PERSPECTIVES ON PSYCHOTHERAPY PROCESS: EFFECTS OF CONSISTENCY OF THERAPEUTIC BEHAVIOR AND THERAPIST CHARACTERISTICS

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ABSTRACT

PERSPECTIVES ON PSYCHOTHERAPY PROCESS: EFFECTS OF CONSISTENCY OF THERAPEUTIC BEHAVIOR AND THERAPIST CHARACTERISTICS

By

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The present study was designed to investigate the relationship between therapist empathy and client experiencing. This relationship was studied along the dimensions of actual therapist empathy and client experiencing, and consistency of therapist empathy and client experiencing. For the purposes of this study, consistency was defined in terms of the variance in scores on the Accurate Empathy Scale (Truax, 1963), and The Experiencing Scale (Gendlin, 1968). Both of these scales derive from concepts postulated as being of some importance in the process of psychotherapy (Rogers, 1957).

Other areas studied were the level of therapist experience, and the sex of both the client and the therapist. It was hypothesized that these would be important moderator variables in the relationship between therapist empathy and client experiencing. A total of 162 five minute tape segments from eighteen therapy cases drawn from the tape libraries of the Michigan State University Counseling Center comprised the data for this study. Of the eighteen cases studied, nine of the clients were male and nine were female. The sample of therapists consisted of nine therapists, each of whom saw both a male and a female client. The nine therapists were counter balanced

according to both sex and level of experience, with five male therapists and four female therapists. Of the five male therapists, three were senior staff members of the MSU counseling center, and two were interns at the MSU counseling center. Of the four female therapists, two were senior staff members of the MSU counseling center, and two were interns at the MSU counseling center. Thus, the data were drawn from nine, five minute segments per each of eighteen cases studied.

Tape segments were rated in random order by two independent raters, one male and one female, using both the Accurate Empathy Scale, and the Experiencing Scale. After criterion levels of rater reliability were reached the tapes were scored, and the average scores for each segment on each scale were computed. These scores were used as raw data for this study. Raw scores were used in testing hypotheses concerning actual amounts of therapist empathy and client experiencing. The variance over the nine rated segments per case was calculated and these variance scores were used as a measure of variability in therapist empathy and client experiencing. Variability was considered to be a measure of consistency in both empathy and experiencing.

Results for data concerning variability indicated that neither the sex nor the experience level of the therapists accounted for differences in therapist variability in empathy provided. It was found however that there was significant negative correlation between variability of empathy and actual experiencing.

These findings were discussed as a possible indication that consistency (as defined in terms of variability) is an important trait

indigenous to the personality of the therapist, and that efforts toward increasing therapist consistency might be of use in the training of psychotherapists.

In addition it was found that while female clients tended to receive more actual empathy than male clients, this empathy was significantly more variable than the empathy received by male clients of the same therapists. In discussion of this finding the author speculated that female clients in this sample may have been treated in a more stereotyped manner than male clients, with therapist empathy possibly varying more for female clients as a function of therapist biases in certain content areas presented by female clients. It was also noted that data used in this study were collected between seven and twelve years prior to the time of the present study, and that the present findings may no longer hold true.

In light of the significant negative correlation between variability of empathy and client experiencing, it was suggested that experiencing, rather than being an independent client variable, might be of some use as an outcome measure when used in conjunction with variability of empathy as the independent variable.

Further research was suggested in the areas of consistency of therapeutic conditions provided. Research was also suggested in the area of sex of both the client and the therapist.

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CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE

Introduction

Considerable research in psychotherapy has focused on client characteristics, in an attempt to define those characteristics which make some clients "good clients" and some clients "bad clients." A picture of the good client emerged as the "YAVIS" or, young, attractive, verbal, intelligent, successful individual who was most amenable to psychotherapy (Kirtner and Cartwright, 1958, Sullivan, et al., 1958, Luborsky, 1959, Knight, 1941). Other client characteristics were identified which were thought to characterize the bad client. These studies had an unfortunate side effect which was the widespread popularization of the labeling of clients as poor risks. An example of this was the notion that schizophrenics were bad risks and thus could not be treated through psychotherapy. This notion was later revised as psychotherapy researchers began to study characteristics of therapists. Such instruments as the Whitehorn-Betz scale brought a distinction between "A Therapists" and "B Therapists," "A Therapists" being those who tended to work successfully with schizophrenics, and "B Therapists" being those who tended to work most successfully with neurotics (Whitehorn and Betz, 1954). Thus in more recent years, psychotherapy researchers have come to the belief that therapy is a process whereby one member of the therapeutic dyad exerts an influence

upon the other member, and that the strength of this influence is a function of the "goodness of fit" as it were, between client and therapist.

It is surprising that in much of the research on psychotherapy, the assumption has been made that the direction of influence in psychotherapy is one-way, from therapist to client. In line with this tendency, one sees such conclusions as those drawn by Frank and Sweetland (1962), reaffirming the direction of influence in therapy as being from therapist to client. In studying psychotherapy from a verbal conditioning standpoint (Krasner, 1959) it has also been amply demonstrated that therapist verbalizations influence client verbalizations.

In a study of hostility in therapy, Bandura (Bandura, et al., 1960) found that when therapists avoided the hostility responses of clients, the clients tended to either drop the subject of hostility or change the object of their hostility. This was not found to occur when therapists approached their clients' hostility. In his study of the variable of dependency in psychotherapy, Caracena (1965) found that clients tended to discuss dependency if encouraged by the therapist, and tended to avoid discussion of dependency, if this was discouraged by the therapist. In their study of therapist offered therapeutic conditions, Truax and Carkhuff (1965) reported, "a significant relationship between therapist transparency or self congruence and the patient's level of self-disclosure or self-exploration."

It is the opinion of the present author that research in the field of psychotherapy, as it has traditionally been done, has

been a reflection of the acceptance of the "infectious disease" model of mental "illness." In accepting the assumptions inherent in this model, researchers first focused on the characteristics of the client. Their findings were very similar to findings in the field of medicine, i.e. one is most successful when one treats a patient who is relatively healthy, and conversely, one is least successful in treating patients who are very sick, in fact some patients are so sick that they cannot be treated at all. The next step within this framework is to decide what the treatment of preference is to be, and thus one sees studies such as Fiedler's (1950, 1951) comparing different schools of therapy. His results indicated that it was the individual therapist more than the therapeutic school who determines the quality of the therapeutic relationship. Thus there began an increasing emphasis on the characteristics of the therapist as well as the client.

A common thread running through the above mentioned research areas is the assumption that therapy is a one-way process. This assumption derives from the view of the therapist as a healer (Frank, 1961), and possibly because of this underlying assumption, researchers for many years did not focus on the question of whether psychotherapy might be a reciprocal process. As Van der Veen (1965) states, ". . . theory in psychotherapy has tended to consider psychotherapy primarily in terms of how the therapist influences the patient, but has given less systematic attention to the effects of the patient on the therapist." The posing of the question, ". . . is the behavior of the therapist in any way determined by the stimulus characteristics of the client?" (Heller, et al., 1966) is a concomitant of the more and

more prevalent study of the client's effect on the behavior of the therapist. When definitions of psychotherapy are not tied to the traditional healer-patient model, it becomes possible to define characteristics uniquely different from those of the medical model, and very much more characteristic of psychotherapy. Conceptualizing psychotherapy as a process in which both parties serve as partial causes of each other's behaviors broadens the definition of psychotherapy and the variables which can be studied. As Gendlin has pointed out, (Gendlin, 1969), the application of psychotherapy in such "untreatable" populations as children and psychotics has contributed to the development of psychotherapy with all types of clients.

It is not only the trend toward rejection of the medical model which leads to a consideration of therapy as a system of reciprocal influence. Experiments by such people as Asch have shown that when pairs or groups of subjects are exposed to certain stimuli, their judgements of the stimulus will tend to converge (Asch, 1952). These studies have demonstrated that through the phenomenon of convergence, individuals tend to adjust their judgements to fit group norms. In a paper discussing convergence as it applies to psychotherapy. Pepinsky and Karst (1964) conceive of therapy as a process in which the client learns a psychological grammar through which he adjusts his views to approximate more closely the views of the therapist. While focusing primarily on the influence of the therapist on the client, Pepinsky and Karst, (1964) do state that, ". . . empirically, convergence is not likely to be a strictly one-way phenomenon: i.e., part of the therapist's grammar may be acquired from his client."

Therapy as a System of Reciprocal Influence

While there have been relatively few studies dealing with the mutuality of influence between client and therapist, in recent years there have been some studies which have investigated the influence of the client on the therapist. One of the first studies in this area was done by Van der Veen (1965) who studied the interactions of three chronic schizophrenic hospitalized patients who each saw five therapists for at least two interviews. He found that, "The results supported the general hypothesis that the therapist and patient influence each other's therapeutic behavior as well as their own and that the therapeutic behavior of one is positively related to the therapeutic behavior of the other." This study had certain limitations in that neither the patients nor the therapists were selected randomly, and in addition to this, since the data was drawn from only two sessions which were not part of ongoing therapy, the generalizability of these findings to ongoing therapy is limited.

Another study which demonstrated the influence which clients can have on their therapists was done by Heller, et al., (1966) who, using Leary's Interpersonal system in an analogue study tested the influences of dominant vs. dependent, and hostile vs. friendly client-actor behavior on student counselors. Heller concludes that, "In general the results of this study support the position that psychotherapy should be viewed as a "reciprocally contigent interaction" (Jones and Thibaut, 1950).

Heller (Heller, et al., 1966) also raises the issue of countertransference which is an issue which must inevitably arise when discussing therapists' reactions to clients. Heller differentiates between countertransference and the reciprocal interaction which he observed, in suggesting that, while countertransference is idiosyncratic to the personality of the therapist, evoked behavior is a function of the actual situation in therapy.

One of the most active researchers in this area is Moos, who in a series of studies has focused on the effects of the situation and the particular client on therapist behavior. In a study of the effect of the setting on therapists, Moos and Daniels (1967) found that psychiatric ward staff react differently in different ward settings. This study, although not directly relevant to the effect that the client has on the therapist, does demonstrate that therapist behavior is not a unitary construct, consistent within each therapist, but a changing group of behaviors which can vary from setting to setting.

Another study by Moos and Clemes (1967) was one in which each of four therapists saw each of four clients, and were rated for their behavior across clients. According to the authors, "The results empirically demonstrate the necessity of conceptualizing the patient and therapist as an interacting system in which both individuals mutually influence each other." This study has certain limitations in generalizability to ongoing therapy however, in that each therapist saw each client for only one session.

In a study of value system change during therapy, Schonfield, et al., (1969) raised the issue of whether the convergence between

the value systems of clients and therapists during therapy was due to the patient's adopting the views of the therapist, or the therapist adopting the views of the client. They report that the data they obtained indicated that value change in therapy is a result of both occurrences.

In his conceptualization of the treatment relationship, Rosen (1972) states his view that, " . . . dyadic interaction can be seen as a situation of interdependence, where . . . each participant's outcome is dependent to some extent on the responses of the other." In their research into the variable of hostility in therapy, Bandura, et al., (1960) found that therapists were more likely to avoid discussion of hostility when it was directed toward themselves, than when it was directed toward others. As was pointed out earlier, these avoidance responses tended to lead to the patient's dropping the discussion of hostility. Thus we see that the patient's hostility responses to the therapist, led these therapists to make avoidance responses, which in turn led to the client's avoidance of further hostility responses. Again, very clear evidence that the therapist and the client are an interacting dyad, each exerting influence on each other's verbal behaviors in therapy.

Consistency

The results of the studies cited, despite their many limitations, provide ample evidence that therapists are susceptible to the influence of their clients. The next question that arises is how subject to influence and in what ways are therapists subject to the

influence of their clients. One way of approaching this issue seems to lie in the measurement of therapist consistency of therapeutic conditions offered in interactions with clients, for if one can obtain a measure of therapist consistency of therapeutic conditions, it is possible to judge the amount of variability which exists in the therapist's therapeutic behavior. In essence, the question that arises is, to what extent is therapist behavior in the therapy session, situationally determined?

This is a question which has broad implications for the field of psychotherapy research. One of the more apparent implications concerns what Kiesler (1966) calls the "therapist uniformity assumption." Kiesler uses this term in his discussion of psychotherapy research for the assumption that different therapists do the same thing and are thus comparable. As such, his is a valid criticism, and its ramifications become even greater when we consider that he refers to <u>inter</u>therapist uniformity, which in essence means that he believes it invalid to generalize from the behavior of one therapist to another. If individual therapists are themselves inconsistent in their therapeutic behaviors, then Kiesler's therapist uniformity assumption can be expanded to include the false assumption of <u>both</u> inter and <u>intra</u> therapist uniformity. If this can be demonstrated, it may suggest that it is invalid to generalize past the behavior of one therapist, with one client, at any one time.

This author does not mean to suggest that therapists need to be entirely consistent in their therapeutic behaviors with each client, or that they need behave in the same manner with all clients. To be

sure, different clients require different types of responses from their therapists at different times. In that sense, therapy must be "patient specific." Nonetheless, it has been demonstrated in numerous studies that certain conditions must be present in order for therapy to be successful. Specifically, those conditions consist of Warmth, Genuineness, and Empathy as discussed in the theory of Carl Rogers (Rogers, 1957, 1958). In discussing the consistency of therapeutic behavior, this author refers not to the content of the therapist communications, but to the consistency with which therapeutic conditions are offered. Klein, et al., (1969), report a study done by Van den Bos, of the consistency of the above mentioned therapeutic conditions offered to a sample of hospitalized schizophrenic patients. Van den Bos found that, ". . . it is the consistency of the therapist behavior in all areas that is correlated with experiencing."

Other implications of therapist consistency or inconsistency bear upon the controversy between social psychologists and personality psychologists. Some social psychologists maintain that behavior is primarily situationally determined, while some personality psychologists have to a large extent built their science upon the assumption of stable personality traits. The consensus of opinion in this area seems to be that both traits and situations operate in determining behavior, with different individuals falling between different ends of a continuum (Campus, 1970). The study of consistency of psychotherapeutic conditions offered can provide valuable data contributing to the research relating to the trait vs. state controversy, and the hypothesis that consistency may itself be a trait mediated by such moderator variables as experience and sex, which will be discussed later.

Previous Research

There has been little research in the area of therapist consistency, but what little research has been done indicates that this is an important, though as yet fairly unexplored area. Moos and Clemes (1967) state that, "It is possible that therapists might be relatively consistent in emitting therapeutic behaviors across different clients. It is also possible, however, that different patients might elicit different therapeutic behaviors in the same therapist."

Moos and MacIntosh (1970), in an expansion and replication of the earlier study by Moos and Clemes (1967), touch on the trait vs. state controversy in their finding that, "The results in support of earlier findings by Moos and Clemes, imply that 'behavior trait' of a given tendency to be empathic or of a consistently applied therapeutic technique, but rather are very importantly situationally or patient determined."

In a study of therapist behaviors with three different clients, Bohn (1965) underscores the importance of the stimulus situation in determining counselors' responses. He points out that in the study of the effect of counselor personality on counselor behavior, the client variable must be taken into account. Strupp (1960) also points out some of the factors which would explain therapist inconsistencies in therapeutic responses to different clients. He found an interaction between the clinical observations of a therapist, his treatment recommendations, and his attitude toward the patient. These factors in turn exerted an influence upon the manner of the therapist's communications.

Rottschafer and Renzaglia (1962), found that six out of eight counselors in their study were inconsistent in their style of interviewing across different clients. Truax (1966) in analyzing data from a case conducted by Carl Rogers found that the therapist (Rogers) responded differentially to different client behaviors studied i.e. he did not respond in the same way to the same observed behaviors in his client.

In addition to those studies which suggest that therapists are often inconsistent in their approach to clients, there are other studies which suggest that the level of therapeutic conditions (e.g. empathy) offered by the therapist are stable across clients. In a study designed to deal with the question, "Is it the therapist, or is it the patient who determines the level of accurate empathy that will occur in a given psychotherapy relationship?" Truax (1963) studied the level of accurate empathy offered by eight different therapists to each of twenty four different clients in a psychiatric ward. He found that, "The data . . . suggest that it is the therapist who determines the level of accurate empathy" rather than the client.

In another study Truax et al., (1966) report that their data support the previous findings indicating that the therapeutic conditions of Accurate Empathy, Non-Possessive Warmth, and Genuineness, are primarily a function of the therapist and not of the patient.

With regard to the hypothesis mentioned earlier, that consistency is itself a personality trait, there is some evidence which suggests that certain individuals are predictably consistent, while others are predictably (or consistently) inconsistent (Campus, 1970).

Ellsworth (1963) in a study of therapist "feeling verbalization" both in and out of therapy, found that, "The counselor's degree of feeling verbalization in a group case conference is consistent with the degree of feeling verbalization he shows in the individual counseling interview." Buchheimer, (1963) in an anecdotal report, notes that, among the counselor trainees whom he knows, differences can be seen between the occasionally empathic and the consistently empathic trainee. Trainees who are occasionally empathic seem to respond only to similar situations while those who are consistently empathic seem to go beyond similarity of experience, and seem to be freer of projection, and identification. Ellsworth too considers consistency to be an important variable in therapeutic effectiveness, he states that, "The consistency of the therapist's interpersonal interaction outside of the client-counselor relationship is thought to be positively related to his counseling effectiveness." (Ellsworth, 1963). His results may suggest that those counselors who tend to react consistentyly, or those who are less influenced by their situation, are more effective as therapists.

Future Research

All of the above mentioned studies have serious shortcomings which limit the validity and generalizability of their findings. Few of these studies are based on data taken from ongoing therapy with several clients and with therapists of varying experience levels. Level of experience may be a particularly important variable to study when investigating consistency, as there is some evidence that consistency tends to increase with age and level of experience (Mullen, 1969).

Another important variable which has not been adequately dealt with, is the area of therapist sex, and client sex, both of which may also have important implications in therapy research.

Experience

With regard to the issue of whether consistency increases with age, Block (1968) offers the explanation that role variability as opposed to role stability is due to a lack of what Erikson (1950) calls "inner sameness and continuity." Thus it might be found that with increasing age or experience within a given role, role stability increases yielding greater consistency of behavior. In their discussion of a therapeutic "grammar," Pepinsky and Karst (1964) note that there is reason for believing that experienced therapists are more likely than inexperienced ones to be consistent from client to client in the kind of grammar they make available to their clients.

Although Heller et al., (1966) did not study the variable of therapist experience as it relates to consistency he does state that it is their subjective impression that more experienced interviewers would experience the same personal reactions although they would be better able to control their actual interview behavior.

Russel and Snyder (1963) found that hostile behavior on the part of client-actors aroused anxiety in two groups of counselors, an experienced group and in inexperienced group, however hostile behavior aroused less anxiety in the experienced group. This finding lends some support to the view expressed by Heller, who suggested that, while

experiencing the same internal reactions as inexperienced interviewers, experienced interviewers would be able to react more consistently.

Sex

Another area which has not been adequately explored is the variable of sex, of both client and therapist, in the process of therapy. To date, this author has found no studies which deal specifically with this variable, although there is much research that demonstrates the importance of sex as a variable in dyadic interaction. In a study of different responses obtained in Rorschach protocols, Curtis, et al., (1951) report a significant difference between male and female examiners on the number of records with sex responses. They conclude that, "It appears necessary for each examiner to study his stimulus value, the effect he has on the patients he examines."

In keeping with the notion that both therapist and client influence each others' behaviors, Parker (1967) studied differences in directive behavior when male therapists saw both male and female clients. He found that, ". . . they (the therapists) gave significantly more nondirective responses to female clients than to male clients."

Hiler (1958) studied therapist sex in his effort to determine what factors lead to a client's early termination of therapy. His findings indicate that, ". . . the sex of the therapist is a factor determining whether a given type of patient will remain in treatment or not." His findings underscore the importance of therapist sex in that the female therapists were able to keep in treatment many of the type of patients who tend to terminate when assigned to male therapists.

But he notes that female therapists also tend to lose more of the productive patients than do the male therapists.

In a study of sex differences in a counseling situation (only educational or vocational problems were discussed however) Fuller (1963) found that, "More feeling was expressed in pairs including a female regardless of whether the female was a client or a counselor." Other variables which were associated with the client's increased expression of feeling in the counseling situation, were the level of counselor experience, and assignment in accordance with the preference of the client regarding the sex of the therapist.

Thus, research results cited indicate that sex, as a stimulus characteristic of both therapists and clients, has an effect on the nature of the dyadic interaction, both in counseling and testing situations. In addition to this, there is some evidence that males and females are differentially susceptible to situational influence. Endler and Hunt (1968) report that, "For both anxiousness and hostility, the situation contributes more to the total variance for women than for men. This may mean that women are more influenced by situational factors than are men." These findings suggest that women may prove to be less consistent (i.e. their behavior may be more situationally determined than the behavior of men) in the level of therapeutic conditions they offer in a counseling situation. To the extent that expression of feeling may be related to empathy, Fuller's findings may suggest that women will show higher levels of Accurate Empathy in the counseling situation.

The purposes of the present study will be to investigate the variables of consistency, experience, and sex, as they relate to Accurate Empathy, and Experiencing, in therapy.

Accurate Empathy

The concept of Accurate Empathy derives from the work of Carl Rogers (Rogers, 1957, 1958), and relates to, "a conception of empathy which involves the sensitivity to current feelings, and, the verbal facility to communicate this understanding in a language attuned to the patient's current feeling." (Truax, 1963). Several studies have been done which demonstrate the significance of this concept for psychotherapy. Truax, who developed the Accurate Empathy Scale, studied psychotherapy outcome in a group of schizophrenic patients, and found that accurate empathy ratings were significantly higher for the more successful cases than for the less successful cases. His findings lead him to conclude that accurate empathy is important for successful psychotherapy with even the most difficult patient populations.

In a study which has particular significance for the present study, Truax and Carkhuff (1965) experimentally manipulated the consistency of accurate empathy to be offered by the therapist. This study demonstrates that when therapist offered conditions of accurate empathy were intentionally lowered, "there is a consequent drop in the patient's depth of interpersonal exploration.", and when the therapist's level of Accurate empathy was raised to its previous level, the patient's depth of interpersonal exploration also returned to its previously higher level.

Truax and Wittmer (1971) again demonstrated the validity of the Accurate Empathy scale in their finding that, "Overall improvement measures significantly differentiated between high and low empathy groups in favor of high empathy."

In his study of conditions which might effect ratings of therapist empathy, Truax (1970) found a moderate positive relationship between the average proportion of therapist talk and his level of accurate empathy.

Further demonstrations of the validity of accurate empathy as measured by the Accurate Empathy scale, were reported by Mullen and Abeles (1971), and Shapiro (1968). Mullen and Abeles found significant relationships between high conditions of empathy over any stage of therapy and successful outcome. They also found a clear relationship between low conditions of empathy throughout all stages of therapy and outcome categorized as unsuccessful. In his discussion of Shapiro's findings, Truax reports that, "He (Shapiro) thereby concluded that the Accurate empathy scale showed adequate construct validity since AE ratings strongly correlated with what people in general thought of as understanding-not understanding." (Truax, 1972).

Experiencing

The other area that will be studied will be the level of experiencing as indicated by ratings of client verbalizations. The variable of experiencing derives, as does accurate empathy, from the theories of Carl Rogers. The experiencing scale, developed by Gendlin, was designed to measure, ". . . the quality of an individual's

experiencing of himself, the extent to which his ongoing, bodily, felt flow of experiencing is the basic datum of his awareness and communications about himself, and the extent to which this inner datum is integral to action and thought." (Klein, et al., 1969).

Studies of experiencing have shown this measure to be a valuable tool in the prediction of outcome and in the analysis of therapist client interactions. Gendlin reports that Experiencing may be a useful outcome predictor in his finding that a high degree of statistical significance is obtained when Experiencing ratings of only a few four minute segments are used to predict success in therapy (Gendlin, et al., 1968).

Gendlin also points out the usefulness of the Experiencing Scale in measuring the relationship between client experiencing and therapist offered therapeutic conditions. Klein et al., (1969), report that the Experiencing Scale is sensitive to differences in client's verbal behavior as a function of such factors as therapist empathy and genuineness.

CHAPTER II

METHOD

Selection of Subjects

The subjects for the present study included nine psychotherapists at the MSU Counseling Center. This includes five male therapists and four female therapists. Of the five male therapists, three were designated as "experienced" and two were designated as "inexperienced." Of the four female therapists, two were designated as "experienced," and two were designated as "inexperienced." For the purposes of this study, an experienced therapist was defined as one who was a senior member of the Counseling Center staff. Senior staff members in this study had completed training and held Ph.D. degrees in either Counseling or Clinical psychology, and had between one and twenty years of post-Ph.D. experience as individual psychotherapists. An inexperienced therapist was one who was either a first or second year intern at the MSU Counseling Center. Both groups of interns used in this study were Ph.D. students in either clinical or counseling psychology, and had had at least two years of previous supervised therapy training.

All therapists in this study worked with two clients, one male and one female. Thus the total sample consisted of five experienced therapists and four inexperienced therapists. Three male and two

female therapists comprised the experienced group and two male and two female therapists comprised the inexperienced group. Eighteen clients were studied, nine of whom were male and nine of whom were female.

Selection of Cases

Tape recordings of therapy cases used in this study were selected from the tape libraries collected by the MSU Counseling Center. These tapes consist of therapies conducted with undergraduates from MSU who voluntarily came to the Counseling Center presenting psychological problems for which they sought individual counseling. All clients in this study had agreed to the use of the tapes made of their sessions for research purposes. All of the clients who comprise the sample for the present study were seen for a mean number of 19.4 interviews, with a mean of 21.2 interviews for experienced therapists, and a mean of 17.6 interviews for the inexperienced therapists.

Selection of Sample and Sampling of Tapes

Eighteen therapy cases represent the total tape recorded therapy sessions sampled in this study. Each therapy case was broken down into three stages (early, middle, and late), and one five minute segment was randomly selected from each stage of each therapy hour. Thus each therapy case was represented by nine five minute recorded segments, yielding a total of one hundred and sixty two, five minute segments. Because this study was concerned with consistency (defined as the amount of variation in rated therapist empathy and client experiencing), this procedure allowed for sensitivity to intrasession

variability as well as inter-session variability. The one hundred and sixty two segments were then transferred in random order to ten master tapes which were rated independently.

Scoring and Reliability

This study used two raters for both scoring and reliability purposes. One rater was a female third year graduate student in Clinical psychology, and the second rater was a male with a B.A. in psychology. Each rater was supplied with a scoring manual (see appendix) for each of the two scales used in this study, and met with each other and the writer to discuss the scoring systems and to score practice tapes which were taken from the same tape libraries as the sample, but which were not used in this study.

The Accurate Empathy scale devised by Truax and Carkhuff (1963), by which the therapists' communications were rated, consists of a nine point scale which ranges from a rating of 1 in which, "The therapist seems completely unaware of even the most conspicuous of the client's feelings . . ." to a rating of 9 in which, "The therapist unerringly responds to the client's full range of feelings in their exact intensity."

The Experiencing scale devised by Gendlin (1968), by which the clients' communications were rated, consists of a seven point scale which ranges from a rating of 1 in which the, "content or manner of expression is impersonal," to a rating of 7, in which "The content reveals the speaker's expanding awareness of his immediately present feelings and internal processes."

When the criterion level of scorer reliability had been met for both scales (see Table 1), the data tapes were rated by both raters, and the average of their two ratings were used as data for this study.

Table 1. Pearson product-moment correlations between raters' independent scoring of Accurate Empathy and Experiencing Scales.

Scale	# of Clients	# of Therapists	# of Segments	r
Accurate Empathy	18	9	162	.9168
Experiencing	18	9	162	.7151

CHAPTER III

RESULTS

Relationship Between Accurate Empathy and Experiencing

The relationship between client experiencing and therapist empathy was studied both in terms of actual Experiencing and actual Accurate Empathy, and in terms of consistency of Experiencing and consistency of Accurate Empathy. Consistency of empathy scores were derived by computing the variance across the nine empathy ratings for each therapy case. Consistency of experiencing scores were derived by computing the variance across the nine experiencing ratings for each therapy case. Both actual and consistency scores were used in all analyses of the data. The data upon which all analyses were carried out is summarized in Table 2.

Hypothesis I. General Statement: Aspects of therapist empathy and aspects of client experiencing interact in a positive linear relationship.

Ia. Variability (consistency) of therapist empathy is positively related to variability (consistency) of client experiencing.

Ib. Actual therapist empathy and actual client experiencing are positively related.

Ic. Variability (consistency) of therapist empathy and actual client experiencing are positively related.

Table 2. Mean scores and consistency (variance) scores for Empathy and Experiencing.

Therapist	Classification	Client	Empathy		Experiencing	
			$\bar{x}$ Emp.	Emp. Var.	$\bar{x}$ Exp.	Exp. Var.
I	Experienced					
	Male	Male	4.22	.88	2.77	1.20
I	Male	Female	5.88	1.29	2.88	.78
II	Male	Male	5.55	.90	2.88	.61
II	Male	Female	5.88	1.62	3.33	.97
III	Male	Male	4.77	1.53	3.00	1.47
III	Male	Female	4.11	1.73	2.55	.50
IV	Experienced					
	Female	Male	4.00	1.24	3.33	.76
IV	Female	Female	5.00	1.62	3.44	.96
V	Female	Male	4.00	.85	3.66	1.02
V	Female	Female	5.22	1.70	3.22	.80
VI	Experienced					
	Male	Male	4.55	1.23	2.88	.62
VI	Male	Female	5.33	1.66	3.11	.96
VII	Male	Male	5.11	1.41	3.22	1.08
VII	Male	Female	5.11	1.72	3.00	.59
VIII	Inexperienced					
	Female	Male	4.00	.83	3.33	.76
VIII	Female	Female	4.44	1.65	3.33	.72
IX	Female	Male	4.00	1.58	2.77	.51
IX	Female	Female	4.99	2.00	2.88	1.10

Id. Actual therapist empathy and variability (consistency) of client experiencing are positively related.

Hypothesis I was tested by examining the relationship between both consistency (consistency was defined as the "variance" for each therapy case, on the Accurate Empathy and Experiencing scales) scores and actual scores on both scales, using the Pearson Product Moment Correlation.

Table 3. indicates the relationships between variability of empathy and client experiencing, and actual empathy and client experiencing. The results indicate that this hypothesis was not supported by the data. In the case of sub-hypothesis Ic however, the relationship between variability (i.e. consistency) of therapist empathy and actual client experiencing was significant at the .05 level, although in the direction opposite to that predicted. This indicates that clients of the less consistenly empathic therapists showed less experiencing than clients of the more consistently (less variably) empathic therapists. It should be noted in this regard, that the data did not support the postulated relationship between actual therapist empathy and client experiencing.

Table 3. Correlations between consistency and actual scores on therapist Empathy and client Experiencing.

	Var. Em.	Var. Exp.	Act. Em.	Act. Exp.
Variability of Empathy	- - - -	-.02	-.64*	-.47*
Variability of Experiencing		- - - -	-.14	.26
Actual Empathy			- - - -	.00
Actual Experiencing				- - - -

$p < .01$ $p < .05$

Hypotheses Concerning Empathy

Experience Level Variables

Hypotheses concerning empathy were tested using a 2 x 2 x 2 Analysis of Variance with repeated measures on the last factor and an unweighted means solution for unequal cell frequencies. Analyses of variance were carried out on data concerning both consistency of empathy and actual empathy. The results are summarized in Tables 4 and 5.

Table 4. Anova summary table for consistency of therapist Empathy.

Source	SS	df	ms	F
Therapist Experience (A)	.004	1	.004	.120
Therapist Sex (B)	.038	1	.038	1.06
A x B	.0004	1	.0004	.012
Error I	.1809	5	.0362	- - - -
Client Sex (C)	.3763	1	.3763	17.644*
A x C	.0041	1	.0041	.196
B x C	.0020	1	.0020	.092
A x B x C	.0007	1	.0007	.032
Error II	.1067	5	.0213	- - - -

* $p < .01$

Table 5. Anova summary table for actual therapist Empathy.

Source	SS	df	ms	F
Therapist Experience (A)	130.69	1	130.69	4.68*
Sex of Therapist (B)	6.54	1	6.54	.002
A x B	2.61	1	2.61	.000
Error I	139.55	5	27.91	- - - -
Sex of Client (C)	130.69	1	130.69	5.09*
A x C	39.50	1	39.50	1.54
B x C	25.20	1	25.20	.98
A x B x C	-16.46	1	-16.46	.64
Error II	128.3	5	25.66	- - - -

*p < .10

Hypothesis II. General Statement: There will be a positive relationship between the therapist's level of experience and Accurate Empathy.

IIa. Experienced therapists will show more consistency (less variability) in their levels of Accurate Empathy, than inexperienced therapists.

IIb. Experienced therapists will show more actual empathy than inexperienced therapists.

The results, as summarized in Table 4 do not support sub-hypothesis IIa, indicating that experienced therapists in this study were not significantly more consistent in their empathic behavior than inexperienced therapists. The results for sub-hypothesis IIb, as

summarized in Table 5 however, do indicate partial support for the predicted relationship between the experience level of the therapist and the amount of actual empathy provided. The results indicate a trend (significant at the .10 level) in the predicted direction, indicating that in this study, experienced therapists did tend to offer a greater amount of actual empathy than did the inexperienced therapists.

Sex Variables

Hypothesis III. General Statement: There will be a relationship between therapist empathy and the sex match of the client therapist dyad.

IIIa. In same sex dyads there will be a higher level of consistency of therapist empathy than in opposite sex dyads.

IIIb. Therapist client dyads in which the client is female will exhibit more consistent therapist empathy than dyads in which the client is male.

IIIc. In same sex dyads there will be a higher level of actual empathy than in opposite sex dyads.

IIId. Therapist client dyads in which the client is female will exhibit a higher level of actual empathy than dyads in which the client is male.

Table 4 summarizes the results for subhypotheses IIIa and IIIb. As indicated in Table 4, data did not support subhypothesis IIIa, this indicates that same sex dyads in this study were not significantly different from opposite sex dyads in the consistency with which therapists were able to behave empathically with their clients.

As summarized in Table 4, data did support subhypothesis IIIb which was confirmed at the .01 level of significance. This indicates that in this study, the therapists, regardless of sex or level of experience were more variable in their empathic behavior with female clients than with male clients.

Table 5 summarizes the results for subhypotheses IIIc and IIId. As summarized in Table 5, data did not support subhypothesis IIIc. This indicates that in this study same sex dyads did not differ from opposite sex dyads in the actual amount, or level, of empathy offered by the therapist to the client.

As summarized in Table 5, data showed a trend in the direction predicted for subhypothesis IIId ($p < .10$). This trend suggests that in this study all therapists, regardless of sex or experience level tended to show more actual empathy with female clients than with male clients.

Hypotheses Concerning Experiencing

Experience Level Variables

Hypotheses concerning Experiencing were tested using a 2 x 2 x 2 Analysis of variance with repeated measures on the last factor and an unweighted means solution for unequal cell frequencies. The results are summarized in Tables 5 and 6.

Hypothesis IV. There will be a positive relationship between therapist level of experience, and client experiencing.

IVa. Clients of experienced therapists will show more consistency of experience than clients of inexperienced therapists.

IVb. Clients of experienced therapists will show more actual Experiencing than clients of inexperienced therapists.

Results, as summarized in Table 6 do not support subhypothesis IVa. The data indicates that in this study the clients of experienced therapists did not differ significantly from the clients of inexperienced therapists in the consistency of their Experiencing.

Table 6. Anova summary table for consistency of client Experiencing.

Source	SS	df	ms	F
Therapist experience (A)	.0094	1	.0094	.856
Therapist Sex (B)	.0140	1	.0140	1.272
A x B	.000	1	0	0
Error I	.0549	5	.0109	- - - -
Client Sex (C)	.0015	1	.0015	.024
A x C	.0667	1	.0067	1.136
B x C	.0342	1	.0342	.584
A x B x C	.0017	1	.0017	.028
Error II	.2935	5	.0587	- - - -

Results, as summarized in Table 7 do not support subhypothesis IVb. The data indicates that in this study clients of experienced therapists did not differ in amount of actual Experiencing from clients of inexperienced therapists.

Table 7. Anova summary table for actual client Experiencing.

Source	SS	df	ms	F
Experience of Therapist (A)	50.92	1	50.92	.0042
Sex of Therapist (B)	101.83	1	101.83	.0087
A x B	2.72	1	2.72	.0002
Error I	581.83	5	116.37	- - - -
Sex of Client (C)	50.92	1	50.92	-.0004
A x C	31.24	1	31.24	-.0003
B x C	-39.15	1	-39.15	.0039
A x B x C	131.32	1	131.32	-1.2813
Error II	-512.83	5	-102.56	- - - -

Sex Variables

Hypothesis V. There will be a positive relationship between the sex match of the client-therapist dyad and client Experiencing.

Va. In same sex dyads there will be a higher level of consistency of client Experiencing than in opposite sex dyads.

Vb. In same sex dyads there will be a higher level of actual client Experiencing than in opposite sex dyads.

Vc. Female clients will show higher levels of consistency in Experiencing than male clients.

Vd. Female clients will show higher levels of actual experiencing than male clients.

Results for sybhypothesis Va, as summarized in Table 6 indicate that the hypothesis was not confirmed. This indicates that in dyads in which both the therapist and the client were of the same sex, client Experiencing was not more consistent than in dyads in which the members were of opposite sex. (See Table 6.)

Results for subhypothesis Vc, as summarized in Table 6 indicate that in this study the data did not support this hypothesis. In this study, female clients did not show higher levels of consistency in Experiencing than male clients.

Results for subhypothesis Vb, as summarized in Table 7, did not support this hypothesis. This indicates that dyads in which both members were of the same sex client Experiencing did not significantly from client Experiencing in dyads in which the members were of opposite sex. (See Table 7.)

Results for subhypothesis Vd, as summarized in Table 7 do not support this hypothesis. This indicates that in this study, female clients did not show higher levels of actual Experiencing than male clients.

CHAPTER IV

DISCUSSION

One of the major purposes of this study was to investigate the relationship between therapist empathy and client experiencing. Previous research has affirmed the validity of both the Accurate Empathy scale, and the Experiencing Scale as process measures in psychotherapy research (Truax, 1972, Klein, et al., 1969). The Accurate Empathy Scale was designed to quantify therapist behavior on the dimension of empathy. Empathy, as defined by Truax (Truax, 1963) involves the therapist's sensitivity to the client's feelings, as well as the therapist's facility at communicating this sensitivity. The Experiencing Scale (Gendlin, 1968) was designed to quantify the extent to which the client is "in touch with," and able to verbalize his or her feelings and internal awareness (see appendix).

Both the Accurate Empathy Scale and the Experiencing Scale were designed to measure variables which are described (Rogers, 1957) as being related to successful outcome of therapy. Because of the theoretical link between the constructs of empathy and experiencing, it was hypothesized that there would be a positive relationship between empathy and experiencing. The basis for this hypothesis being the notion that the therapist's empathic behavior with the client helps create an environment in which the client can explore his or her feelings in their fullest range and depth (Jourard, 1964).

The relationship between therapist empathy and client experiencing was studied along two dimensions, that of actual therapist empathy and actual client experiencing, and along the dimension of consistency of therapist empathy and consistency of client experiencing. Consistency was defined in terms of variance in repeated measures over time on each scale. For the purposes of this study, "actual" empathy and experiencing were defined as the amount of empathy and the amount of experiencing which were measured across the nine rated taped segments of each therapy case. Consistency scores were defined as the variance over time in therapist empathy and client experiencing for each of the eighteen cases studied.

This study's focus on the issue of consistency derives from the notion that the therapeutic environment in which self exploration is facilitated, might best be promoted in interaction within a consistent environment. By consistency however, the writer does not mean rigidity or lack of responsiveness on the part of the therapist, but rather the therapist's ability to focus consistently upon the feelings of the client.

In this connection it should be noted that in the sample studied, rated therapist empathy varied within a small range (see Table 2.) This sample was culled from a college counseling center which serves as both a service and a training institution. In such a setting, therapist empathy would not be expected to fall much below a moderately acceptable level and this was reflected in the data. None of the therapists in this study were found to be consistently non-empathic, rather, all therapists varied around a middle range of

empathy. It was the writer's belief that since there was a small inter-therapist range in level of empathy provided, a possibly worthwhile area of study would be intratherapist range in empathy provided. In other words, how much did each therapist vary within his or her own level of offered empathy, given that all therapists provided moderate degrees of empathy over all.

The writer speculated that consistency of empathy might be similar to Rogers' condition of unconditional positive regard, insofar as the therapist can be said to be making a consistent effort to understand and develop the relationship with the client. Empathy, as it reflects a sensitivity to the client's feelings can be viewed as the therapist's attempt to see the world from the client's perspective and to communicate this to the client while retaining a capacity to be objective and aware of his or her own perspective. The writer speculated that a therapist who behaved in a consistently empathic manner, even if the degree of empathy was not always maximal, might convey to the client the feeling that the therapist did care and was making every effort to understand the client's world-view in a consistent and non-judgemental manner. In effect, the therapist would be saying to the client, "Even though there are times when I don't quite understand what you are feeling, I am always trying to understand, because your feelings and perceptions are valuable and worthy of my effort."

This viewpoint derives in part from some of the research in parenting which has demonstrated that it is not so much the content of parental behavior, but its consistency, which correlates with parent effectiveness in promoting self-esteem in children (Coopersmith,

1968). If one subscribes to the notion that therapy may be seen as reparenting, it should follow that just as the effective parent is consistent with the child, so would the effective therapist be consistent with the client.

It was the writer's view that therapeutic effectiveness might not rest upon the therapist's ability to be maximally empathic, but rather on the therapist's ability to convey a consistent attitude of concern with the client's experience of the world. It was also acknowledged that therapists who could convey a greater amount of empathy should be more effective than therapists who were less empathic.

It was hypothesized that aspects of empathy (actual, and consistency) would relate positively to aspects of experiencing (actual and consistency). Similarly, consistency and amount of client experiencing were expected to be positively related, as were consistency and amount of therapist empathy.

Results supported the notion that consistency of empathy was an important variable in this sample of cases studied. The significant negative correlation between variability of empathy and actual experiencing suggests that in those cases where the therapist was most variable in his or her empathic responsiveness, the client showed lower levels of experiencing.

The significant negative correlation between variability of empathy and actual empathy lends further support to the notion that consistency of empathy was an important variable in this sample. It should be noted that the amount of actual empathy offered was not

significantly related to experiencing, thus underscoring the importance of variability as an in-therapy process variable.

The small positive correlations between variability of experiencing and actual experiencing scores suggest that variability and amount of experiencing might be positively related. An explanation of this might be that the client in exploring his or her inner self, might be focusing inwardly to a greater extent as problems are "worked through." Therefore experiencing might appear more variable due to this inward focus as the individual struggles with defenses. Since this finding was not statistically significant however, this is only a speculation at this point.

Therapist Experience Variables

Another major focus of this study was to examine the relationship between the therapist's level of experience and the level of empathy provided. As was the case with all variables under study, empathy was examined in terms of variability as well as in terms of actual amount. Previous research suggests that with greater experience, therapists are able to maintain a more consistent approach to their clients than inexperienced therapists. The greater role stability of the experienced therapists may be thought of as contributing to this greater consistency. The inexperienced therapists, still in the process of adapting to the role of therapist might tend to be more susceptible to client manipulativeness, especially in more anxiety evoking areas.

The findings of Russell and Snyder (1963), that inexperienced therapists showed greater anxiety in the face of client hostility than did experienced therapists, would seem to lend support to this notion. Rice (1965) suggests that with greater experience, therapists develop a "style of participation" which in her view may be "vehicles" by which experienced therapists are able to develop more helpful relationships with their clients.

Mullen and Abeles (1971) report findings which suggest that the amount of therapist empathy may also increase with experience. They found that inexperienced therapists at times behaved in ways that were, "much less empathic than experienced therapists ever are." In light of these kind of findings it was hypothesized that experienced therapists would provide higher empathy, and would be less variable in their empathic behavior.

Analysis of the data indicated that experienced therapists did not differ from inexperienced therapists in variability of empathic behavior. Experienced therapists did however provide more empathy than inexperienced therapists.

This finding is of some interest in that it suggests that while it appears that empathy can be increased through training and/or experience, consistency of empathic behavior may be more indigenous to the personality of the therapist. One might consider this in light of the state-trait controversy in personality theory (Mischel, 1968) discussed in the introduction. It would seem that since some therapists were more consistent than others, and since these differences were not attributable to either the experience level or the sex of the

therapist, perhaps, as suggested by Campus (1970), consistency is a trait in itself. This would seem to be an area worthy of further study.

The implications of these findings for the training of psychotherapists could prove to be manifold. Empathy training, in its focus on increasing absolute levels of empathy could possibly benefit from an additional focus on consistency. Consistency within a modicum of empathy offered to clients, demonstrating the therapist's consistent efforts toward placing one's self within the client's perspective could be a valuable addition to training programs. Ultimately consistency would hinge upon the therapist's learning to use his or her own feelings as more of a guide in dealing with clients, in addition to mastering a technique for communication of feelings or perceptions.

Sex Variables

The third major focus of this study was to examine the relationships between sex of both the therapists and the clients studied, on the variables of therapist empathy and client experiencing. As was the case with the other major variables already discussed, both empathy and experiencing were examined in terms of both variability and actual amount. It was hypothesized that same sex dyads would exhibit both greater amounts and greater consistency of therapist empathy (as defined in terms of variability) and client experiencing.

It was also hypothesized based on past research (Fuller, 1963) that among opposite sex dyads, those in which the client was female would show greater therapist empathy and client experiencing. Therefore, it was predicted that the highest amounts of therapist

empathy and client experiencing would be evident in dyads in which both the therapist and the client were female. Following these, in descending order would be, dyads in which the therapist was male and the client female; therapist was male and client was male; and dyads in which the therapist was female and the client was male. Of these predictions, only the one which predicted that dyads in which the client was female would exhibit greater amounts of actual therapist empathy than dyads in which the client was male, was supported by the data.

The prediction that female clients would receive more consistent empathy reached statistical significance, in the direction opposite to that predicted however. Females in this sample received significantly less consistent therapist empathy than male clients of the same therapists, regardless of the sex or experience level of the therapist.

The above mentioned findings appear to have some further relevance in light of the previously discussed finding that variability of therapist empathy was significantly negatively related to client experiencing, while the amount of empathy showed no relationship to experiencing. Thus, it should follow that the females in this sample, having received less consistent empathy, would have also showed less experiencing than male clients. Analyses of variance for experiencing however, did not demonstrate such a relationship. Several explanations for this apparent inconsistency in the findings suggest themselves.

The most likely explanation for this inconsistency lies in the analyses used to test the hypotheses for this study. It will be recalled that the correlational analysis upon which the finding that

variability of therapist empathy was negatively related to client experiencing was derived from correlation of the combined variability of males and females for empathy and experiencing scores. The analysis of variance, in determining the main effects, was not concerned with the combined scores of both males and females. Therefore, while it cannot be inferred from the data that women, who experienced more variable empathy, also showed lower levels of experiencing, this possibility seems worthy of further study, perhaps with a larger sample of female clients.

The present data does indicate clearly that while female clients tended to receive more actual empathy, that empathy was more variable than the empathy offered by the same group of therapists to male clients. One speculative interpretation of this finding is that all therapists regardless of sex or level of experience, tended to treat their female clients in a more socially stereotyped manner than these same therapists treated their male clients. The data presented in this study suggest the possibility that therapists may have been less able to enter into a female client's inner experiential world than into a male client's. While data provide no evidence to this effect, one purely speculative explanation suggests that this possible inability might manifest itself in the therapist's approaching the female client with certain pre-conceived and stereotyped notions as to her inner experience. If so, in those content areas in which the therapists, both male and female, were unable to view the female client as an individual, the ratings of Accurate empathy would tend to drop, thereby contributing to greater variability of therapist empathy.

The apparent inability of female therapists regardless of experience level, to be either more empathic, or more consistently empathic with their female clients can be understood along several dimensions. In terms of sexual identification women entering the field of therapy, especially at the doctoral level, might be thought of as pursuing socially unconventional roles for women. As such, female therapists would be to an extent, outside the standard social definition of the woman's role. Being in a sense "cross sex identified" according to the variables traditionally used as being normative for feminine identification, female therapists would not necessarily assume a basic similarity between themselves and other women. While there might surely be areas in which the women therapists in this sample could identify with their female clients and use that identification in the service of greater empathy, it is not unreasonable to suspect that there would also be areas in which the female therapists in this sample would react defensively with female clients. Thus, speculating from these findings, social stereotypes regarding women and their accompanying prejudices would seem to be no different for female therapists than for male therapists.

It could be argued that male therapists are also "cross sex identified," tending to score higher on femininity than the normative sample used in devising scales for males' sexual identification. It would seem then, that this would balance out the effects of female therapists' cross sexual identification, and so leave the above mentioned findings unexplained. One solution seems to lie in the role definition of the client. Female clients, by the fact of their seeking

help, in a sense, fit the stereotypic role of the female, i.e. passive, dependent, needing guidance; all of which qualities female therapists might seem by their choice of vocation, to have rejected, at least at the conscious level. Male clients however, in seeking help, are in this fact behaving in a way that can be seen as "cross sex," and therefore male therapists might have less of a need to disown aspects of their male clients and might then tend to be less defensive and more consistently accepting of the whole client.

It should be stressed here that the findings reported in this study were based on data collected during the years 1963-64, and 1968-69, therefore even the most recently collected therapy tapes analyzed in this study were seven years old at the time this study was conducted. The advent of the women's liberation movement may have had an impact on both therapists and clients, and thus these findings might no longer hold true, a possibility certainly worth investigating.

Experiencing Variables

It was hypothesized that in all areas examined in this study, client experiencing would co-vary with therapists empathy. Only one of the hypotheses concerning experiencing was supported by the data. This would seem to support Gendlin's notion that experiencing is somewhat of an independent client variable rather than an outcome measure. The one finding that did reach statistical significance however, was that actual experiencing was negatively related to variability of therapist empathy. The present findings, seeming as they do, to lend support to the notion that it was consistency that was related to

experiencing rather than actual amount of empathy, suggest that consistency might be a better independent variable than amount of empathy when studying experiencing. Klein, et al., (1969) report similar findings in concluding that it is consistency in the therapist's behaviors that is related to client experiencing, and that, ". . . the therapist who can offer a stable relationship to his patient can induce him to vary his experiencing."

CHAPTER V

SUMMARY AND CONCLUSIONS

The present study was designed to investigate the relationship between therapist empathy and client experiencing. This relationship was studied along the dimensions of actual therapist empathy and client experiencing, and consistency of therapist empathy and client experiencing. For the purposes of this study, consistency was defined in terms of the variance in scores on the Accurate Empathy Scale (Truax, 1963), and The Experiencing Scale (Gendlin, 1968). Both of these scales derive from concepts postulated as being of some importance in the process of psychotherapy (Rogers, 1957).

Other areas studied were the level of therapist experience, and the sex of both the client and the therapist. It was hypothesized that these would be important moderator variables in the relationship between therapist empathy and client experiencing.

A total of 162 five minute tape segments from eighteen therapy cases drawn from the tape libraries of the Michigan State University Counseling Center comprised the data for this study. Of the eighteen cases studied, nine of the clients were male and nine were female. The sample of therapists consisted of nine therapists, each of whom saw both a male and a female client. The nine therapists were counter balanced according to both sex and level of experience, with five male therapists and four female therapists. Of the five male

therapists, three were senior staff members of the MSU Counseling Center, and two were interns at the MSU Counseling Center. Of the four female therapists, two were senior staff members of the MSU Counseling Center, and two were interns at the MSU Counseling Center. Thus, the data were drawn from nine, five minute segments per each of eighteen cases studied.

Tape segments were then rated in random order by two independent raters, one male and one female, using both the Accurate Empathy Scale, and the Experiencing Scale. After criterion levels of rater reliability were established, the tapes were scored and the average scores for each segment on each scale were computed. These scores were used as raw data for this study. Raw scores were used in testing hypotheses concerning actual amounts of therapist empathy and client experiencing. The variance over the nine rated segments per case was calculated and these variance scores were used as a measure of variability in therapist empathy and client experiencing. Variability was considered to be a measure of consistency in both empathy and experiencing.

Results for data concerning variability indicated that neither therapist sex nor experience level of the therapists accounted for differences in therapist variability in empathy provided. It was found, however that there was a significant negative correlation between variability of empathy and actual experiencing.

These findings were discussed as a possible indication that consistency (as defined in terms of variability) is an important trait

indigenous to the personality of the therapist, and that efforts toward increasing therapist consistency might be of use in the training of psychotherapists.

In addition it was found that while female clients tended to receive more actual empathy than male clients, this empathy was significantly more variable than the empathy received by male clients of the same therapists. In discussion of this finding it was suggested that female clients in this sample were treated in a more stereotyped manner than male clients, with therapist empathy possibly varying more for female clients as a function of therapist biases in certain content areas presented by female clients. It was also noted that data used in this study were collected between seven and twelve years prior to the time of the present study, and that the present findings may no longer hold true.

In light of the significant negative correlation between variability of empathy and client experiencing, it was suggested that experiencing, rather than being an independent client variable, might be of some use as a dependent variable and valid outcome measure, when used in conjunction with variability of empathy as an independent variable.

Further research was suggested in the areas of consistency of therapeutic conditions provided. Research was also suggested in the area of sex of both the client and the therapist.

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APPENDICES

APPENDIX A

THE ACCURATE EMPATHY SCALE

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At a low level of accurate empathy the therapist may go off on a tangent of his own or may misinterpret what the patient is feeling. At a very low level he may be so preoccupied and interested in his own intellectual interpretations that he is scarcely aware of the client's "being." The therapist at this low level of accurate empathy may even be uninterested in the client, or may be concentrating on the intellectual content of what the client says rather than what he "is" at the moment, and so may ignore or misunderstand the client's current feelings and experiences. At this low level of empathy the therapist is doing something other than "listening," "understanding," or "being sensitive;" he may be evaluating the client, giving advice, sermonizing, or simply reflecting upon his own feelings or experiences. Indeed, he may be accurately describing psycho-dynamics to the patient--but in the wrong language for the client, or at the wrong time, when these dynamics are far removed from the client's current feelings, so that the interaction takes on the flavor of "teacher-pupil."

Stage 1: Therapist seems completely unaware of even the most conspicuous of the client's feelings; his responses are not appropriate to the mood and content of the client's statements. There is no determinable quality of empathy, and hence no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice, but he is not communicating an awareness of the client's current feelings.

Example:

C: I wonder if it's my educational background or if its me.
T: Mhm.
C: You know what I mean.
T: Yeah.
C: (Pause) I guess if I could just solve that I'd know just about where to hit, huh?
T: Mhm, mhm. Now that you know, a way, if you knew for sure, that your, your lack, if that's what it is--I can't be sure of that yet.
(C: No)
T: (Continuing) . . . is really so, that it, it might even feel as though it's something that you just couldn't receive, that it, if, that would be it?
C: Well--I-- didn't, uh, I don't quite follow you, clearly.
T: Well (pause), I guess, I was, I was thinking that--that you perhaps thought that, that if you could be sure that, the, uh, that there were tools that, that you didn't have, that, perhaps that could mean that these--uh--tools that you had lacked--way back there in, um, high school.

(C: Yah)
T: (Continuing) . . . and perhaps just couldn't perceive now and, ah. . .
C: Eh, yes, or I might put it this way, um (pause). If I knew that it was, um, let's just take it this way. If I knew that it was my educational background, there would be a possibility of going back.
T: Oh, so, I missed that now, I mean now and, uh . . .
C: . . . and really getting myself equipped.
T: I see, I was--uh--I thought you were saying in some ways that, um, um, you thought that, if, if that was so, you were just kind of doomed.
C: No, I mean . . .
T: I see.
C: Uh, not doomed. Well let's take it this way, um, as I said, if, uh, it's my educational background, then I could go back and, caton myself up.
T: I see.
C: And come up.
T: Um.

Stage 2: Therapist shows an almost negligible degree of accuracy in his responses, and that only toward the client's most obvious feelings. Any emotions which are not clearly defined he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from Stage 3 in that the therapist ignores feelings rather than displaying an inability to understand them.

Example

C: You've got to explain so she can understand . . .
T: Mhm, mhm (in bored tone)
C: Without--uh--giving her the impression that she can get away with it, too. (Excitedly)
T: Well, you've got a job satisfying all the things that--seem important, for instance, being consistent, and yet keeping her--somewhat disciplined and telling her it's good for her. (Conversationally)
C: There's where the practical application of what we have just mentioned comes into being. (laughs)
T: Mhm, mhm. (Sounding bored)
C: And when it's a theoretical plan--
T: Mhm.
C: It's beautiful! (Shrilly)
T: Mhm--mhm.
C: But. . .
T: (Interrupting) Something else about it that I feel really dubious about (banteringly)--what you can really do on the practical level (inquiringly)--I sometimes say tha't what--we're most encouraged about, too. (Mumbling)

C: (Chiming in loudly) Yes--uh--there are many--uh problems in our lives in the practical application of--trying to be consistent. (Informatively)

Stage 3: Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature or sense their meaning to the patient.

Example:

C: Now that you're . . . know the difference between girls; I think they were about 9 to 8 years old and, uh, they were just like dolls, you know, and (laughs) un, I used to spend a lot of time with 'em. I used to go over there and would spend more time with these kinds than what would with . . . .

T: Mhm, hm.

C: But nobody ever told me why I was dragged in here. And I own my own place, I have my, my . . . and my farm, I think I still own them. Because that, there was a little mortgage on it. And, uh, (pause) my ex-wife but I don't seen how in the world they could change that.

T: Mhm, hm.

C: But they sold my livestock and, uh, I, I worked with horses, and they sold them all, and ah . . . .

T: I think probably, should I cross this microphone? (Noises)

C: And then I had a bunch of sheep.

T: Mhm, hm.

C: And that, which I know that I was not ill. Now, I'll tell you what she might've meant in what way I was ill. Now I'll tell 'ya, I batched it out there on the farm and I maybe just didn't get such too good food at the time. Now, whether she wanted to call that ill, or whether she wanted to call it mentally ill, that she didn't say.

T: Mhm, hm.

C: But she says I was ill, well, they could put that I was sick that I didn't have the right kind of food because I gained quite a bit of weight after I was brought in here.

T: Mhm, hm.

C: Yeah, but she didn't say which way she meant or how she meant that.

T: Uh, huh.

C: And she wouldn't give me any explanation and then I got mad at her . . . .

T: Mhm, hm.

C: . . . and of course I told her off. Then I asked her if she, they kept from me for a long time that my stock was sold and I thought quietly, anyhow, I says, I won't give my work . . . .

Stage 4: Therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may

misinterpret some present feelings and anticipate some which are not current. Sensitivity and awareness do exist in the therapist, but he is not entirely "with" the patient in the current situation or experience. The desire and effort to understand are both present, but his accuracy is low. This stage is distinguishable from Stage 3 in that the therapist does occasionally recognize less apparent feelings. He also may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but he is definitely not "with" the patient. In short, the therapist may be diagnostically accurate, but not empathically accurate in his sensitivity to the patient's current feelings.

Example:

C: If--if--they kicked me out, I--I don't know what I'd do--because . . . .
T: Mhm.
C: I--I--I am really dependent on it. (Stammering)
T: Even though you hate this part--you--say, "My God, I--I don't think I could--possibly exist without it either."
(C: Mhm)
T: And that's even the--that's the worst part of it. (Gently)
C: (Following lengthy pause) Seems that--(cathches breath) --sometimes I--uh, the only thing I want out of the hospital--s' tuh have everyone agree with me . . .
T: Mhm, hm.
C: . . . that's--I--I--I guess that if (catches breath)-- everybody agreed with me--that everybody's be in the same shape I was. (Seriously, but ending with nervous laughter)
T: Mhm, well, this is sort of like--uh--feeling about the friend who--didn't want to do what I wanted to do; that--even here--if you agreed with me--this is what I want because if you don't agree with me, it means you don't like me or something. (Reflectively)
C: Mmmmmmmm (thoughtfully)--it means that I'm wrong! (Emphatically, quick breathless laugh)

Stage 5: Therapist accurately responds to all of the client's more readily discernible feelings. He also shows awareness of many less evident feelings and experiences, but he tends to be somewhat inaccurate in his understanding of these. However, when he does not understand completely, this lack of complete understanding is communicated without an anticipatory of jarring note. This misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. This stage is the midpoint of the continuum of accurate empathy.

Example:

C: I have her her opportunity . . . .
T: Mhm.
C: . . . and she kicked it over. (Heatedly)

T: Mhm--first time you ever gave her that chance, and--she didn't take it? (Inquiring gently)

C: No! She came back and stayed less than two weeks--a little more than a week--and went right straight back to it. (Shrilly) So that within itself is indicative that she didn't want it. (excitedly) (T answers "mhm" after each sentence).

T: Mhm, mhm--it feels like it's sort of thrown--right up in your face. (Gently)

C: Yah--and now I would really be--crawling . . . .

T: Mhm.

C: . . . if I didn't demand some kind of assurances--that, that things was over with. (Firmly)

T: Mhm, mhm, it would be--pretty stupid to--put yourself in that--same position where it could be sort of--done to you all over again. (Warmly)

C: Well, it could be--yes! I would be very stupid! (Shrilly)

T: Mhm.

C: . . . because if it's not him--it might be someone else. (Emphatically)

Stage 6: Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Although he understands their content, he sometimes tends to misjudge the intensity of these veiled feelings, so that his responses are not always accurately suited to the exact mood of the client. The therapist does deal directly with feelings the patient is currently experiencing although he may misjudge the intensity of those less apparent. Although sensing the feelings, he often is unable to communicate meaning to them. In contrast to Stage 7, the therapist's statements contain an almost static quality in the sense that he handles those feelings that the patient offers but does not bring new elements to life. He is "with" the client but doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

Example:

T: You're sort of--comparing--things you do do, things you have done--with what it would take to be a priest--is that sort of--the feeling? (Very gently)

C: (Following long pause) I don't know. (Meekly, then a long pause)

T: Suppose we mean right now feeling real guilty? (Softly)

C: (Sighs audibly) Real small. (Very softly--protracted silence)--I can't see how I could feel any different--other than--feeling small or had . . . .

T: Mhm.

C: . . . guilty (Softly)

T: Things you've done just--so totally wrong to you--totally bad--you can't help sort of--hating yourself for it? (Assuming client's tone)--is that the sort of quality? (Very gently, almost inaudibly)

C: (Following pause)--And yet right now I feel as though I want to laugh--be gay.
T: Mhm.
C: I don't feel anything else. (monotonously)
T: (Speaking with client) Right at this--at this moment?
C: Mhm.
T: So--it's too much to really feel--very miserable and show it? (Inquiringly)
C: Yeah, yeah (urgently). I--I--don't want to show it anyway. (Haltingly)

Stage 7: Therapist responds accurately to most of the client's present feelings and shows awareness of the precise intensity of most of the underlying emotions. However, his responses move only slightly beyond the client's own awareness, so that feelings may be present with the client which neither the client nor therapist recognizes. The therapist initiates moves toward more emotionally laden material, and may communicate simply that he and the patient are moving towards more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist's response is a kind of precise pointing of the finger toward emotionally significant material.

Example:

C: Th--the last--several years--it's been the other way around--I mean he'll say, "Well let's--go do this or that," and--and I --sometimes I actually wanted to, but I'd never go because--I feel like I'm getting my little bit of revenge or something. (Voice fades at end)
T: By God, he owed it to you, and,--if he didn't come through, you'll just punish him now . . .
C: Yah.
T: . . . now it's too late or--something. (Very softly)
C: (laughingly) Yah--that's--uh--that's just the way I--uh--now it's too late--It's your turn to take your medicine now. (Assuming therapist's tone)
T: Mhm . . . it's pretty--that's a--pretty childish way to think, but--I know uh--if I went home tomorrow, I'd do it tomorrow--if I had the chance.
C: mhm, yeah--like that . . .
T: (Interrupting and overtalking client) One part of you could say, "Well, this is stupid and childish 'cause I--I want to be with him"--and yet--another part says, "No, you gotta make him pay for it--you want him dangling there now." (Gently)

Stage 8: Therapist accurately interprets all the client's present, acknowledged feelings. He also uncovers the most deeply shrouded of the client's feelings, voicing meanings in the client's experience of which the client is scarcely aware. Since the therapist must necessarily utilize a method of trial and error in the new uncharted areas, there are minor flaws in the accuracy of his understanding,

but these inaccuracies are held tentatively. With sensitivity and accuracy he moves into feelings and experiences that the client has only hinted at. The therapist offers specific explanations or additions to the patient's understanding so that underlying emotions are both pointed out and specifically talked about. The content that comes to life may be new but it is not alien.

Although the therapist in Stage 8 makes mistakes, these mistakes are not jarring, because they are covered by the tentative character of the response. Also, this therapist is sensitive to his mistakes and quickly changes his response in midstream, indicating that he has recognized what is being talked about and what the patient is seeking in his own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp.

Example:

C: The way she wanted me and I was always terribly afraid that she wouldn't put up with me, or would put me out, out (T: Yeah) I guess I can get something else there, too, now I was always afraid that she didn't really care.

C: I still think that though. (T: Mhm) 'Cause I don't know for sure.

T: Mhm. And don't really know for sure whether she care or not.

C: (Pause) She's got so many other, uh, littler kids to think about.

T: Mhm.

C: That's why . . .

T: Maybe she likes them better or . . .

C: No, it's not that, I think she likes us all. (Pause) I think seein' that I'm the black sheep but, uh, the only one that served time and, that--'n got in the most trouble. Seein' that I hurt her so much, that's why I think she's starting ta--she just don't care for me anymore. (T interjects "Mhm" after most completed thoughts).

T: You believe, maybe, "because I have hurt her so much, maybe she's fed up with me, maybe she's gotten to the point where she just doesn't care." (Long pause)

Stage 9: The therapist in this stage unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and voice. With sensitive accuracy, he expands the client's hints into a full-scale (though tentative) elaboration of feeling or experience. He shows precision both in understanding and in communication of this understanding, and expresses and experiences them without hesitance.

Example:

T: . . . I s'pose, one of the things you were saying there was I may seem pretty hard on the outside to other people but I do have feelings.

C: Yeah, I've got feelings. But most of 'em I don't let 'em off.

T: Mhm. Kinda hide them.

C: (Faintly) Yeah. (Long pause) I guess the only reason that I try to hide 'em is, seein' that I'm small, I guess I got to be a tough guy or somethin'.

T: Mhm.

C: That's the way I, think people might think about me.

T: Hm. Little afraid to show my feelings. They might think I was weak, 'n take advantage of me or something. They might hurt me if they--knew I could be hurt.

C: I think they'd try, anyway.

T: If they really knew I had feelings, they, they really might try and hurt me. (Long pause)

C: I guess I don't want 'em to know that I got 'em.

T: Mhm.

C: 'Cause then they couldn't if they wanted to.

T: So I'd be safe if I, if I seem like a, as though I was real hard on the outside. If they thought I was real hard, I'd be safe.

APPENDIX B

THE EXPERIENCING SCALE

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Experiencing

Stage 1: The chief characteristic of this stage is that the content or manner of expression is impersonal. In some cases the content is intrinsically impersonal, being a very abstract, general, superficial, or journalistic account of events or ideas with no personal nature of the content, the speaker's involvement is impersonal, so that he reveals nothing important about himself and his remarks could as well be about a stranger or an object.

The content is not about the speaker. The speaker tells a story, describes other people or events in which he is not involved, or presents a generalized or detached account of ideas. Nothing makes the content personal.

The content is such that the speaker is identified with it in some way but the association is not made clear. The speaker refers in passing to himself but his references do not establish his involvement. First person pronouns only define the speaker as an object, spectator, or incidental participant. Attention is focused exclusively on external events. For example, "As I was walking down the street I saw this happen . . ."; "I read a book that said . . ."; "I put the lid on the box"; "He stepped on my toe." The speaker does not supply his attitudes, feelings or reactions. He treats himself as an object or instrument or in so remote, matter-of-fact, or offhand, as in superficial social chit-chat, or has a mechanical or rehearsed quality.

The content is a terse, unexplained refusal to participate in an interaction, or an avoidance or minimizing of an interaction. Minimal responses without spontaneous comments are at stage one.

Stage 2: The association between the speaker and the content is explicit. Either the speaker is the central character in the narrative or his interest is clear. The speaker's involvement, however, does not go beyond the specific situation or content. All comments, associations, reactions, and remarks serve to get the story or idea across but do not refer to or define the speaker's feelings.

The content is a narrative of events in which the speaker is personally involved. His remarks establish the importance of the content but make no reference to the quality of this involvement. Remarks and associations refer to external facets of the narrative; other people, the events, objects, the speaker's actions; they do not give his inner reactions or perspective. If the narrative includes the speaker's thoughts, opinions,

wishes, or attitudes, these only describe him intellectually or superficially. Some speakers refer to ideas and thoughts as if they were feelings; e.g., "I feel that I am a good farmer"; "I feel that people should be more considerate." If terms like "I think" or "I wish" could be substituted for "I feel" without changing the meaning, the remark is at stage two.

The events narrated are impersonal but the speaker explicitly establishes that the content is important to him. For example, he expresses interest in or evaluates an event, but does not show the quality or amount of his interest or concern.

The content is a self-description that is superficial, abstract, generalized, or intellectualized. No reference is made to the speaker's feelings or internal perspective. The segment presents the ideas, attitudes, opinions, moral judgments, wishes, preferences, aspirations, or capacities that describe the speaker from an external or peripheral perspective. One sees him from the outside.

The content reveals the speaker's feelings and reactions implicitly but not explicitly. If the speaker is emotionally aroused, it is evident from his manner, not from his words. If the content is the sort that ordinarily would be personally significant, the speaker does not say so. If the speaker mentions his feelings, he treats them abstractly, impersonally, as objects, or attributes them to others. Third person pronouns, especially "one feels" indicate depersonalization.

The content is an account of a dream, fantasy, hallucination, or free association. These should be treated as narratives of external events. They are at stage two if the speaker's remarks associate him with the account but do not give his feeling reactions to it.

Stage 3: The content is a narrative or a description of the speaker in external or behavioral terms with added comments of his feelings or private experiences. These remarks are limited to the events or situation described, giving the narrative a personal touch without describing the speaker more generally. Self-descriptions restricted to a specific situation or role are also at stage three.

The content is a narrative of events or description of an aspect of the speaker's environment (past, present, or future) with parenthetical personal remarks that give one of the following:

1) The speaker's feelings at the time of the event or in retrospect about it. For example, "He didn't call me back and I was angry" or "He didn't call me back; thinking about it now makes me angry."

2) The personal significance or implications of the situation by relating it to the speaker's private experience. For example, "It reminded me of being scolded as a child"; "It was one of those queer moods that comes on me when I get tired."

3) The speaker's state of awareness at the time of the event. Such remarks include details of motives, consciousness, private perceptions, or assumptions which are limited to the event. For example, "I knew at the time that I was reacting too strongly"; "I was aware of wanting to defend myself"; "I did it even though I sensed how foolish I was." Accounts of dreams, hallucinations, fantasies, and free associations should be treated as narratives; they are at stage three if feelings are mentioned.

The content is a self-description of circumscribed aspects of the speaker's life style or role or of his feelings and reactions presented only in behavioral terms. The speaker might, for example, describe how he functions as a parent or in his job, or tell what he does when he gets angry. Personal remarks enrich the description of the situation or reaction to it, but are limited to the immediate context.

In response to a direct question, the speaker tells what his feelings are or were. The interviewer's words are not needed to identify the feeling.

Stage 4: The content is a clear presentation of the speaker's feelings, giving his personal, internal perspective or feelings about himself. Feelings or the experience of events, rather than the events themselves, are the subject of the discourse. By attending to and presenting this experiencing, the speaker communicates what it is like to be him. These interior views are presented, listed, or described, but are not interrelated or used as the basis for systematic self-examination or formulation.

The initial content is a specific situation that is widened and deepened by the speaker's self-references to show what he is like more generally or more personally. The speaker must describe his feelings in great detail, refer to feelings as they occur in a range of situations, provide personal reactions to specific feelings, or relate reactions to his own self-image. The feelings can be immediate responses or remembered responses to past situations. Self-description comments must deal with internal and personal aspects of the speaker, not with moral evaluations or external or behavioral characteristics.

The content is a story told completely from a personal point of view. The details of feelings, reactions, and assumptions are integral to the narrative, so that what emerges is a detailed picture of the speaker's personal experience of the events.

The content is a self-characterization in which the speaker tells about his personal perspective. In talking about himself he makes explicit his feelings, personality, assumptions, motives, goals, and private perceptions. By revealing these internal parts of himself, the speaker gives a detailed picture of one or more of his states of being. The material presented is not analyzed or interrelated. The use of abstract terms or jargon to describe elements of personality must be expanded with some internal detail to warrant a rating of four. For example, the statement "My ego was shattered" would need elaboration, such as "I felt as if I was nothing, that no one would ever notice me."

Stage 5: The content is a purposeful exploration of the speaker's feelings and experiencing. There are two necessary components. First, the speaker must pose or define a problem or proposition about himself explicitly in terms of feelings. The problem or proposition may involve the origin, sequence, or implications of feelings or relate feelings to other private processes. Second, he must explore or work with the problem in a personal way. The exploration or elaboration must be clearly related to the initial proposition and must contain inner references so that it functions to expand the speaker's awareness of his experiencing. Both components, the problem and the elaboration, must be present.

The proposition or problem must be given clearly or strongly and should include references to feelings or to the personal experience at issue. If the internal basis of the problem is weak, as in references to undesired behaviors or styles, propositions about the external precipitants of behavior or feelings, or presentation of the temporal sequence of feelings, then the exploration or elaboration must have extensive inward references. It must be clear that the speaker is focusing on his inner experience rather than simply justifying his behavior.

The problem or hypothesis about the self must be oriented to feelings, private reactions, or assumptions basic to the self-image. It can be presented in different ways:

1) A feeling, reaction, or inner process, and in some cases a behavior pattern, can be defined as problematic itself or as seeming to conflict with other feelings or aspects of the self; for example, "My anger is the problem" or "Why am I so angry?"

2) The speaker may wonder whether or to what extent he has a specific feeling; not "What do I feel?" which would be three or four, but "Do I really feel angry?" or "How angry am I, really?"

3) The problem or proposition can be defined in terms of the personal implications, relationships, and inner ramifications of a feeling, including its origins or causes, its place in a

temporal sequence of feelings and inner events, its mode of expression, or its personal and private implications. For example: "Do I get angry when I feel inadequate?" or "My getting angry means I've lost control of myself" or "I get angry just the way my mother used to."

4) Feelings, reactions, and internal processes may be compared.

All problems or propositions about the self must be explored or elaborated with inner referents. Examples or illustrations may show how the speaker experiences the problem or proposition in different settings or at different times; if so, the pertinence of the illustration to the problem must be explicit. The problem or proposition may be related to other internal processes or reactions. Alternatively, through hypothesis, speculation, or analogy the speaker clarifies the nature or private implication of the central problem, its causes, or ramifications.

At Stage 5 the speaker is exploring or testing a hypothesis about his experiencing. While he must define the subject of this process clearly with inner references, his manner may be conditional, tentative, hesitant, or searching.

Stage 6: The content is a synthesis of readily accessible, newly recognized, or more fully realized feelings and experiences to produce personally meaningful structures or to resolve issues. The speaker's immediate feelings are integral to his conclusions about his inner workings. He communicates a new or enriched self-experiencing and the experiential impact of the changes in his attitudes or feelings about himself. The subject matter concerns the speaker's present and emergent experience. His manner may reflect changes or insights at the moment of their occurrence. These are verbally elaborated in detail. Apart from the specific content, the speaker conveys a sense of active, immediate involvement in an experientially anchored issue with evidence of its resolution or acceptance.

The feelings involved must be vividly, fully, or concretely presented. Past feelings or past changes in feelings are vividly presented or relived as part of the speaker's current experience.

The structuring process relates these immediately felt events to other aspects of the speaker's private perspective. Thus, a feeling might be related to the speaker's self-image, his private perceptions, motives, assumptions, to another feeling, or to more external facets of the speaker's life, such as his behavior. In each case the nature of the relationship must be defined so that details of how the speaker works inside the precise, internal impact of the changes is revealed. It is not merely the existence of a relationship, nor a sequential listing of feelings and inner experiences, but the nature and quality of the association that is made clear.

The synthetic, structuring process leads to a new, personally meaningful inner experience or resolves an issue. As a result of working with his feelings and other aspects of his private perspective, and exploring their relationship to each other, the speaker has new inner experiences. These may be new feelings or changed feelings, as when the speaker says, "Now I'm beginning to see that my feeling of guilt is caused by my ideas about work, and it makes me feel much less worried about that sense of guilt. What a relief." Alternatively, an issue may be resolved: "You know, I've always kept my anger bottled up because I've been afraid of losing control of myself. Now I realize it wouldn't be so bad if I did; maybe I'd yell or throw something, that's all." If the speaker starts with a concrete external problem, the related feelings must be presented as part of his present experience and the emergent formulation must change his perception of the problem in some way. For example, "I never asked a girl out because I'm so short. I'm still kind of afraid a girl might call me a shrimp or something, but I'm willing to take that risk now. I guess it's because I realize that even if she did, it wouldn't break me up. I wouldn't like her very much, but I'd feel better about myself for having at least tried." Some elements in the emergent structure may be external, behavioral, or intellectual, as in a decision to act in a different way. Still they must be clearly grounded to immediate feelings. It is never sufficient only to state that a resolution has taken place; the experiences underlying the structuring process must be revealed or relived to satisfy the criteria for stage six.

Stage 7: The content reveals the speaker's expanding awareness of his immediately present feelings and internal processes. He demonstrates clearly that he can move from one inner reference to another, altering and modifying his conceptions of himself, his feelings, his private reactions to his thoughts or actions in terms of their immediately felt nuances as they occur in the present experiential moment, so that each new level of self-awareness functions as a springboard for further exploration.

Formulations about the self at stage seven meet the requirements for stage six with the additional stipulation that they be applied to an expanding range of inner events or give rise to new insights. The development may follow one of several different patterns:

1) The speaker may start with an internally anchored problem, explore it, and reach an internally anchored conclusion that he then applies to a number of other problems.

2) He may arrive at several related solutions to a single problem and reintegrate them. Any self-analysis is followed by a more comprehensive or extensive synthesis.

3) The speaker may use several different formulations about himself, each of which meets the requirements for Stage six, and integrate, relate, or reduce them through a more basic or general formulation.

4) He may start with one conclusion of the type reached in Stage six and apply it to a range of situations, each with inner referents explicit, to show how the general principle applies to a wide area of his experience.

Experiencing at stage seven is expansive, unfolding. The speaker readily uses a fresh way of knowing himself to expand his experiencing further. Manner at this stage is often euphoric, buoyant, or confident; the speaker conveys a sense of things falling quickly and meaningfully into place.

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