Trust

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Abstract

Trust is a central element in counseling relationships. The various facets of trust are identified, and the role of trust in the person-centered approach is explored. Strategies for developing trust and avoiding distrust are discussed, as well as the use of adjunct approaches.

Keywords: trust, counseling, person-centered

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Trust often plays an important role in the formation of effective counselor-client relationships. The current article focuses on definitions of trust in therapy, the reality of distrust, and the role of trust within the core conditions of the person-centered approach. Interestingly, trust is not specified in the core conditions of the person-centered approach; this will be discussed further. A

conceptualization of trust as an array rather than a linear construct is presented. Strategies for creating trust and avoiding distrust are discussed, as well as the use of adjunct approaches.

Definitions of Trust in Therapy

Numerous writers have discussed definitions of trust in counseling. "Trust is the client's perception and belief that the counselor will not mislead or injure the client in any way" (Fong & Cox, 1983, p. 163). Kottler (2008) lists as the first characteristic of a helping relationship that the recipient of help must feel trust and safety (p. 53). "Counseling is a highly personal and emotional process, and acceptance, trust, and genuineness are its key components" (Kakhnovets, 2011, p. 17). "Trust has been linked with such variables as willingness to self-explore, degree of self-disclosure, and therapeutic progress" (Watkins & Terrell, 1988, p. 194). "Effective communication is essential to a productive counseling relationship, and without trust, communication will be limited" (Lockart, 1981, p. 31). According to Egan (1975, p. 110), "trust ultimately means something like this: If I entrust myself to you, you will respond with care and skill to help me. You will not hurt me directly yourself and you will try to see to it that I do not hurt myself" (as cited in Lockart, 1981, p. 31).

Interestingly, Jourard suggests that people come to need psychological help "because they have not disclosed themselves in some optimum degree to the people in their lives" (1971, p. 29). In this case "disclose" includes an individual revealing his/her authentic self, complete with feelings and thoughts. We know that, while many people suffer from emotional and psychological difficulties, a fraction of them seek professional help. Kakhnovets (2011) found that personality factors and expectations about counseling were related to help-seeking attitudes. Specifically, "Individuals who perceive there to be a lot of risk associated with self-disclosure to a counselor have more negative help-seeking attitudes" (Vogel & Wester, 2003, as cited in Kakhnovets, 2011, p. 11). Not surprisingly, Kakhnovets found that persons who had previously received counseling tended to have more positive attitudes about seeking help (2011). However, counselors typically see both continuing clients,

clients who have previously been seen by other therapists, and "first-timers;" thus counselors will likely encounter clients who fall in various places along the trust-distrust continuum. According to Fong and Cox (1983), the development of trust is a key process event that shapes the therapeutic relationship.

Trust is dynamic. It is an ongoing process rather than an achieved state. Trust may be fragile; it may be enduring. Like other interpersonal relationships, it is the nature of the counseling alliance that moments of stress, disclosure, challenge, and confrontation may disrupt the balance of trust.

Reality of Distrust

Plains Indian Calvin O'John wrote a short poem illustrating the concept of distrust: "You smiled, I smiled/So we're both happy./But deep down inside/there is hatred between us./Let us not show our inside/feeling to one another./Just keep on smiling/Until we smile away our hate." (Steiner, 1968, as cited in Lockart, 1981, p. 32).

The continuum of trust-distrust is a critical dimension in which the client determines the extent to which the counselor can be relied upon (Fong & Cox, 1983). This determination begins to evolve in the first stage of counseling, beginning with the first session. Most clients come to counseling at the mid-range on the trust-distrust continuum; that is, "they are willing to trust a counselor until their trust is abused" and typically after having tested the counselor in some way (Fong & Cox, 1983, p. 163). If the client cannot make him/herself vulnerable in the therapist's presence, cannot self-disclose, cannot share anything but superficial "presenting problem" issues, premature termination is likely, or at the very least a superficially satisfying client outcome.

Despite abundant training in the art of developing rapport, therapists may inadvertently create distrust at various points in the therapeutic relationship. Some of the ways to sabotage the relationship exist in our attitudes, values, behaviors, and non-verbal communications. For example, if a difference in belief systems emerges between counselor and client, this values conflict may cause the client to distrust the counselor, or to filter his/her disclosures

(Bishop, 1992). Because of, or despite our training, counselors may avoid transparency. Jourard (1971) says that we become alienated from ourselves if we don't disclose our innermost thoughts and feelings, at minimum, to ourselves; if not to another person. This incongruence creates distrust. But does congruence automatically create trust?

Rogers (1951) acknowledged the importance of client expectations, and that the "range of these expectations is tremendous" (p. 66). The client may anticipate a parental or authoritarian counselor, a disrespectful or dismissive attitude, or an extension of the authority that required participation in therapy in the first place. Small wonder, then, that some clients come to therapy distrustful, anxious, fearful, resistant, only superficially cooperative and ambivalent at best. However, the individual whose emotional pain level is unbearable will sometimes override fear and distrust to seek professional help. Our understanding of that fear and distrust may be helpful in facilitating a transition to trust and a feeling of safety within the therapeutic relationship.

Lambert and Cattani-Thomson's (1996) meta-analysis of the common factors contributing to negative client outcomes identified the counselor's negative countertransference as a factor. This included counselor disappointment, hostility, and irritation with the client, which was associated with client deterioration. While the presence of empathy was found to be essential in contributing to positive client outcomes regardless of the therapist's theoretical orientation or intervention techniques, the lack of empathy likewise contributed to negative outcomes (Lambert & Cattani-Thomson, 1996).

As therapists, we may be passive. We may be judgmental. We may act superior and disinterested in our client's concerns. We may demonstrate disappointment in the client's outcomes. We may be inconsistent in approach. We may dominate, control, direct, or assume the client is incapable of finding his/her own direction. We may blame the client for being dependent, yet we provide the set-up for failure to establish autonomy: externally regulating the individual's behavior, leaving the client feeling controlled or alienated, and that their actions are generated due to external forces. Rogers reflected on his own growth as a therapist, "I was moving

away from any approach which was coercive or pushing in clinical relationships, not for philosophical reasons, but because such approaches were never more than superficially effective" (1961, p. 11). All these things can generate distrust.

The Role of Trust in the Core Conditions of Person-Centered Therapy

What is the role of trust in the person-centered approach? In order to answer this question, it may be helpful to first identify the core conditions as detailed by Carl Rogers. Rogers' hypothesis of the necessary and sufficient core conditions in the client-counselor relationship in order for constructive change to occur are:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved (Rogers, 1957, p. 96).

Trust was not identified explicitly in the core conditions, but various other terms used in describing the person-centered approach imply its existence, such as: security, safety, consistency, reliability. Rogers spoke of the process of therapy inviting "a very special meaning of security" which can be disrupted by inconsistency of even a superficial sort, such as meeting on different days/times or in different offices (Rogers, 1951, p. 70). Clients prefer constancy to develop a sense of safety in the relationship. In order to explore various inconsistencies of self, including fear and confusion in the face of a chaotic inner experience, clients need and want secure and

consistent support in order to discover, accept, and potentially re-organize the self.

A meta-analysis by Watson identified 19 studies examining aspects of the core conditions specified in the person-centered approach (1984, p. 28-31). Client outcomes such as satisfaction, improvement, change, adjustment, "success", self-concept, behavior and additional counselor qualities such as helpfulness and acceptance were included. Trust was not measured nor mentioned as an important factor. A meta-analysis by Lambert and Cattani-Thomson (1996) found that empathy, warmth, and positive regard resulted in clients' increased sense of trust, safety, and security. While these counseling dispositions are most often associated with the person-centered approach, they are found by names such as acceptance, alliance formation, and other terms in other approaches and garner similar positive client outcomes (Lambert and Cattani-Thomson, 1996).

Freire and Grafanaki reported on the development of a new instrument to measure "trust/feeling safe" as an extension of the core person-centered-therapist conditions of empathy, unconditional positive regard, and congruence (2010, p. 206). It appears that recognition of the importance of trust exists in the person-centered community but inquiry is in its infancy.

Authenticity is a central concept in the person-centered approach, but we are socialized towards inauthenticity. Jourard (1971) suggests that socialization creates "normal" people, but "normal" may not necessarily mean "healthy." We are trained to take on roles by our families, schools, churches, workplaces, and other institutions. Conformity to our assigned or accepted role then promotes, to some extent, the loss of a unique identity or self-hood (Jourard, 1971); and in fact, this role-playing of an inauthentic self may promote illness. The labor of maintaining an inauthentic or incongruent self may include lies and subterfuge on a daily basis. While some may be able to maintain this consistently without deleterious effects, others find themselves anxious, bored, frustrated, and otherwise miserable. Without authenticity, how can trust be formed?

Conceptualizing Trust as an Array

Trust is not a unitary construct, nor does it appear to follow a linear path. Considered an essential component in effective therapeutic relationships, we can consider multiple facets of trust which overlap in daily life. Specifically, here I suggest and briefly describe four major categories of trust. Three of these sections will be expanded upon: internal, interpersonal, and existential. We might examine the various aspects of truth by asking these sample questions in each category:

- Internal Trust
    - To what extent does the client trust him/herself? This might include the client's sense of competency – ie, I trust myself to be able to make my life better, to succeed at this thing called "counseling."
    - To what extent do I (the therapist) trust myself? – This might be a measure of my competence as a counselor, my ability to be fully present, and my belief that I can truly be of assistance to my client.
- Interpersonal Trust
    - To what extent are counselor and client able to communicate and relate in authentic ways, such that each feels understood by the other? If both counselor and client self-disclose, thus making themselves vulnerable, will that be respected and honored by the other?
    - To what extent does the client trust the counselor? For example, the client may be wondering: Will this person be genuine and helpful to me, or will s/he hurt me as others have done?
    - To what extent does the counselor trust the client? Will the client be honest? For example, will s/he tell lies about his/her substance use, about the actions of self and others that influence the client's well-being?
- Environmental Trust
    - To what extent does the client trust his/her environment to be consistent, supportive, encouraging, stable? This might include significant

others in the client's world, but also institutional "others" such as media, government, or employers that might be obstacles or supportive helpers in the client's world.
    - To what extent does the therapist trust the client's environment to be consistent, supportive, reliable, encouraging of the client's well-being? For example, a therapist will typically not trust the violent partner of a client who presents as a victim of domestic violence; and therapists may not trust managed care to pay for optimal care of the client.
- Existential Trust
    - To what extent does the client believe that there is some meaning in his/her suffering? This concept was established by Viktor Frankl (1959), who explored the meaning of his experience as a Holocaust survivor.
    - To what extent does the therapist believe that there is meaning in the client's –or anyone's-- suffering?
    - To what extent can the therapist and client trust in an unknown outcome in a process of indefinite duration? That is, we begin with the presenting problem, explore through deepening layers to underlying, perhaps historical problems; we don't know how long it will take us to begin the healing process or how long we can work together given the constraints of managed care or personal finances; and we really don't know where we will end up, despite diagnoses issued and treatment plans sanctified.

The nature of these types of trust is neither singular nor discrete; that is, they may overlap and influence each other. The environmental aspect of trust mentioned above will not be expanded upon here due to space limitations; the other aspects of trust are discussed in greater depth below.

Types of trust

This section further examines and introduces examples of three of the four major categories of trust outlined above: internal trust, interpersonal trust of two types, and existential trust.

Internal Trust

Internal trust is primary; this refers to the client's trust of him/herself and likewise the therapist's trust in him/herself. "It is not until I am my real self and I act my real self that my real self is in a position to grow" (Jourard, 1971, p. 32). Thus, trust in self may be a precursor to growth in therapy.

Rogers (1951) was privy to a client's writings about her therapy experience, including her apprehensions at the initial sessions of counseling:

> I had quite a bad case of stage fright when I came to the interview – part fear, part hope, part embarrassment. Fear that nothing would happen …The embarrassment is due to the fact that I would like you to think well of me, and here I am showing you all my foolishness and inadequacy without any opportunity to demonstrate my competence and control. (Rogers, 1951, p. 101).

Much later in therapy, the same client wrote, "I was eager to come to the interview this time: I had things I wanted to tackle, and it couldn't be too soon for me… I'm scarcely conscious of you [the therapist] any more… I'm not scared of your opinion of me…" (p. 110). Cleary, for this client, over time the focus shifted from "what does my therapist think of me" to "what do I think of myself?"

Clients who are self-actualizing have an openness to experience, trust in themselves, an internal source of evaluation, and a willingness to continue growing (Corey, 2009, p. 170). These clients increasingly trust in themselves to manage their own lives (Corey, 2009, p. 172). When a client is able to be open to his/her experience in therapy, "he comes to find his organism more trustworthy. He feels less fear of the emotional reactions which he has. There is a gradual growth of trust in, and even affection for the complex, rich, varied assortment of feelings and tendencies which

exist in him…" (Rogers, 1961, p. 119). Rogers described clients' processes of gaining greater trust in themselves evolving, as "they are open to their experience, doing what 'feels right' proves to be a competent and trustworthy guide to behavior which is truly satisfying" (1961, p. 189).

In discussing relationships, Rogers states, "I can trust my experience… I have learned that my total organismic sensing of a situation is more trustworthy than my intellect… I have found that when I have trusted some inner non-intellectual sensing, I have discovered wisdom in the move … As I gradually come to trust my total reactions more deeply, I find that I can use them to guide my thinking" (1961, p. 22). Kirschenbaum wrote of Rogers, "This recognition coincided with his own therapy, in which he came to trust his own feelings more and to value himself more" (1979, p. 332-3). So the therapist, perhaps, goes through his/her own tides of self-trust and self-distrust; and at these times the same core conditions help to provide a structure within which to be grounded, self-accepting, and self-actualizing on a new level. New movement forward occurs with a basic requirement of self-trust.

Interpersonal Trust: Trust of Therapist by Client

Beyond self-trust, interpersonal trust is necessary between client and counselor. Rogers (1961) described the client's internal experience: "I'm afraid of him [the therapist]. I want help, but I don't know whether to trust him. He might see things which I don't know in myself – frightening and bad elements. He seems not to be judging me, but I'm sure he is." (p. 67). The client wants to know that the counselor is real and genuine, accepting, honest, reliable, has self-respect, and that his/her caring for the client is real and not motivated by needs for self-gain at the emotional expense of the client (Fong & Cox, 1983).

Interestingly, Kakhnovets found a gender effect wherein "men expect to feel less comfortable (less trust, acceptance, genuineness, and tolerance in the counseling relationship) than women do" (2011, p. 14). Using the NEO-PI-R, Kakhnovets (2011) also found that extraverts were more likely to have positive attitudes about seeking counseling; she hypothesized that while introverts are

used to thinking independently and may prefer to solve problems alone, extraverts enjoy talking to others and may prefer this method of problem-solving. Likewise, persons who scored low on the "agreeableness" scale of this instrument tended to be skeptical of others' intentions, while persons with high scores were altruistic and expected others to be so in return. Regardless of personality type or gender, clients who expect the counseling process to be safe and are able to trust their counselor also anticipate that their counselor will accept and trust them in return (Kakhnovets, 2011).

Rogers (1961, p. 54) described unconditional positive regard this way: "Can I receive him as he is?... Or can I only receive him conditionally, acceptant of some aspects of his feelings and silently or openly disapproving of other aspects?" From a client perspective, we might rephrase this thusly: "Can I trust my counselor to accept me, no matter what I am thinking, feeling, or doing? Or will I read his/her silent disapproval and judgment when I share my secrets, my shameful thoughts and feelings, my wrong actions?" Might the client not suspect, as do some critics of the person-centered approach (Lietaer, 1984), that it is truly impossible to deliver unconditional positive regard consistently?

Are therapists worthy of trust? The therapist's reluctance to be authentic and transparent in the relationship may be based on fears of appearing incompetent, causing harm to the client, premature termination by the client, or exposure of the therapist's own immaturity, anxiety, or even sexuality (Jourard, 1971, p. 148). These fears may be perceived by clients at some level, and serve as an obstacle to trust formation. Signs of therapist inauthenticity might be a lack of spontaneity, sharing only positive thoughts or feelings and withholding expressions of boredom or irritation (Jourard, 1971, p. 149). "Therapist congruence is basic to establishing trust and safety with clients" (Corey, 2009, p. 177). So for many of us, growth as therapists appears as the willingness to be authentic and congruent; to move beyond indoctrination -- a transformation that allows us to more spontaneously encounter our clients and grow with them (Jourard, 1971).

Interpersonal Trust: Trust of Client by Therapist

Is it enough for the client to trust him/herself and also trust the therapist? Or must the therapist also trust the client, in his/her abilities and motivations? "I have learned to live in increasingly deep therapeutic relationships with an ever-widening range of clients. This can be and has been extremely rewarding. It can be and has been at times very frightening, when a deeply disturbed person seems to demand that I must be more than I am, in order to meet his need" (Rogers, 1961, p. 14). Van Belle stated that "to be an effective person-centered therapist, one must demonstrate one's trust in others by acting with them as if they have a free will …"; in other words, have adequate capacity and capability to gain insight through self-awareness and to self-actualize (2005, p. 59).

Allen Brice (2004) wrote of his shock upon discovering that a client had lied in an egregious manner. Upon realizing that his lies had been uncovered, "He feared that I would not be able to trust him at all and that I would no longer believe he had been abused" (p. 60). Further Brice writes, "I was quite shaken and confused – how had I been so foolish to not realize the truth? How had he sustained the charade for so long? What did I believe about him? I felt angry at being deceived." (p. 61). After the client's unsuccessful suicide attempt, Brice writes, "He couldn't sustain it [the lies] when he saw how much I believed him, trusted him, cared for him, and had tried so hard to understand his experience" (2004, p. 61). Through the subsequent questioning of his own therapeutic abilities and reflection upon the personal meaning of the experience, Brice determines for himself that "truth" is not essential to a quality relationship in which trust is central and present for both parties, counselor and client.

We may have distrust for mandated clients, who don't want to be in therapy. We may distrust persons who are there because a significant other has made therapy a condition of a continued relationship. Individuals in both of these groups often present with a "no problem here" attitude; "I'm just doing this because you're making me do it." The results of such external control tend to be decreased effort, interest, and value for the activity; and externalization of blame for the failure of the activity (Ryan & Deci, 2000). Growth is inhibited in those for whom growth is not

perceived as necessary or desired. "People's selves stop growing when they repress them. This growth-arrest in the self is what helps to account for the surprising paradox of finding an infant inside the skin of someone who is playing the role of an adult" (Jourard, 1971, p. 32.) Rogers explained that when a human being is operating at peak awareness of self and experience, "then he is to be trusted, then his behavior is constructive" (1961, p. 105); because then the person is exercising his/her full capacity to express that awareness in behaviors that are both self-enhancing and other-enhancing as a result of these elements of awareness.

How much do we trust the high-risk client who may have threatened harm to self or others? Rogers described this approach with a seriously disturbed or even suicidal client: "the fact that I enter with deep understanding into the desperate feelings that exist but do not attempt to take over responsibility, is a most meaningful expression of basic confidence in the forward-moving tendencies in the human organism" (1951, p. 35-6).

Personal attributes and dispositions, as well as psychopathology, intersect with individual choices and behaviors within particular contexts. As therapists, we are arguably uniquely qualified to identify the likelihood of lies, incongruence, and inauthenticity in our clients that would lead us to distrust them. We have the choice to trust them anyway, consistent with the principle of unconditional positive regard and belief in a self-actualizing tendency.

Existential Trust

Individual development is to some extent constrained or encouraged by individual systems of belief. That is, within cultural parameters an individual determines what s/he believes possible for him/herself (Bronfenbrenner, 1989, p. 228). This includes conceptions of what the world is like, as the individual asks and decides, "what is an option for me?" What one believes to be true about self and other then determines possibilities for action and self-actualization. For example, if I believe that "people like me don't become psychiatrists" due to my beliefs about social class and economics and higher education, then it is unlikely that I would set

myself on a path to study to become a psychiatrist, even if I am academically successful and intelligent enough to pursue such a career.

The person-centered approach prizes the quality of the relationship between therapist and client, and recent writing has attempted to connect that quality, and client experiencing, to outcome (Watson, Greenberg, & Lietaer, 2010). However, even in examining the necessary therapist conditions of empathy, unconditional positive regard, and congruence, trust as an important quality of the relationship seems to exist between the lines and not as an explicit requirement. Further, the nature and meaning of "outcome" are not widely agreed upon, as noted by Timulak and Creaner (2010) in their meta-analysis of studies on person-centered therapy outcomes. Does "outcome" refer to measures of client functioning, self-report of client satisfaction with therapy, or something else? In any case, we embark upon the journey of therapy and invite clients to hold some belief in the process despite an unknown product.

There are no guarantees in therapy, especially when stringent limits on provision of care are ubiquitous. Clients may be uncomfortable with the ambiguity of embarking upon a journey with an indefinite destination. Rogers noted, "Life, at its best, is a flowing, changing process in which nothing is fixed… This is both fascinating and a little frightening" (1961, p. 27). It is often through the course of therapy, in the engagement with the self of the client, that clients come to embrace or at least tolerate this ambiguity. A client of Rogers said, "I haven't finished the job of integrating and reorganizing myself, but that's only confusing, not discouraging, now that I realize this is a continuing process… It's exciting, sometimes upsetting, but deeply encouraging …" (Rogers, 1961, p. 122). Considering this existential view, "encouragement" of clients who have lost their "courage" assists in the process of building hope and trust (Beck, 1994).

A willingness to take responsibility for putting effort into the counseling process also contributes to positive attitudes regarding help-seeking despite uncertain outcomes. Kakhnovets found that individuals who expect to work hard in the counseling relationship were less likely to feel they were losing control of the process, and

thus it felt "safer" (2011, p. 17). Relevant to these attitudes are three components: the perceived value of the activity, the individual's self-perception of competence in the activity, and the expectation of a successful outcome (Ryan & Deci, 2000). Thus, in a counseling scenario, the client may be assisted in shifting to a perspective wherein the value of counseling is identified, the client's role and competence are validated, and the expectation of success is instilled without resting upon a definitive endpoint. Awareness of the value of self-growth may be fostered in the counseling relationship and thus an ambiguous outcome more easily tolerated. Rogers described therapy as the client "increasingly trusts and values the process which is himself" (1961, p. 175). Rogers used the example of Einstein, whose unique thought processes were clearly unlike those of other scientists: "He simply moved toward being Einstein, toward thinking his own thoughts, toward being as truly and deeply himself as he could" (1961, p. 175). This is another example of a very indefinite outcome, but an engagement in the process for the sake of movement toward self-actualization. Einstein may be a rare example, but the concept applies to others who embark upon that journey of self-growth.

Rogers indicated that a primary result of therapy is that "the person increasingly discovers that his own organism is trustworthy" (1961, p. 118). The individual in therapy has been open to his own experience, has access to all of the available data in the situation on which to base his behavior, has knowledge of his own feelings and impulses, which are often complex and contradictory. He senses the demands of others in his/her life. He has access to memories of similar situations and consequences of behaviors in those situations. He has a relatively accurate perception of external factors in a given situation. The client is able to "consider, weigh, and balance each stimulus, need, and demand… and to discover that course of action which seems to come closest to satisfying his needs" (Rogers, 1961, p. 118). Rogers modeled this trust in the process, and ability to venture forward without knowing the outcome, but with trust in self. Kirschenbaum (1979) explains why Rogers became involved in California's "T group" movement in his sixties, when he might instead have retired: "… encounter groups provided not only a realm of further professional interest, but a vehicle for his own

personal growth, a chance to move along the same process continuum which his clients did, toward a greater trust in and openness to his feelings and a greater willingness to risk himself in relationships" (Kirschenbaum, 1979, p. 333). So it makes sense for therapists to take risks, to model self-trust and participation in growth-seeking experiences with uncertain outcomes, not only for self, but also in order to gain the trust of clients.

In summary, the nature of trust in the counselor-client relationship appears to often be complex. Acknowledging the multifaceted array of trust, including the components of self-trust, interpersonal trust, environmental and existential trust, may be useful for the person-centered therapist in encountering the client fully and authentically.

Conclusion and Suggestions for Future Research

To conclude, I share suggestions for creating trust in the therapeutic relationship, including specific person-centered approaches, as well as adjunct approaches. Additional questions for further consideration are offered, and therapists are encouraged to interrogate their own practices as relates to trust-building.

Creating Trust

Many of the building blocks of trust are violated on a daily basis by the realities of our multi-faceted world. What can counselors do to encourage clients to risk coming to counseling, and to persist in therapy, despite myriad factors conspiring to undermine the fledgling trust that we attempt to co-create? In order for therapy to be effective, a key variable appears to be the persistence of the client in attending through an optimally therapeutic time period, dependent upon the client's needs. This section discusses how therapists can facilitate the development of trust in general and then specifically using the person-centered approach.

There are many ways to create trust in the relationship. Lockart makes the point that specific skills are used in establishing trust; these include warmth, empathy, authenticity, honesty, and consistency (Lockart, 1981, p. 31). Kottler (2008) indicates that

therapists don't have a lot of time to create a safe and trusting relationship; and if you don't, your client is unlikely to return for a second or third session. In order for clients to engage and to continue in therapy, trust in the therapist is an asset. Kottler recommends that the therapist be warm and engaging, accessible and approachable (2008, p. 57). Few would argue with Meier and Davis' statement that "Allowing your clients to lead in the initial stages of counseling encourages the development of trust" (2011, p. 2). "Without this alliance, many clients are unable to change" (Meier & Davis, 2011, p. 3). Rogers stated, "It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process" (1961, p. 12).

Despite the fact that some persons are mandated to counseling and thus their autonomy and control are externally directed, it is still possible for a therapist to help a client feel more self-determined in his/her help-seeking (Ryan & Deci, 2000). Ryan & Deci suggest that the process is influenced by the social environment; in this case, the role of social supports and the attitude of the therapist. The therapist must be able and willing to honestly disclose attitudes and feelings about the client, the rewards of counseling, personal limits, and an ability to discuss topics that may be uncomfortable for the client (Fong & Cox, 1983). Therapists need to learn "the art of coping with the terrors which attend self-disclosure" (Jourard, 1971, p. 31). These abilities set the foundation for security and trust in the therapeutic relationship. Supportive conditions support motivation for initiating and persisting in counseling; specifically, Ryan and Deci (2000) suggest motivation is "more likely to flourish in contexts characterized by a sense of security and relatedness" (Ryan & Deci, 2000, p. 71). The trustworthy behavior exhibited by the therapist may create this sense of safety and rapport.

According to Fong and Cox, the client must see "observable instances of trustworthiness" in order for trust to develop (1983, p. 163). In essence, the client has a question: Is this person trustworthy? And s/he goes about gathering data in order to place the therapist on the trust-distrust continuum. To generate evidence, the client may "test" the therapist, consciously or unconsciously, overtly

or –more likely— covertly. Fong and Cox (1983) identify a variety of trust tests that clients use. The unifying feature of these covert tests is that the superficial interpretation of the test has nothing to do with trust. For example, if a client were to ask, "Are you married? Divorced?," the underlying questions may be "Will you be able to understand my marital problem? Will you be able to empathize with my pain and be supportive of me? Will you judge me negatively for my failures and bad behaviors?" (Fong & Cox, 1983, p. 164). If the therapist responds only superficially to the stated question, responds defensively, or sees it as a boundary issue and declines to respond to the stated content, the client may not return. The client's safety concerns have not been addressed.

Therapy can be very complex, particularly when there are Axis II disorders present, and/or when there is a history of trauma. "There are many elements of experience which the self cannot face, cannot clearly perceive, because to face them or admit them would be inconsistent with and threatening to the current organization of self," and so the therapist is able to provide a safe place for the client to re-organize the self, by voicing warm acceptance and understanding of the client's experience, and reflecting feelings without the attendant shame and guilt attached to situations by the client (Rogers, 1951, p. 40). So, for example, a client experiencing resentment towards a parent's hovering, or hostility towards a co-worker, can be newly perceived with acceptance and incorporated in healthy ways to self-understanding. At the same time, accurate diagnosis of pathology and the establishment of evidence-based treatment are essential not only to positive outcomes, but to the development of client trust in the therapist; as inaccurate assessment of pathology and off-target intervention are implicated in negative client outcomes (Lambert and Cattani-Thomson, 1996).

In order to create an environment in which clients can develop trust, it is optimal for therapists to maintain a stable emotional center while hearing possibly horrific client experiences. Jenkins, Mitchell, Baird, Whitfield, and Meyer report on the use of the Trauma Symptom Inventory Belief Scale, which measures vicarious trauma in ten components; these include "self-safety, other safety, self-trust, other trust, self-esteem, other esteem, self-intimacy, other intimacy, self-control, and other control" (2011, p. 2394).

Counselors who exhibit characteristics of burnout, such as emotional exhaustion, frustration, and a reduced sense of efficacy, are often working in environments with low social support (Jenkins, et al., 2011, p. 2394). This can cause a counselor to be more vulnerable to a client's emotional distress; or, the repeated exposure to highly distressed clients can conversely cause emotional exhaustion and a sense of a lack of support in the workplace. The counselors who seem to cope well with such an experience tend to have mastered their own experiences of emotional distress, which acts as a buffering mechanism. Thus, these counselors are less likely to respond to traumatized clients with oversensitivity and are less likely to exhibit symptoms of vicarious trauma themselves (Jenkins, et al., 2011, p. 2396). In fact, instead of compassion fatigue, these counselors are more likely to experience "compassion satisfaction" (Jenkins, et al., 2011, p. 2396). Jenkins et al. (2011) found that counselors "who said that they learned from their clients rated themselves lower on secondary traumatic stress and general distress" (p. 2408); unlike their colleagues who experienced burnout and were both less trusting and found the world a less-safe place after repeated exposure to traumatized clients. Given this information, counselors may wish to assess the level of support in the workplace and initiate change if insufficient support is provided; likewise, therapists might also wish to self-monitor for emotional duress and to seek supervision or therapy themselves to avoid impairment.

The value of congruence and authenticity has been made previously. In our daily lives, many participate in a duplicitous dance whereby we "play it cool" and I will only reveal myself if you reveal yourself first. I will only be honest after I see your honesty. In psychotherapy, Jourard (1971) suggests, the therapist must offer an "invitation to authenticity" (p. 133), and this is best offered through modeling. If we are masters of self-concealment and subtle manipulation, we are modeling exactly that and should expect to find our clients are duplicitous and defensive. However, the training of many therapists includes a certain masking of our true thoughts, feelings, and values in a therapeutic encounter (Jourard, 1971). We suppress our reactions to surprising comments by the client as we prefer to appear "neutral," rather than showing what the client wants to know: "Tell me what you think." But if we allow ourselves to be

human –to laugh at something the client says that is funny, to acknowledge frustration with the process— we become more human, more real, more accessible to the client, who can now connect and relate to this authentic self of the therapist. In this way, we become congruent.

Most would agree that self-disclosure is an essential precursor to client growth within the counseling relationship. Counselor self-disclosure may enhance trust. "We camouflage our true being before others to protect ourselves against criticism or rejection" (Jourard, 1971, p. vii). While we're busy with this charade, because we've misrepresented ourselves, we assume others are busy misrepresenting themselves, and to top it off, we now distrust both others and ourselves. We are misunderstood by others because we haven't allowed them access to our authentic self, and we stand disconnected from our true self, which we have denied. This perspective seems to suggest that maximizing opportunities for disclosure is part of authenticity and congruence.

Conversely, is it possible that too much transparency may be harmful in the counseling relationship? If I am congruent in the relationship, how much should I disclose, and how much should I withhold? If counselors model a certain degree of restraint in self-disclosure, is that not a desirable reality for the client's world? In our culture individuals don't indiscriminately share everything about themselves with everyone they meet, so filtering our disclosures may be a healthy adaptation. But how might the optimal level of disclosure be determined? How can the risks and benefits of disclosure be assessed? What is the impact of therapist ambivalence about disclosure? As the psychiatrist titrates medication dosages, how do we titrate our transparency in order to optimally assist the client in moving toward self-actualization?

Support for change without subsequent action may be empty progress. Therapy aims not only at self-reorganization, but self-actualization through actions the client chooses to realize his/her values and optimal way of being in the world. Therapists may assist clients in transitioning from extrinsic motivation, through valuing change, to intrinsic motivation; thus creating energy towards change. How is this done? Actions are "evaluated and brought into congruence with one's other values and needs" (Ryan & Deci, 2000,

p. 73). Possible methods for achieving client congruence would be the modeling of such congruence by valued others to whom one feels connected; the therapist is a prime example. Thus congruence leads to movement toward self-actualization.

Using Person-Centered and Adjunct Approaches

Many of the strategies noted above are consistent with the person-centered approach. The following suggestions are more specifically aligned with it. First and foremost, it is desirable for the three person-centered therapist attributes to be present: congruence (genuineness, or realness), unconditional positive regard (acceptance and caring), and accurate empathic understanding (an ability to deeply grasp the subjective world of another person (Corey, 2009, p. 169). "If the counselor can create a relationship permeated by warmth, understanding, safety from any type of attack, no matter how trivial, and basic acceptance of the person as he is, then the client will drop his natural defensiveness and use the situation" (Rogers, 1946).

The attitudes and philosophies of the therapist, as well as his/her skill, dictate the outcome of therapy (Rogers, 1951). Specifically, the therapist sees human beings as worthy, having dignity, and deserving of respect (Rogers, 1951, p. 50). People are capable of self-determination and of determining their own values and goals. The therapist's approach must be fluid, flexible, developing as the client's ideas become known and the relationship develops (Rogers, 1951, p. 21). The therapist conveys the attitude, "we're working on this [the client's concerns] together, as equals."

"The counselor's function is to assume, in so far as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client" (Rogers, 1951, p. 29). Rogers conceived of the counselor's internal dialog thusly:

> *To be of assistance to you I will put aside myself –the self of ordinary interaction—and enter into your world of perception as completely as I am able. I will become, in a sense, another self for you –an alter ego of your own attitudes and feelings—a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly (1951, p. 35).*

Therapists can also use adjunctive approaches with clients who are otherwise reluctant to engage. Art and music therapy are promising approaches. Therapy animal interventions have the potential to augment motivation of clients, as well as to increase clients' sense of safety (Chandler, Portrie-Bethke, Barrio Minton, Fernando, & O'Callaghan, 2010). Fearful and angry clients may self-isolate and refuse to talk to a therapist for a variety of reasons. For a client who may not respond to traditional modes of talk therapy initially and who may demonstrate resistance to the therapist, animal-assisted therapy may assist in building rapport, enhancing trust, and imbuing the counseling context with a feeling of safety (Chandler et al., 2010, p. 355). Chandler et al. (2010) found that the unconditional positive regard provided by person-centered counselors using animal-assisted therapy provided the context necessary for clients to increasingly trust themselves and move toward becoming self-actualized (p. 358). Consistent with person-centered thinking, counselors in this milieu allow the client to choose when and how to transition from a healing connection with an animal to a therapeutic alliance with a human being (Chandler et al., 2010, p. 357). Counselors allow for silence as the client shares – verbally or non-verbally—with the animal, not rushing the process. Empowering the client in this non-directive manner allows for the client to decide when/how to "emerge from his protective shell" (Chandler et al., 2010, p. 370). This approach encourages self-acceptance and self-confidence, as well as a greater degree of trust in the relationship.

Suggestions for Future Research

Many questions remain. How do individuals progress from trust to distrust, or vice versa? Are personality types relevant to understanding how individuals develop trust or distrust? For example, per Myers-Briggs, we might wonder if "Feeling" types have a different internal set of principles by which they determine another's trustworthiness than would "Thinking" types. How would we measure this? Distrust may be an ultimate deal-breaker for someone whose values are contradicted by another, even in a momentary fashion. For example, if a client who is strongly anti-abortion discovers that his/her therapist is strongly pro-choice, even if that is not relevant to the content of therapy, will the client discontinue counseling because s/he can no longer trust the therapist? How would we investigate this?

Is trust more typically enduring or subject to moment-by-moment awareness? If persons with extraversion tend to be more open to discussing problems, does that mean persons preferring introversion are less trusting in general? How relevant to counseling are skepticism and suspicion as individual attributes? Does our valuing of trust in a counseling relationship depend upon our primary theoretical orientation? For example, does a Solution-Focused Brief Therapy practitioner hold lower value for interpersonal trust than would a person-centered therapist? How would we measure such qualities or values, or is that even desirable?

Rogers "believed devoutly in freedom of inquiry and in following the truth no matter where it led" (1961, p. 8). What is the true relationship between "truth" and trust? Does it matter?

It is my hope that other writers will address these questions in subsequent reflection and research, and share their findings with those of us who believe trust is worthy of study.

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