurring behaviour (Jung, 1973; Willingham, 2001).

The cognitive approach faces criticism because internal processes are not observable and immeasurable. This is a problem the cognitive theorists face in implementation, because this method of understanding can be difficult to assess in a therapeutic situation. Cognitive theorists rely on the client having awareness and insight into their motivational processes and hoping that the client is able to explain both successfully (Ellis & Newton, 2000). There are a number of modern theories that are associated with the cognitive theory of motivation and are explained in the section of modern motivational theories.

Modern theories of motivation have arisen to try to remedy the inadequacies of the historical theories of motivation. Some modern theorists have worked towards trying to reduce the complex phenomena of motivation into a simple explanation of action. This has created further speculation and debate within the psychological fields, of the definition of motivation (Drieschner, Lammers, van der Staak, 2004). Modern theories of motivation place additional focus on beliefs, values and goals of an individual than their predecessors. These theories have arisen from the basic psychological schools of thought. Schools such as Psychodynamic, Behaviourism and Cognitive as discussed above. Modern theories of motivation and their implications for motivation as a construct are further explained.

MODERN THEORIES OF MOTIVATION

Modern day theories of motivation have moved away from singular schools of thought incorporating an eclectic approach (Madsen, 1974). Theories from other social science fields such as education, sociology, and philosophy are considered to influence modern theories whilst attempting to explain this multifaceted construct. For example:

Attribution Theory:

Attribution theory was designed to illustrate how people *perceive* motivation and emotion, unlike other theories which tend to try and *explain* these constructs. For this reason, Weiner's (1972) attribution theory has been a major theory used in explaining motivation for the previous three decades. Attribution theory is concerned with the process by which an individual *interprets* their outcomes, rather than the actual outcome itself. Beck (2004, p. 64) commented that this is:

> *"How people seek and find causes for their behaviour, and feelings, and interpret their information in terms of the situation they are in".*

For example, if a person finds themselves aroused it may be because there is a snake in their sight and the arousal is fear. This causes or motivates them to move away. The interpretation of the arousal and the feeling one attributes to it, is necessary for motivation and in turn movement to occur (Eccles & Wigfield, 2002).

Attribution theory is found more in educational motivation research, than psychotherapy research. This is a useful theory for psychotherapy. In that it explains clearly what motivation is, due to its capability to place a focus on the client's belief about their ability and expectancies for success or failure (Forsterling, 1986). Personal attributions of success or failure are combined with feelings of self efficacy. These feelings will assist in helping the individual to predict future failures or successes (Weiner, 1972). For example, clients who credit their success to internal personal capabilities will succeed and continue to believe they can succeed. Those who attribute their failures to external inadequate resources will fail and continue to fail. Individuals who attribute their success to internal capabilities are sometimes referred to as 'having a drive to succeed'. This internal 'drive' is the main component another modern theory, drive theory.

Drive Theory:

Drive theory focuses on the contribution of internal factors to behaviour. The 'drive' is believed to be internal energy. Internal energy which seeks to elevate discomfort and maintain homeostasis of the body (Elliot & Dweck, 2000). For example, when an organism experiences a response from 'inside' that there is deprivation i.e. thirst. A drive is ignited to elevate the need and return the body to homeostasis (Schunk et al., 2008). This includes an individual's ability to possess intensity, direction and persistence towards reduction of the discomfort. This theory was tested in laboratories with small animals and works to explain simple motivation behaviours (Schunk et al., 2008). Drive theory is an extended version of the Darwin and Descartes theories. The internal drive of an individual incorporates both will and instinct.

However, drive theory fails to explain the complex processes that are incorporated into motivation. Processes such as mental processes and introspection are important influences on an individual's motivation (Weiner, 1972). Drive theory does explain the internal action towards a drive, but does not account for the feelings and responses an individual attaches to their experiences. This was remedied by Atkinson's theory which incorporates the relationship between personality and situational factors as the main influence on individual motivation.

Atkinson's Theory:

This motivational theory was born out of the needs based theories of Maslow and Murray. Murray's research highlighted the difference in individuals needs (Hyland 1988). For example, individuals who were highly aroused to achieve, would have their achievement need aroused more often. Atkinson took this further and hypothesized that there are only two needs that perpetuate behaviour. The need for success and the need to avoid failure.

Atkinson's theory proposed that the intensity of motivational behaviour is a function of an interaction between personality and situational factors (Weiner, 1972). Intensity of an action is also a function of incentive and motive. The relationship between the two is inversely related. The equation [P + I =1] has become the core component to this theory. Where P is the expectancy and I is the incentive (Hyland, 1988). For example, clients will find a greater incentive value (and be further motivated) in achieving something they view as difficult and therefore a low probability of success.

Compared to achieving something a client finds easy and therefore a high probability of success. This theory has been subjected to empirical research and has been found a favorable way of understanding purposive behaviour (Beck, 2004). This is a limited theory because it does not encompass all aspects of motivation within the psychotherapeutic field i.e. external determinants. For example, the client who is referred to therapy by the court will not necessarily look towards completing the harder tasks for a greater sense of achievement. They will be focused on completing the basic requirements of their court order to avoid further punishment. This theory is limited further, because it does not discuss future aspirations of the individual. These aspirations are viewed as the goals that drive the motivation of an individual. Ford (1992) believed that goals and goal setting is a foundation of motivational behaviour.

Goal Setting Theory:

Goal setting theory is the most self explanatory theory of motivation. It is a durative of the purposive approach of motivation. This theory proposes that people will set themselves goals or be set goals by others. The type of goal set is relative to the person. The amount of effort and direction towards the goal is proportionate to the type of goal and the type of individual (Bandura, 1997). These goals direct behaviour towards a different future state of behaviour (Hyland, 1988). Therefore motivation is a movement towards a goal that has arisen through cognitive processes of the individual. Individuals work to attain a desired end state through purposive direction of their cognitive, physical and emotional behaviours. Ford (1992) defined this process as goal directed behaviour. Goals can be derived through cognitive and self reflective processes.

Goal setting theory accounts for the difference in individual motivation, through the individualization of goals. Therefore, each client will have a different reason or goal for seeking therapy. Even those with the same goals will have a different hierarchy of goals. Therefore the amount of effort directed towards each goal will account for the level of difference in individual motivation (Ford, 1992).

Bandura & Locke (2003) warn of the influence of self efficacy on motivation and goal setting theory. Self efficacy is one of the most important influences that affect personal beliefs. For example, negative self efficacy will lead to negative beliefs about ones self. Such beliefs have the ability to affect the amount of personal effort an individual would exert towards completion of the goal. Self-efficacy will be explained further in self efficacy theory.

Self Efficacy Theory:

Albert Bandura work on motivation and self-efficacy, has led to the development of his social cognitive theory of motivation. This theory is based on perceptions pertinent to efficacy and personal agenda, as they are viewed by the individual. Bandura (1997, pg126) defined self-efficacy as:

> *"An individual's perceived confidence in their ability to direct, order and action a course of behaviour towards solving a problem or accomplishing a task."*

This multi-dimensional theory incorporates a focus on personal strengths, situations, and level of task difficulty, as perceived by the individual; whilst focusing upon the achievement of success. Eccles & Wigfield (2002) propose that individuals have varying levels of self-efficacy. For example, some individuals may have a stronger sense of self-efficacy than others. Certain situations and experiences denote the strength of self-efficacy in individuals. Efficacy beliefs can predict the behavioural functioning occurring between individuals and the resulting change in functioning within individuals over time (Bandura & Locke, 2003). The variation of task related behaviours to individual self-efficacy is most used within psychological assessments. However, this theory does not account for external processes that will determine the outcome of therapy (Bandura, 1997). External processes of motivation such as social and cultural experiences are important to individual motivation and are included in the expectancy-value theory of motivation.

Expectancy-value Theory:

A durative of Atkinson's theory. This modern theory of motivation differs from Atkinson's inversely related theory, due to its inclusion of social and cultural determinants of motivation. The modern theory proposes that the individual experiences and values attached to the potential outcome, will affect the task choices, performance and determination of the client (Eccles, Adler, Futterman, Goff & Kaczala, 1983). Under this theory expectancies and values have a positive relationship with each other (Eccles & Wigfield, 2002). This is where this theory differs from Atkinson's theory because he proposes that the two are negatively related.

The opportunity cost for choices made is a key component of expectancy-value theory. Expectancy-value theory places importance on choices and the opportunity cost of choosing one choice over another. Through choosing one option all other choices will be eliminated. An individual's perceptions of their confidence, abilities and goals are all determinants of motivation. Determinants which will in turn impact the expectancy of outcome and value achieved from the outcome of a client. These determinants are also manipulated by the client's belief of what other peoples opinions may be of themselves. Past experiences such as social behaviour, cultural traditions and historical events are incorporated into this modern theory.

This theory of motivation is an encompassing theory. Expectancy-value theory incorporates many determinants of motivation, including external and internal processes. This theory is heavily tested within psychology (Eccles & Wigfield, 2002; Eccles et al., 1983). Expectancy-value theory also implies that there is a logical decision making process that is occurring before, during and after the motivational process. Though not all decisions made by the client within the psychotherapy process will be logical and rational. Some decisions that direct behaviour may be made based on the emotive state of the individual. Emotions can be irrational and fluctuate (Reeves, 2005). Therefore emotions are the major component of motivation. Flow theory of motivation includes the emotions and emotional state of an individual as the dictating factor for behaviour.

Flow Theory:

This theory defines motivation as the subjective experience that occurs when people are engaged in an action. Flow theory places an emphasis on the internal experience of the individual as the motivating cause for future motivation. For example, a painter engaged in his painting, is engaged on an emotional level. The painter is motivated to continue because of that emotional connection. Csikszentmihalyi (1988) defined flow theory as a holistic experience of total immersion in an activity. Focus on limited stimulus, feelings of self control over ones actions and environment, and limited feelings of self consciousness are concepts of importance to this theory. Flow for Csikszentmihalyi (1988) is only possible when an individual feels that the opportunity for action will match their ability to perform. Flow theory reinforces behaviours which will perpetuate success and future development. In order for flow to occur, new and challenging tasks must be engaged.

This theory faces much criticism because it is not highly tested (Bandura, 1997). This theory does not place importance on the reasons why people do what they do. However, it does incorporate the subjective approach, which some believe is the only way to understand motivation, through the eyes of the beholder.

Control Theory:

Control theory is a vast contrast to flow theory. Control theory proposes motivated behaviour is dictated not by the individual, but by the external feedback received. Control theory has been included as a psychological theory of motivation for almost three decades. The main component of this theory is the negative feed back loop. A feed back loop is a construct that is used in many behavioural theories of motivation. The negative feedback loop is a process of feedback which shapes behaviour depending on the level of input vs. the level of output. Coleman (2003) explains this phenomenon occurs when an increase in output causes a decrease in the input.

Control theory is a complex theory which views individuals as machines without any consciousness. The machine-like beings are locked into performing according to the feedback given, which in turn drives them to perform. Hyland (1988) proposes that we all have a behaviour sensing process and an error corrector [inside us]. This internal system functions as the motivator and regulator for individual behaviours. Discrepancies between performance feedback and internal perceptions of performance trigger adjustments to restore incongruity (Bandura, 1997; Hyland 1988). The idea of feedback is an important construct for motivation. Yet this mechanistic approach lacks inclusion of many key determinates such as goals, social and cultural experiences and biological processes which other theories view as important for motivation. Therefore it is not a complete view of motivation, nor helpful to therapists and psychotherapy.

In summary, there is a vast amount of motivational theories which have devoted followings within the psychological fields (Dornyei & Otto, 1998). These theories occupy the bulk of the motivational literature. The vast majority of these motivational theories tend to place a focus on why people chose to do a particular course of action. Each of the above theories proposes different views of motivation. However, in order to build a clear understanding of motivation, those innate traits and experiences of an individual need to be examined. These are the determinants that impact motivation.

Determinants of Motivation

A lot of confusion arises when determinants of motivation are incorporated into motivation as part of the total construct (Dornyei & Otto, 1998). For example, theorists have tried to identify and use a small number of determinants to explain a significant proportion of an individual's behaviour. This is a common approach in modern day theories of motivation. Determinants of motivation such as self worth, and engagement, consciousness raising and self attribution are important concepts in determining an individual's motivation (Prochaska, 1984; Prochaska & Norcross, 2007). A theory that has only one determinant of motivation as the single component of a theory is insufficient. It undermines this multi-faceted phenomenon.

To study motivation effectively an examination of the determinants that affect motivation with a client must be included. An individual's level of arousal, strength and direction of behaviour are important determinants of behaviour. Arkes and Garske (2007) have discussed that although all are related and influenced by each other arousal, strength and direction of behaviour are all separate determinants of motivation.

Learning is a construct that includes arousal, strength and direction of behaviour. Motivation and learning are commonly found linked in the literature (Schunk et al., 2008). Although from a behaviourist perspective motivation is a learned behaviour (Martin & Pear, 2003), they are quite different experiences for the individual. Learning has been defined as the events in an organism's life experience that influence present behaviour. As an individual continues to develop knowledge their present behaviour will evolve accordingly. Motivation differs from learning because it is an exploration into the influences on current behaviour that will sway the actions of an individual, towards a potential direction of action or behaviour (Coleman, 2003).

Potential influences of motivation differ from the determinants of motivation. Determinants of motivation are those innate traits an individual has that are developed over time through experience, such as personality (Deci & Ryan, 2008). Influences of motivation as those constructs that will manipulate an individual's future behaviour such as reinforcement. Potential influences of motivation are explained further:

Influences on individual motivation

Evaluating motivation in a client is a complex task. There are a number of influences that may impact an individual's motivation. These concepts also need to be considered when defining the construct of motivation. Influences such as emotions, needs, cognitions and personal environmental experiences are important influences on individual motivation. Each is explained further under the umbrella of internal and external motivation.

Internal and External Motivation:

Motivation can be either internally or externally influenced. This is referred to as extrinsic and intrinsic motivation in this research (Beck, 2004). For example, clients may exhibit extrinsic behaviour such as, actively completing their homework assignments from therapy. Or their motivation may be strictly innate and perceived on an internal level. Intrinsic motivation is a process in which the individual is energized towards a different state due to internal processes (Reeve, 2005).

Miller and Rollnick (2002) propose that motivation is not only internal and external but interpersonal as well. Internal theorists place an importance on the emotional drives that impact motivation (Deci & Ryan, 2008). Figure 1. Demonstrates the differences between internal influences such as need, cognition and emotion, compared to external influences such as environmental interactions.

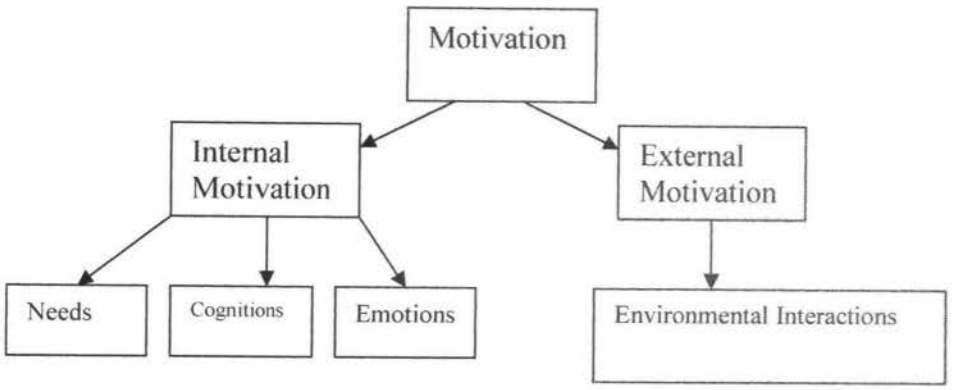


Figure 1. Hierarchy of four sources of Motivation (Reeve, 2005)

An individuals needs, cognitions and emotions all influence motivation on some level. They should not to be confused as motivational determinants. For example, an emotional individual may have an innate desire to change. However, to fully understand their motivation to change, one must consider the predisposing factors besides emotion that have impacted the individual. The predisposing factor may be a traumatic event that has occurred perpetuating the emotion and desire to change.

The definition of needs, emotions and cognitions and their differences are explained to highlight this further. Needs are an internal biological bases for motivation (Coleman, 2003). Hunger and thirst are two biological needs that would initiate an action from an individual. Cognitions are distinguished as the mental processes, beliefs and expectations that guide an individuals thinking and decision making (Willingham, 2001).

Emotions are short lived, subjective, expressive, and functional individual phenomena (Reeves, 2005). Emotions allow individuals to showcase what they feel. Nelissen and Zeelenberg (2007) discuss the idea of "feeling-is-for-doing". This perspective proposes that different emotions present as a functional device, used to perpetuate behaviour that is goal directed. For example, feelings will manifest as an emotion which will in turn influence future behaviour.

Research debate continues over the involvement of the relationship between motivation, emotion and personality. Zedick (2007) denies the relationship, maintaining that the three are separate entities. Zedick perceives personality as the permanent characteristics of an individual's state of being. Therefore personality is a determinant of motivation, rather than a possible influence. Whilst emotions are often linked to personality, emotions are a fluid manifestation of arousal and reaction to life encounters. Emotions are important influences on motivational levels of an individual (Jung, 1978).

Emotions could be perceived as the influencing factor behind the behaviour. For example, feeling fearful will be the necessary stimulus to propel an individual towards action. Emotions play a vital role in motivating a client towards therapeutic change (Enright, 1975). This is referred to as Catharsis in psychological discourse. The term Catharsis refers to the unblocking of suppressed emotions. For example, suppressed emotions such as anger, guilt or anxiety manifest themselves in a somatic form causing physical discomfort (Prochaska & Norcross, 2007). This physical discomfort can be an inhibiting influence that impacts on the client's motivation to change.

In summary, the needs, cognitions and emotions of an individual build a strong foundation for intrinsic motivation. Intrinsic motivation develops within a client due to an existing interest or arousal.

Motivation is also subjective to external stimuli referred to as extrinsic motivation (Plant & Ryan 1985). External events are perceived as the environmental experiences that have the ability to energize an individual towards action or perpetuate a change of state (Reeves, 2005). External events may affect individual motivation in a positive or negative way. For example, a client who is ordered to go to therapy by the court is negatively motivated, because it is mandatory. His motivation lies in not being punished, so he attends therapy. However, the client who is paid to attend therapy by a family member has no motivation to seek help. Instead they draw their motivation from the external payment incentive. Intrinsic and extrinsic motivation needs to be considered whilst defining motivation.

Other prominent influences on an individual's motivation are their desires and their aversions (Elliot, 2005). For the purpose of this research, desire is defined as a preference of behaviour which initiates a response more complimentary than a neutral response. Aversion is defined as a preference of behaviour which is less favorable than a neutral response (Coleman, 2003). Ultimately these concepts influence a clients "hope of success or fear of failure" (Beck, 2004).

These influences are assessed in many different current forms of motivational analysis. Motivational interviewing is one form of analysis frequently used in psychotherapy that incorporates desire and aversion (Miller & Rollnick, 1991).

In summary, the influencing factors on motivation are specific to the individual. Each social and cultural experience, combined with innate characteristics will be specific to the individual. These concepts affect and direct the motivation of a client. The difference in client's motivational behaviour and why people change, are important concepts to motivation in psychotherapy. Client's engaged in psychotherapy will exhibit at some point, some form of motivation. A therapists understanding of an individuals motivational pattern, or lack of, can impact the success of therapy. Motivation in psychotherapy and its impacts are discussed in the following section.

MOTIVATION IN PSYCHOTHERAPY

Throughout psychotherapeutic treatment both clinicians and their clients navigate a process towards meeting an end goal (Lambert, 2004). Motivation is a commonly assessed construct throughout treatment. Client motivation is believed to be one of the key factors in determining the outcome of psychotherapy (Drieschner et al., 2004; Prochaska & Norcross, 2007; Enright, 1975; Swanson & Woolson 1973). Interaction and communication between therapist and client may contribute towards the development of motivation to change for a client (Lambert, 2004).

In research and common clinical debate, many failures within psychotherapy are attributed to low motivation from the client (Drieschner et al., 2004). Many clients engaging in the therapeutic process will express varying responses towards committing to therapy. Some may have spouse or family pushing a client towards beginning treatment, others may be court ordered or doctor referred.

A range of behaviours will be exhibited from the client, in response to engaging in the treatment process. The client's initial attitude is irrelevant. It is not good practice for a clinician to assume that because a client exhibits unmotivated behaviour, they are not motivated (Arkowitz, Westra, Miller & Rollnick, 2008). Motivation can and does change throughout the therapeutic process (Rosenbaum & Horowitz, 1983).

However, clients involved in psychotherapy do not just receive treatment. They are encouraged to engage in the process (Lambert, 2004). A client's motivation to engage in the treatment is a vital factor for the therapist to consider. The level of engagement a client can exhibit will assist in predicting the possible outcome of treatment. The information gained by the therapists pertaining to the changing motivational states of their client, will dictate the type of intervention given. For some therapists this includes identifying their client's individual motivational pattern (Rosenbaum & Horowitz, 1983).

Swanson and Woolson (1973) believe that the role of the therapist is to understand the client's individual motivational pattern. This is generally based on the client's primary physical and social needs including the goals the client develops as a response to their individual past success and failures. Motivational deficits of a client, such as disengagement, can prevent clients from seizing the opportunities therapeutic practice can offer (Drieschner et al., 2004). Inconsistencies in an individual's motivational pattern can lead to a client seeking alternative and possibly negative ways of meeting their motivational needs. For some clients this will be experiencing psychological maladjustment and distress.

Though being able to identify how motivational problems develop and how they are defined within a client and therefore corrected, is important for psychotherapy treatment (Klinger & Miles Cox, 2004). Therapeutic intervention for a client can be tailored to the therapeutic relationship and the perceived stage of change the client currently obtains.

If there is a difference in opinion of what motivation is between client and therapist, assessment of motivation will be deceptive.

Psychotherapy is a process that evolves, just as the clients engaged in the process change. New theories are developed to combat the limitations of previous theories. These new theories provide the foundation for new forms of psychotherapy (Prochaska & Di Clemente, 1982). Thus contributing to the vast number of therapies being proposed. Currently there are over two hundred types of therapies available for therapists to select as intervention. The vast array of therapies, coupled with the number of definitions and assessments of motivation, contributing further to the current confusion that surrounds the psychotherapeutic field.

The definition of motivation in psychotherapy varies according to different theories and models in the literature (Rosenbaum & Horowitz, 1983; Prochaska & Norcross, 2001). The lack of a universal definition of motivation hinders the therapist's ability to identify the individual motivational pattern of a client. The motivational pattern of a client is an important factor in therapy, though a client's motivation may not be the primary focus of the clinician (Miller & Rollnick, 2002). The complications of motivational conceptual confusion and its impact on psychotherapy will be discussed in the following section.

CONCEPTUAL CONFUSION OF MOTIVATION IN PSYCHOTHERAPY

The psychological literature projects a "Tower of Babel" approach to motivation. For example different researchers are assigning different definitions to the common term. These inconsistencies lead to differences in research findings including differences in conclusions about interrelationships of concepts between different researchers (Champion, 2006).

The conceptual confusion surrounding motivation seems to arise from the vast number of influences that are deemed relevant and incorporated into the definition of the construct (Dornyei & Otto, 1998). Motivation is a multi-faceted construct (Enright, 1975). Researchers need to develop an understanding of the number of influences affiliated with the construct. These influences on motivation are important because they assist in building a comprehensive understanding of the term when it is used in its community.

However, just because an influence is considered relevant for motivation, it does not mean this particular influence represents motivation in its entirety. For example, when discussing treatment motivation, it is imperative that the influences that cause 'motivation to engage in treatment' are distinguished from motivation itself.

Motivational influences such as discomfort, desires, internal expectancies and problem recognition, may work towards activating a client towards the therapeutic process. However, through separating motivation from its determinants and the resulting action, researchers would actively reduce the confusion of an individual trying to understand the concept (Keijsers, Schaap, Hoogduin, Hoogsteyns and de Kemp, 1999).

Conceptual confusion surrounding motivation could be avoided if motivation was defined according to the process of motivation being evaluated (Prochaska & Di Clemente, 1982). For example, distinguishing between 'motivation to enter psychotherapy', 'motivation to engage in the psychotherapeutic process', 'motivation for change' and 'motivation to end therapy'. Each of these different categories of motivation includes an action or movement from an individual. The most cited type of motivation related to psychotherapy is 'motivation to change' (Miller & Rollnick, 1991).

This type of motivation is clear enough providing the client is working to change well defined behaviours such as smoking or over eating. Conceptual confusion arises when the client is working to change complex attributes or personal discomforts such as depression or anxiety (Brogan, Prochaska, & Prochaska, 1999). In cases of anxiety the client is often motivated to change the symptoms of the anxiety, i.e. panic attacks, sweating palms etc. Rather than being motivated to change the behaviour that causes the panic attacks and anxiety. For the purpose of this research, 'motivation to change' will be the type of motivation referred to, whilst beginning to build conceptual clarity and define this clouded construct.

Building Conceptual Clarity of Motivation

Society is made up of groups and communities who are distinguishable through their shared purposes, cultures, codes of behaviour and languages. The language, definitions and meanings attached to specific words are what define a community. The field of psychology is said to be a community within itself. The psychological and psychotherapeutic fields each have their own forms of language and processes. These are used by members to present themselves as an affiliate of this particular community. This 'psychological language' eases communication between community members as constructs and concepts can replace entire complex explanations (Murphy & Alexander, 2000). Researchers for a specific community demonstrate a specific way of speaking and writing throughout their theories and explanations of the community phenomenon. When a community fails to clearly define the basic terms and constructs of its rubric, confusion and misinterpreted communication of research have arisen.

Many theorists whilst constructing their individual theory of motivation look to define motivation as the primary task (Eccles & Wigfield, 2002). Their definition is often applicable to their own particular theory (Champion, 2006). This creates a community of theorists who disagree on the definition of motivation. Further enhancing the conceptual confusion that already exists. Traced across many different scientific and academic fields, the literature on motivation is as vast, as it is irregular (Zelick, 2007). Within the psychological field different definitions of motivation have created vast conceptual confusion.

Pintrich (1994) has made comments on "the blurry but powerful constructs that dominate the literature on motivation". Pintrich and other researchers (Murphy & Alexander, 2000; Wittgenstien, 1953, 1968) have called for greater conceptual clarity around this currently ambiguous construct.

The ambiguity surrounding motivation has lead to the construction of a range of differing theories and definitions of the construct of motivation. Rosenbaum & Horowitz (1983) conducted a review of motivational definitions. They found 125 terms that they considered pertinent to treatment motivation. De Moor and Croon (1987) agreed on 23 determinants of treatment motivation. Keijsers et al., (1999) reported that over the past three decades different models, instruments and theories have produced up to 36 different types of definitions, criteria and determinants that make up the current literature on motivation in psychotherapy.

Motivation is a complex state which covers a wide range of phenomena. Ranging from the primitive drives alluded to by Darwin, to the behaviourist theories of Watson. One of the most comprehensive definitions of motivation was offered by Littman in 1958. Over the 20 lines he proclaimed:

"motivation refers to process or conditions which may be physiological or psychological, innate or acquired, internal or external to the organism which determine and describe how, or in retrospect of what, behaviour is initiated, maintained, guided, selected or terminated; it also refers to the end state which such behaviour frequently achieves or is designed to achieve whether they are continuous of the organism or environment; it also refers to the behaviour engaged in, or aspects of that behaviour, in respect of its organization, occurrence, continuation, reorganization, or termination with regards to past, present or future organic or environmental conditions; further, it refers to the fact the individual will learn or remember of forget certain material, as well as the rate or manner in which these process occur and the ease or difficulty with which they are altered, as well as to some of the process or which conditions which are responsible for this behaviour; similarly it determines how and what perceptual and judgmental activities and outcomes will occur, as well as some of the conditions and determinations of such activities and outcomes; similarly it also refers to the fact of and the determinants of the occurrences and fate of effective process; finally, it describes and accounts for the various individual differences which appear in respect of the various behaviours, process, conditions, and outcomes referred to above. Motivation refers to anyone or more of the above behaviours, conditions, process, or outcomes in any combinations."

(In Arkes & Garske, 1977)

This definition is as complex and broad, as it is long. Littman argues that in order to define motivation one must consider all aspects of ones interactions, environments and experiences. Whilst motivation is not presumed to be a unitary construct a definition of this magnitude is too broad. An examination of the environment of an individual is imperative to understand motivation. Those influences and determinants which impact an individual, in the same way, at possibly the same time, are vital factors to consider when discussing motivation. Miller and Rollnick (1999 p.) propose:

"If a key dimension of motivation is adherence to or compliance with a change program, then motivation may be thought of as a probability of certain behaviours... If we take this pragmatic approach, 'motivation' can be defined as the probability that a person will enter into, continue, and adhere to a specific change strategy"'

Miller and Rollnick's frequently citied definition is useful in the clinical and psychotherapy communities. This definition unites the concept of motivation to observable behaviour. Observable behaviour is easily monitored and assessed within treatment sessions. Observable behaviour gives the clinician an indication of a client's motivation. However, this is a circular definition. Pintrich (2000) is one of the researchers who have warned against using a circular definition of motivation. For example, it defines motivation as conditional to the very behaviour it is trying to predict. This definition fails to comment on the internal e.g. cognitive abilities, external e.g. environmental and situational factors e.g. finance and time flexibility, which may impact motivation.

In summary, there is a wide interest in the motivational field. As the field of motivation grows new research ideas will be presented incorporate new ideals and writings about motivation into new theories. New researchers and writers of motivational literature will not be conversant in the terminology surrounding motivation. In turn they will add their own beliefs to an already clouded construct. A single, comprehensive definition of the construct of motivation needs to be built and accepted by the psychological community. The history of science maintains that it is possible to define a pivotal concept through one comprehensive viewpoint (Arkes & Garske, 1977). A definition that encompasses the literature, discourse and theories that are pertinent to motivation, would build confidence in communication amongst therapists. This would aid in directing therapists understanding why clients change and what are the predisposing factors leading to change (Arkowitz, et al, 2008).

Purpose of the Research

1. To identify psychological theories and determinants of motivation. Focus will be placed on those theories and determinants which support a general definition of motivation. This will allow the researcher to build a foundation of understanding for motivation in psychotherapy. This understanding will be assist in the beginning of constructing a universal definition of motivation.

2. To gain an understanding into how New Zealand therapists view and define motivation. This will include how they use and observe motivation within their practice, whilst attempting to gain insight into how each clinician incorporates these beliefs within their daily practices as a therapist.

3. This exploratory research seeks to provide a conceptual definition for motivation as it is used in psychotherapy. Agreement or disagreement between therapists will be a focus of this research. This (dis)agreement between therapists is perpetuating the ambiguity of motivation, which currently influences the writing, practice and research of participants in the psychological field.

4. To report findings and draw conclusions (including possible implications) for future research.

Hypothesis

As the field of motivation has expanded the theories that define the concept have increased leading to greater conceptual confusion. The concept of motivation as it is currently referred to in psychological discourse has many differing definitions and opinions, and it is hypothesized that:

1. Does the understanding of motivation as a construct and its use in psychotherapy, differ between each Clinician and Therapist?

2. According to clinicians perspective, does a definition of motivation need to include external, internal, social and cultural influences?

CHAPTER II

METHOD

Research Design

The definition of motivation within the psychotherapy field is subjective to different individual opinion, whether client or clinician. Therefore a research methodology was needed that gives participants the opportunity to discuss their various perspectives on the topic. The perspectives of the participants will generate a range of data. The resulting data will allow an opportunity to analysis the date and clarify the debate over motivation.

Q Methodology was chosen for this research due to its ability to study areas of subjectivity and subjective opinions (Flathman, 1999). This method is commonly used in the political science fields. Yet it is becoming more predominantly used in psychological research fields (Stephenson, 1996). QMethod research has the capacity to be able to reflect the viewpoints and opinions of a specified population; though sampling a small portion of the target population (van Exel & de Graaf, 2005) For example, other mainstream methodologies place their focus on populations of people. This method enables the opinions of the participant to dictate the answer they give. This is demonstrated in the way the participant (dis)agrees with the statements presented.

Many research designs that use questionnaires often give a number of pre-selected answers that the participant must choose. This limits the potential for a true opinion to be reflected. As the participant must choose an answer that they think most represents their opinion.

Q Methodology was introduced to the social science world by William Stephenson in 1935, in his letter to *Nature*. Stephenson worked as assistant to Charles Spearman, the creator of factor analysis. Stephenson was believed to be Spearman's "most creative statistician" (Brown, 1991). Stephenson's Q Method theory proposed a methodology that sought to provide an intensive analysis of a small group of participants (Flathman, 1999). Stephenson's method demonstrated a way to revel the subjectivity involved in any situation. Such as personal judgment, poetic interpretation, personal experiences of loss and perspectives on life and their constructs (Brown, 1996).

QMethod has not been without controversy. It was ignored by most academic psychologists of the time. This was because QMethod proposed broader conceptualizations than R methodologies. Which [designed by spearmen] were common practice at the time (Brown, 2008). Yet QMethod is facing a revival within the psychological research field, because its ability to examine the life experiences and perspectives of participants. This information is currently passed over by quantitative methodologies (Brown, 1996). QMethod has the capacity to combine the best qualities of both quantitative and qualitative research.

In his first letter to *Nature* Stephenson explains the concept of QMethod.

> *"This analysis is concerned with a selected population of (n) individuals each of whom has been measured in (m) tests. The intercorrelations for these (m) variables are subjected to either Spearman or other factor analysis. This technique however, can also be inverted. We begin with a population of (n) different tests [i.e. essays, traits, general discourse etc] each of which is scaled by different individuals. The intercorrelations are then factor analyzed the same way"* (Stephenson, 1935).

Q Method is a reliable and valid method that enables the researcher to collect data from participants as a qualitative researcher and analyze the information as a quantitative researcher (Dennis & Goldberg, 1996).

Explaining Q Method

The process of completing a Q Method research includes five steps. Each step was incorporated into this research.

1. *Defining the concourse*

   The concourse is known as the conversation, general discourse and relevant literature on a specified topic. In Q Methodology the concourse is a collection of possible statements and beliefs the participants have which they use to express their opinion on the topic.

In order to have adequate representation of statements for the Q set, interviews, observations and reviews of complementary literature are consulted. This information is compiled and eventually forms the concourse of the specified topic.

2. *Development of the Q set*

A set of statements are drawn from the concourse which will be presented to the participants of the P set. The focus is to compile a series of statements that represent a large selection of opinions about the chosen topic.

> *"Irrespective of the structure and of what the researcher considers a balanced set of statements, it is the participants that give meaning to the statements through sorting them" (Brown, 1993).*

The statements are printed onto individual cards and assigned random numbers ready for the Q sort.

3. *Selection of the P set*

The focus of Q methodology is to gather quality rather than quantity. The P set is not a random sample. It is a group of selected participants who are chosen for their relevance and experience to the topic under discussion. P sets can have just one participant; two to four are optimum but never more than six participants (Brown, 1980).

4. *Q sorting*

The collection of statements [Q set], are presented to the participant with a score sheet, in the form of a pack of cards. Each card contains an individual statement and a number. The participant is asked to sort through the cards and place each card into one of three piles, agree, disagree and neutral. The total number in each pile is recorded onto the score sheet. The participant sorts through the cards again and places them along the (dis)agree continuum, according to the distribution set out on the score sheet.

The score sheet generally has a quasi normal distribution. However due to the controversy of the topic the kurtosis of the distribution can be altered. For example, a steeper distribution allows more room for ambiguity. Topics that are expected to garner stronger opinions are flatter to allow the participant more room for strong (dis)agreement with the statements (van Exel & de Graaf, 2005).

5. *Analysis and interpretation*

The data is first calculated into a correlation matrix, to establish the level of (dis)similarity in opinions of the participants on the topic. Following this, factor analysis is completed on the correlation matrix. The factor analysis will assist in determining the 'groupings' of Q sorts through (dis)similarities. For example, those people with the same opinions on the topic will share the same factor. Factor rotation will follow. This allows the researcher to 'mix up' the opinions offered and examine them from different angles, (Brown, 1996).

METHODOLOGY

Participants

There where two data collection components to this research; therefore there are two groups of participants.

Participant Group A:

Group A consisted of *(N=22)* therapists from the Tauranga region. This sample group included clinical psychologists *(N=7)*, psychotherapists *(N=5)* and councilors or general psychologists *(N=10)*.

Participant demographic information was not deemed high importance to this study. The focus was to collect a range of opinions of motivation to build a representative Q set. Participants for group A included males *(N=6)* ranging in age from forty to fifty plus. Their experience ranged [in their field] from ten years to over twenty five years. Females were the bulk of the sample *(N=16)* ranging in age from twenty eight to forty years old. Females had the broader experience range, with some only having two years experience, compared to others having fifteen to twenty years experience.

Participants Group B

The second group of participants (P set) was not a random sample. This sample consisted of clinical psychologists *(N=6)* chosen from the Rotorua region. Participants for group B included females *(N=4)* and males *(N=2)*.

All participants had clinical psychologist registration and ranged in experience of five to ten years for the females and ten to fifteen years for males. Age range for the female and male participants was between thirty to forty five years old.

Participants for both sample groups were only accepted to participate after informed consent had been given [see appendix three]. Receiving informed consent from each participant demonstrated their understanding of their rights and obligations as a research participant. This recruitment procedure is common practice for Q methodology.

Procedures

Over fifty therapists from the Tauranga region were contacted either via phone or email. Each was given a small explanation of the research including its objectives and asked if they would like to participate as a participant [in group a]. Those who demonstrated an interest were then sent/emailed an information sheet [see appendix one] and an informed consent form [see appendix three]. Prospective participants were asked to respond to the researcher with a time and location of their choice to carry out the semi-structured interview. Interview questions were used as a guide to prompt discussion about motivation [see appendix four].

Individual thirty minute interviews were conducted at the designated time and location. Participants were given the opportunity to talk freely about their opinions and beliefs pertaining to motivation in psychology and psychotherapeutic practices. All data collected from the interviews were taken in note form by the researcher.

Interviews with Participants from Group A continued to be carried out until saturation of information occurred. Saturation of information began to occur during interview number eighteen. However the researcher continued with the interview process to maintain the saturation effect was present. Twenty two interviews were completed in total.

An extensive review of motivation literature was completed separately to the interviews. This was done to ascertain commonly used theories of motivation.

This would aid in the construction of a foundation, of how motivation is viewed within the research community. Those motivational theories pertaining to psychology and psychotherapy were of most interest. These were teased out from the vast amounts of literature on motivation. The information was grouped into categories [see results section a]. The common themes from the participant discussions were pulled out. These themes were coupled with the psychological themes from the literature review to form the Q set.

The Q set contained statements *(N=50)* pertaining to motivation. The Q set was forwarded to the researcher's supervisor and another colleague for review. This was done to make sure that a comprehensive representation of motivational determinants was present. The chosen statements were then printed individually onto white cards and randomly numbered ready for presentation to the second sample group [P set].

The P set participants were recruited through a snowball effect. The first participant was a clinical psychologist known to the researcher. Upon completion of their own Q sort, the participant contacted several of his colleagues. Each potential participant was informed of the research objectives and sent an information sheet [see appendix two]. Clinicians who were interested contacted the researcher.

Clinicians who were registered and practicing in an occupation which included daily use of motivational tools met the criteria to participant. These clinicians were invited to participant and individual interview times and locations to meet were organized.

Each participant agreed to complete the Q sort in their respective office. Each participant was given the Q-sort cards and an instruction sheet [see appendix five]. Participants were asked to sort the cards into three piles, agree, neutral and disagree. The amount of cards in each pile was tallied. The total number of cards in each pile was recorded in the labeled boxes on the provided score sheet [see appendix six].

The participants were then asked to rank the cards according to what they most agreed with to least agreed with, in accordance to the quasi-normal distribution pattern of the score sheet. The distribution pattern of statements for scoring in this research adhered to the normal range of distribution for Q methodology. This is relatively flat with a range of -5 to +5 (Brown, 1993).

This type of distribution was chosen because the participants had relativity strong and educated opinions about motivation. This type of pattern allowed their strong opinions to be verbalized. See table 1.

Table 1. Forced Quasi-normal Distribution with 50 Statements:

Number of statements:										
2	3	4	5	7	8	7	5	4	3	2
Respondent Ranking:										
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Finished distribution:										
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	-4	-3	-2	-1	0	+1	+2	+3	+4	
		-3	-2	-1	0	+1	+2	+3		
			-2	-1	0	+1	+2			
				-1	0	+1				
				-1	0	+1				
					0					

Upon completion of the distribution pattern the number written on each statement card was recorded in the corresponding distribution box on the score sheet. The participants were asked why they placed those particular cards at each extreme end of the distribution. There responses were recorded. A discussion between the researcher and the participant was conducted to asses: 1) their views on the statements and 2) whether they thought there was anything they would add, to further enhance the meaning of motivation as a construct.

The recorded data collected from the individual Q sorts were then subjected to data analysis. The data analysis for this project used the software package PQMethod 2.11. The PQMethod 2.11 is a statistical analysis programme designed to meet the needs of analysis for Q Methodology. An overview of Q method and its processes has been written by Stephen Brown (1980 & 1993). This was used to assist in the analysis and interpretation of the results.

CHAPTER III

RESULTS

Participant Group A

The review of both popular and academic literature on motivation including motivation within psychotherapy resulted in a collection of over 150 statements. These statements included information on motivational theories, perceptions of motivation and motivation as a psychological construct. These statements were grouped into several categories of importance. The categories which took prominence were

1. Conscious/unconscious states and awareness
2. Needs based theories
3. Emotion/feeling based theories
4. Energization of the body movement theories
5. Goal orientated theories
6. Cognitive theories
7. Behavioural theories
8. Social and cultural theories.

The results from group A interviews produced a collection of opinions in motivation and motivation in psychotherapy. This information is shown in Table 2. The table demonstrates the participant number and their opinions surrounding motivation. The corresponding statement number in the Q set is in the right hand column. The statement numbers which were negatively associated to the motivational themes are noted in parenthesis.

Table Two: Group A participants interview results.

	Interview Results	Participant Group A
2 Participant No:	Motivational Themes	Statement No:
	Client attendance in therapy = motivation	34,20
1	Motivation is an unconscious process	1,10
	Motivation is a conscious process	2,10
	Motivation is engagement in the therapeutic Process	18
	Internal processes affect external output	44, 38, 26, 3, 4,
	Motivation is thoughts and feelings = action	5, 33, 42, 10, 40,
	Attendance in therapy, demonstrates motivation	34,20
	People not motivated by rational reasons	12, (16)
	Motivational choices are based on needs	19, 37
	Client pathology is determinant of client motivation	49, 38
2	Therapist focus is not on pushing motivation	14, (45)
	Therapist focus is on determining clients Needs	(14), 19
	Internal needs vs. external pressures impact motivation levels	44, 38, 26, 3, 4,
	Clients who do homework, are motivated	34,20
	Motivation is determined through behaviour	34, 11, 20, 24,
	Motivation can change throughout therapy	8, 13, 9, (45)
	Motivation is process based, not scientific	10, 33, 40, 8
	Success of client perpetuates motivation and further success	31, 24
3	Motivated clients book Apt, do homework	34, 20
	Motivation is engagement in a proc	41,
	Motivation is an energization of the body	48, 50
	Motivated clients demonstrate energy to Address problems	50,11
	Motivation = follow through of thoughts into Action	33, 36, 10, 20
	Motivation will build in client throughout Therapy	8, 13, 11, 24
	Motivation is maintaining new behaviours	11
	Motivation is the push-pull towards a goal	7, 44
	Motivated clients have energy to achieve Goals	50
	Motivation is exhibited in body language	34, 11

4	Motivation in clients is detected In verbal language	(23), 27
	Client pathology can affect motivation	38
	Clients are motivated when they have insight into their problems	25, 27 42, (45)
	Motivation is the want to do, the will to change and the ability to do so	17, 41
	Mental barriers are determinants of motivation	33, 40, 49
	Motivation is a having a rationale and purpose	16, 32, 12
	Motivation is goal orientated	7, (9)
	Pleasure and pain are drivers towards change	15, 19, 47
	Motivated clients have the drive towards Something different	3, 4, 19, 27
	Past experiences will affect future behaviour	31, 26, 46
	Motivation is the want, will desire and Ability to act	17, 41
5	Motivation can change on daily basis	8,13
	Motivation is engagement in process	20, 30
	Motivation is demonstrated through behaviours	11, 34
	Motivation is the commitment and Willingness to follow through	17, 20, 41
	Motivation is different for each individual	23, 31
	Motivation is reward driven, the reward is different for each individual	21, 24, 31, 46
	Success is a driver for motivation – success perpetuates success	21, 24, 31, 46
	Motivation can be verbally expressed	
	Motivation is acknowledgement of difficulties & the ability to focus on strengths	25
	Defining motivation is critical for the Effectiveness of therapy	22, 45
	Lack of pressure and structure are Determinants of motivation	(9), 38
	Motivation is not necessarily goal orientated	22
6	Motivation is an energization of the body	6, 48, 50
	Motivated clients exhibit motivated behaviour	34, (45), 11?, 18?
	Social constructs affect clients motivation	(28), 31
	Motivation is an engagement towards something	18, 36, 44
	Commitment and communication are vital for motivation	20, (23)?
	Emotional wellbeing affects motivation levels	5, 43
	Motivation can change throughout the therapeutic process	8, 13, (45)

6 *Cont.*	External factors affect motivation	1, 19, 26, (28), 38
	Internal factors affect motivation	2, 19, 27, 38, 43, 44
	Clients pathology determinant of motivation	23, 38, 44
	Motivation is the confidence and self esteem to change & move toward difference	25, 37
	Motivation is the changing of states	8, 29, 37, 38
7	Motivation is the drive towards difference	3, 4
	Learning perpetuates motivation	(9), 24
	Self reflection is vital for motivational change	25, 27
	Motivation shares the responsibility of change between therapist and client	(14)
	Motivation is a learning experience	(9), 24
	Motivation is changeable	8, 13
	Motivation is crisis driven, low motivation occurs at times of homeostasis	4, 19, 47
	Motivation is self efficacy	35
8	Motivation is the will to do something for gain/change	17, 21, 41, 46
	Success is a future motivator for success	24, 31, 46
	Fear is a strong motivator	15, (9), 47
	Motivation is having an interest and passion about something	25, 35
	Motivation is identified through behaviour	20, 29, 34,
	Motivation is an action	30, (9), 36
	Motivation is not necessary for treatment to begin	(18), 22, 24, 45
	External environment can alter motivation	(28), 46
	Internal dialogue = determinant of motivation	2, 27, 38
	Motivation is multifaceted	(9), 38
9	Purpose to pursue a goal	7, 16, 32
	Success is a strong motivator	21, 31, 46
	Motivation can be cultural specific	(23),
	Self efficacy in a client is an example of their motivation	25
	Motivation can change throughout therapy	13, 8
	Motivation is maintenance	24, (9)
	Motivation is externally influenced	38, (9)
	Motivation affects behaviour, cognitions and attitudes	11,34, 40, 42
	Motivation = series of stages on a continuum	8, 13, 36

10	Motivation is having a passion for life	25, (9), 35,
	Motivation is being engaged with ones Environment	25, (9)
	Motivation is affected by spiritual and physical health	19, 38
	Motivation is future orientated	31
	Motivation is goal orientated	7
	Motivation is an energization and action towards a change	26,29, 48, 50
	Motivation is affected by past experiences	26, 38, 46
	Introspection is a determinant of motivation	25, 27
	Motivation changes due to external pressures	23, 26, (28)
	Motivation changes throughout therapeutic processes	8, 13, (45)
	Internal expressions affect external motivated behaviour	27, 44, 47
11	Motivation is a complex phenomena	(9), 22
	Motivation is energy based	6
	Clients who have introspection have levels of motivation	25, 27, 42
	The therapeutic alliance is vital for motivation	(14), (45)
	Emotions and feelings are vital for motivation	5, 43
	Motivation = internal and external stimulus	47, 19, 21, (28), 40, 46
	Clients past experiences will affect future behaviour	31, 46
	Motivation is an example of one strengths And ability to direct effective change	25,
	Motivation is the ability to engage in a new direction or process	17, 25

	Motivated clients exhibit this in their actions and behaviours i.e. Repeat apt	20, 34
12	Can establish motivational levels with client through discussion	23
	Motivation is an action source	30, 36, (9)
	Motivation is some form of movement	6?, (9), 29
	Motivation is goal orientated	7, (9)
	Motivation is working towards change	29, 32
	Motivation is the need to explore difference and the want to maintain it	37, 42
	Motivation does change throughout therapy	8, 13, 45
	Personal & spiritual health are determinants for motivation	19, 38, 49
	The focus of the therapist is to develop motivation in the client	14, (45)
	Client psychopathology affects motivation	38, 49
	External influences most damaging to clients motivation to change	26
13	Motivation is a cyclic process	22, 46?
	Motivation is the ability to move - forward	29,
	Motivation is not internal but rather a series of external influences	4, (28), 38
	Motivation is having the energy to progress	6, 48, 50
	Motivation is affected by historical elements	(23), 31, 38
	Motivation affects the mind, body, spirit and mood of the client	5, 10, 33, 38 42, 40, 43, 49
	Motivation is having the desire and energy to move towards something different	6, 17, 25, 39
	Clients are often motivated to maintain Homeostasis rather then change	19, (36), (39)
	Interest and attitude are determinants on motivation	25?, 38
	An energization of the body is motivation	6, 50, 48

14	Motivation is goal directed	7, (9)
	Motivation is future orientated	31, (9)
	Motivation is having a belief that change is possible	
	Clients dreams, emotions and insights effect motivational levels	35, 38, 43
	Therapist interaction does not influence clients motivation	(14), (45)
	Past history and experiences will effect future motivation	26, 31, 38, 46?
	Physical & spiritual health play vital role in motivation of client	17, 38, 49
	A client who have no idea of the future has little or no motivation	(16), (25), (27)
	Client psychopathology will affect motivation	49, 38
15	Maintenance is crucial for motivation	20, 24
	Behaviour can exhibit motivation i.e. keeping apts.	11, 20, (23), 34
	Motivation is a desire to change	39, (9),
	Motivation is the willingness to be open about possibilities	(9), 17, 20
	Motivation is the willingness to change	(9), 17, 20, 41
	Motivation is a changeable process	8, 13
	Hope, passion, commitment and engagement are key determinants of motivation	5, (9), 38
	External resources can be a factor in motivational output	21, 38
	Medical models of motivation do not incorporate emotional and spiritual Determinants of motivation	22,
	Empathy, concern, acceptance, hope and acknowledgment are determinants of motivation	(9), 38
	External factors play a vital role in motivation	21, (23), 26

16	Motivation is a conscious recognition of a problem or discomfort and movement to relieve it	1, 12, 16, 33, 40, 42,
	motivated clients will have introspection	25
	Motivation is client and situation specific	(9), (23)
	Motivation is the ability change to met needs	(9), 19, 37
	Motivation is the energy to do something	6, (9),
	Motivation is the wish/drive to do something	3, 4, (9), 39
	Motivation is the recognition of reaction from the body that action is needed	12, 16, 19, 25, 32, 33
	Motivation is needed at onset of therapy but most needed to maintain new behaviour	18, 20, 45
	The therapeutic alliance builds strength in the client, which perpetuates motivation	(45)
	Motivation will change throughout therapy	8, 13
	Motivation is an example of fight or flight processes	15, 19, 36, 47
	Building motivation in clients for therapy can raise ethical implications	(14), (45),
	Motivation is goal focused and progress RF	(9), 21, 46
17	Motivation comes from cognitive messages	1, 2, 33, 42
	Motivation is a potential influence on the body	5, 38,
	Perception is a determinant of motivation	(9), 27,
	Motivation incorporates the mind, body, sprit and emotions of an individual towards something different	5, 10, 33, 40, 42, 43, 49
	Motivation is a process the ignites feeling within the whole person	6, 30, 43, 44
	Motivation is an energization towards difference	6
18	Motivation can change within the client	8, 13
	Motivation has emotional aspects i.e. Coping motivation in addicts	5, 43
	Motivation is turning negative sensations into positive	5
	Motivation is maintaining positive changes	20,
	Motivation is working towards a goal	7, 32, (9),
	Motivation is acknowledgement of deficits internally and working achieve them	10, 12, 27
	Cognitive process are vital to motivation	10, 33, 40
	Reinforcement for achieved behaviour is motivating for future like behaviour	21, 46
	Anxiety and emotional health are determinants of behaviour	5, 34, 38, 43
	Motivation is multidimensional	(9), 22

19	Cultural difference can be a factor in client motivation	(23), (28), 38
	Family background and experience can alter clients motivational levels	(23), 26, 31, 47, 46,
	Cultural traditions can affect client motivation i.e. males cannot seem weak	(23),(28), 47
	External factors key in understanding clients therapy levels	4, (23), 26, (28),
	Motivation is an action process	15, 30, 36
	Motivation is not a verbal process, actions louder than words	11, 30, 34
	Motivation is an action and reaction process	15, 30, 36
	cultural clients may have different perceptions of motivation and motivational factors	22, (23),
20	Motivation is engagement in a clients external world and environment	25, 36,
	Success perpetuates future success in motivation and therapy	21, 31, 46
	Clients who do homework are engaged in the process and motivated	11, 20, 18, 34
	Motivated clients have some form of insight Into the need for therapy	(12), 25, 27, 42
	Motivated clients have commitment, hope, And the ability to change	17
	Motivation is only loosely based on goals	(7)
	Clients may not exhibit motivated behaviour but does not mean not motivated	(18), (34),
	Motivation is express in cognitions, feelings, emotions, spirit and engagement	5, 10, 33, 40, 43

21	Motivation is conscious engagement	1, 32, 36
	Motivation changes in clients depending on their life phases	8, 13, 26
	Societal norms are a constraint on motivation	28
	motivation is the energy or 'force' the gives an individual insight towards difference	6, 25, 42
	Motivation is the action and energization towards something different	6, 30, 36, 44, 48, 50,
	Motivation comes from Latin word meaning to move	29,
	Motivation in an deep feeling/cognition from within.	5, 10, 33, 40
	Emotion, will, mind and body all components of motivation	5, 10, 33, 38, 42, 49
	Clients identify on an unconscious level That conscious engagement is necessary to alleviate discomfort	1, 2, 10, 27, 33, 42
	The mind, body, sprit and emotions play a vital role in motivation in therapy	10, 33, 38, 40, 43, 49
22	Motivation is an action process	30, 36
	Motivation is the openness towards change	39?
	Clients who have introspection have high motivation	25, 27, 42
	Motivation can change thought therapy	8, 13, (45)
	Motivation is commitment to a process	20
	A change in cognition = change in behaviour = motivation	10, 33, 34, 40
	Motivation is an ongoing process throughout ones life and will change depending their external experiences	8, 26, (28),

Predominate categories from the literature review were collaborated with the results from the group A interviews. Resulting in a set of 50 statements [see appendix seven]. This set of statements formed the Q set, which was presented to participants in group B.

Results for Participants of Group B

The results from the individual Q sorts are displayed in Table 3. The numbers in the distribution are those numbers on the cards which correspond with the statement number.

Table 3: Individual Q sorts by Clinicians Opinions of Motivation

Ranking:										
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
Most Disagree					Neutral				Most Agree	
Participant No: 1:										
9	19	45	20	12	43	36	22	37	25	8
4	23	30	35	2	31	38	39	11	41	13
	6	24	48	21	1	40	3	17	27	
		18	15	26	14	33	29	16		
			47	50	10	49	32			
				28	5	7				
				44	34	42				
					46					
Participant No: 2:										
9	18	25	45	1	36	42	15	37	8	49
4	28	14	20	10	34	40	26	11	13	38
	32	27	12	6	5	33	19	22	41	
		23	35	50	31	2	24	39		
			29	44	30	21	17			
				16	46	7				
				43	47	3				
					48					
Participant No: 3:										
47	9	28	2	7	45	35	16	42	13	33
23	4	48	25	6	1	39	38	41	32	18
	19	49	44	14	50	8	40	3	27	
		15	12	46	5	36	34	37		
			24	30	21	26	29			
				20	43	22				
				17	10	11				
					31					

Participant No: 4:										
15	2	5	23	11	35	34	40	33	32	41
47	3	43	25	29	49	31	18	36	46	13
	4	6	50	9	16	8	39	10	21	
		14	27	45	20	17	7	42		
			22	37	38	24	1			
				48	28	19				
				12	44	30				
					26					
Participant No: 5:										
28	36	22	35	11	45	20	31	49	13	8
9	23	24	27	6	15	48	33	50	39	41
	30	1	7	2	14	38	5	3	17	
		12	18	34	40	44	46	29		
			25	10	47	21	37			
				16	43	32				
				26	42	4				
					19					
Participant No: 6:										
9	45	29	28	35	31	50	20	8	13	
14	23	2	5	1	26	34	41	49	18	48
	4	22	11	43	15	38	39	46	33	
		17	24	6	25	37	10	21		
			44	19	16	27	42			
				40	36	32				
				30	12	7				
					47					

Participant number one 'most' agreed with statements number eight and thirteen. Statement number thirteen (clients motivation can change throughout the therapeutic process) and statement number eight (motivation is an ongoing changing process), both correspond with each other. Participant number one believed these were the most important statements because "motivation is a dynamic state, which changes over time. People move between motivational levels depending on their circumstances".

Participant one disagreed most with statement number nine (clients are motivated by a single determinant). This statement is the opposite of statements number eight and thirteen. Therefore it is understandable that this statement would not have meaning to the participant. Statement number four (motivation is a drive/force operating outside the client) was selected as most disagreeable also. There reason for this was because they view "motivation as an internal mechanism, not something external".

Statement number nine showed up consistently for all participants as a 'most disagree'. Participant number four was the only one who differed. They ranked this statement at a -1 on the scale. Participant four believed this statement to be a more neutral statement. Thus not a statement they believed to be an important factor in understanding the concept of motivation.

Statement number forty one (motivation is the willingness to engage in a process that will lead to change) also made a notable presence across the Q sorts. It was commonly placed in the high agreement categories. All participants agreed that a willingness to engage in a process was an important component of motivation.

Factor Analysis:

Factor analysis for a Q sort differs from traditional quantitative methods of analysis. For example, instead of correlating groups of people's scores like traditional methods of analysis, the factors are groupings of statements, which the participants view as important.

The levels of (dis)agreement between the overall participant's opinions are demonstrated in the correlation matrix shown in Table 4.

Table four.

Correlation Matrix of all Q Sorts:						
Participant No:						
	1	2	3	4	5	6
1	100	46	61	31	46	37
2	46	100	20	24	49	37
3	61	20	100	46	31	46
4	31	24	46	100	16	44
5	46	49	31	16	100	43
6	37	37	46	44	43	100

Participants one and three have a high similarity in there scoring, indicating a general sense of agreement between the two. Participants number two and five also have a notable similarity between their opinions on motivation. Participants two and three have an extremely low correlation of similarity between them. This trend is repeated with participants two and four. The strong sense of disagreement is especially notable between participants four and five.

Participant four demonstrated a strong disagreement with all other participants' opinions; expect for number three and four. Participant six has a borderline sense of agreement with participant three, four and five.

This matrix correlation demonstrates an overall lack of agreement between participants. This highlights that the majority of participant's opinions on motivation differs.

The un-rotated factor matrix produced up to six factors. A principal component factor analysis was completed on each of the six factors. Eigenvalues steadily declined with each added factor (*see table five*). Therefore it was decided to complete further analysis on factors one, two and three. Factors four, five and six were dropped at this point due to their lack of significance. The removal of the final three factors does not in any way affect the composition of the first three factors.

Table five Eigenvalues for each factor:

Factor:					
1	2	3	4	5	6
Eigenvalues:					
2.3543	0.4592	0.1946	0.3310	0.1789	0.1258
% expl. Variance:					
39	8	3	6	3	2

The un-rotated factor matrix shows high correlations with all participants upon factor one. The correlations scores between participant and factors steadily decrease with each added factor. Most participants demonstrate an agreement with the statements grouped together in factor one. Factor two and three do not demonstrate any real notable correlations with the participants. Participant four demonstrated a consistently low sense of agreement on all correlation sores across all three factors.

Table Six: Un-Rotated Factor Matrix

Factors:		1	2	3
Participant:	1	0.7344	-0.1081	0.0154
	2	0.5551	-0.3528	0.2059
	3	0.6666	0.2041	0.0558
	4	0.4994	0.4024	0.3580
	5	0.5912	-0.3065	0.1398
	6	0.6809	0.1599	0.0334
Eigenvalues		2.3543	0.4592	0.1946
% expl. Variance		39	8	3

Rotation across factors was completed to arrive at a final set of factors. Rotation for the purpose of this study was kept objective. Factors were rotated according to the 'varimax' principle. The factors were rotated approximately to the angle of -40. Rotation did not affect the results of the individual Q-sort, nor the relationship between Q-sorts.

Rotation across factors enabled a different perspective in the way the results are viewed. The resulting factors represent a collection of the individual viewpoints exhibited by the participants. Statements that were highly correlated and shared agreements of importance between participants were grouped into factors.

The distinguishing statements of a factor were ranked according to their significance to that particular factor. Table seven demonstrates the distinguishing statements for each factor.

Table Seven: Distinguishing statements for each factor				*[P<.05; (*) indicates significance at P<.01]*			
Distinguishing Statements for Factor One:		F1		F2		F3	
Statement No		RANK	Score	RANK	Score	RANK	Score
5	Motivation is an emotion and feeling	4	1.49	-1	-0.18	1	0.51
4	Motivation is a drive/force outside client	4	1.45*	-4	-1.40	0	-0.16
15	Fear is a strong motivator …	3	1.23*	-4	-1.44	0	-0.07
47	Motivation is maintained/aroused by fear	3	1.23*	-5	-1.92	0	-0.07
14	Therapists primary focus is on client motivation	2	0.88*	-2	-0.68	-1	-0.39
43	Motivation is an emotional reaction of the body towards a difference	2	0.77	-1	-0.44	0	-0.08
2	Clients motivation is at an unconscious level	1	0.72*	-3	-1.1	-2	-0.60
41	Motivation is the willingness to engage In a process leading to change	1	0.45*	5	2.10	5	1.95
6	Motivation is the process of energy exchange	1	0.42	-2	-0.80	-2	-0.55
13	Clients motivation can change Throughout therapeutic process	0	0.05*	5	2.21	4	1.81
33	Motivation affects clients thought process	0	-0.16*	4	1.89	3	1.01
46	Motivation is maintained aroused by RF	-1	-0.37	2	0.61	2	0.90
32	A motivated client will have a purpose	-1	-0.67*	4	1.67	1	0.48
21	Motivation for clients is reward driven	-2	-0.72*	2	0.72	1	0.53
23	Different cultures do not exhibit motivation differently to others	-2	-0.79	-5	-2.00	-4	-1.78
42	Motivation is the cognitive acceptance of the need to action change	-2	-0.80	3	1.15	1	0.19
10	Motivation is a thought process	-1	-1.14	1	0.13	0	-0.18
18	In order for client to engage in therapy, they must be motivated	-3	-1.30	4	1.22	-1	-0.46
36	Motivation is an action source	-5	-2.13	0	0.15	-4	-1.29

The distinguishing statements for factor one propose that constructs such as emotion, feelings and fear, are important concepts to consider whilst defining motivation. Factor one further proposes that motivation is an unconscious process that needs to be a primary focus of the therapist.

Distinguishing statements for this factor place a focus on the internal process of an individual. Constructs such as the willingness to engage, energization, purpose and thought are also important concepts.

However, the second distinguishing statement sits out of place with this factor. The statement proposes that motivation incorporates a drive/force operating outside of the client. The fits with other statements further down the factors ranks which are more compatible with this statement. For example, the statements which incorporate theories of reinforcement, external drive and reward as significant components affecting the motivation of an individual.

Table Eight:

Distinguishing Statements for Factor Two:		F1		F2		F3	
Statement No		RANK	Score	RANK	Score	RANK	Score
3	Motivation is a drive within the client	5	1.89	1	0.52	4	1.45
50	Motivation is an energy that ignites feeling to move towards change	5	1.51	0	0.01	3	1.04
4	Motivation is a drive/force operating outside the client	4	1.45	-4	-1.40*	0	-0.16
15	Fear is a strong motivator for psychotherapy	3	1.23	-4	-1.44*	0	-0.07
47	Motivation is maintained/aroused by fear.	3	1.23	-5	-1.92*	0	-0.07
49	The mind, body, spirit & feelings of the client all impact motivation	2	0.96	-1	-0.32*	3	1.26
48	Motivation is an energizing of the body caused by discomfort	1	0.45	-2	-0.73*	2	0.65
33	Motivation affects a clients thought process	0	-0.16	4	1.89	3	1.01
40	Motivation is a thought process that occurs before change	-1	-0.46	2	0.77	0	-0.04
32	A motivated client will have purpose	-1	-0.67	4	1.67*	1	0.48
42	Motivation is the cognitive acceptance of the need to action change	-2	-0.80	3	1.15	1	0.19
18	In order for a client to engage in therapeutic processes they must be motivated.	-3	-1.30	4	1.22*	-1	-0.46
1	Motivation for a client manifests at a conscious level	-4	-1.51	0	-0.10	-3	-1.07
36	Motivation is an action source	-5	-2.13	0	0.15*	-4	-1.29

The distinguishing statements for factor two maintain motivation to be a process that incorporates action at a conscious level. Motivation in factor two is agreed upon by participants as a drive/force operating outside the individual.

Fear and reinforcement present themselves as significant statements for this factor. Incorporating constructs of engagement, purpose and energization as by-products of external drives leading to action. The mind, body, spirit and feelings of the individual perpetuate an energization towards change. This factor differs from the first due to its focus on external drivers. Fear and reinforcement are major components of motivation [in this factor], reacting in a thought process that leads to energization, purpose and engagement towards action.

Table Nine:

Distinguishing Statements for Factor Three:		F1		F2		F3	
Statement No		RANK	Score	RANK	Score	RANK	Score
4	Motivation is a drive/force operating outside the client	4	1.45	-4	-1.40	0	-1.16*
47	Motivation is maintained/aroused by fear	3	1.23	-5	-1.92	0	-0.07*
3	Fear is a strong motivator for psychotherapy	3	1.23	-4	-1.44	0	-0.07*
33	Motivation affects clients thought Process	0	-1.16	4	1.89	3	1.01*
32	A motivated client will have purpose	-1	-0.67	4	1.67	1	0.48*
42	Motivation is the cognitive acceptance of the need to action change	-2	-0.80	3	1.15	1	0.19

Factor three has the least amount of statements in this factor. This factor highlights the agreement by participants that cognitions of an individual are an important influence on motivation. Thought processes, purpose and cognitive acceptance are of high importance. However, as was seen in factor one and factor two, external drive/force, fear and reinforcement still are a major presence and are considered the significant statements for this factor.

There are a number of statements which are deemed non-significant according to this factor analysis. These statements did not share in any form of agreement (of importance) by the participants according to the groupings of the first three factors. These statements do not distinguish between any pair of factors. All statements were viewed as non-significant [at P>.01] and those flagged with an (*) are also non-significant [at p>.05].

Table Ten: Non significant statements – Consensus statements

No:		
	7	Motivation is goal orientated.
	9	Clients are motivated by a single determinant.
	11*	Motivation is a change of behaviour towards a new behaviour.
	12*	Clients are motivated towards psychotherapy by rational reasons.
	16*	A motivated clients has both rationale and purpose for change.
	17	Motivation is the want, will and desire to change and the ability to carry it out.
	19*	Motivation to change is driven by biological needs, i.e. hunger and thirst.
	20*	Commitment and willingness to follow through, best defines motivation.
	22*	Defining motivation as it is viewed in psychotherapy, is critical for effective therapy.
	24*	Motivation is a learned behaviour.
	25	A motivated client will have a strong sense of self awareness.
	26*	Trauma and crisis play a large role in motivation of clients.
	27	A motivated client has insight into their reasons for seeking difference in their life.
	28*	Client motivation is not constrained by social norms.
	29*	Motivation is movement from one existence to another.
	30	Motivation is a process of action from an organism.
	31*	A clients motivation is attributed to past successes or failures.
	35	A motivated client will be passionate about their life.
	37*	Motivation is the need to explore change and difference in ones life.
	38*	Motivation is a series of influences affecting ones current state perpetuating an individual towards a different state of being.
	39*	Motivation is having the desire to move towards something different.
	44*	The body reacts through internal signals towards/away from something, this is motivation.
	45	Motivation is not needed throughout the therapeutic process to maintain change.

CHAPTER IV

DISCUSSION

This exploratory research was designed to address the ambiguity surrounding motivation and to build conceptual clarity. In addition, this research aimed to build a definition of motivation that would be relevant for use amongst psychologists and psychotherapists. This definition would be constructed from a range of opinions on motivation by those who use it frequently in psychological practice that included clinicians, counselors and psychotherapists.

For the purpose of this discussion, the main findings of this research will be discussed. Relevant research will be used to support the findings and highlight possible implications. The limitations of this research will be discussed and will be followed by recommendations for future research and concluding statements.

This exploratory research demonstrates the number of theories of motivation that have been proposed by theorists in an attempt to clarify motivation as a construct. Given the diversity of motivation, it is understandable that there are multiple theories and definitions that have arisen trying to combat this conceptual confusion. This research provides evidence that there is a conceptual confusion debate. In that, the theories proposed have not yielded conclusive results that would aid in clear understanding of motivation, instead the ambiguity surrounding motivation has increased.

These findings are further supported by Rosenbaum and Horowitz (1983), whom maintain that the new research, theories and definitions of motivation only contribute to this confusion. This confusion not only affects motivation for psychotherapy, but motivation in general.

Hypothesis one posed the question: Will the opinions of Clinician and Therapist on motivation as construct in psychotherapy, differ? The data collected from the interviews complied with the information provided by participants in group B provide support in favor that therapists definitions do differ. In that, there is a large discrepancy in opinions on motivation in psychotherapy. Participants of sample group A were asked their opinions on motivation, including their understanding of the construct. Table two provided further support that there is large array of opinions between therapists in the Tauranga region. For example, some participants believed motivation to be an emotion, expressed through behaviour. Others believed motivation to be a cognitive process that worked unconsciously regardless of emotion or perception. Participants also proposed opinions in which motivation is an energization of the body activating change.

Although there were notable individual disagreements between therapists, there was an agreement between participants on the notion that motivation is a changeable process, which will change throughout therapy. This finding is supported by Prochaska and Prochaska (1982), Appelbaum (1972) and Drieschner et al., (2004). This finding demonstrates that it is imperative when trying to define motivation as a construct it is broken down into its sub-constructs.

This will begin to elevate confusion and perpetuate a definition that is relevant and useful to the target field (Pintrich, 2000). This research finding supports the use of 'motivation to change' as the sub-construct, to explain the type of motivation being referred too (Swanson & Woolson, 1973; Wallach, 1963; Rosenbaum & Horowitz, 1983), whilst building a definition of motivation in psychotherapy.

The results from the participants of group B provided further support towards the general disagreement that occurs between therapists on motivation. There was some sense of agreement between participants one and three. However, there was more notable disagreement across participants than agreement. The matrix correlation demonstrated this lack of agreement between participants. Each participant had a varied opinion on what motivation is and what determinants should be incorporated when defining the construct.

Therefore what is motivation? Hypothesis two posed the question, that to define motivation do internal, external and cultural influences need to be considered? A factor analysis was conducted to determine those constructs deemed important to motivation by clinicians. The result from the Q sort proposed three clear factors. These factors are viewed as meaningful concepts by clinicians, whilst considering motivation in psychotherapy.

Factor one proposes motivation as a feeling and is emotion based. Motivation according to this factor is believed to be an internal process. A willingness to engage, energization of the body, purpose and thought, are also significant concepts for this factor. Motivated clients will be 'willing' to engage in the process of therapy. This will be demonstrated in their thought process leading to the energization of the body towards change.

Motivation as an internal process aligns itself with the regulatory approach to motivation. Under this approach the body is believed to work towards maintaining a state of homeostasis. A deficit or discomfort is registered within the nerves centers and expressed as a feeling or emotion. The body will then seek to alleviate the distress/discomfort and restore homeostasis (Beck, 2004). Internal feelings such as emotion and fear produce an energization within the body that produces thoughts towards change. This is factor one.

The clinicians of participant group B (P set) have favorable correlations with this factor. This demonstrates their agreement towards this factor. Participants one, three and six found this factor most favorable. Participants two and five demonstrated notable similarities in agreement of over fifty percent. Participant four as discussed in the results section found this factor the most favorable. However, participant four was the lowest in agreement out of all the participants across all factors.

The second factor proposes that motivation is an external process. Motivation presents as an action that occurs on a conscious level in response to external stimuli. This factor is conducive towards William James theory of motivation. This theory of motivation proposes that action is a reaction to the manifestation of pleasure and pain responses. Referred to as 'springs of action' (Reeves, 2005). Activation of an individual's instinct is a stimulus that ignites motivation. James proposed pleasure as a strong reinforcer of behaviour and pain a strong inhibitor of behaviour. This is a circular theory and therefore is a complicated way to explain motivation.

Approach and avoidance motivation theory is the modern view of James's theory (Elliot, 2008; Elliot & Dweck, 2005). As has been explained above, approach motivation is viewed as an energization of behaviour by or towards positive stimuli. Avoidance motivation is viewed as the energization of behaviour by or away from negative stimuli (Lewin, 1935). This theory places its emphasis on the energization of the body. Incorporating the individual's ability to engage towards a task. This view of motivation would be beneficial to psychotherapeutic practice because it is clear and concise. It is able to explain why clients may engage or avoid certain aspects of psychotherapy. Thus, it provides therapists with a way of understanding how their clients are motivated. If they are motivated by external circumstances, then the type of intervention can be tailored to suit (Prochaska and Di Clemente, 1982).

Fear and reinforcement were also considered as distinguishing concepts for this factor. This finding gives further support towards the behavioural perspective being the most recognized and used theory of motivation, within psychotherapy. The behavioural theory of motivation proposes motivation is a change in behaviour, caused as a reaction from environmental events and stimuli. The stimuli can be either external or internal. Behaviourists define motivation by the rate, frequency, form or likelihood of behaviour occurring (Schunk et al., 2008; Martin & Pear, 2003). This approach to motivation is applicable for use in psychotherapy because behaviour can be measured. Therefore the motivation of a client can be assessed and treatment interventions can be adjusted accordingly. Participants agreed with this factor, maintaining this was a favorable way of understanding motivation, but to a lesser extent than factor one.

The third factor proposes motivation as a cognitive process. Thought processes and cognitive acceptance are of high importance to this factor. Although this factor demonstrated the least amount of agreement from participants. It was still a notable agreement, compared to groupings of other statements not mentioned.

The cognitive theory maintains individuals motivate themselves and direct their behaviour through the exercise of forethought. Introspection is the foundation for this approach (Jung, 1978). The significance of this theory is represented by the results demonstrated in this factor. Fear and reinforcement were also considered distinguishing statements for this factor. Maintaining the notion that motivation is viewed strongly as a behavioural response.

The findings for this research support a multifaceted approach to motivation. The behaviourist approach towards motivation was present in each of the defining statements for each factor. Approach and avoidance theory, and cognitive theory were also viewed as important theories according to the resulting factors.

This finding is complimentary to Hyland's research. Hyland (1988) proposed that there are four major components that make up the majority of theories on motivation. These components were grouped together according to their empirical research base and basic theoretical approaches. These four approaches incorporate action and approach, goal setting, cognitive or attribution and self determination which is exhibited through behaviour. The factors perpetuated by this research support Hyland in his theory in all areas except for goal setting. The resulting factors do not place an importance on goal setting as a determinant for motivation. Participants of this study differed from Hyland slightly.

The findings indicate that the participants view motivation as an internal process. The Emotional processes and the feelings clients attribute to them, provide the self determination towards motivation. Cognitive processes leading to action-behaviour are proposed by participants as the following stage in motivation behaviour.

Based on the discussed results, motivation is a multifaceted phenomenon. This research proposes the following definition of motivation:

> Motivation is an internal process fueled by emotions that energize action of the body at a conscious level. The thought processes of an individual ignite a purpose which initiates a drive towards a change of state. Positive reinforcement of this action will perpetuate future action. Negative reinforcement of this action will decrease the likelihood of the action reoccurring.

In summary, these findings demonstrate that there is vast conceptual confusion sounding motivation within psychotherapy. Defining the construct of motivation within psychology and psychotherapy will begin a movement towards the development of new comprehensive theories, which will provide the foundation for new treatments and treatment measures. These new treatments and measures will be based on clear concise definitions that will promote greater communication between patient and clinician. This will in turn help patients to understand their motivational pattern as they engage in treatment and promote client desire to change.

The proposed definition of motivation is beneficial for clinicians working in psychotherapy. These findings demonstrate that clients will be willing to engage in a treatment process, when their emotions are valued and their actions are favorably reinforced. Interventions which perpetuate unfavorable feelings and responses from the client will decrease the motivation and in turn a limit a potentially favorable therapeutic outcome.

This proposed definition will also be useful for the current literature on motivation. This exploratory research will provide the foundation for future research which aims to remove the ambiguity surrounding motivation. This research will hopefully be the beginning of a literature debate focusing on what motivation is, and how it affect clients engaged in psychotherapy.

Limitations

These findings have implications for generalizing the results to a larger population. Motivational opinions are subjective beliefs, many of which are individually based and not transferable to another (Swanson & Woolson, 1978). Future research would be beneficial with a larger sample of literature and participants, to provide further evidence in support of this research.

Several non distinguishable statements are presented in table eight. These statements were non distinguishable towards any factor. Although these statements did not associate with any factor, they are noted to be important whilst defining motivation due to their significant values. The inclusion of a fourth factor may have given further evidence towards these statements having a greater impact towards motivation. The lack of a forth factor may be a limitation to this research.

The use of Q Methodology was chosen for this research due to it ability to examine the subjectivity of motivation. However, Q methodology is relatively new to psychological research.

Though this methodology has been used for decades, the use of Q Method in this research on motivation is an exploratory research and the results should be treated accordingly. Replication of this research would bring strength to these findings.

Future Research Areas

A replication of the above research would be beneficial. This would provide further evidence toward supporting whether there is a universal lack of agreement on what motivation is and how does one define it. Any replication of this research should incorporate a larger sample size to give strength to the generalization of findings across the population of clinicians. This research is valuable, but can not be generalized to an entire population of clinicians because of the subjective nature of the topic.

There is a need for further research to focus on the possibility of compiling several different theories into one universal theory of motivation. A theoretical integration of motivational theories would support the view proposed by this research that motivation is multifaceted. This universal theory would offer further cohesion in research and motivational measures in psychotherapy.

Future replication of this research focusing on possible differences in motivational understanding between clinicians and the general public would also be beneficial. This would be important research to the field of psychotherapy because it would reduce the ambiguity of this construct further.

This would aid in clarifying the communication between the therapist and client on 'motivation to change'. Clear communication would enable the client to understand what is required whilst engaging in the treatment process, providing better outcomes of psychotherapy. Future replications could also include an investigation into gender differences. Including focusing on the possibility that males may view motivation differently from females.

Conclusion

Motivation is perceived as a changeable interactive process that occurs when the individual is prompted towards a change in their current state. The ambiguity surrounding motivation has lead to the construction of a range of differing theories and definitions of the construct. Motivational measures have been constructed on different definitions and theories of motivation. This lack of conceptual clarity perpetuates measures that are low in validity and cross validity (Murphy & Alexander, 2000). Different measures will asses different aspects of motivation leading to a lack of reliability across measures and insecurity within communication between psychologists.

Whilst there is a vast amount of research on motivation which may seem conclusive. Researchers must consider that analysis of one type of motivational phenomena will result in a reflection of the determinants pertaining to that one type of motivation. Motivation is not a unitary construct. All motivational determinants have the same impact and enter into the same laws for each individual (Littman, 1958).

The history of psychological and motivational research has demonstrated that motivation cannot be understood be researching one single viewpoint (Pintrich, 2000).

This type of research has not previously been carried out in this format. Although researchers have commented on the need for conceptual clarity (Murphy & Alexander, 2000; Pintrich 2000; Rosenbaum & Horowitz, 1983; Drieschner, et al., 2004), research of therapist's opinion on the construct has not been completed. A number of suggestions have been given for possible future research. The future recommendation of replication of this research to confirm these findings would be most important.

REFERENCES

Arkes, H. R., & Garske, J. P. (1997). *Psychological theories of motivation.* California, Belmont: Wadsworth Printing Company.

Arkowitz, H., Westra, H., Miller, W. R., & Rollnick, S. (Ed.). (2008). *Motivational interviewing in the treatment of psychological problems.* New York, NY: The Gilford Press.

Bandura, A (1986). *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1997). *The exercise of control.* USA: W.H. Freeman & Co.

Bandura, A., & Locke, E. A. (2003). Negative self-efficacy and goal effects revisited. *Journal of Applied Psychology, 88*(1), 87-99.

Baum, W. M. (2005). *Understanding behaviourism, behaviour, culture and evolution* (2nd ed.). Australia: Blackwell Publishing.

Beck, R. C. (2004). *Motivation theories and principles* (5th Ed.). Upper Saddle River, N. J: Pearson Prentice Hall.

Brogan, M. M., Prochaska, J. O., & Prochaska, J. M. (1999). Predicting termination and continuation status in psychotherapy using the transtheoretical model. *Psychotherapy, 36*, 105-113.

Brown, S. R (1980). *Political subjectivity: Applications of Q methodology in political science*. New Haven and London: Yale University Press.

Brown, S. R. (1991). Obituaries: William Stephenson (1902-1989). *American Psychologist, 46*(3), 244.

Brown, S, R. (1993). A primer on Q methodology. *Operant Subjectivity,* 16(3/4), 91-138.

Brown, S. R. (1996). Q methodology and qualitative research. *Qualitative Health Research,* 6(4), 561-567.

Brown, S. R. (2008). *The history and principles of Q methodology in psychology and the social sciences.* Retrieved August 8th, 2008, from www.facstaff.uww.edu/cottlec/QArchive/Bps.htm.

Champion D. J. (2006). *Research methods for criminal justice and criminology* (3rd ed.). New Jersey: Pearson Education Inc.

Colman, A. M. (2003). *Oxford dictionary of psychology.* New York: Oxford University Press.

Deci, E. L., & Ryan, R. M. (2008). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology, 49*(1), 14-23.

Dennis, K. E., & Goldberg, A. P. (1986). Weight control self-efficacy types and transitions affect weight loss in obese woman. *Addictive Behaviours,* 21, 103-116.

Drieschner, K H., Lammers, S. MM., & van der Staak, C. P. F. (2004). Treatment motivation: An attempt for clarification of an ambiguous concept. *Clinical Psychology Review,* 23, 1115-1137.

Dornyei, Z., & Otto, I. (1998). Motivation in action: A process model of L2 motivation. *Working Papers in Applies Linguistics, 4,* 43-69.

Eccles, P. J., Adler, T. F., Futterman, R., Goff. S, B., Kaczala, C. M. (1983). Expectancies, values, and academic behaviours. In *Achievement and Achievement Motivation,* (Ed. J.T Spence). San Francisco: Freeman.

Eccles, J. S., & Wigfield, A. (2002). Motivational beliefs, values and goals. *Annual Psychology Reviews, 53,* 109-132.

Elliot, A. J., & Dweck, C. S. (2005). *Handbook of motivation and competence.* New York, London: Gilford Press.

Ellis, R. D., & Newton, N. (2000). *The caldron of consciousness: motivation, affect and self organization* (16th ed.). Amsterdam Netherlands: John Benjamin Publishing Co.

Enright, J. (1975). One step forward: Situational techniques for altering motivation for therapy. *Psychotherapy: Theory, Research and Practice, 12*(4), 344-347.

Flathman, M. (1999). Perspectives on delayed memories: A Q-methodological study. *Psychotherapy, 36*(3), 236-246.

Forsterling, F. (1986). Attributional conceptions in clinical psychology. *American Psychologist, 41*(3), 275-285.

Hyland, M. E. (1988). Motivational control theory: An integrative framework. *Journal of Personality and Social Psychology, 55*(4), 642-651.

Jung, J. (1978). *Understanding human motivation a cognitive approach.* New York: MacMillian Publishing Co.

Keijsers, G. P. J., Schaap, C. P. D. R., Hoogduin, C. A. L., Hoogsteyns, B., & de Kemp, E. C. M. (1999). Preliminary results of a new instrument to assess patient motivation for treatment in cognitive-behaviour therapy. *Behavioural and Cognitive Psychotherapy, 27*, 165-179.

Klinger, E., & Miles Cox, W. (2004). *Handbook of motivational counseling: Concepts, approaches and assessment*. England: John Wiley & Sons, Ltd.

Lambert, M. J. (Ed.). (2004). *Bergin and Garfield's handbook of behavioural change* (5th ed.). New York: John Wiley and Sons.

Lewin, K. (1935). *A dynamic theory of personality.* New York: McGraw-Hill.

Littman, R. A. (1958). Motives, history and causes. In Arkes, H. R., & Garske, J. P. (1997). *Psychological theories of motivation.* California, Belmont: Wadsworth Printing Company.

Madsen, K. B. (1974). *Modern theories of motivation, a comparative metascientific study.* New York: Halsted Press, John Wiley and Sons.

Martin, G., & Pear, J. (2003). *Behaviour modification; what is it and how to do it* (7th ed.). New Jersey: Prentice Hall.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing* (2nd ed.). New York, London: The Gilford Press.

Nelissen, R. M. A., & Zeelenberg, M. (2007). The motivational function of emotions: A feeling is for doing perspective. In L.V Brown (Ed.)., *Psychology of Motivation.* New York: Nova Science Publishers Inc.

Pintrich, P. R. (1994). Continuities and discontinuities: future directions for research in education psychology. *Educational Psychologist,* 29, 137 – 148.

Pintrich, P. R. (2000). An achievement goal theory perspective on issues in motivation terminology, theory and research. *Contemporary Educational Psychology, 25*, 92-104.

Plant, R. W. & Ryan, R. (1985). Intrinsic motivation and the effects of self-consciousness, self-awareness, and ego-involvement: An investigation of internally controlling styles. *Journal of Personality, 53*(3), 437-449.

Prochaska, J. O. (1984). *Systems of psychotherapy: A transtheoretical analysis* (2nd ed.). Homewood Illinois: The Dorsey Press.

Prochaska, J. O., & Di Clemente, C. O. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice, 19*(3), 276-288.

Prochaska, J. O., & Norcross, J. C. (2001). Systems of change. *Psychotherapy: Theory, Research and Practice, 38*(4), 443-448.

Prochaska, J. O., & Norcross, J. C. (2007). *Systems of psychotherapy: A transtheoretical analysis* (6th ed.). Belmont CA: Thomson & Brooks/Cole.

PQMethod 2.11. (2002). PQ Method. Retrieved 20th June 2008, from: www.pqmethod.htm.

PQMethod 2.11 Manual. (2002). Q Method Manual. Retrieved 20th June 2008, from: www.E:\PQManual.htm.

Reeve, J. M. (2005). *Understanding motivation and emotion.* (4th Ed.). Hoboken: NJ. John Wiley & Sons.

Rosenbaum, R. L., & Horowitz, M. J. (1983). Motivation for psychotherapy: A factorial and conceptual analysis. *Psychotherapy: Theory, Research & Practice, 20*(3), 346-354.

Schunk, D., Pintrich, P., & Meece, J. (2008). *Motivation in education: Theory, research, applications,* (3rd ed.). Upper Saddle River, New Jersey: Pearson, Prentice Hall.

Stephenson, W. (1935). Technique of factor analysis. *Nature, 136,* 297. In Brown, S. R. (1995, 12-14 October). Address presented at the 11th International conference of the International society for the scientific study of subjectivity. Illinois, Chicago. [Transcript]. Retrieved August, 8th 2008, from www.facstaff.uww.edu/cottlec/Qarchive/science.htm.

Swanson, M. G., & Woolson, A. M. (1973). Psychotherapy with the unmotivated patient. *Psychotherapy: Therapy, Research and Practice, 10*(2), 175-183.

Van Exel, N. J. A. & de Graff, G. (2005). Q Methodology a sneak preview. [Retrieved from www.jobvanexel.nl]

Veith, A. (1997). *Therapiemotivation, zur Spezifizierung einer unspezifischen Therapievariable [Therapy motivation, about the specificication of an unspecific therapy variable].* Opladen, Germany: Westdeutscher Verlag.

Wallach, M. S. (1963). Judgments of motivation for psychotherapy. *Journal of Consulting Psychology, 27*(2), 185.

Weiner, B. (1972). *Theories of motivation: From mechanism to cognition.* Chicago: Rand McNally College Publishing Co.

Willingham, D. B., (2001). *Cognition: The thinking animal.* Upper Saddle River, New Jersey: Prentice Hall.

Wittgenstien, L. (1968) *Philosophical investigations.* New York: Macmillan, (original work published 1953).

Zelick, P. R. (Ed.). (2007) *Issues in the psychology of motivation.* New York: Nova Science Publishers, Inc.

APPENDIXES

APPENDIX A

INFORMATION SHEET FOR PARTICIPANT GROUP A

Defining Motivation: Building Conceptual Clarity

My name is Rebecca Leith and I am currently enrolled in the Masters Degree at Massey University. The following research is being completed as part of the requirements of the thesis component of the degree.

As a working therapist in New Zealand your input and opinions are valued and I would like to take this opportunity to invite you to participate in this research.

Motivation and motivational assessment tools are widely used in areas such as weight loss, education, counseling and psychotherapy. However each theory and assessment tools used in these disciplines are generated from different perspectives of motivation as a construct leading to conceptual confusion. This is especially so within the psychotherapy community. Whilst many models, assessment tools and theories have been developed, how therapists view motivation as a construct has been overlooked. My research focus is to gain insight into how motivation is understood by therapists and therefore how it should be defined as a construct for psychotherapy. The opinions of therapists will be compared against motivational theories from the literature, providing us with insight into how motivation is understood by therapists and therefore how it should be defined as a construct for psychotherapy.

I am looking for therapists to take part in a 30-40 minute interview. Questions will focus on participants' opinions of motivation within the psychotherapy field. Participants will be asked a series of open questions and asked to reply according to their opinions of motivation. Questions such as: What is your understanding of motivation as it is used in psychotherapy? Can you give me an example?
No identify data is being sought for this research. If you are interested in being a participant, the researcher will arrange a suitable time with you to complete the interview.

Please note that you are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study (specify timeframe);
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used
- be given access to a summary of the project findings when it is concluded.

For further information please feel free to contact either myself or my supervisor on

Rebecca Leith
Ph. [redacted]
Email: [redacted]

Mei Wah Williams (Massey University Supervisor)
Ph: 09 414 0800
Email: M.Williams@massey.ac.nz

Thanking you in advance for your time and consideration of participation in this research. If you would like to receive results of the completed study, please indicate on the spaces provided on your questionnaire.

Rebecca Leith

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application MUHECN 08/056. If you have any concerns about the conduct of this research, please contact Dr Denise Wilson, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x9070, email humanethicsnorth@massey.ac.nz.

APPENDIX B

INFORMATION SHEET FOR PARTICIPANT GROUP B

Defining Motivation: Building Conceptual Clarity

My name is Rebecca Leith and I am currently enrolled in the Masters Degree at Massey University. The following research is being completed as part of the requirements of the thesis component of the degree.

As a working therapist in New Zealand your input and opinions are valued and I would like to take this opportunity to invite you to participate in this research.

Motivation and motivational assessment tools are widely used in areas such as weight loss, education, counseling and psychotherapy. However each theory and assessment tools used in these disciplines are generated from different perspectives of motivation as a construct leading to conceptual confusion. This is especially so within the psychotherapy community. Whilst many models, assessment tools and theories have been developed, how therapists view motivation as a construct has been overlooked. My research focus is to gain insight into how motivation is understood by therapists and therefore how it should be defined as a construct for psychotherapy. The opinions of therapists will be compared against motivational theories from the literature, providing us with insight into how motivation is understood by therapists and therefore how it should be defined as a construct for psychotherapy.

I am looking for therapists to take part in a 45 minute Q Sort. The participants of the Q sort will be given a series of 50 statements [printed on randomly numbered cards] about motivation in psychotherapy. Therapists will be asked to rank-order the statements/cards from most agree to disagree and record their choices on a provided score sheet. I am interested in your opinion [as a therapist] of motivation and your experience with the process and tools associated with motivation in daily practice
No identify data is being sought for this research. If you are interested in being a participant, the researcher will arrange a suitable time with you to complete the Q sort procedure.

Please note that you are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study (specify timeframe);
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used
- be given access to a summary of the project findings when it is concluded.

For further information please feel free to contact either myself or my supervisor on

Rebecca Leith
Ph [redacted]
Email: [redacted]

Mei Wah Williams (Massey University Supervisor)
Ph: 09 414 0800
Email: M.Williams@massey.ac.nz

Thanking you in advance for your time and consideration of participation in this research. If you would like to receive results of the completed study, please indicate on the spaces provided on your questionnaire.

Rebecca Leith

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application MUHECN 08/056. If you have any concerns about the conduct of this research, please contact Dr Denise Wilson, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x9070, email humanethicsnorth@massey.ac.nz

APPENDIX C

Defining Motivation: Building Conceptual Clarity

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Full Name - printed .....

APPENDIX D

MOTIVATION INTERVIEW SCHEDULE

1. What type of therapist are you?
   Counselor, Clinician, or Psychotherapist.

2. How many years have you been involved with clients/patient therapy?

3. What is your understanding of motivation as it is used in psychotherapy? Can you give me an example?

4. How would you define motivation as it is used in your day to day interaction with your clients? Can you give me an example?

5. Is motivational assessment and other motivational tools something you use regularly with your clients?

6. What type of motivational measures do you use?

7. How would you identify motivation within your clients? Can you give me an example

8. Do you believe motivation within a person is something that can change? Can you explain?

Any further comments you would like to add that you may think is important for me to consider whilst researching motivation within psychotherapy.

Would you like to receive further information about this research (including the final results) email address: _____

APPENDIX E

Instruction sheet for P Set - Participants sample group B

PARTICIPANT NUMBER: _____

INSTRUCTIONS TO SCORING CARDS

These instructions will guide you through the Q scoring process step by step. Please read each step to the end before you start carrying it out.

1. Ensure you have the score sheet and a full set of cards before you commence. Lay down the score sheet in front of you. All 50 cards in the deck contain a statement about motivation. Could you please rank-order these statements from your own point of view. My question to you is "To what extent do you agree with the following statements". The numbers on the cards have been assigned to the cards randomly and are only relevant for the administration of your response.

2. This research is about defining motivation as a construct. I am interested in **your opinion towards motivation and your experience with the process and tools associated with motivation in daily practice.**

3. Read the 50 statements carefully and split them up into three piles: a pile for statements you tend to disagree with, a pile for cards you tend to agree with and a pile for cards you neither agree nor disagree with, or that are not relevant or applicable to you. Please use the three boxes "AGREE', "NEUTRAL OR NOT RELEVANT" and DISAGREE" at the bottom right of the score sheet. Just to be clear I am interested in your point of view. Therefore, there are not right or wrong answers. When you have finished laying down the cards in the three boxes on the score sheet, count the number of cards in each pile and write down this number in the corresponding box. Please check whether the numbers entered in the three boxes add up to 50.

4. Take the cards from the "AGREE" pile and read them again. Select the two statements you most agree with for motivation and place them in the two boxes on the right of the score sheet, below the "9". Next, from the remaining cards in the deck, select the three statements you most agree and place them in the three boxes below the "8". Follow this procedure for the cards from the "AGREE" pile.

5. Now take the cards from the "DISAGREE" pile and read them again. Just like before select the two statements you most disagree with for motivation and place them in the last two boxes on the left of the score sheet, below the "1". Follow this procedure for all the cards from the "DISAGREE" pile.

6. Finally, take the remaining cards and read them again. Arrange the cards in the remaining open boxes of the score sheet.

7. When you have placed all the cards on the score sheet, please go over your distribution once more and shift cards if you want to.

8. Please explain why you agree most with the two statements you have place below the "+5".

CARD NO:

_____
_____
_____

CARD NO:

_____
_____
_____

9. Please explain why you disagree most with the two statements you have placed below "-5".

CARD NO:

_____
_____
_____

CARD NO:

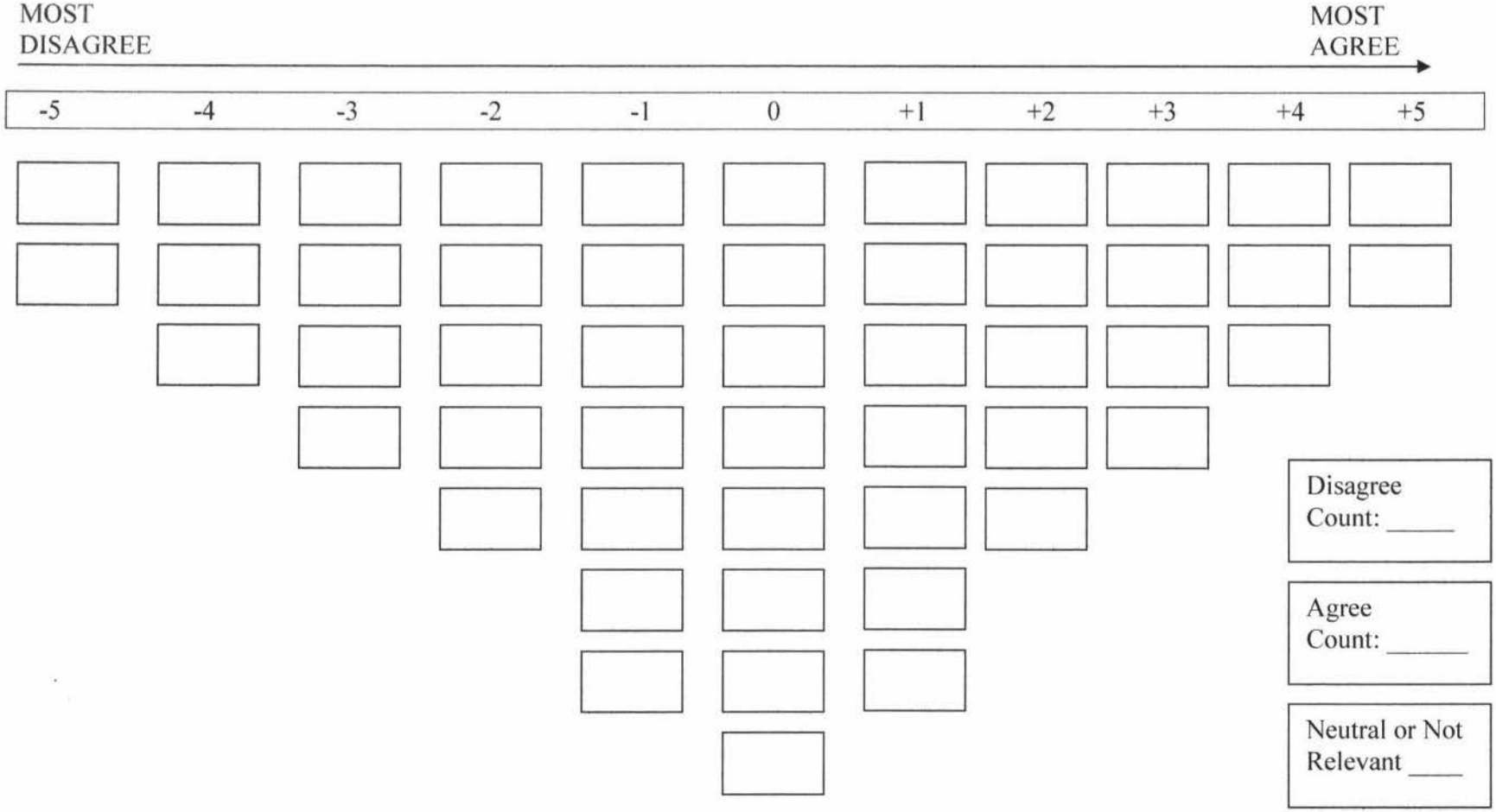
_____
_____
_____

10. When you are finished, please write down the number of the cards in the boxes you placed them on.

Thank you for your time and participation on my research. If you would like to receive further information about this research or my final results, please leave your email address below. Email: _____

APPENDIX F
Score Sheet for Q Sort

RESPONDANT NUMBER:_____



APPENDIX G

Statements for the Q Set.

1. Motivation for a client manifests at a conscious level.
2. Motivation for a client manifests at an unconscious level.
3. Motivation is a drive within the client.
4. Motivation is a drive/force operating outside the client.
5. Motivation is an emotion and a feeling.
6. Motivation is a process of energy exchange.
7. Motivation is goal orientated.
8. Motivation is an ongoing changing process.
9. Clients are motivated by a single determinant.
10. Motivation is a thought process.
11. Motivation is a change of behaviour towards a new behaviour.
12. Clients are motivated towards psychotherapy by rational reasons.
13. Client's motivation can change throughout the therapeutic process.
14. The level of motivation a client demonstrates is the primary focus of the therapist.
15. Fear is a strong motivator for psychotherapy.
16. A motivated client has both rationale and purpose for change.
17. Motivation is the want, will, desire to change something and the ability to carry it out.
18. In order for a client to engage in the therapeutic process they must be motivated.
19. Motivation to change is driven by basic biological needs i.e. hunger, thirst, shelter.
20. Commitment and willingness to follow through, best defines motivation.
21. Motivation for clients is reward driven.
22. Defining motivation as it is viewed in psychotherapy is critical for effective therapy.
23. Different cultures do not exhibit motivation differently to each other.
24. Motivation is a learned behaviour.
25. A motivated client will have a strong sense of self awareness.
26. Trauma and crisis play a large role in motivation of clients.
27. A motivated client has insight into their reason(s) for seeking a difference in their life.
28. Client motivation in not constrained by societal norms.
29. Motivation is a movement from one existence to another.
30. Motivation is a process of action from an organism.
31. A client's motivation is attributed to past successes or failures.
32. A motivated client will have a purpose.
33. Motivation affects a client's thought process.
34. Motivation is identifiable in client's behaviour, i.e. turning up for therapy, booking their next appointment.
35. A motivated client will be passionate about their life.
36. Motivation is an action.
37. Motivation is the need to explore change and difference in one's life.
38. Motivation is a series of influences affecting ones current state perpetuating an individual towards a different state of being.
39. Motivation is having the desire to move towards something different.

40. Motivation is the thought process that occurs before change in an individual's current state.
41. Motivation is the willingness to engage in a process that will lead to change.
42. Motivation is the cognitive acceptance of the need to action change.
43. Motivation is an emotional reaction of the body towards a different state of being
44. The body reacts through internal signals, towards/away from something, this is motivation.
45. Motivation is not needed throughout the therapeutic process to maintain change.
46. Motivation is maintained/aroused by reinforcement.
47. Motivation is maintained/aroused by fear.
48. Motivation is an energizing of the body caused by discomfort.
49. The mind, body, sprit and feelings of an individual all impact motivation of a client.
50. Motivation is an energy that ignites a feeling to move toward something different.