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The Effects of Differing Empathic Levels of Reflection on Consequent Client Behaviors

by

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to the School of Graduate Studies
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The Effects of Differing Empathic Levels of Reflection on Consequent Client Behaviors

CURRICULUM STUDIORUM

Lynne Hollander was born in Toronto, Ontario. In 1966, she received the Bachelor of Music degree from the University of British Columbia (Vancouver, B.C.). She earned the degree of Bachelor of Library Science from the same institution in 1967. In 1976, she received a Bachelor of Psychology, post-B.A. (Honours) from the University of Ottawa. This institution granted her the degree of Master of Arts (Psychology) in 1979.

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A project such as this requires the assistance of many individuals to bring it to completion. The contributions of two people merit special acknowledgement.

The unfailing guidance, encouragement and critical attention to detail as well as to major aspects of this project, contributed by my thesis advisor, Dr. Henry Edwards, have earned my profound gratitude.

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Finally, this project could not have been carried out without the contributions of the unknown clients who were interviewed by Drs. Rogers and Butler, and who made their private thoughts and feelings available. To these clients and to their therapists go my gratitude for sharing their therapy hours with a stranger, for the advancement of scientific knowledge.

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ABSTRACT

This research is a study of individual client-centered psychotherapy process. Its key purpose was an examination of certain immediate consequences of therapeutic reflection. Two issues were addressed. First, selected client behaviors immediately following reflection were contrasted with those following other therapist interventions. Second, reflections were categorized by levels of empathy, and client behaviors consequent to higher-empathy reflections were contrasted with those consequent to lower-empathy reflections.

The subjects of this study were Carl Rogers and John Butler, two well-known client-centered therapists, in interviews or interview excerpts with 12 clients of Rogers and 3 clients of Butler. Therapist variables consisted of therapist interventions, and their empathy levels. Client variables were three client behaviors considered therapeutically beneficial in client-centered therapy, viz., self-reference, self-exploration, and experiential involvement. Analyses of covariance were used to test two sets of hypotheses, the level of client variable antecedent to therapist interventions serving as covariate in all cases.

The testing of the first set of hypotheses found significantly higher mean levels of client self-reference, self-exploration, and experiential involvement following

reflections than following other therapist interventions (>.05). No support was found for the idea that differential empathy levels of reflection led to differential client consequences. These results were discussed in relation to empirical and theoretical considerations.

CHAPTER I

REVIEW OF THE LITERATURE

Introduction

Reflection is a therapist intervention of principal importance in client-centered therapy. In addition, it is found in the therapeutic repertoire of other treatment modalities. This study is concerned with reflection within client-centered psychotherapy, in the context of individual counseling. The use of this intervention within other therapeutic orientations is noted, as well, to provide a backdrop for the client-centered discussion which follows.

There are a number of different approaches to reflection, with corresponding definitions. In general, reflection is understood to be a therapeutic intervention which communicates to the client the therapist's understanding of the client's feelings. More specifically, some definitions emphasize the therapist's understanding of these feelings from the client's point of view. In other definitions, feelings have been variously described, or left undefined. Definitions vary about whether or not the client feelings being reflected should be presently accessible to the client. Finally, reflection has been seen as simply equivalent to empathically understanding the client.

For purposes of this study, reflection is defined as

follows:

> Reflection is a therapeutic intervention which communicates to the client the therapist's understanding of the client's present feelings, attitudes, or experiencings, from the client's point of view. It may use the client's own words, or these may be rephrased or reformulated by the therapist. It may reflect the client's explicitly expressed feelings, or may reflect the therapist's understanding of the client's unexpressed feelings which the therapist senses to be presently available to the client but which are not necessarily present in the client's direct awareness.

This definition enables the author to direct attention to an underlying issue of interest in this thesis, namely, the relationship of reflection to empathy. On the one hand, these terms may be considered synonymous; on the other, one may separate the concept of reflection, as a therapeutic technique, from the concept of empathy, as a kind of therapist attitude, such that depth reflections would be characterized by high or deep empathy, and reflections which are less deep would not be as high in empathy.

This research is a study of the immediate consequences of reflection upon certain client behaviors. Two sets of hypotheses are articulated. The first set, considering reflection as a category of therapist intervention, contrasts certain client behaviors immediately following reflection with those following other types of therapist intervention. The second set of hypotheses categorizes reflections by levels of empathy, according to the Carkhuff (1969) Scale of Empathic Understanding in Interpersonal

Process (EU), and contrasts client behaviors consequent to higher-empathy reflections with those consequent to lower-empathy reflections.

The expression, reflection of feeling, is often found in the literature. For purposes of this study, a decision was made to use the term reflection without qualifiers, for two reasons. First, the hypotheses of the study required the inclusion of low-empathy reflections, that is, restatements of content which fail to communicate any recognition by the therapist of the client's feelings, and inaccurate reflections which fail to accurately communicate back the client's feelings. Second, since feelings may be conceptualized in a number of ways, the use of such a term might be misleading.

Chapter I provides a review of the relevant theoretical and empirical literature. First, a review of writings, from client-centered as well as from other psychotherapeutic orientations, examines the theoretical and clinical conceptualizations of reflection, and its importance in therapeutic practice. From this material, a general conception of reflection is enunciated and an operational definition chosen for use in this study.

Next, a more specifically client-centered review considers the nature, purposes, and anticipated client behaviors consequent to reflection in client-centered therapy. The viewpoints of Rogers and other client-centered thinkers

are summarized here. To lay the groundwork for the formulation of hypotheses, expectations are enunciated concerning the tendency of certain client behaviors to occur following reflections.

An examination of the concept of empathic depth of reflection follows, noting Rogers' shifting attitude on this subject, as well as the controversy, documented in client-centered writings, regarding optimum empathic depth of reflection. The section concludes with a consideration of anticipated client behaviors following varying empathic depths of reflection, as rated according to the Carkhuff (1969) EU Scale. These client-centered expectations provide the theoretical and clinical basis for making certain predictions about differential client behaviors following reflections with varying empathy levels.

Following a review of the literature, the general rationale for this study is given, along with the rationale for and statements of each hypothesis. These formulations are based on a consideration of client-centered theoretical writings as well as empirical findings relating to behavioral consequences of reflection.

Toward a General Definition of Reflection in Client-Centered Therapy

Reflection is the focal therapeutic intervention of

this study. The first step required the definition of this intervention in a manner that captured its essential qualities. To accomplish this, considerations about reflection by writers representing various psychotherapeutic orientations were examined. These are summarized in the following section, which concludes with a general definition of reflection melded from the thinking of these authors in the context of the present study's requirements.

Reflection has been discussed by writers representing diverse psychotherapeutic and research orientations. Approximately 12,800 relevant titles have been published since 1967, according to a computer search of the literature. Accordingly, a a sampling strategy was required to ensure a representative and adequate coverage of theoretical, clinical, and research material on the subject. A decision was made, therefore, to base the selection of relevant literature on the critical opinion of individuals knowledgeable in the subject field. The sampling was carried out as follows.

First, compendia of reviews of psychotherapy process research were consulted, with emphasis on therapy with individuals. Such reviews are presumed to be reliable guides, likely to direct readers to the more valuable original sources. Second, citations taken from these reviews were consulted. Third, whether or not their writings had

been selected in this manner, the writings of certain authors, widely acknowledged as founders of psychotherapeutic schools, e.g., Freud, Perls, were reviewed. In fact, this third approach contributed only a single additional publication, Freud (1969). These methods yielded a wide selection of authors from varied theoretical orientations. These authors provided the material discussed below.

The next section is organized as follows. First, reflection is considered in terms of its definition, functions, and importance, from the point of view of therapeutic orientations other than client-centered. Second, client-centered viewpoints about reflection are reported, using a similar organization of material. Finally, the definition of reflection chosen for use in this study is specified.

Reflection in Approaches Other than Client-Centered: Its Definition, Function, and Importance

This study is, essentially, concerned with reflection in client-centered therapy. Nevertheless, to demonstrate the generality, applicability, and importance of this technique, a much briefer overview of reflection in other approaches begins this section. The key ideas of authors writing about reflection in approaches other than client-centered provide a useful backdrop for the more detailed discussion of client-centered thinking which follows.

The comments and definitions examined in this section were originally formulated in a variety of styles by their authors, using the terminology of their own various theoretical orientations. Some (Barton, 1974; Bugental, 1978; Hobbs, 1955; May, cited in Truax & Carkhuff, 1976; Mowrer, 1953b; Troemel-Ploetz, 1980; Whitaker, cited in Truax & Carkhuff, 1976; Young & Beier, 1982) were stimulated by reflection as used within a client-centered framework, but represent a critical response to it. Others (Bordin, 1968; Brammer & Shostrom, 1978; Bromberg, 1980; Isaacs & Haggard, 1966; Ivey, 1980; Kohut, 1978; Lewis, 1970; Moustakas, 1967; Prochaska, 1979; Stolorow, 1976; Thorne, cited in Patterson, 1966; van Kaam, 1959) describe reflection as used within their own therapeutic orientations. A few (Bales, 1950; Goodman & Dooley, 1976; Hackney & Cormier, 1979; Hill, 1978; Kovel, 1976; Murray, 1956; Osipow, Walsh, and Tosi, 1980; Perry & Estes, 1953; Singer, 1965; Stiles, 1978; Strupp, 1957; Wittmer, 1971) offer descriptive comments from an a-theoretical frame of reference, or have formulated systems of categorization of verbal responses for trans-theoretical use. Such a varied assortment of commentaries provides an indication of how writers outside the client-centered tradition view reflection.

Reflection defined according to approaches other than client-centered. An examination of the descriptions of reflection by writers other than client-centered indicates

three focal categories, namely (a) experiential focus; (b) linguistic dimension; and (c) empathic depth. Not all writers mention all three aspects, and emphasis on one or another varies from writer to writer. Reflection is here considered according to these categories, thus describing these important components of reflection according to these writers' perspectives.

In terms of the experiential focus, all these writers (Bales, 1950; Barton, 1974; Bordin, 1968; Brammer & Shostrom, 1978; Bromberg, 1980; Bugental, 1978; Goodman & Dooley, 1976; Hackney & Cormier, 1979; Hill, 1978; Hobbs, 1955; Isaacs & Haggard, 1966; Ivey, 1980; Kohut, 1978; Kovel, 1976; Lewis, 1970; London, 1964; May, cited in Truax & Carkhuff, 1976; Moustakas, 1967; Mowrer, 1953b; Murray, 1956; Osipow et al., 1980; Perry & Estes, 1953; Prochaska, 1979; Singer, 1965; Stiles, 1978; Stolorow, 1976; Strupp, 1957; Thorne, cited in Patterson, 1966; Wittmer, 1971, Young & Beier, 1982) agree that reflection is a psychotherapeutic intervention which communicates the therapist's understanding of the client's feelings. This latter concept may include a variety of intrapsychic experiences, such as attitudes (Brammer & Shostrom, 1978; Thorne, 1944), thoughts (Lewis, 1970), wishes and needs (Stolorow, 1976), perceptions (Mowrer, 1953b), emotions and affects (Hackney & Cormier, 1979; Isaacs & Haggard, 1966; Ivey, 1980; Osipow

et al., 1980), and experiencing (Bromberg, 1980; Moustakas, 1967; Prochaska, 1979; Singer, 1965; Stiles, 1978; Troemel-Ploetz, 1980; van Kaam, 1959). A conception of feelings proposed by Perry and Estes (1953) seems similar, in terms of its breadth of inclusion, to a concept of feeling accepted by Rogers and other client-centered writers, to be be examined later in this chapter. Perry and Estes (1953) suggest that the term feeling in the phrase, reflection of feeling, "appears usually to refer to those often unconceptualized, personally relevant expectancies about objects by which our behavior toward the object is largely determined" (p. 108). Further, they criticize the conceptualization of reflection of feeling as reflection of emotion on the grounds that this leads to an unduly restrictive, hence misleading, definition of reflection.

The majority of these writers (Bales, 1950; Barton, 1974; Brammer & Shostrom, 1978; Bromberg, 1980; Bugental, 1978; Goodman & Dooley, 1976; Hobbs, 1955; Isaacs & Haggard, 1966; Ivey, 1980; Kohut, 1978; Kovel, 1976; London, 1964; May, cited in Truax & Carkhuff, 1976; Moustakas, 1967; Osipow et al., 1980; Stolorow, 1976; Troemel-Ploetz, 1980; Whitaker, cited in Truax & Carkhuff, 1976; van Kaam, 1959; Wittmer, 1971) emphasize the desirability of reflecting feelings presently experienced by the client, or close to the client's awareness. A small group (Bordin, 1968; Hill, 1987; Strupp, 1957; Thorne, cited in Patterson,

1966) suggest that elements such as patients' prior statements and/or therapists' knowledge of the total situation may be reflected as well. A therapeutic attitude of concern with the client's immediate, present inner experience seems to characterize the first approach, while the second approach, integrating previously expressed material, seems to manifest a more objective or detached therapeutic stance.

Not only do authors writing about reflection concern themselves with its focus on client experiencing, but they are concerned as well with the linguistic communication of the therapist's affective meaning to the client. Only three writers (London, 1964; Mowrer, 1953b; Thorne, cited in Patterson, 1966) approve of the therapist's use of the client's own words to formulate a reflection. Two writers (May, cited in Truax & Carkhuff, 1976; Whitaker, cited in Truax & Carkhuff, 1976) explicitly criticize this manner of expression, as seeming to mimic the client. The majority of those expressing themselves on this issue (Bales, 1950; Brammer & Shostrom, 1978; Hackney & Cormier, 1979; Kovel, 1976; Thorne, cited in Patterson, 1960; Wittmer, 1971) recommend the use of fresh words, enriched language, or use of the therapist's own formulations when paraphrasing the client's expression.

A third area of interest to these authors concerns

empathic depth of reflections. Where some would reflect only material explicitly stated by the client, and in a manner and level of intensity similar to the client's expression, others would choose to formulate their sense of what might underlie the client's words. These authors do not agree very widely on the most desirable extent of such empathic depth. All agree, however, that reflections, communicating a therapist's understanding of a client's phenomenal world, should be characterized by a level of empathic understanding which, at the very minimum, is interchangeable in terms of feeling and meaning with the communication of the client.

Such reflections are, indeed, recommended by some authors (Bales, 1950; Bugental, 1978; Hobbs, 1955; Kovel, 1976; Stolorow, 1976) who contend that reflection should embody the client's current expression, reflecting the surface of the client's experiencing, or what the client is saying. This degree of empathic depth is characteristic of moderate reflection.

Other writers describe reflections having greater empathic depth. The reflection of the client's essential feelings, the essence of the client's experience, or the client's sensed feelings, is suggested as the valuable focal point of reflection by Barton (1974), Brammer and Shostrom (1978), Lewis (1970), Prochaska (1979), and Wittmer (1971). This requires a certain selectivity by the

therapist, who must choose, from among the several feelings or attitudes expressed or implied by the client, those most important to the client, so as to communicate his/her sense of the client's present phenomenal state of being. Such a reflection is considered a depth reflection, displaying a high level of empathic understanding.

A function of reflection has been described as reflecting or clarifying a client's feelings (Bromberg, 1980; Lewis, 1970; London, 1964; Murray, 1956; Young & Beier, 1982). In accomplishing this, the therapist may reformulate feelings and attitudes expressed only vaguely by the client, so as to "sharpen for the patient the nature of his experience" (Singer, 1965, p. 195). The therapist's reflection of the client's clearly expressed feelings, and his/her clarification of the client's more vaguely expressed feelings, both responding to the specific clarity of the client's expression, result in a moderate or a depth reflection as a function of the client's degree of expressivity.

Finally, a few of the writers from approaches other than client-centered (May, cited in Truax & Carkhuff, 1976; Moustakas, 1967; Osipow et al., 1980; Perry & Estes, 1953; Prochaska, 1979; Troemel-Ploetz, 1980), suggest that reflection should be concerned with the client's underlying meaning. For these writers, not the client's words per se

but his/her underlying experiential component should be the focus of the therapist's attention and the subject matter of his/her reflection. This type of reflection, expressing material which the client has not verbalized, displays the highest level of empathic understanding. It may thus be considered the deepest type of reflection.

These theorists and therapists, aligned with approaches which are other than client-centered, hold a variety of opinions concerning the optimum empathic depth of reflection. As shown above, they nonetheless demonstrate a general agreement that reflections are intended to communicate to the client the therapist's understanding of the client's feelings; and that they should display, at the very least, a moderate level of empathic understanding. These writers do not discuss low-empathy reflections.

The function and importance of reflection in approaches other than client-centered. In general, these authors expect reflection to facilitate certain specific results which are therapeutically desirable. By transmitting to the client the therapist's regard, warm acceptance, and empathic understanding (Hackney & Cormier, 1979; Kovel, 1976; Lewis, 1970; Raush & Bordin, 1957), reflection enhances the therapeutic relationship (Bordin, 1968; Ivey, 1980; Osipow et al., 1980; Raush & Bordin, 1958; Stolorow, 1976) and increases the client's self-regard (Hackney & Cormier, 1979; London, 1964; Singer, 1965). The client's

feelings of being deeply understood (Barton, 1974; Thorne, 1944; van Kaam, 1959) encourage the lowering of his/her defences (Brammer & Shostrom, 1975).

Reflections may lead to freer communication by the client (Osipow et al., 1980; Raush & Bordin, 1957), who is expected to become increasingly aware of feelings (Barton, 1974; Brammer & Shostrom, 1978; Bugental, 1978; English, cited in Truax & Carkhuff, 1976; Ivey, 1980; Lewis, 1970; May, cited in Truax & Carkhuff, 1976; Moustakas, 1967; Prochaska, 1979; Singer, 1965). Following reflections, patients seem to own and express their total range of feelings (Bordin, 1968; Ivey, 1980; Osipow et al., 1980; Prochaska, 1979; Thorne, cited in Patterson, 1966; Whitaker, cited in Truax & Carkhuff, 1976). Greater depths of client self-awareness and self-exploration also are anticipated following reflections (Bordin, 1968; Brammer & Shostrom, 1978; Ivey, 1980; Lewis, 1970; Osipow et al., 1980; Prochaska, 1979; Singer, 1965; Thorne, 1944). Consequent increased recognition of the self as the focal influence on feelings, attitudes, and behaviors leads to increased acceptance of responsibility for making decisions (Barton, 1974; Brammer & Shostrom, 1978; Hobbs, 1955; Perry & Estes, 1953).

For certain psychoanalytically oriented authors (Bromberg, 1980; Kohut, 1978; Stolorow, 1976), the use of

reflective interventions is essential for facilitating therapeutic progress when working with narcissistic patients.

In summary, with the exception of the psychoanalytic writers who regard reflection as essential for progress with a certain category of patient, these writers regard reflection as useful in attaining certain specific therapeutic results, notably increased positive self-regard, self-awareness, greater depth and breadth of experiencing feelings, freer communication and enhanced affective expression. These results, although desirable, are not in themselves regarded by these writers as sufficient for total therapeutic success. Reflection, then, is seen as a useful, but not essential, intervention in approaches other than client-centered.

Conceptualization of reflection by writers from approaches other than client-centered having been summarized, client-centered considerations concerning this intervention are reviewed in the following section.

Reflection, Within the Client-Centered Approach: Its Definition, Function, and Importance

This section examines reflection within client-centered psychotherapy, the approach followed in this study. The material is presented, therefore, in some detail so as to offer a substantial foundation for the development

of a sound research project.

Reflection and clarification of feelings is an intervention closely associated with client-centered psychotherapy. Within the present study, it has been found preferable to substitute the term reflection. Although this broad term includes the possibility of low-empathy reflections, it should be remembered that, in fact, reflections are presumed to demonstrate some degree of empathic understanding of the client by the therapist. Low-empathy reflections will be so described when they are a focus of discussion. Otherwise, the moderate or deep empathic levels denoted by the client-centered expression, reflection and clarification of feelings are those denoted by the term reflection.

The writings of Rogers, likely the best known of client-centered therapists, are discussed in a separate section, below; although certain material co-authored by Rogers is considered here. The authors represented in the section immediately following are closely associated with the client-centered tradition.

Reflection, defined according to client-centered thought. The writings of client-centered authors, like those representing viewpoints of other orientations, may be discussed in terms of three categories, namely, the experiential focus, the linguistic dimension, and empathic depth of reflection. The following section considers

client-centered conceptualizations of reflection in terms of these categories.

A consensus regarding the experiential focus of reflection is found among these writers. All writers in the client-centered sample (Anderson, 1974; Barrett-Lennard, 1962, 1981; Carkhuff & Berenson, 1977; Cochrane & Holloway, 1974; Gendlin, 1964; Gendlin & Rogers, 1976; Gurman, 1977; Hammond, Hepworth, & Smith, 1977; Hart, 1970; Kramish, 1954; Meador & Rogers, 1973; Means. 1973; Porter, 1943, 1950; Rice, 1974; Rogers & Truax, 1976; Seeman, 1956; Shlien, 1961; Snyder, 1945; Tomlinson & Whitney, 1970; Truax & Carkhuff, 1963; Van der Veen, 1970; Wexler, 1974; Zimring, 1974) agree that reflection is concerned with the communication to the client of the therapist's understanding of the client's present feelings or experiencings, from the client's point of view. A few other writers (Anderson, 1974; Barrington, 1961; Hammond et al., 1977; Mitchell, Bozarth, & Krauft, 1977; Seeman, 1956; Wexler, 1974) suggest that a content element may be included in the therapist's reflection, although it is not a necessary component.

What are the <u>feelings</u> which client-centered therapists reflect? Not all of these writers comment about this. Of those that do, a few specify the affective tone (Barrington, 1961; Snyder, 1953) or emotional quality (Hammond et

al., 1977; Means, 1973). A connection between emotional experience and its personal meaning to the client is emphasized by others (Anderson, 1974; Rogers & Truax, 1976; Tomlinson & Whitney, 1970; Truax & Carkhuff, 1967). Attitudes (Kramish, 1954; Porter, 1943; Snyder, 1953) and motives (Porter, 1943) are also mentioned in connection with feelings.

The predominant aspect which client-centered writers associate with client feelings may be described as <u>experiential</u>. This is described in several ways: as <u>felt meanings</u> (Gendlin, 1964; Gendlin & Rogers, 1976; Meador & Rogers, 1973; Tomlinson & Whitney, 1970); as the client's phenomenal world, the world of the client as he/she sees it, the client's internal frame of reference, or the phenomenal meaning to the client of events and experiences (Cochrane & Holloway, 1974; Gurman, 1977; Meador & Rogers, 1973; Porter, 1950; Rogers & Truax, 1976); and/or as inner experiencing, or organismic experience (Anderson, 1974; Barrett-Lennard, 1962, 1981; Carkhuff & Berenson, 1977; Gurman, 1977; Meador & Rogers, 1973; Rice, 1974; Seeman, 1956; Tomlinson & Whitney, 1970; Truax & Carkhuff, 1967; Van der Veen, 1970; Wexler, 1974; Zimring, 1974).

In terms of focus upon client's immediate awareness, this sample of client-centered writers agrees unanimously that reflection should be concerned with experience currently available to the client's conscious awareness.

In summary, these client-centered writers conceptualize feelings as including a broad spectrum of experiential components, including emotions, attitudes, and motives, as well as the client's felt meanings of events and experiences. The scope of the concept of feelings, as conceived by these client-centered writers, is sufficiently broad to include the entire phenomenal world of the client, in terms of how the client experiences, understands, or relates to this phenomenal world.

These client-centered writers concern themselves not only with the aspects of the prior client communication to be reflected, but also with the most desirable way of formulating a reflection. Client-centered writers prefer that a therapist use his/her own words rather than the client's, when making a reflection.

The majority of these client-centered writers (Carkhuff, 1969; Cochrane & Holloway, 1974; Gendlin, 1964; Gendlin & Rogers, 1976; Kramish, 1954; Meador & Rogers, 1973; Means, 1973; Porter, 1950; Rogers & Truax, 1976; Seeman, 1956; Snyder, 1953; Tomlinson & Whitney, 1970; Truax, 1976; Van der Veen, 1970) agree that the therapist's own, fresh words should be used to reflect back the client's feelings. Gendlin (1974) suggests that the counselor's words should be used for reflecting back an understanding of the client's message, although the client's own descriptors of

feelings should be used for the "tough main things" (p. 116). Truax (1976) voices the need to attune the language to the client's current feelings. Anderson (1974) and Wexler (1974) express the desirability of using vivid, enriched vocabulary, while Rice (1974) encourages the use of metaphorical language, with its potentially richer associational possibilities.

In addition to considering the experiential and the linguistic dimensions of reflection, these client-centered authors recognize varying degrees of the therapist's possible empathic depth. Such variations depend not only upon the client's mode of expression but also upon the focus of the therapist's attention. The therapist may attend only to the client's immediately prior explicit expression of feelings, or, alternatively, to an underlying experiential layer sensed by the therapist, and accessible, to a greater or lesser degree, to the client's awareness.

These differing empathic depths are described in various ways. Mitchell et al. (1977) speak of reflections of client feelings "both in and out of awareness" (p. 483). Some client-centered writers (Barrett-Lennard, 1981; Carkhuff, 1969; Carkhuff & Berenson, 1977; Hammond et al., 1977; Kramish, 1954; Means, 1973; Rice, 1974; Snyder, 1953; Tomlinson & Whitney, 1970; Truax & Carkhuff, 1967) compare the presence of moderate versus high levels of empathy to the therapist's responding to expressed versus unexpressed

client feelings. Porter (1950) favours moderate reflections, which neither add to nor subtract from the client's expressed meaning. Others (Anderson, 1974; Barrett-Lennard, 1962; Gendlin, 1964; Gendlin & Rogers, 1976; Hart, 1970; Meador & Rogers, 1973; Seeman, 1956; Tomlinson & Whitney, 1970) conceptualize the essential aspects of reflection as relating to feelings presently available to client awareness, whether or not clearly expressed. The therapist reflects only those feelings believed to be presently accessible to the client's awareness, although perhaps in preattentive form, i.e., as unformed emotional experience or as felt meanings. All these authors insist that reflections should communicate the therapist's accurate understanding of the client's phenomenal world.

Client-centered writers, in general, contend that accretions from the therapist's personal viewpoint must be excluded from reflections. A few writers, however, (Carkhuff & Berenson, 1977; Truax & Carkhuff, 1967) hold a different opinion. They believe that an element of the therapist's private cognition, similar in nature to an aspect of psychoanalytic interpretation, is an effective aspect of such deep reflections.

The reflections discussed above have been moderate or depth reflections. For the most part, client-centered writers, like those who are not client-centered, consider

only moderate or depth reflections. A few client-centered writers, however (Anderson, 1974; Brammer & Shostrom, 1977; Hammond et al., 1977; Porter, 1950; Rogers & Truax, 1976) comment concerning low-empathy reflections. Hammond et al. (1977) describe these as subtractive responses, in that they "fail to capture the explicit feelings manifested by the client" (p.25). Such low-empathy responses are not expected to further the client's therapeutic process (Hammond et al., 1977; Rogers & Truax, 1976). Similarly, Porter (1950) suggests that reflections of content, which exclude feelings, will not enhance the client's therapeutic process. Inaccurate reflections are also considered ineffective in this regard (Anderson, 1974; Brammer & Shostrom, 1977). The few client-centered writers who discuss the consequences of low-empathy reflections do not encourage their use in psychotherapy.

A general definition of reflection, from the client-centered viewpoint, can be synthesized from this overview of client-centered considerations about the nature of reflection. These writers conceptualize reflection as a therapeutic intervention which communicates to the client the therapist's understanding of the client's present feelings, from the client's point of view.

Although the concept of feelings has been described in various ways, the core meaning, for these authors, involves a broad experiencing of a person's phenomenal world, rather

than merely the affective aspects of this inner world. Whether or not the client has verbally labeled such experiencing, these writers feel that, to be reflected, it should be accessible at the present moment to the client's awareness.

The most effective way of formulating a reflection, according to these client-centered writers, involves the therapist's rephrasing or paraphrasing of the client's original expression rather than a repetition of the client's words. Some writers mention the desirability of using fresh, vivid, or enriched vocabulary.

The final point concerns the varying empathic depths of reflection described by these writers. They focus upon reflections with moderate or high levels of empathic understanding, i.e., on moderate or depth reflections. In moderate reflections, the feelings expressed explicitly by the client are communicated back to the client, thus expressing the therapist's accurate understanding of the client's feelings. In depth reflections, the therapist reflects his/her understanding of those unexpressed feelings believed to be present for the client, in a form accessible to the client's direct awareness. Some writers prefer moderate reflections, while others favour depth reflections. Although the matter remains somewhat controversial, as will be discussed in a later section, there appears to

be some consensus that depth reflections may be preferable. No support for the use of low-empathy reflections is offered by any of these client-centered authors.

The function and importance of reflection in client-centered therapy. Like the writers whose therapeutic orientation is not client-centered, these client-centered authors find reflection useful for facilitating certain specific client attitudes and behaviors which they consider therapeutically beneficial. These will be considered in detail in a later section. Unlike the authors from orientations other than client-centered, however, these writers perceive that the major function of reflection is fundamental to therapeutic success. For these writers, the most important function of reflection lies in its role as the vehicle for the transmission of the facilitative conditions of unconditional positive regard (also called nonpossessive warmth by Truax and Carkhuff, 1967, p. 43); therapist congruence in the relationship; and the therapist's empathic understanding of the client's phenomenal world Rogers, 1951). These facilitative conditions have been specified explicitly as necessary and sufficient for the occurrence of progress in psychotherapy (Rogers, 1951, 1975). Although reflection is not the only intervention used by client-centered therapists (Carkhuff, 1969; Carkhuff & Berenson, 1977; Gendlin, 1974; Truax & Carkhuff, 1967), it is the only intervention specifically described

by Rogers (1951) as capable of communicating the facilitative conditions to the client.

Finally, reflection is widely considered the therapeutic intervention most characteristic of client-centered therapy (Anderson, 1974; Gendlin & Rogers, 1976; Rice, 1974; Rogers, 1976; Seeman, 1956; Shlien, 1961; Van der Veen, 1970; Wexler, 1974; Zimring, 1974). As such, its importance within client-centered theoretical thinking is paramount.

Summary. These client-centered writers agree that reflections communicate to the client the therapist's understanding of the client's feelings. Although the latter concept is described in various ways, experiencing is the term most frequently used to describe the client-centered conceptualization of feelings. Therapists should reflect only feelings presently available to the client's conscious awareness.

Insofar as formulation of reflections is concerned, these writers prefer using the therapist's expressions rather than the client's words. Reflections should be expressed with fresh words, vivid vocabulary, and metaphorical language.

Discussions of empathic depth of reflections focus on moderate and depth reflections for the most part. The few writers mentioning low-empathy reflections consider them therapeutically ineffective. It is generally agreed that

therapists should reflect only material emanating from the client. A small group of client-centered writers, nevertheless, contends that a therapist's private cognitions may contribute a therapeutically effective dimension to depth reflections.

In client-centered therapy, reflection is seen as the vehicle for communicating the facilitative conditions of the therapist's unconditional positive regard, congruence in the relationship, and empathic understanding. Most client-centered writers consider these conditions necessary and sufficient for therapeutic progress to occur. Reflection may not be the only intervention which communicates these facilitative conditions. Nonetheless, it remains the sole therapist intervention so described. As such it is fundamentally important in client-centered therapy.

At this point, sufficient information has been presented to allow the enunciation of a definition of reflection for the purpose of this study of client-centered therapy. Having formulated this general definition, we shall then move toward the selection of an operational definition appropriate to the requirements of this research.

A General Definition of Reflection as Conceptualized in the Present Study

The thinking of writers from both the client-centered

and other orientations agrees on a general conceptualization of reflection. Unless otherwise specified, reflections are considered to display moderate or high levels of empathic understanding, since low-empathy reflections seldom are discussed by either group of writers, and are not regarded as efficacious therapeutic interventions.

Reflection, then, understood as a moderate or depth reflection, is a therapeutic intervention which communicates to the client the therapist's understanding of the client's present feelings, attitudes, or experiencings, from the client's point of view. It may use the client's own words, which may be rephrased or reformulated by the therapist. It may reflect the client's explicitly expressed feelings, or may reflect the therapist's understanding of the client's unexpressed feelings. Such unexpressed feelings would be perceived by the therapist as presently available to the client but not necessarily present in the client's direct awareness.

The requirements of the present study are examined below, to clarify the requirements for a functional operational definition of reflection.

The present research is a "naturalistic study" (Kiesler, 1971a) which involves "studying the live, unaltered, minimally controlled; unmanipulated 'natural psychotherapy sequence'" (p. 54), within a client-centered context. Its

observational perspective is that of "nonparticipant observation" (Orlinsky & Howard, 1978, p. 286), in which the researcher observes the psychotherapeutic encounter from an external vantage point. The information available to the researcher is thus limited. For example, although reflection shows the therapist's understanding of the client's feelings, the researcher is able to question neither the therapist nor the client about private thoughts or phenomenal experience associated with any reflection. Rather, objective judges must rate the observable aspects of the reflection as well as of the consequent client behaviors. Within the research design of this study, the use of such questionnaires as the Relationship Inventory (Barrett-Lennnard, 1962), which both patient and therapist must complete following a therapy interview, is not possible.

Given the limitations laid down by the observational viewpoint, the use of reflection categories from such scales as Hill's (1978) Counselor Verbal Response Category System, or Stiles' (1978) Verbal Response Modes, seems appropriate. Hill (1978) defines reflection as:

> . . .a repeating or rephrasing of the client's statement (not necessarily just the immediately preceding statements). It must [Hill's italics] contain reference to stated or implied feelings. It may be based on previous statements, nonverbal behavior, or knowledge of the total situation. It may be phrased either tentatively or as a statement. (p. 467)

This definition includes most of the essential aspects of reflection found in the definition synthesized from the

study of selected authors. Nevertheless, the Hill definition lacks two features significant for client-centered thinking. First, an emphasis on the client's, rather than the therapist's, point of view is not stated explicitly. Second, feeling, a term which may include a variety of experiential components including experiencing or felt meaning, in client-centered theory (Gendlin, 1964; Rogers, 1951, 1975), is not defined. Since the client-centered frame of reference is the context of the present study, Hill's (1978) definition seems inadequate for the present purpose.

Stiles' (1978) definition of reflection offers a more complete statement, from a client-centered point of view:

> Reflection concerns the other's experience in the other's frame of reference, focused on the other. The speaker expresses an idea (thought, feeling, action, perception, intention, etc.) experienced by the other. The intent of reflection is to express the other's experience as the other sees it (in the other's frame of reference); however, this does not require that the speaker use the same words as the other or that the speaker go no deeper than the other has gone in expressing an idea. Hence not only restatements, but also summaries and clarifications, and even deep or tentative articulations of the other's feelings are scored reflection provided they seem to express those feelings as the other views them. (p. 10)

Stiles' (1978) definition includes the experiential, linguistic, and empathic depth aspects which client-centered writers have stressed in their considerations of reflection. It offers the additional benefit, for this study, of spelling out the client-centered conceptualization of the

therapist's attitude when reflecting feelings, i.e., "to express the other's experience as the other sees it" (Stiles, 1978, p. 10). It also clearly describes the experiential basis of the feelings, thus specifying the focus of a reflection as the 'felt meanings' (Gendlin, 1964, p. 112) underlying the client's "thought, feeling, action, perception, intention, etc." (Stiles, 1978, p. 10). A further advantage of the Stiles (1978) definition is its inclusion of low- as well as high-empathy reflections, since restatements, as well as reflections of action, thought, intention, i.e, reflections of content, are recognized. Low-empathy reflections have been considered therapeutic errors (Porter, 1950). Nevertheless, any low-level reflections within the data must be identified. Stiles' (1978) definition permits such identification.

Because the Stiles (1978) definition of reflection satisfies the essential requirements and frame of reference of this study, it has been selected as appropriate for use herein.

Summary

There is a body of literature which discusses reflection from client-centered and other viewpoints. In both cases, moderate- and high-empathy reflections are presumed to facilitate a number of desirable consequent client beha-

viors and attitudes. Within several non-client-centered orientations, reflection is considered a useful technique. Furthermore, it has found a place in several systems for analyzing therapist verbal behavior, which are intended for trans-theoretical application. The presence of the category of reflection within such systems implicitly recognizes that reflection is in fact used by many therapists both inside and outside the client-centered group. Client-centered writers contend that reflection exemplifies the facilitative intervention, at least within the client-centered framework.

The common use of reflection within a number of therapeutic orientations, and its recognized importance within client-centered theory and therapy, seem to justify further investigation of this therapeutic intervention.

The preceding introductory section documents the usefulness and relative importance of reflection as a therapeutic intervention. Clearly, its primary importance falls within client-centered therapy. Indeed, at one point in the development of this school, reflection was the sole therapist intervention recognized as facilitative (Shlien, 1961). Later termed "empathically understanding the client" (Van der Veen, 1970, p. 24), it still epitomizes, for many client-centered therapists, the communication to the client of the facilitative conditions deemed necessary and sufficient for therapeutic progress. The following

section, therefore, will examine relevant client-centered thinking in more detail. First, Rogers' position on the subject of reflection is summarized. Second, the place of reflection in the thinking of other client-centered therapists is examined. Finally, the importance of this intervention within client-centered thinking in general is considered.

The Role of Reflection in Client-Centered Thought

Rogers' Conception of the Nature and Purpose of Reflection

Reflection is a principal intervention which client-centered therapists use to communicate to clients the therapist's attitudes of warmth, acceptance, and understanding of the clients' phenomenal world. Rather than attending to the cognitive content of the client's preceding communication, the counselor responds to the client's feelings (Rogers, 1942, p. 123; 1951, pp. 36-45; 1975). This emphasis derives from Rogers' theories of the person and of psychotherapy. He postulates that emotion, feeling, or emotionalized attitudes accompany and, in general, facilitate goal-directed behaviors meeting the organism's needs (Rogers, 1951, p. 493). For client-centered therapy to succeed, the client must recognize and accept all feelings and emotionalized attitudes potentially available to his/her inner

awareness (Rogers, 1942, p. 173). Reflection is expected to aid the client in an ever-increasing awareness of such phenomenal experience, thereby facilitating therapeutically desirable attitudes and behaviors, discussed below. These are directed toward satisfying the client's organismic needs.

Reflection communicates acceptance and empathic understanding (Rogers, 1957). In his early writings, Rogers seems to consider reflection the sole acceptable technique for this purpose (Rogers, 1942, 1951). Later, he recognizes that other techniques may be used as well to communicate the facilitative attitudes (Rogers, 1951, p. 31). Reflection, nevertheless, epitomizes the facilitative response which is basic to client-centered therapy.

Reflection was caricatured to such an extent that for many years Rogers chose to avoid its discussion (Rogers, 1975). In fact, specific descriptions of this technique and its anticipated consequences are not found in Rogers' writings after 1942. His later discussions of empathic understanding (e.g., Rogers, 1951, 1959, 1975) as a therapeutic tool seem, nevertheless, to apply equally to reflection.

Rogers (1951, 1975) believes that reflection communicates to the client the facilitative conditions deemed necessary and sufficient for therapeutic success. In fact,

the communication to the client of deep respect and understanding constitutes the role of the client-centered counselor (Rogers, 1951, 1975). At various periods, however, Rogers describes the client-centered therapist's role in different ways. In 1942, Rogers writes that

> when the counselor continually keeps himself alert not only to the content which is being stated, but to the feelings which are being expressed, and responds primarily in terms of the latter, it gives the client the satisfaction of feeling deeply understood, it enables him to express further feeling, and it leads most efficiently and most directly to the roots of his adjustment problem. (Rogers, 1942, p. 141)

Later, Rogers focuses on counselor philosophy and attitudes rather than technique. He describes the empathic attitude in these words:

> It is the counselor's function to assume, insofar as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is perceived by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client. (Rogers, 1951, p. 29)

In 1959, Rogers describes the "state of empathy, or being empathic" as perceiving "the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition" (Rogers, 1959, pp. 210-211). In his latest discussion of empathy, Rogers (1975) describes a process rather than a state. Concurring with Gendlin's (1962) concept of experiencing, Rogers now regards empathy as an intimate and sensitive

awareness of the constantly fluctuating inner world of another person. The therapist must check constantly with the client as to the accuracy of the therapist's sensings, and be guided by the client's responses.

Summary. Rogers has always regarded reflection as a mode of communicating the facilitative conditions, and of creating a therapeutic climate within which the client is enabled to engage in activities deemed beneficial for therapeutic progress. Rogers' writings indicate a change of focus from therapist activity to therapist attitude, and a shift in conceptualization of empathy from a relatively static state to a constantly fluctuating process. Over the years, however, the client's intrapsychic awareness has remained, for Rogers, the essential component of a client-centered therapist's empathy. At one time, reflection was the single therapeutic intervention affirmed by Rogers as fulfilling the critical role in client-centered therapy. Later, Rogers recognized the possibility of maintaining the requisite therapeutic climate by means of other interventions as well. Reflection, nonetheless, exemplifies the type of intervention which Rogers deems most valuable.

Given the conception formulated by Rogers of the person and of therapy, reflection has an important role in client-centered therapy. The individual contains the seeds of self-actualization. The therapist's role, therefore,

involves providing the facilitative conditions of congruence in the relationship, unconditional positive regard, and empathic understanding, all presumed to be communicated to the client by means of reflections. Rogers contends that therapeutic progress is most likely to be induced when the client is thus understood by an accepting, warm, nonjudgmental and genuine therapist.

The following section examines the way other client-centered writers have valued reflection.

The Therapeutic Importance of Reflection for Other Client-Centered Writers

Contemporary client-centered writers do not describe themselves as limited to the exclusive use of reflection in therapy. While some writers consider reflection to be a powerful tool in client-centered therapy, others believe its effectiveness to be somewhat limited. Furthermore, client-centered writers explain the effectiveness of reflection in various ways. These varying attitudes toward reflection are summarized in the following section.

For certain client-centered thinkers (Cartwright, 1966; Cochrane & Holloway, 1974; Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968; Raskin, 1948; Shlien, 1961), reflection constitutes the principal mode of responding for client-centered therapists. This stance characterizes the classic, orthodox client-centered position.

From a cognitive, information-processing point of view, reflections serve a vital therapeutic purpose. Anderson (1974) considers it an important means of retraining clients' attentive capacity. Wexler (1974) describes the therapist as a surrogate information processor whose reflections help the client alter his/her method of experiencing in the direction of a more optimal experiential mode. For Zimring (1974), the joint information-processing activity of therapist and client, when fed back to the client through the therapist's reflections, enhances the client's ability to organize experience and to use experiential elements more effectively. Reflection thus serves an essential function in client-centered therapy, from the information-processing point of view.

Reflection is seen as manifesting some, or all, of the facilitative conditions considered necessary for therapeutic progress to occur. Empathic understanding has been considered as the most essential therapeutic ingredient (Truax & Carkhuff, 1967); and reflection is one method of communicating empathic understanding (Gendlin, 1964; Hammond et al., 1977; Shlien, 1970b; Truax & Carkhuff, 1967). Shlien (1961, 1970a) and Tomlinson and Whitney (1970) feel that not only empathy, but all the facilitative attitudes, are incorporated into reflection. Others, however, (Carkhuff & Berenson, 1977; Rice, 1974) consider that reflection communicates only respect, or unconditionality of regard,

and empathic understanding. Reflections are seen, then, as useful conveyors of at least some of the facilitative attitudes of the counselor.

Reflection is one mode of showing the therapist's exact understanding of the client's moment-to-moment communications. According to some client-centered writers (Gendlin, 1974; Gendlin & Tomlinson, 1976a), such understanding instigates a deep, self-propelled change process in the client.

A different function of empathic understanding is described by Means (1973) and Carkhuff (1969), who consider that the importance of empathic understanding rests in part in the affective and cognitive information about the client and the client's method of relating to the world. The therapist's reflections express this explicitly, and the client subsequently may affirm or reformulate it. These data provide a pertinent, accurate, and secure foundation, essential to further movement in therapy, in these writers' opinions.

Reflection, then, has been described as important to varying degrees in client-centered therapy. Some regard it as the preferred therapeutic intervention. Others describe it as an intervention useful for communicating those therapist attitudes considered vital for therapeutic progress. Still others describe reflection as a means of triggering a

self-propelled change process in the client. Some see reflection as a means of validating a data base useful in later interactions between client and therapist. Overall, the role of reflection in client-centered therapy seems generally important, although not all client-centered therapists evaluate it equally highly.

In fact, a shifting attitude toward reflection has appeared over time in the client-centered literature. The early acceptance of reflection as the essential orthodox client-centered technique is not evident in later client-centered writings. Rather, an emphasis on the nondirective attitude is found. Raskin (1948) comments that "as long as the attitude is not genuine, not only will 'reflections of feelings' tend to be inaccurate, but directive techniques will creep into the counselor responses. . ." (p. 106). The client-centered attitudes posited by Rogers, to which client-centered therapists subscribe (Shlien, 1970a), are maintained, but a greater variability of counselor behavior is increasingly evident (Seeman, 1956). Reflection, however, is the foundation on which subsequent developments have been built (Van der Veen, 1970).

Certain client-centered writers have suggested that reflection has limited usefulness. For example, some (Carkhuff, 1969; Carkhuff & Berenson, 1977) feel that its use is more desirable at certain phases of therapy than at others. Empathic communication by means of interchangeable respons-

es, such as reflections of feeling, is critically important in the beginning phase of therapy, according to these writers. Unless other techniques are employed in later phases of therapy, however, they contend that little or no further therapeutic progress will occur. Hart (1970) speaks of the necessity of going beyond moderate empathic levels of reflection when working with certain categories of client, such as hospitalized schizophrenic patients who are "characteristically nonverbal, nonexploring, and nonmotivated" (p. 12).

Rice (1974) describes "maintenance reflections" as embodying a "passive mirroring process" which establishes "a background within which the actualizing tendency can be presumed to occur" (p. 280). This author expresses a need for more active and powerful therapeutic tools, while maintaining the fundamental client-centered stance which reflection represents. For Cochrane and Holloway (1974) as well, interventions are needed which go beyond the moderate empathic level of classic reflection.

Carkhuff (1966) suggests that the long adherence to reflection as the only acceptable client-centered intervention may have been unduly restrictive. He feels that limiting a therapist's techniques to such devices as reflection may have retarded potential progress in therapeutic effectiveness within the client-centered school.

Seeman (1956) points to certain unfortunate connotations of the term reflection, which, in his opinion, conjures up a distinct distance between counselor and client, as well as a sense of the counselor's emotional insulation. Such associations suggest that reflection may embody these nontherapeutic aspects to some degree. Consequently, according to this author, a reconceptualization of this intervention is necessary.

Finally, Shlien (1970a) comments that, after twenty years, reflection is "incomplete, a bit restrictive, and tiresome. . . ." (p. 536). Reflection is a useful tool which will not be dropped, but "will be laced with new variations. . . ." (p. 536).

Summary. Client-centered writers view reflection as historically important. They consider it a useful intervention which epitomizes the expression of the facilitative conditions deemed necessary and, according to some therapists, sufficient for therapeutic progress to occur in the client. Nevertheless, it has been criticized for certain perceived weaknesses. Some therapists consider it an inordinately passive intervention, and wish to employ interventions which are more active and powerful. Others feel reflections useful only during certain phases of therapy, considering that other techniques will be necessary if therapeutic progress is to continue. Whether or not reflection is equally effective with all categories

of client problem has been questioned, as well. Finally, certain therapists have suggested that limiting therapeutic interventions to reflection is unduly restrictive, and, indeed, tiresome. It seems that while the client-centered attitude represented by reflection remains central, reflection increasingly is regarded as merely one of many types of intervention permissible in client-centered therapy.

Summary: The Role of Reflection in Client-Centered Thought

The preceding examination of attitudes toward reflection, expressed by Rogers and other client-centered writers, makes possible the formulation of a consolidated conception of the role of reflection within the client-centered school. Reflection's historical position as the intervention most characteristic of client-centered therapy remains undisputed. Nevertheless, the deceptive simplicity of reflection led to its misuse and caricaturing (Gendlin & Rogers, 1976; Rogers, 1975). Also, the requirement of going beyond simple reflection when working with certain types of client (Hart, 1970) demanded an extension of technique. These are among the influences leading to a shift in focus from therapist technique to therapist attitude. With emphasis shifting to therapist attitude, Rogers (1951) recognized that interventions other than reflection of feeling might accomplish the therapeutic goals of

client-centered therapy equally effectively. Accordingly, other types of therapist response have been accepted together with reflection within the repertoire of client-centered therapists. Although a modicum of dissatisfaction with reflection has been expressed, reflection is accepted consistently as one method of carrying out client-centered therapy.

Reflection, then, still occupies a representative, if not a central, role in the behavioral repertoire of client-centered therapists. An examination of the client behaviors anticipated following reflections, in a client-centered environment, seems justified, and will be undertaken in the following section.

Anticipated Consequences of Reflection in Terms of Immediate Client Behaviors

Rogers' Expectations

Rogers believes that a client-centered counselor's reflections of the client's feelings will lead to therapeutically desirable attitudinal and behavioral changes in the client. These changes are broadly described as a shift from a rigidly structured to an openly flexible mode of being (Rogers, 1961). Such altered client attitudes and behaviors as: an increased sense of self-experiencing, or awareness of inner feelings (Rogers, 1969, 1975); greater

self-exploration (Rogers, 1942, p. 39; 1951, pp. 48, 72-76; 1975), fuller self-acceptance (Rogers, 1951, pp. 40-41); greater openness to his/her experiencing (Rogers, 1959, 1961, 1969, 1975), and more evidence of his/her involvement in the process of change (Rogers, 1951, pp. 150-151; 1969, 1975) are all considered to manifest such movement.

Following reflections, the client is likely to respond in terms of feelings. For example, the client may talk about feelings relevant to the problem (Rogers, 1942, p. 124), or may discover, or clarify, and express further feelings (Rogers, 1942, p. 141; 1951, p. 28; 1975). Rogers suggests that clients will become increasingly more open to their feelings (Rogers, 1969, 1975) and generally more responsive to their visceral experiencing (Rogers, 1975).

The client is enabled by means of reflections to move forward more freely in self-exploration (Rogers, 1942, p. 38). Formerly vague or unrecognized feelings may now be perceived clearly (Rogers, 1951, p. 141). The client may become aware of internal inconsistencies, or of contradictory feelings (Rogers, 1951, pp. 41, 72-73). Reflections, as shown, communicate the client-centered therapist's noncritical regard for, and empathic understanding of the client. Only in such a safe, nonthreatening and noncritical atmosphere can potentially threatening self-knowledge (Rogers, 1959) be permitted into the client's awareness

(Rogers, 1951, pp. 41, 48, 72-76).

When the client's attitudes and feelings are communicated back to the client in reflections, the client is able to perceive him/herself objectively, and to accept aspects of self previously unknown or distorted in awareness (Rogers, 1951, pp. 40-41). Self-integration, self-understanding, and insight are likely consequences of this fuller self-acceptance, facilitated by the total acceptance offered by the counselor (Rogers, 1942, pp. 40, 156; 1951, pp. 40-41; 230).

Finally, reflections place the locus of evaluation on the client rather than the therapist (Rogers, 1951, p. 150). Little by little the client is thus enabled to base decisions upon his/her own inner values and become a more active part of the process of change.

Summary. Rogers believes that reflections enable the client to move forward in self-experiencing, self-exploration, self-understanding, and self-acceptance, with the anticipated final consequences being an increasing integration of self and organismic experience. In the process, the client will focus increasingly on his/her own inner experiencing and will recognize the desirability of taking responsibility for evaluating experience on this basis.

The Expectations of Other Client-Centered Writers

Like Rogers, other client-centered therapists also

anticipate that moderate or depth reflections will facilitate the occurrence of therapeutically beneficial consequent client behaviors. These include enhanced experiencing of feelings or personal meanings and their freer and fuller expression; self-exploration; self-awareness; and more complete self-understanding.

Reflection promotes the free flow of feelings (Cochrane & Holloway, 1974). The client may ventilate or openly express feelings (Hammond et al., 1977, p. 84; Means, 1973; or may recognize previously denied feelings (Anderson, 1974; Porter, 1950, p. 68). The client is thus enabled to move forward into fuller, deeper experiencing (Cochrane & Holloway, 1974; Gendlin, 1970; Truax & Carkhuff, 1967, pp. 286, 471; Wexler, 1974; Zimring, 1974).

Full and deep self-expression by the client may follow reflections (Gendlin, 1964). The empathic quality of reflections contributes to client feelings of trust and willingness to risk further expression (Cochrane & Holloway, 1974). Seeman (1949) suggests that a therapist's reflections free the client attitudinally for further, total communication.

The client will not only focus on feelings and express them, but will go on to explore his/her inner phenomenal world, as a consequence of reflection (Carkhuff & Berenson, 1977, p. 45; Hammond et al., 1977, p. 97; Means, 1973; Rice, 1974; Rogers & Truax, 1976). Differing opinions have

been expressed, however, about the anticipated intensity of such self-exploration. In the opinion of certain client-centered writers (Carkhuff, 1969, v. 2, p. 61; Carkhuff & Berenson, 1976, p. 50; Means, 1973), reflections assuredly elicit self-exploration, but the quality of such exploration may tend to be superficial. Others, however (Cochrane & Holloway, 1974; Gendlin, 1964; Porter, 1950, p. 68; Truax & Carkhuff, 1967, pp. 285-286) contend that deep, intense client self-exploration may indeed occur as a consequence of a therapist's reflections. Client-centered authors fail to reach a consensus on the potential depth of client self-exploration following reflection.

According to some client-centered writers, the client may come to greater self-understanding following reflections, although opinions differ about its extent and focus. On the one hand, reflections may lead only to some relatively inconsequential self-understanding by the client (Carkhuff, 1969, v. 2, p. 61). On the other hand, some writers express more enthusiasm about reflection's capabilities in this area. For Hammond et al. (1977, p. 97), self-understanding is indeed elicited by reflection, and this understanding facilitates the resolution of the client's conflicts, distortions and projections. The clarification of the client's self-concept, a likely result of reflection in Kramish's (1954) view, facilitates the deve-

lopment of a stronger, more flexible self-concept. The client will become more aware of his/her ongoing, organismic experiencing (Meador & Rogers, 1973; Tomlinson & Whitney, 1970) and hence more aware of the part he/she plays in the production of experience and behavior (Anderson, 1974).

In summary, following reflections the client is expected to be more self-aware and to have gained new understandings or new modes of perceiving him/herself. Such new awareness and self-understanding in turn facilitates further therapeutic progress, according to these client-centered writers.

Carkhuff (1969, v. 1, p. 177) points out that clients do not necessarily respond immediately to each empathic response of the therapist. On the average, however, one may anticipate an immediate client response indicating the client's present involvement in the therapeutic process. Such involvement is manifested by the client behaviors described above (Gendlin & Rogers, 1976).

Summary. These client-centered writers express certain expectations about client behaviors following reflections. They anticipate that reflection will lead to the freer flowing of feelings and their full and deep expression by the client. Reflection may be followed by client self-exploration, either superficial or quite deep. The client may understand him/herself better, either as a direct consequence of such self-exploration, or indirectly, as

a result of the reflection's focus of attention on the client's inner experience. Clients will become increasingly aware of their organismic experiencing. As they recognize their own influence on their feelings and attitudes, they also perceive how they themselves are responsible for actions arising out of these feelings. On an average, client behaviors indicating a present involvement in the therapeutic process are expected to follow reflections immediately.

Summary: Anticipated Consequences of Reflection

Although not all client-centered authors agree on every point, a synthesis of their main points demonstrates their agreement with many of Rogers' expectations about client response to reflections. The followers of Rogers by and large agree that reflection is expected to elicit or facilitate certain therapeutically desirable client behaviors, including self-experiencing, self-expression, self exploration, self-understanding, and, likely, self-acceptance. They also agree on the likelihood of increased client awareness of organismic experiencing and of the essential part played by the client him/herself in forming meanings and attitudes.

Rogers seems to place a more specific emphasis than other client-centered writers on the client's self-accep-

tance following reflections. This may be less a question of intent than of formulation, however. Other client-centered writers' discussions seem to suggest that a client's self-acceptance is an integral and necessary aspect of the client's psychological growth. Reflection, seen as encouraging such growth, may be assumed to encourage such self-acceptance as well.

For purposes of this study, a question of some interest involves contrasting the effectiveness of reflection with that of other interventions, in terms of contributing to increases of certain therapeutically desirable client behaviors within a client-centered therapeutic environment. Client-centered thinking would seem to justify such an examination, since a belief is clearly demonstrated in the efficacy of reflection in this regard, while no other interventions are subjected to critical investigation.

Reflection has been discussed, above, to a great extent as if Rogers and other client-centered therapists and writers viewed it as a unitary concept, relatively stable over time. An attentive reading of the Rogerian literature on the subject, however, reveals indications of a shifting attitude toward reflection, over the years, by both Rogers and other client-centered writers. This suggests that a critical examination of this body of literature might be fruitful. The relevant issues include Rogers' use of the term, reflection of feeling; his inconsistency concerning

the optimum empathic depth of reflection; and an evident controversy among some client-centered writers on the same subject. These issues are examined below, following a brief consideration of the evolution of the concept of reflection within the historical development of client-centered therapy.

The Optimum Empathic Depth of Reflection

An overview of the development of the concept of reflection, with particular emphasis on Rogers' discussion of this intervention, provides the background for more-specific examination of inconsistencies and controversies involved. This historical background is provided in the following section.

Evolution of the Concept of Reflection

Reflection has been regarded as the classic technique of client-centered therapy (Gendlin, 1974; Shlien, 1970a, 1970b). Nonetheless, its depiction in Rogers' writings has ranged from an explicit acknowledgement of a therapeutic intervention called reflection (also termed recognition or clarification) of attitudes or feelings, to a decreasingly explicit acknowledgement of reflection as a technique. This change occurred concomitantly with an increased empha-

cis on the client-centered therapist's attitude of empathically understanding the client.

In the early days of nondirective therapy, Rogers (1942, p. 138) describes a specific intervention called recognition and clarification of feeling. Over the next decade, the name of the school becomes client-centered, and that of its primary intervention, reflection of feeling (Rogers, 1951). Rogers (1951) now emphasizes the facilitative attitudes of unconditional positive regard and empathic understanding which the client-centered therapist, congruent in the relationship, holds toward the client. Rogers' emphasis has shifted away from the therapeutic methods or techniques which implement the facilitative attitudes, to the facilitative attitudes themselves (Rogers, 1951, p. 19).

After 1951, Rogers no longer discusses reflection. Rather, he speaks of the counselor's empathic listening or empathic understanding, expressions which Van der Veen (1970) considers synonymous with reflection. While a greater variety of techniques is increasingly acceptable within the client-centered therapeutic repertoire of interventions (Rogers, 1951, p. 31), the emphasis on communicating back to the client the therapist's understanding of the client's phenomenal world remains constant (Roger, 1975).

The communication of respect and empathic understanding of the client's inner world has always been the focal

activity of the client-centered therapist. Although reflection has been excluded from Rogers' explicit discussion since 1951, it has been described as communicating the facilitative attitudes to the client, thereby partaking of the client-centered rationale. In spite of the dearth of specific reference to reflection per se following 1951, this intervention may be subsumed in the more recent client-centered discussions concerning empathic understanding.

Summary. Over the course of development of client-centered therapy, a shift in emphasis is clearly apparent. The early emphasis on the technique of communicating the facilitative conditions gives way to an emphasis on the facilitative attitudes themselves, with concomitant decreasing discussion concerning techniques for communicating these attitudes to the client. Instead of comments about reflection, discussions are concerned with empathic responses, within which reflection may be subsumed.

Rogers' Inconsistent Attitude Toward Empathic Depth of Reflection

As has been shown earlier in this chapter, and will be discussed more thoroughly in a later section, empathic depth is an aspect of reflection about which differences of opinion are apparent in the theoretical writings of both client-centered authors and those representing other orien-

tations. It should be noted that the conflicts concern only moderate versus high levels of empathy. Complete agreement is found concerning the lack of effectiveness of low-empathy reflections.

The clearest statement of Rogers' most conservative attitude about the optimum empathic depth of reflection is found in Rogers (1942), where an explicit directive is expressed:

> the counselor does not go beyond what the client has already expressed. This is highly important, since real damage can be done by going too far and too fast, and verbalizing attitudes of which the client is not yet conscious. The aim is to accept completely and to recognize those feelings which the client has been able to express. (pp. 38-39)

In spite of this clearly expressed attitude, Rogers, in the same publication, reveals a certain ambivalence concerning empathic depth of reflection. Reiterating his contention that only attitudes which the client has expressed should be reflected, Rogers goes on to comment:

> Often the client has attitudes which are implied by what he says, or which the counselor through shrewd observation judges him to have. Recognition of such attitudes which have not yet appeared in the client's conversation may, if the attitudes are not too deeply repressed, hasten the progress of therapy. If, however, they are repressed attitudes, their recognition by the counselor may seem to be very much of a threat to the client, may create resentment and resistance, and in some instances may break off the counseling contact. (Rogers, 1942, p. 152)

Here Rogers indicates his awareness of the potential therapeutic advantages linked to deep reflections. During this

early period of nondirective therapy, however, he also seems keenly aware of the alternative possibility of eliciting anxiety reactions through the use of depth reflections. He therefore recommends that reflections remain with feelings expressed by the client.

By 1951, Rogers' focus moves from counselor technique to counselor attitude. Rogers now postulates that the task of the therapist is to "concentrate on one purpose only, that of providing deep understanding and acceptance of the attitudes consciously held at the moment by the client" (Rogers, 1951, p. 30, citing Rogers, 1946, p. 421). Again he suggests the riskiness of reflecting attitudes borderline in the client's consciousness, describing possible client reactions to such reflections of unexpressed feelings as follows:

> . . .the perception of these in a more definite form seems to the client to be a new experience. It takes her further in her own thinking, is seen as going deeper into her meaning than she has gone herself, is even seen as something frightening, something to be run away from. (Rogers, 1951, p. 111)

Rogers continues to suggest that the therapist who reflects each facet of new experiencing as the client expresses it facilitates the therapeutic process, which then moves at the client's own safe rate (Rogers, 1951, p. 518).

Increasingly, Rogers emphasizes the value of a therapist's accurate perception of the client's internal frame of reference "with the emotional components and meanings

which pertain thereto, as if one were the other person, but without ever losing the 'as if' condition" (Rogers, 1959, p. 210). Gendlin's (1962) conception of felt meaning is accepted as the desirable focus of reflection (Rogers, 1975). Since a reflection of the client's felt meaning is a reflection of a feeling, attitude, or personal meaning at least partly unexpressed by the client (Gendlin, 1962), it seems evident that Rogers has shifted his attitude toward empathic depth of reflection: the benefits, of which he has ever been aware, are now regarded as worth any inherent risk in going too far and too fast.

With the publication in 1967 of the results of the Wisconsin Project, which studied therapy with schizophrenics (Rogers, Gendlin, Kiesler, & Truax, 1976), the rating scales which had been developed for the measurement of the facilitative conditions and client responses demonstrated to Rogers' satisfaction the efficacy of deep reflection. The rated depth of counselor empathic understanding and genuineness in relationship with clients was shown to correlate significantly with rated depth of self-experiencing and self-exploration (Rogers, 1976, p. 83).

Summary Rogers' early position regarding empathic depth of reflection seems ambivalent (Rogers, 1942, 1951). He advises therapists to reflect cautiously, communicating back only those feelings expressed by the client. His later writings (e.g., Rogers, 1959, 1975, 1976) indicate

an acceptance of the beneficial therapeutic consequences associated with depth reflections. Nevertheless, he has consistently maintained that empathic responses must be concerned with the inner world of the client as the client perceives it. Going completely beyond the borderline of the client's conscious awareness has never been acceptable therapist behavior, in Rogers' opinion.

Controversy Among Client-Centered Therapists Regarding Optimum Empathic Depth of Reflection

Although this controversy may be more apparent than real, a marked difference of opinion about the most desirable level of empathic understanding has been expressed by certain client-centered therapists, notably Carkhuff and his associates. Essentially, they argue that while moderate reflections are minimally effective in facilitating client self-exploration and, possibly, some client self-understanding, they will bring about no further therapeutic progress (Carkhuff, 1969; Carkhuff & Berenson, 1977).

Although Carkhuff's writings are considered along with those of other client-centered therapists, we are aware of certain conceptual differences between Carkhuff and Rogers. Particularly important areas of difference, relative to this study, include: the rationale for the use of empathy in therapy; the different conceptions of the function of empathy; and the acceptability of the therapist's

inferential activities as an aspect of higher-empathy relfections. Carkhuff's client-centered orientation was felt to override the conceptual differences between him and Rogers, in terms of the specific questions addressed by the present study.

Carkhuff and his colleagues conceptualize empathy as differing from "the client-centered mode of reflection with which it is most often confused" (Carkhuff & Berenson, 1977, p. 8). Barrett-Lennard (1981), however, contends that empathic recognition is "roughly analogous to Level 3 in Carkhuff's later system (e.g, Carkhuff & Berenson, 1967, p. 5)" (p. 92), and involves "experiential recognition of perceptions or feelings that the other has directly symbolized and communicated" (Barrett-Lennard, 1962, p. 3). Such empathic recognition might be communicated back to the client in the form of a moderate reflection. Shlien (1970b), who equates reflection with empathic understanding, adds support to Barrett-Lennard's position. Carkhuff's objections to the contrary notwithstanding, moderate reflections seem roughly equivalent to Level 3 of Carkhuff's (1969) EU Scale. Furthermore, the Carkhuff scale is a consolidation of the earlier Truax (1961) Accurate Empathy Scale (Carkhuff, 1969, v. 2, p. 315), developed under the aegis of Rogers himself (Rogers & Truax, 1976). Thus, historical evidence substantiates a linkage between empathy

as conceptualized by Rogers and by Carkhuff. It seems reasonable, then, to consider both conceptions of empathy as relatively similar, and within the client-centered tradition.

Carkhuff continues to describe the typical client-centered reflection as "superficial" (Carkhuff & Berenson, 1976, p. 52). The overall effectiveness of the client-centered approach, which "focuses upon empathy and respect in the form of moderate reflection and unconditionality" (Carkhuff, 1969, v. 2, p. 61) is also regarded as minimal, except in early phases of therapy (Carkhuff, 1969, v. 2, p. 61; Carkhuff & Berenson, 1977, p. 8). Carkhuff offers, as a more viable alternative, the significant correlations between high levels of counselor-offered facilitative conditions and constructive gain or change in the client (Carkhuff, 1969, v. 1, p. 35). Reviews of the relevant literature (e.g., Truax & Mitchell, 1971) document empirical support for Carkhuff's postulated relationship between facilitative skills level and therapeutic progress.

It seems, however, that Carkhuff has failed to note Rogers' contemporary theoretical and clinical position (e.g., Rogers, 1975), and is, in fact, directing his criticism toward Rogers' earlier therapeutic stance. As Rogers' focus shifts from the client's explicit expressions of feeling to the client's felt meanings and private perceptual world, the therapist's interventions communicating

empathic understanding necessarily become increasingly deep, as they go beyond the client's expressed feelings. Thus, Carkhuff's criticism of Rogers and the client-centered approach is directed at a client-centered practice superceded to a considerable degree by depth reflections (Gendlin, 1970) which embody the high levels of empathic responding of which Carkhuff and his colleagues approve (Carkhuff, 1969, v. 1, p. 36; Carkhuff & Berenson, 1977, p. 8; Hammond et al., 1977; Means, 1973; Truax & Carkhuff, 1967, pp. 40-41).

Anticipated Client Behaviors Following Differing Empathic Depths of Reflection

Not all client-centered writers dicuss empathic depth of reflection. Those that explicitly recognize differing depths of reflection make certain assumptions about differential client behaviors elicited by moderate versus depth reflections. These expectations are examined below.

Rogers' expectations. Rogers' (1942, 1951) views concerning empathic depth of reflection were ambivalent, indicating his awareness that reflecting unexpressed client attitudes, on the one hand, may speed the process of therapy, or, on the other hand, may be perceived by the client as frightening or threatening, thus creating resentment and resistance. In later writings (Rogers, 1975, 1976, Rogers & Truax, 1976), Rogers' attitude toward and expectations

concerning depth reflections alter considerably. He now contends that high levels of empathic understanding facilitate deeper levels of client self-experiencing (Rogers, 1976, p. 83), self-exploration, and consequent personal growth (Rogers & Truax, 1976, p. 106). Depth reflections assist the client to focus on the flow of his/her experiencing. The client is thus enabled to experience felt meanings more freely and to move forward in this experiencing (Rogers, 1975).

In fact, Rogers has not expressed explicit expectations concerning differential consequences of differing levels of reflection. Nevertheless, the increasing emphasis, since 1951, on reflection of the client's felt meanings suggests his growing preference for depth reflections as the more therapeutically efficacious mode of reflection. The therapeutically desirable client behaviors once believed to appear as a consequence of moderate reflections are now regarded as even more likely to occur following depth reflections.

Expectations of other client-centered writers. Other client-centered writers have more clearly indicated their expectations of client behaviors following differing empathic levels of reflection. The most vocal group has been Carkhuff and his associates.

In terms of consequences of moderate reflections,

self-exploration is the client behavior most emphasized. Moderate reflections are linked with "much exploration and some understanding" (Carkhuff, 1969, v. 2, p. 61). Carkhuff has described this level of exploration as "a depth of self-exploration in all relevant problem areas" (Carkhuff, 1969, v. 2, p. 41). Later, however, Carkhuff's diminished enthusiasm for client-centered practices is suggested by his comment that "the superficial reflections of the client-centered counselor may provide the conditions necessary for superficial client exploration that does not make a constructive difference" (Carkhuff & Berenson, 1976, p. 50). Means (1973) suggests that while moderate reflections will not lead to deeper levels of self-exploration, they nevertheless will not detract from the client's present level.

Porter (1950) expresses the classic client-centered expectation that, following moderate reflections, clients will proceed to "expand upon or further explore the attitude. . . . [and] move on to explore a new attitudinal concern" (p. 60).

Moderate reflections may be followed by a recognition or expression of feelings by the client. Porter (1950, p. 68) believes that the client may recognize the meanings of feelings previously denied. Means (1973) suggests that the reinforcement value of moderate reflections is responsible for the client's continued expression of feelings.

Some concern about possible limitations of moderate reflection has been expressed by a few client-centered writers. With no new informational input (Cochrane & Holloway, 1974; Rice, 1974) and the use of unconditional positive regard as a noncontingent reinforcement (Rice, 1974), questions are raised about the degree of client change to be expected following moderate reflections. Hammond et al. (1977, p. 138) and Means (1973) state that moderate reflections alone lead to little therapeutic progress. Indeed, although moderate reflections are used frequently by client-centered therapists (Rice, 1974), many client-centered writers seem to prefer depth reflections, considered more powerful tools and/or necessary for clients' therapeutic progress.

Certain client-centered writers suggest that depth reflections effectively lead to therapeutic progress in the client. Kramish (1954) speaks of the effectiveness of such deep understanding of the client by the therapist. He describes such clarifications of the underlying affective tone of the client as "the emotional stimulant to move ahead in the therapeutic relationship" (Kramish, 1954, p. 216). Gendlin (1970) comments that working with the client's felt meanings, which the therapist does not, in fact, fully understand, enables clients to work with this experiencing. "Only as they work with this experiencing,

and as its felt meanings evolve, does change happen in any psychotherapy" (Gendlin, 1970, p. 285). Carkhuff and Berenson (1977) state their position clearly: "the mode of communicating empathic understanding which approximates the depth reflection of the client-centered school. . .appears to be of the greatest potentially demonstrable efficacy" (Carkhuff & Berenson, 1977, p. 8).

In terms of more specific client behaviors expected to follow depth reflection, client self-awareness, with its facets of self-experiencing and self-understanding, is expected to follow deep empathic responses. By means of depth reflections, counselors can help clarify and expand the client's awareness of his/her feelings and experience (Truax & Carkhuff, 1967, pp. 40-41, 185).

Seeman (1956) postulates that deep reflective responses aid the client in symbolizing, and thus bringing into awareness, preconscious material. Anderson (1974) and Wexler (1974) also express the expected consequences of deep empathic understanding in terms of cognitive theory. Anderson (1974) speaks of redirecting the client's attention by means of a reflective intervention to information presumed available to the client, albeit in preattentive form. In this way the therapist may increase the client's awareness of available options. For Wexler (1974), the therapist's aim is to evoke in the client an enriched substrate of information, thus making possible a more

optimal mode of functioning for the client.

Rice's (1974) evocative reflections are intended to "let the client into his own experience" (p. 305), deepening and enriching the client's experiencing. Hammond et al. (1977) suggest that drawing a client's attention to deeper feelings stimulates and assists the individual in becoming aware of previously denied feelings.

Depth reflections may release the client into "deeper and further self-expression and awareness" (Gendlin, 1964, p. 108). Focusing upon and talking about a preconceptual meaning creates an opportunity for the client to carry forward and complete the implicit meaning of a bodily feeling (Tomlinson & Whitney, 1970).

Carkhuff (1969) contends that depth reflections, used at an appropriate phase of therapy, lead to an increased depth of client self-understanding which is enabled to expand and become clearer as a result of the counselor's depth of empathic understanding of the client (Carkhuff, 1969, v. 1, p. 202; v. 2, p. 84).

Not only deep self-awareness and self-understanding, but also an increased depth of self-exploration by the client may occur following depth reflections (Carkhuff, 1969, v. 1, p. 176). As the patient moves closer to an awareness of threatening feelings and experiences, the therapist's response moves closer to the fearful area. The

therapist's acceptant and congruent manner lessens the client's fears of confronting the inner experience (Truax & Carkhuff, 1967, p. 286).

Client-centered therapists consider certain client behaviors which follow upon reflection to be therapeutically beneficial, viz., self-awareness, deeper experiencing, self-understanding, and depth of self-exploration. Certain potentially negative consequences are recognized as well, however. In fact, in the early days of nondirective therapy, clarification of unverbalized feeling was considered to be a therapeutic error, along with inaccurate clarification of feeling, and interpretation (Snyder, 1953, p. 134).

More recently, Truax and Carkhuff (1963) warn against depth reflections too early in therapy. A patient's therapeutic development may be hindered, since such depth reflections may create excessive tension or anxiety in the client (Carkhuff & Berenson, 1977, p. 8). Client indications of upsetness, anxiety, defensiveness, or resistance may be warnings to the counselor that "intended empathic responses are moving too quickly or too deeply" (Truax & Carkhuff, 1967, p. 293). Hammond et al. (1977) also point to the potentially threatening nature of depth reflections. These will more likely be accepted by the client if their focus is close to the client's awareness (Hammond et al., 1977, pp. 139-140).

Although both sides of the controversy regarding mod-

erate versus depth reflections have found supporters among client-centered writers, low-empathy reflections are discussed by only a few of these writers. Any descriptions of client behaviors following such subtractive reflections (Hammond et al., 1977) emphasize their undesirability. Some writers (Anderson, 1974; Hammond et al., 1977; Rogers & Truax, 1976) state that no enhancement of the client's therapeutic process follows low-empathy reflection. Rogers (1976) declares that low-empathy reflections contribute to deterioration in schizophrenic patients. Others (e.g., Carkhuff & Berenson, 1976; Truax & Carkhuff, 1963) argue that, as a consequence of a therapist's low empathy, not only schizophrenic patients but patients in general will not progress in a desirable therapeutic direction, or will in fact deteriorate. While the occasional inaccurate reflection may elicit greater self-exploration by the client if the therapist is perceived as trying to understand (Gendlin, 1964, 1978), these writers contend that low-empathy reflections should be avoided.

Summary. Client-centered therapists expect that differing empathic levels of reflection will be followed by differential client behaviors. In general, low-empathy reflections are considered nonfacilitative: even, perhaps, damaging. Essentially, these writers' interest is focused on moderate and depth reflections, presumed to facilitate

desirable consequences in terms of client behaviors.

Moderate reflections are anticipated to lead to client self-exploration, as well as to client recognition and expression of feelings. Some concern has been expressed that, although moderate reflections will not disturb the present level of on-going client self-exploration, they may not lead to extensive client change.

Depth reflections have been described in recent writings as generally more efficacious than moderate reflections. Depth reflection is expected to lead to depths of client self-exploration, experiencing, and self-understanding which are not considered realizable following moderate reflections. A depth reflection, however, may be threatening to the client, in which case resistant and defensive behaviors are likely to occur. In summary, while depth reflections may elicit behaviors which are not regarded by client-centered therapists as therapeutically desirable, they are also more likely than moderate reflections to elicit certain desirable client behaviors, notably self-experiencing, self-exploration in depth, self-awareness, and self-understanding, all of which manifest the client's active involvement in the process of therapy.

Summary of Client-Centered Thinking about Empathic Depth of Reflection

A gradual shift in opinion has taken place over the

course of the history of client-centered therapy. At first, Rogers and his associates believed that the therapist should reflect back only those feelings and attitudes expressed by the client. The facilitative conditions of unconditional positive regard and empathic understanding would then be communicated to the client. No other mode of intervention would be necessary for the client to become involved in the process of beneficial psychotherapeutic change. It was later believed, however, that such change could better be facilitated by reflecting unexpressed feelings such as felt meanings, inner experiencings, and preconceptual information. In short, the attitude toward depth reflection has shifted dramatically. Rogers' ambivalence toward depth reflection has reappeared, however, in the later writings of certain client-centered therapists who describe depth reflections as sufficiently threatening to the client to elicit resistant or defensive reactions, counterproductive to effective client-centered therapy. In the opinion of some writers, moderate reflections are likely to be more useful in early stages of therapy, when moderate self-exploration is the desired client behavior. Depth reflections, according to this group, should be reserved for a later phase of therapy, when client self-exploration in depth, as well as client self-understanding and self-awareness, are necessary to assist the client to move toward positive change.

A fundamental question is raised by these differing conceptions of the optimal depth of reflection, apparent in writings dating from all periods of client-centered history. Over the years, Rogers has expected similar behavioral consequences in clients as a consequence, first, of moderate, and later, of depth reflections. His attitude has shifted from a preference for the safety and dependability of moderate reflections of expressed client feelings, toward a preference for communicating the client's unexpressed feelings and attitudes by means of depth reflections, possibly hazardous for therapeutic progress, but having potentially greater therapeutic power. Furthermore, contemporary client-centered therapists are aware of limitations of moderate reflection, formerly considered a valuable therapeutic tool. Theoretical justifications have been offered in support of both positions.

The question that emerges is the following. If the depth reflections, and the moderate reflections, of client-centered therapists, exemplified by Rogers and Butler, are contrasted in relation to the immediately consequent client behaviors, which empathic depth of reflection will lead to the more desirable consequent client behaviors, in client-centered terms? The theoretical and clinical literature offers no basis for supposing any desirable client behaviors to follow low-empathy reflections. The question,

then, concerns the optimal empathic depth of reflection, with reference to immediately consequent client behaviors, and represents a principal focus of this study. A representative sample of research literature relevant to the inquiry is examined in the next section.

Research Related to Reflection

Although reflection is one of the most widely studied therapeutic techniques, there is but a meagre substructure of supporting empirical research. This section, therefore, not only reviews some general research to provide a context on the usefulness of reflection, but also discusses research more explicitly relevant to the hypotheses.

A consideration of research examining behavioral consequences of reflection, without considering its empathic depth, begins this discussion. This is followed by a survey of extant empirical literature related to consequences of differing empathic depths of reflection.

Research Which Does Not Consider Empathic Depth of Reflection

Empirical research on reflection has focused mainly on the consequences of reflection, conceptualized without considering empathic depth, in terms of client behaviors. There has been a minimal emphasis on the different ways in

which the therapist reflects, or on the various circumstances in which the therapist may reflect. The greater proportion of these studies employs correlational or analogue designs, although some utilize data from actual therapy sessions. The use of relatively inexperienced counselors weakens the generalizability of a number of the latter studies, however. Furthermore, the varying nature of the operational definitions employed, not only of reflection and other therapist interventions, but also of client responses, contributes to the possibility that a comparison of these studies may not yield valid or reliable conclusions. In the few real-life studies found, varying theoretical orientations, believed to influence the meaning, to both therapist and client, of therapeutic interventions (Garfield, 1968), add a further complication. The resulting evidence, presented in the following section, should therefore be interpreted critically.

The following summary is based upon a sample of relevant material selected in the manner described earlier in this chapter.

Affective expression. Studies in this area specifically address such questions as: subjects' use of affect words (Barnabei, Cormier, & Nye, 1974); increase in the client's depth of experiencing (Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981); duration of expression of affect following reflection (Levine, 1961); and unspecified

modes of expression of affect (Bandura, Lipsher, & Miller, 1960; Frank, 1964; Frank & Sweetland, 1962; Waskow, 1962). Four studies (Bandura et al., 1960; Frank, 1964; Frank & Sweetland, 1962; Greenberg & Dompierre, 1981) use data from therapeutic interviews. The rest use operant conditioning or analogue designs. With the exception of Bandura et al. (1960), who reported that hostile statements were elicited by reflections, no other study found this intervention effective in eliciting any type of affective expression. Waskow (1962) found, in fact, that while reflection of content increased affective expression, reflection of feeling had no significant effect in this regard.

Affective self-reference. All nine studies which address this response to reflection use operant conditioning models. Six of these (Hekmat, 1971; Highlen & Baccus, 1977; Hoffnung, 1969; Merbaum, 1963; Merbaum & Southwell, 1965; Powell, 1968) found that reflection significantly increased the production of affective self-reference by their subjects. Powell (1968) found reflection effective in conditioning negative but not positive affective self-reference.

Three studies present findings conflicting with those just described. Auerswald (1974) found that restatements decreased the frequency of her subjects' affective self-references. Since these restatements seem to focus prima-

rily on content rather than feeling expressed by the subjects, this study, however, may not represent a true test of her hypothesis. Hill and Gormally (1977) found reflections and restatements less effective than probes in eliciting discussions of feeling. Finally, Ward (1973) found that a reflective style decreased the expression of presently experienced personal feelings. Although complete consensus is not found, this body of research supports the expectation that reflections possibly may elicit, as a consequent behavior in subjects, an increased frequency of affective self-reference.

Affective expression, however, studied as a distinctive variable with no self-referent component, is generally not elicited by reflections, according to research described above Nevertheless, affective expression is an integral component of affective self-reference, and this latter behavior appears likely to increase in frequency following reflection. Evidently, the question of the relationship between reflection and affective expression by a subject/client has not as yet been clearly resolved.

Self-reference. All three studies concerned with the potency of reflection in eliciting self-reference were analogue studies whose orientations was eclectic or behaviorist. Self-reference in all these studies was measured in terms of emission of self-referent pronouns. Of these studies, two (Ehrlich, D'Augelli, & Danish, 1979;

Kennedy, Timmons, & Noblin, 1971) found reflection effective, although Ehrlich et al. (1979) found other types of intervention, i.e., content, influencing, advice, open question, and closed question, equally effective. Barnabei et al. (1974), using a noncontingent conditioning model, found no significant difference in effectiveness between reflection, probe, and confrontation in eliciting self-referent pronouns. They reported no reinforcement effect for reflection, used noncontingently.

Questions still remain regarding the influence of reflection on the emission of self-reference. Nevertheless, as a component of affective self-reference, shown to be elicited effectively by reflection, self-reference seems more likely than not to follow reflection.

Self-exploration. Of the five studies concerned with the role of reflection in eliciting self-exploration, four (Bergman, 1951; Kurtz & Grummon, 1972; Pallone & Grande, 1965; Snyder, 1945) found reflection effective. Only Ward (1973) offers a contrary result.

The studies by Pallone and Grande (1965) and Ward (1973) are analogue studies. The others use data from actual therapy sessions, most with a client-centered orientation. Of special note, in the context of the present project, is the study by Kurtz and Grummon (1972) which found tape-judged empathy, using the Carkhuff (1969) EU

Scale, significantly correlated to self-exploration ratings, but found none of the other six empathy measures investigated to be related to this client behavior.

Snyder (1945) found both simple restatements and clarifications effective in eliciting further client statements related to the client's problem. Nondirective leads, however, were even more effective in leading to self-exploration.

In general, the research evidence suggests that self-exploration may be anticipated following reflection.

Understanding and insight. Two studies, with conflicting results, address this issue. Frank and Sweetland (1962) found clarification of feeling effective in leading to increased client understanding, although interpretation was even more effective. In Snyder's (1945) study, however, clarification and recognition of feeling was not generally followed by understanding and insight. This issue remains unresolved.

Time orientation in the present. None of the three studies examining this issue (Barnabei et al., 1974; Ehrlich et al., 1979; Ward, 1973) found reflection effective in increasing subjects' time orientation in the present. All are analogue studies, using operant conditioning. These research results do not support the theorized consequences of reflection expected by client-centered writers, who postulate clients' increased focus on present experi-

encing and self-awareness.

Rapport and perception of therapist and therapeutic style. Twelve studies (Bruch, 1979; Ehrlich et al., 1979; Elliott, 1979; Greenberg & Clarke, 1979; Kanfer & Marston, 1964; McCarron & Appel, 1971; Pallone & Grande, 1965; Phillips & Agnew, 1953; Reisman & Yamokoski, 1974; Slaney, 1978; Snyder, 1945; Venzor, Gillis, & Beal, 1976) include findings relevant to this general topic. Of these, six comment on subjects' response to the reflective experimenter, variously perceived as non-critical (Bruch, 1979), attractive, expert, and trustworthy (Ehrlich et al., 1979), and understanding (Elliott, 1979; Greenberg & Clarke, 1979; Slaney, 1978). Elliott (1979) also reported, however, that while subjects in an analogue study perceived the reflective therapist as understanding, clients in an actual therapy situation did not. Pallone and Grande (1965) offer findings in conflict with client-centered theory, which demonstrate no evidence that reflection enhances feelings of rapport.

Six studies (Kanfer & Marston, 1964; McCarron & Appel, 1971; Phillips & Agnew, 1953; Reisman & Yamokoski, 1974; Snyder, 1945; Venzor et al., 1976) examine subjects' evaluations of reflection. Snyder (1945) found that clients generally accepted clarification and recognition of feeling. He relates the efficacy of this intervention in

client-centered therapy to clients' acceptance of the counselor and to their feelings of security in the therapy situation, with no fear of criticism (p. 212).

McCarron and Appel (1971) found stress levels, indicated by galvanic skin resistance (GSR) ratings, less high following reflections than following interpretations. This finding is given some support by Kennedy et al. (1971), whose subjects in the reflective condition seems more relaxed and less threatened than did subjects in the interpretative condition. Bruch (1979) reported significantly higher comfort ratings for one analogue counselor, although not another, in the reflection condition.

Kanfer and Marston (1964), comparing subjects exposed to reflection with those exposed to interpretation, found that subjects in the reflection condition indicated a stronger preference for the intervention to which they were exposed than did those in the interpretation condition. In groups exposed to both types of response, however, interpretation was preferred.

Three remaining studies (Phillips & Agnew, 1953; Heisman & Yamokoski, 1974; Venzor et al., 1976) reported that laymen found reflection or empathic style either neutral (Venzor et al., 1976) or aversive (Phillips & Agnew, 1953; Heisman & Yamokoski, 1974) when used by either friends or therapists. The latter study, however, reported that a few subjects, disagreeing with the majority opinion, preferred

that therapists use reflections. Phillips and Agnew (1953) found that subjects trained professionally in the helping professions, contrasted with other subjects, viewed reflection more positively, although they considered probe useful, as well.

In summary, these research findings associate reflection with subject/client feelings of liking and acceptance of the experimenter/therapist, as well as lowered stress levels in the client. Subjects' reactions to this intervention may or may not be positive. Although not in favour of their friends using the reflective mode with them, some subjects view a therapist's use of reflection more positively. Following reflection, subjects may feel understood by the experimenter/therapist, although this too is an unresolved question. These empirical results, in fact, suggest the incomplete state of present knowlege about the influence of reflection on the quality of interpersonal relationship in psychotherapy, especially in terms of clients' feelings of being understood by the therapist, and of their appreciation of the therapist's style of intervention.

Dependency. Studying the influence of certain interventions on client dependency, Rottschafer and Renzaglia (1962) reported that reflective therapists elicited fewer statements classified as dependent than did counselors

using leading responses. This result may have been confounded, however, by an attitudinal set induced by a pre-experimental communication to the subjects.

Summary. This concludes the overview of the sample of empirical research examining consequences of reflection. The major overall findings are as follows.

Although client expression of affect has not been generally found to follow reflection, affective self-references seem to increase in frequency following this intervention. Such conflicting evidence leaves an unresolved question.

Reflection may lead to increased self-reference. This has been demonstrated by the studies of affective self-reference, as well as those investigating self-reference with no affective component.

Studies investigating the relationship between reflection and consequent client understanding and insight offer conflicting findings. This question is as yet unresolved.

In general, self-exploration may be elicited by reflection, although reflection has not been found to influence client expression oriented to present experiencing. This latter finding apparently conflicts with the evidence regarding self-exploration and affective self-reference, since present experiencing seems implicit in both these behaviors. Furthermore, both have been shown to be facili-

tated by reflection. Yet client expression oriented to present experiencing has not been shown as related to reflection. This conflict has not as yet been resolved.

Reflection may facilitate lessening of physiological tension, and may enhance feelings of comfort as well as acceptance of the counselor by the client. Insofar as preference for this intervention is concerned, however, coprofessionals have not been show to care for it, for the most part.

Reflection is associated with fewer dependent statements by the client than are leading responses. This finding offers support for Rogers' contention that transference, often regarded as a dependency relationship, is not a major problem in client-centered therapy (Rogers, 1951, p. 214).

The research findings summarized above have certain limitations. First, they display an evident inconsistency, overall. Second, the methodology used in many studies poses a problem, in that many are analogue or correlational designs, with few studies based on data from actual psychotherapy. Their generalizability is therefore limited. Finally, varying operational definitions used in these studies, and differing theoretical orientations in the few studies of actual therapy, make meaningful comparison between them difficult.

On the basis of this body of research, it may be concluded that reflection may lead to new or continued client affective expression, increased self-reference by the client, increased client feelings of comfort and rapport with the therapist, and fewer dependent statements by the client. These findings, however, have not been established with any degree of certainty. Although some answers are known, many questions remain unanswered about differential effectiveness of varying styles or forms of reflection of feeling. The preliminary research provides sufficient evidence to justify a further empirical study of reflection, provided that actual in-therapy data be used. The present study investigates one of the unanswered questions, namely, the possible differential consequences of reflection, contrasted with other categories of therapist intervention, in actual psychotherapy interviews, within the framework of client-centered therapy.

The following section examines research concerned with the consequences of reflection, taking into consideration differing empathic depths of this intervention. This research is addressed to the second question which this study investigates, namely, the possible differential consequences of varying empathic levels of reflection in terms of client behaviors.

Research on Consequences of Differing Empathic Depths of Reflection

Only two studies were found addressing this topic (Grossman, 1952; Keet, 1948). Both mask their relevance by labeling the depth intervention as interpretation. Nevertheless, the descriptions of the therapist responses studied by both researchers make it clear that these studies may be considered under the present heading.

Grossman (1952) predicts alternatively that (a) "subjects achieve greater insight from therapist responses which attempt to recognize feelings or attitudes expressed [Grossman's italics] by the subjects' verbal and motor behavior" (p. 326) or (b) that "subjects achieve greater insight from therapist responses which attempt to recognize feelings or attitudes inferred or implied [Grossman's italics] from the subject's verbal or motor behavior" (p. 326). In this analogue study, Grossman (1952) finds that according to the therapist's judgment, although not according to the judgment of the subjects, the depth group attained more emotional insight than did the surface group. This study of global consequences of differing depths of therapist reflection offers some support to the contention that depth reflections are more effective than moderate reflections, in terms of leading to client insight.

Keet (1948), in an analogue study of an experimentally induced neurosis, constrasts the consequences of expressive

and interpretive technique in resolving conflict and releasing repression. The expressive technique includes reflection and clarification of feeling expressed verbally by the client. The interpretive technique involves the therapist's verbalization "of the felt, but unverbalized emotions of the patient. . ." (p. 5), i.e. depth reflection. Reflection and clarification of expressed feeling, equivalent to moderate reflection in the present study, continued the subjects talking, but only interpretive interventions, verbalizing unexpressed affect, began a chain of association leading to subjects' release of affect. Again, the deeper therapist response is shown as more effective, this time in terms of emotional release, apparently following some self-exploration.

The body of research literature which directly studies aspects of depth of reflection, as defined in the present study (although labeled differently in the studies themselves), is very small indeed. It does, nevertheless, offer unanimous, if limited, support to the efficacy of depth reflections, contrasted with moderate reflection, in leading to subjects' insight and affective release.

Another body of literature bearing on consequences of differing empathic depths of reflection must also be considered. As has been shown earlier in this chapter, moderate reflection has been considered equivalent to

Level 3 of the Carkhuff (1967, 1969) EU Scale (Barrett-Lennard, 1962, 1981; Carkhuff, 1969, v.2, pp. 83-84), while depth reflections are considered equivalent to Level 4 or 5 on the same scale (Carkhuff & Berenson, 1977, p. 8). Much of the research on the efficacy of the facilitative conditions has utilized the Carkhuff scale or the Truax (1961) Accurate Empathy Scale from which the Carkhuff scale was derived. Therefore an examination of this literature is in order. Consequences of different levels of the facilitative conditions in general are considered, since reflection is regarded as a vehicle for their communication to the client. Furthermore, since empathic understanding is closely related to reflection, consequences of differing levels of empathic understanding are examined as well. The following section examines reports of research concerned with consequences of differing levels of the facilitative conditions, with particular attention to empathic understanding, to ascertain the strength of support for the Rogerian position vis-a-vis those therapeutic attitudes which Rogers (1957) describes as 'necessary and sufficient.'

Research on Consequences of Differing Levels of the Facilitative Conditions, with Special Attention to Empathic Understanding

What support has been found for the Rogerian position which regards the facilitative conditions as necessary and

sufficient for therapeutic progress? Much of the research reviewed below consists of outcome studies. Although the focus of this study is client/therapist interaction within therapy sessions, these outcome studies are considered to establish a possible directionality related to different levels of one facilitative attitude, namely empathic understanding.

Earlier reviews of the literature (Carkhuff, 1969; Truax & Mitchell, 1971) conclude that higher levels of the facilitative conditions of empathy, warmth, and genuineness are effective, in terms of outcome, across a broad spectrum of theoretical orientations, types of client, varieties of problem, and modes of counseling. Later research, however, suggests that these conclusions must be modified on the basis of new evidence.

The following section first discusses research considering all the facilitative conditions, which client-centered writers regard as necessary and sufficient for therapeutic success. Empathic understanding, an expression which as also been used as a synonym for reflection (Van der Veen, 1970), is one of these facilitative conditions. A detailed review of the empirical evidence related to empathic understanding will not be offered here, however, since such a review has been made by Mitchell et al. (1977). Rather, highlights from key studies are presented

along with some conclusions relevant to the present study. Specific findings regarding research on empathic understanding, reviewed by Mitchell et al. (1977) are also summarized, following the broader review.

The Arkansas Psychotherapy Study (Mitchell, Truax, Bozarth, & Krauft, 1973) was designed specifically to examine the relationship between differential levels of empathy, warmth, and genuineness across therapeutic orientations. It found neither empathy nor warmth to be related to client changes, although a modest relationship between minimum facilitative levels of genuineness and outcome was detected. Almost all therapists in the final sample of 75 fell below the minimum facilitative skills level as operationally defined, on all the facilitative conditions.

Mitchell et al. (1977) summarize research concerned with adult individual therapy. These authors examined 15 outcome studies published between 1970 and 1975 or in press at time of publication. These studies were selected on the basis of the following three criteria: the utilization of actual therapy sessions; ratings of tape segments or transcripts using Truax and/or Carkhuff scales or slight modifications; and outcome rather than process measures. They found that no study adequately investigated the absolute efficacy of high and low levels of empathy, warmth, and genuineness in influencing client outcome (p. 488). Also, examining each study separately, these authors found that 7

of the 15 (Altmann, 1973; Bozarth & Rubin, 1975; Kurtz & Grummon, 1972; Mullen & Abeles, 1971; Truax, 1970; Truax & Wittmer, 1971; Truax, Wittmer, & Wargo, 1971) found at least minimal support for a statistically significant relationship between higher levels of empathy (not necessarily truly facilitative) and positive client outcome. Within the same group of studies, four (Bozarth & Rubin, 1975; Siegel, 1972; Truax, Altmann, Wright, & Mitchell, 1973; Truax et al., 1971) offer similar support for higher levels of warmth, and three studies (Bozarth & Rubin, 1975; Mitchell et al., 1973; Truax et al., 1971) offer qualified support for higher levels of genuineness.

This evidence suggests that the facilitative conditions have not been shown to be as clearly linked to successful client outcome as had been previously suggested. The authors offer several possible explanatory hypotheses, discussed in the following paragraphs.

(a) Carkhuff (1969) reasons that these therapist conditions may be differentially related to client change as a function of the stage of therapy during which they are sampled. It may be argued that failure to control for this variable affects the validity of the results. Carkhuff (1969) contends that these therapist conditions are necessary and, perhaps, sufficient to establish an essential therapeutic rapport during the early stages of therapy. In

his opinion, however, additional interpersonal skills will be needed as well during later phases. The reported research, ignoring the possible importance of such variation, assigns mean scores to empathy, warmth, and genuineness regardless of when they are sampled. This may influence the meaningfulness of the findings (Mitchell et al., 1977, pp. 489-490).

(b) Clients diagnosed differently may respond differentially to specific levels of empathy. For example, schizophrenic and neurotic clients may benefit from different levels of empathic response by a therapist during the early phases of therapy (Mitchell et al., 1977, p. 490). The research on the facilitative conditions has been based on the assumption, to which Rogers (1975) subscribed, that across all diagnostic conditions the facilitative conditions will be similarly effective therapeutically.

The recent outcome studies are based upon samples of therapists of widely varying theoretical orientations (Mitchell et al., 1977, p. 482), as contrasted with the earlier outcome studies, which focused primarily upon client-centered counselors. Whether the qualifications cast upon earlier findings are a function of a belief in the efficacy of the facilitative conditions, held by client-centered therapists but not by therapists of other orientations, is an open question. Bergin and Suinn (1975) and Greenberg (1981) concur with Mitchell et al. (1977) that the effect-

iveness of the facilitative conditions is closely linked to client-centered theory and practice, and cannot be generalized to other clinical situations.

Evaluation of these studies in terms of efficacy of levels of facilitative conditions is difficult because of the paucity of detailed or specific data related to high and low levels of empathy, genuineness, and warmth. When ranges were noted, it frequently was found that the high facilitative therapists functioned at a level less than the minimally operational levels of the scales, i.e., lower than Level 3 on the Carkhuff scales. In the opinion of Mitchell and his colleagues, the facilitative skills level--positive outcome hypothesis has not yet been adequately tested (Mitchell et al., 1977, p. 488).

The present study focuses on differential effects of varying levels of empathic depth of reflections. The body of literature reviewed by Mitchell et al. (1977) may be interpreted as addressing, in part, the relationship to outcome of variable levels of empathic depth, since the condition of accurate empathy, or empathic understanding, was rated, in all studies, using the Truax 9-point scale or the Carkhuff 5-point scale. Both scales include a mid-point therapist response defined as interchangeable with the antecedent client utterance in terms of affect and meaning. This type of therapist intervention, considered

as minimally facilitative, is equivalent to moderate reflection, remaining as it does on the level of expressed client feelings. On both scales, higher levels of empathic response require that the therapist go beyond the client's expressed affect. In the Carkhuff (1969) EU Scale, such therapist responses "add noticeably" (Level 4) or "add significantly" (Level 5) "to the feeling and meaning of the helpee. . ." (Carkhuff, 1969, v. 1 p. 175). These expressions, which "accurately express feelings levels below what the helpee himself was able to express" (p. 175), are considered depth reflections in this study.

The evidence summarized by Mitchell et al. (1977) suggests that certain levels of empathy, while not necessarily at the facilitative level, are related to positive client outcome. Not resolved is the question of whether moderate and depth reflections are differentially related to outcome. One may well conclude that empathic understanding at some level is linked to positive client outcome. Although the evidence is not extremely robust, it seems to support the direction proposed by Rogers. A further question, regarding the minimal facilitative level, is raised by the reported relationship between positive therapeutic outcome and the therapists' low facilitative functioning levels. The results are, of course, based upon relatively global ratings rather than on detailed analysis of therapeutic interactions.

The research discussed above, concerned with psychotherapy outcome, offers a modicum of support for the posited relationship between empathic understanding and positive client change. Although empathy seems to be an important component of effective psychotherapy, the differential effectiveness of varying levels of empathic understanding, in terms of positive client changes, is still not resolved. A more detailed examination of the consequences of varying empathy levels, then, seems desirable. Further, since it has been argued that the empathic attitude functions most effectively within client-centered therapy, it seems reasonable to make such an examination within this context. The present study, in fact, addresses this issue.

As a final aspect of the examination of research concerned with empathic depth of reflection, the next section examines studies of another category of therapist intervention, namely, interpretation, in terms of its depth. Just as reflection has been the recognized principal therapeutic tool of the client-centered therapist, interpretation occupies the same major role in the therapeutic repertoire of the psychoanalyst. A large body of research exists dealing with the consequences of interpretation. Since the focus of the present research is client-centered therapy, the research related to interpretation in other therapeutic contexts will not be examined here. To round out the empirical review of consequences of vary-

ing empathic depths of therapist interventions, however, the following section is directed toward consequences of varying depths of interpretation, for these seem relevant considerations within a study of varying empathic levels of reflection in a client-centered frame of reference. In view of the similarities perceived by some authors between depth reflection and interpretation, research contrasting these two therapist interventions is also considered here.

Research Concerning Consequences of Differing Depths of Interpretation, and of Interpretation Contrasted with Reflection

Rationale for inclusion of this research. Reflection and interpretation are generally considered to differ considerably. Dictionary definitions (e.g., Chaplin, 1975; Rycroft, 1972) suggest that reflection communicates back to the client only what the client presently holds in awareness, while interpretation explains to the patient significant aspects which he/she does not understand. Nevertheless, several writers (Bone, 1968; Dittmann, 1952; Fenichel, 1953; Freud, 1969; Garfield, 1968; Gendlin, 1968; Hammer, 1968; Hart, 1970) describe features shared by the two interventions, such as the therapist's requisite understanding of the client perception of his/her phenomenal world, and the necessity of directing either intervention toward the meaningful focus or the preconscious edge of the

client's present attitude. Others (Kramish, 1954; Mowrer, 1953a, 1953b; D. Shapiro, 1969; Shoben, 1953; Troemel-Ploetz, 1980) comment on interpretive qualities characteristic of depth reflections.

Reflection also shares with interpretation the characteristic of varying depth. According to certain writers of both client-centered and other orientations (Cartwright, 1966; Collier, 1950, 1953; Dittman, 1952; Harway, Dittman, Raush, Bordin, & Rigler, 1955; Strupp, 1973, pp. 571-572; Truax & Carkhuff, 1963, p. 127), a depth continuum may be conceptualized, with interpretation occupying the deep, extreme position and moderate reflection representing much less depth. Depth reflections, in fact, have been described as similar in their effectiveness to moderate interpretations (Carkhuff, 1969, v. 2, p. 84; Carkhuff & Berenson, 1977, p. 8).

No suggestion is made that these two interventions are coterminous. Furthermore, little research supports the theoretical position suggested by the writers cited above, that interpretation represents the deeper level, with reflection somewhat less deep. The relevant literature may nevertheless yield hints about differential consequences of differing depths of a therapist's interventions on immediately subsequent client behaviors. Such indirect evidence may provide clues about differential consequences of different empathic depths of reflection.

Differing depths of interpretation. Four studies (Fisher, 1956; Garduk & Haggard, 1972; Howe, 1962; Speisman, 1959) investigate consequences of differing depths of interpretation. Two (Fisher, 1956; Howe, 1962) base their conclusions on clinical consensus about interpretation, while Garduk and Haggard (1972) and Speisman (1959) use data from psychotherapy interviews.

Fisher (1956) addresses the relationship between depth of interpretation and plausibility (defined as degree of the patient's acceptance) of the interpretation. On the basis of judges' ratings, he reports a highly significant correlation between depth and plausibility, and suggests an underlying similarity of these constructs. Arguing on the basis of social psychology research concerning discrepancy between two persons' opinions (Lubin & Fisher, 1956), Fisher contends that deep interpretations, being more implausible, are likely to be rejected more frequently than shallow interpretations. Howe's (1962) reported consensus of his raters' clinical opinions supports Fisher's argument. In Howe's (1962) study, deep interpretations are indeed rated as implausible, and are considered distinctly anxiety-producing as well.

Speisman (1959) examines consequences of superficial, moderate, and deep interpretations. Superficial interpretations, he comments, are principally in the form of re-

statements, while deep interpretations concern material outside the patient's awareness. Superficial and moderate interpretations lead to more exploration, and less opposition to the therapist or to therapy, than do deep interpretations. Moderate interpretations are followed by fewer resistant statements than are superficial interpretations. In this study, moderate interpretations lead to the most positive consequences.

Garduk and Haggard (1972), however, studying consequences of limited, moderate, and deep interpretations, find no significant differences, in patients' consequent deep exploration, between the three depths of interpretation. This result differs from Speisman (1959). Both studies, however, report more opposition to therapist and therapy following deep interpretations than following moderate or limited interpretations. Garduk and Haggard (1972), however, found that deep interpretations elicited less anger than did the other categories combined.

In summary, clinical opinion and analysis of therapy-derived data suggest that moderate interpretations are at least as effective as, and possibly more effective than, deep interpretations in leading to deeper self-exploration by the patient, although conflicting evidence is presented as well. For purposes of this study, it should be noted that this evidence supports Rogers' avoidance of going beyond material presently available to a client's present

awareness. These studies report that moderate interpretations generally lead to the most positive consequences in terms of patient behaviors. This lends support to Rogers' more recent preference for depth reflections, which have been considered comparable to moderate interpretations (Carkhuff, 1969, v. 2, p. 84)

Interpretation contrasted with reflection. A number of studies have contrasted the effectiveness of these two therapeutic interventions in terms of various consequent client/subject behaviors. For the most part, these studies use moderate reflections; but the depth of interpretation is unspecified.

Two studies (Auerswald, 1974; Hekmat, 1971) contrast restatement of content or reflection of feeling with interpretation, in the context of increased subjects' production of affective self-references. Auerswald (1974) found interpretation more effective than restatement of content in eliciting affective self-references. Hekmat (1971) found that, while both moderate reflection and interpretation elicited an increased production of affective self-references, reflection led to a higher emission level. Reflection was also more resistant to extinction than interpretation. The results of these studies do not resolve this issue clearly.

One study (Kennedy et al., 1971) examined production

of first-person pronouns following mild affirmatory words, reflections, and interpretations. All three types of intervention led to increased production of self-references.

Two studies (Bergman, 1951; Pallone & Grande, 1965) contrasted reflection and interpretation, among other interventions, in terms of consequent self-exploration. Bergman (1951) found that reflection led to more self-exploration than did interpretation. Pallone and Grande (1965) show reflection as more effective in eliciting content relevant to personal problems, while interpretation was more effective in leading to communications involving vocational or educational problems. Reflection and interpretation were found equally effective in bringing about discussion of social problems. The results of these two studies fail to support a firm conclusion about the effectiveness of either intervention in eliciting self-exploration, although reflection seems at least as effective as interpretation in some problem areas.

Understanding and insight are examined by two studies contrasting reflection and interpretation (Bergman, 1951; Frank & Sweetland, 1962). Bergman (1951) reports more insight following reflection than following interpretation. Frank and Sweetland (1962), comparing reflection, clarification of feeling, and interpretation, report that while both clarification and interpretation lead to understanding and insight, reflection does not. These findings do not

resolve this issue.

Five studies (Elliott, 1979; Kanfer & Marston, 1964; Pallone & Grande, 1965; Phillips & Agnew, 1953; Strong, Wambach, Lopez, & Cooper, 1979) contrast reflection and interpretation in terms of the subjects'/clients' subsequent perception of the therapist. Elliott (1979) reports two relevant studies with conflicting results. In an analogue study, groups in both reflection and interpretation conditions perceived therapists as communicating understanding, and also explaining. In a related study, using data from therapy sessions, subjects perceived therapists as neither understanding nor explaining, following either intervention. Another pair of related studies with conflicting results is presented by Kanfer and Marston (1964), who report that groups receiving only reflection liked their experimenter more than did groups receiving only interpretation. When subjects were exposed to both interventions, however, nearly twice as many chose the interpretative experimenter as chose the reflective one.

Phillips and Agnew (1953) report that while groups of professionals preferred <u>understanding</u> responses over interpretations, groups of nonprofessionals rated these understanding responses as the least preferred of five types of intervention.

Strong et al. (1979) report that reflection was per-

ceived as communicating more unconditional positive regard than did interpretation, the latter being perceived as evaluative and conditional. In spite of this potentially negative perception of interpretation, more motivation for change was found following interpretation than following reflection.

Pallone and Grande (1965) report that neither interpretation nor reflection influenced subsequent subject rapport with the experimenter.

These five studies yield conflicting findings about the way subjects or clients perceive reflecting versus interpreting experimenters/therapists. Overall, interpretation apparently is not perceived adversely, although it may be considered evaluative. Reflection may be preferred by subjects who are professionals, but it seems not to please nonprofessionals. Furthermore, these studies support neither its anticipated effectiveness in contributing to rapport nor its expected communication of a therapist's understanding. More research is needed to resolve these issues.

Gillespie (1953) reports analysis of therapy-derived data in terms of consequences of a number of interventions, including accurate clarification of feeling and interpretation. His findings include more hostile expressions toward the therapist or toward therapy following accurate clarifications of feeling. Assuming that the clarifications of

feeling are equivalent to depth reflections, these findings concur with findings reported by Speisman (1959) as well as Garduk and Haggard (1972).

McCarron and Appel's (1971) finding that reflection is associated with low GSR rate while interpretation is linked with high GSR rate may be tentatively interpreted as offering support for the anxiety-producing qualities of deep interpretations postulated by Fisher (1965) and Howe (1962), although the depth of interpretation was not, in fact, specified.

In summary, this review of research contrasting effects of reflection versus interpretation left many questions unresolved. Since the depth of interpretation was unspecified, no firm conclusions can be derived from these studies.

Summary. The aim of this section is to glean, from the literature, clues suggestive of possible consequences following differing depths of interpretation. Such indirect evidence may assist a formulation of expectations concerning differential consequences of varying empathic depths of reflection, an important focus of this study.

Two categories of studies involving interpretation were examined, one concerned with varying depths of interpretation, and the other contrasting reflection with interpretation. The latter category assumed reflection, in

general, to be less deep than interpretation.

The studies of depth of interpretation, although few in number, support the contention that moderate interpretations lead to patients' inner exploration as effectively as, and likely more effectively than, deep interpretations, since, although all depths of interpretation elicit such exploration, deep interpretation is followed by more opposition by the patient, as well as being considered anxiety-producing.

If moderate interpretations are equivalent in their effectiveness to depth reflections, as is contended by certain client-centered writers, the findings in the literature surveyed above may offer some support for the Rogerian position that going far beyond a client's available awareness is likely to elicit anxiety. Moderate and depth reflections, the latter remaining within the limits of material potentially available to the client, may be expected to be followed by more self-exploration than extremely deep reflections of the type described above. Generalizing in the same fashion, moderate or depth reflections may be expected to lead to less opposition to the therapist than reflections going far beyond a client's awareness. One might anticipate, as well, more resistant statements following depth reflections than following moderate reflections. If the consequences of deep interpretations are transferable to reflections, fewer resistant ex-

pressions may be anticipated following moderate and depth reflections than following extremely deep reflections which go far beyond a client's potential present awareness. This research offers indirect clues suggesting that the weight of support lies with depth reflections, as long as they communicate back to the client only material presently accessible to the client's awareness.

The studies contrasting the effectiveness of reflection and interpretation in eliciting a number of client behaviors do not present an equally clear picture. Conflicting findings are reported concerning the greater efficacy of either intervention in eliciting affective self-reference, and in attracting liking or approval for the therapist/experimenter or for the intervention itself. The findings concerning self-exploration also are somewhat unclear, although reflection may be more potent in some content areas. Finally, a single study offers tentative support for a link between interpretation and anxiety although, since the depth of interpretation was unspecified, this conclusion is uncertain.

Since depth reflection has been considered by some as equivalent to moderate interpretation, by analogy it may be compared to moderate reflection, on the basis of the suggestive evidence summarized above. Depth reflections may, accordingly, be predicted as more effective than moderate

reflections in eliciting self-exploration of personal problems but not of social problems, and in facilitating affective expression. An element of tension or threat may be present, however, if the reflection goes far beyond a client's awareness.

In general, the expectations generated by the earlier examination of the empirical literature concerned with consequences of reflection are supported, and no new expectations have been added through an examination of research concerning consequences of interpretation. No further differential prediction concerning anticipated consequences of reflection seems deducible from this research.

Summary of Research Concerning Reflection

The research surveyed here in connection with the consequences of reflection, without considering the influence of differing depths of reflection, supports the conclusion that reflection may be followed by affective self-reference and self-reference in general, but not affective expression per se. Following reflection, clients feel more comfortable and less tense, and show less evidence of dependency than after leading interventions. Reflection may be followed by self-exploration, but not an increase in present experiencing. Conflicting findings are reported concerning self-understanding and insight consequent to reflection. Finally, clients in general do not

prefer the use of reflection by either friends or therapists.

Research in connection with differing empathic depths of reflection suggests that depth reflections are more likely than moderate reflections to lead to insight or self-understanding. Affective expression also seems facilitated by depth reflections rather than moderate reflections.

The differential consequences of differing levels of the facilitative conditions have not been adequately tested as yet. In terms of empathic understanding, there is evidence that some level of empathy, not necessarily at the minimum facilitative level, is linked to outcome. The question of optimum depth, however, remains unresolved.

An examination of research literature involving differing depths of interpretation reveals moderate interpretation as more effective than deep interpretation in leading to self-exploration. A consideration of the literature contrasting reflection and interpretation shows reflection to be possibly more potent in eliciting exploration of personal problems, while equally as effective as interpretation in terms of self-references and exploration of social problems. Conflicting findings are offered regarding the effectiveness of either intervention in eliciting affective self-reference, and in attracting the prefe-

rence of subjects for either intervention or for the therapist/therapist analogue using them.

Only two differential predictions can be made on the basis of variation of empathic depth. First, depth reflections will be more effective than moderate reflections in leading to self-exploration of personal problems. Second, that more affective expression will occur following depth reflections than following moderate reflections. These expectations, in fact, suggest that higher levels of empathy will be more followed more frequently by higher levels of desirable client behaviors, viz., affective expression or self-exploration of personal problems, than will reflections whose empathy levels are lower.

As reported in the research literature surveyed above, self-exploration has been found as a client/subject behavior following reflection. Although affective expression per se has not been shown to follow reflections, self-referent affective expressions have been shown to do so. For the most part, the operational definitions associated with this body of research indicate that consequences of moderate reflection are being tested.

Comparing the findings of the research on depth with those of the research which considers reflection in general, it appears that self-exploration may follow both moderate reflection and moderate interpretation (the latter seen as equivalent to depth reflection). Furthermore, the

relationship between moderate reflection and affective expression has not been clarified by the research surveyed above, although affective expression may be more likely to follow deep reflections than moderate reflections. This evidence derives from clues found in the research concerned with depths of interpretation, and is merely suggestive. On the basis of the survey of research concerning reflection, it appears that, in terms of quantification, these issues cannot be predicted directionally.

The research literature has been examined from various relevant points of view. It is now appropriate to present the general rationale and the specific hypotheses of the present study. Such is the purpose of the following section.

General Rationale for the Present Study

The specific empirical support for the Rogerian position in relation to reflection has been reviewed earlier. The general reasoning leading to the present study is articulated below.

As has been shown, reflection is a therapeutic technique widely acknowledged and used within a variety of therapeutic orientations. Empirical studies, carried out by researchers representing many points of view, have at-

tempted to determine whether measurable consequences, in terms of client/subject behaviors, are linked significantly to the use of reflection by a therapist/therapist analogue. The findings have been at times controversial, and are certainly incomplete.

Examined within the Rogerian framework, a strong theoretical case may be made as to why reflection should have certain predictable consequences in terms of client behaviors deemed desirable within the client-centerered orientation. Although studies attempting to support or refute this position have been carried out, they suffer from the following shortcomings. First, methodological problems arise from the analogue nature of the greater proportion of these studies. Few use actual therapy-derived data, and, of these, variations in counselor experience and theoretical orientation make comparison between them difficult. Second, differences in operational definitions of therapist interventions as well as client behaviors, both critically important variables, compound the difficulties. Third, the question of whether or not therapists' levels of empathic understanding in many studies were sufficiently high to be facilitative has not been addressed. Overall, the supporting evidence, while suggestive, is not robust.

Furthermore, studies have failed to resolve many issues related to reflection. Two questions are of particular interest, in terms of the present study. One concerns

the effectiveness of reflection itself, contrasted with other types of intervention, in terms of certain client behaviors. A second addresses the effectiveness of varying levels of empathic depth of reflection on subsequent client behaviors.

The present study addresses these two key issues. First, rated levels of three client behaviors consequent to reflections are contrasted with the levels of these client behaviors following other therapist interventions, within the context of client-centered therapy conducted by master therapists. The client behaviors selected as dependent variables are considered to be therapeutically desirable within client-centered therapy. Empirical evidence has demonstrated that higher levels of these client variables are likely, although not entirely certain, following reflection than following other therapist interventions.

The second issue focuses on differential consequences of varying empathy levels of reflection, in terms of the same three consequent client behaviors, taken in the same context, viz., client-centered therapy conducted by master therapists. This issue may be regarded as an aspect of the facilitative skills level--positive outcome hypothesis, which Mitchell et al. (1977) declare to be, as yet, untested. The present study examines behaviors occurring within therapy interviews rather than following termination of

therapy, and is thus related only indirectly to outcome, the focus of Mitchell et al. (1977). A relationship has been posited, both clinically and empirically, between certain client behaviors, notably self-exploration, level of experiencing, and self-reference, and successful therapeutic outcome (Truax & Carkhuff, 1963, 1967), thus providing a necessary link between the intra-interview behaviors investigated in the present study and the outcome hypothesis. A detailed empirical analysis of this intra-interview behavior seems desirable, to either lend support or refutation to the hypothesized link between facilitative skills level and positive outcome. The present study carries out such a detailed empirical analysis. The hypotheses are enunciated in the following section, after a brief discussion of their rationales.

Hypotheses: Rationales and Statements

The hypotheses of this study are presented below. They have been tested exclusively within client-centered therapy, as exemplified by Rogers and Butler. The hypotheses, and the results of this study, must therefore be considered within the context of client-centered therapy.

All the hypotheses propose that certain client behaviors, considered therapeutic desirable, will increase subsequent to certain therapist interventions. It is pro-

posed that client self-reference, client self-exploration, and client experiential involvement are therapeutically appropriate behaviors for clients in therapy, and that therapist reflections will be associated with increases in these desirable client behaviors. Therefore, levels of these variables immediately consequent to the therapist interventions will be contrasted with levels of the same variables immediately antecedent to the interventions. It is expected that reflections will be followed by higher levels of these variables than will other therapist interventions. Further, it is anticipated that, following high-empathy reflections, the consequent levels of the client variables will be higher than following low-empathy reflections. The specific statistical methods used in computation are described in Chapter II. A discussion of the rationales leading to the two sets of hypotheses to be tested in this study comprises the next section.

Hypotheses 1, 2, and 3

Rationale. From Rogers' theoretical point of view, reflection is expected to lead to certain desirable consequent client behaviors. Research evidence supports the possibility that new, continued, or increased client self-exploration, experiential involvement, and self-reference may be expected to follow this intervention. This study

chooses to focus upon these client behaviors, deemed desirable within the context of client-centered therapy.

Rogers postulates that all necessary resources for psychological growth are to be found within the client. The therapist's task, then, consists of facilitating self-exploration and consequent self-awareness in the client. To this end, the therapist provides an accepting, nonjudgmental atmosphere in which the client begins to engage in these therapeutically productive processes. If Rogers' theoretical position is correct, client-centered interventions, of which reflection is the most prominent, should be effective in bringing about desirable client behaviors such as self-exploration, self-reference, and experiential involvement.

This study argues that the facilitative efficacy of reflection may best be examined by taking into account levels of client variables preceding as well as following therapist reflections. The client-centered position holds that reflection facilitates desirable client behaviors. This requires a consideration of the client's level of functioning before the reflection as well as following it. For that reason, antecedent levels of the client variables were statistically controlled.

If reflection functions according to the Rogerian expectation, reflections will be significantly and positively correlated with a change in levels of the client

variables examined herein. Such a significant positive correlation is not expected when reflection is not the therapist intervention present in the sequence C1 - T - C2. Hypotheses 1, 2, and 3 formally state this expectation, in terms of client self-reference, client self-exploration, and client experiential involvement respectively.

Hypothesis 1: Statement. Therapist reflections will be followed by higher levels of self-reference in the immediately consequent client statements than will other categories of therapist intervention, having controlled statistically for the levels of self-reference in the client statements immediately antecedent to the therapist interventions.

Hypothesis 2: Statement. Therapist reflections will be followed by higher levels of self-exploration in the immediately consequent client statements than will other categories of therapist intervention, having controlled statistically for the levels of self-exploration in the client statements immediately antecedent to the therapist interventions.

Hypothesis 3: Statement. Therapist reflections will be followed by higher levels of experiential involvement in the immediately consequent client statements than will other categories of therapist intervention, having controlled statistically for the levels of experiential involvement in the client statements immediately antecedent to the therapist intervention.

Hypotheses 4, 5, and 6

Rationale. Hypotheses 1, 2, and 3 examine the expectation that, in general, reflection facilitates the therapeutically desirable client behaviors under investigation in this study, in terms of changes between antecedent and consequent levels of these behaviors, when reflection

has been the therapist intervention, contrasted with when it has not. Hypotheses 4, 5, and 6 examine the relationship between empathy levels of reflection and changing levels of client self-exploration, self-reference, and experiential involvement, in a more precise fashion.

Reflections may be differentiated in terms of varying empathic depths. A substantial body of literature has addressed this issue, with inconclusive results in terms of relationship between empathic depth and successful outcome of therapy (Mitchell et al., 1977). The present study is addressed to the consequences of such differential empathic levels of reflection, in terms of expectation about the occurrence, immediately following reflections, of certain client behaviors specifically considered desirable within client-centered therapy.

Theoretical and clinical writings from both within and outside of the client-centered tradition describe two types of reflection. One, termed a moderate reflection in this study, involves a response to the client's feelings as the client has expressed them. Such a reflection is operationalized as Level 3 of Carkhuff's (1969) EU Scale. Rogers' early (1942, 1951) theoretical position supports the use of such reflections, to the exclusion of deeper reflections. Moderate reflection is the category predominantly tested by the research on reflection discussed earlier in this chapter.

A second type of reflection involves the therapist's clarification of feeling not explicitly expressed by the client, but sensed by the therapist to be presently available to the client's awareness, albeit in unsymbolized, vague, or implicit form. This type of reflection, which may be operationalized as Level 4 or 5 of Carkhuff's (1969) EU Scale, is termed a depth reflection in the present study.

Reflections whose empathy levels are less than Level 3 on the Carkhuff (1969) EU Scale have not been considered facilitative by client-centered writers, and are discussed infrequently. They are expected to be, at best, non-facilitative, and possibly damaging to therapeutic progress.

As has been shown, moderate reflections communicate back to the client feelings of which the client is aware. Contemporary client-centered expectations presume that client self-exploration, self-reference, and experiential involvement will be facilitated by such reflections, to the extent that they will continue. No substantial increase in levels of these client behaviors is expected, however, following moderate reflections.

In contrast, depth reflections communicate to the client information, somewhat beyond his/her focal awareness, concerning the client's feelings. Such reflections

are expected to lead to increased client involvement with intrapsychic material. This may be attributed to the intrapsychic focus of the reflection, which makes possible an increased scope of client awareness. The depth reflection is thus expected to facilitate greater consequent depths of client self-exploration, self-reference, and experiential involvement.

Although a relationship between empathic level and consequent client behaviors is generally accepted, the empirical findings have been inconsistent. This study examines the unit, C1 - T - C2, with the expectation that, when levels of client variables antecedent to therapist reflections are controlled for statistically, the empathic level of the therapist reflection will be significantly and positively related to the consequent level of client self-exploration, self-reference, and experiential involvement. In this way, the role of empathy level in facilitating these desirable client behaviors may be clarified within the context of its immediate effectiveness and in relation to immediately prior client functioning, rather than being evaluated less specifically in connection with a longer time frame. Hypotheses 4, 5, and 6 formalize the expectations described above.

Hypothesis 4: Statement. When therapist reflections have been categorized according to their levels of empathy, higher-empathy reflections will be followed by higher levels of self-reference in the immediately consequent client statements than will lower-empathy reflections, having con-

trolled statistically for the levels of self-reference in the client statements immediately antecedent to the reflections.

Hypothesis 5: Statement. When therapist reflections have been categorized according to their levels of empathy, higher-empathy reflections will be followed by higher levels of self-exploration in the immediately consequent client statements than will lower-empathy reflections, having controlled statistically for the levels of self-exploration in the client statements immediately antecedent to the reflections.

Hypothesis 6: Statement. When therapist reflections have been categorized according to their levels of empathy, higher-empathy reflections will be followed by higher levels of experiential involvement in the immediately consequent client statements than will lower-empathy reflections, having controlled statistically for the levels of experiential involvement in the client statements immediately antecedent to the reflections.

This completes the presentation of the rationales and statements of the hypotheses of this study. The description of the methodology for their testing constitutes the following chapter.

CHAPTER II

METHOD

This chapter outlines the procedures used to test the research hypotheses enunciated in Chapter I. In keeping with this purpose, the following sections are included: subjects; measures; procedures for identification and classification of va iables; and, finally, data analysis.

The hypotheses of this study require the assessment of interactions between therapist and client in client-centered therapy. Furthermore, the author wishes that results be as directly meaningful as possible to clinical practice. For these reasons, therefore, two decisions were made concerning the source of data and the subjects sought for this study. First, interactions must occur within a client-centered frame of reference. Second, data would be derived from actual psychotherapy rather than analogue interactions. The subjects of this study, chosen on the basis of these two requirements, are described in the following section.

Subjects

The subjects of this study are Carl R. Rogers, in 20 complete interviews, as well as excerpts from 36 further interviews, with six female and six male clients, and John M. Butler, in five interviews with one female and two male

clients. These subjects were chosen for the following reasons.

Client-centered therapy, in its classical form, has had several notable exponents, of whom the best known is undoubtedly Rogers himself. Interviews by Rogers with a number of clients are available for study. Certain of these have been published by Rogers or with his approval. Rogers granted permission for audiotapes of other interviews of his, held by the Psychotherapy Tape Library of the University of Ottawa, for use in research by students affiliated with the School of Psychology at this University. Since the principal exponent of classical client-centered therapy is Rogers, whose interviews with a number of clients were available for study, these interviews constitute the major source of data for this project.

The nature of this study required the greatest possible number of interactions for rating and analysis. For that reason, all interviews available to the author either as published transcripts or audiotapes were included as data sources.

Specifically, the following interviews or interview excerpts were used. First, the following published transcripts were located: 14 complete psychotherapy interviews by Rogers with Herbert Bryan (Rogers, 1942), Cathy (Rogers, 1976a), Mike (Rogers, 195?a), Miss Mun (Rogers, 195?b), and

Miss Tilden (Snyder, 1947); and 14 excerpts from interviews with Mr. Bepp (Rogers, 1954a), Mrs. Oak (Rogers, 1954b), and Miss Tilden (Snyder, 1947). The published interviews were issued over the timespan, 1942-1966, with the earlier ones occurring in the early 1940's (Kirschenbaum, 1979).

Second, seven interviews by Rogers are available as audiotapes, containing interviews with Mr. Def, Miss Faro, Mr. Fed, Mr. Jensi, and Mrs Pov. These taped interviews presumably took place when Rogers was at the University of Chicago, between 1945 and 1957. In fact, there is no written information as to the dating of these interviews. The above presumption is based on content characteristics such as explicit details about Chicago landmarks or institutions.

In addition to the interviews by Rogers, the late John M. Butler was another well-known exponent of client-centered therapy in its classical form. Five audiotapes of his interviews, held by the Psychotherapy Tape Library of the University of Ottawa for use in research at this University, were also included as sources of data for this study. Internal evidence, from the content of these interviews, suggests that they occurred during the period when Butler worked with Rogers at the University of Chicago. Three interviews with a female client, Cligena, and one session with each of two male clients, Mr. Netka and Mr. Rob, constitute the Butler interviews used as data sources.

For the sake of clarity, a quantitative summary of the interactions occurring in these interviews and excerpts by Rogers and Butler is included as Appendix A.

In summary, data sources for this study include 21 complete interviews and excerpts from 34 other interviews by Rogers, working with six female and six male clients, and spanning the period between the early 1940's and 1966. Interviews published by Rogers as typical of his approach, and other unpublished interviews, comprise this source of data. A suitably representative sampling of Rogers work is provided by such a combination of published and unpublished material representing his counseling over a relatively wide time span. In addition, the use of five interviews by Butler, from a period in the early to mid-1950's, provides an opportunity to verify whether at least one other well-known representative of classic client-centered therapy functions similarly to Rogers within therapy interviews, and whether or not the consequent client behaviors are similar for the two therapists.

Measures

To test the hypotheses of this study, the therapists' reflections and other interventions, as well as certain client behaviors associated with these therapist interven-

tions, had to be identified and/or rated. The therapist and client variables, discussed below, were selected on the basis of the fit between the relevant theoretical and empirical literature as being worthy of attention since they are associated with certain unresolved questions within this study's frame of reference. For the sake of clarity, Table 1 summarizes the measures used.

Therapist Interventions

The requirements in terms of therapist interventions were twofold. First, reflections, the focal interventions of this study, had to be defined and reliably identified. Second, a judgement had to be made concerning the empathy level of each reflection. Therefore, two steps were necessary: first, identification; and second, differentiation of empathy levels.

Identification of reflections. To accomplish this task, three instruments were considered: Carkhuff's (1969) EU Scale; the Hill (1978) Counselor Verbal Response System (CVRS); and the Stiles (1978) Verbal Response Modes (VRM). For identification of reflections, the Carkhuff (1969) EU Scale was not considered suitable, for the following reasons. First, its avowed purpose is not to identify specific types of intervention but rather to rate levels of empathic understanding. Consequently, not only reflec-

Table 1

Summary of Variables and Instruments

Statement types	Instrument	Purpose
A. Therapist		
Reflections	Stiles (1978) Verbal Response Modes	Identification
Interpretations	Stiles (1978) Verbal Response Modes	Identification
Other		Identification by exclusion from reflection or interpretation
All	Carkhuff (1969) Empathic Understanding in Interpersonal Processes Scale	Measurement of empathy level
B. Client		
All	Carkhuff (1969) Self-Exploration in Interpersonal Process Scale	Measurement of level of self-exploration
All	Scale of Therapeutic Self-Reference	Measurement of level of therapeutic self-reference
All	Experiencing Scale (Klein et al., 1969)	Measurement of experiential involvement

tions, but any other therapist responses interchangeable with the client's preceding communication in terms of affect and meaning would be rated at Level 3 (Carkhuff, 1969, v. 2, pp. 83-84). Second, although single client/therapist interactions are the minimum unit necessary for making a rating, longer excerpts are desirable (Carkhuff, 1969, v. 1, p. 76). Since this study used single client/therapist interactions as its basic unit of analysis, this aspect of the scale strengthened the argument against its use. Finally, since the purpose of this scale is to rate empathy levels, its scope is too broad to be useful in the identification of reflections.

The Hill (1978) CVRS offers an inclusive system of defined therapist interventions. It is designed for the purpose of identifying all possible therapist interventions found within therapy interviews. Its unit of analysis is the response unit, typically a grammatical sentence, based on the thinking of Auld and White (1956). One category in the Hill (1978) CVRS is reflection, defined as follows:

> This is a repeating or rephrasing of the client's statement (not necessarily the immediately preceding statements). It must [Hill's italics] contain reference to stated or implied feelings. It may be based on previous statements, nonverbal behavior, or knowledge of the total situation. It may be phrased either tentatively or as a statement. (p. 467)

Unlike the Carkhuff (1969) EU Scale, the Hill system is intended to identify therapist statements as falling into one or another of the defined categories. Its purpose

makes it an appropriate tool for identifying reflections. Nevertheless, for purposes of the present study, its inclusion of two criteria of identification, namely, clients' nonverbal behavior, and therapists' knowledge of the total situation, present difficulties, for the following reasons. First, judges' ratings were made from transcripts, with no direct access to nonverbal behaviors. Second, the lack of continuity of the available interviews precluded an evaluation of the therapists' total knowledge of the situation. Third, low levels of interjudge agreement have been reported in connection with identification of reflections using this system (Hill, Thames, & Rardin, 1979). For these reasons, therefore, the Hill (1978) CVRS was not chosen for use in this study.

Like the Hill (1978) CVRS, Stiles' (1978) VRM offers a system of categories, termed response modes, which provide operational definitions for all possible interventions in a therapy interview. These response modes are defined in terms of three categories, viz., experience; frame of reference; and focus. The intent of an utterance is defined in terms of these three principles, each of which may refer to either the speaker or the other member of a dyad. Stiles (1978) defines the intent of reflection as follows:

> Reflection concerns the other's experience, in the other's frame of reference, focused on the other. The speaker expresses an idea (thought, feeling, action, perception, intention, etc.) experienced by the other.

> The intent of reflection is to express the other's experience as the other sees it (in the other's frame of reference); however, this does not require that the speaker use the same words as the other or that the speaker go no deeper than the other has gone in expressing an idea. Hence, not only restatements, but also summaries and clarifications and even deep or tentative articulations of the other's feelings are scored reflections provided they seem to express those feelings as the other views them. An utterance need not be accurate to be scored reflection. However, the standard [Stiles' italics] of accuracy for reflection is the other's viewpoint, whereas the standard of accuracy for interpretation is the speaker's opinion or some external or theoretical viewpoint used by the speaker. (p. 10)

This definition of reflection seems apt for use in the present study, for the following reasons. First, it can identify single utterances as reflections or not, since it is based on the unitizing system devised by Auld and White (1956) which uses the independent clause as its fundamental unit. Second, it emphasizes the viewpoint, stressed also by Rogers, as to the therapist's essential empathic focus: the therapist must understand how the client's world seems to the client, and must communicate this understanding to the client. Third, Stiles' definition corresponds to the meaning attributed to <u>feelings</u> by Rogers, especially in his later writings, and endorsed as well by other notable client-centered writers, as shown in Chapter I. Fourth, Stiles' definition of reflection permits the inclusion of a broad continuum of therapist interventions including not only restatements, reflections of content, and reflections of feeling, but also "deep and tentative articulations of

the other's feelings" (Stiles, 1978, p. 10) which, going beyond the client's conscious self-awareness, might be considered interpretations (Carkhuff, 1969, v. 2, p. 84; Carkhuff & Berenson, 1977, p. 8). Fifth, although no information concerning the validity of this taxonomy was found, acceptable levels of interjudge reliability, ranging from 77% to 96%, have been reported (Stiles, 1979; Stiles & Sultan, 1979). For these reasons, the Stiles' definition of reflection was accepted for use in this study.

As well as defining the intent of reflections, Stiles (1978) also mentions a grammatical form characteristic of reflection, viz., "second person ('you') with a verb that describes an internal experience or an action of the other (thing of which the person is presumed to be aware)" (p.12). Following the Stiles taxonomy in strict fashion would require the coding of both intent and form (Stiles, 1978, p. 12). It was decided, however, to code only the intent of reflections for purposes of this study, since therapist utterances having the form but not the intent of reflections must be excluded from the reflection category.

In summary, three systems were considered for use in the identification of reflections. The Carkhuff (1969) EU Scale and the Hill (1978) CVRS were both found unsuitable for this purpose. The Stiles (1978) VRM, however, was found acceptable. This instrument was therefore chosen to be used to identify reflections in this study.

The identification of reflections was the first step required. Using the criteria established by Stiles (1978) and accepted as the operational definition used in this study, reflections could be distinguished from all other therapist utterances.

Differentiating empathic levels of reflection. The Stiles definition of reflection has one limitation, in terms of the requirements of this study: it is a nominal system, indicating only that an intervention is, or is not, a reflection. To test the hypotheses, the different empathic levels of reflections had to be determined. Furthermore, to test Hypothesis 1, 2, and 3, it was also necessary that the scale be applicable to all other types of therapist intervention. In fact, a scale exists that measures a construct closely related to reflection, but which may be applied also to non-reflective interventions, namely, empathy (Barrett-Lennard, 1962, 1981). Therefore, the Carkhuff (1969) EU Scale, while unsuitable for the identification of reflection, was used to introduce the necessary quantitative refinement, namely, level of empathy.

Controversy exists concerning methodological issues related to the Carkhuff (1969) EU Scale as well as its predecessor, Truax' (1961) Accurate Empathy Scale (AE) (Avery & Danish, 1976; Gormally & Hill, 1974), especially

in terms of construct validity (e.g., Avery & Danish, 1976; Avery, D'Augelli, & Danish, 1975; Chinsky & Rappaport, 1970; Rappaport & Chinsky, 1972). The key justifications for using the Carkhuff (1969) EU Scale in this study are twofold. First, both the EU and AE Scales have been found useful in the past, as evidenced by their use by a large number of researchers (Matarozzo & Wiens, 1977). The anchoring points, furthermore, have differential usefulness, of value to this study. The second justification for using the Carkhuff (1969) EU Scale concerns its ability to differentiate levels of empathy, rather than its ability to measure the construct of empathy per se, this having been identified, as reflection, using Stiles' (1978) definition. The Carkhuff (1969) EU Scale was used only in connection with empathic levels.

The Carkhuff (1969) EU Scale is considered sensitive to the various levels of empathy (e.g., Dowling & Franz, 1975; Grater & Claxton, 1976; Greenberg & Clarke, 1979; Greenberg & Dompierre, 1981). This being the case, much of the controversy regarding this scale, especially concerning its construct validity, has no relevance in connection with the present study, since the construct itself has been identified according to the Stiles (1978) system. Substantial data support the reliability and validity of this scale (Carkhuff, 1969). Therefore, reflections, having been identified, were classified as to empathic depth using

the 5-point Carkhuff (1969) EU Scale. The empathic level of non-reflections employed as contrasting data in testing the first set of hypotheses were likewise measured using this scale.

Characteristics of the five empathy levels which can be differentiated through criteria of the Carkhuff (1969) EU Scale are as follows. Therapist interventions interchangeable with those of the client in terms of expressed affect and meaning are rated at Level 3. Therapist responses detracting noticeably or significantly from the client's preceding expressions are rated, respectively, as Level 2 or Level 1. Therapist interventions adding noticeably or significantly to the client's previous expressions in terms of expressed affect and meaning are rated in ascending order as Level 4 or Level 5 respectively (Carkhuff, 1969, v.1, pp. 175-176).

Reflection, the therapist intervention with which this study is concerned, was identified as described above. The inclusion of restatements, reflections of content and of feeling, and of depth reflections within Stiles' (1978) definition of reflection underlines the inclusive range of this definition of reflection. For this reason, a further decision was made. Recognizing the possibility of confusion between reflections and interpretations (Carkhuff, 1969, v. 2, p. 84; Carkhuff & Berenson, 1977, p. 8), all

therapist interventions identified as reflection by one of the two judges and interpretation by the other were retained as well as the therapist utterances identified as reflection by both judges. A third judge, familiar with the Stiles (1978) VRM, was asked to decide between conflicting identifications. The decision of the third judge, identifying the intervention in question as either a reflection, interpretation, or other intervention, became its accepted identification. In this way, no data were lost because of interjudge disagreement.

Following the identification of therapist utterances as reflection, interpretation, or other, all therapist statements were rated as to levels of empathy. In cases of interjudge disagreement, a third judge, familiar with the Carkhuff (1969) EU Scale, selected one of the two ratings. The third judge's choice determined the assigned level of empathy for the item in question, thereby ensuring that no data were lost due to interjudge disagreement.

In this way, the therapist-related data required to test the hypotheses of this study were identified as to type of utterance and rated as to level of empathy. The next section describes instruments used to measure client variables.

Client Utterances

To test the hypotheses of this study, it was necessary

to rate certain client verbal behaviors deemed valuable within client-centered practice, as described in Chapter I. Client-centered therapy considers as therapeutically beneficial such client behaviors as: intrapsychic searching and exploration; focus on self rather than non-self; and experiential involvement with the client's phenomenal world and with the therapeutic process. In this study, these behaviors were operationalized as self-exploration, therapeutic self-reference, and experiential involvement. The instruments used in rating these client behaviors are described in the following section.

Self-exploration. This client behavior is manifested by client utterances concerning intrapsychic events such as inner awareness or phenomenal exploration. Few alternatives exist for measuring this behavior from an external viewpoint. Two which emerged from the review of the literature are the mode of Disclosure from Stiles' (1978) VRM and the Carkhuff (1969) Self-Exploration in Interpersonal Process Scale (SX). Although the Disclosure mode has been described as comparable to self-exploration (McDaniel, Stiles, & McGoughey, 1981), its use as a measure of self-exploration is uncommon. Furthermore, questions remain as to the similarity of self-disclosure and self-exploration. A further disadvantage of the Stiles (1978) mode, for purposes of this study, lies in its nominal, dichotomous

nature, since testing the hypotheses of this study requires differential ratings of this variable. For these reasons, self-exploration was not be measured according to the Disclosure mode of Stiles' (1978) VRM.

The Carkhuff (1969) SX Scale, however, offers clear advantages for use herein. Derived from Truax' (1962) Depth of Self-Exploration Scale, this scale is a modification of the Scale for the Measurement of Depth of Interpersonal Exploration (Truax & Carkhuff, 1967). Many recent studies have used one or another of these scales (Hefele & Hurst, 1972). Ratings using this scale, therefore, are more comparable with other contemporary research than would a categorization using the Stiles (1978) VRM. A second advantage lies in its nature as a 5-point rating scale, apt for use in rating transcripts as well as taped interviews. Finally, its validity and reliability are considered adequate (Hefele & Hurst, 1972). For these reasons, the Carkhuff (1969) SX Scale was chosen to measure levels of client self-exploration.

Therapeutic self-reference. Studies using self-reference or affective self-reference as a variable frequently employ the self-referent pronouns I, me, my, and mine as indicators of the self-referent element. Barnabei et al. (1974) and Ehrlich et al. (1969) justify their use of this measure of self-reference by citing Rogers' (1959) and Braaten's (1961) contention that more successful clients

speak more frequently of themselves than do less successful clients.

Systems in the past, however, although serving a useful function, have been unable to differentiate by means of their pronoun identifications and subsequent word-counts between what is marginally or indirectly self-referent and what is intimately or therapeutically self-referent. These classification systems have been useful, but it is, nevertheless, impossible to link directly the number or proportion of self-referent pronouns in a statement with the extent to which the statement is self-referent in a psychologically meaningful way. This problem has been pointed out by Greenberg (1983).

An example may clarify this distinction. On the one hand, certain self-referent expressions demonstrate clearly that the client is talking about him/herself in a concrete way with feeling. This client behavior has been linked to successful therapy outcome (Greenberg, 1983; Orlinsky & Howard, 1978). On the other hand, some apparently self-referent expressions, so classified because of the presence of self-referent pronouns, are insignificant therapeutically. For example, although 'I really hate my big brother' and 'I think he borrowed my pen' contain the same number of self-referent pronouns and the same total number of words, the first statement is clearly self-referent in an affect-

ive, therapeutic sense, while the second is scarcely so, since it lacks an affective element, and the speaker's focus seems mainly external. Nonetheless, the latter statement is self-referent to a greater degree than is such a statement as 'The class begins at three o'clock.'

Certain categories of usage are only marginally self-referent, serving as noise in the communication. Many common expressions, such as 'In my opinion. . . .' 'I think that you. . . .' or 'It seems to me. . .' do not indicate therapeutically desirable self-reference, serving more to ease conversational flow. While more self-referent than utterances containing no self-referent pronouns, they usually indicate a fleeting and superficial focus on self.

The system of measuring self-reference in this study expands the older word-count or statement-count systems and brings a further refinement to systems used in the past. The justification for the introduction of a new rating scale is as follows.

The usefulness of the presence versus absence of self-referent pronouns in client communication has been recognized by previous writers and researchers (Barnabei et al., 1974; Braaten, 1961; Ehrlich et al, 1969; Rogers, 1951). Nevertheless, problems in equating the quantity of self-references with the psychologically meaningful quality of such self-references have also been pointed out (Greenberg, 1963; Orlinsky & Howard, 1978). Furthermore, self-referent

communications do not always employ self-referent pronouns. For example, such statements as 'You feel sort of uneasy, talking about these feelings about your own mother,' may cloak a speaker's embarrassment, referring in fact to the speaker him/herself, notwithstanding the absence of self-referent pronouns. A final reason for preferring a scaled measurement to a nominal dichotomous variable lies in the desirability of maintaining a consistent pattern of quantification of the variables measures in this study. All other variables examined to test the hypotheses were classified according to rating scales.

A 5-point scale for rating therapeutic self-reference was therefore designed for this study. Judgements using this scale are based on the direction of the speaker's attention, i.e., externally, versus on internal meaningful material, rather than upon the presence or absence of self-referent pronouns. A pilot project, using the final form of this scale, demonstrated adequate interjudge reliability, (r = .88). No evidence exists concerning the validity of this scale.

This Scale of Therapeutic Self-Reference (TSR) extends through five levels. Statements which are not self-referent are rated at Level 1, while, at the highest level, statements containing an intimate experiential thrust are rated at Level 5. The details of the levels of this scale

are found in Appendix B.

All client statements were rated using the TSR Scale. This scale represents an effort to identify therapeutically meaningful self-referent statements in a systematic way.

Experiential involvement. To test the hypotheses of this study, levels of the client's experiential involvement in the therapeutic process had to be distinguished. The instrument chosen for this purpose was the Experiencing Scale (EXP) (Klein, Mathieu, Gendlin, & Kiesler, 1969). This is a 7-point annotated and anchored rating scale which evaluates "the quality of a patient's self-involvement in psychotherapy directly from tape-recordings or transcripts of the therapy session" (Klein et al., 1969, p. 1).

The EXP Scale (Klein et al., 1969) represents the latest in a sequence of operationalizations of the client-centered process conception of therapeutic change (Rogers, 1957). Rogers and Rablen (1958) constructed the first Process Scale, consisting of seven parallel variables or strands which Rogers described as behavioral aspects critically linked to therapeutic improvement. Although the reliability and validity of this scale were found adequate (Hart, cited in Gendlin & Tomlinson, 1961; Walker, Rablen, & Rogers, 1960), Van der Veen (1960) found improved validity and reliability when the strands were separated into discrete scales. The high intercorrelations between the strand scales of Experiencing, Personal Constructs, Problem

Expression, and Manner of Relating, found by Tomlinson (1962) justifies the use of the EXP Scale (Klein et al., 1969) alone as a measure of client process movement (Gendlin & Tomlinson, 1976b). The validity of this scale is considered adequate (Kiesler, 1971a; Klein et al., 1969; Rogers et al., 1976), and its inter-rater reliability has been generally high (e.g., Greenberg & Clarke, 1979; Greenberg & Dompierre, 1983; Greenberg & Rice, 1981; Kiesler, 1970; Kiesler, Klein, & Mathieu, 1976). Client-centered studies have found EXP ratings positively associated with positive therapeutic outcome. Orlinsky and Howard (1978) report that, of the 10 studies that they examined focusing on process of experiencing level, 9 reported a significant correlation with positive outcome (Gendlin et al., 1968; Kiesler, 1971b; Kiesler, Mathieu, & Klein, 1976a; Kirtner, Cartwright, Robertson, & Fiske, 1961; Stoler, 1963; Tomlinson & Hart, 1962; Tomlinson & Stoler, 1967; Walker, Rablen, & Rogers, 1960; Van der Veen, 1976). Only one (Tomlinson, 1976) failed to demonstrate a significant positive association between process and outcome. Orlinsky and Howard (1978) conclude that, in client-centered therapy, high levels of process functioning, especially experiencing, are predictive of optimum therapeutic gain.

For these reasons, the EXP Scale (Klein et al., 1969) seems appropriate for use in the present study of client-

centered therapy. Developed as an operational measure of Gendlin's concept of experiencing (Kiesler, 1973), ratings using this scale have been positively linked to successful therapeutic outcome within the client-centered tradition.

This concludes the discussion of measures used within this study. The following section describes the manner of data collection and classification.

Procedure for Collection and Classification of the Data

Transcription of the Tape-Recorded Interviews

Of the 26 interviews and 34 interview segments serving as sources of data, 12 interviews were available as audiotapes. Their uneven quality, however, precluded their use as audiotapes, and required their transcription. The author completed all transcriptions, thereby ensuring consistency in the use of descriptors of such paralinguistic elements as changes of voice quality, affective expressions such as crying, sighing, or laughing, and pauses or hesitations. The nonverbal indicators were noted to aid the judges in their tasks.

The sources of data for this study, therefore, were 26 transcripts of complete psychotherapy interviews, 13 previously published and 13 transcribed systematically by a single person, along with 34 previously published interview

excerpts.

Unit of Analysis for This Study

In choosing the most appropriate unit of analysis, it was necessary to consider the study's specific foci, namely, the therapist reflections and other interventions, together with the client utterances associated with these interventions. Identification and/or rating of therapist reflections and client self-exploration, client therapeutic self-reference, and client experiential involvement had to be based on meaningful units of analysis, rather than on excessively atomistic units, i.e., words or phonemes, too miniscule to provide the information necessary for such judgements. Consequently, the author considered the use of the sentence (Auld & White, 1956; Hill, 1978; Stiles, 1978); the utterance or statement of the client or therapist, defined as the complete utterance of one speaker occurring between two statements by the other (Strupp, 1973); and timed interview segments (Mercer & Loesch, 1979).

The specific characteristics of the various unitization schemes led to the following conclusions, for the purposes of this study. The Auld and White (1956) system yields extremely brief units, unduly fragmentary for the present study. Since the overall quality of an utterance is of importance herein, a more inclusive unit of analysis

is needed to satisfy its requirements.

The timed-segment approach must be rejected as well. This study focuses on a specific type of therapist communication, namely, reflection, along with the associated client utterances. A therapist reflection, along with the complete antecedent and consequent client utterances, are not necessarily found within a timed-segment type of unit. For this reason, the timed-segment approach was judged inappropriate for use in this study.

The decision was made, therefore, to choose the total utterance of therapist or client as the most useful unit of analysis for this study, for the following reasons. First, this unit of analysis has been found useful by other researchers (e.g., Elliott, 1979; Frank & Sweetland, 1962; Lennard & Bernstein, 1969; Rice & Wagstaff, 1967; Siegman & Pope, 1965; Strupp, 1973; Waskow, 1962). Second, this unit was congenial to the objectives of the present study. A third justification for this choice of unit lay in its compatability with the requirements of the instruments used. Although the EU, SX, and EXP Scales have been used with timed interview segments, these scales are compatible, as well, with the total utterance. We believe that our choice of unit was valid. In connection with the EXP Scale, for example, this unit is similar to the running ratings used in the EXP Training Manual (Klein et al., 1969). The

reader should note, nevertheless, that the EU, SX, and EXP Scales were designed for use with 3- or 4-minute segments.

The unit of analysis chosen for this study, therefore, was the total utterance of either client or therapist. It consisted of all words spoken by the client or the therapist between two utterances of the other speaker. In other words, the transcripts were broken down into patterns of the T1 - C1 - T2 - C2. . . type, with each utterance numbered sequentially and coded as to interview for later identification.

In psychotherapy interviews, embedded statements and interrupted utterances often occur. In terms of units of analysis, guidelines from Stiles' (1978) concerning unitizing and coding were used to resolve such problems.

Minimal encouragers such as 'Mm-hmm' are found frequently in client-centered therapy, often embedded within client utterances. Stiles (1978) offers no guidelines in such cases, since his unit is the uninterrupted, self-contained clause. In the present study, therefore, the following guidelines were followed.

Minimal encouragers or other brief comments by the therapist were not regarded as separate total utterances unless the speaker responded directly to them. For example, if the therapist asked, "Is that right?" and the client replied, "Yes, I think so," the therapist's comment was considered a total unit. If, however, the client continued

a seemingly uninterrupted flow of speech, ignoring the interjection, the brief therapist comment was not considered to break up the total unit of client utterance.

Each total unit was categorized or rated as a single entity. Although in rare instances two categories might have been necessary for a single utterance, (Strupp, 1973, p. 580), this was not in fact found necessary when carrying out the ratings.

Each therapist unit was given an alphanumerical identification, as was each client unit. Within interviews, therapist units were numbered sequentially, as were client units, i.e., T1 - C1 - T2 - C2 - . . . Tn - Cn. Each interview was assigned a specific number as well, such numbers being assigned randomly using a fishbowl technique (Fox, 1969, p. 332). The interview designations appeared after the ordinal identifier of the therapist or client utterance; e.g., T4-17 signifies the fourth therapist intervention in interview 17, while C25-4 identifies the 25th client utterance in interview 4.

In this way, all units of analysis were identified clearly prior to their use for identification or rating by the judges.

The Judges and Their Training

Eight judges were required for this project. All

judges were experienced psychotherapists. Two earned Ph.D degrees in educational psychology, and had 5-20 years' experience in psychotherapy. Two had completed the academic requirements for doctoral degrees in clinical psychology, and had 2-4 years' experience in counseling. Four held Masters' degrees in Pastoral Counseling, with 2-4 years' counseling experience. Except for two pastoral counselors, who were paid at a rate of $10.00 per hour for rating the Empathy scale, all other judges agreed to serve on a volunteer basis. All were unaware of the hypotheses being investigated.

These eight judges were combined as four pairs, each pair being trained to carry out one or more specific tasks required for data classification or rating. One pair of judges was trained to classify and rate therapist interventions. The remaining three pairs of judges were trained to apply the measures related to client utterances.

In addition to the eight judges whose tasks are described above, five were required to serve as referees when judgements of the original pairs of judges differed. These referees had to meet two criteria, namely: they must be familiar with the scale to be refereed; and they must not have been a member of the pair making the original ratings. Three individuals meeting these two criteria in connection with the Empathy, SX, and EXP Scales were found within the group of eight original judges. These individuals agreed

to make the deciding judgements for those three scales. Two other judges agreed to familiarize themselves, one with the Stiles taxonomy, the other with the TSR Scale, and to make the decisive identification or rating in cases of disagreement.

For the sake of clarity, Table 2 displays the tasks of the judges in connection with the instruments used in this study. The percentage of interjudge agreement between the original judges following training is shown as well. The judges' training was carried out as follows.

Training in the use of all the Carkhuff scales and the TSR Scale required that the trainer collect illustrative examples and establish, for each example, the appropriate level of the variable to be rated. Because of the client-centered focus of this study, the training material had to be characteristic of client-centered therapy interviews. Snyder's Casebook of Non-Directive Counseling (1947) was used, therefore, as the principal source for all such training material. Although Carkhuff's publications were perused diligently, little concrete material was found to aid in training the judges in the application of his scales.

Training in the use of the Stiles' taxonomy, the Carkhuff (1969) EU and SX Scales, and the TSR Scale all

Table 2

Judges' Tasks and Percentage Agreement following Training

Instrument	Judges								Percentage Agreement following Training
	1	2	3	4	5	6	7	8	
Stiles (1978) VRM	x	x				D			85
Carkhuff (1969) Empathic Understanding Scale	x	x		D					84
Therapeutic Self-Reference			x	x			D		86
Carkhuff (1969) Self-Exploration Scale			D		x	x			85
Experiencing Scale (Klein et al., 1969)		D					x	x	83

Note. x = original judge.
D = third judge, with deciding vote

followed a similar procedure, described as follows. Preliminary to training the judges, the author selected a number of statements appropriate for use with each scale, using Snyder (1947) as the principal source of such material. The material selected, taken from client-centered therapy interviews, consisted of short statements similar to the single units which the judges would be asked to rate. Having selected an adequately large quantity of training material (100-150 items per scale), the author familiarized herself with each scale by studying the scale and any available related literature, and by discussions with knowledgeable professors and colleagues. Next, the author rated the training material associated with each scale. Problem areas were identified, and further discussions were held with others experienced in each scale, with a view to resolving the difficulties. A final rating was then assigned to each item of training material, which was then organized for the judges' use.

Each judge was given a copy of the scale which he/she would be using, along with any relevant literature. Specifically, the judges who were to make the empathy ratings were given Carkhuff (1969, v. 1, pp. 73-95); Carkhuff and Berenson (1977, pp. 8-10); and Rogers (1975). Those being trained in the SX Scale were given Carkhuff (1969, v. 2, pp. 37-45); and Carkhuff and Berenson (1977, pp. 14-16). The judges identifying reflections and interpretations were

given Stiles (1978, pp. 1-29), with instructions to attend particularly to material related to the intent of reflection and interpretation. Since the TSR Scale had been designed for the present study, no material except the scale itself was given to those judges. All judges were asked to spend between 1 and 3 hours familiarizing themselves with their scales and reading the related material.

Following this introduction to the scales, each pair of judges met with the author for discussion and rating of a first group of 20-30 examples which the author had prerated. This meeting, lasting 2-3 hours, followed the following plan. First, discussion addressed any questions raised by the judges about the scales. Then the training material was rated by each judge, working independently. Finally, ratings were compared with the author's prevliminary ratings, and areas of disagreement examined to clarify problem areas as much as possible.

A second meeting was held as soon as possible following the first meeting, for discussion and rating of 20-30 more examples. With the judges of empathy, a third meeting was found necessary to address persistent difficulties. The other pairs of judges seemed to comprehend their tasks adequately after two meetings.

When the judges were in command of their respective task requirements, a final selection of training examples

was sent away with each judge, to be rated independently. Preliminary interjudge reliabilities were based on these ratings. In order to proceed with the rating of the transcripts, a minimum agreement of 80% was required. This was obtained from all four pairs of judges. Final ratings were reported to require between 30 minutes and 1 hour. Percentage of interjudge agreements following training are reported in Table 2, above.

The judges who were to use the EXP Scale used the official training manual and audiotapes (Klein et al., 1969). In effect, the judges train themselves in this scale through use of the tapes and transcripts, by comparing their ratings with official ratings which the judges must learn to emulate. The EXP judges for this study had been trained previously in applying this scale, so instead of the more extensive training period required for novice judges (a minimum of 16 hours), only a relatively brief (5-8 hour) refamiliarization period was necessary. Following this, the author met with the judges to discuss the special requirements of the present study, with its single client statements as the unit of analysis, rather than timed segments of therapist/client interaction on which the official training is based. Finally, a selection of 25 client utterances, selected from Snyder (1947) and similar in length to the type of unit of analysis used in this study, was given to these judges, and was rated independently by

each judge. Percentage of interjudge agreement, calculated on the basis of this final rating, is shown in Table 2, above.

The judges serving as referees were trained as follows. Each was given the preliminary training material, described above, that had been given the original judges of each scale. After the judges had read the introductory material, the author spent as much time as necessary (1-4 hours) discussing the relevant scale and exploring problem areas. The author was available for consultation about questions arising in the course of making the final ratings. Because of the limited nature of the requirement, i.e., simply determining which of the previous judges' identifications or ratings should be accepted, interjudge reliabilities were not calculated for these referees.

In summary, the judges were trained systematically, using explanatory discussion, illustrative examples, practice in coding or rating, and discussion of problems. All pairs of judges attained the requisite level of interjudge reliability, and therefore the rating of transcripts was considered feasible. The training procedure for each pair of judges was between 10 and 15 hours long.

Judging Procedures and Resolution of Interjudge Disagreements

The first step, described above, consisted of training

the judges. This training having been completed, judges were given one-third of the transcripts.

The ratings or identifications were recorded on rating sheets appropriate as to the relevant scale and the specific interviews being rated. Rating sheets were provided for each identification or rating carried out. The rating sheets contained the following information: task identification; code numbers for each utterance to be rated; and, where applicable, the complete range of the specified rating scale. For the identification of type of therapist utterance, the rating scale included detailed queries related to the specific antecedent client statement on whose content the therapist utterance focused. Space was provided for information which each judge completed: the judge's initials; the date; and the specific identification (viz., reflection, interpretation, or other) or rating assigned to each coded utterance.

The ratings were carried out using the following method. All levels of the relevant scale were printed beside each coded utterance, and judges were instructed to circle the level considered appropriate. An example of a coding sheet for the identification of therapist utterances is included as Appendix C, and a sample rating sheet as Appendix D.

Judges were instructed to identify or rate the rele-

vant behaviors, working independently, and to return to the author the rating sheets and the transcripts which they had rated.

To maintain adequate levels of interjudge agreement throughout the entire judging process, the following procedure was carried out in connection with the classification of each therapist utterance and the rating of each scale. Percentage of interjudge agreement on the ratings of the first third of the data were calculated. In all scales except the SX Scale, interjudge agreement was maintained at levels of 80% or higher. The judges rating self-exploration found the SX Scale difficult to rate from transcripts and, although agreement following training was 85%, it fell to 77-78% during the rating of the data. This level was considered adequate, however. Although discussions were held with the judges concerning areas of interjudge disagreement, no further training was deemed necessary.

The second third of the transcripts was then given to the judges, with appropriate rating sheets, and the procedure described above was repeated. Interjudge agreement being maintained at an adequate level, the final third of the material was distributed along with appropriate rating sheets, and the same procedure was carried out a third time. In this fashion, the level of inter-rater agreement was checked as the judging proceeded. The possibility of recalibration was allowed for, so that adequate levels of

interjudge agreement would be maintained throughout the judging procedure. Recalibration, however, was not found necessary.

To retain as much data as possible, a third judge decided between conflicting classifications or ratings. These referees were selected according to criteria specified above. After a scale was rated by two judges, disagreements were resolved by the third judge who received the transcripts, the first two judges' ratings sheets, and rating sheets clearly indicating which items were in question. The third judge made an informed decision as to which of the two conflicting ratings should be accepted as the final rating, and indicated his/her choice on the rating sheet provided. In this way, no data were sacrificed because of interjudge disagreeement.

The instruments used for data identification or rating in this research project are described above. The specific procedures used in connection with each instrument are described in the following section.

Procedures for the Identification and Classification of Reflections

To test the hypotheses of this study, the identification of all therapist units that were reflections was the first necessary step. This was accomplished as follows.

Using complete transcripts and working independently,

Judges 1 and 2 identified all therapist reflections found in the 26 interviews and 34 interview segments used as sources of data, applying Stiles' (1978) definition of reflection for this purpose. Because of the possible confusion between reflections and interpretations, noted earlier, these judges were asked to decide, as well, whether units which were not reflections were, in fact, interpretations, as defined by Stiles (1978). At this time, these judges noted whether the therapist intervention concerned the client utterance immediately preceding, the last but one before the reflection, or some earlier client utterance or group of utterances. The data for this study consist of the identified reflections or other therapist utterances, along with their immediately antecedent and consequent client utterances, as well as any earlier client utterances noted as the focal concern of the therapist utterance.

As a second step, it was necessary to identify the differing empathic levels of the reflections and other therapist intervention identified in step 1. Judges 1 and 2 having already differentiated reflections and interpretations from other therapist interventions, were asked to further differentiate the therapist data by rating all therapist interventions according to the Carkhuff (1969) EU Scale. In cases of interjudge disagreement, a third judge

made the final decision as to which rating should be accepted.

In this way, all therapist utterances were identified on terms of type of intervention, as being reflections, interpretations, or other, and were rated for empathy level according to the Carkhuff (1969) EU Scale. These two steps yielded all therapist-related data necessary to test the hypotheses of this study. Examples of reflections rated at the five empathy levels, together with their antecedent and consequent client statements, are found in Appendix E. Examples of therapist statements identified as interpretations, with their associated client statements, are given as Appendix F.

Procedure for the Rating of Client Verbal Behaviors

These data consist of ratings of the antecedent and consequent client utterances associated with all therapist utterances. Each instrument used for rating these client utterances was applied by two judges, working independently. Disagreements were resolved by a referee who made the final decisive choice between the two original ratings. Although judges were given complete transcripts, a practice found acceptable by Mercer (1979), they were asked to base their ratings exclusively on the specific client unit under consideration. Spot checks by the author failed to reveal

biased ratings caused by the availability of the complete interview. The following specific ratings were carried out.

Self-exploration. To test two hypotheses of this study, measures of client self-exploration were required. To this end, Judges 3 and 4 rated all client utterances, using the criteria of the Carkhuff (1969) SX Scale. A third judge refereed in cases of disagreement, making the decisive choice.

Therapeutic self-reference. Statements made by clients had to be rated for therapeutic self-reference to test two of this study's hypotheses. Working from complete transcripts, Judges 4 and 5 carried out this task using the 5-point TSR Scale, described in the section, Measures. All client utterances were rated using this scale.

Experiential involvement. To test two hypotheses of this study, the client's level of experiential involvement had to be rated. The EXP Scale (Klein et al., 1969) was used for these ratings. It should be noted that the EXP Scale provides for two ratings, i.e. a modal and a peak rating. The modal rating "characterizes the overall, general or average scale level of the . . . unit [while] a peak rating is the rating given to the highest EXP scale level reached in the . . . unit being rated" (Klein et al., 1969, v. 1, p. 65). A decision was made to base the requisite statistical calculations on the modal rating, for the rea-

son that the majority of units of analysis were relatively brief, and were expected to include only a single level of experiencing.

Working from complete transcripts, Judges 7 and 8 carried out this procedure. In cases of disagreement, a third judge gave a decisive judgment regarding which of the two original ratings should be accepted as final.

Summary. This concludes the description of procedures for the classification and rating of the transcripts serving as sources of data. As the end product of these procedures, the following kinds of data were produced. In terms of therapist interventions, first, reflections, interpretations, and other interventions were identified. Second, these utterances were rated as to empathic depth. In terms of client-related data, we had the following: first, levels of self-exploration; second, degrees of therapeutic self-reference; and third, modal levels of experiencing. These variables, and the instruments related to them, are summarized in Table 1, earlier in this chapter.

All data necessary to test the hypotheses formulated in Chapter I were thus identified and/or rated. The next section summarizes the methods of statistical analysis used in this study.

Data Analysis

Earlier sections of this chapter have described the subjects of this study, the instruments selected to derive quantitative data from the therapy interview material used as data sources; and procedures for the identification and classification of the data. As the final section of this chapter, methods of statistical analysis used to test the hypotheses of this study are described.

The data of this study are derived from actual therapy interviews involving 2 therapists and 15 clients, using two types of instrument to derive this data. First, a definition of reflection (Stiles, 1978) was used to distinguish this intervention from interpretation and other therapist interventions. This therapist-related variable is a nominal variable.

Second, four instruments, viz., the Carkhuff (1969) EU Scale; the TSR Scale, designed for the present study; the Carkhuff (1969) SX Scale; and the EXP Scale (Klein et al., 1969) yielded continuous scale-derived data which, while ordinal in nature, have been described as "quasi-interval" (Glass & Stanley, 1970, p. 13), and are customarily treated as if interval data (Ferguson, 1976). This practice is justified by Abelson and Tukey (1959), and even more strongly defended by Labovitz (1970), who argues that the possible small error accompanying treatment of ordinal data

as interval is offset by the use of more powerful, sensitive, and clearly interpretable statistics.

Since Rogerian theory postulates that reflections should lead to increases in the levels of client variables considered therapeutically desirable, it follows that controlling statistically for the level of the client variables antecedent to the therapist intervention would adjust for the bias introduced by differences in antecedent level and permit the making of unbiased comparisons.

For the above reasons, the use of statistical testing appropriate for interval data seemed justified, and the use of one-way analyses of covariance (SPSSX, 1983) was considered suitable for testing the hypotheses of this study.

Because of reported variations in levels of empathy both within and across therapy interviews (Gurman, 1973; Mintz & Luborsky, 1971), all data, rather than sample data, were analyzed. Moreover, this increases the power of the procedure (Kirk, 1968, p. 109).

Two sets of hypotheses are enunciated. The first set compares levels of client self-reference, client self-exploration, and client experiential involvement following reflections, interpretations, and other therapist interventions. The second set investigates the relationship between empathy levels of reflections and consequent levels of

the same client variables. In both sets of hypotheses, the levels of the relevant client variables antecedent to the therapist interventions specified in the hypotheses were controlled statistically.

In summary, the variables were quantified as continuous, ordinal, albeit "quasi-interval" scale-derived data. The requirements of the first set of hypotheses required a contrast among levels of client self-reference, client self-exploration, and client experiential involvement following reflections, interpretations, and other interventions. The second set of hypotheses required an examination of the relationship between levels of these client variables and the empathy levels of the preceding reflections. Both sets of hypotheses were tested by means of univariate analyses of covariance, with covariates being the levels of client variables antecedent to the therapist interventions, and the dependent variables being client self-reference, client self-exploration, and client experiential involvement following the therapist interventions. In the first set of hypotheses, reflections, interpretations, and other therapist interventions served as independent variables. The five empathy levels of reflections served as independent variables for the second set of hypotheses. The significance level required for the F ratio was .05.

In the statistical analyses of this study, the

dependent variables were treated as if independent of each other. In fact, they are moderately intercorrelated. For their actual interrelationships, however, see Appendices G and H.

Significant results of the analyses of covariance described above were subjected to post hoc examination using Scheffé Multiple Comparisons (Ferguson, 1976; SPSSX, 1983), with alpha levels of .10 rather than the .05 levels of significance because of the recognized rigorous quality of the Scheffe procedure, which is likely to lead to fewer significant results unless a less rigorous significance level is employed (Ferguson, 1976).

The statistical approach used in this study treats each therapist intervention, together with its associated antecedent and consequent client statements, as a discrete, independent unit. While this is appropriate for the current purpose, it should be noted that, in a therapeutic situation, such units occur in the context of an entire psychotherapy interview, and constitute events in a Markoff process. Furthermore, given that consequences of a particular therapist intervention can be influenced by the context in which it occurs, then that same intervention might have different consequences in different contexts.

The results of these statistical analyses are given in Chapter III, and are discussed in Chapter IV.

CHAPTER III

Results

This chapter presents the results of the statistical analyses of this study. The first section gives interjudge reliabilities. The descriptive statistics are summarized in the following section. Finally, the results of the statistical comparisons related to Hypotheses 1, 2, and 3, and to Hypotheses 4, 5, and 6, respectively, are given.

Preliminary Statistics

Interjudge reliabilities. Pearson product-moment correlations were calculated between the ratings of each pair of judges. The resulting correlations are shown in Table 3. The minimum obtained Pearson correlation was .78. Reliabilities of this order have been reported in previous literature, and accepted as adequate by previous authors (e.g., Kraemer, 1981; Landis & Koch, 1977). The data rated by these judges were therefore used in the subsequent statistical analyses.

Descriptive statistics. The descriptive statistics described below were calculated in order to ascertain that the cell frequencies were acceptable for the subsequent analyses of covariance.

Table 3

Pearson Product-Moment Correlations between Judges' Ratings

Variable	r
Category of therapist intervention	.87
Level of therapist empathy	.78
Level of client self-reference	.89
Level of client self-exploration	.84
Level of client experiential involvement	.85

Frequency distributions for all variables were therefore calculated, and are displayed in Tables 4 and 5. No empty cells were found for any variable. In the case of experiential involvement, however, only 3 cases were rated at Level 7, and only 39 at Level 6. Based on the small number of cases at Level 7, and taking into consideration the fact that all other scales were 5-point scales, it was decided to collapse Levels 5, 6, and 7 into a single level, for subsequent analyses. Consequently, all calculations using EXP ratings were computed on the basis of a 5-level, rather than a 7-level, scale.

Tests of Hypotheses 1, 2, and 3 and Related Analyses

To test the first set of three hypotheses, three univariate analyses of covariance were calculated. In each case, the independent variable was the category of therapist intervention, viz., reflection, interpretation, or other. The level of client behavior consequent to the therapist intervention served as the dependent variable, while the covariate was the antecedent level of the same variable. The first analysis used, as dependent variable and covariate, the level of client self-rereference; the second, level of client self-exploration; and the third, level of client experiential involvement.

Following the analysis of the results of these

Table 4

Frequency Distributions for Categories of Therapist Intervention

Intervention	f
Reflection	998
Interpretation	293
Other	444
Total	1735

Table 5

Therapist Interventions and Client Utterances: Frequency Distributions by Level of Each Variable

Intervention/ Utterance	Level 1	2	3	4	5	6	7	Total
Therapist empathy	277	316	769	363	10	-	-	1735
Client self-reference	245	226	563	642	59	-	-	1735
Client self-exploration	326	126	364	817	102	-	-	1735
Client experiential involvement	311	832	280	218	52	39	3	1735

Note. Cell entries are the number of occurrences (f) corresponding to each variable at each level.

univariate ANCOVAs, Scheffé post hoc procedures were performed in connection with significant main effects. The results of these statistical analyses are summarized in connection with the discussion, below, of the statistical analyses of the specific hypotheses.

For the sake of clarity, each hypothesis is presented in turn. The results are given, and confirmation or disconfirmation of the hypothesis is stated. A discussion and analysis of the results constitutes Chapter IV.

> Hypothesis 1. Therapist reflections will be followed by higher levels of self-reference in the immediately consequent client statements than will other categories of therapist intervention, having controlled statistically for the levels of self-reference in the client statements immediately antecedent to the therapist interventions.

This hypothesis required that mean levels of client self-reference consequent to therapist reflections be contrasted with mean levels of client self-reference consequent to other categories of of therapist intervention. This contrast yielded a statistically significant main effect, F $(2, 1731) = 17.21$, $p < .001$. Table 6 presents the summary of this ANCOVA. The mean level of client self-reference following therapist reflections ($\bar{X} = 3.16$) was higher than that following therapist interpretations ($\bar{X} = 2.96$) or other therapist interventions ($\bar{X} = 2.64$). These group means and standard deviations are given as Table 7.

The significant main effect justified the application

Table 6

Summary of Analysis of Covariance of Mean Levels of Client Self-Reference following Categories of Therapist Intervention, Controlling for Antecedent Level of Client Self-Reference

Source	SS	df	MS	F	p
Covariate: Antecedent self-reference	114.43	1	114.43	99.05	<.001
ME: Category of therapist intervention	39.76	2	19.88	17.21	<.001
Residual	1999.77	1731	1.16		
Total	2153.96	1734	1.24		

Table 7

Means and Standard Deviations for Levels of Client Self-Reference following Therapist Reflections, Interpretations, and Other Interventions

Antecedent Therapist Intervention	Client Self-Reference	
	Mean	S.D.
Reflections	3.16	1.07
Interpretations	2.96	1.13
Other	2.64	1.11

of a Scheffé Multiple Comparison Test to the various combinations of means for levels of client self-reference following therapist reflections, interpretations, and other therapist interventions, to determine the statistical significance of the differences between the group means. These Scheffe comparisons, statistically significant at an alpha level of .10, identified significant differences between the levels of client self-reference following reflections, interpretations, and other therapist interventions, with F (2, 1732) = 34.74, $p < .0001$. Hypothesis 1, therefore, was confirmed.

> Hypothesis 2. Therapist reflections will be followed by higher levels of self-exploration in the immediately consequent client statements than will other categories of therapist intervention, having controlled statistically for the levels of self-exploration in the client statements immediately antecedent to the therapist interventions.

The second hypothesis required the contrast of mean levels of client self-exploration subsequent to therapist reflections with those following other therapist interventions. This contrast yielded a statistically significant main effect, F (2, 1731) = 27.98, $p < .001$. The summary for this ANCOVA is given as Table 8. Means and standard deviations of this dependent variable are given as Table 9. The mean level of client self-exploration following therapist reflections ($\bar{X}$ = 3.36) was higher than that following therapist interpretations ($\bar{X}$ = 3.12) or other therapist

Table 8

Summary of Analysis of Covariance of Mean Levels of Client Self-Exploration following Categories of Therapist Intervention, Controlling for Antecedent Level of Client Self-Exploration

Source	SS	df	MS	F	p
Covariate Antecedent self-reference	366.08	1	366.08	281.84	<.001
ME: Category of therapist intervention	72.79	2	36.39	27.98	<.001
Residual	2251.55	1731	1.30		
Total	2690.416	1734	1.55		

Table 9

Means and Standard Deviations for Levels of Client Self-Exploration following Therapist Reflections, Interpretations, and Other Interventions

Antecedent Therapist Intervention	Client Self-Exploration	
	Mean	S.D.
Reflections	3.36	1.15
Interpretations	3.12	1.17
Other	2.54	1.31

interventions.

The significant main effects justified the application of a Scheffé Multiple Comparison Test to the various combinations of means for levels of client self-exploration following therapist reflections, interpretations, and other therapist interventions, to determine the statistical significance of the differences between group means. These Scheffe comparisons, statistically significant at an alpha level of .10, identified significant differences between the levels of client self-exploration following reflections, interpretations and other therapist interventions, with F (2, 1932) = 73.49, p <.0001. Hypothesis 2, therefore, was confirmed.

> Hypothesis 3. Therapist reflections will be followed by higher levels of experiential involvement in the immediately consequent client statements than will other categories of therapist interventions, having controlled statistically for the levels of experiential involvement in the client statements immediately antecedent to the therapist interventions.

This hypothesis required that mean levels of client experiential involvement subsequent to therapist reflections be contrasted with those following other therapist interventions. This contrast yielded a statistically significant main effect, F (2, 1731) = 24.16, p <.001. The summary of this ANCOVA is given as Table 10. Means and standard deviations of this dependent variable are shown in Table 11. The mean level of client experiential

Table 10

Summary of Analysis of Covariance of Mean Levels of Client Experiential Involvement following Categories of Therapist Interventions, Controlling for Antecedent Level of Client Experiential Involvement

Source	SS	df	MS	F	p
Covariate: Antecedent experiential involvement	265.88	1	265.88	261.53	<.001
ME: Category of therapist intervention	49.12	2	24.56	24.16	<.001
Residual	1759.83	1731	1.02		
Total	2074.83	1734	1.20		

Table 11

Means and Standard Deviations for Levels of Client Experiential Involvement following Therapist Reflections, Interpretations, and Other Interventions

Antecedent Therapist Interventions	Client Experiential Involvement Mean	S.D.
Reflections	2.60	1.12
Interpretations	2.35	1.06
Other	1.95	.90

involvement following reflections ($\bar{X}$ = 2.60) was higher than those following therapist interpretations ($\bar{X}$ = 2.35) or other therapist interventions ($\bar{X}$ = 1.95).

The significant main effect justified application of a Scheffé Multiple Comparison Test to the various combinations of means for levels of experiential involvement following therapist reflecitons, interpretations, and other therapist interventions. These Scheffé comparisons, significant at an alpha level of .10, identified significant differences between the levels of client experiential involvement following reflections, interpretations, and other interventions, F (2, 1732) = 57.33, $p < .001$. Hypothesis 3, therefore, was confirmed.

Tests of Hypotheses 4, 5, and 6 and Related Analyses

To test the second set of three hypotheses, three univariate analyses of covariance were calculated, using empathy level of therapist reflection as the independent variable. In each analysis, the client variable level consequent to the therapist reflections served as the dependent variable, while the antecedent level of the same variable was the covariate. Hypothesis 4 used, as dependent variable and covariate, levels of client self-reference; Hypothesis 5, levels of client self-exploration; and Hypothesis 6, levels of client experiential involvement.

In summary, three univariate ANCOVAs were computed to

test the predictions stated in Hypotheses 4, 5, and 6. The results of these statistical analysis are summarized below in connection with the presentation of the specific hypotheses.

For the sake of clarity, each hypothesis is presented in turn. The results are given, and confirmation or disconfirmation of the hypothesis is stated. A discussion and analysis of the results constitutes Chapter IV.

> Hypothesis 4. When therapist reflections have been categorized according to their levels of empathy, higher-empathy reflections will be followed by higher levels of self-reference in the immediately consequent client statements than will lower-empathy reflecitons, having controlled statistically for the levels of self-reference in the client statements immediately antecedent to the reflections.

This hypothesis tested for significant differences in levels of client self-reference following therapist reflections, across the five levels of empathy categorizing therapist reflections and the five levels of self-reference in the consequent client statements, while controlling statistically for the antecedent levels of client self-reference. This calculation failed to produce a statistically significant main effect. Hypothesis 4 was not confirmed. Table 12 presents the summary of this ANCOVA, while frequencies, means, and standard deviations of this dependent variable are shown in Table 13.

Table 12

Summary of Analysis of Covariance of Mean Levels of Client Self-Reference following Therapist Reflections Categorized according to Empathy Level while Controlling for Antecedent Levels of Client Self-Reference

Source	SS	df	MS	F	p
Covariate: Antecedent self-reference	64.87	1	64.87	59.51	<.001
ME: Empathy level of reflections	2.41	4	.60	.55	n.s.
Residual	1085.04	992	1.09		
Total	1152.32	997	1.16		

Table 13

Frequencies, Means and Standard Deviations for Levels of Client Self-Reference following Therapist Reflections Categorized by Empathy Level.

Antecedent Reflections: Empathy level	Client Self-Reference		
	f	Mean	S.D.
1	10	2.00	1.23
2	119	3.12	1.11
3	662	3.16	1.06
4	205	3.21	1.10
5	2	3.00	.00

Hypothesis 5. When therapist reflections have been categorized according to their levels of empathy, higher-empathy reflections will be followed by higher levels of self-exploration in the immediately consequent client statements than will lower-empathy reflections, having controlled statistically for the levels of self-exploration in the client statements immediatly antededent to the reflections.

This hypothesis tested for significant differences in levels of client self-exploration following therapist reflections, across the five levels of empathy categorizing therapist reflections and with the five levels of self-exploration in consequent client statements, while controlling for the antecedent levels of client self-exploration. This calculation failed to produce a significant main effect. Hypothesis 5, therefore, was not confirmed. The summary table for this ANCOVA is given as Table 14, while frequencies, means, and standard deviations of this dependent variable are shown in Table 15.

Hypothesis 6. When therapist reflections have been categorized according to their levels of empathy, higher-empathy reflections will be followed by higher levels of experiential involvement in the immediately consequent client statements than will lower-empathy reflections, having controlled statistically for the experiential involvement in the client statements immediately antecedent to the reflections.

This hypothesis tested for significant differences in levels of client experiential involvement following therapist reflections, across the five levels of empathy categorizing therapist reflections and the five levels of experiential involvement in the consequent client statements, while

Table 14

Summary of Analysis of Covariance of Mean Levels of Client Self-Exploration following Therapist Reflections Categorized according to Empathy Level while Controlling for Antecedent levels of Client Self-Exploration

Source	SS	df	MS	F	p
Covariate: Antecedent self-exploration	164.72	1	164.72	141.99	<.001
ME: Empathy level of reflections	1.59	4	.40	.34	n.s.
Residual	1149.70	992	1.16		
Total	1316.01	997	1.32		

Table 15

Frequencies, Means, and Standard Deviations for Levels of Client Self-Exploration following Therapist Reflections Categorized by Empathy Level

Antecedent Reflections: Empathy level	Client Self-Exploration		
	f	Mean	S.D.
1	10	3.20	1.23
2	119	3.29	1.17
3	662	3.39	1.13
4	205	3.31	1.19
5	2	4.50	.71

controlling statistically for the antecedent levels of client experiential involvement. Since this calculation did not yield a statistically significant main effect, Hypothesis 6 was not confirmed. The summary table for this ANCOVA is given as Table 16. The frequencies, means, and standard deviations of the cells that were contrasted are shown in Table 17.

Summary of the Results of the Tests of the Hypotheses

The results of the statistical computations indicated that the main effects predicted by Hypotheses 1, 2, and 3 were statistically significant. Subsequent Scheffé Multiple Comparison Tests confirmed that in all cases the differences between groups was statistically significant and that the differences lay in the predicted direction. The predictions were thus confirmed that significantly higher mean levels of client self-reference, client self-exploration, and client experiential involvement would follow therapist reflections than would follow any other therapist intervention. The first three hypotheses, therefore, were confirmed.

The results of the tests of Hypotheses 4, 5, and 6, however, failed to show statistically significant main effects. The second set of hypotheses predicted that, when the levels of the client variables antecedent to

Table 16

Summary of Analysis of Covariance of Mean Levels of Client Experiential Involvement following Therapist Reflections Categorized according to Empathy Level while Controlling for Antecedent Level of Client Experiential Involvement

Source	SS	df	MS	F	p
Covariate: Antecedent experiential involvement	168.71	1	168.71	155.02	<.001
ME: Empathy level of reflections	7.41	4	1.85	1.70	n.s.
Residual	1079.60	992	1.09		
Total	1255.72	997	1.26		

Table 17

Frequencies, Means, and Standard Deviations for Levels of Client Experiential Involvement following Therapist Reflections Categorized by Empathy Level

Antecedent Reflections: Empathy level	Client Experiential Involvement		
	f	Mean	S.D.
1	10	2.10	0.99
2	119	2.49	1.16
3	662	2.58	1.10
4	205	2.73	1.18
5	2	4.00	1.41

reflections were controlled for statistically, and the reflections were categorized according to their empathy levels, therapist reflections with higher empathy levels would be followed by higher levels of client self-reference, client self-exploration, and client experiential involvement than would reflections with lower empathy levels. These hypotheses were not confirmed. Consequently, no post hoc procedures were carried out in connection with the second set of hypotheses.

This concludes the presentations of the results of the statistical analyses of the data. Discussion of these results is presented in Chapter IV.

CHAPTER IV

Discussion

The results of the hypothesis-testing, presented in the previous chapter, are discussed below. First, the findings related to the first set of hypotheses are considered. Then, the results of the second set of hypotheses are examined. The chapter concludes with suggestions concerning further research related to the issues addressed by this study.

Hypotheses 1, 2, and 3

The first set of hypotheses predicted that therapist reflections would be followed by higher levels, respectively, of therapeutic self-reference, self-exploration, and experiential involvement, in the immediately consequent client statements than would other categories of therapist intervention, when the levels of the client behaviors immediately antecedent to the therapist interventions were controlled for statistically. The main effects predicted by all three hypotheses were statistically significant, and the subsequent post hoc procedures confirmed that reflection was indeed followed by higher levels of the client variables, viz., therapeutic self-reference, self-exploration, and experiential involvement, than were other

therapist interventions. These findings are considered, below, in the contexts of the empirical literature and of the client-centered theoretical position.

The research context. The empirical literature to date has supported only tentative conclusions about anticipated consequences of reflections. Certain aspects of the present research design have adjusted for difficulties characteristic of previous studies, including the analogue nature of a great number of them; their variation in theoretical orientation and counselor experience; differences in operational definitions of therapist intervention and client behaviors; and source of data.

Research concerning self-reference, reported in Chapter I, found that while reflection was effective in increasing emission of self-referent pronouns, other interventions were equally so. The present study operationalized self-reference by means of the TSR Scale, thus adding a dimension of information, i.e., the therapeutic nature of self-reference, which was not part of the strictly quantitative measures used in previous research. By showing that, using data derived from therapy interviews conducted by master therapists within a client-centered orientation, levels of therapeutic self-reference following reflections were higher than those following other interventions, this study has contributed new information to the body of literature about reflection.

The empirical literature examining levels of client self-exploration following reflection reported generally successful results for reflection, although other interventions were even more effective in leading to higher levels of this variable. The present study made allowance for fluctuating therapist empathy levels across therapy (Beutler, Johnson, Neville, & Workman, 1972; Gurman, 1973) by using all available interview data, rather than data samples. When all data were analyzed, reflection was found to be linked to higher consequent levels of client self-exploration than were other interventions, within the context of client-centered therapy. This issue was therefore further clarified, within a client-centered environment.

The empirical literature has not directly addressed the relationship between reflection per se and client experiential involvement. Nevertheless, the findings of the Wisconsin Project (Rogers et al., 1976) demonstrated a significant relationship between the therapist's facilitative conditions, considered to be manifested in reflections, and client levels of involvement in the therapeutic process, as measured by the EXP Scale (Klein et al., 1969). Furthermore, Orlinsky and Howard (1978) report a strong association between level of client experiential involvement and positive outcome, in client-centered therapy. The present study's findings, which demonstrate a significantly

higher level of client experiential involvement following reflections than following any other therapist intervention, offer further support, in terms of molecular therapeutic interaction, for the posited effectiveness of the facilitative conditions in general, addressed broadly in process studies by Rogers et al. (1976) and in the context of outcome studies as reported by Orlinsky and Howard (1978).

The empirical literature to date has not offered unequivocal findings concerning anticipated consequences of reflections. The findings of this study provide additional information relevent to this issue. On the basis of the present findings, one can maintain with greater certainty the following conclusion: reflection is more likely to be followed by increased levels of the therapeutically desirable client behaviors examined herein than are other therapist interventions, within the context of client-centered therapy.

The types of interventions comprising the category, other, included all of the response modes defined by Stiles (1978) with the exception of reflection and interpretation. As noted earlier, interpretations were specifically identified, so as to distinguish them from reflections. All other interventions in the category, other, were identified as such by exclusion from the reflection or interpretation categories. An exploratory check of the data, however,

indicated that, excluding reflection and interpretation, all of the Stiles response modes, viz., disclosures, questions, edifications, acknowledgements, advisements, and confirmations, were represented to some extent in the other category.

The theoretical context. The theoretical position proposed by Rogers and other client-centered therapists, is supported by the findings related to the first three hypotheses. These writers base their expectations of reflection's constructive consequences on its communication to the client of the therapist's facilitative attitudes of empathic understanding, unconditional positive regard for the client, and the therapist's congruence within the therapeutic relationship. The findings of the first set of hypotheses support the client-centered belief that reflection leads effectively to increases in levels of self-reference, self-exploration, and experiential involvement, the three client variables examined in this study.

In general, client-centered theory anticipates that a therapist's reflections, manifesting the facilitative conditions, enable the client to shift from a rigidly structured mode of being toward one which is more openly flexible. Such desired changes in client process are demonstrated through increased client self-awareness, deeper client self-exploration, and greater client openness to

experience and to his/her feelings and attitudes.

Inherent in these client behaviors is an increased client focus on self. Client-centered theory holds that the therapist's facilitative attitudes create a safe, non-judgmental, unthreatening atmosphere where the therapist accepts the client unconditionally, with warm regard and empathic understanding. The client is expected to respond with a greater focus on him/herself, and especially upon inner attitudes, inner awareness, and inner experiencing. As the client continues self-exploration within this safe environment, recognition of previously denied aspects of self, inner inconsistencies, and/or new, threatening self-knowledge are expected to become evident, through the appearance of certain client behaviors. Three such behaviors, operationalized for examination in this study, were found to follow reflections to a greater degree than following other types of therapist interventions.

In short, the findings that emerged from the statistical testing of Hypotheses 1, 2, and 3 tend to support the idea that, by whatever mechanism reflection works, it is an important and seemingly effective therapist intervention.

Hypotheses 4, 5, and 6

The second set of hypotheses predicted that, when therapist reflections were categorized according to their levels of empathy, higher-empathy reflections would be

followed by significantly higher levels, respectively, of client self-reference, self-exploration, and experiential involvement than would lower-empathy reflections, when the levels of the client variables immediately prior to the reflections were controlled for statistically. None of the main effects predicted by Hypotheses 4, 5, or 6 were statistically significant. The implications of these nonsignificant findings are considered below, first in terms of the empirical literature surveyed in Chapter I, and second within the context of the client-centered theoretical position.

The research context. Within the context of this study's focus, the research literature examined both self-exploration and production of self-referent pronouns, as client variables. The findings of these few studies suggested that increased levels of these variables might follow depth reflections to a greater extent than moderate reflections, although the evidence was not substantial. The following conclusions are based on those findings.

Research examining molecular interactions within therapy interviews, or by means of analogue studies, provided evidence suggesting, overall, that depth reflections might be more effective than moderate reflections in leading to increased self-exploration. Neither moderate nor depth level of empathy was shown as more successful than the

other in eliciting a greater quantity of self-referent pronouns. Evidence for a relationship between varying depths of empathy and differential levels of consequent client experiential involvement was found in connection with the Wisconsin Project (Rogers et al., 1976), which reported increases in client process levels following increased in the therapists' facilitative levels.

In the context of outcome studies, the evidence supporting a relationship between high facilitative levels and positive outcome seemed robust at one time (Carkhuff, 1969; Truax & Mitchell, 1971). This evidence, however, has been reexamined and found to be suggestive, but less robust than it had been formerly considered (Mitchell et al., 1973, 1977).

Process and outcome studies concerning the efficacy of varying depths of empathy related to increases in the client behaviors studied in the present research provide uncertain empirical support for the last three hypotheses of this study. Inconsistent aspects associated with research designs of the molecular studies have been noted earlier. One major concern involves the source of data used by past studies. Some studies were analogue; others, while derived from therapy, were not client-centered in orientation. In contrast, the data for the present study were derived only from client-centered therapy interviews. Analyses of those data found that mean levels of empathy

were not differentially related to consequent changes in client self-reference, self-exploration, or experiential involvement. These findings conflict with Rogers et al.'s (1976) conclusion that higher levels of empathy led to higher levels of client process. They are, however, compatable with Mitchell et al.'s (1977) report that not quite half of the studies reviewed found empathy significantly related to positive outcome. This point will be discussed further, below.

The theoretical context. Rogers has voiced his conviction that the facilitative conditions, viz., the therapist's congruence in the relationship, his/her unconditional positive regard for the client, and his/her empathic understanding of the client, are necessary and sufficient for the occurrence of effective therapy. Of these three facilitative conditions, empathy has been singled out as possibly the [Rogers' italics] most potent and certainly one of the most potent factors in bringing about change and learning" (Rogers, 1975, p. 3). Rogers, in fact, gave up the term reflection, speaking rather of empathic listening or empathic understanding (Rogers, 1975). Carkhuff (1969) concurs with this view of empathy's key role in facilitating therapy.

While the results of the first set of hypotheses demonstated that, within the context of client-centered

therapy, reflections effectively led to higher levels of desirable client behaviors than did other interventions. these hypotheses did not address the question of mechanism whereby this success was achieved. The second set of hypotheses attempted to test the efficacy of empathy level, considered by Rogers and others as an essential aspect of reflection. It was found, in fact, that higher levels of empathy, in reflections, did not lead to significantly higher levels of client self-reference, self-exploration, or experiential involvement. Similarly, reflections with lower empathy levels were not followed by significantly lower levels of these three client variables. The patterns of change that were found following varying empathy levels of reflections are shown in Figure 1.

Because of the nonsignificant findings of Hypotheses 4, 5, and 6, the first question that required investigation concerned the statistical power of these F-tests. Accordingly, those calculations were carried out, with the following results.

Hypothesis 4: statistical power. In a test of the statistical power of the F-test, the effect size was calculated as .04 (Cohen, 1969). An effect size of .04, a confidence level of .05, and a weighted n of 200 (Cohen, 1969), combined to yield only a .20 probability of finding a significant contrast, should one exist, between groups of self-reference levels following the five empathy levels of

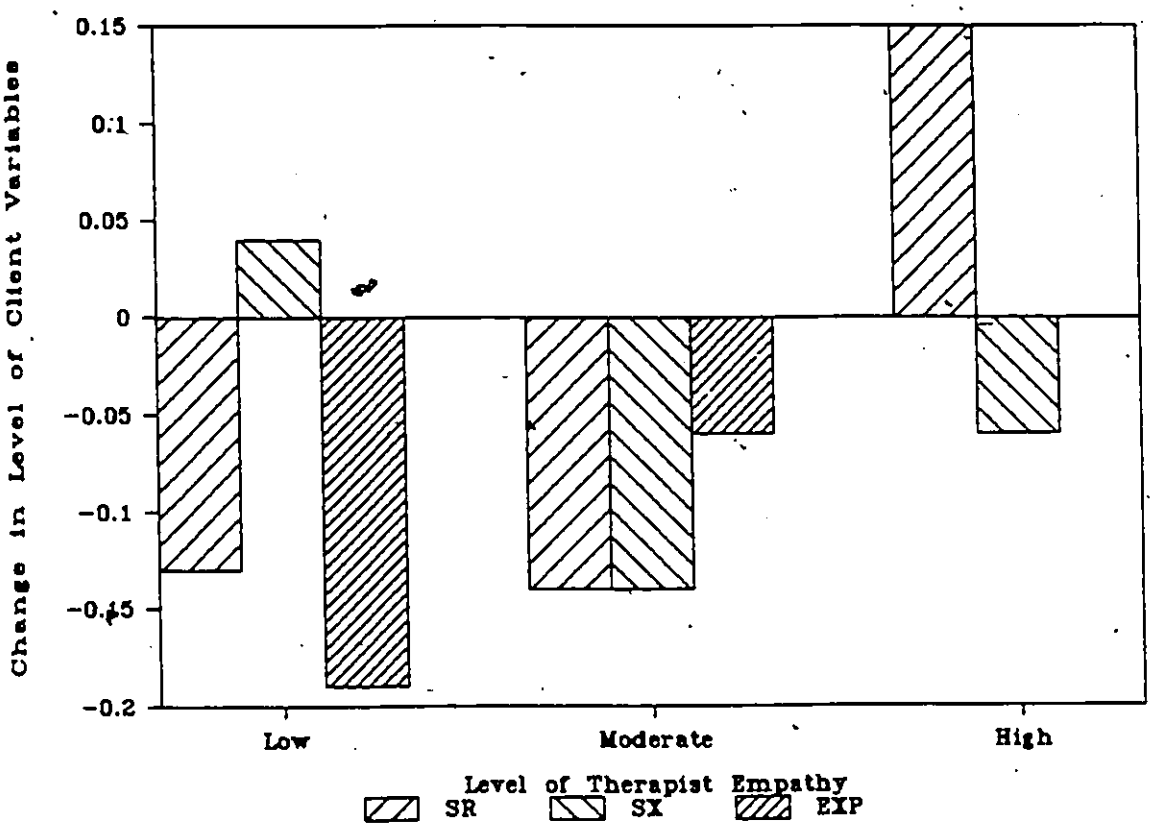

Figure 1. Changes in Antecedent vs Consequent Levels of Client Self-Reference (SR), Self-Exploration (SX), and Experiential Involvement (EXP) in Relation to Low, Moderate, and High Empathy Levels of Therapist Reflections.

reflections.

Hypothesis 5: statistical power. In a test of the statistical power of the F-test, the effect size was computed as .06 (Cohen, 1969). This effect size of .06, along with a confidence level of .05, and a weighted n of 200 (Cohen, 1969) combined to yield a probability of approximately .20 of finding a significant contrast, should one exist, between groups of self-exploration levels following the five empathy levels of reflections (Cohen, 1969).

Hypothesis 6: statistical power. In a test of the statistical power of the F-test, the effect size was computed as .10 (Cohen, 1969). This effect size, a confidence level of .05, and a weighted n of 200 (Cohen, 1969), combined to yield a probability of .72 of finding a significant contrast, should one exist, between groups of levels of experiential involvement characterizing client statements following the five empathy levels into which reflections were categorized. The variances of these sample groups were substantially unequal, however. This, combined with the unequal cell frequencies, especially of the extremes of the EXP Scale, suggest that the computed probability level of .72 may be somewhat inflated.

The statistical power of all three F-tests was found insufficient to justify placing adequate confidence on these findings. It was decided, therefore, to regroup the data, since with larger cell frequencies the power could be

presumed to be higher. Accordingly, three further univariate analyses of covariance were calculated, with the five levels of empathy now compressed into three, viz., low, comprising Levels 1 and 2; moderate, comprising Level 3; and high, comprising Levels 4 and 5. Again the statistical tests for Hypotheses 4, 5, and 6 led to nonsignificant F-tests. In other words, with combined cell frequencies, the conclusions were not altered. Even with regrouped data, it is recognized that the power may still not be sufficiently high. A normal strategy in such cases would be to increase the data. In this case, however, all available data from these two therapists had been included already. Therefore increasing the quantity of data was simply not feasible.

Frequencies of the compressed empathy levels of reflections are given in Appendix I. The results of the univariate ANCOVAs are shown in Appendices J, L, and N, while frequencies, means, and standard deviations of the consequent client variables are found in Appendices K, M, and O. These tables have not been presented in the body of the thesis because no significant findings resulted from the computations. Although some reservations remain concerning unequal cell frequencies, these do not seem to be the key to the explanation of the non-findings. In point of fact, with tests reasonably done, and with adequate cell

frequencies, no significant findings resulted. Therefore it may be true that the nature of the problem is not statistical, nor is it related to cell frequencies, but that the phenomenon in question is not, in fact, present within this body of data.

It is necessary to consider a possible explanation for the nonsignificant results of the second set of hypotheses. This explanation derives from the temporal distribution of the sources of data. A rationale underlying the predictions was related to a perceived shift in Rogers' conceptual ideas regarding optimal depth of reflection. It was presumed that a shift in Rogers' therapeutic practice would parallel such a conceptual change. The greater part of the data, however, represents Rogers' early clinical practice. Later interviews might include more use of deeper reflection than that found in earlier interviews. It may be conjectured that data from later interviews might produce results different from those found herein.

Considering the results of the statistical testing of these two sets of hypotheses, we are left with evidence that while reflections lead to higher levels of desirable client behaviors than do other interventions, the empathy levels of reflections do not seem to be the essential factor influencing this result. Rogers and other client-centered therapists have presented convincing arguments, based upon years of clinical experience, supporting the

efficacy of reflection in client-centered therapy. Furthermore, the empirical literature had offered at least a modicum of support for this position. Perhaps the issue that must be addressed, then, concerns empathy as measured by the Carkhuff (1969) EU Scale.

Rogers (1957) holds that the client must have some awareness of the therapist's attitude of empathic understanding. Otherwise, he believes, effective therapeutic change will not occur. Gendlin (1964, 1978) suggests that inaccurate reflections will lead to positive consequences only if the client perceives the therapist as trying to understand the client. Both these assertions emphasize a certain attitude toward the therapist on the part of the client. If a recognition of the therapist as an understanding individual is, indeed, important to the success of therapy, even on the molecular level of single interactions, it is possible that such perception by the client of a particular attitude on the part of the therapist may be independent of the rated empathy level, yet nevertheless linked to reflection. The desirability of research designed to further examine this point will be discussed later in this chapter.

The nonsignificant results associated with the second set of hypotheses shed little light on the facilitative skills--positive outcome hypothesis, even in terms of the

effectiveness of empathy within client-centered interviews. Certainly, little support is offered for the belief, affirmed by Rogers and many other client-centered therapists, that high-empathy reflections are more effective than low-empathy reflections in leading to increased levels of desirable client behaviors. Rogers' earlier position concerning the efficacy of moderate reflections in this regard is not vindicated either, however. On the molecular level of single interactions, reflections in fact seem to lead to little change in client behaviors, when the rated empathy level of the reflection is the categorizing principle. This raises doubts about the meaningfulness of the prescribed minimum level of facilitation as Level 3 of the Carkhuff (1969) EU Scale, which was not found to significantly differentiate facilitative from nonfacilitative interventions, in this study. As shown above, this question has also been raised by Mitchell et al. (1977).

It has been reported (Holder, Carkhuff, & Berenson, 1967; Piaget, Berenson, & Carkhuff, 1967) that low-functioning clients react sensitively to offered levels of the facilitative conditions, with increased behavioral levels following higher levels of therapist functioning, and lower response levels following lower levels of the therapist's facilitative attitudes. In contrast, high-functioning clients continue to respond, in general, on high levels regardless of the levels of the therpaist's

facilitative attitudes. Given that within the pool of clients available for use in this study, some seemed, in fact, to function at a generally low level, and that the mean level of empathy offered by both therapists was only 3.07 across reflections, the possibility must be considered that the level of therapist functioning was a factor in the nonsignificant results.

Rogers believed that the necessary and sufficient conditions were all that was required for therapeutic client change to proceed. In the light of that client-centered position, this study pooled all client data, basing this on the rationale of client homogeneity that seemed appropriate for use within a client-centered context. There are studies, however (Bozarth & Rubin, 1975; Holder et al., 1967; Piaget et al., 1967), which suggest that empathy would be differentially effective with clients functioning at different levels. On the basis of this research, it could be postulated that separate studies for low- and for high-functioning clients might result in differential findings. The nature of the data precluded that possibility, but this remains a possible explanation for the lack of significance of the findings for the second set of hypotheses.

In regard to the rating of therapist empathy, the judges' lack of access to nonverbal cues was considered a

disadvantage. Although the uneven quality of the audiotapes rendered their use impossible, nevertheless, the requirement that the judges carry out their ratings on the basis of transcripts alone meant that paralinguistic aspects of communication, especially important for the communication of empathy (Haase & Tepper, 1972; Hargrove, 1974; Truax, 1970) were sacrificed. Furthermore, in connection with the rating of client variables, the decreased accuracy of transcripts, as compared to audiotapes, in connection with recognition of affect (Burns & Beier, 1973; J. Shapiro, 1966) must be noted. These difficulties, connected with the unavoidable use of transcripts in this study, suggest that the nonsignificant findings of the second set of hypotheses may be related in some way to the form in which the interviews were presented to the judges.

Statistical versus Clinical Significance

A distinction must be made between statistical and clinical significance. Statistical significance has to do with the testing of hypotheses in order to discover whether or not the test supports, or does not support, a particular theoretical framework. In constrast, the issue of clinical significance has to do with the implications of the findings for clinical practice, asking such questions as: "Are the differences large enough that they would have implications for practicing clinicians in terms of their interac-

tions with their clients?". In other words, do the findings of a study actually matter to a practicing clinician in the conduct of his/her therapy?

The contributions made by this study lie in the direction of statistical rather than clinical significance. It should be remembered, however, that the present study was done within a context with certain handicaps which lower the probability of obtaining findings. First, many of the transcripts were made by others, according to unknown specifications. Second, the unknown characteristics of the clients, and of any details concerning the therapy sessions, is a major limitation.

We have no way of knowing what might result if the therapists were manipulated to some extent; the clients were manipulated to some extent, and the problem under discussion manipulated to some extent; so that the resulting study would deal with a much purer sample of events, and with much more control than was possible here. It is possible that, in certain situations, this phenomenon might yield differences that are much greater than were found here; and in other situations, much less.

Within the context of this thesis, we are dealing with something that is statistically significant, but whose clinical significance cannot be clearly appraised because of the specific methodology used. It remains for further

investigations to narrow in on potential clinical significance within more specific context of, for example, a certain phase of the therapy (beginning, middle, or end); a specific type of client; a specific type of client problem; or some specific type of therapist/client combination.

In the meantime, statistically significant findings indicate the presence of a phenomenon, and suggest that it should be further examined, since it may be clinically important. Further study, however, is necessary to elucidate that possibility. This matter is considered in the next section.

Suggestions for Further Research

The present study was intended to examine trends in therapeutic movement observable in client behaviors immediately following therapist interventions in general, and, associated with the empathy levels of reflection. Significant linkages between empathy levels and consequent client behaviors were not found when group averages were contrasted. Nevertheless, other research designs might reveal differential effectiveness, in terms of the influence of empathy on client behavior, if interactions patterns are examined sequentially over entire interviews.

Sequential analysis could demonstrate effects of therapist interventions over a time frame more extensive than that used for the present study, which examined only im-

mediate consequences of therapist interventions. Gurman (1973) suggested that brief segments of peak levels of empathic functioning might be more predictive of treatment outcome than overall levels calculated on the basis of total interviews. He found that all therapists vary in their levels of facilitative functioning, both across sessions and within interviews with the same patient. Research designs using sequential analysis (Gottman & Notarius, 1978; Mitchell et al., 1977) have been suggested (Gottman & Markman, 1978) as valuable in leading to a greater understanding of such relationships between variables as, for instance, effects related to empathy levels of therapist reflections on consequent client behavioral levels. Using such methods of analysis, psychotherapy process can be examined in terms of its molecular components which, as Orlinsky and Howard (1978) point out, constitute the on-going, short-term occurrences of therapy which lead, over successive encounters between client and therapist, to "molar, less immediately noticeable but in the long-term quite palpable changes that emerge cumulatively from a series of encounters" (p. 285).

A final point concerns the most desirable source from which to obtain the evaluation of therapist attitudes and behaviors. Rogers (1957) believed that clients must be at least minimally aware of the therapist's facilitative atti-

tudes. It would seem, then, that the most desirable commentary about the effects of a therapist's interventions and underlying attitudes should be sought from the clients at whom the interventions were directed, and whose awareness of the therapists' attitudes is considered so crucial. Questionnaires such as the Relationship Inventory (Barrett-Lennard, 1962) have been used for the purpose of eliciting client response to various aspects of a therapy session, the questionnaires being completed immediately following the interview. Gurman (1977) offers substantial evidence supporting a relationship between such patient-perceived therapeutic conditions and outcome in individual psychotherapy.

The Relationship Inventory and similar questionnaires, however, apply to therapy sessions as a whole, and hence record the client's molar rather than than molecular impressions about occurrences during the interview. Research focusing in more detail upon brief interactions between therapist and client might explore the possibility of using videotape-based feedback, and of eliciting relevant information from the client at that time. For example, a client's responses to questions about his/her phenomenal reaction to a therapist's reflections could yield valuable information. If the client is questioned during the playback of a videotaped therapy interview just completed, which is being viewed while the memory of the encounter is

still fresh, these inquiries are likely to elicit the client's subjective reactions to the therapist's in-therapy behavior. Such elucidation in regard to client perceptions of therapist attitudes and behaviors are impossible to tap by means of such instruments as the Carkhuff (1969) EU Scale. This knowledge about a client's immediate phenomenal responses to therapist behavior would clarify the nature of the impact of individual interventions on a client. In this way, a body of information, inaccessible by any means other than direct inquiry of the client, could be obtained. This would undoubtedly contribute greatly to a fuller understanding of how therapy works. This is, in fact, a goal of psychotherapy process research.

The present study made use of all available in-therapy data sources contributed by Rogers, the founder of client-centered therapy, along with several interviews by Butler, another therapist in the tradition of classic client-centered therapy. Using the information available for this research, it is hoped that a contribution toward studying molecular trends within client-centered therapy interviews was made by this study. Clearly, only a small step has been taken, but suggestive possibilities may have been elucidated. Rogers believed that the client per se was the most important focus of attention within therapy. On the basis of the results of this study, three suggestions may

be made regarding potentially fruitful areas of future research concerning the effectiveness of empathic levels of reflection within client-centered therapy. First, a therapist's attention to the phenomenal point of view of the client, manifested by reflections, is likely to lead to higher levels of constructive therapeutic behavior on the part of the client than are intervention displaying any other focus of attention. Secondly, in connection with evaluating the effectiveness of the therapist's communication of empathic understanding of the client's perspective, again it may well be that the client's impression, rather than objective judges' ratings, provide the best predictive linkage with therapeutic outcome.

Finally, a systematic investigation of the patterns of interaction between therapist and client in client-centered therapy, taking into consideration the client's sense of how therapist interventions have influenced his/her subsequent attitudes and behaviors, may cast a greater light upon the effectiveness, in client-centered therapy, of a therapist's empathic understanding of the client, in leading to the client's constructive behavior change.

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APPENDIX A

Sources of Data: Therapists and Clients and Extent of Interviews.

Therapist	Client		Interview/ Excerpt	Total Therapist Statements	Total Client Statements
Rogers	Mr. Bepp,	#1	E	2	4
		#2	E	18	20
		#3	E	3	5
		#4	E	1	2
		#5	E	12	15
		#6	E	12	16
		#7	E	6	8
		#8	E	15	17
	Mr.Bryan,	#1	I	42	42
		#2	I	89	90
		#3	I	61	62
		#4	I	58	58
		#5	I	77	78
		#6	I	52	53
		#7	I	51	52
		#8	I	61	61
	Cathy	#1	I	71	71
	Mr. Def	#1	I	55	56
	Miss Faro	#1	I	21	21
	Mr. Fed	#1	I	23	24
	Mr.Jinsi	#1	I	75	75
	Mike	#1	I	112	113
	Miss Mun	#1	I	39	40
	Mrs. Oak	#1	E	2	3
		#2	E	10	10
		#3	E	2	3
		#4	E	1	2
		#5	E	1	2
		#6	E	1	2

Therapist	Client	Interview/ Excerpt		Total Therapist Statements	Total Client Statements
Rogers	Mrs. Oak	#7	E	2	3
		#8	E	2	3
		#9	E	2	4
		#10	E	2	3
		#11	E	2	3
		#12	E	5	6
		#13	E	1	2
		#14	E	2	3
		#15	E	7	8
		#16	E	3	4
		#17	E	10	12
		#18	E	3	4
		#19	E	4	5
		#20	E	4	5
		#21	E	5	7
	Mrs. Pov	#1	I	33	34
		#2	I	33	36
		#3	I	40	40
	Miss Tilden	#1	I	64	63
		#2	I	48	49
		#3	E	8	10
		#4	E	16	21
		#5	E	11	13
		#6	E	6	7
		#7	E	3	4
		#8	I	46	48
Butler	Cligena	#1	I	83	83
		#2	I	88	89
		#3	I	163	163
	Mr. Netka	#1	I	45	46
	Mr. Rog	#1	E	40	41

APPENDIX B

Scale of Therapeutic Self-Reference

This scale evaluates the degree to which an individual is referring to him/herself in a manner which may be considered psychotherapeutically desirable. A client is expected to benefit most from psychotherapy when his/her attention is directed toward the self. The most therapeutically desirable utterances, in this model, are those in which the speaker focuses upon his/her inner awareness, meanings, values, affective tone, and/or feelings. The least therapeutically desirable utterances are those in which the speaker's attention is focused completely on material external to him/herself.

The idea of therapeutic self-reference which this scale attempts to measure may be conceptualized as a continuum between a completely external focus of attention, at one extreme, and at the other, an internal focus on material with meaning, value or impact for the speaker.

When rating this material, it must be remembered that, although speakers generally use first-person pronouns when speaking of themselves, they may occasionally use second-person pronouns, perhaps to cloak an embarrassment about what they are talking about. For example, the utterance, "You feel sort of uneasy, talking about these feelings about your own mother," may refer to the speaker himself in spite of the absence of first-person pronouns. However, do not try to read into any statement a self-reference that is not readily apparent.

The Scale of Therapeutic Self-Reference specifies 5 levels, conceptualized as follows.

Level 1. The speaker makes no self-reference. The focus of his/her attention is completely external. E.g.: The other students are really brilliant.

Level 2. The speaker refers to him/herself, but (a) only weakly, or (b) with reference to someone else's viewpoint. E.g.: (a) She's going out with Tom, I guess. (b) My mother said I used to be very active.

Personal pronouns may be used, but are more at the level of speech mannerism than true self-reference. E.g.: The way that news was reported was really poor, I felt.

Level 3. The speaker refers to him/herself in terms of actions or reactions, and with an explicit or implicit awareness of his/her behavior and of the choices he/she made, but without any acknowledgement of an inner meaning, value, impact, or importance of such behavior or choices. There may be a sense of narrative. E.g., I went down to the store and had a coke.

Level 4. The speaker is beginning to become aware of the inner meaning or value of events, but sees solutions in terms of external actions or change rather than by means of an examination of inner realities. The speaker describes the content as if he/she has a cognitive lock on the situation, and is trying to maintain control in terms of doing. E.g.: I ran into him on the street and when he didn't speak I was a bit confused. I didn't know what to do, so I just kept on going.

Level 5. The speaker's attention is focused inwardly and his/her expression indicates an internal awareness, an in-touchness, or a preoccupation with internal meanings and realities. Such awareness may indeed lead to insight or to new awareness of aspects of self or of the individual's interaction with the world. E.G.: I feel -- that's not important any more. A sort of delicate -- new beginning.

Please rate the following utterances on the basis of these reference points. Ratings should be made, if possible, according to the predominant level of the utterance. If, however, two distinct levels are perceived, both may be circled.

Please work quickly, basing your ratings on your first impulses about the speaker's therapuetic level of self-reference.

APPENDIX C—

IDENTIFICATION OF REFLECTIONS

Coding sheet

Judge's Initials

Date

Item no.	Reflection		If YES, does it refer to:		If NO, is it an INTERPRETATION?	
	Yes	No	Preceding client unit?	Next earlier client unit?	Yes	No
T14-42.						
T15-42.						
T16-42.						
T17-42.						
T18-42.						
T19-42.						
T20-42.						
T21-42.						
T22-42.						
T23-42.						
T24-42.						
T25-42.						
T26-42.						
T27-42.						
T28-42.						
T29-42.						
T30-42.						
T31-42.						
T32-42.						
T33-42.						
T34-42.						
T35-42.						
T36-42.						
T37-42.						
T38-42.						
T10-43.						
T11-43.						
T12-43.						
T13-43.						
T14-43.						
T15-43.						
T16-43.						
T 1-44.						
T 2-44.						
T 3-44.						
T 4-44.						
T 5-44.						
T 6-44.						
T 7-44.						

APPENDIX D

RATING SHEET
EMPATHY

DATE: INITIALS:

INSTRUCTIONS:

1. Use a pencil so that you can erase and correct if you change your mind regarding an answer.

2. Draw a circle around the number which corresponds to the level on the scale which corresponds to your rating.

3. Please rate each therapist intervention with reference only to the client utterance immediately preceding the therapist intervention. Occasionally another client utterance or utterances will be indicated, to which the therapist intervention refers. In this case, consider only the client utterances specified when rating the therapist utterance.

	T 1-1	1	2	3	4	5		T16-1	1	2	3	4	5
	T 2-1	1	2	3	4	5	(C16-1)	T17-1	1	2	3	4	5
	T 3-1	1	2	3	4	5		T18-1	1	2	3	4	5
	T 4-1	1	2	3	4	5		T19-1	1	2	3	4	5
	T 5-1	1	2	3	4	5		T20-1	1	2	3	4	5
(C5-1)	T 6-1	1	2	3	4	5		T21-1	1	2	3	4	5
	T 7-1	1	2	3	4	5		T22-1	1	2	3	4	5
	T 8-1	1	2	3	4	5		T23-1	1	2	3	4	5
	T 9-1	1	2	3	4	5		T24-1	1	2	3	4	5
	T10-1	1	2	3	4	5		T25-1	1	2	3	4	5
	T11-1	1	2	3	4	5		T26-1	1	2	3	4	5
(C11-1)	T12-1	1	2	3	4	5		T27-1	1	2	3	4	5
	T13-1	1	2	3	4	5		T28-1	1	2	3	4	5
	T14-1	1	2	3	4	5		T29-1	1	2	3	4	5
	T15-1	1	2	3	4	5		T30-1	1	2	3	4	5

APPENDIX E

Examples of Interactions between Client and Therapist which Include Therapist Reflections at Various Empathy Levels

1. Reflection, with Empathy Level Rated at 1

C49-27 Well, it's so painful to maintain that basis.

T50-27 It is a tough choice any direction you look, isn't it?

C50-27 Yes. it would seem that my neurosis is definitely a thorn, but there's such a nice rose along with it. And the healthy satisfactions seem to be more flimsy, not so much meat to them. And, of course, that's all a matter of evaluation. I know that I would evaluate--that if I changed I could evaluate the healthy satisfactions, but [laughs] that means a change in me--I'd have to have a change before I would evaluate them differently. In other words, new evaluation is change. (T: Yes) It's change by definition. (T: Mm. Well, I think--) I have a very definite feeling of a clinging impulse--an impulse whereby I impulsively hug my neurosis to me.

2. Reflection with Empathy Level Rated at 2

C19-1 I'm interested in it because I feel like the present uh, uh complete environment I am living in arose out of the <u>past</u>--and I don't like this present environment at <u>all</u>. (T: Mmhmm) Very much, anyway. So, I figure, to <u>change</u> it I gotta figure out how I <u>got</u> here, (T: Mmhmm) so I'll know where I want to <u>go</u>. And then figure it out if I <u>can</u>.

T19-1 [5 seconds] Wa-, want to figure out how you really <u>got</u> into your present--right-here-and-now state and way of living, eh?

C20-1 That's what I just said. (T: Mm-hmm) [35 sec.] Like I say, it makes little problems in the present, you know, to be ah, ohhh, going in the past, (T: Mm-hmm) but uh I think it's--the quickest way in the <u>long</u> run. (T: Mm-hmm) Seems to me that <u>little</u> problems that occur now--sort of makes life more inconvenient or something, you know. (T: Mm-hmm) and that attending to something, why I'd--be better off if I <u>attended</u> to it. (T: Mm-hmm) But it seems to me like uh-, uh-

3. Reflection with Empathy Level Rated at 3.

C8-4 Yeah. I got a definite feeling--I said, "Well, no you know that you're not going to cure yourself in a vacuum. You can only achieve growth by meeting real situations." I said, "Now that's just the bunk--what you were saying the other time. What you're looking for there is a way of avoiding situations, not a way of cure." So I jotted those notes there.

T9-4 Mm-hmm. You came to see pretty clearly that that kind of statement on your part last time was really another element in this balancing proposition, "Do you want to go forward or do you want to go back?"

C9-4 Mm-hmm. But as soon as I have a new goal, why, then I'm going to be able to prescribe means ot myself, the same as I prescribe means to myaslef for the old goal.

4. Reflection with Empathy Level Rated at 4

C44-6 What causes that? I mean, I wonder if there is any--if anyone knows what causes it. Is that the devil? [both C and T laugh]

T45-6 You feel as though maybe it's your devil anyway.

C45-6 Yes. The trouble is, why can't I answer it back and say, "Well, I have done all right." There's always that doubt, that I haven't. And why it should matter so much, I don't know, but it does.

5. Reflection with Empathy Level Rated at 5

C117-55 Well she used to always make these Sunday chats. which is, "Why don't you treat your father and me nicer? We're human beings and you act as though we aren't here," and --and I didn't understand what she meant, (T: Mm-hmm) and I used to feel just like--this mice and men, this bloody, (T- Mm-hmm) you know? (T: Mm-hmm) And I could have killed her--really! (T: Mm-hmm) Really, when I used to get a dose of her, you know, same old thing, I always knew it, I didn't hide it from myself. But it didn't help me to know it, it wasn't hidden anger, to me, and I didn't try to hide it to her, but I didn't do anything to get myself in trouble. But I'm tired, you know, tonight, and I just assumed that it's my back.

T117-55 You really hate her!

C118-55 . Really. Just really. -- This might seem ridiculous, missing my daughter. Ha! [bitter laugh]

APPENDIX F

Examples of Therapist Interventions Identified as Interpretations

C24-27 Yes, that's right. I'm not such a bad speaker as I used to be.

T25-27 I presume that that progress was quite a struggle.

C25-27 Well, it just sort of happened. I mean, there were certain situations that I wanted to do in order to achieve something, where speech was necessary, so I went ahead and did it. (T: Mm-hm) If I hadn't done it, I would have avoided the struggle; then I would have lost some sort of fruits.

C47-40 But I can't lift myself up by the bootstraps, as it were.

T48-40 Yes. I think you do have a remarkably good intellectual analysis of the situation, and you feel quite rightly that you can't lift yourself by your bootstraps. It's possible, though, that as we explore this thing you can at least decide clearly whether you want to vote the same way you're voting now, or whether there may be other ways of--

C48-40 Well, to use another analogy, I feel that I have so much energy, so much reservoir of energy--now, what I want to do is to get the negatives to desert to the positive side. which will be a double-barreled gain, you see, and will probably occur very rapidly once the ball gets rolling. Buit when the negatives are in power, why, of course how can the ball begin to roll?

C39-55 I was just plotting a better way, for those months. I almost decided to--make it work. -- I kept puttling it off though. I didn't really want to (T: Mm-hm) that time. I was saying that--

T39-55 [interrupting] You didn't want to, but you, looking back on it you feel that you were headed for it because you felt so hopeless, that's all there was to you, mm? [6 sec.] You kinda got that feeling in therapy, too, didn't you?

C40-55 Uh, that it was all hopeless?

C27-59 And just sort of bogging down in the misery of it all. And it was her home, it wasn't my grandmother's home. But you'd have thought it was hers, because the whole thing centered around her.

T27-59 I guess you're saying, I really don't like the weakness in my mother.

C28-59 And then it came out in other ways, when we were in this country, and my grandmother was no longer alive. My mother seemed always to feel that she had to be doing something, I mean even evenings, in the kitchen, she just had to be busy, and so of the time I used to feel, if she would only sit down and be with us a little bit, be a mother, sort of, in the family group, rather than just always doing things. And it was only later, when I was an adult, that she started to do this, when she got older, and I feel if she had done it when I was younger it would have meant so much, somehow or other, 'cause I didn't want to be doing things all the time, she felt that was being a mother, but really if she had just been there a little more.

APPENDIX G

Intercorrelations of Client Self-Reference (SR), Client Self-Exploration (SX), and Client Experiential Involvement (EXP)

Variable	SR	SX	EXP
SR	1.0000		
SX	.6623	1.0000	
EXP	.5860	.5783	1.0000

APPENDIX H

Communalities and Factor Loadings for Client Self-Reference (SR), Client Self-Exploration (SX), and Client Experiential Involvement (EXP)

Variables	Communalities	Factor Loadings*
SR	.7646	.8744
SX	.7546	.8710
EXP	.6953	.8339

* Only one factor was extracted. This factor accounted for 74% of the variance.

APPENDIX I

Frequency Distributions for Reflections Categorized According to High, Moderate, and Low Empathy Levels

Empathy Level of Reflections	Rated Level on Carkhuff (1969) EU Scale	f
Low	1 - 2	129
Moderate	3	662
High	4 - 5	207

APPENDIX J

Summary of Analysis of Covariance of Mean Levels of Client Self-Reference following Therapist Reflections Categorized According to High, Moderate and Low Empathy Levels while Controlling for Antecedent Level of Client Self-Reference

Source	SS	df	MS	F	p
Covariate: Antecedent self-reference	64.87	1	64.87	59.34	<.001
ME: Empathy level of reflections: high, moderate, or low	1.77	2	.89	.816	n.s.
Residual	1085.68	994	1.09		
Total	1152.32	997	1.16		

APPENDIX K

Frequencies, Means, and Standard Deviations for Levels of Client Self-Reference following Therapist Reflections Categorized by High, Moderate and Low Empathy Levels

Antecedent Reflections: Empathy level	Client Self-Reference		
	f	Mean	S.D.
Low	129	3.09	1.12
Moderate	662	3.16	1.06
High	207	3.21	1.10

APPENDIX L

Summary of Analysis of Covariance of Mean Levels of Client Self-Exploration following Therapist Reflections Categorized According to High, Moderate and Low Empathy Levels while Controlling for Antecedent Level of Client Self-Exploration

Source	SS	df	MS	F	p
Covariate: Antecedent self-exploration	164.72	1	164.72	142.07	<.001
ME: Empathy level of reflections: high, moderate, or low	.01	2	.007	.006	n.s.
Residual	1151.28	994	1.16		
Total	1316.01	997	1.32		

APPENDIX M

Frequencies, Means, and Standard Deviations for Levels of Client Self-Exploration following Therapist Reflections Categorized by High, Moderate and Low Empathy Levels

Antecedent Reflections: Empathy level	Client Self-Exploration		
	f	Mean	S.D.
Low	129	3.28	1.17
Moderate	662	3.39	1.13
High	207	3.32	1.19

APPENDIX N

Summary of Analysis of Covariance of Mean Levels of Client Experiential Involvement following Therapist Reflections Categorized According to High, Moderate and Low Empathy Levels while Controlling for Antecedent Level of Client Experiential Involvement

Source	SS	df	MS	F	p
Covariate: Antecedent experiential involvement	168.71	1	168.71	154.98	<.001
ME: Empathy level of reflections: high, moderate, or low	6.05	2	3.02	2.78	n.s.
Residual	1080.96	994	1.09		
Total	1255.72	997	1.26		

APPENDIX O

Frequencies, Means, and Standard Deviations for Levels of Client Experiential Involvement following Therapist Reflections Categorized by High, Moderate and Low Empathy Levels

Antecedent Reflections: Empathy level	Client Experiential Involvement		
	f	Mean	S.D.
Low	129	2.46	1.15
Moderate	662	2.58	1.10
High	207	2.74	1.19