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The effects of the manipulation of client depth of self-exploration upon high and low functioning counselors

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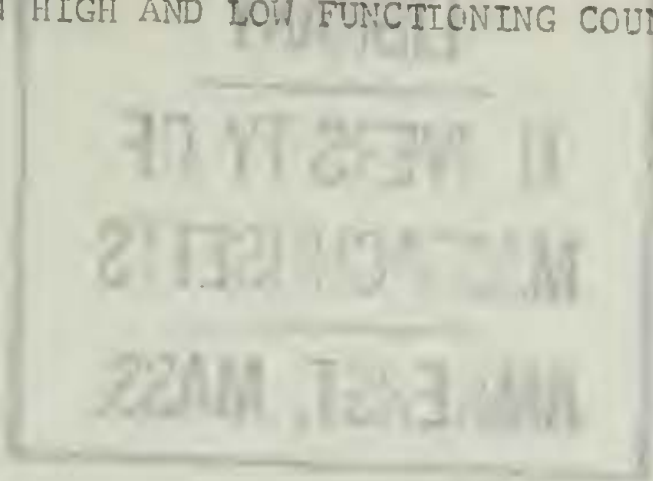
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THE EFFECTS OF THE MANIPULATION
OF CLIENT DEPTH OF SELF-EXPLORATION
UPON HIGH AND LOW FUNCTIONING COUNSELORS



A Dissertation Presented

by

Mae Alexik

Submitted to the Graduate School of the
University of Massachusetts in
partial fulfillment of the requirements for the

MASTER'S DEGREE

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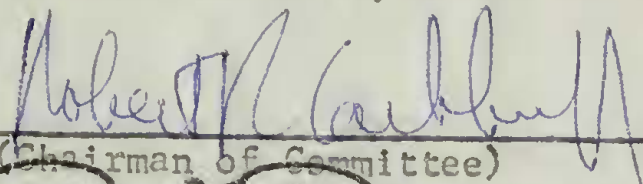
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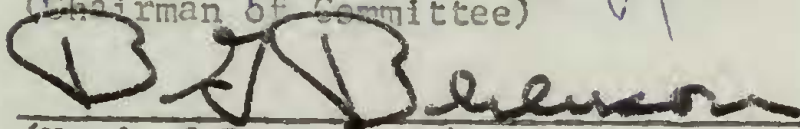
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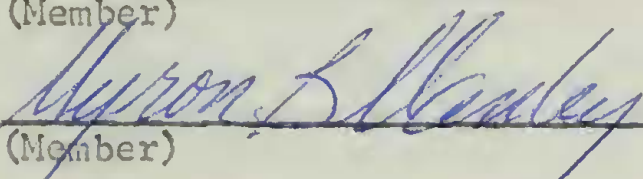
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The Effects of the Manipulation of Client Depth of
Self-exploration upon High and Low Functioning Counselors. (July 1966)

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Directed by: Dr. Robert R. Carkhuff

An attempt is made to explore further the questions of causation which have arisen from recent research involving a central core of facilitative conditions. Specifically, the question asked concerns **the possible causal connection between the level of self-exploration** engaged in by a client and the level of facilitative conditions offered by the therapist. Two hypotheses are formulated: (a) that a low-level functioning therapist will function at significantly lower levels of facilitative conditions during an experimental period when a client intentionally lowers her level of self-exploration; and (b) that a high-level therapist will continue to function at high levels of facilitative conditions during the experimental period.

Two counselors, of identical training and experience, one functioning at high levels of empathy, respect, genuineness and concreteness and the other at low levels, as determined by past research data, are seen by a client, who, unknown to the counselors, has a response set to explore herself deeply during the first third of the interview, not at all during the middle 20 minutes, and then again during the final third of the session. Objective tape ratings indicate that the low-level counselor functions at levels of conditions related to the client's depth of self-exploration, while the higher-level counselor functions at higher levels of facilitative conditions following the

introduction of the experimental conditions. An additional, but highly significant finding, the inability of the low-level therapist to recover subsequent to a "crisis," is discussed in terms of interactive versus inter-reactive processes. Implications and limitations of the study are discussed.

ACKNOWLEDGMENTS

Foremost among acknowledgments is that which must be given Mrs. Winni Barefoot, without whose invaluable assistance and personal efforts this research could not have been done.

The constructive contributions, criticisms, and direction of Dr. Robert R. Carkhuff and the significant insights of Dr. Bernard G. Berenson have been both appreciated and highly regarded by the author.

The author extends her thanks to the counselors who took part in this study. Also appreciated were the efforts and assistance of Mrs. Marcia Mason, Mr. George Banks, and Dr. Myron Manley.

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The Effects of the Manipulation of Client Depth of Self-Exploration upon High and Low Functioning Counselors

Introduction

In 1952 Eysenck, finding that approximately two-thirds of a group of neurotic patients will recover or improve to a marked extent, within about two years of the onset of their illness, whether they are treated by means of psychotherapy or not, first challenged the efficacy of psychotherapy. A multitude of studies reviewed by Eysenck (1960) have since been so uniformly negative in their outcome that he now feels that a somewhat stronger conclusion concerning the inefficacy of psychotherapy is in order (Eysenck, 1960, 1965).

That the question posed by Eysenck is more complex than first appears is recognized by Bergin (1963) in his review and commentary on the effects of psychotherapy. He notes that while studies by Barron and Leary (1955) and Cartwright and Vogel (1960) show no overall difference between therapy and control groups, they do reveal significantly greater variability in personality change indices at the conclusion of psychotherapy for those patients receiving psychotherapy. The Cartwright and Vogel study further demonstrates that patients seen by experienced therapists show improvement on the relevant indices whereas those patients seen by inexperienced therapists actually become worse. These results, provoking in their implication, find their complement in research completed by Truax (1961, 1963) and Rogers (1962). Truax found that there were not any overall differences in outcome between a group of schizophrenic patients receiving psychotherapy

and matched control groups; but when the experimental subjects were divided according to the qualities of the therapist, in this case the level of facilitative therapeutic conditions provided by the therapist (accurate empathy, unconditional positive regard, and therapist congruence), patients of therapists who provided high levels of the therapeutic conditions exhibited significant constructive personality change while patients of therapists who provided low levels of therapeutic conditions became significantly worse. The effectiveness of one group of therapists was cancelled out by the negative effects of the other group when the two were combined into a single experimental group and compared with the controls. These findings confirm the suggestion made in the Cartwright and Vogel study, that change does occur in psychotherapy, but in two opposite directions, the direction depending upon the qualities of the therapist.

Such a discovery accounts for the data accumulated throughout the past fourteen years concerning the efficacy, or rather, the inefficacy, of the therapeutic process. The fact that therapy may be "for better or worse" renders Eysenck's questioning and treatment of psychotherapy as a unitary phenomenon inappropriate. When referring to a group of patients who have been given "psychotherapy" the qualification whether this therapy is "good" or "bad" must be appended.

With recognition of the therapist's potentially positive or negative effect(s), research has departed from the question of what are the effects of psychotherapy to the problem of delineating those significant variables within the process of psychotherapy which lead

to constructive personality change as opposed to deteriorated client functioning. Attracting most attention are those variables first elaborated upon by Rogers (1951, 1957), variables which have been used by theorists and practitioners from schools as diverse as the psychoanalytic, client-centered, and eclectic, to describe effective therapy.

All these schools have emphasized that the therapist should accurately and empathically know the client's feelings and respond in such a manner as to communicate this deep understanding. Earlier research by Halkides (1958) and Barrett-Lennard (1959) has established the relevancy of empathic understanding to successful psychotherapy in out-patient settings. More recent research efforts by Truax (1961) have been made to ascertain the relevance of accurate empathy to constructive personality change in severely disturbed hospitalized schizophrenic patients. In one study four patients who showed clear improvement and four patients who showed deterioration on a battery of psychological tests after six months of therapy were selected as subjects; tape ratings were subsequently made according to the levels of accurate empathy present. The findings of this study clearly showed that the "test improved" group of patients received consistently higher accurate empathy from the therapist than did the "test deteriorated" group of patients. In another study both out-patients from university counseling centers and hospitalized schizophrenics were used as subjects. Results indicated that the relationship between accurate empathy and outcome of therapy is not apparently different for hospitalized schizophrenics than it is for counseling and out-patient neurotics. Reports of long-term studies

done by Truax (Rogers, 1962, 1963; Truax, 1963) involving trends in the levels of accurate empathy for schizophrenics covering a time span from six months to three and one-half years of therapy, affirm prior findings that the greatest amount of constructive personality change is obtained in those patients who received the highest average levels of accurate empathy.

A second variable cited by most theorists and practitioners is that of non-possessive warmth and acceptance of the client by the therapist. Unlike accurate empathy this factor is conceptualized as an attitudinal variable, the presence of which is a precondition for the trusting relationship necessary for the patient to make use of accurate empathy and to engage in a process of self-exploration. That unconditional positive regard is positively related to constructive personality change has been found in the study by Truax (1963) mentioned earlier. He discovered that improved patients had also received consistently higher levels of unconditional positive regard than did those patients who had deteriorated.

To facilitate the optimal functioning of the above two mentioned variables, it is necessary that the client be in contact with a congruent therapist who is an aware and real person. This means that the therapist must not "play a role" or present a professional facade in the therapeutic encounter, but must be an integrated, mature, and genuine person, who feels free to spontaneously and constructively express himself to the client, without retreat into defensive professionalism. Truax (1963), in his study with schizophrenic patients, found a positive relationship between the level of therapist congruence or genuineness in psychotherapy and

patient improvement, illustrating that the higher the level of therapist genuineness, the greater the evidence of constructive personality change.

Still another aspect of the therapeutic process involves concreteness, or specificity of expression, a variable which ensures emotional proximity of therapist-responses to client-feelings and experiences, enhances the accuracy of the therapist's response, and encourages specificity in the client's efforts. In a statistical analysis of 16 different therapist-influenced variables, as these variables operated in the psychotherapy of hospitalized mental patients, concreteness has been found to be the most highly related to the criteria measures of therapeutic process (Truax and Carkhuff, 1964). In the same study, the correlations of concreteness with other effective therapist variables imply that concreteness operates most effectively in the context of high levels of other therapeutic conditions.

A large array of research, then, has shown that therapists offering high levels of empathy, unconditional positive regard, congruence, and concreteness are less likely to damage and more likely to facilitate their clients than those therapists failing to provide these conditions. The present findings provide evidence that the same therapeutic conditions lead to the same outcomes in different patient populations. Perhaps it should be added, that a study by Truax, Carkhuff, and Kodman (1966) has provided evidence that research findings involving accurate empathy and unconditional positive regard (but not therapist genuineness) may be extended from individual psychotherapy to group psychotherapy. ¹

Another aspect of the psychotherapeutic process, one emphasized from the time of Freud, is the exploration by the client of his feelings, perceptions, and values. That client self-exploration is of more than theoretical significance is indicated by the considerable body of evidence which has accumulated pointing to the relationship between client self-exploration and constructive personality change. Peres (1947) found that successful patients in group therapy made significantly more personal references over the course of therapy than did unsuccessful patients. Braaten (1958), comparing early and late interviews from successful and unsuccessful cases in individual therapy, found that the more successful cases exhibited a greater increase in the amount of self-references of a self-revealing nature. Using a process scale developed by Walker, Rablen, and Rogers (1960), Truax, Tomlinson, and van der Veen (1961) obtained evidence that more successful patients show more self-exploration and self-disclosure during psychotherapy.

For a more recent study (Rogers, 1962, 1963) ratings of depth of intrapersonal exploration, using a scale developed by Truax (1962), were made throughout the course of therapy for a number of schizophrenic patients who had undergone therapy from six months to up to three-and-a-half years. The results provided evidence for a significant and positive relationship between the patient's depth of intrapersonal exploration and the amount of im-

1. The research scales have since been rewritten to incorporate the concept of facilitative genuineness, which precludes the possibility of any one therapist being genuinely destructive (see genuineness scale in Appendix A), a possibility that might have accounted for the negative finding for congruence in this study.

provement exhibited by the patient. Further analyses of the ratings of patient depth of exploration have added an important observation: that even during the initial stages of psychotherapy the level of patient depth of intrapersonal exploration seems a good predictor of final case outcome. Thus, the depth of self-exploration engaged in by the patient very early in the course of therapy may be used as an accurate prognostic indicator. In a study reviewed by Truax and Carkhuff (1965) additional evidence was cited indicating that the greater the degree of self-exploration and self-disclosure by hospitalized patients, the greater the probability of constructive personality change in the patient.

It seems, then, that in successful therapy the patient is involved in a process of self-exploration and self-disclosure, and this process may even be a sufficient, though not necessary, condition for constructive personality change (Truax, 1961). It is reasonable to conclude that the role of the therapist in psychotherapy would be to facilitate this process of expression and clarification. In light of the research previously cited, this aim would be best accomplished through the provision of high levels of the therapist-offered conditions of accurate empathy, unconditional positive regard, genuineness, and concreteness. That is, to the extent that certain patient behaviors and certain therapist behaviors are present in the therapeutic encounter, there will be consequent constructive personality and behavioral change on the part of the client.

In a very recent study, van der Veen (1965), rating therapist and patient behaviors on client-centered dimensions, found that outcome was related to the level of therapist behavior (empathy and

genuineness) and the level of client behavior (immediacy of experiencing and problem expression). Further, he found that patient perceptions of therapist qualities were associated with the former's level of self-exploration and involvement in therapy. This study furnishes up-to-date support for the contention that the interview behavior of both client and therapist is associated with effective therapy, and provides a stepping-off place into the next area of inquiry involving research in psychotherapy.

Since psychotherapy as only a special instance of an interpersonal situation involves a "reciprocally contingent interaction" (Jones and Thibaut, 1958), both the therapist and the client should be viewed as variable responders in a situation where each is alert to the incoming cues from the other and where each in turn acts as a partial cause of the other's behavior. In their interactions with one another, the assumptive worlds of both therapist and client are constantly being validated and questioned and accordingly, their overt behaviors are reinforced or modified. If indeed therapist and client actions form a "mutually regulative system" (Frank, 1961), the relevant questions for applied psychotherapy become ones of causation. Is it the therapist or is it the patient, and to what degree, who determines the level of conditions that will occur in a therapeutic relationship? Who is causing the therapist's behaviors of accurate empathy, unconditional positive regard, and genuineness and concreteness to be high or low in a given relationship? Is there a causal relationship between the therapist's behaviors on one hand, and the patient's engagement in a process of self-explora-

tion and self-disclosure on the other?

Truax (1963), attempting to answer the question concerning the causation of therapist conditions, conducted a study in which each member of a group of therapists saw each member of a group of patients, each patient seeing all therapists. Analysis of the accurate empathy ratings indicated that different therapists produced different levels of accurate empathy, even when interacting with the same set of patients. The therapist-offered level of empathy appeared independent of the client, since different patients did not receive different levels of accurate empathy when interacting with the same set of therapists. The data suggest, then, that it is the therapist who determines the level of accurate empathy he offers.

In a design of similar nature, Truax (1963) attacked the second specific question asked above: ie., who determines the degree to which the client explores himself and his world? He found that while different therapists produced different levels of problem expression in patients, different patients achieved different levels of problem expression regardless of the therapist involved. Thus, both therapist and client appear to contribute to the client-process of self-exploration in the therapy hour.

The remaining question, that of a possible causal relationship between therapist-offered conditions and client behavior, has been approached experimentally by Truax and Carkhuff (1965). They had one therapist see three patients who were at the time in acute schizophrenic reactions. In the case of each patient, after a level

of patient self-exploration had been established during the first twenty minutes of the interview, where relatively high levels of accurate empathy, unconditional positive regard, and genuineness were present, the experimental variable of lowered conditions was introduced by the therapist's selective withholding of his best possible response. This condition was maintained for twenty minutes, following which the experimental variable of lowered conditions was withdrawn and relatively high levels of therapist-offered conditions were reestablished. With all three patients there was the predicted consequent drop in depth of intrapersonal exploration during the period when the conditions were experimentally lowered. A causal relationship between the level of conditions offered by the therapist and the level of self-exploration engaged in by the patient seems clearly to have been demonstrated in this experiment.

Despite the evidence found in these studies favoring therapist determination of the therapeutic process, the possibility that the stimulus characteristics of the patient may have significant effects upon the therapist is neither an altogether improbable nor unimportant one.

A number of studies have produced results that point toward the necessity of further consideration of the client's influence upon the therapist. In one of these studies Neller, Myers, and Kline (1963) trained four actors in standardized client roles and presented them to 34 therapists. The specific hypotheses were: (a) that client friendliness would lead to likeable, agreeable behavior on the part of the therapist, whereas client hostility would lead to

subtle counter-hostility and anxiety on the part of the therapist, and (b) that client dominance would promote passive interview behavior by the therapist, whereas client dependence would lead to more activity and hyperresponsivity by the interviewer. On the basis of observer ratings, all hypotheses, with the exception of that regarding increased anxiety, were confirmed. In another study, Russell and Snyder (1963) replicated Heller, Myers and Kline using a different measure of anxiety. They found that hostile client behavior leads to significantly greater anxiety on the part of the therapist and to less "friendly " behavior. These results were found to be independent of the amount of training and experience of the therapists. These studies indicate that clients may evoke reciprocal behaviors from their therapists even though this influence may not be perceived. Unlike countertransference, which is idiosyncratic to the therapist's personality structure, the evoked behavior should be considered a function of the real stimulus characteristics of the therapeutic interaction (Heller, Myers, and Kline, 1963).

A study by van der Veen (1965a) directly challenges the findings of Truax (1963). As in the Truax study an analysis of the effects of the patient and the therapist on each other was conducted. The interviews of three patients, each of whom were seen by the same five therapists, were used, and ratings were taken on the patient variables of problem expression and the immediacy of experiencing, and the therapist variables of empathy and congruence. The results of this study indicated that the behavior of the therapist was a function of both the therapist and the client. Whereas in the Truax study there was little question of the therapist's control of the level of facilitative condi-

tions offered the client, in van der Veen's study there is evidence for the patient's influence (main effect significant at the .05 level) upon the therapist's behavior. These findings, taken together with the research results of Heller, Myers, and Kline and of Russell and Snyder designate the area of patient-therapist effects as one remaining open to question and research. These findings highlight the question of causation, for if, indeed, the client can to a large extent determine the quality of therapeutic conditions, then therapy is not only in theory, but in reality, an interaction. Such a reality would necessitate a second look at the training and practice of psychotherapy.

In reviewing the apparently contradictory results of the Truax and van der Veen studies, an interesting and promising fact appears: after collapsing all the scales used to a five-point range, and appropriately transforming the data, one discovers that in the Truax study where no patient effects were found, all therapists offered high levels of facilitative conditions (above 2.9), but in the van der Veen study, where a patient main effect was obtained, the level of conditions offered among therapists ranged from very low levels (2.1) to very high levels (3.9). In addition, a look at the results of Truax's 1961 study, where he found very high correlations between high levels of empathy that averaged no lower than but most often significantly above the 3.2 level (on a nine-point scale, 5.76). Whereas the original question researched concerned the client's determination and control of therapist-offered conditions, the present, more promising question concerns the antecedents to a process wherein the client is the significant source of direction, an event which can prove disastrous at or provocative of a crisis point

in therapy. More specifically, could it be that high level therapists, who are functioning both operationally and by definition at self-sustaining levels of facilitative conditions (Carkhuff, 1966), are able to consistently offer high levels of these conditions and so significantly determine the degree to which the patient engages in self-exploratory activity. Low level therapists, who are not functioning at self-sustaining levels of facilitative conditions, are not merely unable to give the therapeutic process direction, but are themselves actually manipulated by the behavior of the client: ie., they cannot sustain their own independent behaviors. Any research into such a question must necessarily approach any "deeper meaning" inherent in the so far primarily descriptive scales of process measurement.

In order to attack the above questions, it must first be experimentally determined whether or not the client's depth of self-exploration influences directly the level of facilitative conditions offered him by the therapist. Second, it must be discovered whether or not the hypothetical client-control differs in degree and/or kind, according to the base level of facilitative conditions normally offered by a therapist. This thesis undertakes this problem and sets forth as specific hypotheses those listed below.

Summary of Hypotheses Studied

There are two major hypotheses:

I. A high level functioning counselor will continue to function at high levels of facilitative conditions during the experimental period (Period II), during which the client intentionally lowers her level of self-exploration.

II. The low level functioning counselor will function at signifi-

cantly lower levels of facilitative conditions during the experimental period (Period II) than during the other periods (Periods I and III).

Method

A standard client saw each of two experienced therapists for a one-hour interview. In the first twenty minutes of the interview, where relatively high levels of patient depth of self-exploration (DX) were present (Period I), a level of facilitative conditions was established for each therapist. At the beginning of the second twenty minute period, the client deliberately introduced lowered levels of DX and maintained these lowered conditions for another twenty minute period (Period II), which was followed by a final twenty minute period in which the previously high levels of self-exploration were re-established (Period III). The test of the two hypotheses was a direct comparison of the process patterns of the two therapists: (a) to see if the high functioning counselor continued to operate at high levels of facilitative conditions and (b) to discover whether or not the hypothesized "drop" in the level of facilitative conditions occurred with low level counselor when the client lowered her level of self-exploration. The experimental operations were checked by determining the levels of intrapersonal exploration engaged in by the client throughout each of the interviews.

Therapists. The therapists were two Ph. D. male psychologists employed by a university counseling center who were equated in terms of age (early thirties), training (trait-and-factor programs), and experience (approximately eight years in the field). Prior research which had provided ratings of their typical levels of facilitative functioning

established Therapist A as the low-conditions therapist, with ratings on a 5-point scale as follows: E, 1.53; R, 1.73; G, 1.82; C, 1.67; and DX, 1.31; Counselor B, the high-conditions therapist, obtained the following levels of facilitative conditions: E, 3.33; R, 3.92; G, 4.00; C, 2.67; and DX, 3.50.

Standard client. The client was a 45-year-old female graduate student in education who had sought help concerning personal difficulties involved in her implementing the counselor's role in training. She was asked to participate in the project and the full implications of her participation were discussed with her. Neither of the therapists knew the client. She was extensively trained on a scale for the measurement of client depth of self-exploration (Carkhuff, 1964) in order that she might easily and with reasonable accuracy manipulate the depth, personal relevance and emotional proximity of her statements.

Materials. A tape recorder was used as an aid in measuring the degree to which the qualities of accurate empathy, positive regard, genuineness and concreteness were offered by the therapists, and self-exploration was engaged in by the client.

The research scales were derived in part from scales (Truax, 1961, 1961a, 1962, 1962a, 1962b, 1963; Truax and Carkhuff, 1963, 1964) supported by extensive process and outcome research on counseling and psychotherapy and other instances of interpersonal learning processes (Aspy, 1965; Bergin and Solomon, 1963; Carkhuff and Truax, 1965, 1965a, 1965b; Rogers, 1962; Truax and Carkhuff, 1963, 1964 , 1964a, 1965). In addition, similar measures of similar constructs have received extensive support in the research literature in counseling, therapy and education (Barrett-Lennard, 1962; Blau, 1953; Braaten, 1961; Christenson, 1961; Demos, 1964;

Halkides, 1958; Peres, 1947; Secman, 1949; Steele, 1948; Wolfson, 1949). The present scales were written primarily to apply to all interpersonal processes and to reduce the ambiguity and to increase the reliabilities of the scales.

The scale, "Self-exploration in interpersonal processes" (Carkhuff, 1964) is a 5-point scale ranging from the lowest level where "the interviewee does not explore himself at all to the highest level where he is searching to discover new feelings concerning himself and his world (see Table I, Appendix A). The scale "Empathic understanding in interpersonal processes" (Berenson, Carkhuff and Southworth, 1964), is also a 5-point scale, ranging from the lowest stage where the interviewer gives the appearance of being completely unaware or ignorant of even the most conspicuous surface feelings of the other person, to the highest level where the interviewer comprehensively and accurately communicates his understanding of the other person's deepest feelings (see Table II, Appendix A). Similarly, the scale, "Respect or positive regard in interpersonal processes" (Carkhuff, Southworth and Berenson, 1964) too, is a 5-point scale ranging from a low where clear negative regard is given by the interviewer who sees himself as responsible for the second person, to the highest level where he communicates a deep caring for the second person (see Table III, Appendix A). The scale "Genuineness in interpersonal processes" (Car'huff, 1964) ranges from the lowest level where there is a wide discrepancy between the interviewer's experiencing and verbalization to the highest level where the interviewer is freely and deeply himself in a non-exploitative relationship (see Table IV, Appendix A). The scale, "Concreteness or specificity of expression in interpersonal processes" (Carkhuff, 1964) extends from the lowest

level where the interviewer allows discussion to center around vague and abstract concepts to the highest level where the interviewer is always helpful in guiding the discussion so that the client discusses directly and completely his specific feelings and experiences (see Table V, Appendix A).

Procedure. Each therapist was seen for a 1-hour initial psychotherapeutic contact at a university counseling center. The counselors were not aware of the experimental nature of the project. Each was under the impression that he was seeing a regular client on the first interview.

The client introduced herself to the therapists as she was, a graduate student in the school of education, who had been taking a practicum in counseling. Her problem, she explained to the therapists, had arisen during the supervisory hour in which she had first heard her voice on tape-recording. She went on to discuss this problem, which in her everyday life was a very real one to her. Throughout the initial twenty minute period (Period I) she presented and explored herself in depth, and in doing so was as open as she could possibly be to therapist efforts. It should be emphasized that the client was in reality trying to get as much possible "therapy" for herself during the initial and final 20-minute periods. Thus, with the exception of the experimental manipulation period, she was a "real" client who had a personal investment in these interviews.

The client experimentally lowered her levels of self-exploration by introducing material irrelevant to herself, and/or by reverting to a mechanical, unfeeling discussion of any personally relevant material introduced by the therapist. Thus, she would talk about arranging courses, moving into a new house, or about differences in climate between Amherst

Table I

Intra-rater Reliability for Counseling
Process Variables

<u>Process Variables</u>	<u>Raters</u>	
	<u>I</u>	<u>II</u>
Empathy	.95	.96
Positive Regard	.93	.99
Genuineness	.92	.93
Concreteness	.99	.99
Self-Exploration	.90	.99

Table II

Inter-rater Reliability for Counseling
Process Variables

<u>Process Variables</u>	<u>Raters I and II</u>
Empathy	r .83
Positive Regard	r .82
Genuineness	r .80
Concreteness	r .90
Self-Exploration	r .92

and her place of residence in the South. The middle period (Period II), then, was one in which she attempted to draw conversation away from her more sensitive area(s) to more superficial topics, with little or no regard being given to any effort which might be made by the therapists to bring her back to that which troubled her.

At the end of the second 20-minute period, the client, verbally noting that she "was wasting time" re-established her original level of self-exploration.

There were three approximately 20-minute periods in the interviews with each of the therapists. These time periods were divided each into 5 4-minute time periods, to provide 15 4-minute samples from each therapist. Two raters who had been previously trained on the scales used in this study then rated each of the 30 4-minute samples, first on the client's depth of self-exploration, then on the levels of various facilitative conditions offered by the therapists. Altogether, each moment of the interview was rated for each of the two therapists on each of the 5 scales.

Test-retest reliability or intra-rater reliability was obtained by having the raters, one faculty member and one graduate student in counseling psychology, rate the same 9 training tape excerpts twice, a week apart. Inter-rater reliabilities for each rating scale used in this experiment were also obtained.

Results

Intra-rater reliability. The rate-rerate reliabilities on the same 9 excerpts of a training tape over a period of a week ranged from Pearson coefficients of .89 to .99 for the two raters on all of the 5 scales (see Table I).

Inter-rater reliability. The inter-rater reliabilities for the two raters yielded Pearson coefficients ranging from .80 to .92 for all of the five scales involved (see Table II).

Statistical Analyses of the Data. The initial step was to determine whether or not the client-offered conditions were in fact lowered during the midsection of the interview for each of the two therapists. The averaged ratings from both raters on all segments on DX are presented in Figure 1. It can easily be seen that in Period II, the experimental portion of the hour, the level of client self-exploration was definitely lowered for both therapists. The differences in the predicted direction for levels of DX were significant (see Table III). It can be seen that in Period I, the mean level of self-exploration is significantly lower for Therapist A than for Therapist B. However, the pattern provided by the individual ratings indicate that during the first 12 minutes of the initial 20-minute period the conditions offered one therapist did not significantly differ from those offered the other. Furthermore, despite the initial discrepancy in the levels of client-conditions, there was a very significant drop in client DX during the manipulation period, Period II, for both therapists.

The objective data clearly verify the success of the attempted experimental operations. The levels of DX were high during the initial and terminal 20-minute periods and very low during the middle time period.

The effects of the experimental operations on therapist processes are shown in Figures 2 - 6; summary of the t tests of differences between means are presented in Tables IV and V.

Figure 2 shows that with Therapist A, the low-conditions therapist, there was the predicted consequent drop in overall levels of facilitative

Table III

t Tests for Significant Differences in Levels
of Client Self-Exploration Provided
Therapists A and B

<u>Therapists</u>	<u>Periods</u>			
	<u>(I+III) vs. II[†]</u>	<u>I vs. II^{##}</u>	<u>II vs. III^{##}</u>	<u>I vs. III^{##}</u>
A	8.44*	5.92*	11.70*	1.45
B	13.05*	14.68*	9.70*	2.05

* Significant at the .0005 level, one-tailed.

[†] df = 13

^{##} df = 6

Table IV

t Tests for Significant Differences Overall
on Tape Ratings among Periods for
Counseling Process Variables
for Therapists A and B

	<u>Periods</u>			
	<u>(I+III) vs. II</u> df = 58	<u>I vs. II</u> df = 33	<u>II vs. III</u> df = 33	<u>I vs. III</u> df = 33
<u>Therapists:</u>				
A	15.31****	5.05****	3.27***	2.76***
B	.35	2.40*	1.56	3.38**

- * Significant at the .05 level, two-tailed.
- ** Significant at the .01 level, two-tailed.
- *** Significant at the .005 level, one-tailed.
- **** Significant at the .0005 level, one-tailed.

Table V

t Tests for Significant Differences on
Tape Ratings among Periods for
Counseling Process Variables
for Therapists A and B

	(I+III) vs. II df=13	<u>Periods</u>		
		I vs. II df=3	II vs. III df=3	I vs. III df=3
<u>Empathy</u>				
Therapist A	3.00***	2.06*	5.72*****	.32
Therapist B	-----	2.79#	1.23	4.99###
<u>Positive Regard</u>				
Therapist A	2.42**	4.91*****	1.37	2.45**
Therapist B	-----	1.34	.89	2.89##
<u>Genuineness</u>				
Therapist A	4.15*****	5.72*****	2.58**	2.10*
Therapist B	-----	1.64	1.18	3.13##
<u>Concreteness</u>				
Therapist A	3.12*****	4.40*****	2.09 *	2.19*
Therapist B	-----	1.00	.58	.67

* Significant at the .05 level, one-tailed.
 ** Significant at the .025 level, one-tailed.
 *** Significant at the .01 level, one-tailed.
 **** Significant at the .005 level, one-tailed.
 ***** Significant at the .0005 level, one-tailed.
 # Significant at the .05 level, two-tailed.
 ## Significant at the .02 level, two-tailed.
 ### Significant at the .01 level, two-tailed.

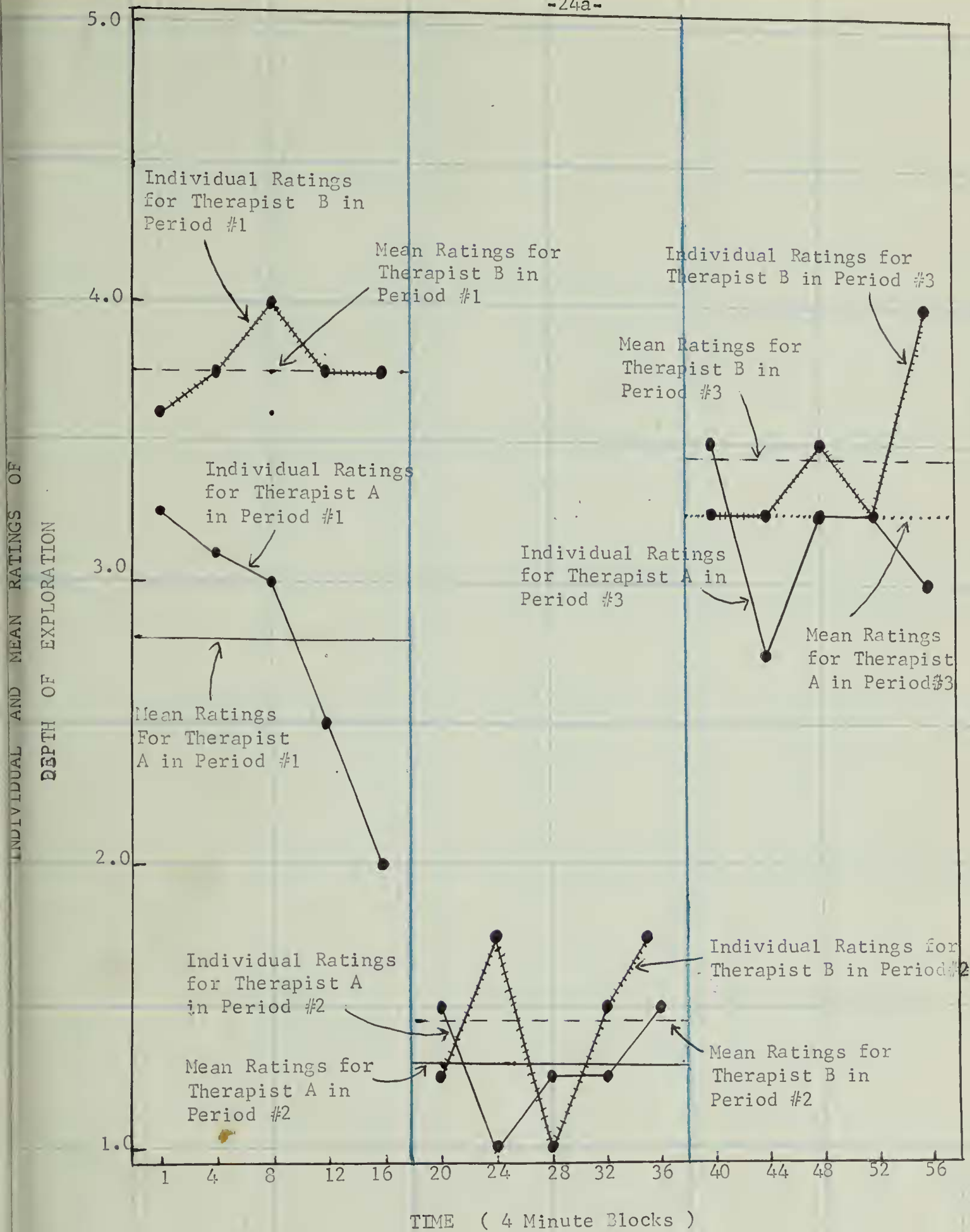


Fig. 1, Levels of Self-exploration provided by the client to therapists A and B.

INDIVIDUAL AND MEAN RATINGS OF OVERALL CONDITIONS

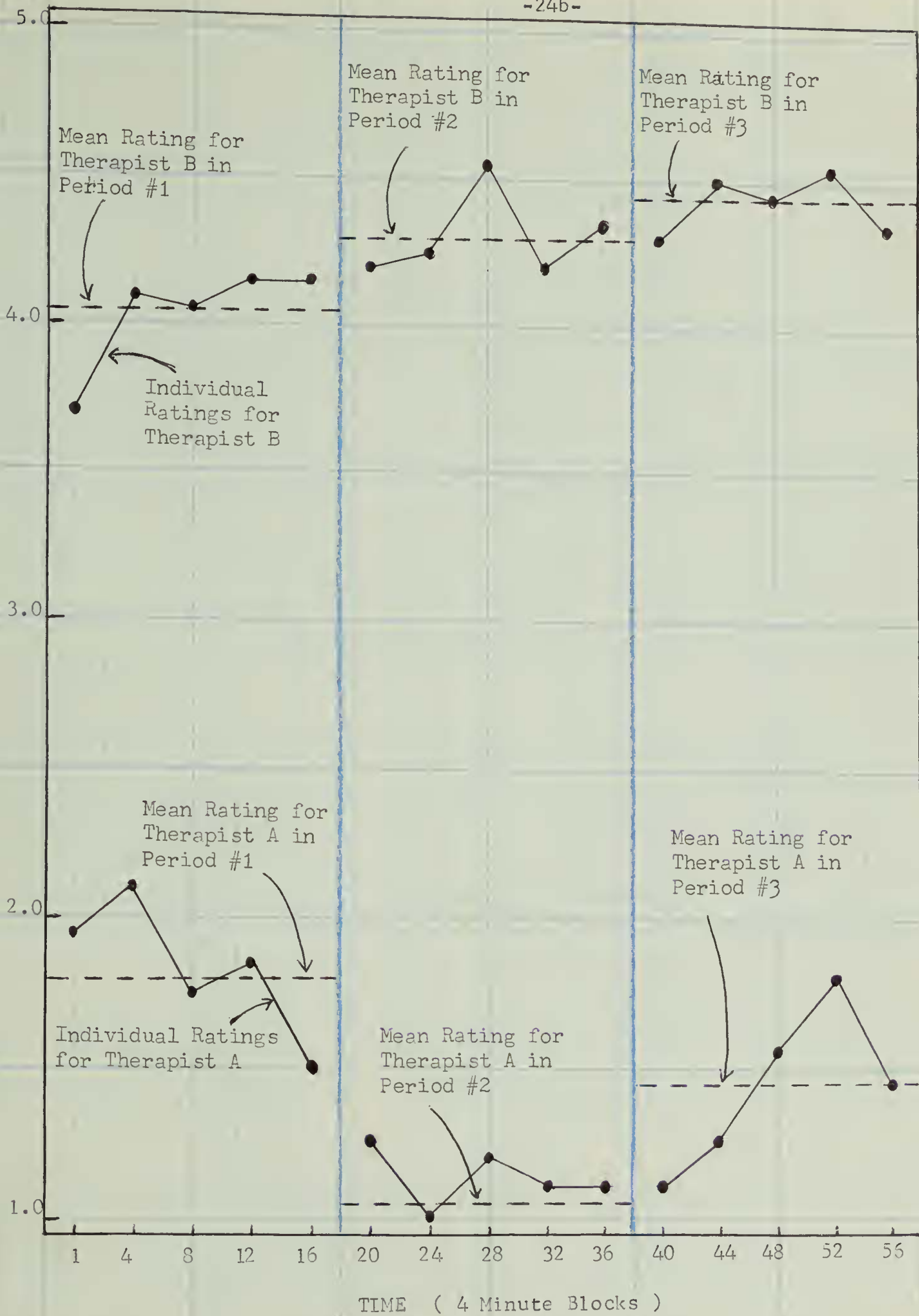


Fig. 2. Overall level of facilitative conditions offered by therapists A and B.

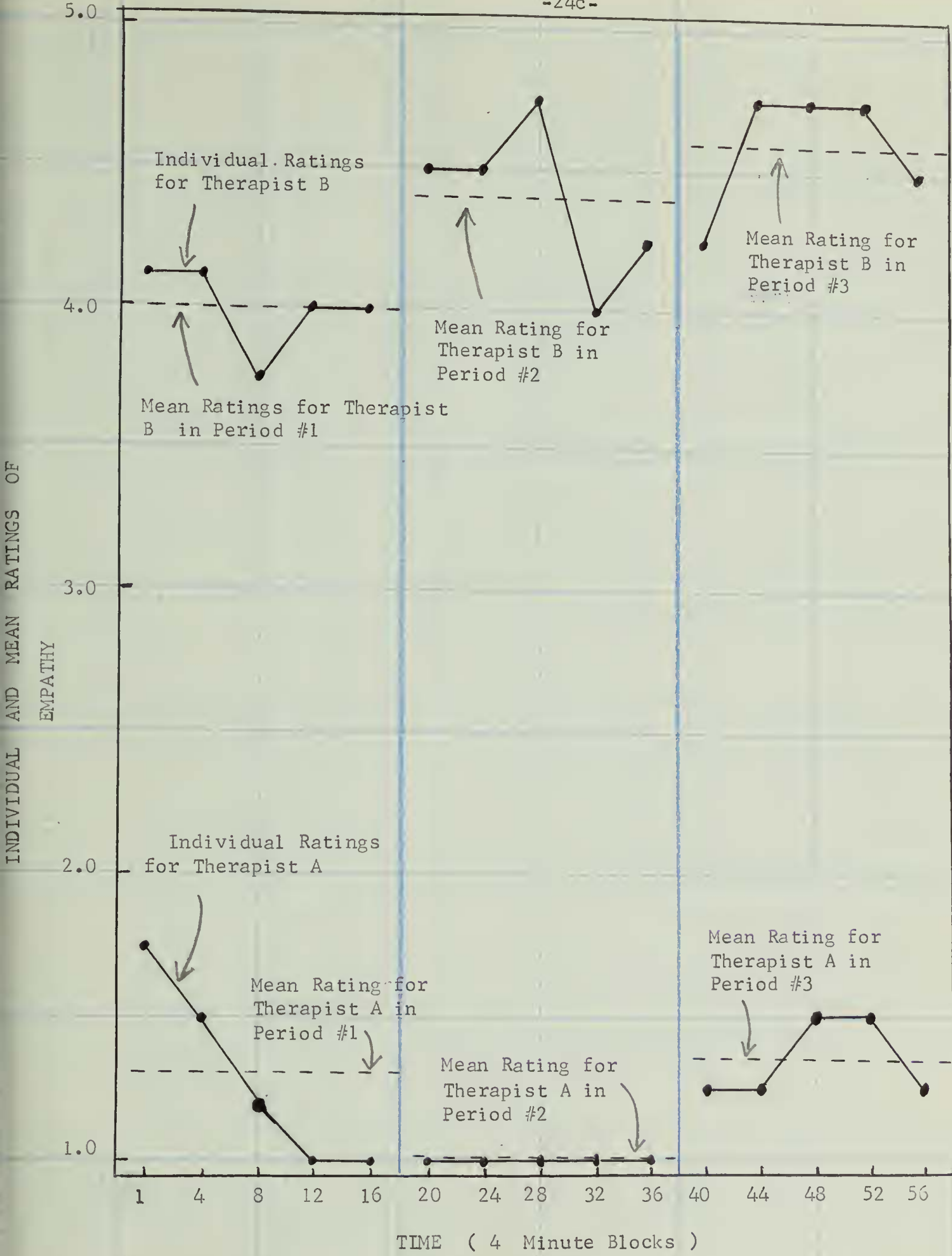


Fig. 3. Levels of Empathy offered by Therapists A and B.

INDIVIDUAL AND MEAN RATINGS OF POSITIVE REGARD

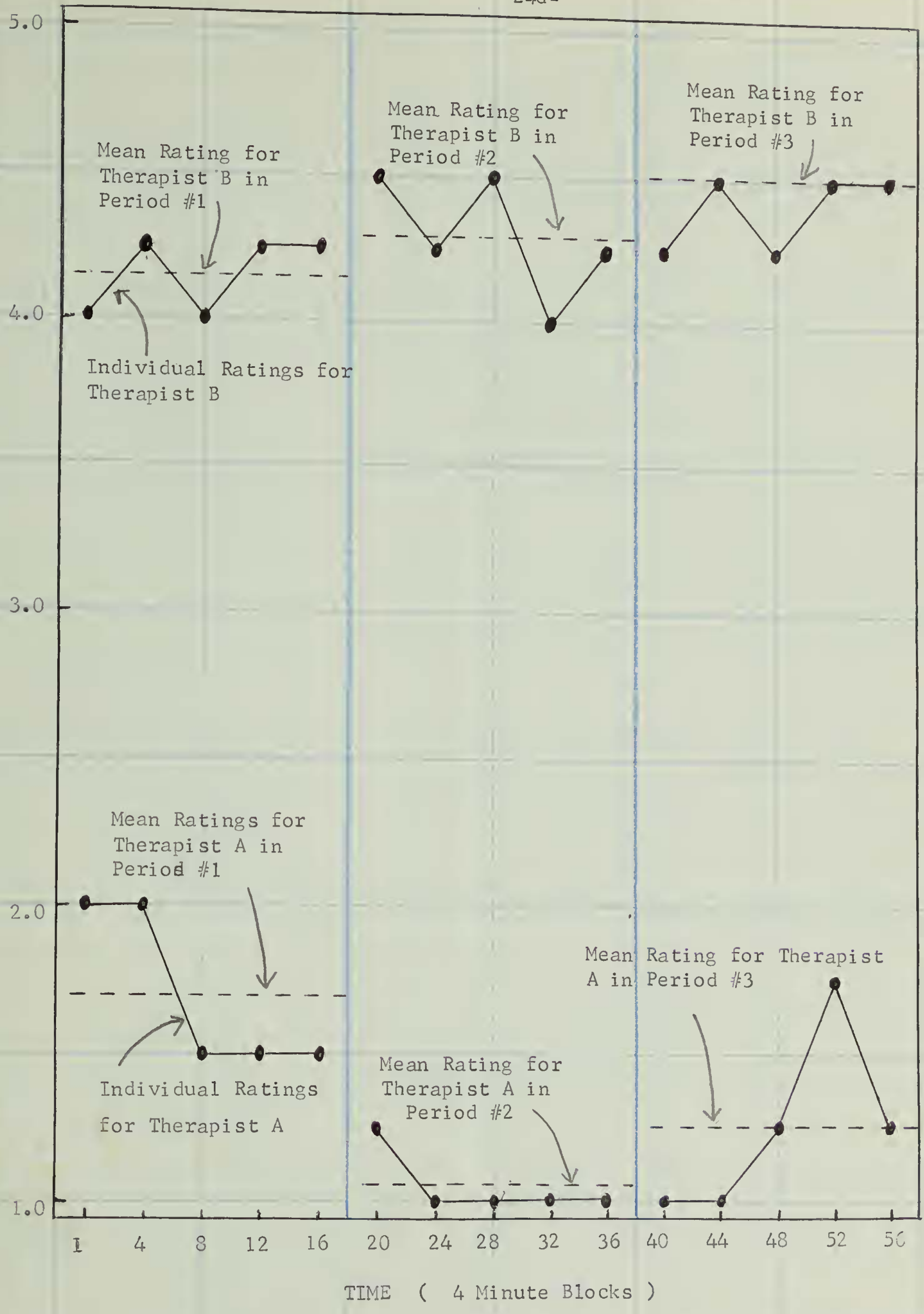


Fig. 4. Levels of Positive Regard offered by therapists A and B.

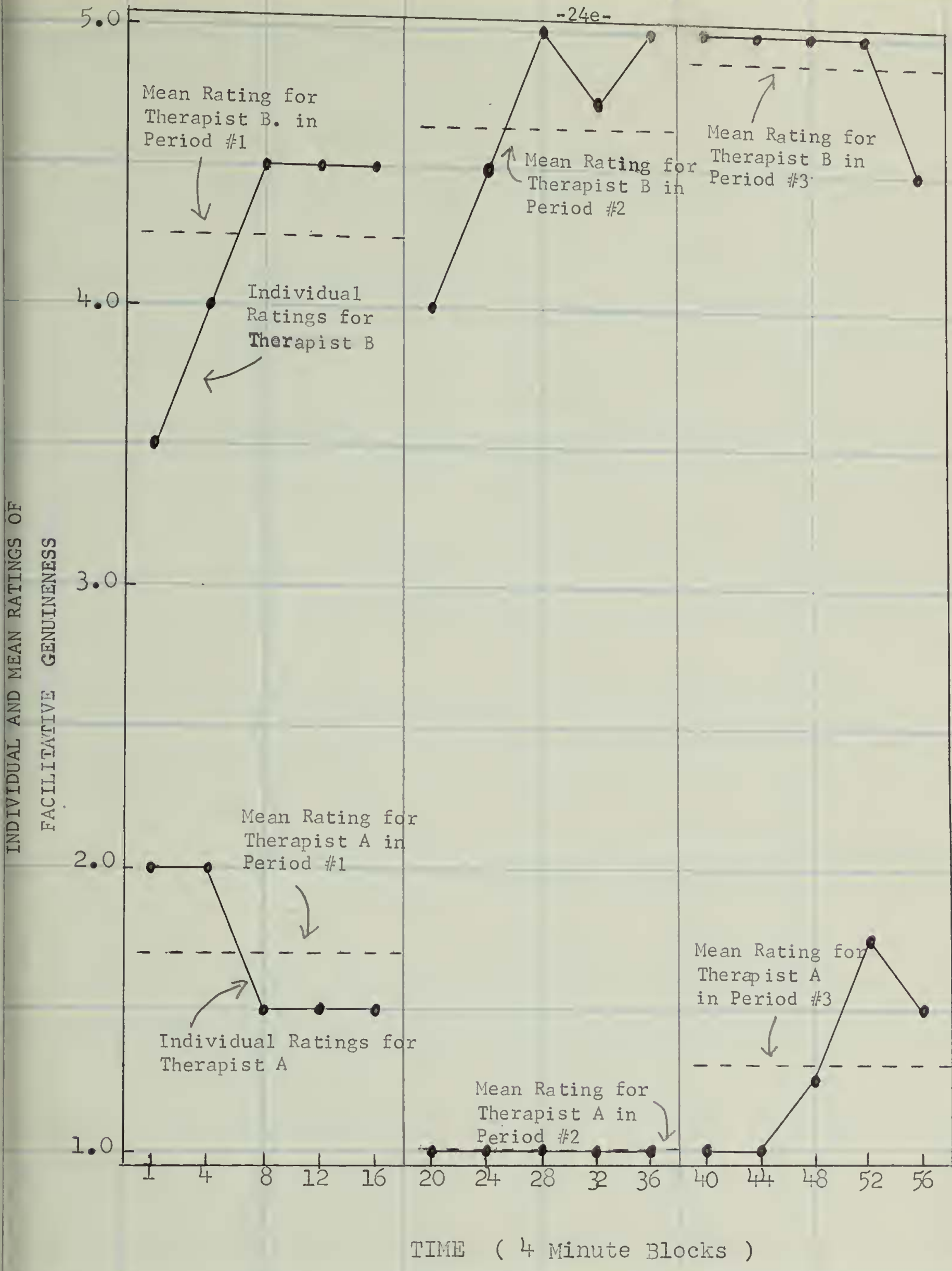


Fig. 5. Levels of facilitative genuineness offered by therapists A and B

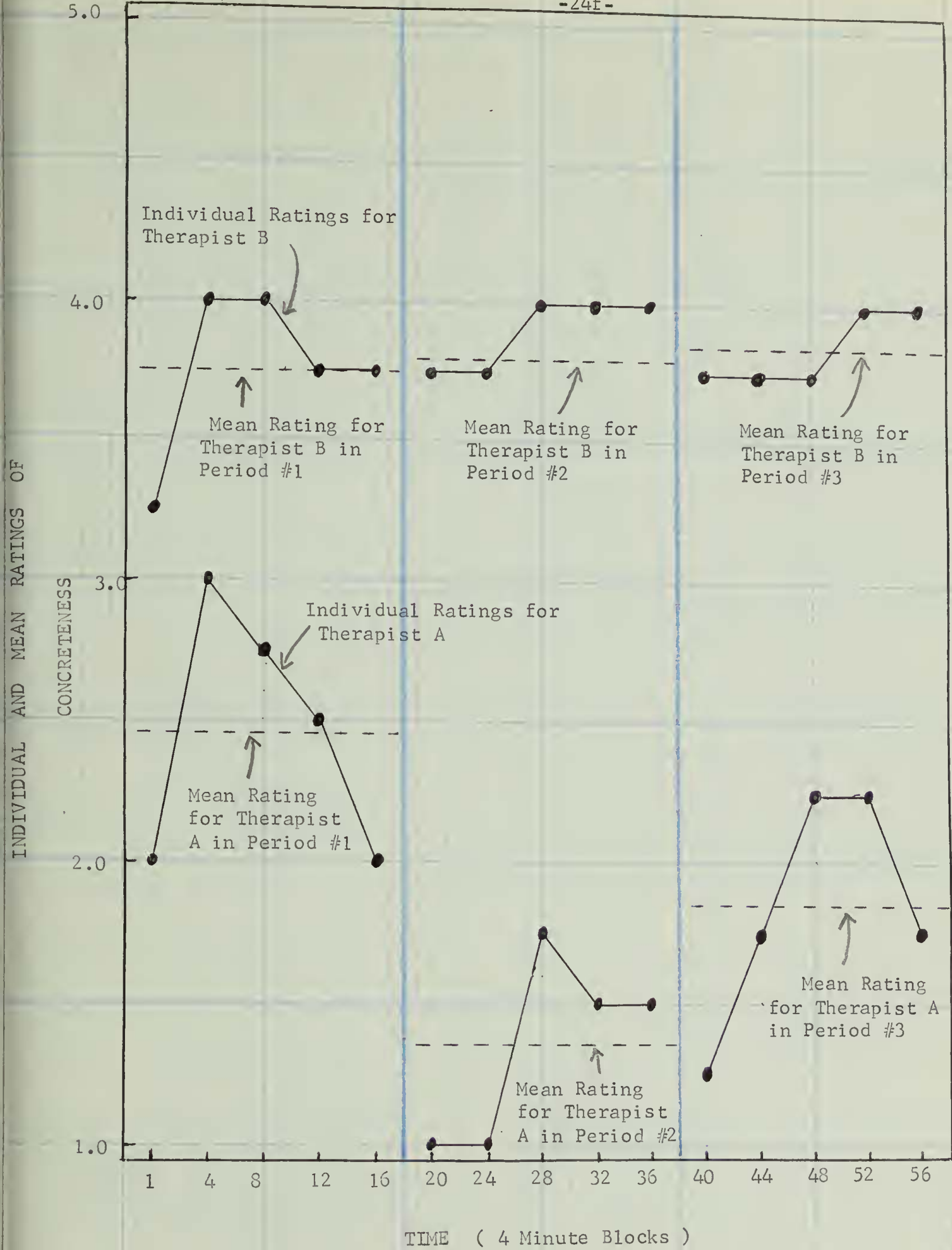


Fig. 6. Levels of personally relevant concreteness offered by therapists A and B.

conditions offered the client during Period II when client conditions were lowered. The level of facilitative conditions offered during Periods I and III as contrasted with Period II, proved statistically significant. The rise in the level of overall conditions offered by Therapist A predicted to occur when the client reinstated her originally high level of CY, also proved statistically significant. However, it should be noted that Therapist A's overall level of facilitative conditions did not return to the original and higher levels with which he began, the t test of differences in this case being significant at the .01 level.

Figures 3 - 6, which represent the averaged ratings from both raters on all segments for the individual process scales of empathy, positive regard, genuineness, and concreteness, respectively, show process patterns similar to that for overall conditions just reviewed for Therapist A. Again, there was the predicted consequent drop in specific conditions offered by Therapist A when client-offered conditions were lowered in Period II. When Periods I and III were pitted against Period II, the experimental period, the differences in therapist-offered conditions occurring as a result of lowered client conditions were significant for all four process variables. The rise in level of conditions offered by Therapist A predicted to occur in Period III, when high levels of client self-exploration were re-established was significant for empathy and genuineness, while a strong trend toward significance was present for concreteness. The levels of therapist-offered conditions were significantly lower in Period III, than in Period I, for positive regard, with strong trends toward significance observed for the variables of genuineness and concreteness. No significant differences were found for empathy offered by Therapist A in Periods I and III, although, again,

he tended to be somewhat lower during the final 20 minutes.

The statistical data, then, support the first hypothesis, that a therapist functioning at low levels of facilitative conditions is easily manipulated by client behavior. When the client significantly lowers her level of self-exploration, the levels of facilitative conditions offered by the therapist who typically functions at low levels are significantly lowered. When the client re-establishes the originally high levels of self-exploration, the therapist's level of functioning increases, but never attains again the higher level of functioning at which he began.

The "effects" of the experimental operations on Therapist B, the high conditions therapist, as shown in Figures 2 - 6, are clearly different from those had on Therapist A. In general, the data illustrated in Figure 2 are consistent with the hypothesis that a therapist originally functioning at a high level will, when client conditions are lowered, be minimally, if at all, affected. The differences in Therapist B's overall levels of facilitative conditions during Periods I and III, as contrasted with Period II, are clearly insignificant when using t tests. In fact, because the level of therapist conditions offered the client steadily increases throughout the course of the interview, any effects produced by the introduction of lowered client conditions are cancelled out. With recognition of the fact that changes in the level of conditions offered the client during Period II, the experimental period, are for Therapist B in a positive direction (toward higher levels), as opposed to the negative direction for Therapist A, a t test of the difference between means for the first and second periods is significant for overall facilitative conditions. Likewise, there is a significant

difference in a positive direction between overall facilitative conditions offered in Periods I and III, and a strong trend toward significant differences between overall conditions in Periods II and III.

Figures 3 - 6 exhibit process patterns for Therapist B similar to those just described above for the overall conditions he provided, but are instead for the specific process scales. In general, the differences between levels of specific therapist conditions offered in Period I and in Period II and between Period II and Period III are insignificant, the notable exception being the significant difference in a positive direction, between empathy provided in Periods I and II. The increment in therapist-offered conditions consistently observed throughout the interview with Therapist B was a significant one, as shown by the statistically significant differences in overall facilitative conditions and the individual conditions of empathy, positive regard and genuineness between Periods I and III.

Discussion

Of greatest significance methodologically was the ability of the client to successfully demonstrate the systematic manipulation of client depth of self-exploration, without the awareness of either of the counselors. Employed with professional caution, it affords researchers an opportunity to search the therapeutic process. However, the client's offering, after 12 minutes of the first 30-minute period, of significantly lower levels of BX to Therapist A than to Therapist B is a reminder of the facts established by previous research (Truax, 1963; Truax and Carkhuff, 1965) that both therapist and client determine the degree to which the client engages in a self-exploratory and disclosing process, and that there is a causal connection between the levels of

therapeutic conditions offered and by client DK. Furthermore, the susceptibility of the client to therapist characteristics, despite her response set, testifies to her genuineness as a real client, a condition highly desirable for a valid interpretation and generalization of experimental results. The very susceptibility of a mentally healthy and trained, but real, client has important implications, one of which is that therapy is indeed an interactive process.

It is also noteworthy that the counselors functioned consistently with the past ratings of their performance. This generalization effect of the therapist's level of functioning is a finding consistent with research suggesting that the level of conditions offered are characteristic of the therapist and not the client (Truax and Carkhuff, 1964).

Although the level of counselor-offered conditions may be determined by the counselor, this is not to say that the client's level of intrapersonal exploration does not have differential effects upon counselor-offered conditions. In general, the results confirm Hypothesis I, that the lower level functioning counselor would be manipulated by the client's depth of self-exploration. The lowering of conditions during the experimental period was not the only important finding, however; the failure, in period III, of Therapist A to re-establish the higher levels of conditions he had originally offered in Period I is perhaps even more significant. Not only is the low level therapist incapable of sustaining his own independent behaviors, but he is unable to recover following a crisis, a crisis being defined as either the inability of the client to explore himself or the occasion where the client functions beyond the level of the therapist. Therapy here, is an interactive process, a process wherein independent action is either impos-

sible or prohibited. A low-level therapist must function within certain limits of experience and interaction if his own comfort and optimal functioning level is to be preserved. If a client is to receive help from a low level therapist, the client necessarily must behave in accord with certain rules, which may be operationally defined as "operating within fixed limits of EK, such as between levels 2.0 and 3.0." The client who has a narrow range of affect and expression, who is a member of the population typically found in hospitals, would not be provided the help required for him to break out of his own very rigid system of affect and behavior, or at best would only be taught a new, perhaps more effective, but equally as rigid, system of behavior. On the other hand, the relatively healthy client, who possesses a wide range of feeling and experiences, whose moods, behaviors, and expressive acts exhibit sudden, unpredictable dips and rises, is necessarily constricted in his effort to know himself fully.

To obtain benefit from therapy with a low level therapist it seems that the client must function in spite of the therapist, in spite of the "rules," restrictions, and constrictions. Paradoxically, the client himself, the person seeking help, must be healthy; he must help the therapist to help him, by not introducing crises into the therapeutic relationship.

The objective data partially support Hypothesis II, that when client-offered conditions are lowered, a therapist who typically functions at a high level will be only minimally affected, if at all. Analysis of the data indicates that some significant differences do occur between the experimental period and the other two periods. However, when these differences occur, the direction is toward even higher levels of

facilitative functioning, which is in direct contrast to the process pattern of the low level therapist. The results do not contradict Hypothesis II, but contribute an important corollary: that a high level therapist, at moments of crisis, invests more of himself in an attempt at rescue and growth, attempts in which the high level therapist tries to relate the client's impersonal expressions to very deep and personal experiences. The high level therapist, who faces and deals with a crisis, learns more about himself and the client, a learning experience that enables him to give significantly higher levels of conditions in Period III, in this study, than in Period I. A therapist whose functioning is at a high level offers a challenge to reinforcement theory: he is able to learn from his experiences in such a way that he becomes their master and can function independently of and beyond them. The low level therapist, on the other hand, avoids the experience, fails to learn, and he and his clients fail to benefit, becoming instead more and more blindly susceptible to superficial reinforcements, the foremost among which are the implicit comfort responses obtained when interpersonal distance is present.

There is a second implication of the pattern of results for a theory involving a central core of facilitative conditions. The finding that the differential effects of client EM upon counselor conditions may cancel each other out when averaged suggests that it is not the average level of facilitative conditions offered by the therapist that is of central concern, but rather the process pattern of facilitative conditions. Two therapists, for example, may both function typically at level 2.5; however, the therapist who himself is "in process" (i.e., toward higher levels of functioning) is open to new experiences and

learnings and is likely to be a participant with the client in any crisis. Consequently, learnings for both therapist and client will be had. The other therapist, however, may be fixated at level 2.5; his system is closed and rigid, and he is not open to new learnings, but continually attempts to superimpose indiscriminately and inappropriately his own inflexible framework, often a theory of psychotherapy evolved from dealings with a limited client population, upon all experiences in therapy with all clients. In effect, the low functioning therapist maneuvers in a manner and world analagous, if not in content, then in process, to the ways of hospitalized populations. In fact, there is evidence available (Fogell and Carkhuff, 1966) that hospitalized patients, when cast into a helping role function at levels and with patterns almost identical to Therapist A in this study. The hospitalized patient has, it is well known, failed to learn from his experiences constructive and effective methods of coping with his world, and has substituted instead, rigid and extreme avoidance behaviors. His process pattern has taken a downward slope after each negative interpersonal event (Carkhuff, 1965). The facilitative therapist, then, would be one, who, regardless of the level of conditions he initially offers in a new relationship, subsequently exhibits a process pattern with positive, upward direction, which qualitatively means, that he has come to know better the other person. This process pattern should be found both within and across sessions, and is the operational definition of the "deeper meaning" inherent in the process scales --- i.e., the uniquely human ability to experience, act, and contemplate, and then to go beyond experience, beyond simple reinforcement theory and survival goals, and "grow," or actualize.

A methodological difficulty often cited regarding this type of research concerns the rating of therapist statements with full knowledge of patient statements, and vice versa. In attempting to measure the levels of patient exploration and therapist conditions there is the possibility of contaminating the measurement of one with the measurement of the other, since the raters who judged levels of PE also heard and rated the responses of the therapist. Further, in this study, where there is an hypothesized causal relationship between client and therapist variables, the importance of minimizing external sources of contamination becomes magnified. On the other hand, the very causal nature of this study brings to bear another question: is it meaningful to separate patient and therapist responses in the rating? Can, for example, a therapist's response indicating a certain feeling tone and content be separated from the patient's previous response?

These questions considered, there are some desirable additions, methodologically, to the study. First, it would have been preferable to have had one group of raters rate only one scale, another group of raters rate another scale, thus minimizing contamination among dimensions being measured. Another modification, although one of dubious value, concerns the use of naive raters without sophistication in psychotherapy theory, research and practice. This innovation, however, raises some questions centering around the flexibility of the raters and their ability to translate and transfer scale definitions to highly complex, sometimes creative psychotherapeutic process; ie., how adept are the raters at recognizing similar products (high levels of positive regard) superficially different (advice-giving versus non-directiveness)? Or, how efficient are the raters in discriminating highly incompatible messages camouflaged in the same guise? The rating of these therapeutic conditions about

appear to necessitate a fairly high level of functioning and discrimination on the parts of the raters, themselves. Even more, the very process of "becoming a rater" entails learning and growth for the accurate and reliable rater. It must not be overlooked, that the purpose and goal of professional training is the facilitation and the creation of able, open researchers and practitioners, who are not merely technicians but are creative individuals who are not only willing but eager to discover new facts and work out the implications of new information. Theoretically, at least, there should not be contradiction due to the theoretical expectations of the trained professional; and further, the exaggerated emphasis upon the well-designed and well-controlled study, although these characteristics are necessary, should not counter-balance the rigid, "school-limited" interpretation of data.

The significance of the results found in this study and the limited number of therapists used necessitate replication with a larger number of therapists, of various orientations, and experience. It would also be desirable to have a second type of client(s) who would see each of the therapists seen by the trained client, but who would not make any attempt to "manipulate" the therapist. Again, a range of such control-clients, on the dimension of self-exploration, would be preferred. Process patterns could then be compared and contrasted between client groups and among therapists.

Summary

An attempt was made to explore further the questions of causation which have arisen from recent research involving a central core of facilitative conditions. Specifically, the question asked concerned the possi-

ble causal connection between the level of self-exploration engaged in by a client and the level of facilitative conditions offered by the therapist. Two hypotheses were formulated: (a) that a low level functioning therapist would function at significantly lower levels of facilitative conditions during an experimental period when a client intentionally lowered her level of self-exploration; and (b) that a high level functioning counselor would continue to function at high levels of facilitative conditions during the experimental period.

Two counselors, of identical training and experience, one functioning at high levels of empathy, respect, genuineness and concreteness and the other functioning at low levels, as determined by past research data, were seen by a client who, unknown to the counselors, had a response set to explore herself deeply during the first third of the interview, not at all during the middle 20 minutes and then again during the final third of the session. Objective tape ratings indicated that the low level functioning counselor functioned at levels related to the client's depth of self-exploration. The higher level functioning counselor functioned at higher levels following the introduction of the experimental period. Interpretations, limitations, and implications for further research were discussed.

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Appendix A -

Research Scales for Measuring
Process Variables of Inter-
personal Functioning

Self-Exploration in Interpersonal ProcessesA Scale for Measurement¹

Robert R. Carkhuff

Level 1

The second person does not discuss personally relevant material, either because he has had no opportunity to do such or because he is actively evading the discussion even when it is introduced by the first person.

Example: The second person avoids any self-descriptions or self-exploration or direct expression of feelings that would lead him to reveal himself to the first person.

In summary: for a variety of possible reasons, the second person does not give any evidence of self-exploration.

Level 2

The second person responds with discussion to the introduction of personally relevant material by the first person but does so in a mechanical manner and without the demonstration of emotional feeling.

Example: The second person simply discusses the material without exploring the significance or the meaning of the material or attempting further exploration of that feeling in our effort to uncover related feelings or material.

In summary, the second person responds mechanically and remotely to the introduction of personally relevant material by the first person.

Level 3

The second person voluntarily introduces discussions of personally relevant material but does so in a mechanical manner and without the demonstration of emotional feeling.

Example: The emotional remoteness and mechanical manner of the discussion give the discussion a quality of being rehearsed.

In summary, the second person introduces personally relevant material but does so without spontaneity or emotional proximity and without an inward probing to newly discover feelings and experiences.

Level 4

The second person voluntarily introduces discussions of personally relevant material with both spontaneity and emotional proximity.

Example: the voice quality and other characteristics of the second person are very much "with" the feelings and other personal materials which are being verbalized.

In summary, the second person introduces personally relevant discussions with spontaneity and emotional proximity but without a distinct tendency toward inward probing to newly discover feelings and experiences.

Level 5

The second person actively and spontaneously engages in an inward probing to newly discover feelings or experiences about himself and his world.

Example: The second person is searching to discover new feelings concerning himself and his world even though at the moment he may be doing so perhaps fearfully and tentatively.

In summary, the second person is fully and actively focusing upon himself and exploring himself and his world.

¹ The present scale "Self exploration in interpersonal processes" has been derived in part from "The measurement of depth of intrapersonal exploration (Truax, 1953) which has been validated in extensive process and outcome research on counseling and psychotherapy (Carkhuff and Truax, 1965, 1965a, 1965b; Rogers, 1962; Truax, 1963; Truax and Carkhuff, 1963, 1964, 1965). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy (Blau, 1953; Braaten, 1958; Peres, 1947; Seaman, 1949; Steele, 1948; Wolfson, 1949).

The present represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made. For comparative purposes, Level 1 of the present scale is approximately equal to Stage 1 of the early scale. The remaining levels are approximately correspondent: Level 2 and Stages 2 and 3; Level 3 and Stages 4 and 5; Level 4 and Stage 6; Level 5 and Stages 7, 8, and 9.

TABLE II
Empathic Understanding in Interpersonal Processes

A Scale for Measurement¹

Bernard G. Berenson, Robert R. Carkhuff, J. Alfred Southworth

Level 1

The first person appears completely unaware or ignorant of even the most conspicuous surface feelings of the other person(s).

Example: The first person may be bored or disinterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but listen, understand or be sensitive to even the surface feelings of the other person(s).

Level 2

The first person responds to the surface feelings of the other person(s) only infrequently. The first person continues to ignore the deeper feelings of the other person(s).

Example: The first person may respond to some surface feelings but tends to assume feelings which are not there. He may have his own ideas of what may be going on in the other person(s) but these do not appear to correspond with those of the other person(s).

In summary, the first person tends to respond to things other than what the other person(s) appear to be expressing or indicating.

Level 3

The first person almost always responds with minimal understanding to the surface feelings of the other person(s) but, although making an effort to understand the other person's deeper feelings almost always misses their import.

Example: The first person has some understanding of the surface aspects of the messages of the other person(s) but often misinterprets the deeper feelings.

In summary, the first person is responding but not aware of who that other person really is or of what that other person is really like underneath. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator almost always responds with understanding to the surface feelings of the other person(s) and sometimes but not often responds with empathic understanding to the deeper feelings.

Example: The facilitator makes some tentative efforts to understand the deeper feelings of the other person(s).

In summary the facilitator is responding, however infrequently with some degree of empathic understanding of the deeper feelings of the other person(s).

Level 5

The facilitator almost always responds with accurate empathic understanding to all of the other person's deeper feelings as well as surface feelings.

Example: The facilitator is "together" with the other person(s) or "tuned in" on the other person's wavelength. The facilitator and the other person(s) might proceed together to explore previously unexplored areas of human living and human relationships. The facilitator is responding with full awareness of the other person(s) and a comprehensive and accurate empathic understanding of his most deep feelings.

1. The present scale "Empathic understanding in interpersonal processes" has been derived in part from "A scale for the measurement of accurate empathy (Truax, 1961)" which has been validated in extensive process and outcome research on counseling and psychotherapy (Bergin and Solomon, 1963; Carkhuff and Truax, 1965, 1965a, 1965b; Rogers, 1962; Truax, 1963; Truax and Carkhuff, 1963, 1964, 1965). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy (Barrett-Lennard, 1962; Demos, 1964; Halkides, 1958; Truax, 1961) and education (Aspy, 1965). The present scales were written to apply to all interpersonal processes and have already received research support (Carkhuff, 1965, 1965a; Eberenson Carkhuff and Myrus, 1965).

The present scale represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made. For comparative purposes, Level 1 of the present scale is approximately equal to Stage 1 of the earlier scale. The remaining levels are approximately correspondent: Level 2 and Stages 2 and 3 of the earlier version; Level 3 and Stages 4 and 5; Level 4 and Stages 6 and 7; Level 5 and Stages 8 and 9.

TABLE III

Respect or Positive Regard in Interpersonal Processes

A Scale for Measurement¹

Robert R. Carkhuff

J. Alfred Southworth

Bernard G. Berenson

Level 1

The first person is communicating clear negative regard for the second person.

Example: The first person may be actively offering advice or telling the second person what would be "best" for him.

In summary, in many ways the first person acts in such a way as to make himself the focus of evaluation and sees himself as responsible for the second person.

Level 2

The first person responds to the second person in such a way as to communicate little positive regard.

Example: The first person responds mechanically or passively or ignores the feelings of the second person.

In summary, in many ways the first person displays a lack of concern or interest for the second person.

Level 3

The first person communicates a positive caring for the second person but there is a conditionality to the caring.

Example: The first person communicates that certain kinds of actions on the part of the second person will reward or hurt the first person.

In summary, the first person communicates that what the second person does or does not do, matters to the first person. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator clearly communicates a very deep interest and concern for the welfare of the second person.

Example: The facilitator enables the second person to feel free to be himself and to be valued as an individual except on occasion in areas of deep personal concern to the facilitator.

In summary, the facilitator sees himself responsible to the second person.

Level 5

The facilitator communicates a very deep respect for the second person's worth as a person and his rights as a free individual.

Example: The facilitator cares very deeply for the human potentials of the other person.

In summary, the facilitator is committed to the value of the other person as a human being.

1. The present scale, "Respect or Positive Regard in Interpersonal Processes has been derived in part from " A Tentative Scale for the Measurement of Unconditional Positive Regard" (Truax, 1962) which has been validated in extensive process and outcome research on counseling and psychotherapy (Carkhuff and Truax, 1965; 1965a; Rogers, 1962; Truax, 1963; Truax and Carkhuff, 1963, 1964, 1965). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy (Barrett-Lennard, 1962; Demos, 1964; Halkides, 1958; Spotts, 1962) and education (Christianson, 1961; Truax and Tatum, 1962). The present scales were written to apply to all interpersonal processes and have already received research support (Carkhuff, 1965, 1965a; Berenson, Carkhuff and Myrus, 1965).

The present scale represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important dilineations and additions have been made. For comparative purposes, the levels of the present scale are approximately equal to the stages of the earlier scale, although the systematic emphasis upon the positive regard rather than upon unconditionality represents a pronounced divergence of emphasis.

Facilitative Genuineness in Interpersonal ProcessesA Scale for Measurement¹

Robert R. Carkhuff

Level 1

The first person's verbalizations are clearly unrelated to what he is feeling at the moment, or his only genuine responses are negative in regard to the second person (s) and appear to have a totally destructive effect upon the second person.

Example: The first person may be defensive in his interaction with the second person(s) and this defensiveness may be demonstrated in the content of his words or his voice quality and where he is defensive he does not employ his reaction as a basis for potentially valuable inquiry into the relationship.

In summary, there is evidence of a considerable discrepancy between the first person's inner experiencing and his current verbalizations or where there is no discrepancy the first person's reactions are employed solely in a destructive fashion.

Level 2

The first person's verbalizations are slightly unrelated to what he is feeling at the moment or when his responses are genuine they are negative in regard to the second person and the first person does not appear to know how to employ his negative reactions constructively as a basis for inquiry into the relationship.

Example: The first person may respond to the second person(s) in a "professional" manner that has a rehearsed quality or a quality concerning the way a helper "should" respond in that situation.

In summary, the first person is usually responding according to his prescribed "role" rather than to express what he personally feels or means and when he is genuine his responses are negative and he is unable to employ them as a basis for further inquiry.

Level 3

The first person provides no "negative" cues between what he says and what he feels, but he provides no positive cues to indicate a really genuine response to the second person(s).

Example: The first person may listen and follow the second person(s) but commits nothing more of himself.

In summary, the first person appears to make appropriate responses which do not seem insincere but which do not reflect any real involvement either. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The facilitator presents some positive cues indicating a genuine response (whether positive or negative) in a non-destructive manner to the second person(s).

Example: The facilitator's expressions are congruent with his feelings although he may be somewhat hesitant about expressing them fully.

In summary, the facilitator responds with many of his own feelings and there is no doubt as to whether he really means what he says and he is able to employ his responses whatever their emotional content, as a basis for further inquiry into the relationship.

Level 2

The facilitator is freely and deeply himself in a non-exploitative relationship with the second person(s).

Example: The facilitator is completely spontaneous in his interaction and open to experiences of all types, both pleasant and hurtful, and in the event of hurtful responses the facilitator's comments are employed constructively to open further area of inquiry for both the facilitator and the second person.

In summary, the facilitator is clearly being himself and yet employing his own genuine responses constructively.

¹ The present scale, "Facilitative genuineness in interpersonal processes" has been derived in part from "A tentative scale for the measurement of therapist genuineness or self-congruence" (Truax, 1962) which has been validated in extensive process and outcome research on counseling and psychotherapy (Barret-Lennard, 1962; Dickenson, 1965; Halkides, 1958; Jourard, 1962; Truax, 1961), and education (Aspy, 1965). The present scale represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process, many important delineations and additions have been made. For comparative purposes, the levels of the present scale are approximately equal to the stages of the earlier scale, although the systematic emphasis upon the constructive employment of negative reactions represents a pronounced divergence of emphasis.

Personally Relevant Concreteness or Specificity of Expression
in Interpersonal Processes

A Scale for Measurement¹

Robert R. Carkhuff

Level 1

The first person leads or allows all discussion with the second person(s) to deal only with vague and anonymous generalities.

Example: The first person and the second person discuss everything on strictly an abstract and highly intellectual level.

In summary, the first person makes no attempt to lead the discussion into the realm of personally relevant specific situations and feelings.

Level 2

The first person frequently leads or allows even discussions of material personally relevant to the second person(s) to be dealt with on a vague and abstract level.

Example: The first person and the second person may discuss "real" feelings but they do so at an abstract, intellectualized level.

In summary, the first person does not elicit discussion of most personally relevant feelings and experiences in specific and concrete terms.

Level 3

The first person at times enables the second person(s) to discuss personally relevant material in specific and concrete terminology.

Example: The first person will help to make it possible for the discussion with the second person(s) to center directly around most things which are personally important to the second person(s) although there will continue to areas not dealt with concretely and areas which the second person does not develop fully in specificity.

In summary, the first person sometimes guides discussions into consideration of personally relevant specific and concrete instances, but these are not always fully developed. Level 3 constitutes the minimal level of facilitative functioning.

Level 4

The facilitator is frequently helpful in enabling the second person(s) to fully develop in concrete and specific terms almost all instances of concern.

Example: The facilitator is able on many occasions to guide the discussion to specific feelings and experiences of personally meaningful material.

In summary, the facilitator is very helpful in enabling the discussion to center around specific and concrete instances of most important and personally relevant feelings and experiences.

Level 5

The facilitator is always helpful in guiding the discussion so that the second person(s) may discuss fluently, directly and completely specific feelings and experiences.

Example: The first person involves the second person in discussion of specific feelings, situations and events, regardless of their emotional content.

In summary, the facilitator facilitates a direct expression of all personally relevant feelings and experiences in concrete and specific terms.

¹ The present scale "personally Relevant Concreteness or Specificity of Expression" has been derived from earlier work (Truax, 1961; Truax and Carkhuff, 1963, 1964). Similar measures of similar constructs have been researched only minimally (Pope and Siegman, 1962). The present scale has received support in research on the training of counselors (Berenson, Carkhuff and Myrus, 1965). The systematic emphasis upon the personally meaningful relevance of concrete and specific expressions represents a pronounced divergence of emphasis.

Appendix B

Raw Data of Tape Ratings on
Process Variables

Table 1
Averaged Ratings of Process Variables
for Therapist A

	<u>Process Variables</u>				
	<u>Empathy</u>	<u>Positive Regard</u>	<u>Genuineness</u>	<u>Concreteness</u>	<u>Self-Exploration</u>
<u>Period I</u>					
<u>Excerpt:</u>					
1	1.75	2.00	2.00	2.00	3.25
2	1.50	2.00	2.00	3.00	3.10
3	1.25	1.50	1.50	2.75	3.00
4	1.00	1.50	1.50	2.50	2.50
5	1.00	1.50	1.50	2.00	2.00
<u>Period II</u>					
<u>Excerpt:</u>					
1	1.00	1.25	1.00	1.00	1.50
2	1.00	1.00	1.00	1.00	1.00
3	1.00	1.00	1.00	1.75	1.25
4	1.00	1.00	1.00	1.50	1.25
5	1.00	1.00	1.00	1.50	1.50
<u>Period III</u>					
<u>Excerpt:</u>					
1	1.25	1.00	1.00	1.25	3.50
2	1.25	1.00	1.00	1.75	2.75
3	1.50	1.25	1.25	2.25	3.25
4	1.50	1.75	1.75	2.25	3.25
5	1.25	1.25	1.50	1.75	3.00

Table 2

Averaged Ratings of Process Variables
for Therapist B

	<u>Process Variables</u>				
	<u>Empathy</u>	<u>Positive Regard</u>	<u>Genuineness</u>	<u>Concreteness</u>	<u>Self-Exploration</u>
<u>Period I</u>					
<u>Excerpt:</u>					
1	4.12	4.00	3.50	3.25	3.62
2	4.12	4.25	4.00	4.00	3.75
3	3.75	4.00	4.50	4.00	4.00
4	4.00	4.25	4.50	3.75	3.75
5	4.00	4.25	4.50	3.75	3.75
<u>Period II</u>					
<u>Excerpt:</u>					
1	4.50	4.50	4.00	3.75	1.25
2	4.50	4.25	4.50	3.75	1.75
3	4.75	4.50	5.00	4.00	1.00
4	4.00	4.00	4.75	4.00	1.50
5	4.25	4.25	5.00	4.00	1.75
<u>Period III</u>					
<u>Excerpt:</u>					
1	4.25	4.25	5.00	3.75	3.25
2	4.75	4.50	5.00	3.75	3.25
3	4.75	4.25	5.00	3.75	3.25
4	4.75	4.50	5.00	4.00	3.25
5	4.50	4.50	4.50	4.00	4.00

