

*Godfrey T. Barrett-Lennard*

# The Relationship Inventory

A Complete Resource and Guide



WILEY Blackwell

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## **Praise for *The Relationship Inventory: A Complete Resource and Guide***

“This is a book that provides all you need to know about measuring perceptions in a relationship. Barrett-Lennard has given us a tour de force of the history and development of The Barrett-Lennard Relationship Inventory which has been internationally recognized for its broad empirical support, strong theoretical development, and practical applications. This work launches the study of the relationship conditions into new territory and provides a significant contribution to the study of human relationships.”

**Leslie S. Greenberg, Distinguished Research  
Professor Emeritus, York University, Canada**

“Godfrey Barrett-Lennard’s Relationship Inventory has had remarkable impact and staying power. This book explains why: a strong conceptual basis, careful cycles of item selection and crafting, alternating with validation studies, and a continuing interest in conceptual elaboration and empirical diversification. This book traces the Inventory’s continuing development from its grounding in Carl Rogers’s conceptualization of the therapeutic relationship, through a series of revision and validation studies, to application in a variety of clinical and educational settings. There is much history here, but also reviews of current work, copies of Inventory forms adapted for a variety of specific research and clinical situations, and proposals for future research directions.”

**William B. Stiles, Miami University and  
Appalachian State University**

“This is an indispensable book for all those interested in the therapeutic relationship. Furthermore it covers the author’s exciting new work on the idea of the ‘contextual self’ – the idea that our selves have multiple aspects – an idea gaining momentum in psychology at the present time. Overall it traces the history of the development and use of the Barrett-Lennard Relationship Inventory, surely one of the two or three most widely used instruments for measuring facilitative therapeutic relationship conditions. It provides detailed information on the use of the BLRI, and training exercises based on using it. It also covers its use in other fields such as education, with families, groups and organizations, and medical practice. It is highly recommended for psychotherapy researchers, students of psychotherapy, and researchers in other fields that involve the relationship.”

**Arthur C. Bohart, PhD, Professor Emeritus,  
California State University Dominguez Hills**

“The Relationship Inventory brings to life the origins of the research on psychotherapy as we know it today, rooted in one of the most enduring common factors of the psychotherapy literature: Therapeutic relationships can facilitate personal growth. It also points to the future of our understanding of who we are as persons in all of life’s contexts, increasingly diverse yet embedded in a vast array of (inter-) relationships. The Barrett-Lennard Relationship Inventory family of assessments occupies a unique space from the past to the future and from the diversity within each of us to the interconnections between all of us. The Relationship Inventory provides full access to more than a dozen distinct instruments to measure relationship in

nearly any context from the most intimate through the professional to the societal. This book truly is a remarkable resource and a testimony to the enduring process to understand and improve life through both relationships and science. We all can be grateful for it as a contribution.”

**Jeffrey H. D. Cornelius-White, PsyD, Missouri State University**



# **The Relationship Inventory**

**A Complete Resource and Guide**

**Godfrey T. Barrett-Lennard**

**WILEY** Blackwell

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## Preface

I always have been interested in journeys of ideas and methods and in continuities over time and changing circumstances. As example, the subtitle “Journey and substance” aptly headed an earlier book (Barrett-Lennard, 1998). One perspective on *this* book is that it is a story unfolding over six decades. In 1956, just at the time I was ready to choose a topic for my doctoral research, Carl Rogers circulated one of his *most seminal* papers to colleagues in his laboratory Counselling Centre. It was a formulation that he had approached step-by-step in his writing over ten years, and was a ground-breaking articulation of how therapeutic change happens. I knew at once that I wanted to somehow put this theory to the test and could see that this would require invention of an instrument to measure the indicated qualities of therapist-to-client relationship. Thus was born what I called, simply, the Relationship Inventory. The whole saga of research, thought, and development that followed, and continues to unfold, is largely what this book now presents.

I first conceived of sharing this journey and its products in book form a dozen years ago, but there were other priorities to pursue first - including my most recent volume *The Relationship Paradigm* (2013). I'm retired now from most professional activity and, once able to focus on this present work, it did not take too long. Several main reports over the years, including the monograph flowing from my doctoral research and a long handbook article in the mid-1980s, were repositories of information that I could draw on in writing [Chapters 2](#), [3](#), and [4](#). Nothing that I had already written could be used as it stood, apart from many of the research questionnaires gathered together in

[Appendix 1](#). Six of the nine chapters were newly written for this work.

The Relationship Inventory came to be called the BLRI by other users, a shorthand name that I finally adopted too. As readers will see, it isn't a single instrument but a "system" or large family of closely interrelated questionnaire forms – and this variety continues with the inclusion of experimental versions presented for the first time in this book. In basic and adapted forms the instrument quite quickly came to be used in diverse contexts and with varied purpose. In addition to study of the therapist-client relationship, relationships between teacher and student, between couples or parents and children, and between member person and group were investigated at an early stage. Supervisory relationships became a focus, third-person observers provided BLRI data in some studies, investigation of nurse-patient empathy has drawn numerous uses, and there have been resourceful endeavors to isolate ways that perceiver characteristics enter into their discrimination of relationship qualities.

Developed but "underused" forms of the BLRI include a multi-relation form to study life relational environments *and* a version to study micro-systems of relationship as a whole (e.g., how couples perceive their "we" and "us"). For investigators who are interested and able to be quite adventurous, there are unused experimental adaptations, for example, to study group-with-group relations in human service and other organizations. Besides illustrating in the chapters many existing and potential lines of research I have ventured to draw attention to entirely new kinds and levels of study that would not have occurred to me earlier in this long-running odyssey.

Each of the chapters in this book begins with a virtual mini-preface about the aim and origins of that part of the story.

This makes a long overall preface superfluous, though I will mention two or three more things. First, I have greatly valued and sometimes been nourished over the years by the interest and contacts with other investigators – graduate students in the majority and numbering more than 1,000 in all – who have been in touch with me about their intersecting interests, needs for materials, and sometimes advice. Related to this interest by others, and although the primary 64-item forms of the Inventory have changed little since their revision crafting in 1964, the many adaptations and somewhat shorter forms that followed often have been encouraged or even triggered by the research interests of others. One of the latest of these is an Inventory form (in [Appendix 1](#)) that centers specifically on empathy.

All this said, this book does not focus exclusively on the BLRI *or* entirely on research although it maintains an instrument and method focus. One chapter is devoted to the topic of counsellor/facilitator training, using devices that resemble features of the RI but are differently structured for practical ends. Another chapter centers on my Contextual Selves Inventory developed to study the nexus between self-diversity and relationship. A further chapter focuses on forms developed for participant use at the end of experiential group sessions as an aid in self-reviewing and tracking the experienced process. In the final chapter I envision new potentials with applications of the BLRI and reach beyond present instrumentation to suggest an approach to the study of relationship between very large systems of people.

In the context of my own advancing years this book is motivated in part to make available to all interested student, teaching, and research colleagues the full range of information, materials, and ideas that in the natural course of things I cannot indefinitely convey person to person. I am relinquishing individual author control of this material

so that it will be as accessible as possible to all who are interested and able to acquire this book for themselves. Good research is demanding but need not be dull and plodding and certainly has not been for me in the region encompassed here. I wish for the reader interest in ideas and materials from this book and excitement in whatever systematic enquiry you undertake.

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**Part I**  
**The Relationship Inventory:**  
**Beginning, Fruition, Future**



# **Chapter 1**

## **How Change Happens: The Guidance and Refinement of Theory**

*Research and practice in a new field can begin in two main ways. In the first the work starts with an existing theory studied in a prior context and imported. In this case the new field is effectively treated as another application of established principles. This could be a theory of how new learning and change in behavior occurs. The theory then also helps to define the forms of practice and process in this field (psychological therapy, for example), since the practice would need to be credibly related to kinds of change predictable by and found within the theory. However, if the practice is itself shaped to accord with the theoretical principles, and its outcomes tested within the same frame of thought, there is a distinct self-confirming risk. In other words, if the theory-based scope and patterning of treatment leads to the targeted changes, this further demonstrates the principles in action but does not test whether the practice is a matching response to the whole complex phenomenon it faces. This 'phenomenon' may include people who are desperately working to cope while feeling divided, torn, alone, or in other mental-emotional agony, yet also with risked hope of finding a way to lift out of this pain and into a path of positive change. In any case, the first-considered kind of helping treatment is exemplified in the influential major approach briefly considered at the beginning of this chapter.*

*The second broad approach does not rely on a prior theory but begins with careful observation of the unfolding new phenomenon discovered through practice experience; the experience to be examined of working with troubled clients in intensive personal therapy. The close observer of whole recordings of this phenomenon could be expected to discern various distinguishable features of the process, leading perhaps to a landscape view of discriminated elements. This view may reveal*

*regularities across different interviews and client-therapist combinations and go on to show shifts in process during therapy. Close study of subprocesses and their movement may remain a main focus through a range of studies that yield an increasingly differentiated and complete description of the phenomenon. As a result questions then naturally come into view, for example, "How does this descriptively known phenomenon work to produce or enable client change?" "What are the crucial features that mediate its effects?" A theory is then born and begins to guide further research. In contrast to the first approach this method uncovers its principles through examined practice. A major example of it, and the nature of the theory that emerged and came to fruition, occupies the latter part of this chapter. The immediate relevance is that this development triggered the 60-year history, specific instrumentation, and paths of research presented in this book.*

Practitioners who draw heavily on B. F. Skinner's work (1953, 1974) exemplify the first approach mentioned above in its application to the field of psychological therapy and related helping practice. The theory grew out of studies of animal and human learning and crystallized in the view that behavior patterns, generally, are shaped by rewards (or their absence) in an operant conditioning paradigm. In essence, people in difficulty had acquired faulty or maladaptive behavior patterns through their environmental history of learning and reinforcement of those patterns. To undo and change these patterns a helper would need to properly understand how they continue to work and to engage with the client to introduce a scheme of rewards that reinforce any appearances of desired alternative patterns and avoid any rewards for the maladaptive ones – so that the former (at least in theory) come to predominate and the latter fall away or are "extinguished." The process

first referred to as “behavior modification” as applied, for example, in institutions for delinquent or wayward youngsters<sup>1</sup> or for people with phobias or compulsions, came to be called behavior therapy in its applications in the clinical field.

In principle the approach is pragmatically appealing. It implies that helpful change is an inevitable and almost automatic process when it arises from an exacting and consistent focus on observable and reinforcing behavior, ‘undistracted’ by complex mental processes or the inner life of the client. This radical behavior analytic approach based strictly on associative and operant action learning emerged as a mode of helping in the early 1960s, and has continued to be a strong background influence in behavior therapies. Not surprisingly, however, the original or “pure” forms have been largely supplanted. Prominent exponents such as Bandura (1969, 1977), Beck (1976), and Wolpe (1973), while subscribing to experimentally based learning models of change, shifted attention from an exclusive focus on observable behavior to an included emphasis on inner cognitions and to consideration of rewards as social phenomena. In the 1970s the major shift to cognitive-behavioral therapy (CBT) gave room for inner assumptive thought and self-instructive conversations to be seen and treated as having vital relevance in human difficulties, and also for clients to have a greater role in their own change.

CBT practice is now very varied (see O’Donahue & Fisher, 2009) and was becoming more varied by the 1980s (Rimm & Cunningham, 1985). There is a broad zeitgeist, however, that therapists are expert guides, and that the detection of reinforcers and training replacement of maladaptive thought-feeling messages and behaviors remain defining features in accepted mainstream work. Discovery of deeper-lying or “core” cognitive schemas seen as masterminding automatic thought patterns and

assumptions also can be a major focus (Riso, Pieter, Stein, & Young, 2007). Indicative chapter titles in O'Donahue and Fisher's (2009) comprehensive edited volume include: "Anger (negative impulse) control," "Cognitive restructuring of the disputing of irrational beliefs," "Differential reinforcement of low-rate behavior," "Contingency management interventions," "Response chaining," "Emotion regulation," "Habit reversal training," "Multimodal behavior therapy," "Self-management," "Shaping," "Stress inoculation training," and "Systematic desensitization."

Alongside the formidable almost surgical language there is significant and growing awareness in CBT circles of the importance of responsive sensitivity and quality of the therapist-client relationship, quite often in terms, or language at least, that borrow from the permeating influence of Carl Rogers' work (see also [Chapter 2](#)). The attention to the relationship is largely viewed as necessary for effective communication and problem understanding and as a *pre-condition* for the right choice and effective use of research-based change-inducing techniques. The belief in a reliable, strong research base underpinning CBT is, though, by no means universal ('inside' critique by Follette, Darrow, & Bonow, 2009, p. 58). Bohart and House (2008), for example, examine and deconstruct the evidence base and assumptive paradigm underlying an "empirically supported/validated treatment" approach (exemplified in mainstream CBT), concluding that it is out of keeping with the very complex working of human consciousness and behavior. Certainly, the learning theory based retraining stance and most associated practice as formally described stands in contrast to the second approach exemplified in Carl Rogers' thought and 'person-centered' practice.

Rogers, a practicing psychologist through the 1930s, was knowledgeable regarding the psychotherapies of the time,

relatively eclectic in his leaning, and pragmatic in his concern for the practical outcomes of his work with problem children and (in lesser focus) their parents. Exposure to practical ideas associated with the responsive-relational emphasis of Otto Rank and his colleagues (see, e.g., Rank, 1936/1945; Taft, 1933) encouraged and contributed to Rogers' directions, as did his early years of practice experience (Barrett-Lennard, 1998, pp. 6-9; Rogers, 1939). He saw an active potential in people toward developmental growth and change and came to the view that effective therapy hinged on the quality of the relationship between client and therapist in order to release this potential (Rogers, 1942, 1946). Therapeutic change, then, was not a matter of directed retraining (though self-discovery learning could be vital) but of providing an environment in which the client's own recuperative tendencies and motivation in the presence of an enabling relationship would bring about integrative shifts leading to growth. These were still broad principles and years of further thoughtful searching was needed for their systematic working out. The existence of bright enquiring graduate students (1940 on) at Ohio State and then the University of Chicago, and Roger's intensive experience as a therapist, alongside focused study of recorded process, flowed into the continuing development of his perspective on the process and outcomes of therapy.

The research began with several years devoted mainly to close descriptive study of the interview conversation over the course of therapy (Raskin, 1949; Barrett-Lennard, 1998, pp. 234-238). This emphasis on process and its regularity of pattern lead on to a significant period where concern centered on establishing the outcomes of this process empirically. Was the therapy, in fact, effective in terms of measurable helpful changes in client functioning and outlook from before to after therapy? Positive results

on this level then opened the way to an explanatory focus on just how these valued directions of change come about and, more specifically, what the change-enabling features were in the therapy relationship. Even before systematic attention to this third phase of research, Rogers was reflecting on and periodically articulating therapist attitudes (such as respect, a nondirective stance, and belief in inherent growth forces) that he thought permitted and enabled fruitful process and change in clients. As in these examples, his ideas were at first quite broadly expressed, and it took another decade and more for his view to sharply focus and mature into a distinct theory of change. A new theory may burst into clear view suddenly, but its full meaning hinges on the progression of enquiry and thought that resulted in this emergence - as I am briefly tracing in this instance. [2](#)

By the mid-1940s Rogers was actively reaching for a general explanatory formulation evidenced in an article he contributed to the first volume of the *American Psychologist* (Rogers, 1946). He began there to use the language of “conditions” of therapist attitude and behavior and proposed six such conditions. These were: that therapists view their clients, first, as self-responsible; and, second, as inherently motivated toward development and health; that they create a warm, permissive, accepting atmosphere; that any limits set on behavior do *not* apply to attitudes and feelings; that they respond with a “deep understanding of the emotionalized attitudes expressed,” especially through “sensitive reflection and clarification of the client’s attitudes”; and that they abstain from probing, blaming, interpreting, reassuring, or persuading. Moreover, “if these conditions are met” then healing and a growthful process will be reflected within therapy and in an awareness and behavior beyond therapy (Rogers, 1946, pp. 416-417). Although this was a practical formulation

compatible in broad direction with the six conditions that he distinguished a decade later, it assembled a diverse mix of ingredients on varied levels. The aspects of “deep understanding” and of a “warm, accepting atmosphere” foreshadow later distinctions in idea though not yet in sharp focus or definition.

The 1946 statement was, however, a systemizing step beyond the vivid account of practice in Rogers’ influential 1942 book. Both sources imply a feature that another colleague went on to further elucidate. Raskin (a former student of Rogers) singled out a genuinely nondirective attitude as pivotal in the approach, arguing that it underpinned true acceptance and created the potential for understanding in depth (Raskin, 1948, pp. 105–106). In a further important paper, Rogers spoke with cogent eloquence about the difficulty and importance of entering and holding a mirror to the client’s inner feelings and frame of reference, while also checking with the client on the accuracy or otherwise of what showed in this ‘mirror.’ He pointed out that this is very different from an interpretive focus by an evaluating listener, and then observed that an empathic focus on the experience of the other minimizes possible self-entanglement in the other’s feelings (Rogers, 1949). He also found and acknowledged (as did Raskin) that the *client’s perception* of the counsellor’s response needed to be reckoned with. The whole term “empathic understanding” is mentioned in Rogers’ subsequent book (1951, p. 29) although it is not yet defined. This was also the case with the idea of genuineness of response.

In a further step, Rogers spoke (1953) of the positive feelings that can naturally arise toward a client sharing his or her innermost consciousness in a sensitive difficult search for deeper connection and wholeness. Respect that ignites into spontaneous warmth, even affection, can be



part of the human reality of a deepening helping relationship. As he put it:

We [now] know that if the therapist holds within himself attitudes of deep respect and full acceptance for the client as he is, and similar attitudes toward the client's potentialities for dealing with himself and his situations; if these attitudes are suffused with a sufficient warmth which transforms them into the most profound type of liking and affection for the core of the person; and if a level of communication is reached so that the client can begin to perceive that the therapist understands the feelings he is experiencing and accepts him at the full depth of that understanding, then we may be sure that the [therapeutic] process is already initiated. (Rogers, 1953, pp. 44-45)

By then, Rogers was on the edge of suggesting that a client's growing regard for self flows in significant part from the therapist's respectful positive regard. Standal, working with Rogers, would have begun his thesis exploration (1954) of positive regard, viewed as a basic human need, in a theoretical contribution that flowed directly into Rogers' further systematic thought on personality development (1959a, pp. 223-226). Standal's study also brought into view the idea of 'conditions of worth,' referring to entrenched beliefs about acceptable and unacceptable personal qualities; beliefs acquired through the highly conditional reactions of others. Thus also the concept that the therapist's positive regard needs to be unconditional to help undo the client's self-devaluing or censoring conditions of worth (Moon, Rice, & Schneider, 2001).

In his mid-1950s 'current view' of client-centered therapy, Rogers gives primary importance to the therapist being "genuine, whole, or congruent in the relationship" (1956,

pp. 199–200). If the client is to venture into the reality of self, the therapist needs to be real or transparent in this relation. Therapist acceptance or unconditional positive regard (both terms are used) is a second vital factor, and the therapist's desire and ability to understand with sensitive empathy is the third ingredient of the relationship. By that time, Rogers' sustained pondering and refinement of ideas on the therapist-client relation had moved him, step by incremental step, to a transformative articulation of the conditions for therapeutic change. This bold formulation, published the following year (Rogers, 1957), gave a new level of clarity and force to the cause-effect equation of therapy that was trialed a decade earlier. This theory (Rogers, 1957, 1959a) and its further unfolding and refinement triggered the main instrumentation, research applications, and development of ideas presented in this book.<sup>3</sup>

At the time of the mentioned first stage of empirical study of the client-centered therapy process a typical research procedure was to study and sift what the participants said and implied, and to develop content categories to classify and track the specific observed content of the process over the course of an interview. This also was done interview-by-interview or by fifths (say) of the total transcript and usually in terms of how often particular kinds of client statement or feeling, and/or therapist response, occurred at different stages in the therapy discourse. An interest in outcome, initially in terms of client experience of change, was woven into some of this process-focused research – including the group of studies reported by Rogers and a number of Counseling Center colleagues working with him (Raskin, 1949). Once these and related studies had given a fairly clear picture of the phenomenon of nondirective/client-centered therapy the interest moved, as already noted, to a focus on the impact or outcome effects

of this therapy, for example, as reported in Rogers and Dymond (1954). In all, the research became increasingly targeted, with a yield of results and ideas that fed into Rogers' (1957, 1959a) explanatory formulation of how therapeutic change happened - what its 'causal' or mediating ingredients were.

The theory was concise and economical in its basic substance. Its starting point was the general condition that the participants needed to be in "psychological contact." Two other conditions focused on contrasting qualities attributed to the client and the therapist. The client needed to be "vulnerable or anxious" due to the tension of conflict or discrepancy between his or her underlying experience and self-picture - a process state broadly referred to as incongruence. (Such a tension state in clients choosing personal therapy seemed almost self-evident and did not become a direct focus of research.) The therapist, on the other hand, needed to be functioning congruently, at least in the therapy relationship. Two crucial further conditions pivoted on empathic understanding and positive unconditional regard from the therapist. Finally, these qualities needed to be communicated and become apparent to the client. Under these conditions, constructive personal change would occur. The clear form of this unqualified portrayal helped to make it arresting. The idea of sufficiency - that the equation was complete - added force for many readers. The boldness of Rogers' claim that these were the fundamental underlying conditions for healing and growthful change in any psychotherapy stirred and sometimes provoked a wide range of readers. The author was influential and fast becoming famous. Even sceptics could not simply ignore his asserted 'general theory.'

The idea of somehow putting this new and exciting theory to the test immediately attracted me, and how I did this is closely described in the next chapter. My focus from the

start was on experienced qualities of the therapist's response - notably as perceived by the client but also as self-perceived by the therapist. Rogers' formulation, though much more conceptually tight than he had advanced before, still needed some refining when it came to developing a measuring instrument and designing systematic research. Client perception of the posited vital qualities of therapist response was not to me a separate condition (like empathy) but an integral aspect of the otherwise stated conditions, including therapist congruence, in their manifestation and influence in therapy. Also, as delineated in the next chapter, the powerful but awkward construct of unconditional positive regard was broken down into two distinct component variables in my work.

If, as in Rogers' theory, the core factors driving a therapeutic process were qualities of *relationship*, would they be confined in process and influence to a psychotherapy context? Rogers and I, almost from the start, considered that any helping/developmental relationship (for example, in teaching and other human services) were contexts in which these qualities may have a vital role and, if confirmed as relevant in these professional situations, why not also in everyday life relationships - of couples and in families, for example? In all, Rogers' formulation, coming out of intensive practice and study as a therapist, was to become a major contributing influence in the human relations domain. First however the focus was on sharpening the theory, developing a way of measuring the component conditions variables, and *empirically testing the conception in the therapy context* that gave birth to that influence - as in the research discussed in the next chapter.

## Notes

- 1 In such contexts the method may seem to be work at first and then relapse may occur. In the late 1960s a psychologist colleague was responsible for a “token economy” behavioral reconditioning program in an institution for “delinquent” girls in Ontario. At first he was very committed and enthusiastic about this work. Then one day he told me that the girls had mastered the operant reinforcement system and it had dawned on him that they were using it with the staff of the institution to get privileges and rewards that they had not earned – staff who had been unaware that *their behavior* was being shaped by the savvy inmates.
- 2 The outline here and in further paragraphs of this course of development draws on my earlier formulations (Barrett-Lennard, 1998, Chapters 12 and 13; 2007, pp. 26-28).
- 3 The development of a fruitful theory generally rests (as in Rogers’ case) on a great deal of careful observational study during which investigators discern and reflect on a range of detailed patterns and changes in patterns. A closely considered, partly intuitive and creative emergence of an overall conception may then crystallize. A familiar famous case is Darwin’s theory of evolution, presented in his major work *The origin of species* (1872 [1859]).

# **Chapter 2**

## **The Classic Investigation of Carl Rogers' Core Theory**