TO WHAT EXTENT DO CLIENTS DISCRIMINATE AMONG THE GROUP LEADER'S BASIC THERAPEUTIC ATTITUDES?
A PERSON-CENTERED CONTRIBUTION

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ABSTRACT. Ever since Rogers (1957) launched his elegant and provocative model of therapeutic personality change, the main focus of researchers and clinicians has been on the therapist-offered conditions of accurate empathy, unconditional positive regard, and genuineness. Too little attention has been paid to how clients can perceive and discriminate between these conditions. In this study, 1,119 client evaluations were collected from 136 participants in 16 therapy groups of 15 three-hour sessions, using a self-constructed group climate questionnaire with 15 items carefully tapping the classical person-centered conditions. A varimax factor analysis revealed a rather conclusive three factors solution. The first factor, accounting for 60.0% of the variance, was called empathic positive regard, a condition obviously integrating accurate empathy and unconditional positive regard. The second factor, accounting for 12.4% of the variance, was labeled genuineness. And finally, the third factor, accounting for 5.8% of the variance, was named anxiety/vulnerability.

A systematic perusal of the Comprehensive Group Psychotherapy of Kaplan & Sadock (1993) reveals that a somewhat bewildering picture of the recommended basic therapeutic attitudes of the group leader exists. Different authors have offered their models under various headings, such as the role of the leader, 20 therapeutic factors, the therapist's tasks, attributes of the leader, qualifications of the leader, and the leader's role dimensions. Sadock & Kaplan (1993, pp. 68-69) talk about empathy, interpretation and consensual validation; acceptance, altruism, contagion, inspiration and cohesion; self disclosure and ventilation. Other contributors to this handbook offer related recommendations such as empathic communication, desire for understanding and change, listening, capacity for shifting attention, sense of dialogue, restoring communication, intersubjectivity and optimal responsivity; mutuality, capacity for therapeutic alliance and cohesion, non-judgemental acceptance, caretaker role, attending to all members, caring, trust, hope and flexibility, nurturance of goodness; setting a model, optimal self-disclosure and risk-taking, honesty and spontaneity, focusing on the here and now, transparency, relating honestly, being a person-not a patient, self-responsibility and choice.
This survey has set the stage for the present person-centered contribution. Today, all of the classical Rogerian facilitating conditions appear to have been assimilated into the mainstream of clinical psychology and psychiatry. Ever since Rogers (1957) launched his elegant and provocative model of the necessary and sufficient conditions of therapeutic personality change, clinicians and researchers have talked about the therapist-offered core conditions of accurate empathy, unconditional positive regard, and genuineness (Truax & Mitchell, 1971; Parloff, Waskow, & Wolfe, 1978; Beutler, Crago, & Arizmendi, 1986; Mitchell, Bozarth, & Kraut, 1977) or related conditions as illustrated above. We have to a certain extent assumed that the therapist-offered conditions can also be accurately perceived and discriminated by our clients.

However, during my clinical work and research (Braaten, 1986, 1989a, 1989b) over the last decade, my colleagues and I have come to doubt if clients can indeed discriminate among all these classical facilitating conditions. My routine observational base for this questioning can be briefly summarized as follows. Toward the end of each group session all participants fill out a 15-item Group Climate Questionnaire, Person-Centered Form (see Appendix 1). These 15 items have been carefully chosen to tap the Rogerian conditions for the group format with 2-3 items for each therapeutic attitude (Barrett-Lennard, 1962; Truax, 1963). The data are then processed by a personal computer with a specialized program for our purposes. Two documents are thus produced. One of them shows a figure of the group climate profile. The indexes are the following: Anxiety/Vulnerability, Genuineness, Positive Regard Level, Positive Regard Unconditionality, and Accurate Empathy. These are the classical conditions as operationalized by Barrett-Lennard (1962). The second document shows the actual scores for each of the participants on all items and their individual indexes. At the beginning of each new session such data are presented as feedback to the group members for processing.

After hundreds of group sessions with this kind of feedback certain impressions began to form. It looked indeed as if the participants could not discriminate all the five conditions explicated. Typically, only three dimensions could be distinguished, namely anxiety/vulnerability, genuineness, and a composite of the two positive regard indexes and accurate empathy. Thus, as perceived by the participants, the group climate varied along these three dimensions. They sensed the level of anxiety/ vulnerability, they seemed aware of the level of genuineness/congruence, and they had a feeling for how accepting and empathic the climate was. Obviously, both group leader and participants contribute to the group climate in this treatment modality, even if the group leader has the main responsibility. Such was the discriminatory pattern of the facilitating conditions based upon extensive clinical observations, at least with our clientele of persons diagnosed as suffering from neurotic and personality disorders (with this particular group leader, doing his version of person-centered group psychotherapy). The purpose of this study is to check whether these clinical judgments of Norwegian person-centered clinicians could be verified with a rigorous factor analytic design.

Before outlining the design of this study, a summary of research literature on the interrelationships among the Rogerian therapeutic dimensions will be presented. The most authoritative reference about this subject is Gurman (1977). "While in successful therapy all three conditions are assumed to be present to a high degree, it is clear that client-centered
theory posits genuineness as the most basic of the conditions and as a precondition for empathy and warmth" (pp. 503-543). Gurman also makes the point that merely offering these conditions is not sufficient for positive change. The client must perceive them for change to occur. Consequently, sources of data about the conditions other than client judgments, e.g. ratings by judges, do not represent a valid test of Rogers' therapy model.

A survey of 23 studies addressing intercorrelations between the core conditions can be concluded as follows. Among empathy, positive regard, and congruence, there is a moderately positive degree of interrelationship, suggesting that these dimensions appear to be relatively dependent. As stated above, my clinical judgment was that clients cannot discriminate between therapist offered positive regard and empathy.

According to Gurman (1977), the second, and even more powerful method for assessing the dimensionality of the conditions is factor-analytic studies. A study by Mills & Zytowski (1967) and a second by McClanahan (1974) both established a Factor I that accounted for two thirds of the variance of the Rogerian conditions, suggesting a unidimensionality of the conditions. In the words of the present study, clients appear not to be able to discriminate between the person-centered conditions. Apparently then, further factor-analytic work is needed to resolve the issue of the underlying dimensionality experienced by clients.

A final point is relevant to this study. Kiesler, Mathieu, and Klein (1967), in the well-known Wisconsin study, found that "perceptions of the therapeutic relationship seem to cluster differently in neurotic and schizophrenic samples. Neurotics associate the therapist's genuineness with his/her communicated level of empathic understanding, while schizophrenics tend to view genuineness and regard factors as related" (p. 172). Again, our clinical judgment with a sample of neurotic participants was that they appeared to be able to discriminate among genuineness and a composite of positive regard and empathy.

The conclusion of this introduction is that the extent to which clients can discriminate between the person-centered facilitative conditions in both individual and group psychotherapy is indeed an open question. Some evidence favors an underlying unidimensional model. Other results point toward a simplified model compared to the original theory. Hopefully the present study will help to clarify some of the discrepancies.

METHOD

Design

Gurman (1977) states that factor analysis represents one of the most powerful methods to investigate the interrelationships among our facilitating conditions. At the time of his review only eight such studies had appeared in the literature. Among them only three had analyzed actual items; not just scales. In this study the choice was to use our 15 items, operationalizing the complete Rogerian model. Watson (1984) points out that anxiety/vulnerability, or the client's incongruence, should also be included when testing Rogers' theory of therapy; a recommendation followed here. At this stage in our presentation the technically less sophisticated reader should be referred to Kim & Mueller, (1978 a & b) an authoritative text on factor analysis.
Participants

In testing Rogers' therapy model by way of factor analysis, we used the rule of thumb of sampling at least five times as many subjects as the number of items, translating to 75 persons. To enhance robustness, we nearly doubled that. Data were collected from 16 different groups, comprising 136 participants. The client participants were help-seeking business leaders, and anxious graduate students of clinical psychology and education. Males predominated in this sample (70.6%) compared to females (29.4%). Participant ages ranged from 25 to 50, with a mean closest to age 32. Groups ran for 15 three-hour sessions.

Watson (1984, p. 20) has claimed that studies which do not include incongruent clients are not adequate tests of the person-centered hypotheses. Our clientele of 136 participants have pre-therapy profiles very similar to those reported for our samples in my major effect study (Braaten, 1989a, pp. 198-199). Thus the present sample shows significant incongruence on two or more of the following SCL-90R dimensions: 1) obsessive-compulsive, 2) interpersonal oversensitivity, 3) depression, and 4) anxiety. On my own instrument tapping so-called self-development projects on the SDPL-90 (Braaten, 1989c), our clientele was greatly concerned about interpersonal intimacy, self identity, and self acceptance. In my view, incongruence can stem from both psychosocial symptoms and positive self-development projects. The conclusion here is that our clientele was indeed sufficiently incongruent for our purposes.

Treatment

The treatment provided for the 136 participants was person-centered group psychotherapy. Even if this work takes place in the group format, I am always aware that I am dealing with individual persons with their particular symptomatology and their unique self-development goals. As a substitute for a real treatment manual, the reader is referred to a major article by this author (Braaten, 1986a), with the title most relevant for the present study: Thirty years with Rogers's necessary and sufficient conditions of therapeutic personality change; a personal evaluation.

Although individual and group therapy are related treatment modalities, group therapy is different in certain respects. Whereas the good therapist-client relationship is important in individual therapy, a cohesive group climate is essential in group therapy if progress is to be expected (Braaten, 1990a; 1990b). Obviously, the group leader is quite dependent upon the participants in order to build such a climate. They must, in turn, share the responsibility for offering the therapist attitudes of genuineness, positive regard, and accurate empathy, in addition to performing their regular therapeutic work of self disclosure and feedback. The group leader will, for the most part, address himself to the individual participant, or to the here-and-now interaction between clients. Group-as-a-whole process comments are occasionally viewed as essential for resolving conflicts and tensions that interfere with individuals' progress.
Assessment

As the reader will recall, the major instrument for this study is the Group Climate Questionnaire, Person-Centered Form (GCQ-PC). Because the results that we obtain here depend on the credibility of the instrument, some of its characteristics are now presented. The actual 15 items that comprise the instrument will be reviewed. In addition, we compare this list of items with items from the much longer instruments of Barrett-Lennard (1962) and Truax (1963) to reassure the reader that our instrument builds on the long tradition among client-centered researchers to operationalize the Rogerian conditions. We have chosen such a brief instrument in order to be able to use it routinely toward the end of each session, partly to be able to offer valuable feedback, and partly in order to gain a process perspective on how clients perceive the conditions over several months.

The indexes we have used are operationalized by specific items as follows.

**Anxiety/Vulnerability.** The two items tapping this dimension are the following. "The members became anxious when difficult problems were touched on," and "The members appeared in fact vulnerable and insecure." Rogers (1957) claims that this is the only condition necessary for the client. At the most basic level it is, of course, the self-actualization drive that moves the client to act. The way I have come to see it, we become anxious or vulnerable because our self-actualization is threatened. Therefore, when we feel anxious or vulnerable we will often act in order to change constructively. Rogers (1961, p. 35) has developed such a concept called motivation for change. From this way of reasoning I included the following item to check if anxiety/vulnerability and motivation for change in fact are perceived as related: "The members appeared motivated to work on their self development." If they are related, they should cluster on the same factor. If they are not related, the alternative would be that motivation for change is connected with the perception of the facilitating conditions.

**Genuineness.** The following two items are intended to operationalize this condition. "The members were open and honest toward each other." "The members told each other exactly what they actually thought and felt." Especially in a group setting with much member-member contact, such self-disclosure necessarily is for better or worse, for praise and criticism, for positive regard and confrontation. Litaer (1984, p. 41) argues that genuineness implies feedback and confrontation. Mitchell, Bozarth, and Krauf (1977) suggest that in more advanced stages of therapy progress might be furthered by such techniques as immediacy, confrontation, and reconstruction. Thus a third item was added on confrontation, which also tapped into the condition of genuineness. The proof for the validity of this argument would be that this item would cluster with the two more conventional items tapping this dimension.

**Positive Regard Level.** This is the first of the two regard dimensions, originally advocated by Barrett-Lennard (1962). The three items chosen were: "The members liked and cared for each other," "The members showed each other warmth and care," and "The members confirmed each other as persons with uniqueness." All these items say something about the level of regard, the temperature of the group climate.
Positive Regard Unconditionality. This is the second of the two regard dimensions (Barrett-Lennard, 1962). The selected items were: "The basic attitude of acceptance of the members was independent of what kind of ideas and feelings that were expressed," "The members appreciated each other without any conditions," and "The members valued each one regardless if the communication was 'positive' or 'negative'." Lietaer (1984) gives a scholarly discussion of this controversial facilitating condition, to some extent resolving the issue by concluding that he keeps on valuing the deeper core of the person, what he/she basically is and can become. To my surprise, most clients do not seem to have much trouble evaluating this dimension, taking for granted that unconditionality must be a matter of degree, and not an absolute quality.

Accurate Empathy. The items developed to operationalize this classical client-centered condition were these. "The members showed understanding for the special self experience of each other," "The members attempted to get at the meaning each one attributed to their experiences," and "The members understood each other spontaneously and immediately without any special considerations." The first two items probably need no clarification. The third item is the so-called intuitive empathy dimension (Rogers, 1980, p. 129) or what Bozarth (1984, p. 69) calls idiosyncratic empathy.

This concludes our presentation and justification for the concrete choices of items to our person-centered group climate questionnaire (GCQ-PC), hopefully convincing the reader about the credibility of this new instrument. Patterson (1984) has published an authoritative review of reviews regarding the validity of empathy, warmth, and genuineness. But, the author will agree with the critics who advocate studies directly testing the instrument's validity.

RESULTS AND DISCUSSION

The alpha values which measure internal reliability ranged from .86 to .96, with a mean of .90 for the chosen three-factor solution, which is deemed quite acceptable for this kind of an instrument. Gurman (1977, p. 509) reviews 14 related studies of internal reliability and reports a mean of .91 for the Relationship Inventory dimensions of Barrett-Lennard (1962). Our mean intercorrelation of items per factor was .71, which shows that all the 15 items largely measures the same phenomenon. This group climate instrument therefore has a satisfactory level of internal reliability.

For several years before the author developed his own instrument, he used the more established MacKenzie (1983) instrument. Whereas his instrument appears to have been constructed from a broader, more eclectic basis, the present instrument was theoretically derived from Rogers' classical model. Nevertheless, five of the items are practically the same in both instruments, thus revealing a rather strong person-centered influence in the mainstream of clinical group research. Since the purpose of our study was to test Rogers' therapy model, we expected to find four or five factors, thus possibly confirming the conceptual validity of his theory. As it turned out, the five factor solution produced a somewhat unclear picture. In this presentation the relevant table, the accompanying figure and the explanatory comments have therefore been skipped in order to save space and not to bore the reader who is uninterested in the details of factor analysis. (The interested reader, however, can have the full psychometric report upon request to the author).
To what extent can we say that our study has confirmed Rogers' therapy model? Broadly speaking, we can claim that our five factor solution confirms his theory. We established the four factors of unconditional positive regard, accurate empathy, genuineness, and anxiety/vulnerability. But there is a major qualification to be made. Neither of the first two factors were pure; there were items from the one factor "contaminating" the other factor, and vice versa. It looks as if we have to reconsider the extent to which clients can indeed discriminate between unconditionality and empathy. Should we perhaps coin a new concept called empathic positive regard, or empathic acceptance for short, to label this blend of person-centered therapy conditions?

We shall now report results of our three-factor solution which, as already mentioned, seems to fit our data even better than the five-factor model. The reader should consult Table 1 and Figure 1 as the basis for this presentation. First, three principal components were extracted from the original correlation matrix. This time, varimax rotations converged after four iterations/repetitions, explaining the maximum of the variance with three orthogonal factors.

As depicted in Table 1, the first factor turns out to be a complete composite of the nine items tapping positive regard unconditionality (3, 8, & 13), positive regard level (1, 6, & 11), and accurate empathy (2, 7, & 12). In addition, this factor has lower, more moderate loadings from the extraneous items of motivation (15) and confrontation (14). The intuition empathy item has the highest loading on this factor, followed by the three unconditionality items, perhaps indicating that intuition empathy is experienced by clients pretty much as unconditionality positive regard. Somewhat surprisingly to this group leader, the three unconditionality items have higher loadings than the positive regard items, suggesting that clients' experiences of unconditionality are more striking than positive regard level, the temperature of the group climate. The two remaining empathy items then follow, which corresponds to the observation that the empathy level almost invariably is somewhat lower than the positive regard and genuineness indexes. (See Table 1).

What name then should we give to this factor? Our five-factor solution suggested that we call this composite factor empathic positive regard, or empathic acceptance. The result of the three-factor solution confirmed without doubt- the name clearly must be empathic positive regard with respect to Rogerian therapy and theory. Bohart and Greenberg (1997) have recently coined the expression empathic prizing (p. 20) for this core person-centered dimension. Bozarth (1997) makes the same point when he says, "Rogerian empathy is, in fact, inseparable from unconditional positive regard, and I suggest they are ultimately the same condition" (p. 82). And a little later, "Indeed, empathic understanding is the unconditional acceptance of the individual's frame of reference" (p. 85).

The two remaining items, dealing with motivation and confrontation, had moderate loadings on this factor. With regard to the former, motivation for self-development and empathic acceptance are positively correlated. There is likely a bi-directionality of the relationship, i.e., to the extent that clients feel empathically accepted they maintain and increase their motivation; and to the extent that clients are properly motivated, the group leader is more likely to respond with empathic acceptance. As we shall see later, motivation for change is not correlated with client anxiety/vulnerability level, disconfirming expectations arising from Rogers's classical therapy model.
### TABLE I

Rank Order of Item Correlations with Factors
From Person-Centered Group Climate Questionnaire:
THREE-FACTOR SOLUTION (78.2 % of Variance)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Item Text Abbreviated &amp; Item Number</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Understood spontaneously (12)</td>
<td>.86</td>
</tr>
<tr>
<td></td>
<td>Valued equally &quot;positive&quot; or &quot;negative&quot; (13)</td>
<td>.83</td>
</tr>
<tr>
<td></td>
<td>Appreciated without conditions (8)</td>
<td>.83</td>
</tr>
<tr>
<td></td>
<td>Acceptance independent of ideas and feelings (3)</td>
<td>.83</td>
</tr>
<tr>
<td></td>
<td>Showed warmth (6)</td>
<td>.82</td>
</tr>
<tr>
<td></td>
<td>Liked and cared (1)</td>
<td>.81</td>
</tr>
<tr>
<td></td>
<td>Confirmed uniqueness (11)</td>
<td>.78</td>
</tr>
<tr>
<td></td>
<td>Showed understanding (2)</td>
<td>.78</td>
</tr>
<tr>
<td></td>
<td>Get at meaning attribution (7)</td>
<td>.78</td>
</tr>
<tr>
<td></td>
<td>Motivated for self-development (15)</td>
<td>.64</td>
</tr>
<tr>
<td></td>
<td>Challenged and confronted (14)</td>
<td>.55</td>
</tr>
<tr>
<td>II</td>
<td>Told exactly what was thought and felt (9)</td>
<td>.86</td>
</tr>
<tr>
<td>Genuineness</td>
<td>Open and honest (4)</td>
<td>.85</td>
</tr>
<tr>
<td>(12.4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Appeared vulnerable and insecure (10)</td>
<td>.93</td>
</tr>
<tr>
<td>Anxiety/Vulnerability</td>
<td>Became anxious (5)</td>
<td>.93</td>
</tr>
<tr>
<td>(5.8%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The data set consisted of 1.119 client evaluations

Regarding *confrontation*, Lietaer’s (1984) discussion on the dilemma of confrontation and unconditionality presents the view that therapists aim toward self-confrontation for their clients. More germane to the present study, he presents confrontal intervention as a necessary aspect of both unconditionality and empathy. Our finding is that confrontation loads high on our theoretically new dimension called empathic positive regard. My stance on this controversial issue is that I sometimes confront a client because I really care about them, and because significant values are at stake. In a group setting confrontation is much more common than in individual therapy, simply because such behavior is well known in ordinary person-to-person interaction.

While Factor I accounted for 60.0 % of the variance of the GCQ-PC, Factor II, consisting of items four and nine, accounted for 12.4 % of GCQ-PC variance. Somewhat contrary to our expectation, confrontation item 14 had the highest loading on the empathic acceptance factor, and not on the genuineness factor. Figure 1 shows that this item (challenged and confronted) also has a significant, but lower loading on Factor II, Genuineness (see Table 1).

Finally, Factor III is comprised of the vulnerability (10) and anxiety (5) items predicted by Rogers’ theory, and accounted for 5.8 % of GCQ-PC variance. Contrary to expectations arising from original client-centered theoretical formulations, motivation for change did not cluster with these two items.
Figure 1. Item Loadings on Factor I-II, I-III, and II-III for the Three Factors Solution

Figure 1 depicts all fifteen items plotted on two-dimensional spaces for Factors I & II, I & III, and II & III.
When examining the top graph, showing item positions on Factors I and III, we are struck by the fact that all nine items tapping empathic positive regard cluster together close to the top of the y axis, while the confrontation and motivation items (14 and 15) lie midway between the two factors of empathic positive regard and genuineness, suggesting that they are about equally related to both factors. Thus, confrontation is related to genuineness as we predicted, though with a somewhat lower loading than on the factor of empathic acceptance. Items four and nine, which comprise Factor II (the genuineness factor) also loaded moderately on the empathic acceptance factor, suggesting that these two factors are also related, and that genuineness and empathic acceptance function as qualities of one another. Lastly, the top graph in Figure 1 reveals that the anxiety (5) and vulnerability (10) items cluster together close to the intersection of the axes for Factors I and II. This indicates that whether clients exhibit high or low levels of anxiety/vulnerability (incongruence), the group leader is perceived as offering equal levels of empathic acceptance and genuineness.

Next, examining graph two in Figure 1 reveals the clearest, or purist configuration of items. Altogether 12 items lie almost directly on the vertical axis of empathic positive regard, the genuineness items (4 and 9) emerge with the lowest loadings. Consistent with the findings reported above, the incongruence items (5 and 10) load highest on the anxiety/vulnerability axis. Confrontation item 14 loads moderately highly Factor I (empathic positive regard), and significantly but less highly on Factor III (anxiety/vulnerability). This finding is dissonant with the observation that most person-centered clinicians use confrontation rarely, or sparingly. Although person-centered practitioners largely believe that it is important to create a safe relationship or group climate in which clients can loosen their defenses to examine the true self, the present findings challenge this traditional attitude. Many clients appear to experience confrontation as congenial with empathic positive regard.

Finally, let us consider the bottom graph in Figure 1, depicting the fifteen items plotted against Factors II and III (genuineness and anxiety/vulnerability). Genuineness items (4 and 9) clearly cluster high up directly on the vertical axis, while incongruence items (5 and 10) are similarly situated on the horizontal axis. Corresponding to above reports, confrontation item 14 had a moderate and equal loading on both the genuineness factor and the anxiety/vulnerability factor.

Conclusions regarding the extent to which the three-factor solution confirms Rogers' therapy model fairly well parallels the five-factor solution presented earlier. Broadly speaking, the theory is confirmed, with the important reservation that positive regard and empathy cannot be discriminated as perceived by clients. The revised person-centered theory of the facilitating conditions is therefore that clients can only distinguish between so-called empathic positive regard, genuineness, and anxiety/vulnerability.

**CLINICAL IMPLICATIONS**

Because so much of Rogers' work has been assimilated into mainstream therapy, we now devote our attention to the implications of the findings for not only Rogerian theory, but for group psychotherapy theory and practice in general.
1. Clients only discriminate the group leader's empathic positive regard and genuineness. Clients do not seem to discriminate between accurate empathy, unconditional positive regard, and genuineness. The apparent fusion of the two concepts may be due to their ambiguity, rather than clients’ inability to discriminate between them.

2. Empathic positive regard is a blend of accurate empathy and unconditional positive regard. They are two sides of the same coin. To the extent that one can communicate accurate empathy, acceptance is also shown, and offering acceptance seems absurd if one does not understand.

3. Unconditional positive regard appears to be slightly more important than accurate empathy. With the exception of the empathy intuition item, all UPR items loaded highest on Factor 1. Somewhat contrary to the prevailing emphasis on therapeutic empathy, the clients are concerned about being fully accepted without conditions. The essence of Rogerian theory, according to this view, is to offer unconditional positive regard, which in turn is assimilated, and dissolves client's conditions for self acceptance.

4. Empathic positive regard is approximately five times as important as genuineness (60 % v. 12.4 % of explained GCQ-PCvariance). It is the "meat and potatoes" of psychotherapy. Throughout the treatment process, clients demand to be accepted and understood.

5. Genuineness (or congruence) on the part of the therapist is a unique and significant dimension of the person-centered and related humanistic-existential approaches. This quality has to do with being an honest, spontaneous and real person to the client in the here and now. While clients often experience the group leader's empathic positive regard, from time to time they challenge the leader to be transparent and to selectively self-disclose in the service of the client. This quality stands in contrast to the psychoanalyst's opaqueness or neutrality.

6. Anxiety/vulnerability is a major aspect of the client's condition. The author (Braaten, 1994) has previously shown that there is a curvilinear relationship between perceived climate anxiety and constructive personality change. Tolerance to anxiety (via, e.g., psychological mindedness; quality of object relations) is one predictor of client prognosis according to contemporary therapy. In his therapy model, Rogers (1957) was surprisingly therapist-rather than client-centered. Recently much research has emphasized the significance of the client's contribution to the benefits of psychotherapy.

7. Empathy as defined here includes being understood spontaneously (the intuition item), experiential understanding (classical reflection of feeling and clarification of feeling), and meaning attribution. Thus it is a rather broad concept, probably also including some overlap with interpretation. As regular members of various demonstration groups at international meetings this author and his comrades have often experienced group leaders from various schools as deeply empathic, in addition to whatever else they were offering.
8. Positive regard is conceptually dominated by the unconditionality dimension. In other words, clients appear to be especially appreciative of a therapist's unconditional acceptance; not only warmth and caring. Clients often suffer mercilessly from conditions of self acceptance, which they have introjected during their life histories.

9. The item "motivated for self development" did not load highly on the anxiety factor (as expected), but rather on the empathic positive regard factor. This finding appears to disconfirm Rogers' hypothesis. Clients are motivated primarily by perceived quality of a therapist's empathic positive regard; not by their own stimulation anxiety.

10. "Feeling challenged and confronted" also loaded significantly on Factor 1, thus belonging to a broad concept of accurate empathy and positive regard. As previously mentioned, such powerful interventions as challenge and confrontation are probably especially important in group work.

**CONCLUDING NOTES**

The present study suggests that Rogers' classical model must be considered for revision on at least the following points. Although stimulation anxiety is of some importance for facilitating personality change, the client motivation is coupled with experiencing the therapist's empathic positive regard. That is, clients engage in therapy more for relational, than intrapsychic reasons. It may continue to be legitimate to distinguish between accurate empathy and unconditional positive regard for training purposes. However, theoretically speaking, clients cannot (as previously assumed for decades) distinguish between these two therapeutic conditions because they typically blend together. Finally, confrontation emerges as an integral part of empathic positive regard. Therefore, in order to convey this dual condition, it is necessary for the clinician at times to confront.

**AUTHORS NOTE.** The author wishes to acknowledge the accurate punching of raw data by Jon Are Lian, and expert EDB assistance of Dag-Erik Eikeris in connection with the various factor analyses. This final version of the report has been significantly improved by thoughtful criticisms from the following person-centered colleagues: Wayne J. Anderson, Jerold D. Bozarth, David J. Cain, and Fred M. Zimring, as well as the editorial board of this journal. Presented at the 48th Annual Conference of the American Group Psychotherapy Association in San Antonio, Texas February 22, 1991, sponsored by its Research Committee.

**REFERENCES**


APPENDIX I

GOURP CLIMATE QUESTIONNAIRE
PERSON-CENTERED FORM

Name: ____________________________
Group: ____________________________ Place: ____________________________
Date ____/____ Session 1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20
14

Instructions: Read each statement carefully and try to keep the group, as a whole, in mind. Use the evaluation scale to the right as a guide. Draw a circle around the appropriate number for each statement that fittingly describes the group during the last session. Write only one answer for each statement.

1. The members liked and cared for each other ............... 
2. The members showed understanding for the special self-experience of each other ..........................................
3. The basic attitude of acceptance of the members was independent of what kind of ideas and feelings that were expressed .............................................
4. The members were open and honest toward each other .
5. The members became anxious when difficult problems were touched on
6. The members showed each other warmth and care ...........
7. The members attempted to get at the meaning each one attributed to their experiences .........
8. The members appreciated each other without any conditions ..........................................
9. The members told each other exactly what they actually thought and felt ..........................................
10. The members appeared in fact vulnerable and insecure ....
11. The members confirmed each other as persons with uniqueness ..........................................
12. The members understood each other spontaneously and immediately without any special considerations ..........
13. The members valued each one regardless if the communication was "positive" or "negative" .....................
14. The members challenged and confronted each other in order to express the true self .....................
15. The members appeared motivated to work on their self-development ..........................................

EVALUATION SCALE
0 not at all
1 a little
2 somewhat
3 moderately
4 considerably
5 a great deal
6 extremely

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