You are encouraged to read the whole book, and please make a proper citation if needed.

Patterson, C.H. (1985). *The therapeutic relationship: Foundations for an eclectic psychotherapy.* Brooks/Cole.

Chapter 1

1. Any comprehensive model of facilitating behavior change- and helping relationships, including counseling or psychotherapy, are an important means of facilitating voluntary change- has three broad aspects: (1) goals or objectives, both general and more specific, (2) the process, which is actually the immediate goal of the relationship, and (3) the conditions required for initiating and continuing the process. (4)

2. *The Ultimate Goal*

    I have selected the goal of self-actualization. Other terms that have been used for the same concept are self-enhancement, self-realization, and full functioning. Among the many characteristics of the self-actualizing person are empathy, respect and concern for others, and genuineness or honesty. (4-5)

3. *The Mediate Goals*

    Mediate goals include these more specific, individual goals, though some mediate goals may be general in the sense that they apply to all or most individuals, since they may be elements of the general goal of self- actualization, mediate goals can also be considered and subgoals, or as steps toward reaching the ultimate goals (4) Mediate or subgoals may be conceived of as by-products of self-actualization person utilizes his or her potentials, finds ways to actualize them, seeks out the information, instruction, education, or training required. (4)

4. *The Immediate goal*

    The immediate goal of facilitative interpersonal relationships is to initiate and continue the activity or process of helping one become a self-actualizing person. In counseling or psychotherapy this has been identified as the process of self-exploration. This begins with self-disclosure, leading through self-exploration to self-discovery, self–awareness, and self-understanding, followed by self acceptance and the development of a realistic self-concept and a sense of self-esteem. (5)

    One can be or become, in a relationship free from threat or fear, in which one does not have to be defensive and engage in deception, or distortion of oneself. In a good interpersonal relationship people are able to look at and explore themselves for what they really are and as they want to be. One is or becomes one's best self

in the presence of persons who offer a facilitative interpersonal relationship. One becomes more self-actualizing, including becoming more understanding and respectful of others and more open, more honest, more genuine. (6)

5. Conditions

Empathy or empathic understanding

Empathy is the ability to put oneself in the place of another and to see things- the other as well as his or her world- as he or she sees them. (6)

Respect

The second condition for a good interpersonal relationship is a real respect for the other person. Respect is perhaps a mild term, though a deep respect for another encompasses a number of aspects- a genuine concern and liking for, a real interest in, the other, a non-judgmental attitude, compassion. It accepts a person as he or she is, yet can have high expectation of that person. It does not require that one approve of another's behavior or agree with all his or her thoughts and ideas (6-7)

Genuineness

The essential condition is that whatever one does say or express is real and genuine, that one is not presenting a façade or role, trying to appear to be what one is not. Openness and honesty, and lack of deceit and deception, are necessary for any good interpersonal relationship. (7)

Specificity or concreteness

It involves focusing upon the concrete and specific concerns of the other person. This means avoiding glossing over the other person's concerns with generalizations, abstractions, or reassurances. It involves dealing with the down-to-earth, nitty-gritty, everyday things of concern to the other person. (7)

The conditions lead to the process and to the outcomes. That is, the conditions are also the goal. The principle of reciprocity operates here. A self-actualizing facilitates self- actualization in others; a relationship with a self-actualizing person is the condition for becoming a self-actualizing person. (8)

9. A basic variable is the place or importance of the personal relationship in the helping process. A personal relationship- or psychological relationship- is involved in every helping relationship. (10)

10. The psychotherapy relationship- a highly affective, personal, open, or general relationship- is the necessary and sufficient condition for personality or behavior change of a particular kind or for resolving problems or fulfilling needs of a particular kind. It is the thesis of this book that the therapy relationship, or relationship therapy, is the specific treatment for persons whose problems inhere in or relate to the lack of or inadequacy of good interpersonal relationships in their past and /or current life experience. (10)

Chapter 2

1. *Ultimate goals* are broad and general in nature. They are concerned with long-term outcomes. They relate to the questions: What do we want to be? What should people strive to be? What should people be like? What kind of persons do we want and need? (14)

2. There are a number of terms and concepts that appear to transcend these limitations and to constitute an ultimate goal. Term include self-realization, self-enhancement, full functioning and self-actualization. (14-15)

3. Self- actualization as the goal of counseling or psychotherapy has a number of significant characteristics. (15)

   - It constitutes a criterion in the sense that is not vulnerable to the question; For what? Self- actualization is a given, inherent in the biology of living organisms. (15)

   - Self-actualization as a goal avoids the problem of the medical model and its illness-health dilemma. (15)

   - It avoids the problem of the adjustment model, with its question of adjustment to what, and the accompanying questions of conformity and (political) control. (15)

   - Self-actualization as a goal eliminates the conflict or dichotomy between intrapersonal and interpersonal goals. It encompasses both aspects of the person. (15)

   - Self-actualization as a goal encompasses all persons- self-actualizing persons shares characteristics and behaviors in common. Yet it allows for individual differences- each person has somewhat different potentialities that can be actualized. (15)

   - The goal is a process, not a static condition to be achieved once and for all. It is the development of self-actualizing persons. This brings the concept of self-actualization within existential framework. It is not and end, which once achieved is no longer a goal, but a continuing process of becoming. (15)

4. Self-actualization is the goal of life and, as such, it should be the goal of society and of all its institutions- religion, education, marriage and the family, political and economic-occupational systems-all of which should exist for the benefit of individuals. (15)

5. Self-actualization is not only the goal of life- it is the basic motive of human beings, and indeed of all living organisms. It is the nature of every living organism to strive to actualize its potentials. The drive toward self-actualization as the single basic motive has been recognized by a number of writers. (16)

6. Counseling or psychotherapy is thus consistent with life and living, and its goal is not something apart from life and everyday living but inherent in it (17)

The immediate goal and mediate goals

7. The immediate goal in counseling or psychotherapy, as noted in Chapter 1, is to set in motion and to continue the process that will lead to the client's achievement of the ultimate goal. (17)

8. A category of mediate goals was considered desirable for two reasons. First, the ultimate goal is a common goal, universal for all clients, in all situation and cultures. It was felt that there should be a level of goals that would allow for the presence of individual differences, or the various ways in which individuals might actualize themselves. Second, such a level would meet the demand of the behaviorists and others for more specific, concrete goals, which again would vary among individuals. (17-18)

9. There are a number of reasons why it might be undesirable for a therapist to indoctrinate clients. (19)

   - First of all, while there are no doubts some generally, or even universally, accepted principles or ethical standards or rules, these do not constitute a philosophy of life. Each individual's philosophy, while sharing much in common with others, particularly in the same culture. (19)

   - It is too much to expect all counselors or psychotherapists to have a fully developed, adequate, generally accepted philosophy of life ready to be impressed on clients. (19)

   - It may be questioned whether the counseling relationship is the appropriate place for direct instruction in ethnics and a philosophy of life. (19-20)

   - An individual usually does not adopt a system or code of ethics or a philosophy of life from one source and at a particular time. These are products of many influences over a long period of time. (20)

   - It would appear to be the best for each individual to develop one's own unique philosophy from many sources and not to be deprived of the experience of doing so. (20)

   - We must still accept the right of the client to refuse to accept or develop any system of ethics or any philosophy of life and to accept or suffer the consequences. (20)

10. This does not mean that counselors should refuse to discuss ethics, values, or a philosophy of life. In the process of doing so, they may, sometimes at the request of the client, disclose and discuss their own values, always clearly identifying them as their own preferences and avoiding the implication that the client ought to accept them. There may also be times when counselors, whether by request of the

client or not, feel it necessary not only to state their own attitudes and value but to inform the client of the attitudes, ethics, or values of society- or some part of society. (20)

11. But the problem is not simply whether therapists should openly impose their own values on clients, but whether therapists can avoid influencing clients. The therapist's values, whether or not the therapist is clearly aware of them, and whether or not the therapist intends it or is aware of it, influence the values of clients. (20)

12. Further, value orientation is communicated, at least to some extent, in words, tone of voice, or nonverbal ways, whether the therapist intends to or not. Thus therapists are not neutral in their values, and it is not possible for them to conceal their values from the client. (20)

13. In addition to being aware of their values, beliefs, and attitudes, counseling should know how their values influence the client in the counseling process. There are two major ways in which values enter into the counseling relationship: in the assumptions and attitudes of the counseling about clients, and in the perceived goal or goals of the counseling process. (22)

14. Assumptions about and attitudes toward clients

    • All clients are motivated by the drive toward growth or toward self-actualization. This is what brings them to therapy and keeps them in therapy. (22)

    • All clients are capable of assuming responsibility for themselves, their thoughts, feeling, and actions, including choices and decisions. (22)

    • All clients are capable of resolving their own problems and difficulties in a facilitative human relationship leading to self-understanding. (23)

    • Clients are the experts on themselves-they know themselves better than anyone else does. They may be unaware of what they know or how much they know, and unable to verbalize this knowledge at the beginning of therapy. (23)

    • The basic attitude of therapist is a deep respect for the client as a person of worth. (23)

15. Indeed, it may be that the most important factor in therapy is how much faith and confidence the therapist has in the client, a faith and confidence expressed by the therapist in the relationship and communicated to the client. (23)

16. There are some implications of or corollaries to these assumptions that should be noted. (23)

    • If clients are the experts on themselves, then the therapist does not have to be an all-knowing expert, being expected to know clients better than clients

know themselves. (23)

- If clients can take responsibility for themselves, beginning in the therapy situation, then the therapist does not have to assume responsibility for the direction of therapy, or give advice, answer all questions, solve clients' problems, make choices or decisions for them, or lead or push them toward counselor-selected choices for decisions. (23)
- The therapist does not have to possess a detailed textbook knowledge of theories of psychopathology or theories of personality. (23)
- The therapist is not an initiator in the therapy process, but a responder-responsive to the material provided by the client at the client's own rate or pace. The therapist's responsiveness facilitates client self- exploration and self-understanding. Teaching is that anything therapeutic that can be achieved by therapist initiation- by questioning , probing, leading, guiding-can be achieved in a more meaningful and useful way by the responsive mode, thereby not robbing the client of the initiative in the process.

17. The problem of the therapist imposing goals on the client arises when therapist have a variety of relatively specific goals, which may not be relevant to all clients. The acceptance of a single, broad, ultimate goal applicable to all clients would change this situation. The reluctance of therapists to adopt such a goal is based upon the difficulties of defining a goal that appears to be applicable or best for all clients. (24)

Chapter 3

The nature of humans

1. Humans are active as well as reactive beings (30)

- It is not necessary to accept one view and reject the other. The solution is to recognize that neither model alone is a complete or accurate model. Each, by itself, gives us only a partial view. The reactive model is limited one, a "nothing but" model. But people are this and something more. This "something more" is significant, even crucial, in understanding people and their behavior and in developing an adequate theory of human behavior. The danger of the reactive model is not that it is true, but that it is regarded as the whole truth. If people are treated as nothing but reactive objects, they will in fact become objects (31)
- To accept the existence of freedom does not necessitate rejection of the existence of causation, or control, or order. Freedom would be meaningless without the existence of control. Freedom is not an absolute, but a matter of degree. Freedom in the psychological sense is the introduction of the individual as a causal or controlling factor in his or her behavior (32)

2. Humans are inherently good (32)

- There is evidence that people are inherently good in the continual striving toward an ideal society, with the repeated and independent development of essentially similar religious and ethical systems whose ideals have withstood the test of time. In spite of deprivation, threat, and frustration, these ideals have been held and practiced by many individuals. Human have developed systems of government and law that, though imperfectly, especially in their application, represent these ideals. (34)

3. Human have a single basic motivation (34)

- The concept of self- actualization as the single basic need provides this organizing principle. It clarifies, or eliminates, the confusion we face when we attempt to understand and order, or integrate, the multiplicity of often contradictory or opposing specific drives or motives that are attributed to human beings. There is no hierarchy in the sense that certain needs always take precedence over other needs. All the specific needs are subservient to the basic tendency for the preservation and enhancement of the self. The individual's specific needs are organized and assume temporary priority in terms of their relationship to the basic need for self-actualization. (36)

4. Human are social beings (36)

- It would seem to be clear that one cannot be self-actualizing person except in a group or society. The condition for self-actualizing person is a facilitative relationship with other persons. People contribute to each other's self-actualization in a group or society characterized by such relationships. (37)

5. The self- actualizing person (37)

- Rogers describes three major characteristics of fully functioning persons: (1) They are open to experience, to all external and internal stimuli. They have no need to be defensive. They are keenly aware of themselves and the environment. They experience both positive and negative feelings without repressing the later. (2) Fully functioning persons live existentially. Each moment is new. Life is fluid, not fixed. They are changing, in process, flexible, and adaptive. (3) Fully functioning persons find their organism "a trustworthy means of arriving at the most satisfying behavior in each existential situation." Their behaviors determined from within; the locus of control is internal. (38)

- Maslow, in a study devoted to self-actualization, lists these same characteristics as well as some others and so provides a comprehensive picture of the self-actualizing person. (38)

- The subjects were studied intensively to ascertain the characteristics they had in common that differentiated them from the ordinary or average people. Fourteen characteristics emerged. (39)
- More efficient perception of reality and more comfortable relation with it. Self-actualizing people are more aware of their environment, both human and nonhuman. (39)
- Acceptance of self, others, and nature. Self-actualizing persons are not ashamed or guilty about their human nature, with its shortcomings, imperfections, frailties, and weaknesses. They respect and esteem themselves and others. Moreover, they are honest, open, and genuine, without pose and façade. (39)
- Spontaneity. Self-actualizing persons are not hampered by convention, but they do not flout. They are not conformists, but neither are they anti-conformist for the sake of being so. (39)
- Problem-centeredness. Self- actualizing persons are not ego-centered but focus on problems outside themselves. They are mission-oriented, often on the basis of a sense of responsibility, duty, or obligation rather than personal choice. (39)
- Detachment; need for privacy. Self- Actualizing persons enjoy solitude and privacy. It   is possible for them to remain unruffled and undisturbed by what upsets others. (39)
- Autonomy, independence of culture and environment. Self- actualizing persons, though dependent n others for the satisfaction of the basic needs of love, safety, respect, and belongingness. They are dependent for their own development and continued growth upon their own potentialities and latent resources. (40)
- Continued freshness of appreciation. Self-actualizing persons repeatedly, though not continuously, experience awe, pleasure, and wonder in their everyday world. (40)
- Mystic experiences, oceanic feelings. In varying degrees and with varying frequencies, self-actualizing persons have experiences of ecstasy, awe, and wonder with feelings of limitless horizons opening up, followed by the conviction that the experience was important and had a carry-over into everyday life. (40)
- Gemeninschaftsgefuhl. Self-actualizing persons have a deep feeling of empathy, sympathy, or compassion for human beings in general. (40)
- Deep interpersonal relations. Self-actualizing people have deep relations with others. (40)

◆ Democratic character structure. Self-actualizing persons do not discriminate on the basic of class, education, race, or color. (40)

◆ Discernment of means and ends. Self-actualizing persons are highly ethical. They clearly distinguish between means and ends and subordinate to ends. (40)

◆ Philosophical, unhostile sense of humor. (41)

◆ Creativeness. (41)

6. The Nature of emotional disturbance (44)

- Anxiety, guilt, and aggression are results of the frustration of the drive toward self-actualization. The discrepancy between what persons are and what they are capable of being is the source of anxiety and guilt. Persons who are not self-actualizing are lacking in some or all of the characteristics of self-actualizing persons. They do not accept themselves; they have low self-esteem. They are not open to their environment and the experience of their organism and their sense; their relationships with reality are disturbed. They do not accept or respect others, and are distributed in their personal interpersonal relationships. They are self-centered rather than problem-centered (in the sense of devoting themselves to a problem or cause outside themselves). They are dependent, inhibited rather than spontaneous, and wear a mask of façade rather than being real and genuine. Their creativity is suppressed, so that they are unable to utilize and develop their potentials. (45)

Chapter 4

1. It is assumed that providing a facilitative or therapeutic relationship is the necessary and sufficient condition for helping those persons who are failing to develop or progress toward self-actualizing behavior. If they are provided with the appropriate kind of relationship, their inherent capacity to grow, develop, and become a self-actualizing person will manifest itself. They will be capable of making necessary choices and decisions and of implementing them in action. (51)

Empathic understanding

The nature of empathy

2. Empathy is an accurate, empathic understanding of the client's world as seen from the inside. To sense the client's private world as if it were your own, but without losing the "as if" quality- this is empathy. (52)

3. Empathy involves at least three aspects or stages. Assuming that the client is willing to allow the counselor to enter his or her private world and attempts to communicate perceptions and feelings to the counselor, the counselor must be

receptive to the communication. Second, counselors must understand the communication of the client. To do this they must be able to put themselves in the place of the client, to take the role of the client. Third, the counselor must be able to communicate his or her understanding to the client. (54)

4. Fortunately, it is not necessary that we understand or empathize completely with another to be able to help the other person through relationship therapy. If we are really trying to understand, with at least occasional success in the beginning of therapy, therapy has a chance of continuing and of being successful. Indeed, clients will try to help the therapist understand them and sometimes will show remarkable persistence with an obtuse therapist. (54-55)

5. Measuring empathic understanding (55)

Level 1: The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself. (56)

Level 2: While the first person responds top the expressed feelings of the second person(s), he does so in such a way that he subtracts noticeable affect from the communications of the second person. (56)

Level 3: The expressions of the first persons in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning. (56)

Level 4: The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to express feelings a level deeper than the second person was able to express himself. (56)

Level 5: The first person's response add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of ongoing deep self-exploration on the second person's part, to be fully with him in his deepest moments. (57)

6. Positive regard is unconditional when it doesn't depend on the client's behaviors. The client is regarded as a person, not as a collection of behaviors. (59)

7. "In the nonjudgmental attitude the [therapist] does not relinquish his own sense of values, his personal or social ethics." Yet clients are accepted for what they are, as they are. (59)

8. Respect is expressed in the therapist's listening to the client and in the effort to understand the client, as well as in his or her communication of that understanding. (59)

9. Measuring respect

Level 1: The verbal and behavioral expressions of the first person communicate a clear lack of respect (or negative regard) for the second person (s). (60)

Level 2: The first person responds to the second person in such a way as to communicate little respect for the feelings, experiences, and potentials of the second person. (61)

Level 3: The first person communicates a positive respect and concern for the second person's feelings, experiences and potentials. (61)

 (61)

Level 4: The facilitator clearly communicates a very deep respect and concern for the second person. (61)

Level 5: The facilitator communicates the very deepest respect for the second person's worth as a person and his potentials as a free individual. (61)

Therapeutic genuineness

10. By this he meant that "within the relationship [the therapist] is freely and deeply himself, with his actual experiences accurately represented by his awareness of himself." (63)

11. The nature of genuineness (63)

Therapists who are genuine are "for real" open, honest, sincere. They are involved in the relationship and not simply mirrors, sounding boards, or blank screens. They are real people in real encounters. (63)

12. Genuineness must not be confused, as is so often done, with free license for the therapist to do what he will in therapy, especially to express hostility. Thus with patients functioning at significantly lower levels than the therapist, the therapist may attend cautiously to the clients' condition. He will not share with the client which would make the client's condition the more desperate. (64)

13. Genuineness does not require that therapists always express all their feelings; it only requires that whatever they do express is real and genuine and not incongruent. (64)

14. Measuring therapeutic genuineness (65)

Level 1: The first person's verbalization are clearly unrelated to what he is feeling at the moment , or his only genuine responses are negative in regard to the second person(s) and appear to have a totally destructive effect upon the second person (66)

Level 2: the first person's verbalizations are slightly unrelated to what he is feeling at the moment, or when his responses are genuine they are negative in regard to the second person; the first person does not appear to know how to employ his negative reactions as a basic for inquiry into the relationship. (66)

Level 3: The first person provides no "negative "cues between what he says and

what he feels, but he provides no positive cues to indicate a really genuine response to the second person(s) (66)

Level 4: The facilitator presents some positive cues indicating a genuine response (whether positive or negative) in a nondestructive manner to the second person(s) (66)

Level 5: The facilitator is freely and deeply himself in a non-exploitative relationship with the second person(s). (67)

Concreteness

15. The nature of concreteness

Concreteness, or specificity, involves the use of specific and concrete terminology, rather than general or abstract terminology, in the discussion of feelings, experiences, and behavior. It avoids vagueness and ambiguity. It leads to differentiation of feelings and experiences rather then generalization. Concreteness or specificity is not necessarily the same as practically, nor is it objectivity. It does not apply to impersonal material- it is personally relevant concreteness

16. Concreteness serves three important functions: (1) it keeps the therapist's response close to the client's feelings and experience; (2) it fosters accurateness of understanding in the therapist, allowing for early client corrections of misunderstanding; and (3) it encourages the client to attend to specific problem areas. (68)

17. Measuring concreteness (69)

Level 1: The first person leads or allows all discussion with the second person(s) to deal only with vague and anonymous generalities. (69)

Level 2: The first person frequently leads or allows even discussions of material personally relevant to the second person(s) to be dealt with on a vague and abstract level. (69)

Level 3: The first person at times enables the second person(s) to discuss personally relevant material in specific and concrete terminology. (69)

Level 4: The facilitator is frequently helpful in enabling the second person(s) to fully develop in concrete and specific terms almost all instances of concern. (70)

Level 5: The facilitator is always helpful in guiding the discussion, so that the second person(s) may discuss fluently, directly, and completely specific feelings and experiences. (70)

Chapter 5

Confrontation

1. In the second phase, the therapist, on the basis of the understanding developed in the first phase, assumes more initiative in helping the client make and act upon

choices and decisions. In the first phase, the client achieves insights; in the second phase, the therapist attempts to change the client's behavior toward more effective functioning. We examine the essence of all the conditions and find it to be love. (75)

2. The nature of confrontation

   Confrontation is an expression by the therapist of his or her experience of discrepancies in the client's behavior. Carkhuff distinguishes three broad categories of discrepancy: (1) discrepancy between the clients' expressions of what they are and what they want to be (real self, or self-concept, versus ideal self); (2) discrepancy between client's verbal expressions about themselves (awareness or insight) and their behavior as it is either observed by the therapist or reported by the clients: and (3) discrepancy between client's expressed experience of themselves and the therapist's experience of them. A fourth category might be added to cover discrepancy between clients' experiences of themselves and others as reported at different times, either in the same session or in different sessions. Confrontation can be viewed as the attempt to bring to awareness the presence of cognitive dissonance or incongruence in the client's feelings, attitudes, beliefs, perceptions, or behaviors. (76)

3. Confrontation is not limited to negative aspect of clients or to facing them with their limitations. It also includes pointing out discrepancies involving resources and assets that are unrecognized or unused. (77)

4. Confrontation may be useful or effective only in the context of high levels of empathy and respect. Confrontation would better not be employed until the relationship has been well established. (77)

5. Measuring confrontation (78)

   Level 1: The verbal and behavioral expressions of the helper disregard the discrepancies in the helper's behavior (ideal versus real self, insight versus action, helper versus helpee's experiences) (78)

   Level 2: The verbal and behavioral expressions of the helper disregard the discrepancies in the helpee's behavior. (78)

   Level 3: The verbal and behavioral expressions of the helper, while open to discrepancies in the helpee's behavior, do not relate directly and specifically to these discrepancies. (78)

   Level 4: The verbal and behavioral expressions of the helper attend directly and specifically to the discrepancies in the helpee's behavior. (79)

   Level 5: The verbal and behavioral expressions of the helper are keenly and continually attuned to the discrepancies in the helpee's behavior. (79)

Therapist self-disclosure

6. The nature of self-disclosure (81)

Therapist self-disclosure must be for the benefit of the client. It is the client who must engage in self-disclosure for the therapy to occur, not the therapist. Therapists shouldn't engage in self-disclosure for their own benefit or therapy. Therapy is for client, not the therapist.

7. Measuring self-disclosure (82)

Level 1: The first person actively attempts to remain detached from the second person(s) and discloses nothing about his own feelings or personality to the second person(s), or if he does disclose himself, he does so in a way that is not tuned to the second person's general progress. (82)

Level 2: The first person, while not always appearing actively to avoid self-disclosures, never volunteers personal information about himself. (82)

Level 3: The first person volunteers personal information about himself which may be in keeping the second person's interests, but the information is often vague and indicates little about the unique character of the first person. (83)

Level 4: The facilitator freely volunteers information about his personal ideas, attitudes, and experiences in accord with the second person's interests and concerns.

Level 5: The facilitator volunteers very intimate and often detailed material about his own personality, and keeping with the second person's needs may express information that might be extremely embarrassing under different circumstances or if revealed by the second persons to the outsider. (83)

Immediacy of relationship

8. Immediacy refers to the current interaction of the therapist and the client in the relationship. (84)

9. The nature of immediacy

Concern with immediacy is significant because the client's behavior and functioning in other interpersonal relationships. (84)

The counselor has the opportunity to deal directly with the client's problem behavior, and the client has the opportunity to learn and to change his or her behavior. (85)

10. Measuring immediacy (88)

Level 1: The verbal and behavioral expressions of the helper disregard the content and effect of the helpee's expressions that have the potential for relating to the helper.

Level 2: The verbal and behavioral expressions of the helper disregard most of the helpee expressions that have the potential relating to the helper. (88)

Level 3: The verbal and behavior expressions of the helper, while open to the

interpretations of immediacy, do not relate what the helpee is saying to what is going on between the helper and the helpee in the immediate moment. (88)

Level 4: The verbal and behavioral expressions of the helper appear cautiously to relate the helpee's expressions directly to the helper-helpee relationship. (88)

Level 5: The verbal and behavioral expressions of the helper relate the helpee's expressions directly to the helper-helpee relationship. (88)

Chapter 6

1. The immediate goal of counseling or psychotherapy is the initiation and continuation of the therapeutic process. This is achieved, on the part of the counselor, by providing the basic core conditions. The client also has a contribution to the process, which is not one-sided but a relationship. (99)

2. It is essential that counselors first recognize the basic attitude or frame of reference from which they must operate if they are to understand clients. This is the internal frame of reference of the client. (99)

3. It is only reasonable not to expect sudden, miraculous changes in psychotherapy. Clients have behind them years of living and experience, usually of unhappy, disturbed living under adverse conditions and detrimental interpersonal relationships. Attitudes and habits built up and practiced during this long period of time do not usually change easily or quickly. (100)

4. Listening

The first rule of the therapy is to listen to the client. (102)

The difficulty created by counselors taking initiative in the early part of counseling is that they impose their frames of reference on clients. Rather than presenting themselves from their own frames of reference, clients present themselves as they think the counselor want them (103)

5. One must really be interested in the other person and what he or she has to say. The listener must not be preoccupied with himself or herself. Real listening is not a passive but an active process. (103)

6. The therapist in listening must not only suspend thinking about his or her own experiences and problems but must also suspend all evaluation and judgment of the client (104)

Structuring

7. Structuring is orienting clients to their role and responsibility in the relationship and to the role and responsibility of the therapist. Overt or verbal structuring may not be necessary. If clients enter the relationship by taking the responsibility for presenting themselves and their problems and concerns, it is not necessary for the therapist to engage in formal structuring. The therapist informs the client of his or her own role

by behavior, by modeling rather than by verbal discussion. (104-105)

8. Where structuring is called for, it should be provided only to the extent necessary. It is undesirable and unnecessary for counselors to go into a long lecture on the nature of their approach- probably saying that they are not going to do much of the talking or to dominate the relationship, at the same time as they are doing exactly that! (105)

Responding

9. If the client is responding to the counselor, it is clearly the counselor's interview. The counselor is leading and guiding the talk of the client, usually along his or her own preconceived lines of what is important, relevant, or interesting. The counselor is placing his or her own structure and frame of reference on the client. The counselor is not likely to be able to enter the client's frame of reference and develop an empathic understanding of him o r her (106)

10. Types of responses

Another basic function of therapists' responses, at least in the early phases of therapy, is to communicate to the client their understanding of what the client is saying or trying to say. There are a number of ways in which counselors can respond to clients to communicate their understanding as well as their interest in and concern about what the client is saying. (109)

11. Acceptance responses

Acceptance responses tell clients that the therapist is there, listening, with them, following them. (109)

12. Reflection responses

Reflection of content, or restating what the client is saying in different words, lets the client know that the therapist is hearing what he or she is saying and that the therapist understands the content, if not what is behind it. Reflections of feelings go beyond or behind the content. They are responses to the more obvious or clear feelings that the client has about the content. They let the client know that counselor recognizes and is aware of what he or she is feeling. (109-110)

13. Clarification responses

The counselor attempts to put together what the client is saying or trying to say, to put into words vague ideas or feelings that are implicit in the client's talking. (110)

14. Specific or Concrete Responses

The counselor attempts to make concrete and specific what may be general and abstract in the client's verbalizations. Concrete and specific responses help clients become more specific, help them move from vagueness to clarity and focus upon reality, upon the practical; thus they are helped to move from feeling to action. (110)

15. Silence

Silence on the part of the therapist has varying effects, depending upon how it is perceived by the client. (111)

16. Responsiveness on the part of the therapist facilitates deeper exploration on the part of the client, avoiding a one-way recital. (111)

17. Thus therapist silence has different effects, and the therapist must be aware of the possible effects and allow or break silence depending upon his or her sensitivity to how the client perceives the silence. (112)

18. Interpretation Responses

In interpretation, the therapist adds to what the client is saying, going beyond the client's verbalizations and putting in something of his or her own. (112)

18. Questioning

- Questions in therapy interviews can be threatening to the client, who may not be ready for the self-disclosure they demand. (114)

- The client may not know the answers to the questions, particularly early in the therapy process, when the questions may involve dynamics of which the client is not aware. (114)

- Questioning sets the stage for client dependency. Questioning places the initiative and the responsibility with the therapist. (114)

- Questioning frames the therapy as an externally oriented process, rather than one in which the therapist is attempting to assume the internal frame of reference of the client in the process of empathic understanding. (114)

- Questions raise the level of discussion from the affective to the cognitive. (114)

20. My statement to beginning practicum students includes three simple rules (1) Keep your mouth shut- you can't listen to the client when you are talking; (2) Never ask a question, except when you do not understand what the client is saying, when you have a silent client; and (3) Respond to the client- don't have the client responding to you. (115)

21. While it may be useful to think in terms of stages or phases in the total therapeutic process, there is a danger that the phases or stages will be considered as separate and discrete steps, particularly by counseling students and beginning counselors. It is probably better to think in term of a single but developing process. (116)

22. The process is a natural development of an interpersonal relationship. In the beginning such a relationship, it is natural and necessary that the therapist, or helper, be more responsive- listening, following the clients, providing a warm atmosphere- in order to get know and understand the client. As the relationship develops and the therapist increases his or her understanding, he or she can

respond at higher levels of empathy- levels that may appear to be more active, even interpretative. With this increased understanding, the therapist can respond to the client's behavior in the interview in the ways that are encompassed under the concept of immediacy. The therapist's greater understanding also enables him or her to make statements or responses that we define as confrontations. The therapist also becomes more open, honest, and genuine, engaging in higher level therapeutic genuineness and self-disclosure. (117)

23. If the development of autonomy or independence is one of the goals of psychotherapy, then active direction or guidance by the therapist is inconsistent with this goal. Very effort should be made to allow clients to initiate their own actions. (117)

Chapter 7

1 .Thus, clients present themselves to the counselor or psychotherapist as persons who are motivated to change, at least to the extent that they are ready to commit time and, often, money to achieve this change. Clients have faith and confidence in the therapist and his or her methods, so that they trust themselves and the relationship. And they are able to perceive, at least to a minimal degree, the therapist's respect, interest, concern, and understanding. These are the conditions in the client that make possible the beginning of therapy. (123)

2. Structuring the client's work

Clients present themselves to the therapist with some uncertainty, doubts, hesitation, anxiety, and even fear connected with the therapy situation and the therapist. They may not know what to expect, or may have misconceptions about the process, about what the therapist will do, and about what they are expected to do. Where this is the case, the therapist clarifies the situation by structuring. (124)

3. The process of self-exploration is a complex one, involving several aspects or (perhaps) stages. Self-disclosure is the first stage.

4. Self-disclosure

The therapist must remember that clients come just because they have problems, negative feelings, and a negative self-concept. Their low opinions of themselves are not (usually) simply a misperception or unrealistic- there is some basis in reality. They are failing to be their best selves, to be self-actualizing persons. To deny this or feelings that this is the case (even when it is not so bad as clients feel it is not to help clients but to prevent them from going on to a recognition of the positive aspects of themselves and their situations. The process of reaching the positive cannot be short-circuited. If clients are to reach a positive self-concept, they must be allowed to express negative feelings. And the counselor must be willing and able to go with them to the depths and face the worst with them; the counselor must not

allow his or her own anxiety, fears, and discomfort to prevent this descent. It is only when they have plumbed the depths and seen themselves at their worst, which clients can rise again, knowing the worst, build a new and positive self. (125-126)

5. Measuring depth of self-exploration

Level 1: The second person does not discuss personally relevant material, either because he has had no opportunity to do such or because he is actively evading the discussion even when it is introduced by the first person. (127)

Level 2: The second person responds with discussion to the introduction of personally relevant material by the first person but does so in a mechanical manner and without the demonstration of emotional feelings. (128)

Level 3: The second person voluntarily introduces discussions of personally relevant material but does so in a mechanical and without the demonstration of emotional feeling. (128)

Level 4: The second person voluntarily introduces discussions of personally relevant material with both spontaneity and emotional proximity. (128)

Level 5: The second person actively and spontaneously engages in an inward probing to discover new feelings and experiences about himself and his world. (128)

6. Client awareness of the basic self

The process of self-exploration leads to self-discovery, self-understanding, and self-awareness, among other things. (129)

7. Self-understanding is not limited to intrapersonal processes but includes an understanding of the impact the client has on other people, or the nature of his or her functioning in interpersonal relationships. Clients begin to see themselves, at least to some extent, as others see them. (134)

6. With increasing self-awareness, client's self-concepts become clearer. And with clear self-concepts their vague dissatisfactions with themselves become more specific. They begin to see in what specific respects they are failing to actualize themselves, and in just what ways they fail to measure up to their self-ideals. They begin to re-organize their self-concept becomes more congruent with experiences and thus more realistic. In turn, clients' perceptions of their ideal selves become more realistic and more attainable, and their selves become more congruent with their ideal selves. With these changes in the self and self-concept, clients become more accepting of themselves and feel more confident and self-directing. They experience more acceptances from others, both because they perceive more realistically and accurately and because their changed selves elicit more positive reactions from others. They become fully functioning persons, more self-actualizing persons. Their feelings of adequacy and of self-esteem increase.

(130)

7. Insight and action

   Self-understanding is not acceptable as a goal of counseling or psychotherapy. There must be action or changes in client behavior or therapy cannot be considered successful. (131)

10. The position I take is that action by the client or changes in behavior accompany or follow as a natural consequence the development of self-awareness. (132)

11. For it is apparent that the client's behavior does change in the therapy relationship itself. Clients disclose themselves and engage in productive self-exploration, which they were not able to do before. They develop and express self-awareness. They become more accepting of themselves. They become more accepting of others, including the therapist. They become more open, honest, and genuine. In other words, they become more like then therapist; they manifest the conditions of a good interpersonal relationship- empathic understanding, respect and warmth, genuineness, concreteness, and self-disclosure. They become, within the therapy relationship, more self-actualizing persons. (132)

12. The result of therapy, then, is that clients become more self-actualizing persons. The characteristics of the self-actualizing person include the facilitative conditions of a good human relationship. (132)