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SOME COUNSELOR ATTITUDES AND CHARACTERISTICS
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DISSERTATION
Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By
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* * * * * *

The Ohio State University
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CHAPTER I

INTRODUCTION

The purpose of this study is to determine the extent to which certain counselor characteristics and attitudes are related to the counseling relationship. The study grew out of my concern with discovering those factors in counseling which are therapeutic and which in some way facilitate client growth. It also grew out of my attempts to help beginning counselors profit from their practicum experiences.

From these counselors I have learned to appreciate the subtle and profound influence that the counselors' attitudes can have on their clients. These counselor attitudes are, it seems to me, very influential factors in producing the kind of relationship that leads (or does not lead) to client improvement. This observation is supported by the counseling literature.

Whitaker and Malone (61), for example, indicate that this is a recent trend in at least two major "schools," Client Centered Therapy and Psychoanalysis. They indicate that techniques (even in Psychoanalysis) have in recent years been superceded in theory by the feeling tones that lie behind them (attitudes with emotionalized content). In other words both in client-centered and psychoanalytic
theory, technique has become less stringent in order to allow expression to an important dynamic, the therapist's emotionalized attitudes.

Snyder and Snyder (50) state that "about five years ago we became very much convinced that the relationship that develops between therapist and client is the essential core of the therapy." They discuss some of the factors they feel are important for developing this relationship. They also refer to studies by Ford (16) and Bown (6), who both reported measures of attitudes on one or both sides of the relationship.

C. H. Patterson expresses this point of view well. He says that ". . . the essence of counseling and psychotherapy is a philosophy or attitude toward people. The two principles of respect for the client as a person of worth, and an understanding of him as a unique person have appeared as the basis of therapeutic counseling" (35, p. 166).

Rogers (33) goes even further and states what he calls the necessary and sufficient conditions for therapeutic personality change. These are specific therapist attitudes which Rogers believes are essential for the development of a therapeutic relationship. As Barrett-Lennard pointed out (3), Rogers postulated a comprehensive and systematic (and testable) conception of the change-producing ingredients of the therapy process.
McGowan and Schmidt also emphasize the importance of the relationship which develops between counselor and client, viewing it as the most significant aspect of counseling. They say "It follows then, that those factors which foster the development and maintenance of an effective relationship are of primary importance. In the main these seem to be the essential characteristics of the counselor himself: his attitudes, values, and intentions in his relationships with others; his real purposes and goals in making counseling a career; and finally, his objectives in counseling with a particular client" (33, p. vi). They also say that these characteristics tend to be more essential than the counselor's specific knowledges or his counseling techniques.

It is with this general orientation in mind that this study was undertaken. It is an attempt to determine the effect which some of the counselor's attitudes may have in terms of the kind of relationship the client feels has developed. In other words, this study will deal with the relationship between some of the counselor's attitudes and characteristics and the kind of relationship that is developed between the counselor and client.
CHAPTER II

BACKGROUND OF THE PROBLEM AND
STATEMENT OF THE PROBLEM

As Gardner Murphy (34) put it, "A great deal of what you communicate to your client is not what you say but what you are." This succinct statement seems to sum up much of what this chapter will be about. In this chapter, the theory out of which this study grew and the research relevant to it will be discussed. Since the study deals with three main aspects of what is sometimes called "the counselor variable" and with the nature of the counseling relationship, the most relevant literature in each of these four areas will be discussed.

The Nature of the Relationship

As indicated in Chapter I, many writers in the field of counseling are beginning to view the relationship as the most important aspect of counseling. It is frequently referred to as being the goal toward which all other counseling activities are directed. Ingham and Love (28), however, have pointed out that this "therapeutic relationship" is usually seen as a by-product of counseling or therapy, not as an end in itself. They call attention to the emphasis
placed on the development of "insight" or self-understanding. Insight seems, in fact, to be the usual stated purpose of counseling or therapy. A reasonably good relationship must exist to provide the environment in which the counselor and client can work together towards developing insight. But the search for insight usually determines the choice of topics. The bond, or relationship that develops, is then, usually seen as a by-product of the common search for insight.

The theory and research of the client-centered therapy group, however, has frequently focused directly on the nature of the relationship. Much of this material has been thoroughly reviewed elsewhere (see, e.g., Seeman and Raskin (49), Rogers and Dymond (33), Cartwright's (8) annotated bibliography of client-centered theory and research and the reviews by Halkides (24) and Barrett-Lennard (3).

Rogers' (38) article on the necessary and sufficient conditions of therapeutic personality change clearly spells out his views about the relationship. He points out, first of all, that significant positive personality change does not occur except in a relationship. He means by this, simply psychological contact: the awareness by both the client and the counselor of the presence of the other. Rogers reports, in his recent book, On Becoming a Person (44), on his changing view of this first condition. He says that
in his early professional years he was asking the question, How can I treat or change or cure this person? Now, he says he would phrase the question in this way: "How can I provide a relationship which this person may use for his own personal growth?" (44, p. 32.)

The other necessary and sufficient conditions postulated by Rogers (38,44) which have relevance for this study are these:

1. The therapist must be "congruent" or integrated in the relationship.
   By this Rogers means that within the relationship the therapist is exactly what he is—not a facade, or a role, or a pretense. He not only means exactly what he says, but his deepest feelings also match what he is expressing. It is when the therapist is fully and accurately aware of what he is experiencing at this moment in the relationship, that he is fully congruent.

2. The therapist must experience unconditional positive regard for his client.
   By this Rogers means that the therapist is "accepting." He experiences a warm caring for the client—a caring which is not possessive, which demands no personal gratification. His acceptance of the client is unconditional in the sense that it is non-judgmental. There are no conditions or strings or "if's" attached. It involves an acceptance of and a caring for the client as a separate person, with permission for him to have his own feelings and experiences, and to find his own meanings in them.

3. The therapist must experience an empathic understanding of the client's awareness of his own experience.
   By this Rogers means to sense the client's private world as if it were your own, but without ever losing the "as if" quality. When the therapist is sensing the feelings and personal meanings which the client is experiencing in each moment, when he can perceive these from "inside," as they seem to the client, and when he can successfully communicate something of that understanding to his client, then this condition is fulfilled.

4. The therapist must communicate both his empathic understanding and his unconditional positive regard, as well
as his other feeling, to the client. The client must perceive the therapist as accepting and understanding and genuine.

Two studies have been completed which indicate the importance of these counselor variables for the relationship and for positive change in the client.

Halkides (24) hypothesized that there would be a significant relationship between the extent of constructive personality change in the client and four counselor variables: (1) the degree of empathic understanding of the client manifested by the counselor; (2) the degree of positive affective attitude (unconditional positive regard) manifested by the counselor toward the client; (3) the extent to which the counselor was genuine, his words matching his own internal feeling; and (4) the extent to which the counselor's response matches the client's expression in the intensity of affective expression.

To investigate these hypotheses she first selected, by multiple objective criteria, a group of ten cases which could be classed as "most successful" cases and ten classed as "least successful" cases. She then took an early and late recorded interview from each of these cases. On a random basis she picked nine client-counselor interaction units—a client statement and a counselor response—from each of these interviews (nine early interactions and nine late ones from each case). This gave her several hundred units which were then placed in random order.
Three judges who did not know the cases or their degree of success or the source of any given unit then listened to this material four different times. By using a seven-point scale, they rated each unit on the basis of the degree of empathy, the counselor's unconditional positive regard toward the client, the counselor's congruence or genuineness, and matched emotional intensity.

It proved possible to achieve high reliability between the judges (correlation coefficients in the .80's and .90's) except on the last variable. It was found that a high degree of empathic understanding was significantly associated, at the .001 level, with the more successful ones. The same was true for unconditional positive regard and for congruence. For matched intensity of affective expression, the results were equivocal.

Rogers (42), in commenting on the implications of this study, concludes that it seems to indicate (1) that the quality of the counselor's interaction with a client can be satisfactorily judged on the basis of a very small sample of behavior and (2) that if the counselor is congruent, if he likes the client, unconditionally, and if the counselor understands the essential feelings of the client as they seem to the client, then there is a strong probability that this will be an effective helping relationship.

Barrett-Lennard's study is also built upon an attempt to show the effect of the counselor variables represented by
Rogers' necessary and sufficient conditions, but it differs from that of Halkides in its method and in certain theoretical respects. In his study, the theory is transposed into operational form at the data-gathering level. It is hypothesized that each of five aspects of the therapist's attitudes and responses, as experienced by his client, are influential in the process of therapeutic change. Two of these variables—empathic understanding and congruence—are theoretically similar in meaning to the like-named concepts in Halkide's study. In addition, he used "level of regard" and "unconditionality of regard," which represents a division of the concept of unconditional positive regard into what are considered to be two separate components. He also introduced a fifth relationship variable, "willingness to be known."

Barrett-Lennard explains that level of regard refers to the effective aspect of one person's response to another (either positive or negative). It may be considered the "loading" of all the distinguishable feeling reactions of one person toward another, positive and negative, onto a single abstract dimension. The lower extreme of this dimension represents maximum intensity and predominance of negative type feeling, not merely a lack of positive feeling.

Unconditionality of regard, on the other hand, is specifically concerned with how little or how much variability there is in one person's effective response to
another. It is defined as the degree of constancy of regard felt by one person for another who communicates self-experiences to the first. The more the therapist's regard for the client changes in response to his changes in feeling, the more conditional (less unconditional) he is.

Barrett-Lennard tested two related hypotheses: (1) The extent of a client's therapeutic personality change partly depends on the level, implied in the client's perceptions of his therapist, of each of the five therapist-response variables. (2) More successful therapists facilitate more therapeutic change in their clients because they respond in ways that lead their clients to experience them as more positive and unconditional in their regard, and more empathically understanding, congruent, and willing to be known in relation to their clients.

To test these hypotheses, Barrett-Lennard developed a questionnaire called the Relationship Inventory which measures the five conditions separately. Each client filled out the questionnaire in regard to the nature of his relationship with his counselor, in terms of the five therapist dimensions. These Relationship Inventory scores were then compared with measures of client change and with therapist expertness. The obtained results supported both of the experimental hypotheses in most respects. Four of the five measured variables (empathic understanding, level of regard, unconditionality of regard, and congruence) are each
significantly associated (at the .01 level) with the two independently derived indices of change, and with therapist expertness. Willingness to be known was not significantly related to these measures.

It was also found that the better adjusted a client is on entering therapy, the more liking and respect he perceives in his therapist's response to him and the more secure and integrated (congruent) his therapist appears to him.

Barrett-Lennard makes the following interpretation of the results:

1. The results of a split-half reliability assessment and intercorrelation of the relationship scales are consistent with viewing each measure as a distinct aspect of perceived relationship.

2. Support of the first hypothesis is interpreted theoretically to mean that four of the relationship measures (from the client's perception) are indices of primary change-producing influences.

3. Support of the second hypothesis implies that constructive personality change partly depends on how much the therapist's actual response causes his client to experience him as empathically understanding, congruent, and positive and unconditional in his regard.

These two studies lend strong support to Rogers' theoretical formulations of the effect of counselor's attitudes on the nature of the relationship and the effect of
this relationship in producing positive (therapeutic) client changes. Additional support is given in a series of studies reported by Barrett-Lennard (4). Three of these studies, which used the Relationship Inventory, will be mentioned here (Barrington, Thornton, and Emmerling).

Barrington (5) studied nine aspects of verbal behavior (e.g., percentage of emotional words and number of words per therapist response) in client-therapist relationships with reference to the absolute amount of the behavior in question and the amount of increase or decrease in the behavior from the first to the second interview. A variety of possible associations between the verbal behavior indices and three of the Relationship Inventory variables and also between three criteria of therapy outcomes, were investigated. The results showed that the predictive value of this type of measure (verbal behavior indices) was demonstrated most clearly in the associations found with the Relationship Inventory variables. Statistically significant associations were found between four of the behavioral indices and one or the other of two Relationship Inventory variables (empathic understanding and congruence).

Thornton (57) studied certain dimensions of perceived relationship as related to marital adjustment, using the Marriage Adjustment Schedule and the Relationship Inventory. He found that there was a positive and significant relationship between level of marital adjustment and the level of
regard, empathic understanding, congruence and unconditionality of regard that each marriage partner perceives in the other's response to him (or her). He also found a significant inverse relationship between adjustment in marriage and the degree to which each marital partner feels that he is responding more positively to the other than the other is to him (in the four ways measured by the Relationship Inventory) and that he is responding more positively than the other partner feels he is responding. The results suggest that the Relationship Inventory may itself be an adequate measure of marital adjustment.

Emmerling (10) divided a sample of classroom teachers into three groups on the basis of the degree to which they report concern with self-related problems (as against problems external to self). For each group of teachers he studied their students' perception of the opportunity for participation and freedom of communication in their classrooms. He also studied, for each group, the students' perception of their teacher's ability to be positive and unconditional in their regard and empathic and congruent in relation to their students. He found that for each of these variables, the group of teachers identified as most concerned with self-related problems obtained significantly higher ratings than the group most concerned with problems unrelated to self.
These studies seem to me to be suggesting some of the factors which are most important for facilitating growth in another person. Furthermore these studies seem to indicate pretty clearly that the relationship at least assists the counseling process. Especially the kind of relationship postulated by Rogers. Perhaps now a discussion of the "process" conception of counseling will help clarify "how" it provides this assistance.

A Process Conception of Counseling: Experiencing

In discussing the development of "the process conception" of psychotherapy, Rogers (43) says that after attempting to approach the problem from several different ways without success, he finally decided simply to become a "naturalistic observer." Divesting himself of as many preconceptions as possible, he listened to many recorded therapeutic interviews, trying to listen freshly and naively to what was going on. Gradually, he reports, his observations began to cluster, and he began to feel more and more a sense of order, in the form of a continuum which reaches from rigidity and fixity of psychological functioning on the one hand to psychological flow and changingness on the other. Since this original conception, Rogers and others have clarified, modified, and attempted to define operationally these process concepts. Rogers says he now feels that this is a continuum which "seems to apply to the whole
As Rogers explains, the nature of this continuum is difficult to conceptualize. The observed facts do not correspond well to the usual picture of a simple continuum. Nor is the analogy of a yardstick adequate. There are a number of separate elements or strands in this process of change which need to be taken into account. But even the strands are not a series of yardsticks. Nor are they simply parallel continua. The distinctive point is that at the rigid end of the process, the various strands or elements are quite separable and distinct and can be separately evaluated or rated. But in the later stages of process, the individual may be experiencing feelings with immediacy, knowing them, and representing them as "personal constructs"—all at the same time. In other words, at the higher levels of the scale, the previously separable strands are fused into one.

In his 1958 paper, Rogers (40) describes the development of a scale to measure these strands of process. He points out that it seems clear that individuals reveal themselves and their characteristics to differing degrees in different situations, so that we need to try to approximate some standard condition under which samplings of expressive behavior might be drawn. He proposes that the standard
psychological climate should be one in which the individual feels himself to be empathically understood, accepted, and received as he is. He also points out that this happens to be the situation which is hypothesized as facilitating the process in question.

With the help of Dr. Alan Walker, the discursive observational account of the process of psychotherapy was translated into a more orderly schedule of stages of therapy, with the different strands to be considered at each stage: (1) Feelings and personal meanings, (2) Manner of Experiencing, (3) Degree of incongruence, (4) Communication of Self, (5) The manner in which Experience is construed (personal constructs), (6) The Relationship to Problems, and (7) Manner of Relating. The scale is called The Process Scale, and it has been revised and refined many times since its original development.

Heisel (26) planned and carried out a small pilot study, which showed that, even with a minimum of training, judges could reliably rate the "strands" of the Process Scale.

Walker, Rablen, and Rogers (60) carried out the second study using the Process Scale. They chose six transcribed cases, representing a considerable range of outcomes. They then coded the material and randomized the typescripts. Two judges made several sortings and rankings of the data, using the Process Scale, and were able to achieve reliable ratings (coefficient of correlation of .83, significant at the .01
level) of the samples. A comparison of outcome level with Process Scale ratings indicated that these ratings bear a meaningful relationship to external criteria of successful change in therapy.

Rogers gives his reaction to these developments (the results of these two studies) in the following words:

At times I feel very much sobered by the bold prediction implicit in the development of this conception of a scale of process in personality change. What has been presented hints at the possibility that a brief sample of an individual's expressive behavior, taken in a situation in which he feels fully received, can be analyzed to give us knowledge of where he stands on the continuum of psychotherapy or the even more general continuum of personality development and flow; and that this analysis may be possible without knowledge of the individual's genetic history, social milieu, personal background, personality type, psychological diagnosis, or length of time in therapy. The two small studies reported indicate that it is not unreasonable to expect that this implicit prediction may be fulfilled. To me this seems like a startling development (Rogers, 43, p. 106).

Tomlinson and Hart (53) conducted a validation study of the Process Scale. They also obtained positive results, and state that their study, and the previous studies, justify the following conclusions in regard to the Process Scale and its operational meaning:

1. Interjudge agreement is always adequate and significantly better than chance, as estimated by parametric and nonparametric statistics. Interjudge reliability appears to have a minimum of about .60.

2. It distinguishes between more successful and less successful cases at a high level of statistical significance.

3. It indicates that more successful cases begin as well as end at a significantly higher level of process.
4. There is evidence that there is greater movement (process change) on the Process Scale during the period of therapy in more successful than in less successful cases. The difference is only modestly significant and its utility is yet to be determined.

5. There is a tendency for the second half of each interview to be rated higher on the Process Scale than the first half. This tendency toward intrainterview change is definitely significant in the more successful group of cases (58, p. 78).

Several "strands" of the Process Scale have been the object of special attempts to develop separate process scales. One of the strands, manner of experiencing, was based primarily on the work of Gendlin (19), and has now been expanded into a separate process scale, called the Experiencing Scale. Gendlin developed the Experiencing Scale to measure certain aspects of "experiencing," a process concept he has developed and discussed in several theoretical writings (17,18,19,20, 21,22,23).

Gendlin says, ". . . some initial sense of what the term "experiencing" refers to can be communicated by calling it "subjective experiencing." It refers to an individual's feeling of having experience. It is a continuous stream of feelings with some few explicit contents. It is something given in the phenomenal field of every person (19).

Gendlin believes that the recent positivistic trends in psychology towards operational definition, are making it very hard to refer at all to the everyday phenomenon of subjective experiencing. He presents a strong case for the
introduction of new concepts that allow us to refer directly to the experiencing process. He feels it is very important to be able to refer directly, for example, to "this funny feeling I have," without having to conceptualize it.

The term experiencing refers to experienced or implicitly felt meaning. It is something directly observable by the individual and observable by others indirectly in his expression of such direct observation. Conceptualizations of it can be accurate or inaccurate, yet the felt datum itself will still be directly present. Experiencing is, then, implicitly meaningful, present, directly referred to, and felt.

The theory of experiencing is related by Gendlin to several counselor variables and to the nature of the relationship. This is spelled out most clearly in terms of how experiencing relates to the congruence or genuineness of the counselor. He points out that the Rogerian conception of genuineness or congruence is often misinterpreted as meaning the counselor's conceptual expression to the client of all kinds of personal feelings. This is not what Rogers meant.

Instead he means to imply a way of having experience which can be "congruent" without being fully conceptualized, which is what Gendlin's term "experiencing" refers to. Hence, genuineness implies that a counselor rarely gives conceptual awareness or expression to his attitudes. Instead, it implies that the counselor responds with some conceptuali-
IZATION OF THE CLIENT'S EXPERIENCE. The question of genuineness is simply: Does the counselor have the present experiencing as well as the conceptualizations he expresses, or only the latter? If he has experiencing as well as the conceptualization, then the counselor genuinely experiences the client. Genuineness, for the counselor, seems to be analogous to experiencing, for the client.

In a recent paper, Gendlin (22) expresses it this way:

The therapist cannot really verbalize the client's experienced referent, but he can refer to it, he can point his words at it, he can fashion his responses so that it is clear that he senses the specific inward experiencing, not just the spoken or conceived message. Or, if such pointing within the patient threatens the patient too much, the therapist can express his own inward sense of the present moment, as the therapist's own expression. It will sound different, but it will still implicitly be a response to the patient's present process of experiencing, and it will tend to make events occur within the patient's experiencing (22, p. 41).

There are many other aspects of experiencing which could be mentioned, but they are beyond the scope of this review. One study (18) was undertaken to investigate the effect on outcome of expression of immediate experiencing versus expression of past or present content. Judges reliably rated the amount of immediate experiencing on a nine-point scale, the extremes of which are "expresses feelings of the moment" and "talks about feelings past or present." As predicted, the scale measuring expression of immediate experiencing correlated highly with several success
measures, while the scale of past or present content did not. The authors conclude that "this type of research shows the possibility of measuring the counselor's observation of client's experiencing as something different from conceptualizations" (18).

This section has dealt with some aspects of genuineness, experiencing level and (by implication) openness on the part of the counselor, as it relates to the counseling process. The next section will deal briefly with another aspect of openness—the individual's belief system. It is my contention that this aspect of openness is relevant to counselor effectiveness, as discussed in the preceding sections.

Open Mindedness: Dogmatism

The general area of the open and closed mind, or general tolerance and intolerance, deals with the relationships among personality, ideology and cognitive functioning. It has been most recently and thoroughly studied by Rokeach and his students (47). His book, *The Open and Closed Mind*, reviews very carefully and completely the theory and much of the research in this.

Briefly, the theory deals with an analysis of beliefs, and disbeliefs. Beliefs include anything that an individual holds to be true; disbeliefs include what he holds to be false. Beliefs and disbeliefs may be held consciously or
unconsciously, as expectancies or as implicit sets. The total belief-disbelief system "would thus be an organization of verbal and nonverbal, implicit and explicit beliefs, sets or expectancies" (47, p. 32).

Any individual's belief system, which includes both beliefs and disbeliefs, may be located somewhere along a continuum that stretches from open to closed. Rokeach defines a belief system as being open or closed on the basis of "the extent to which the person can receive, evaluate, and act on relevant information received from the outside on its own merits, unencumbered by irrelevant factors in the situation arising from within the person or from the outside" (47, p. 57). Examples of irrelevant factors are power needs, irrational ego motives, and unrelated habits, beliefs, perceptual cues and anxiety.

A belief system serves a dual function. On the one hand, it provides a needed cognitive framework (a personal theory) for understanding and interpreting the world. On the other hand, it represents each person's defense network, through which information is filtered "in order to render harmless that which threatens the ego." The belief system seems to be constructed to serve both masters at once: to understand the world insofar as possible, and to defend against it insofar as necessary. It is when one aspect predominates markedly over the other that a system of belief can be recognized as open or closed.
The open system can be identified by a predominance of the need to know and to understand. It is relatively free to deal with information on its own merits. Closed belief systems are characterized by the need to protect oneself against anxiety. This need is so strong that it overshadows the need to know and understand.

The closed minded individual, however, does not feel closed minded. On the contrary, he may view himself as being as open minded as anyone else. This is a self-perception which is part of the "total defensive posture," because if he did not feel that he "knew" and was "in control," he would experience the anxiety he seeks to escape.

Several studies have been conducted using the Dogmatism Scale to measure the degree of open or closed mindedness of various persons and groups of persons. This scale was developed by Rokeach (47) who has shown that it is both reliable and valid. He reports a number of these studies in his book. They deal with such things as the relationship of dogmatism to individual differences in isolation, differentiation, time perspective, the specific content of primitive beliefs, the formal content of beliefs about authority and people, and the structure of peripheral beliefs.

All of these studies seem to provide positive confirmation for the theory discussed above. They indicate that the differences between persons who are open and closed in their belief systems can be accounted for by assuming that
an enduring state of threat in the personality is one condition giving rise to closed belief systems. They also indicate that underlying all the specific properties mentioned above, there is one main variable. This fundamental variable is the capacity to distinguish information from source of information and to evaluate each on its own merits. This variable, in its extremes, describes (according to Rokeach) the essence of the open and closed mind.

This theory and research reported by Rokeach has generated more research on open and closed systems. Most of these studies have used the Dogmatism Scale.

Barker (1) conducted a study to investigate some aspects of the relationship between personality and ideology. He found that the Dogmatism Scale represents an adequate measure of general intolerance and that the concepts of authoritarianism of the political right, center and left are "subvariants" of the general authoritarian patterns. He showed that persons who are authoritarian in any direction (right, center or left) are similar in being high on measures of intolerance of ambiguity, anti-intraception, censorship tendency, stereotypy, opinionation and dogmatism.

Kemp (30) showed that dogmatism is a factor which influences the number of personal problems of freshman college students. He found that there was a significant difference between the high and low dogmatic groups in the degree to which they profited from a short-term counseling
experience. In the low dogmatic group, there was a significant reduction in the number of problems remaining, after four counseling interviews.

In another study, Kemp (29) investigated the hypothesis that in situations requiring higher level thought processes (critical thinking) the low dogmatic individual would be more efficient than the high. His hypothesis was confirmed by the results of the study. He interprets this to mean that "apparently the high dogmatic has difficulty in tolerating ambiguities and is thus impelled toward "closure" before full consideration is given to each piece of contributing evidence. This sometimes results in the perceptual distortion of facts and in a conclusion which does not encompass all elements of the problem" (Kemp, 29, p. 313).

Ehrlich (9) investigated the relationship of dogmatism to the degree of learning resulting from a given classroom exposure. He hypothesized that if the postulated "closed cognitive structure" of dogmatic persons is empirically correct, then persons high in dogmatism should exhibit less learning in a classroom situation than those low in dogmatism. The results indicated that this hypothesis is confirmed and imply that dogmatism is significantly and inversely related to learning.

Fileenbaum and Jackman (15) carried out a study which was a replication and extension of some of Rokeach's work on
the relation of dogmatism and anxiety to performance in a problem solving task. The task required the subject to reject a number of standard operating procedures of everyday life and integrate and synthesize a new set of beliefs into a working system, the Denny Doodlebug problem. Consistent with previous results, subjects with very high dogmatism scores performed more poorly than subjects with very low scores. A significant and positive relationship was also obtained between dogmatism and anxiety scores. The implication is that, in general, the more closed minded a person, the more trouble he has with a task requiring him to synthesize and organize a new set of beliefs.

Two other studies using the Dogmatism Scale (Pavey, 36) and R. L. Wrenn,(63) are less definite in supporting the dogmatism construct. Neither found statistically significant results, but both found "trends." Pavey's results indicate that some support is given to his basic contention that future time perspective, especially concern for the future, is related to affective states and that a change in the latter is associated with a change in the former. Pavey's "closed" group showed more concern for the future on a pre-test, as predicted; but on a post-test, after an attempt to produce a failure experience for both his open and closed groups, he found no significant differences.

R. L. Wrenn (63) found a tendency for closed minded subjects to value a group they are about to join (and this
group's discussions) more than do open-minded subjects. He interprets this as a tendency for the closed minded individuals to become constricted in their response repertoire by the presenting set of a forced choice questionnaire, used in his study.

The implication of these studies seems quite clear. There seems to be a general factor of open mindedness or dogmatism operating in many aspects of a person's life, and the Dogmatism Scale seems, at least to some degree, to measure it. It seems likely that this is an important counselor variable, since it seems to encompass, in a general way, many of the specific attitudes referred to above (acceptance, level of regard, etc.) as being therapeutic (or non-therapeutic). Other attitudes, even more specific, might also be related to the kind of counseling relationship developed. I am referring here to the counselor's orientation, a topic frequently discussed in the counseling literature.

Orientation: The Therapist Orientation Questionnaire

The question of the effect of the counselor's orientation on the nature of the relationship and on outcomes has been a topic of discussion and of investigation for many years. The fact that there are so many different points of view, systems, and schools of thought in therapeutic psychology makes most of us wonder whether some orientations are
not better than others. In fact, it almost seems inevitable that there will be differences in the effect that such different approaches would have.

The studies by Fiedler (11,12,13,14) and Strupp (51, 52,53) are well known. In general, they point to the large degree of overlap in specific responses among therapists operating under different theoretical orientations. In addition, they show the apparent effect that "level of experience" or "expertness" has on counselor response. Presumably, the more experienced counselors differ less than the inexperienced counselors (in both their conception of the "ideal therapeutic relationship" and in their responses to client statements) regardless of the particular theoretical orientation to which they profess allegiance.

As Patterson points out (35), Fiedler's studies clearly reflect the importance of the counselor's ability to understand and to communicate this understanding to the client (experts do this, regardless of school, non-experts do not). Strupp's studies seem to indicate that experience results in greater diversification of technique, but, in spite of the statistical results reported in his studies, Patterson feels that there seems to be relatively little real difference between the orientations.

R. L. Wrenn (62) also studied the effect of theory and situations on counselor responses. He found significant differences between orientations in only one area, "reflection
of feeling." His study also supports the idea that the theoretical orientation plays a small role in the way a therapist responds to counseling situations. An additional finding from Wrenn's study was that counselors were reluctant to label themselves without further explaining their position and their particular emphasis.

Sundland and Barker (56) and Sundland (54) describe the development of a scale for measuring the orientations of psychotherapists in a more precise way than has been previously possible (The Therapist Orientation Questionnaire). They view the lack of a measure to adequately describe "the therapist variable" as a major difficulty with recent studies on psychotherapy. They feel that the availability of such a measure should lead to greater comparability between studies and should also encourage research on the differential effects of therapists. They point out that presently available categories are based on crude stereotypes (as Wrenn suggests, above) rather than reported attitudes or behavior. Their study attempts to provide a measure of explicit differences between therapists.

In 1959 Barker devised a scale-type questionnaire which was based on an exhaustive survey of the literature for issues on which therapists differ (controversial issues). Sundland (54) then refined the scale and sent it to a representative sample of American psychologists who listed psychotherapy (in the APA Directory) as a major interest. A
factor analysis was performed and sixteen (16) dimensions, six (6) specific factors and one (1) general factor were found. The general factor was variously called analytic vs experiential, cognitive vs non-cognitive, and rational vs irrational. In the sample used in this study, there was a predominance of the "rational" point of view. Sundland views this as representing the influence of the psychoanalytic tradition.

Although the final report of the most recent results obtained with the Therapist Orientation Questionnaire is not now available, the authors believe that it does provide the kind of measure of the therapist's orientation which they feel was needed. They feel that it may be more related to actual differences in counselor behavior than previous categorizations of orientation have been. The reason for this belief is that this scale is based on a much more comprehensive and explicit set of attitudes and beliefs than other approaches have been. Consequently, counselors can more meaningfully describe themselves by means of their responses to the items of this questionnaire.

Statement of the Problem

The problem of this study is to determine the extent to which certain counselor characteristics and attitudes are related to the nature of the counseling relationship. Since it has been shown in the studies discussed above (especially
Halkides (24), Barrett-Lennard (3) and Barrington (5)) that the type of relationship developed predicts the outcome, this study will rely on these results. In other words, in this study I am not studying outcome. I am assuming the importance of the relationship (based on the theory and research discussed above) and am asking what counselor characteristics and attitudes are related to the development of the kind of relationship shown by these studies to be so important.

It is my belief that Gendlin's work on experiencing is an important development in counseling. I feel that his ideas and concepts are just as important for the counselor's side of the process as they are for the client's side. In other words, implied in his conception is the idea that in order to aid the client to more open and genuine experiencing, the counselor must be open and genuine in his own experiencing. The relationship measures shown to be important (empathic understanding, level of regard, congruence, and unconditionality of regard) may in fact be expressions of various aspects of the counselors openness--both to his own experiencing and to his client's experiencing.

If this is true, then it seems likely that the counselor's general openness or open or closed mindedness will also be related to these aspects of the relationships. The more open-minded or tolerant (or less dogmatic) the
counselor is, the more he can understand and accept the client and allow him to go his own directions. This seems especially likely since one of the major aspects of open-mindedness is absence of threat and defensiveness. Perhaps these two aspects of openness are different ways of "getting at" or measuring one important counselor variable.

It is my belief that the counselor's "intellectualized" attitudes toward counseling, in terms of procedures, techniques and general theoretical orientations, will show little relationship to the actual counseling relationship they develop with their clients. The attitudes which seem to me to be most important for counseling are the counselor's feelings toward persons. The attitudes toward techniques, procedures, and theoretical positions seem less important, mainly because they are intellectualized. They are conceptualizations about people and procedures, rather than feelings toward people. Yet, it is possible that some conceptualizations are strong enough to be carried into the relationship as feelings that may be perceived by (and make a difference to) the client. This seems more likely with a measure based on a wide range of theoretically important and (presumably) personally meaningful issues relating specifically to counseling than it might be with other measures of orientation.
The questions to be answered in this study can be stated, then, as follows:

1. To what degree is the counselor's experiencing level related to the counseling relationship?

2. To what degree is the counselor's open- or closed-mindedness related to the counseling relationship?

3. To what degree are counselor's stated attitudes and orientations related to the counseling relationship?

4. To what degree are the counselor's open- or closed-mindedness, his experiencing level, and his orientations related?
CHAPTER III

METHODOLOGY

Subjects

The counselors used in this study were 25 graduate student counselors who were enrolled for the first Counseling Psychology Practicum at The Ohio State University in the winter and spring quarters of 1962. For many of these counselors, this was their first supervised counseling experience. All of them could be called beginning counselors. There were 11 men and 14 women, ranging in age from twenty-one to forty-five, with a median age of twenty-four.

Each counselor counseled with two clients. All clients were undergraduate students enrolled in a study improvement course (Psychology of Effective Student Adjustment). Most of the clients (all but three) were freshmen and sophomores who volunteered for the counseling, which was offered as a separate service in conjunction with the course. The clients ranged in age from seventeen to thirty (mean age = 19). Their Ohio State Psychological Examination scores ranged from the first to the eighty-third percentile (mean = 41st percentile). There were 23 women and 27 men. Only one client was married. The clients were enrolled in
the following colleges: Commerce (7), Education (15), Engineering (3), Home Economics (5), and Arts and Sciences (20). The total sample consisted of 25 counselors and 50 clients.

**Measures**

The instruments used in this study were the Relationship Inventory, the Experiencing Scale, the Dogmatism Scale, and the Therapist Orientation Questionnaire.

1. **The Relationship Inventory.** The Relationship Inventory is a rating scale for measuring the nature of the counseling relationship. It was developed by Barrett-Lennard (3) at the University of Chicago, and is based on Rogers' necessary and sufficient conditions. The client form of this inventory used in this study is a paper and pencil scale filled out by the client. The client describes his perception of the nature of the relationship with his counselor by indicating the degree of his agreement or disagreement with 72 statements about his counselor. Some sample items are these:

   1. He respects me.
   6. He understands my words but does not realize how I feel.
   28. I feel that he has unspoken feelings that are causing difficulty in our relationship.

   The Relationship Inventory items are divided into four subscales: Empathic Understanding, Level of Regard, Congruence, and Unconditionality of Regard. The scale
yields a total score plus a score for each of these sub-scales. It is possible to obtain negative scores on this scale.

2. The Experiencing Scale. The Experiencing Scale was developed by Gendlin and Tomlison (Experiencing Scale--no date) and is based on Gendlin's theory of experiencing. It is a "process" scale in that it is designed to measure stages in the process of experiencing. It is a rating scale to be used by judges who rate interview material from tapes or typescripts on the basis of a 14-point scale. Ratings can vary from the low end of the scale (stage 1) where, in the person's experiencing, there is "no 'personally private' or 'personality relevant' communication," to the high end of the scale (stage 7) where there is "free movement in a continuing stream of felt referents." There are also ratings for half-stages. There is a judges' manual for using the scale which gives instructions for rating and defines terms to be used in the various stages. It can be used to rate interview samples of varying lengths. In this study four 2-minute samples were judged.

3. The Dogmatism Scale. The Dogmatism Scale was developed by Rokeach and is published in The Open and Closed Mind (47). There are sections in this book discussing the development of the scale, its reliability, and its validity. It measures, in general how open or dogmatically a person holds his belief system, and, more specifically, such things
as a need to over-identify with a cause, a need to punish the ideological renegade, an inability to compromise, stereotypy, and intolerance of ambiguities. It is a paper and pencil type questionnaire filled out by the subject which yields only one score.

4. The Therapist Orientation Questionnaire. The Therapist Orientation Questionnaire is a scale-type questionnaire developed by Barker and refined in a factor analytic study by Sundland and Barker (56). It is based on controversial issues in the counseling literature and measures the counselor's position in regard to these issues. It is an 83-item scale filled out by the subject. The items are divided into 23 separate dimensions. In addition there are several "factor" scores and a total score representing a crude general factor. Only the dimensions and the total score are used in this study. The dimensions are these:

1. Affective Therapeutic Gains (ATG)
2. Curative Aspect of the Therapist (CA)
3. Criteria for Success (CS)
4. Cognitive Therapeutic Gains (CTG)
5. Conceptualization of the Therapy Relationship (CTR)
6. Deliberate Directiveness (DD)
7. Emphasis on Ego Control (EEG)
8. Frequency of Activity (FA)
9. Goals of Therapy (GT)
10. Interruptive Activity (IA)
11. Informal Behavior (B)
12. Learning Process in Therapy (LPT)
13. Medical Responsibility (MR)
14. Personal Involvement (PI)
15. Planning of the Therapy Relationship (PTR)
16. Spontaneity in the Therapy Relationship (STR)
17. Type of Activity (TA)
18. Topics Important to Therapy (TIT)
Procedure for Collection of the Data

The general procedure was to obtain the "counselor variable" measures from the counselors, have their clients rate them on the Relationship Inventory variables and then determine statistically the degree of relationship among the different variables measured. The five Relationship Inventory scores are the criteria measures and represent the dependent variables. The independent variables or "predictors" are the Dogmatism Scale score, the four Experiencing Scale scores and the 23 dimension scores, "general factor" score, and total score from the Therapist Orientation Questionnaire. (The "general factor" score was simply a sum of the scores from the dimensions which contributed statistically to the general factor obtained from a factor analysis of previous data.)

The data were collected over a period of six months. The data from the counselors were obtained in two separate sessions during the fifth week of interviews. One session was for group "testing" and the other for an individual interview. During the group session the counselors met together in a classroom, took alternate seats, and filled out the Dogmatism Scale and the Therapist Orientation
Questionnaire. They were told that this was part of a research project in counseling, that it would in no affect their grades, and that their sincere cooperation would be greatly appreciated. There is no reason to believe that full cooperation was not extended. All counselors filled out the questionnaires without incident and many of them later discussed them with me, indicating an interest and involvement in the task.

To obtain the counselor's experiencing level (or openness to his own experiencing), each counselor was asked to make an appointment with me for an interview. In this interview, which was recorded, the counselor was asked simply to respond to his experiences in the practicum. The instructions were as follows:

Let me tell you what I would like to do here today. Then when I am finished I will be glad to try to answer any questions you may have.

First, I would like to say that I will record the interview, but that it will be kept strictly confidential. No one will hear the recordings except myself and one other person who will act as a reliability judge for me. It has nothing to do with your grade or any other evaluation of you related to the practicum. (Short pause.)

What I would like you to do here is simply to respond to or react to your practicum experience this quarter. I would like you to respond to whatever aspects of it are significant or meaningful to you. I will primarily just listen, but will occasionally ask a question or respond to your responses.

Do you have any questions?

The interview situation was kept as standard as possible, in the belief that each counselor would respond to
these instructions in terms of his own experiencing level, and that any differences which appeared would be due to differences in the counselor's experiencing level and not the situation.

After all of the interviews were completed four 2-minute samples were selected from each "experiencing" tape. The samples were taken from the 5th to 7th, 12th to 14th, 17th to 19th and 23rd and 25th minutes of the interview (two samples from the first half of the interview and two from the second). All 100 samples were then placed in random order (using a table of random numbers) and transferred from the 25 separate tapes to three "master" tapes. These master tapes were then used by two judges for rating purposes. The judges, after training together on practice tapes, independently rated the samples for experiencing level, using Gendlin's Experiencing Scale. One judge rated all 100 samples. The other judge rated only randomly selected samples for reliability purposes. A second reliability check was made by the first judge, who rerated 35 of the 100 samples.

The Relationship Inventory data were obtained from the clients. Each client (two for each counselor) was asked to fill out a Relationship Inventory form after the fifth interview.

The counselors were told that some information was desired from their clients, and their cooperation was
solicited in obtaining it. Each counselor told his client at the beginning of the hour that a member of the Psychology staff was conducting a research project dealing with certain phases of counseling, and that he would like to know if they (the client) would be willing to participate. The counselors were instructed to tell the client, if he said "yes," that this staff member would come in at half past the hour and explain what he wanted at that time. If the client said "no," he was simply to be dropped from the study. All 50 clients agreed to participate.

After approximately thirty minutes the conference was terminated, the counselor left, and the following instructions were given to the clients:

I am conducting a research project having to do with some aspects of counseling. I would appreciate your help in responding to some statements I have here about your relationship with your counselor. It will take about 15 minutes. Would you be willing to fill it out? (All 50 agreed to do so.)

Before we start, I would like to say that this will be kept strictly confidential, that your counselor will never see it and that it has nothing to do with any grade or evaluation either you or he will receive. (Pause for client assent.)

Now, after you read the instructions here, I will be glad to try to answer any questions you may have. (Client reads instructions; any questions are answered.)

I would also appreciate your cooperation in answering these items as honestly and sincerely as you can. Please answer each item, even if you are not sure about just how to mark it.

All clients cooperated with this approach and I have no reason to believe that there were any clients who did not sincerely try to rate the counselor honestly.
Analysis of the Data

After all the data were obtained the scores were organized and transferred to I.B.M. cards for machine analysis. A multiple regression analysis was performed on the I.B.M. 709 computer. The following questions were statistically investigated:

1. Will the counselor's Dogmatism Scale score predict any of his Relationship Inventory scores?

2. Will the counselor's Experiencing Scale scores predict any of his Relationship Inventory scores?

3. Will any of the counselor's Therapist Orientation Questionnaire scores predict any of his Relationship Inventory scores?

4. Will there be any significant relationship among the counselor's Dogmatism Scale score, his Experiencing Scale scores and his Therapist Orientation Questionnaire scores?

In this study, the .05 level will be accepted as significant.
CHAPTER IV

RESULTS

The data obtained from the measuring instruments described in Chapter III were analyzed by means of a multiple regression analysis carried out on the I.B.M. 709 computer. In this analysis, all of the individual predictor scores were intercorrelated and were correlated with the criteria scores. In addition, several multiple correlations and many different regression coefficients were obtained, using different combinations of the predictor variables with the criteria measures. The results are presented below.¹

The Separate Predictors

Table 1 shows the zero-order correlation coefficients of the Dogmatism and Experiencing Scale scores with the Relationship Inventory scores. It also presents the means and standard deviations of the Dogmatism and Experiencing Scale scores. From this table it can be seen that most of the correlations are relatively small. None of them is large enough to be significant at the .01 level. However, every one of them is in the predicted direction and three of them are significant at the .05 level: Dogmatism with Level of Regard ($r = -.31$); Experiencing Scale (12th to 14th minute)
<table>
<thead>
<tr>
<th>R. I. Measures</th>
<th>Dogmatism</th>
<th>Experiencing Scale Variables</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x1</td>
<td>x2</td>
<td>x3</td>
<td>x4</td>
<td>x5</td>
<td>x2+x3</td>
<td>x4+x5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of Regard</td>
<td>-.31*</td>
<td>.11</td>
<td>.18</td>
<td>.18</td>
<td>.18</td>
<td>.18</td>
<td>.18</td>
<td>.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathic Understanding</td>
<td>-.09</td>
<td>.15</td>
<td>.21</td>
<td>.14</td>
<td>.01</td>
<td>.22</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congruence</td>
<td>-.03</td>
<td>.20</td>
<td>.32*</td>
<td>.16</td>
<td>.09</td>
<td>.32*</td>
<td>.15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncond. of Regard</td>
<td>-.20</td>
<td>.07</td>
<td>.15</td>
<td>.02</td>
<td>.03</td>
<td>.13</td>
<td>.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total R. I.</td>
<td>-.17</td>
<td>.16</td>
<td>.26</td>
<td>.15</td>
<td>.09</td>
<td>.26</td>
<td>.14</td>
<td></td>
<td></td>
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<tr>
<td>Mean</td>
<td>128.23</td>
<td>29.04</td>
<td>27.48</td>
<td>27.84</td>
<td>28.44</td>
<td>56.52</td>
<td>56.28</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>St. Deviation</td>
<td>15.40</td>
<td>5.42</td>
<td>6.03</td>
<td>7.41</td>
<td>6.28</td>
<td>9.51</td>
<td>12.29</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1Significance levels for these correlations are: **r.01 (df=48) = .354; *r.05 (df=48) = .273.
with Congruence \((r = .32)\); and Experiencing Scale (5th to 7th minute plus 12th to 14th minute) with Congruence \((r = .32)\).

Table 2 presents the zero-order correlation coefficients of the Therapist Orientation Questionnaire (T.O.Q.) scores with the Relationship Inventory scores. The scores presented in Table 2 are the Therapist Orientation Questionnaire scores which have correlations which show a significant relationship (at any one of four levels—.01, .05, .10 or .20) to the Relationship Inventory measures when combined in a multiple regression equation. The score called SUM is a composite score obtained by adding the separate scores from the five dimensions which, in a previous study (Barker, 2) made the greatest contribution to a "general factor" score. The remaining correlations of T.O.Q. scores with Relationship Inventory scores are given in Table 3.

From Table 2 it can be seen that no T.O.Q. score is, by itself, very highly related to the Relationship Inventory measures. However, the following three correlation coefficients are significant at the .05 level: CA (Curative Aspect of the Therapist) with Level of Regard \((r = -.28)\); IA (Interruptive Activity) with Level of Regard \((r = .27)\); and TM (Theory of Motivation) with Congruence \((r = -.23)\).

Table 9 (Appendix) shows the intercorrelations of all the T.O.Q. dimensions. From this table it can be seen that
TABLE 2

COEFFICIENTS OF CORRELATION, \(^1\) MEANS AND STANDARD DEVIATIONS OF SELECTED THERAPIST ORIENTATION QUESTIONNAIRE SCORES WITH RELATIONSHIP INVENTORY MEASURES COMPUTATIONS BASED ON DATA FROM 25 COUNSELORS WITH 2 CLIENTS EACH

<table>
<thead>
<tr>
<th>R. I. Measures</th>
<th>Therapists Orientation Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA (x_6)</td>
</tr>
<tr>
<td>Level of Regard</td>
<td>-.28*</td>
</tr>
<tr>
<td>Empathic Under-standing</td>
<td>-.01</td>
</tr>
<tr>
<td>Congruence</td>
<td>-.12</td>
</tr>
<tr>
<td>Unconditionality of Regard</td>
<td>-.20</td>
</tr>
<tr>
<td>Total R. I.</td>
<td>-.19</td>
</tr>
<tr>
<td>Means</td>
<td>9.76</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>2.29</td>
</tr>
</tbody>
</table>

\(^1\)Significance levels for these correlations are: ** \(r_{.01}\) (df=48) = .354; \(*r_{.05}\) (df=48) = .273.

\(^2\)SUM: This column represents a sum of the scores for CA + CTR + PI + PTR + STR. These scores were found, in a previous study, to contribute the most to a general factor.
### TABLE 3

COEFFICIENTS OF CORRELATION, MEANS AND STANDARD DEVIATIONS OF THERAPIST ORIENTATION QUESTIONNAIRE SCORES WITH RELATIONSHIP INVENTORY MEASURES COMPUTATIONS BASED ON DATA FROM 25 COUNSELORS WITH 2 CLIENTS EACH

<table>
<thead>
<tr>
<th>R. I.</th>
<th>Therapists Orientation Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ATG</td>
</tr>
<tr>
<td>Level of Reg.</td>
<td>x15</td>
</tr>
<tr>
<td>Emp.</td>
<td>.12</td>
</tr>
<tr>
<td>Und.</td>
<td>.19</td>
</tr>
<tr>
<td>Congr.</td>
<td>.03</td>
</tr>
<tr>
<td>Uncond. of Reg.</td>
<td>.11</td>
</tr>
<tr>
<td>Total</td>
<td>.14</td>
</tr>
<tr>
<td>St. D.</td>
<td>2.34</td>
</tr>
</tbody>
</table>

Significance levels for these correlations are: **r.01 (df=48) = .354; *r.05 (df=48) = .273.
there is considerable overlap among some of the dimensions. The dimension MR (Medical Responsibility) has especially high intercorrelations with a large percentage of the other dimensions. Even though the correlations between MR and the criteria measures are very low, the high degree of overlap with the other T.O.Q. dimensions make MR a significant predictor when statistically combined with other dimensions, as will be discussed in the next section.

**The Combined Predictors**

Since there were so many variables involved in this problem, the predictor variables were divided into two groups to be correlated in combined form (multiple regression analysis) with the Relationship Inventory variables. Following this, the most significant predictors from each group were combined statistically. These results are presented in Tables 10 through 13 in the Appendix. The results using the final combination of predictors are presented in Table 4.

The Experiencing Scale score, Dogmatism score, and one T.O.Q. dimension (CA) were significant predictors (.05 or .01 level) for three Relationship Inventory scores. In addition, two other T.O.Q. scores (CS, Criteria for Success and MR, Medical Responsibility) are significant predictors (.05 level) of one Relationship Inventory score. It can also be seen in Table 4 that the multiple correlation
### Table 4

Regression coefficients (b), statistics for testing the significance of the coefficients (t), and the coefficients of multiple correlation (R) with F for testing the significance of R for Dogmatism Scale scores, Experiencing Scale scores (Parts A and B);¹ and selected Therapist Orientation Questionnaire scores² with the Relationship Inventory scores.

<table>
<thead>
<tr>
<th>Level of Reg.</th>
<th>Empathlc Und.</th>
<th>Congruence</th>
<th>Uncond. of Reg.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Inventory Scores</td>
<td>b</td>
<td>t</td>
<td>b</td>
<td>t</td>
</tr>
<tr>
<td>Dogmatism</td>
<td>-.252</td>
<td>-2.25*</td>
<td>-.150</td>
<td>-1.22</td>
</tr>
<tr>
<td>Exp. (Part A)¹</td>
<td>.549</td>
<td>1.95</td>
<td>.663</td>
<td>2.15*</td>
</tr>
<tr>
<td>Exp. (Part B)¹</td>
<td>-.407</td>
<td>-1.74</td>
<td>-.434</td>
<td>-1.69</td>
</tr>
<tr>
<td>CA</td>
<td>-1.824</td>
<td>-2.64*</td>
<td>-.656</td>
<td>-.86</td>
</tr>
<tr>
<td>CS</td>
<td>-.409</td>
<td>-.64</td>
<td>.130</td>
<td>.19</td>
</tr>
<tr>
<td>IA</td>
<td>.866</td>
<td>1.69</td>
<td>.797</td>
<td>1.40</td>
</tr>
<tr>
<td>MR</td>
<td>.451</td>
<td>.27</td>
<td>-.974</td>
<td>-.53</td>
</tr>
<tr>
<td><em>R</em></td>
<td>.560</td>
<td></td>
<td>.402</td>
<td></td>
</tr>
<tr>
<td><em>F</em></td>
<td>2.740</td>
<td></td>
<td>1.160</td>
<td></td>
</tr>
</tbody>
</table>

**_F_{.01} (df = 7, 42) = 3.10._**
**_t_{.01} (df = 40) = 2.704._**
* _F_{.05} (df = 7, 42) = 2.24._*
* _t_{.05} (df = 40) = 2.021._*
** _F_{.10} (df = 7, 40) = 1.87._**
** _t_{.10} (df = 40) = 1.684._**
F _F_{.20} (df = 7, 40) = 1.36._*
F _t_{.20} (df = 40) = 1.303._*

¹Part A = Exp. 5-7 min. + Exp. 12-14 min. Part B = Exp. 17-19 min. + Exp. 23-25 min.
²This represents the final selection of T.O.Q. scores; only the four most significant are used.
coefficients of the final set of predictors were significant at the .05 level for three of the Relationship Inventory scores (Level of Regard, Congruence and the Total score).

**Relationships Among Tests and Sub-Tests**

Table 5 presents the intercorrelations of Dogmatism Scale scores, Experiencing Scale scores and selected Therapist Orientation Questionnaire scores. Only the T.O.Q. scores which reached any level of significance (up to the .20 level) as predictors of the criteria measures are shown in this table.

From Table 5 it can be seen that the Dogmatism and Experience Scale scores are related in an unique way. Dogmatism is positively correlated with the first experiencing sample \( r = .20 \), negatively with the second sample \( r = -.13 \), negatively with the third sample \( r = -.33 \) and negatively with the fourth sample \( r = -.37 \). There is a progression from positive to increasingly large negative correlations.

It can also be seen from Table 5 that Dogmatism correlates fairly highly with some of the T.O.Q. dimensions. The only statistically significant correlation (\( r = .52 \)) is with GT (Goals of Therapy), however. Table 5 also shows that one Experiencing Scale score is significantly correlated with one of the T.O.Q. dimensions. No significant
|                  | Dog. | Exp. 5-7 | Exp. 12-14 | Exp. 17-19 | Exp. 23-25 | CA    | CS    | CTR   | GT    | IA    | MR    | PI    | TA    | SUM2 |
|------------------|------|----------|------------|------------|------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| Dogmatism        | 1.00 | .20      | -.13       | -.33       | -.37       | .20    | -.10  | -.16  | .52** | -.20  | .05   | .27   | .32   | .19  |
| Exp. 5-7         | .20  | 1.00     | .38        | .67**      | .46*       | -.09   | -.32  | -.14  | .22   | .01   | .16   | -.16  | .28   | -.10 |
| Exp. 12-14       | -.13 | .38      | 1.00       | .53**      | .60**      | .13    | -.26  | -.03  | .15   | -.10  | .01   | -.11  | .07   | -.03 |
| Exp. 17-19       | -.33 | .67**    | .53**      | 1.00       | .61        | -.31   | -.40* | -.23  | -.21  | -.07  | -.25  | -.31  | .03   | -.36 |
| Exp. 23-25       | -.37 | .60**    | .61**      | 1.00       | -.21       | -.12   | .10   | -.13  | .11   | .02   | -.16  | .17   | -.11 |
| CA               | .20  | -.09     | .13        | -.31       | -.21       | 1.00   | .21   | .23   | .33   | .23   | .49*  | .23   | .22   | .68**|
| CS               | -.10 | -.32     | -.26       | -.40*      | -.12       | .21    | 1.00  | .29   | .05   | -.01  | .41*  | -.04  | -.23  | .12  |
| CTR              | -.16 | -.14     | .03        | -.23       | .10        | .23    | .29   | 1.00  | .08   | .29   | .15   | -.26  | .15   | .41* |
| GT               | .52**| .22      | -.15       | -.21       | -.13       | .33    | .05   | .08   | 1.00  | .03   | .21   | .39   | .22   | .50  |
| IA               | -.20 | .01      | .10        | -.07       | .11        | .23    | -.01  | .29   | .03   | 1.00  | .30   | -.01  | .34   | .29  |
| MR               | .05  | .16      | .01        | -.25       | .02        | .40*   | .41*  | .15   | .21   | .30   | 1.00  | -.07  | .22   | .19  |
| PI               | .27  | -.16     | -.11       | -.31       | -.16       | .23    | -.04  | -.26  | .39   | -.01  | -.07  | 1.00  | -.17  | .62**|
| TA               | .32  | .23      | .07        | .03        | .31        | .22    | -.23  | .15   | .22   | .34   | .22   | -.17  | 1.00  | .06  |
| SUM1             | .19  | -.10     | -.08       | -.36       | -.11       | .68**  | .12   | .41*  | .50   | .29   | .19   | .62** | .06   | 1.00 |

1Significance levels for these correlations are: **r.01 (df = 23) = .505; *r.05 (df=23) = .396.

2SUM represents a sum of the scores for CA + CTR + PI + PTR + STR. These scores were found, in a previous study, to contribute the most to a general factor.
trend or pattern is observable. In addition, it can be seen that the different Experiencing Scale samples inter-correlate quite highly with one another, as would be expected since they are different samples from the same person's interview.

Table 6 presents the intercorrelations of the five Relationship Inventory scores. Due to the fact that these correlations are in the range of .40 to .70, they are significant, yet some of the variance remains unexplained by their relationship.

**TABLE 6**

**TABLE OF INTERCORRELATIONS, 1 MEANS AND STANDARD DEVIATIONS OF RELATIONSHIP INVENTORY SCORES**

<table>
<thead>
<tr>
<th></th>
<th>Level of Reg.</th>
<th>Empathic Und.</th>
<th>Congruence</th>
<th>Uncond. of Reg.</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Reg.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regard</td>
<td>1.00</td>
<td>.43</td>
<td>.60</td>
<td>.45</td>
<td>.76</td>
</tr>
<tr>
<td>Empathic Und.</td>
<td>.43</td>
<td>1.00</td>
<td>.63</td>
<td>.51</td>
<td>.79</td>
</tr>
<tr>
<td>Congruence</td>
<td>.60</td>
<td>.63</td>
<td>1.00</td>
<td>.54</td>
<td>.86</td>
</tr>
<tr>
<td>Uncond. of Reg.</td>
<td>.45</td>
<td>.51</td>
<td>.54</td>
<td>1.00</td>
<td>.81</td>
</tr>
<tr>
<td>Total Score</td>
<td>.76</td>
<td>.79</td>
<td>.86</td>
<td>.81</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Means</strong></td>
<td>27.98</td>
<td>23.02</td>
<td>23.26</td>
<td>16.56</td>
<td>90.82</td>
</tr>
<tr>
<td><strong>St.D.</strong></td>
<td>9.78</td>
<td>9.71</td>
<td>11.12</td>
<td>13.08</td>
<td>35.15</td>
</tr>
</tbody>
</table>

1Significance levels per these correlations are: \( r_{.01} (df = 23) = .505; r_{.05} (df = 23) = .396 \).
The Experiencing Variable

Since the results for the experiencing variable are a little more extensive than results for the other variables in this study, they will be discussed here separately.

First, it should be mentioned that acceptable reliability was achieved by the judges in rating the experiencing samples from the tape recordings. The Pearson product moment correlation obtained between the two judges for twenty randomly selected samples was \( r = .74 \), significant at the .01 level. The correlation obtained by the main judge for a rerating of 35 of the 100 samples one week after the original rating sessions was \( r = .83 \), significant at the .01 level.

Perhaps a more accurate picture of the reliability achieved can be obtained by an examination of Table 7. From this table it can be seen that out of a possible range of seven steps or points, judges A and B had 70 per cent of their ratings with \( 1/4 \) step of each other, and 100 per cent within one step. For judge A's comparison with his earlier ratings, again 70 per cent were within \( 1/4 \) step and 100 per cent within one step. In each case, only one rating was off as much as one full step. Thus highly reliable ratings can be obtained with the Experiencing Scale.

The counselors' experiencing levels were obtained from ratings of four different time samples of their "experiencing" interviews. Each of these time samples was treated as a
### TABLE 7

**RELIABILITY OF JUDGES' RATINGS OF EXPERIENCING LEVEL**
**EXPRESSED IN TERMS OF DEGREE OF "STE"-AGREEMENT**
**(ON A 7-STEP SCALE), PERCENTAGE AGREEMENT, AND**
**PEARSON PRODUCT MOMENT CORRELATIONS (r)**

<table>
<thead>
<tr>
<th>Agreement of</th>
<th>Agreement of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judge A with Judge B</td>
<td>Judge A with Judge A</td>
</tr>
<tr>
<td><strong>Number of Ratings</strong></td>
<td><strong>Per Cent Agreement</strong></td>
</tr>
<tr>
<td>Same Rating:</td>
<td>2</td>
</tr>
<tr>
<td>Off 1/4 Step:</td>
<td>12</td>
</tr>
<tr>
<td>Off 1/2 Step:</td>
<td>0</td>
</tr>
<tr>
<td>Off 3/4 Step:</td>
<td>5</td>
</tr>
<tr>
<td>Off 1 Step:</td>
<td>1</td>
</tr>
</tbody>
</table>

\[ r = .74 \] (Significant at .01 Level)

\[ r = .83 \] (Significant at .01 Level)

separate score for purposes of statistical analysis of the data. The zero-order correlation coefficients of all the different time samples (Experiencing Scale scores) with the Relationship Inventory scores are positive (see Table 1), but only one of them is significant. The experiencing level for the 12th to 14th minute sample has a correlation of .32 with the Relationship Inventory measure of Congruence. This is significant at the .05 level.

However, when the different correlation coefficients of time sample scores of the experiencing level and Relationship Inventory scores are combined statistically in a
multiple regression analysis, a trend develops. The scores from the samples taken in the first half of the "experiencing" interview consistently produce positive (and usually significant) regression coefficients. The scores from the samples taken in the second half of the interview consistently produce negative (and frequently significant) regression coefficients. This trend can be determined by an examination of the regression coefficients (b scores) and their significance levels (t tests) in Tables 10, 12, and 13 in the Appendix and Table 4. For convenience the b scores have been arranged together in Table 8 in groups representing the tables from which they were taken. From Table 8 it can be seen that there is a trend, with a few reversals, from high positive to high negative, as the time sample goes from the early part of the interview to the latter part. The most frequent exception to this trend is the second time sample (12th to 14th minute) which sometimes has the largest and most significant regression coefficients. Otherwise the trend is fairly consistent.
TABLE 3
REGRESSION COEFFICIENTS OF EXPERIENCING SCALE SCORES ARRANGED TO SHOW THE TREND FROM POSITIVE TO NEGATIVE (WITH SOME REVERSALS)

<table>
<thead>
<tr>
<th></th>
<th>Level of Reg.</th>
<th>Empathic Und.</th>
<th>Congruence</th>
<th>Uncond. of Reg.</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>From Table 10 (Append.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing 5-7</td>
<td>.570</td>
<td>.606</td>
<td>.784</td>
<td>.773</td>
<td>2.733</td>
</tr>
<tr>
<td>Experiencing 12-14</td>
<td>.302</td>
<td>.545&quot;</td>
<td>.838*</td>
<td>.558</td>
<td>2.272*</td>
</tr>
<tr>
<td>Experiencing 17-19</td>
<td>-.257</td>
<td>-.175</td>
<td>-.348</td>
<td>-.543</td>
<td>-1.322*</td>
</tr>
<tr>
<td>Experiencing 23-25</td>
<td>-.205</td>
<td>-.582&quot;</td>
<td>-.566</td>
<td>-.428</td>
<td>-1.781</td>
</tr>
<tr>
<td><strong>From Table 13 (Append.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing 5-7</td>
<td>.599</td>
<td>.547</td>
<td>.971</td>
<td>-.002</td>
<td>2.116</td>
</tr>
<tr>
<td>Experiencing 12-14</td>
<td>.541</td>
<td>.435</td>
<td>1.275*</td>
<td>.892</td>
<td>3.143&quot;</td>
</tr>
<tr>
<td>Experiencing 17-19</td>
<td>-.464</td>
<td>-.094</td>
<td>-.773</td>
<td>-.233</td>
<td>-1.569</td>
</tr>
<tr>
<td>Experiencing 23-25</td>
<td>-.311</td>
<td>-.443</td>
<td>-.649</td>
<td>-.806</td>
<td>-2.208</td>
</tr>
<tr>
<td><strong>From Table 12 (Append.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing Part A (First Half)</td>
<td>.414</td>
<td>.586*</td>
<td>.868**</td>
<td>.710*</td>
<td>2.578**</td>
</tr>
<tr>
<td>Experiencing Part B (Second Half)</td>
<td>-.239</td>
<td>-.370</td>
<td>-.518</td>
<td>-.565&quot;</td>
<td>-1.692*</td>
</tr>
<tr>
<td><strong>From Table 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing Part A (First Half)</td>
<td>.549&quot;</td>
<td>.663*</td>
<td>1.154**</td>
<td>.727&quot;</td>
<td>3.093**</td>
</tr>
<tr>
<td>Experiencing Part B (Second Half)</td>
<td>-.407&quot;</td>
<td>-.434&quot;</td>
<td>-.730*</td>
<td>-.734*</td>
<td>-2.305**</td>
</tr>
</tbody>
</table>

1**Significant at .01 level.
*Significant at .05 level.
"Significant at .10 level.
CHAPTER V

DISCUSSION OF RESULTS

The results presented in Chapter IV will be discussed in terms of the four questions which were asked at the end of Chapter II and again, in different form, at the end of Chapter III.

Question 1

To what degree is the counselor's experiencing level related to the counseling relationship? This question was restated to be tested experimentally as follows: Will the counselor's Experiencing Scale scores predict any of his Relationship Inventory scores?

In answer to this question, it can be stated that the results indicate that for the subjects used in this study, there is a significant relationship between the counselor's experiencing level and the relationship he develops with his clients by the end of the fifth counseling session. In general, the higher the counselor's rated experiencing level, the "better" his counseling relationships, in terms of the five Relationship Inventory measures used in this study. However, the results indicate that there are two aspects of this: First, the earlier two Experiencing Scale scores (the
counselor's experiencing level in the first half of his "experiencing" interview) predict the relationship better than the later two Experiencing Scale scores (second half of the interview). Secondly, these scores predict some aspects of the relationship better than others. Some implications of these results will be discussed below.

Some aspects of the relationship, as measured in this study, are predicted better than others by the counselor's experiencing level, as can be seen from Table 4 (which represents the results of a multiple regression procedure). Congruence and the Total Relationship score are both predicted at the .01 level of significance. Empathic Understanding and Unconditionality of Regard are predicted at the .05 level. Level of Regard is predicted at the .10 level. It would be expected that if the counselor's experiencing level predicted the separate Relationship Inventory scores, it would also predict the total score, since it is a sum of the separate scores. Yet, the fact that the total score is predicted significantly at the .01 level seems to indicate that the general or over-all relationship is predicted by the counselor's experiencing level.

The counselor's congruence in the relationship, as perceived by his clients, is the separate aspect of the relationship that is predicted the best by the counselor's experiencing level (Experiencing Scale ratings from the first half of the experiencing interview). This lends some
support to the conceptions discussed by Gendlin (17, 18, 19, 21) and summarized here in Chapter II (p. 20). Gendlin's discussion of congruence suggested that congruence or genuineness, for the counselor, was analogous to experiencing, for the client. Stated differently, the question of congruence or genuineness is this: Does the counselor have the present experiencing as well as the conceptualizations of his client's experiencing? The results of this study indicate that the higher the counselor is rated on the Experiencing Scale (first half), the more he is perceived by his clients as being genuine or congruent. Or the more open he is to his own feelings and experiencing, the more open he is to his clients' experiencing (the more genuinely he experiences his clients). Some implications of this finding for the selection and training of counselors will be discussed later in this chapter.

The fact that the counselor's experiencing level also significantly predicts two other separate aspects of the relationship at the .05 level, seems to indicate that clients are quite generally sensitive to and affected by this counselor variable. The higher the counselor's experiencing level, the more he is able to empathically understand his clients. This implies that the higher the counselor's rated experiencing level, the more open and less defensive he is able to be both with himself and with his clients. He is freer to try to listen and understand his clients in a personal and respectful way.
The counselor's experiencing level seems to predict Unconditionality of Regard in a slightly different way. This relationship, as indicated in Table 4, seems to be something like this: If the counselor has high experiencing ratings in the first half of his experiencing interview, he is seen by his clients as somewhat unconditional in his regard for them. But if he does not have high ratings until the second half of his experiencing interview, he is seen by his clients as being definitely conditional in his regard. Some implications of this "earlier" and "later" experiencing level will be discussed below. Here I would like to say that since the conditional aspect of regard was significantly predicted by the counselor's experiencing level, while the "level" of regard was not, this could be interpreted in at least two ways. It may mean that for the counselors used in this study, level of regard was not significantly different among them. Or it may mean that the clients used in this study were sensitive to being treated conditionally (or unconditionally), but could not accurately detect and respond to the intensity or level of the counselor's feeling reactions toward them.

The data presented in Table 4 indicate a unique and, for me, unexpected relationship between the counselor's experiencing level and his clients ratings of their counseling relationship. These data indicate that the counselors who are able to "open up" or be open to their experiencing
early in an interview in which they are asked to react to their recent experiences, are also the ones who establish the better relationships with their clients. Those who "open up" slowly and are not rated high on experiencing level until later in the experiencing interview, or who are always rated low, are the ones who tend to have the poorer relationships with their clients.

This seems to mean that the more open a counselor is to his experiencing (to his feelings and personal meanings), the less defensive and cautious he needs to be, both with his clients and with persons who might be perceived as "authority figures" (in this case, a practicum supervisor). He can "open up" and be honest and genuine right from the start, both with his clients and with his supervisor. The person who is able to do this early with his supervisor can also do it early with his clients. Consequently, he is perceived by his clients as being more empathically understanding, respectful and genuine.

On the other hand, if a counselor is remote from his experiencing and from his feelings, he is more likely to be cautious and defensive in his relationships. He seems to need to be on guard and since he is expending energy for this (to defend himself), he is not as able to be open to his own experiencing or to his clients' experiencing. If he gradually feels freer to be more open to his own experiencing in an "experiencing" interview, this may mean that he
also is gradually perceived by his clients as being more empathically understanding and genuinely respectful in the relationship. But for the data of this study, obtained in the fifth week of counseling interviews, this was apparently not the case. The counselors who achieved a high experiencing level only toward the end of the experiencing interview were not given high relationship ratings by their clients.

It appears, then, that an "experiencing" trend was shown in this study which has possible implications for both counselor selection and counselor training. This may be an aspect of what Rogers (43) referred to as a "bold prediction" implicit in the development of a scale to measure the process of personality change. That is, the implicit possibility that a brief sample of an individual's expressive behavior, taken in a situation in which he feels fully accepted, or received, can be analyzed or rated to determine how effectively he is going to relate to his clients. If, as is indicated in this study, it is found in other studies that the counselor's experiencing level is significantly related to the kind of relationships he develops with his clients, then we might be able to improve our chances of selecting these "better relaters" as prospective counselors. A few samples of a fairly standard "experiencing interview" could be included as part of the battery of selection criteria.

In terms of counselor training, these results, if found in other studies, imply that the counselor's experienc-
I n g l e v e l s h o u l d r e c e i v e m o r e a t t e n t i o n i n v a r i o u s c o u n s e l o r t r a i n i n g s i t u a t i o n s . A t l e a s t t w o p h a s e s o f t h e t r a i n i n g p r o g r a m m i g h t f o c u s m o r e d i r e c t l y o n t h i s v a r i a b l e . F i r s t , t h e i m p l i c a t i o n i n t h e s e r e s u l t s i s t h a t p r o s p e c t i v e c o u n s e l o r s m i g h t p r o f i t f r o m a n i n d i v i d u a l c o u n s e l i n g o r t h e r a p y r e l a t i o n s h i p t h e m s e l v e s , e s p e c i a l l y i f t h i s w e r e a i m e d a t a n a t t e m p t t o h e l p t h e p r o s p e c t i v e c o u n s e l o r b e c o m e m o r e o p e n t o h i s o w n e x p e r i e n c i n g . I f t h e c o u n s e l o r ' s o w n e x p e r i e n c i n g l e v e l i s s i g n i f i c a n t l y r e l a t e d t o h i s r e l a t i o n s h i p s w i t h h i s c l i e n t s , a s s h o w n i n t h i s s t u d y , t h e n i t s e e m s l i k e l y t h a t r e g a r d l e s s o f t h e p r o s p e c t i v e c o u n s e l o r ' s f e l t n e e d f o r i n d i v i d u a l " h e l p " h i m s e l f , h e c o u l d p r o f i t f r o m a c o u n s e l i n g r e l a t i o n s h i p i n t e r m s o f b e c o m i n g m o r e o p e n t o h i s o w n f e e l i n g s , a t t i t u d e s , v a l u e s , p e r s o n a l m e a n i n g s — i n s h o r t , e x p e r i e n c i n g .

S e c o n d l y , t h e p r a c t i c u m c o u r s e s m i g h t f o c u s m o r e i n t e n t i o n a l l y a n d d i r e c t l y o n t h e e x p e r i e n c i n g v a r i a b l e . I n t h i s c a s e , t h e f o c u s c o u l d b e o n t h e e x p e r i e n c i n g l e v e l o f t h e c o u n s e l o r i n t e r m s o f h i s i n t e r a c t i o n s w i t h h i s c l i e n t s . H e r e t h e s u p e r v i s o r ' s r o l e w o u l d b e a m o r e c o m p l e x o n e , i n v o l v i n g a p r o c e s s o f a i d i n g t h e c o u n s e l o r t o b e m o r e o p e n a n d s e n s i t i v e b o t h t o h i s o w n e x p e r i e n c i n g a n d t o h i s c l i e n t ' s e x p e r i e n c i n g . G e n d l i n ' s w o r k (21) d e s c r i b i n g t h e i m p o r t a n c e o f n e w s e t o f c o n c e p t s a n d w o r d s t o r e f e r t o e x p e r i e n c i n g w o u l d b e h e l p f u l , b o t h f o r t h e s u p e r v i s o r a n d t h e c o u n s e l o r i n s u c h a p r a c t i c u m e x p e r i e n c e .
**Question 2**

To what degree is the counselor's open or closed mindedness related to the counseling relationship? This question was restated to be tested experimentally as follows: Will the counselor's Dogmatism Scale score predict any of his Relationship Inventory scores?

In answer to this question, it can be stated that the results indicate that for the subjects used in this study, there is a significant relationship between the counselor's open or closed mindedness and the relationships he develops with his clients by the end of the fifth counseling session. In general, the more open-minded (or less dogmatic) the counselor, the better his relationships with his clients, in terms of the five relationship measures used in this study. This is a more pronounced relationship, however, for three aspects of the counseling relationship—Level of Regard, Unconditionality of Regard, and the Total R.I. score. Each of these three aspects of the relationship is predicted by the counselor's Dogmatism Scale score at the .05 level of significance (see Table 4).

These results seem to mean that clients are sensitive to and affected by their counselor's open or closed mindedness, or their general tolerance or intolerance. This is especially noticeable in terms of the client's perception of their counselor's "regard" for them.
Counselors who are more closed-minded are seen by their clients as having a generally lower "loading" of positive feelings for them (or a higher "loading" of negative feelings). These clients feel generally less liked and respected by their counselors than those clients who have more open-minded counselors. They also feel that their counselors are more conditional in their respect or regard for them.

On the other hand, those clients who have counselors who are more open-minded feel that their counselors have generally more positive feelings toward them and that there are fewer "strings" or conditions attached to their liking the clients. (They are more unconditional in their regard.) The more open-minded the counselor, the more he seems to be able to "allow" his clients to be what they are or want to be, rather than what he wants them to be. This counselor characteristic seems to be perceived by clients of open-minded counselors as genuine respect or unconditional positive regard.

The implications of these results for the selection of prospective counselors are, perhaps, obvious. If these results are found in other studies to be generally upheld, then it seems sensible to try to select counseling students who are already quite open minded and tolerant in their general attitudes and orientations toward persons. Rokeach's Dogmatism scale may prove to be an excellent instrument to
use for this purpose as the results of this study tend to indicate.

The possible implications of these results for counselor training are not so readily apparent. However, it seems reasonable to conclude that all aspects of counselor openness are somewhat related, and that general tolerance and intolerance of others is susceptible to modification through the appropriate experiences.

These experiences might well take the form of the one-to-one relationships which have been shown (Halkides, 24 and Barrett-Lennard, 3) to be effective in producing change in another person. In other words, if counselors can be treated by a therapist or practicum supervisor (or anyone else) with genuine and unconditional respect, and be empathically understood, then their chances of becoming more open and tolerant seem greatly improved. It seems possible, but perhaps not as likely as with openness to experiencing, that counselor training situations could greatly aid the improvement of this general counselor characteristic of open-mindedness.

The results discussed above in regard to the relationship between open-mindedness and the kind of counseling relationship developed are consistent with and provide support for the theory and research described by Rokeach and others in The Open and Closed Mind (47). The consistently negative correlations between Dogmatism and the Relationship Inventory measures show that for the subjects of this study,
the counselor's Dogmatism as measured by Rokeach's scale, is inversely related to the counseling relationship he is able to develop with his clients. This relationship was suggested by Rokeach's theory and mentioned here in Chapter II, p. 26.

One aspect of this theory was that the differences between persons who are open and closed in their belief systems can be accounted for by assuming that an enduring state of threat in the personality is one condition giving rise to closed belief systems. The results obtained in this study are consistent with this theory if it is assumed that the closed-minded counselors are themselves threatened and consequently cannot fully accept and respect their clients. In fact, they may communicate (both verbally and non-verbally) their own anxiety to their clients, and thus be perceived as conditional and cautious, or perhaps restrained in their regard for their clients.

**Question 3**

To what degree are the counselor's stated attitudes and orientations related to the counseling relationship? This question was restated to be tested experimentally as follows: Will any of the counselor's Therapist Orientation Questionnaire scores predict any of his Relationship Inventory scores?

In answer to this question, it can be stated that there is very little relationship between the counselor's
stated attitudes and orientations toward counseling and the relationships he develops with his clients. In general, his intellectualized attitudes, as measured by the T.O.Q., do not significantly predict the relationship measures. However, three of the twenty-three dimensions—CA, CS and MR—do significantly predict (at the .05 level) one or more aspects of the relationship when combined statistically in a multiple regression equation as discussed in Chapter IV.

CA (Curative Aspect of the therapist) is the best single T.O.Q. predictor, being negatively related to three aspects of the relationship (at the .05 level), Level of Regard, Unconditionality of Regard, and the Total R.I. score. A high score on this dimension means that the counselor values training as the curative aspect of the therapist and a low score means that he values the personality of the therapist as the curative aspect. The fact that CA is negatively related to all three R.I. measures seems to indicate that those counselors who believe that their personality (more than their training) is the curative aspect which helps the client, are also the counselors who form the better relationships in terms of three relationship measures.

The fact that two of these measures have to do with how the counselor "regards" the client may mean that the counselors who value training do so because they do not trust their personalities as being effective helping agents. Not trusting themselves, they cannot completely trust their
clients either. As a result these counselors are perceived by their clients as being conditional and cautious in their regard or liking for their clients. The counselors who value personality as the curative aspect are, on the other hand, more trusting of both themselves and their clients, and are perceived as being positive and unconditional in their regard.

The other two significant predictors are CS and MR. Both predict the same relationship measure—Unconditionality of Regard.

CS (Criteria for Success) is inversely related to Unconditionality of Regard. A high score on CS means that the counselor believes that a successful adjustment to society's goals is an important goal of therapy. A low score means that he does not believe this is an important goal of therapy.

The results indicate that those counselors who believe that it is not an important goal of therapy are the ones who are perceived by their clients as being more unconditional in their regard. This seems to be another aspect of general tolerance of differing opinions and to reflect the belief that the client has the right to "go his own directions," regardless of whether the counselor agrees with it.

MR (Medical Responsibility) is a one-item dimension which states: It is necessary for a psychotherapist to be a
physician himself or to be supervised by one. As mentioned in Chapter IV, this dimension intercorrelates highly with many of the other twenty-two dimensions. This overlap, combined with the small range or spread of the scores for this item and its large standard deviation, make MR appear to be a meaningful predictor when, in fact, it is not. It seems to be a statistical artifact of these particular data, but not a psychologically meaningful predictor of the counseling relationship or any aspect of it.

Other T.O.Q. dimensions are not significant predictors of any aspect of the relationship. There are two possible explanations for this, both of which may be relevant.

First, there may simply be no relationship between most of what a person says he believes about counseling and the way he actually operates as a counselor. As was mentioned in Chapter II, it is my prediction that this is the case, partly because these beliefs and attitudes are abstract and intellectualized and are not strongly felt.

However, a second possible explanation is that most of the counselors in this study were beginning counselors with little or no experience. Many of the issues to which they were asked to react when they filled out the T.O.Q. were new or confusing for them. They were simply uncertain about their beliefs in this area and did not know how they would operate as counselors. Both of these explanations
seem plausible and help account for the fact that in general the counselor's stated attitudes and orientations are not related to the counseling relationship.

**Question 4**

To what degree are the counselor's open or closed mindedness, his experiencing level, and his orientations related? This question was re-stated to be tested experimentally as follows: Will there be any significant relationship among the counselor's Dogmatism Scale score, his Experiencing Scale scores and his Therapist Orientation Questionnaire scores?

In answer to this question it can be stated that no clear-cut or generally significant relationship among these scales are established by the results. However, there is a trend toward a significant relationship between the Dogmatism and Experiencing Scales (see Table 5).

This trend indicates that as the experiencing interview progressed, the counselor's open or closed mindedness played more and more part in it. In the first half of the interview there was almost no relationship between dogmatism and experiencing. But by the end of the interview the relationship approached significance, with the more open-minded persons having a higher experiencing rating.

Although this relationship is not statistically significant, it may indicate a tendency for the more open-minded counselors to gradually become more open to their
own experiencing, and for closed-minded counselors to become less open to their experiencing. This tendency, plus the fact that there are no high (statistically significant) correlations between dogmatism and experiencing level seem to indicate that they are quite separate and distinct counselor characteristics. They are both significantly related to the relationship, and they may both be aspects of a general counselor "openness." However, they are separate aspects, not highly related.

There seems to be no generally significant relationship between the counselor's stated attitudes (T.O.Q. scores) and either his experiencing level or his open or closed mindedness. However, one T.O.Q. dimension is significantly related to each of the other counselor variables.

GT (Goals of Therapy) is significantly correlated (.01 level) with dogmatism. This indicates that the more closed-minded or dogmatic the counselor is, the more he believes he (the counselor) should set long-range goals for his clients. The more open-minded he is, the more he believes that only the client should set the over-all goals of counseling or therapy. This relationship follows logically and would be expected from the theory and results discussed earlier in this chapter (p. 66). The more closed-minded the counselor, the less he is able to let the client live his own life in his own way.
One T.O.Q. dimension is also significantly correlated with one Experiencing Scale score. CS (Criteria for Success) is inversely related \( r = -.40 \) to the third experiencing sample (17th-19th minutes) significant at the .05 level. This indicates that the counselors who believe that it is not important for the client to move in the direction of society's goals are also the ones who are rated high on this particular experiencing sample. It seems to indicate that there is a relationship between the counselor's attitude toward social goals which might be called social desirability or conformity, and his experiencing level. In general, the less he believes in conforming to social goals, the more open he is to his own experiencing. This seems, again, to be a related aspect of the counselor's general openness.

Critique of the Study and Suggestions for Further Research

First, it should be pointed out that one of the weaknesses of this study concerns the reliability of the experiencing interview. If the counselor's experiencing level is to be permitted to reach its height within this interview, then the interviewer's responses and his attitudes must be both as helpful and as standard as possible. This was not accomplished to the degree that it was desired, both because of the limitations of my ability as an
effective helping agent in this process and because of the differing perceptions the counselors had of me.

I would recommend, on the basis of my experiences in this study, that the experiencing interview in any future studies be conducted by a person who is both an excellent counselor and who is not connected with the other aspects of the research situation. Such a person would have no previously established relationships or expectations which could influence the subject's openness to his experiencing.

Such a person should also be able to respond in such a way that he always makes it maximally possible for the subject to refer to and talk about his own experiencing. If the interviewer could consistently do this, he would be not only a standard stimulus, but also one that permitted each person to react in terms of his own experiencing level. If these conditions were met, a more reliable experiencing level might be obtained and perhaps this variable would prove to be a better predictor than in this study.

Another obvious limitation is the size of the sample used in this study. If similar results were found using this methodology with a larger number of both counselors and clients, it would have much stronger implications for counselor selection and training. This would be especially true if more clients were used for each counselor. With only two clients per counselor, the chances of randomly selecting two "special" kinds of clients are much greater
than they would be if more clients had rated the same counselor.

A related limitation is the relative inexperience of the counselors used in this study. It is possible that this inexperience and the anxiety that sometimes goes along with it in new situations, was an important factor in the way the counselor was perceived by the client. Perhaps a sample using more experienced and less threatened counselors would produce different results. However, it seems likely that, with the exception of the T.O.Q. dimensions, the variables studied here were not greatly affected by the counselor's inexperience. Perhaps one reason for this is that since all of the counselors were relatively inexperienced, the significant differences that did emerge were due to other factors.

Another limitation of this study is the relatively narrow range of predictor variables used. It is possible than any number of other counselor attitudes and characteristics, not measured here, are related to the counseling relationship. One possibility suggested by this study is some measure of anxiety or threat or defensiveness which might "get at" or tap a different aspect of the counselor's open or closed quality. Another possibility is some measure of the counselor's need system.

Perhaps one of the major limitations of this study is that there is no measure of outcome. The question of
whether these particular clients were somehow helped or changed by their relationship with their counselor was not dealt with here. It was felt that to attempt to include a measure of change that would be meaningful would be beyond the limits imposed by time and situational pressures. It would, however, greatly increase the value of these findings if it could be shown that they are in fact related to "success" or "change" in a positive direction. The Halkides and Barrett-Lennard studies discussed previously have convincingly shown the relationship between the kind of counseling relationship measures used here as criteria measures and client change or progress.

Though it seems likely that this relationship would also hold true here, a further study designed to test the three-way relationship among counselor openness, relationship measures similar to those used here, and outcome would be both interesting and informative. It seems like a logical "next step" in tying these results and those of Halkides and Barrett-Lennard together.

One way of improving the predictive power of the counselor's effectiveness may be to try to determine whether or not some counselors work better with some clients. One possibility for doing this is implied in the results of this study. That is, to measure certain aspects of both clients and counselors and match them up in different ways. One way of doing this would be to match open
and closed minded counselors with both open and closed minded clients. Or, do the same thing with experiencing level. It may be that the "open" counselors can work well with any kind of client, but that the "closed" counselors work well with only one kind of client. A study is currently being conducted at Ohio State University by Dr. Lyle Schmidt to investigate this relationship in terms of open and closed mindedness.

A final suggestion for further research implied in this study is to extend the sample to other groups and situations such as teacher-student relationships, supervisory or management relationships, case-worker relationships or any other two-person relationships. It may be that the characteristics of open or closed mindedness and experiencing level are generally important aspects of all two-person relationships.
CHAPTER VI

SUMMARY

The purpose of this study was to determine the extent to which certain counselor characteristics and attitudes are related to the counseling relationship. The study grew out of a personal concern with discovering those factors in counseling which in some way facilitate client change. It also grew out of a concern with how to help students in a counseling practicum obtain the most from their practicum experience.

The theoretical background of the study was discussed by reference to the theory and research related to four areas, the nature of the relationship, a process conception of counseling, open and closed mindedness, and the relationship of theoretical orientations to counseling.

The nature of the relationship was discussed primarily in terms of the client-centered conceptions of a helping relationship. This was spelled out most clearly by Rogers (38) in his article on the necessary and sufficient conditions of therapeutic personality change. These theoretical conceptions were tested operationally in two studies, Halkides (24) and Barrett-Lennard (3). These two studies showed that there was a significant relationship between the
extent of constructive personality change in the client and four counselor variables: (1) the degree of empathic understanding, (2) the degree of positive regard, (3) the conditionality or unconditionality of regard, (4) the degree of congruence or genuineness. Barrett-Lennard (3) developed an instrument, the Relationship Inventory, to measure these variables.

These studies also showed that very small samples of behavior could be reliably rated to determine the quality of the counselor's interaction with a client. In summary, they showed that if the counselor is congruent, if he likes the client, unconditionally, and if he understands the essential feelings of the client as they seem to the client, then there is a strong probability that this will be an effective helping relationship.

The process conception of psychotherapy was discussed primarily in terms of the client-centered concept of experiencing, especially as developed by Gendlin (19). This concept can be summarized by the term "subjective experiencing," or the process of having experience. It refers to experienced or felt meaning. The concept of experiencing was related to congruence or genuineness by pointing out that the counselor was congruent or genuine if he experiences (or feels, as much as possible) his clients feelings.
Open and closed mindedness was discussed mainly by describing Rokeach's (47) work and what might be expected from dogmatic and open persons in general. Some of the theory and research, especially as it related to the Dogmatism Scale, was discussed in terms of the possible implications open or closed mindedness might have as a counselor characteristic. It was implied that experiencing and dogmatism may both be important aspects of a general open or closed quality of the counselor.

In terms of counselor's orientations, the discussion focused on a description of the Therapist Orientation Questionnaire, developed by Barker and Sundland (55,56). It was suggested that the counselor attitudes and orientations measured by this instrument would not generally be related to the counseling relationship, partly because they are intellectualized rather than strongly felt.

The problem of the study was stated in a preliminary way by asking four related questions, which the study was designed to answer. These questions can be summarized as follows: To what degree are the counselor's experiencing level, his open or closed mindedness, and his stated attitudes and orientations related to the counseling relationship and to each other?

The procedure used to test these questions was, in general, to have the two clients of each of twenty-five counselors, rate their counselor on the Relationship
Inventory, in terms of the five relationship variables it represents. Then the counselor variables were obtained from the counselors and finally all the scores were statistically analyzed to test the questions asked in the study.

Each client was asked, after his fifth interview with his counselor, to fill out the Relationship Inventory as it applied to his relationship with his counselor. Each counselor was asked to take the Dogmatism Scale and the Therapist Orientation Questionnaire, and to make an appointment for an "experiencing interview." In this recorded interview, he was asked to react to his practicum experiences in terms of what was significant or meaningful for him. The tapes were later analyzed in terms of the counselors' experiencing level.

The data were then prepared for analysis, employing a multiple regression program on an I.B.M. 709 computer. This program was capable of statistically analyzing the data in terms of the following experimental questions: Will any of the counselor's Experiencing Scale scores, his Dogmatism Scale score, or any of his Therapists Orientation scores predict any of his Relationship Inventory scores? Will there be any significant relationships among the Experiencing Scale scores, the Dogmatism Scale score, and the Therapist Orientation Questionnaire scores?

The results indicated that the counselor's experiencing level and his open or closed mindedness are both
significantly related to the counseling relationships he develops with his clients. In general, the higher the rated experiencing level and the lower the dogmatism score, the better the relationship. The counselor's stated attitudes and orientations are not, in general, significantly related to this relationship.

More specifically, the samples from the first half of the experiencing interview significantly predicted three Relationship Inventory measures—Empathic Understanding, Congruence, and the Total score. The samples from the second half of the interview significantly predicted three Relationship Inventory measures also (Congruence, Unconditionality of Regard, and Total), but in a different way. These were inverse relationships.

Dogmatism was negatively and significantly related to three Relationship measures, Level of Regard, Unconditionality of Regard, and Total score. Only three Therapist Orientation Questionnaire dimensions were significant predictors, CA (Curative Aspect of the Therapist) with Level of Regard, Unconditionality of Regard and Total score; CS (Criteria for Success) with Unconditionality of Regard; and MR (Medical Responsibility) with Unconditionality of Regard.

Some possible implications of these results for counselor training and selection were discussed. It was
suggested that more attention be given to the prospective counselor's experiencing level and his open mindedness, both in terms of training and selection of future counselors. Some suggestions for further research were also discussed.
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1Significance levels for these correlations are: $r > 0.01$ (df=23) = .505; $r > 0.05$ (df=23) = .396.
TABLE 10

REGRESSION COEFFICIENTS (b), STATISTICS FOR TESTING THE SIGNIFICANCE OF THE COEFFICIENTS (t), AND THE COEFFICIENTS OF MULTIPLE CORRELATION (R) WITH F FOR TESTING THE SIGNIFICANCE OF R FOR DOGMATISM AND EXPERIENCING SCORES WITH RELATIONSHIP INVENTORY SCORES

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<tr>
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</tr>
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<td>23rd-25th Min.</td>
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R = .384  \quad R = .353  \quad R = .421  \quad R = .276  \quad R = .411

F = 1.533  \quad F = 1.253  \quad F = 1.891  \quad F = .725  \quad F = 1.784

**F .01 (df = 45) = 3.44.** **t .01 (df = 45) = 2.690.**
*F .05 (df = 45) = 2.42.  *t .05 (df = 45) = 2.014.
F .10 (df = 45) = 2.00.  t .10 (df = 45) = 1.680.
F .20 (df = 45) = 1.39.  t .20 (df = 45) = 1.301.
## TABLE 11

Regression Coefficients ($b$), Statistics for Testing the Significance of the Coefficients ($t$), and the Coefficients of Multiple Correlation ($R$) with $F$ for Testing the Significance of $R$ for Therapist Orientation Questionnaire Scores with Relationship Inventory Scores

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<th>Congruence</th>
<th>Uncond. of Reg.</th>
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$R = .741$, $R = .634$, $R = .633$, $R = .761$, $R = .682$, $F = 1.378$, $F = .759$, $F = .754$, $F = 1.552$, $F = .972$
TABLE 12

REGRESSION COEFFICIENTS (b), STATISTICS FOR TESTING THE SIGNIFICANCE OF THE COEFFICIENTS (t), AND THE COEFFICIENTS OF MULTIPLE CORRELATION (R) WITH F FOR TESTING THE SIGNIFICANCE OF R FOR DOGMATISM SCALE SCORES, THERAPIST ORIENTATION QUESTIONNAIRE SUM1 SCORE AND THE EXPERIENCING SCALE SCORES COMBINED INTO TWO PARTS2

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<th>Uncond. of Reg.</th>
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R = 3.99  R = .331  R = .440  R = 3.42  R = .440
F = 2.136  F = 1.382  F = 2.706*  F = 1.489  F = 2.705*

***F .01 (df = 45) = 3.44.  **t .01 (df = 45) = 2.690.
*F .05 (df = 45) = 2.42.  *t .05 (df = 45) = 2.014.
F .10 (df = 45) = 2.00.  t .10 (df = 45) = 1.680.
F .20 (df = 45) = 1.39.  t .20 (df = 45) = 1.301.

1SUM represents a sum of the scores for CA + CTR + PI + PTR + STR. These scores were found, in a previous study, to contribute the most to a general factor.

2Part A = Exp. 5th-7th min. + Exp. 12th-14th min. Part B = Exp. 17th-19th min + Exp. 23rd-25th min.
### TABLE 13

Regression coefficients (b), statistics for testing the significance of the coefficients (t), and the coefficients of multiple correlation (R) with F for testing the significance of R for dogmatism and experiencing scale scores and selected therapist orientation questionnaire scores with relationship inventory scores.

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\[ R = 0.597 \quad F = 1.385 \]
\[ R = 0.573 \quad F = 0.720 \]
\[ R = 0.542 \quad F = 1.037 \]
\[ R = 0.611 \quad F = 1.487 \]
\[ R = 0.574 \quad F = 1.229 \]

\[ F_{10} (df = 15,30) = 1.72 \quad F_{25} (df = 15,30) = 1.32 \]
\[ * t_{.01} (df = 35) = 2.724 \quad ** t_{.05} (df = 35) = 2.030 \quad t_{.10} (df = 35) = 1.690 \]
\[ t_{.20} (df = 35) = 1.306 \]
Therapists Orientation Questionnaire, Form 1962

Name:______________________________

Please indicate your agreement or disagreement with the following statements.

Circle one of the following:

SA Strongly agree
A Agree
UN Undecided or "It depends."
D Disagree
SD Strongly disagree

SA A UN D SD 1. With most patients I do analytic dream interpretation.

SA A UN D SD 2. A treatment plan is not important for successful therapy.

SA A UN D SD 3. A therapist should have long-range goals for his patients.

SA A UN D SD 4. It is necessary that a patient learn how early childhood experiences have left their mark on him.

SA A UN D SD 5. The major cause of neurotic behavior consists of internalized, overly-restrictive inhibitions of personal desires.

SA A UN D SD 6. No matter how emotionally mature and sensitive a person is, he cannot be a good therapist without training in psychopathology.

SA A UN D SD 7. I am a fairly active, talkative therapist, compared to most therapists.

SA A UN D SD 8. A good therapist will "interpret" his patient's behavior, in the sense of telling him its real significance--meanings of which he is unaware.

SA A UN D SD 9. My own attitudes toward some of the things my patients say or do, stop me from really understanding them.
SA A UN D SD 10. The more effective therapists do things during the therapy hour for which they have no reasoned basis, merely a feeling that it is right.

SA A UN D SD 11. The wise therapist will never try to advise a patient about the best way of coping with a life-situation.

SA A UN D SD 12. The most important learning in therapy is verbal and conceptual in nature.

SA A UN D SD 13. A mature, mentally healthy person will necessarily move in the direction of society's goals.

SA A UN D SD 14. In the therapy hour the therapist should act reserved, uninvolved, and impersonal.

SA A UN D SD 15. People can be understood without recourse to the concept "unconscious determinants of behavior."

SA A UN D SD 16. The most important variables in the outcome of therapy are the therapist's professional training in therapy techniques and his expert use of these techniques.

SA A UN D SD 17. I would not interrupt a patient during a therapy session as I might if we were having merely a social conversation.

SA A UN D SD 18. The most beneficial outcome of therapy is the patient's becoming more open to his feelings.

SA A UN D SD 19. It is not helpful to formulate for myself the psychodynamics of the patient's relationship with me.

SA A UN D SD 20. It is always unhealthy for a person to feel free-floating anxiety.

SA A UN D SD 21. Inherent in human beings is a natural propensity toward health, both physical and mental.

SA A UN D SD 22. Frequently, strong advice or actual commands by the therapist are indicated.
SA A UN D SD 23. Understanding why one does things is the most effective factor in correcting one's behavior.

SA A UN D SD 24. I am fairly passive silent therapist, compared to most therapists.

SA A UN D SD 25. It is all right for a therapist, during the session, to experience strong emotional feelings concerning a patient.

SA A UN D SD 26. With most patients I instruct them to free associate.

SA A UN D SD 27. Therapists should make an overall treatment plan for each case.

SA A UN D SD 28. The most important learning in therapy is affective, non-verbal, and non-conceptual in nature.

SA A UN D SD 29. For a patient to improve his current way of live, he must come to understand his early childhood relationships.

SA A UN D SD 30. A too strict super-ego is more often associated with neurotic behavior than is a too-lenient super-ego.

SA A UN D SD 31. It is usually unwise for the therapist to deliberately influence a patient toward certain behaviors and attitudes.

SA A UN D SD 32. A patient can be very critical of me or very appreciative of me without any resulting change in my feeling toward him.

SA A UN D SD 33. The patient's coming to experience his feeling more fully is not the most important therapeutic result.

SA A UN D SD 34. I point out connections between behaviors and attitudes, both those expressed in therapy and those described from present and past life situations.

SA A UN D SD 35. It is unwise for a therapist's remarks and reactions to a patient to be unplanned, spontaneous, not thought-through.

SA A UN D SD 36. A good therapist expresses to his patients a sense of personal involvement and concern.
SA A UN D SD 37. A successful adjustment to the social environment is not an important goal of therapy.

SA A UN D SD 38. The most beneficial outcome of therapy is for the patient to know the reasons for his behavior.

SA A UN D SD 39. It is possible to make sense of a patient's behavior without assuming motives of which he is unaware.

SA A UN D SD 40. Patients get better more because their therapists are the kinds of persons they are than because of their therapist's professional training.

SA A UN D SD 41. It is quite acceptable to interrupt a patient while he is talking.

SA A UN D SD 42. Deliberately expressing approval of desirable patient-behavior is not a good therapeutic policy.

SA A UN D SD 43. The crucial learning process in therapy is an emotional, visceral, and non-verbal process.

SA A UN D SD 44. It is very important for a therapist to conceptualize, think through, how a patient is relating to him.

SA A UN D SD 45. Regression (returning to a more primitive mode of behavior) is always undesirable.

SA A UN D SD 46. People do not have any inherent "drive toward health."

SA A UN D SD 47. It is preferable for the therapist to feel impersonal in the therapy relationship.

SA A UN D SD 48. It is important to analyze the transference reactions of the patient.

SA A UN D SD 49. Good therapists do a lot of talking during the therapeutic hour.

SA A UN D SD 50. Effective therapists almost always know what they are doing, and why, and where they are heading.
SA A UN D SD 51. The patient's greater knowledge of the reasons for his behavior is not the most important therapeutic result.

SA A UN D SD 52. Good therapists often strongly urge their patients to "try out" certain behaviors which are initially frightening to them.

SA A UN D SD 53. It is unnecessary for a patient to learn how early childhood experiences have left their mark on him.

SA A UN D SD 54. The therapist sets the broad goals of therapy and attempts to influence the patient's behavior and feelings in that direction.

SA A UN D SD 55. In effective therapy, the patient learns mostly through the verbal and conceptual interchange between himself and the therapist.

SA A UN D SD 56. It is sometimes all right to take a walk with a patient during the therapy hour.

SA A UN D SD 57. The therapist should not act as though he were personally or emotion-ally involved with the patient.

SA A UN D SD 58. As a therapist, I avoid asking probing questions.

SA A UN D SD 59. The more effective therapists spontaneously express their thoughts about the relationship during the therapy hour.

SA A UN D SD 60. Neurotic behavior is usually associated with undeveloped weak super-egos.

SA A UN D SD 61. At times, I feel contempt for a patient.

SA A UN D SD 62. It is important for a patient to be helped to make a social adjustment.

SA A UN D SD 63. Medications are valuable as a part of psychotherapy to lower anxiety or to help "uncover" material.

SA A UN D SD 64. It is never all right to offer the patient a ride, or ask him for one.
SA A UN D SD 65. Understanding why one does things is not the major factor in correcting one's behavior.

SA A UN D SD 66. I interrupt a patient while he is talking.

SA A UN D SD 67. Whatever the intensity or nature of the patient's emotional expression, the therapist is most effective when he feels detached, objective, and impersonal.

SA A UN D SD 68. A good therapist constantly and deliberately uses his thorough knowledge of psychopathology and his training in psychotherapeutic techniques.

SA A UN D SD 69. Without a concept like "unconscious determinants of behavior," people could not be understood.

SA A UN D SD 70. The crucial learning process in therapy is a verbal and conceptual process.

SA A UN D SD 71. Ideally, a person should never consciously have psychotic-like thoughts or feelings.

SA A UN D SD 72. The therapist's personality is more important to the outcome of therapy than his professional training.

SA A UN D SD 73. I always (with proper timing) analyze the resistance.

SA A UN D SD 74. Electroshock is a necessary part of therapy with certain types of patients.

SA A UN D SD 75. The most important results of therapy are the new feelings and emotions that the patient comes to experience.

SA A UN D SD 76. Neither a thorough case history nor a proper diagnosis is important to treat a case effectively.

SA A UN D SD 77. The therapist should not try to act anonymous, impersonal, or uninvolved with the patient.

SA A UN D SD 78. In all human beings there is a sort of "life force," a striving for perfection.
SA A UN D SD 79. The overall goals of therapy should be set by the patient only.

SA A UN D SD 80. It is never all right for the therapist to walk about the therapy room during the therapy hour.

SA A UN D SD 81. Good therapists are mostly silent during the therapeutic hour.

SA A UN D SD 82. Neurotic behavior is usually associated with a lack of awareness of super-ego demands and with a disregarding of these demands.

SA A UN D SD 83. It is unwise for a therapist to respond overtly to patients as he feels, i.e., without thought and without censoring his spontaneous internal reactions.

SA A UN D SD 84. For a patient to improve his current way of life, he does not necessarily have to come to understand his early childhood relationships.

SA A UN D SD 85. It is never all right for the therapist and patient to have refreshments together during the therapy hour.

SA A UN D SD 86. Hypnosis is a valuable part of psychotherapy with certain types of patients.

SA A UN D SD 87. In effective therapy, the patient learns mostly through the affective and unverbalized relationship between himself and the therapist.

SA A UN D SD 88. It is important for the therapist to feel a deep personal and emotional involvement with his patient.

SA A UN D SD 89. Having the patient move in the direction of the goals of society is not an important therapeutic aim.

SA A UN D SD 90. A therapist should never interrupt a patient which he is talking.

SA A UN D SD 91. To make sense of a patient's behavior one must assume motives of which he is unaware.
SA A UN D SD 92. The patient's coming to accept and experience his feelings is not the primary gain he derives from therapy.

SA A UN D SD 93. It is not important for the therapist to conceptualize the psychodynamics of the patient.

SA A UN D SD 94. There is not an innate tendency in human beings toward emotional health.

SA A UN D SD 95. Irrational types of experiences ("mystic," "oceanic," "religious," etc.) are always unhealthy and undesirable in mature adults.

SA A UN D SD 96. It is important to analyze symptomatic behavior, such as, slips of the tongue, mannerisms, etc.

SA A UN D SD 97. A good therapist acts personally and emotionally involved and concerned with his patient.

SA A UN D SD 98. I am very secure and comfortable in my relationships with my patients.

SA A UN D SD 99. It is necessary for a psychotherapist to be a physician himself or to be supervised by one.

We would like to invite your comments regarding the questionnaire or important issues pertaining to the practice of psychotherapy which you feel we have not mentioned.
APPENDIX 3
RELATIONSHIP INVENTORY

Below are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement carefully with reference to your present relationship with_____________________.

Mark each statement in the left margin, by circling the appropriate symbols, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one.

ST Yes, I strongly feel that it is true.
T Yes, I feel it is true.
PT Yes, I feel that it is probably true, or more true than untrue.
PNT No, I feel that it is probably not true, or more untrue than true.
NT No, I feel it is not true.
SNT No, I strongly feel that it is not true.

1. He respects me.
2. He tries to understand just how I see things.
3. His interest in me depends on what I am talking to him about.
4. He tells me things that he does not mean.
5. He disapproves of me.
6. He understands my words but does not realize how I feel.
7. Sometimes he responds to me in a more positive and friendly way than he does at other times.
8. What he says to me never conflicts with what he thinks or feels.
9. He is curious about "the way I tick," but not really interested in me as a person.
10. He is interested in knowing what my experiences mean to me.
ST T PT PNT NT SNT 11. His feeling toward me does not depend on how I am feeling towards him.

ST T PT PNT NT SNT 12. He is disturbed whenever I talk about or ask about certain things.

ST T PT PNT NT SNT 13. He likes seeing me.

ST T PT PNT NT SNT 14. He nearly always knows exactly what I mean.

ST T PT PNT NT SNT 15. His attitude toward me depends partly on how I am feeling about myself.

ST T PT PNT NT SNT 16. I feel that he has unspoken feelings that are causing difficulty in our relationship.

ST P PT PNT NT SNT 17. He is indifferent to me.

ST P PT PNT NT SNT 19. At times he jumps to the conclusion that I feel more strongly or more concerned about something than I actually do.

ST T PT PNT NT SNT 19. He responds to me consistently; always warmly or always coldly.

ST T PT PNT NT SNT 20. He behaves just the way that he is, in our relationship.

ST T PT PNT NT SNT 21. He appreciates me.

ST T PT PNT NT SNT 22. Sometimes he thinks that I feel a certain way, because he feels that way.

ST T PT PNT NT SNT 23. He likes me in some ways, dislikes me in others.

ST T PT PNT NT SNT 24. At times he is not aware of something that I can sense in his response to me.

ST T PT PNT NT SNT 25. He is friendly and warm towards me.

ST T PT PNT NT SNT 26. He understands me.

ST T PT PNT NT SNT 27. If I am annoyed with him he becomes annoyed with me.
28. He pretends that he likes me or understands me more than he really does.

29. He cares about me.

30. His own attitudes toward some of the things I say, or do, stop him from really understanding me.

31. Whether I am expressing "good" feelings or "bad" ones seems to make no difference to the way he feels about me.

32. He does not avoid anything that is important for our relationship.

33. He feels that I am dull and uninteresting.

34. He ignores some of my feelings.

35. Sometimes he is warmly responsive to me, at other times cold or disapproving.

36. I feel that I can trust him to be honest with me.

37. He is interested in me.

38. He appreciates exactly what my experiences feel like to me.

39. Depending on his mood, he sometimes responds to me with quite a lot more warmth and interest than he does at other times.

40. He is secure and comfortable in our relationship.

41. He just tolerates me.

42. He tells me what my actions and feelings mean.

43. His liking or disliking of me is not affected by anything that I tell him about myself.
44. He is acting a part with me.

45. He does not really care what happens to me.

46. He does not realize how strongly I feel about some of the things we discuss.

47. His general feeling toward me varies considerably.

48. There are times when I feel that his outward response to me is quite different from the way he feels underneath.

49. I feel that he really values me.

50. He responds to me mechanically.

51. Whether I like or dislike myself makes no difference to the way he feels about me.

52. I don't think that he is being honest with himself about the way he feels about me.

53. He dislikes me.

54. He applies his own point of view to me.

55. Sometimes he responds quite positively to me, and at other times he seems indifferent.

56. I feel that he is being genuine with me.

57. He is impatient with me.

58. He generally senses or realizes how I am feeling.

59. He likes me better when I behave in some ways than he does when I behave in other ways.

60. Sometimes he is not at all comfortable, but we go on, outwardly ignoring it.
1. He feels deep affection for me.

2. He usually understands all of what I say to him.

3. Whether I feel fine or feel awful makes no difference to the warmth or coldness of his response to me.

4. He does not try to mislead me about his own thoughts or feelings.

5. He regards me as a disagreeable person.

6. He can be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself.

7. I can be very critical of him or very appreciative of him without it changing his feeling toward me.

8. What he says gives a false impression of his total reaction to me.

9. At times he feels contempt for me.

10. When I do not say what I mean at all clearly he still understands me.

11. His general feeling toward me (for example, of liking, respect, distrust or anger) reflects the way that I am feeling toward him.

12. He tries to avoid telling me anything that might upset me.

73. How important to you is the relationship with this person, at present, compared with your other personal relationships? (check one).

   ___ a. It means more to me than my relationship with anyone else.

   ___ b. It is just as important to me as any other relationship I have.
c. There are some other relationships that are more important to me.

d. Compared with other relationships I have, it is not important to me.

74. In general, how satisfied do you feel with the relationship that you now have with this person? (check one).

I. feel completely satisfied with it.

II. I am satisfied.

III. I am fairly satisfied.

IV. I am about half satisfied, half dissatisfied.

V. I am rather dissatisfied.

VI. I am quite dissatisfied.

VII. I am extremely dissatisfied.
EXPERIENCING SCALE

Dr. Eugene Gendlin and Dr. T. M. Tomlison

Outline of EXP Scale

See Section I for definitions and cues of stages and Section II for definitions and cues of 1/2 stages

Stage 1 AN: No "personally private" nor "personality relevant" communication:

At Stage I the individual either tells nothing about himself or his private life, or he tells what one might tell people to a potentially unfriendly stranger. He also does not offer information with the intention of describing the sort of personality he has or had.

Stage 2 AV: There is "personally private" or "personality relevant" communication with No "self-involvement" in process of communication:

The Stage 2 individual reports personal facts in the manner of an observer who is not involved in these facts. He is not self-involved because he doesn't inject his feelings into his discussions. He may give his family history, talk about his environment, or explain what kind of person he is or was but his way of doing so is "externalized," "intellectualized" or "mechanical," or "reciting."

Stage 3 BY: There is "self-involvement" on process of communication with No connected examination focused on self:

Stage 3 individual communicates with "unexamined self-involvement" because he narrates with his feeling without noticing the significance of his feeling. He is immersed in feeling with no examination focus on himself. He does not look for the meanings of his feelings and has focus is on the circumstances which aroused his feelings. (The individual who interrupts his narration to look at, explain or explore feelings but not with Stage 4 connected "self-examination" is rated 3.5.)
Stage 4 CY: There is connected examination focused on self with No sense of or for "immediately felt inner events":

Stage 4 individual is following a "connected" chain of thoughts to look inside himself and to examine into his feelings and think about what they mean about himself. There are no "immediately felt inner events" interrupting his chain of discussion.

(The individual who speaks from much present emotion speaks about hitherto-hidden aspects of himself with new insight but not with Stage 5 sense for immediately felt inner events or Stage 5 subjective definitions is rated at 4.5.)

Stage 5 DY: There is a sense of "immediately felt inner events" with No steady hold of "specific felt referents":

The Stage 5 individual notices the presence or absence of new immediate feelings but has to struggle to find or hold onto them. He finds ordinary vocabulary inadequate to describe these new events, and therefore he uses "subjectively-defined language" in his communications. Felt data is not firm.

(The individual who does not explore with direct reference to a specific new inner event but who uses subjective language with reference to a global sense of a new self is rated 5.5.)

Stage 6 EY: There is a steady hold of specific "felt referents" with No free movement in continuing stream or felt referents.

The Stage 6 individual is actively engaged in discovering new facets of a specifically felt datum. He is using this datum as a "felt referent" by hold onto it while he is studying it. He explores the felt datum for new meanings and directs his exploration inward by a steady reference to a specific feeling.

(The individual who discusses one after another "felt referent" but separately without using each as a guidepost for a smooth progression from one referent to another is rated 6.5)
Stage 7 FY: There is free movement in a continuing stream of felt referents:

The Stage 7 individual easily clarifies his own feelings and meanings, by direct access to a continuous flow of inner events. He uses his "felt referents" as sure guideposts with reliance on his own free movement within his whole subjective field.
Dochotomous Criteria Scale for Experiencing

AN: No personally private no personality relevant communication
AY: There is personally private or personality relevant communication.

BN: No self-involvement in process of communication.
BY: There is self-involvement in process of communication.

CN: No connected examination focused on self.
CY: There is connected examination focused on self.

DN: No sense of or for immediately felt inner events.
DY: There is a sense of or for immediately felt inner events.

EN: No steady hold or specific felt referent.
EY: There is a steady hold of specific felt referent.

FN: No free movement in continuing stream of felt referents.
FY: There is free movement in continuing stream of felt referents.

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Experiencing - Rater Instruction

Rater can ask only 2 questions: WHAT? and HOW?

EXP:

1. What are the words in segments? i.e., what is the Individual saying?
2. How is it being said?

The rater must not ask Why, When or Where, or add anything to the context because it is the Here and Now of each verbalized segment which has to be rated.

Warning: Be sure to rate the rater and not his conversational partner's comments or interpretation.

Read cues carefully before making stage decision. Be sure segment has passed Stage 1 before considering Stage 2 and don't consider Stage 4 without being sure segment has passed Stage 3, etc. Don't use half-stage cues before making whole stage decision. After whole stage decision has been made consult half-stage cues and only then decide if segment should be raised a half-stage.
Stage 1: No personally private or personality relevant communication.

Personally Private:

Any communication which makes the individual more vulnerable or tender, and/or any communication which would not be said to a potentially unfriendly stranger.

Note: Excluded from this definition are facts or details of private life or about environmental situations (hospital, family, therapy, job, etc.) which are part of an individual's social facade or public aspects of his past history.

Personality Relevant:

Communications (descriptions, self-conceptualizations, thoughts, feelings, etc.), which are intended to help the listener understand the kind of person the speaker is or was.

Note: This does not include what the rater can infer about the speaker's personality.

It may include a wide variety of ways of communicating (raving, muttering, "crazy talk," stilted self analyses, self exploration, etc.), provided there is an indication that the speaker is making an attempt to reveal or describe himself to the listener.

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A segment is rated in Stage 1 if the speaker reveals nothing private or tender about himself or if he is not making an attempt to reveal or characterize his personality to the listener.

A person leaves Stage 1 either if he reveals something private or tender about himself or if he is making an attempt to reveal or characterize his personality to another. The latter need not be also personally private, and personally private material is not necessarily personality relevant.
Stage 2: Not Self-Involved in the Process of Communication

At stage 2, though discussing personally private or personality relevant material, the person is remote from his experiencing and has objectified, neutralized, or dramatized his feelings of situation in a non-participating and distant manner. Frequently a "pat story" quality is evident.

Typical styles of remoteness are defined below.

Externalized: Denotes the absence of feelings, personal meanings, or emotional involvement. Descriptions of external events and behaviors (including his own) occur and the feelings and personalities of others may be discussed, but the individual is lost in outside events. He speaks as if his own feelings and personal meanings were simply missing.

Intellectualized: The individual uses concepts about himself, states opinions, describes himself, using labels that sound like feelings or personal aspects, but his use of these is such that he cannot have much inward awareness or inner experience of what the concepts or labels refer to in him.

Mechanical: Denotes a manner of talking about self, or parts of self, as though talking about objects. The individual is a reporter or observer of symptoms about an object, and he may describe that, patterns, things inside him, symptoms, etc., as acting of their own accord.

Passionate Recitation: Although apparently much emotion and involvement are put into it, it is as if the individual is reciting a piece well known and repetitions for him. The "feeling" and "emotions" or "passions" belong to the recited piece, not to him. (The individual is an actor (though he may also seem to be observing his own performance) and although he may be using his part to make contact with other person, he also uses it to maintain distance, both from himself and others.)
Stage 3: "Unexamined Self-Involvement"

**Definition:** The individual is involved in the revealing of personal material but isn't stopping to examine what it means to him. He is immersed in his descriptions or absorbed in his narrative but is not actively aware of the significance of what he is saying. He injects himself into his telling whether or not the material itself is seemingly important or unimportant, deeply felt.

External events are described in a way which communicates self-involvement but the individual does not directly focus on his involvement. He may narrate events to illustrate personal themes but does not return to make specific use of the illustration. Usually what is illustrated is personal and felt, but not specific.

Whatever the Stage 3 individual tells has broad relevance to feelings (and his narrations may include some explicitly expressed feelings) but the sequence will be that of a personal narrative or of memory associations based on external events. The basis of the discussion will be the circumstances arousing the feelings involved and the chain of expression will proceed without more than a step or two of exploring a feeling itself.

The individual is not looking inside himself but he is telling his feelings in a vague or narrowly-channeled way. Intellectual labels, if any, will not be examined regarding how accurately they fit.
Stage 4: "Focused and Connected Self-Examination"

**Definition:** The examination of feelings and personal meanings lends the basic context and chain of thought to the discussions. The individual focuses on his own feelings and wonders about their meanings.

In place of the occasional one or two steps of exploration in Stage 3 there is connected texture of exploration. The main self-interrogations provide the connections between what is just said and what is said next. Thoughts are tied to feelings in an inside way.

External descriptions specifically illustrate personal themes and the individual returns to the significance he senses the described events have for him and makes specific use of his descriptions.

The individual is trying to understand himself and seek personal insight too. He may still speak like a narrator but he narrates and interprets his feelings with self-perception and self-interrogations.

(Note: Remember that in order to be rated Stage 4 a segment must pass 2 and 3)
Stage 5: "A Sense of Immediately Felt Inner Events"

Definition:

The individual is searching for and sometimes discovering new feelings which he struggles to hold onto while he investigates possible new personal meanings. It is hard for him to search deeply inside himself and it is important to him to communicate his findings with exactness. Discoveries are rechecked and redefined for closer precision and the individual speaks with many private distinctions and surplus and tentative meanings.

There may be irregular and surprising or puzzling occurrence of immediate subjective events during the hour. Feelings may suddenly change, shift, bubble up, hit, etc. The individual has only an unsteady hold on such immediately felt events. Often, there are none, and he may note their absence. (I can't feel this now, but. . .") Or, when such events occur, he may dodge them or lose them, have difficulty finding them again. He may beat the bushes for something felt, try in all directions to get a hold of something, yet not find anything that is immediately felt. He does manifest that he seeks or expects immediately experienced events, or is aware that there are such events possible.

Both the deep exploration and the unsteady occurrence or possibility of immediately experienced events mark Stage 5. Either is sufficient. Either requires subjectively defined language. The social vocabulary is insufficient. Words are used in such a way that meaning is given them which makes sense only to these two persons at this moment.

Definition: "Subjectively defined" language usage can be recognized by the following cues. (Any of these are sufficient)

Distinction drawn between the common meaning and the one which he is trying to convey and which sounds the same in common words.

Words such as "funny," "odd," "fresh," "real," used to carry the main message. (He might use such words at any stage, but in Stage 5, such words are depended upon to convey the whole main point . . . as distinguished from the insufficient expression possible in terms of the common words.)
Explicit statement that words don't fit what he wants to say.

A datum concretely inside himself (though unsteady, might lose it, doesn't steadily explore it); explicit statement locating eventfulness in his subjective field.

Underlining or emphasizing of minor words in a sentence to convey the main point. ("I had to feel that way.")

The statement of the main message does not make sense unless one assumes an inner reference which gives it meaning. As an objective statement it is meaningless. (This cue involves trying out the sentence interpreted in terms of dictionary meanings only.)
Stage 6: "Steady Hold on Specific Felt Referent"

Definition: The explorations or descriptions of Stage 6 are guided by a direct and steady sensing of immediately felt subjective referents.

I.e., The individual explores (often does not as yet know) the meaning of the directly felt datum. He holds on to it steadily. It may change, of course, but his subjective referring is now not unsteady or likely to be lost.

The cues given under 5 for non-social("subjectively defined") language will be present in 6 also.

In stage 6, the immediately felt data are the main focus of discussion, although statements of "I have always . . ." "I always felt . . ." will occur, they are intended to help characterize the individual's present felt datum, his present felt sense which he now has a hold of. There is an absence of struggle or strain to hold on to immediately felt subjective data. The effort is not in the holding on to, or the emergence, of subjectively felt events. The effort goes into the exploration, the coming to know what these subjective events contain.

One felt referent may be explored for some time. There is no swift succession of felt referents, and they are not easily and swiftly characterized to the individual's satisfaction.

The individual does not freely move all about his subjective field. He has a steady grip on just this referent of now.

The process seems smooth, has its own direction and momentum. "It" moves. The individual goes with it where "it" goes. He may work on clearly grasping the meaning of something he now feels, but he need not beat the bushes, seek or pike something out. There is much effort and strain, but not to make the events move or come. They are there.
The individual has a direct, sharp and continuing hold of subjective referents. He may note that his words for them are vague, but his experience of them is definite. He may "work on" such a referent for quite some time, all the while holding to it subjectively.
Stage 7: "Continuing Stream of Felt Referents" (reliance on subjective field and free movement all about, within it. Whole self is the experiencing process.)

Note: At Stage 7 the individual may still be troubled. He may have all sorts of serious personality problems and difficulties as yet. He may remain in need of help for quite some time to come. On the other hand, he could do without help. You need make no inferences about the individual and his state of maturity. These are not relevant.

Definition: The progression of behavior now moves swiftly from one felt referent to another and another. There is a sense that puzzling or cognitively unknown referents will be clear any minute. Non-optimal feelings are discussed as they were expected to alter or become more differentiated any minute, as the individual talks.

If the self is discussed, it may be unclear in content but it is definite in location, and solid and reliable. These aspects of it are noted not as occasional or in contrast to still solid opposite aspects of self, but as (perhaps surprisingly) steady.

The individual's inward references seems not dependent on the moment by moment statements of the respondent. He moves about inwardly so freely that he evidently could do so by himself using his felt referents as his guideposts.
Section II of EXPERIENCING scale

Decisions on 1/2 stages:

If stage 1, rate 1.5, if: Voice quality or other non-verbal behavior vary with what is being said,

or if

Indications of strain, tension, reluctance, difficulty, etc., indicate that what is being said - or the saying of if - are not a neutral experience for the client right now.

If stage 2, rate 2.5, if: The person's discussion fits stage 2 cues but the individual is unable to maintain his detachment from his own story. Here, real feelings break through the remoteness but without the immersed quality of stage 3. This may take the form of a fluctuating involvement in which the person lets himself go for moments into what he is saying but pulls himself back into the role of observer or reciter. Similarly, there may be an effect of semi-involvement in that part of the individual appears quite involved but at another level he is watching the effects of or is detached from what he is saying.

If stage 3, rate 3.5, if: You had difficulty deciding between stage 3 and 4 and are still not content that your decision had to be 3.

or if

The individual interrupts his narration to look at, explain or explore feelings but not with stage 4 connected self examination.
If stage 4, rate 4.5, if: Exploration has new understanding or insight or redefining, or emergence of hidden aspects of self, but cues for 5 are absent:

or if

Incidents, or expressions of feeling about them contain much present emotion from which he speaks, but cues of 5 are absent.

If stage 5, rate 5.5, if: There is no directly stated reference to an immediately felt referent which he now has and explores, but there is reference to a global sense of self which has to be phrased in terms of the non-social linguistic cues of 5, and which is a new self.

If stage 6, rate 6.5, if: Many quite subjectively defined aspects of self or feelings are discussed one after the other and each seems directly felt or sensed as it is discussed in the present hour (many felt referents), but instead of a progression of self or relationship feelings, as in 7, they are separate one from the other. The freedom to move about subjectively is not in evidence therefore.
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