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 youngsters1 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

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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.
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 counselor’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.

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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).
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 whole-
ness. 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 reac-
tions 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 ther-
apist 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 develop-
ment of ideas presented in this book.3

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 sifting 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

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]).
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.