Kyoto Univ. Research Stndies in Education
Vol. 10. 1964. 120—130

SOME CHARACTERISTICS OF PSYCHOTHERAPEUTIC EXPERIENCES BETWEEN THE THERAPIST AND THE PATIENT

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I. The Problem

In recent years, increasing attention has been given to the behaviors of the psychotherapist in interview situations. Studies have been made of the therapist's personality, his therapeutic techniques, and the relationship between the therapist and the patient. The ability of the psychotherapist to understand the communications of his patient has been considered in the theoretical formulation of almost every school of psychotherapy as an essential psychotherapeutic skill (e. g. Kelly, 1955 ; Rogers, 1957). Understanding the patient has also figured prominently in the descriptions of the "ideal therapeutic relationship" by experts of the Freudian, Adlerian and Rogerian orientations (Fiedler, 1950a, 1950b). Furthermore, this understanding was found to be an important element of psychotherapy by several recent experimental studies (Barrett-Lennard, 1958 ; Fiedler, 1950b ; Grummon, 1951 ; Halkides, 1951).

Among contemporary psychotherapists, both C. R. Rogers and G. Kelly imply their allegiance to the cognitive theoretical tradition by their statement that every person's behavior is determined by the way in which he perceives and organizes his world. In view of this position, the relationship between therapist's cognitive process and his therapeutic ability and training has assumed great importance.

This study attempts to test, in the light of Rogers' theory of psychotherapy, the nature of the relationship between the cognitive levels of the therapist's understanding of himself as a therapist on the one hand, and of the patient's

1) An abridged version of this paper was presented at the annual meeting of the Japanese Educational psychological Association, November, 1962, Sendai.

2) The author wishes to express his appreciation to Prof. S. Kuraishi, Prof. K., Sato, Prof. R., Osaka, Prof. T., Umemoto, and Prof. T. Takase, for their encouragement and support of this aesearch; to Mr. S. Murayama, for his cooperation in completing this study; and to Mr. J. Saionji, and the members of the Kyoto University Psychotherapy Research Group for collecting some of the data upon which this study is based.

experience of his psychotherapist on the other hand.

Rogers (1957) has hypothesized that "the necessary and sufficient condition of therapeutic personality change" is to communicate to the patient in the minimal degree the therapist's congruence, his unconditional positive regard for the patient, and his empathic understanding of the patient. In the psychotherapeutic helping relationship, the most influential factor is : to what degree does the therapist communicate these elements to the patient? In other words, the patient's experience of his therapist is the central focus of this theory. From this point of view, it is suggested that the level of the patient's experience of his therapist is correlated to the results of psychotherapeutic treatments.

If Rogers' hypothesis accepted, it is inferred, firstly, that the more these elements are communicated to the patient, the more effective the psychotherapeutic treatment will be. Secondly, an expert psychotherapist is more deeply related with his patient than an unexpert therapist. And thirdly, the therapist is more deeply related with his patient in successful case than in less successful cases.

Experiences of the patient include both conscious and unaware experiences. From this it follows that the patient's conscious experience of his therapist does not completely and accurately represent his total experience of his therapist. However, materials available for a study of the patient's experience of his therapist are practically limited to his experiences on the cognitive level.

From these considerations, we can draw the following hypotheses:

1. An expert therapist's self-rating is correlated more closely with his patient's rating of than is an unexpert therapist's self-rating.

2. The therapist's self-rating is more closely correlated with his patient's rating in successful cases than in less successful cases.

II. The Method

1. In this investigation, we have adopted Barrett-Lennsrd's Relationship Inventory (1958)*. This inventory was revised to suit the Japanese situation and takes the following three forms: therapist form, patient form, and observer form.

2. This inventory is a 6-point rating scale and consists of four categories, each of which is divided into 18 sub-items.

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* The auther is indebted to Dr. G. T. Barrett-Lennard, of University of New South Wales, Australia, for permission to use this Relationship Inventory and for many suggestions and information in preparing this study.

3. The four categories are identified with Rogers' three psychotherapeutic conditions. The definitions of these categories are as follows:

(1) *Empathic Understanding*

By the degree of empathic understanding we mean the extent to which one person is conscious of the immediate awareness of another. Qualitatively, it is an active process of desiring fully to know the present and changing awareness of another person, of reaching out to receive his communications and meanings, and of transforming his words and signs into experienced meanings that correspond at least to those aspects of his awareness that are most important to him at a given moment. It is a process of experiencing consciousness behind another's outward communications, while continuously aware this consciousness is originating in and proceeding from another.

(2) *Level of Regard*

In Barrett-Lennard's Relationship Inventory, the concept of uncoditional positive regard as originally postulated by Standal and Rogers is divided into two clearly distinguishable variables: the level and unconditionality of regard. By the level of regard we mean the overall level or tendency of one person's affective response to another, or —to use a factorial analogy— the composite "loading" of all the distinguishable affective reactions, both positve and negative, of one person to another on a single abstract dimension.

(3) *Uncondiitnality of Regard*

Unconditionality of regard is concerned with the constatancy or variability of affective responses, regardless of their general levels.

(4) *Therapist Congruence*

Congruence is defined as the degree to which a person is functionally so integrated in the context of his relationship with another that there exists no conflict or inconsistency between his primary experience, his conscious awareness, and his overt communication. Optimum congruence, then, implies maximum unity, wholeness or integration of the total spectrum of organismic process in the individual, from physiological to conscious symbolic levels. As a direct evidence for lack of congruence, one might cite, for example, inconsistency between what the individual says and what he implies by his gestures or tones of voice. Indications of psychological discomfort, tension or anxiety (implying threat and defense) are also important evidences for lack of congruence.

4. Item validity and reliability of this inventory are indicated by agreement between the observers' ratings. The rate of this agreement in this inventory was 65-95%. These scores are shown in Tables 1 and 2.

Table 1. Observer Agreement in the Relationship Inventory

Observer	Agreement (%)
A X B	95
A X C	65
B X C	68

Table 2. Validity of the Relationdship Inventory (Split-half method)

Category	Agreement (%)
R: Level of Regard	83.3—100.0
E: Empathic Understanding	62.5— 75.0
U: Unconditionality of Regard	60.0— 80.0
C: Congruence	70.0— 80.0

5. This inventory was applied periodically both to the therapist and the patient—first at the fifth interview, subsequently at the interval of five interviews, and finally, upon the termination of the treatment.

6. The cases and the therapists used in this study are given in Table 3. Six patients were studied. Their several problems are indicated in the table, and their ages ranged from 17 to 40. of these six cases, two were judged successful, the other two unsuccessful, and the remaining two were still under treatment.

Table 3. Cases used in This Study

No.	Name	Age	Sex	Therapist	No. of Interviews	Result	Problem
1.	Naka	30	Female	A	10	Success	Marrige Problem
2.	Om	18	Male	B	11	In-therapy	Obsessional Neurosis
3.	Sugi	22	Male	B	7	Success	Psychosomatics
4.	Miha	31	Male	B	6	Interrupt	Obsessional Neurosis
5.	Oi	17	Male	C	25	Interrupt	Delinquent
6.	Ku	40	Female	D	6	In-therapy	Mother of Sttuter Child

7. Four psychotherapists treated these cases. Two of them were expert and the

other two unexpert. All these therapists accept Rogers' theory of psychotherapy. They are shown in Table 4.

Table 4. Therapists Participasing in This Study

No.	Therapist	Sex	Clinical Experience
1.	A	Male	7 years
2.	B	Male	5 years
3.	C	Female	1 year and half
4.	D	Male	1 year

III. The Results

1. Comparison between the patient's perceptions of an expert and an unexpert therapist.

The patients' ratings of their therapists were compared in order to examine hypothesis 1. The patient's ratings of their therapists are shown in Table 5. The ratings are indicated in the order of highest scores. The letters U. E, C, and R stand for Unconditionality of Regard. Empathic Understanding, Therapist's Congruence, and Level of Regard, respectively.

Table 5. Patien's Ratings of His Therapist

Rank	Name of Patient					
	Miha	Suha	Om	Naka	Oi	Ku
1	62 (U)	43 (E)	37 (U)	32 (R)	60 (U)	46 (E)
2	51 (C)	40 (U)	33 (E)	29 (U)	53 (E)	44 (U)
3	45 (E)	33 (R)	25 (R)	27 (E)	52 (R)	44 (R)
4	42 (R)	31 (C)	25 (C)	26 (C)	49 (C)	39 (C)

From this table, it was found that in all cases Categories R and C appeared mainly in the third and the fourth ranks respectively. Table 6 shows the mean scores of the categories in all cases.

Table 6. Mean Scores of Category (Patient's Ratings)

Category	Expert Therapist	Unexpert Thersapist	Average
U	42	52	45.3
E	37	49.5	41.2
C	33	44	36.7
R	33	48	38.0
Average	36.3	48.4	42.3

The above table shows that there is a significant discrepancy of scores between an expert therapist and an unexpet therapist, even though the ranking orders of the categories are very similar in both groups. In their evaluation of their therapists, both patient groups gave special weight to Categories U and E; Consequently, the therapists ranked the highest in Category U and the next highest in Category E.

2. Comparison between the self-ratings of the expert therapist and the unexpert therapist.

Table 7 shows the rating scores of the categories of each therapist. It is seen that Category E and C are consistently high in all cases.

Table 7. Scores of the Therapist's Self-Rating

Rank	Th*. B			Th. A	Th. C	Th. D
	Miha	Sugi	Om	Naka	Oi	Ku
1	78 (E)	55 (E)	73 (U)	35 (E)	58 (C)	48 (E)
2	75 (U)	48 (C)	62 (C)	34 (U)	54 (E)	47 (C)
3	64 (R)	41 (R)	54 (E)	32 (R)	53 (U)	44 (U)
4	63 (C)	30 (U)	51 (R)	32 (C)	52 (R)	35 (R)

* Th means Psychotherapist

The above table shows that each therapist attaches great importance to understanding his patient. Table 8 shows the mean scores of the categories of therapists.

Table 8. Mean Scores of the Therapists' Self-Rating

Category	Expert Therapist	Unexpert Therapist	Average
U	46.8	52.6	48.4
E	55.6	54.6	55.3
C	48.8	54.3	50.3
R	41.4	44.6	42.3
Average	48.15	51.5	49.8

This table supports the above finding and also shows that there is no difference between the expert therapist's and the unexpert therapist's self-rating. All therapists give, in their self-ratings, a special weight to Category E.

3. Difference between the patient's and the therapist' self rating.

The difference between the patient's rating and the therapist's rating was found to be that in the former, Category U and E ranked high; whereas in the latter,

Category E and C ranked high. This is very interesting from psychotherapeutic viewpoint.

4. Difference in the patient's ratings between succesful and unsuccessful cases.

The difference in the patient's percepting between successful and unsuccessful cases was examined. In successful cases, Category U ranked second and Category C the lowest (Table 9). In unsuccessful cases, Category U ranked the highest without exception. In successful cases, thetherapist's congruence was found to be the most important therapeutic factor among the four categories; whereas, in unsuccessful cases, the unconditionality of regard was found to be the most valuably category.

Table 9. Patient's Ratings of His Therapist in Successful and Unsuccessful Cases.

Category	Successful Case		Unsuccessful Case	
	Sugi	Naka	Oi	Miha
1	43 (E)	32 (R)	60 (U)	62 (U)
2	40 (U)	29 (U)	53 (E)	51 (C)
3	33 (R)	27 (E)	52 (R)	45 (E)
4	31 (C)	26 (C)	49 (C)	42 (R)

This means that the cruial psychotherapeutic factor is neither the understanding of the patient nor the level of regard but is the therapist's congrunce. Table 10 shows the same figures in the mean scores of each group. This also supports the above finding.

Table 10. Mean Scores of patient's Rating in Successful and Unsuccessful Cases.

Category	Successful Care	Unsuccessful Case	Average
U	34.5	61.0	47.7
E	35.5	49.0	42.3
R	32.5	47.0	39.7
C	28.5	50.0	39.3
Average	32.8	51.8	42.3

5. Difference in the therapist's rating between successful and unsuccessful cases.

Tables 11 and 12 show the therapist's self-rating of his own therapeutic attitude. No difference was found between the expert and unexpert therapists groups in four categories; they both rated Category E the highest. This empatic

understanding of patient is the most valuable category for the therapist. However, there were following differences between the two groups. The therapist in

Table 11. Scores of the Thesapist's Self-Rating in Cases.

Rank	Successful Case		Unsuccessful Case	
	Sugi	Naka	Oi	Miha
1	55 (E)	35 (E)	58 (C)	78 (E)
2	48 (C)	34 (U)	54 (E)	75 (U)
3	41 (R)	32 (R)	53 (U)	64 (R)
4	30 (U)	32 (C)	52 (R)	63 (C)

successful cases rated himself as more empathic that did the therapist in unsuccessful cases. In other categories also, the difference in the rating scores between the two therapist groups was noted. In inter-categories, no consistent tendency was found in both therapist groups.

Table 12. Mean of the Therapist's Self-Rating.

Categories	Successful Case	Unsuccessful Case
U	28.7	67.8
E	38.5	72.0
C	33.5	66.4
R	28.9	58.4
Average	32.4	66.2

6. Differenc between the therapist's rating and the petient's rating.

In successful cases, the patient perceived the therapist's understanding of him as the most valuable and the therapis's conguence as the least valuable for his therapeutic experiencing, whereas the therapist himself perceived his empathic understanding of the patient as the most valuable. This held true also for unsuccessfull cases. The factor dividing the two groups into successful and unsuccessful cases was found to be the scores of their self-rating. Therapists and patients in unsuccessful cases rated every category higher than did those in sunccessful cases. A discreqancy in the therapist's rating scores between successful and unsuccessful cases indicated the degree of a therapist's expertness.

7. The relationship between the therapist's first and last self-ratings

The therapist's first self-rating was taken at end of the fifth interview and the last rating at the end of the final interview. In unsuccessful cases, the last

rating was at a follow-up interview two months after the treatment had been discontinued. Those rating scores are given in Table 13.

Table 13. Scores of the First and the Last Ratings of the Therapist.

Category	Successful Case		Unsuccessful Case	
	First	Last	First	Last
U	32.0	25.5	64.0	71.5
E	45.0	36.9	66.0	77.9
C	40.0	27.0	60.5	71.2
R	46.5	21.4	58.0	58.7
Average	40.9	27.7	62.1	69.9

In both therapaist groups, top in the rating scores is Category E. This table also shows the same finding mentioned above. These scores mean that Category U, that is, the understanding of his patint was regarded as the most important by the therapist. In both successful and unsuccessful cases, the following difference was noted between the first and the last ratings of the therapist. In successful cases, the discrepancy between the therapist's first and last self-rating was small, indicating his stability; whereas in unsuccestul cases, this discrepancy was greater, indicating his lack of stability. The scores of the therapist's last self-rating were shown to have been influencd by the outocme of the psychotherapeutic treatment. In successtul cases, the therapist had been influenced by favorable results of the treatment and thus he tended to rate his therapeutic attitude as more stable than in unsuccessful cases. In the latter, the therapist was influenced by poor results of the treatment and theus he tended to rate his attitude as more unstable.

IV. The Discussion

1. First, we shall discuss the therapist's experience. His clinical experience was chosen as a criterion of his expertness. This clinical experience which is only a part therapist's expertress, must be checked with objective data. A therapist with over 100 hours of clinical (psychotherapeutic) experience was chosen as expert, and one with less than 100 hours was chosen as unexpert. These clinical experiences remain to be further investigated in future studies.

2. The difference between the patient's perceptin of expert and unexpert therapist was indicated by the discrepancy in patient's rating scors. The ranking orders of the four categories were almost the same in both group. From these data,

it was inferred that the patient's therapeutic experience manifested itself basically in Category U and R. Categories U and E were more consciously experienced by the patient than were other categories. The patient consciously perceived the therapist's uncondditionality of regard as the most important factor. The patient maintained this same attitude even toward an expert therapist. The only difference, it was discovered, was that patient perceived a greater degree of unconditionality of regard in an expert than in an unexpert therapist. This finding was supported by Rogers' hypothesis and our first experimenal hypothesis.

3. The therapist's self-perception of his own attitude differs from the patient's rating of it. Whereas the patient regarded the therapist's unconditionality of regard as the most importat factor in the psychotherapeutic relationship, the therapist, both expert and unexpert regarded the empathic understanding of the patient as the most important factor. From our psychotherapeutic standpoint, we consider that personality change occurs as a result of a change in the patient's phenomenological field. Therefore, the patient's perception of the psychotherapeutic relationship is more important that the therapist's perception ot it. The degree of difterence between the patient's and the therapist's perception in their self-ratings is also an index of distance between the patient and his therapist. From these considerations, it will be concluded that the therapist's self-rating or his evaluaton of the patient's improvement and his inner state is easy to misunderstand. For this reason, the patient's perception of his therapist must be chosen as a psychotherapeuutic factor.

4. Our study shows that the difference between successful and unsuccessful cases was qualitative, not quantitative. And the difference between the patient's rating and the therapist's self-rating was also qualitative. Whereas in the patient's perception of the therapist Category U ranked highest, Category E ranked the highest in the therapist's perception of himself. These data were supported by the above finding, namely that the therapist's self-rating is not significant as an index of the psychotherapeutic relationship

5. The difference the therapist's first and final self-rating was as follows. The final rating, which was taken two months after the treatment had ceen discontinued, was affected by the outcome of the treatment. An expert therapist was less influenced by these results than was an unexpert therapist. In other words, the rating scores of an expert therapist were more stable than those of an un-

expert therapist. This was due to the following reason : whereas the patient could give his rating purely on the basis of his own therapeutic experience, the therapist's self-rating was lowered by his image of an ideal therapeutic relationship and his awareness of the need to establish a deeper relationship with his patient. It is very difficult to eliminate these influences on the therapist's self-rating.

Conclusion

This study was intended to examine hypothesis concerning "nescessary and sufficient conditions for therapeutic personality change" (Rogers, 1957) by applying Barrett-Lennard's Ralationship Inventory to both the patient's and the therapist's frame of reference. The results supported the hypotheses. A difference was noted between the ways in which an expert and an unexpert therapist perceived the therapeutic ralationship : an expert therapist established a deeper relationship with his patient the did the unexpert therapist. The same difference was found between successful and unsuccessful cass. In the analysis ot the categories ot the Relationship Inventory, the follwing difference between the patient and the therapist was noted : whereas the patient gave weight to Category C and U, the therapist considered Category F to be the most important. This finding also indicated the inadequacy of the therapist's self-rating as an index of a psychotherapeutic relationship. Since the therapist's self-rating was influenced by factors other than purely psychotherapeutic experience with his patient, it was shown to be inadequate as an index of the psychotherapeutic relationship.

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