

EMPATHY, WARMTH, AND GENUINNESS IN PSYCHOTHERAPY: A REVIEW OF REVIEWS

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Several reviews of therapist variables in relation to therapy outcome appear to be biased and to underestimate the effects of empathy, warmth (or respect) and genuineness. These reviews are analyzed and evaluated, and reviewer biases are noted. In spite of the generally negative, or at best equivocal conclusions of these reviews, the evidence is actually supportive for the necessity, if not the sufficiency, of these therapist conditions.

Considering the statistical factors militating against the obtaining of significant positive results, it is concluded that the evidence for the effectiveness of the therapist variables is far greater than is recognized by many reviewers.

Research on empathy, warmth and genuineness, known as the core conditions of the counseling and psychotherapy relationship, is voluminous. It constitutes a body of research which is among the largest for any topic of similar size in the field of psychology. In the 1967 review of Truax & Carkhuff (1967), 439 references were listed. In the 1971 review of Truax & Mitchell (1971) there were 92 references. Most recent reviews contain many additional references.

It is manifestly impossible in the limits of this article to review all these studies. Moreover, it is not necessary to do so, since there are several recent reviews. The second edition of the *Handbook of Psychotherapy and Behavior Change* (Garfield & Bergin, 1978) includes four chapters which review research related to this topic.

This article presents a critical analysis and evaluation of several recent reviews. The conclusions of the reviewers in many cases do not appear to follow from their own summaries of the research studies. Since these conclusions are likely to be accepted as valid by most students, and others who do not have the time or opportunity to read the original studies, it is important that their deficiencies be revealed.

REVIEWER BIAS

It probably goes without saying that all reviewers are biased. Reviewers do not identify their biases, however, even when they are aware of them. Many of the recent reviewers are biased against recognition or acceptance of the effectiveness of the core conditions in counseling or psychotherapy, perhaps in part at least for some of the reasons noted earlier (Patterson, 1980). The evidence for these biases becomes clear when one examines their

analyses of, and conclusions from their analyses of, the individual research studies. Consider the following points:

1. Reviewers are biased in the selection of the studies which they review. Criteria for selection often seem to vary depending on the conclusions of the studies. Strict criteria are applied to reject inclusion of those studies whose conclusions disagree with the bias of the reviewer, while lesser criteria are applied to select those studies which support the reviewer's bias. Thus, the conclusions of the review are biased, even though they seem justified by the studies selected for review.
2. Similarly, of those studies admitted to the review, whether bias has entered into the selection or not, standards applied in the critiques of methodology and procedures and analysis of the data vary according to the reviewer's bias. Strict standards are applied to those studies inconsistent with the reviewer's bias, leading to rejection or minimizing of the results, while less strict standards are applied to other studies, leading to acceptance of the results.
3. Sometimes results of a single study, or two or three studies which are in accordance with a reviewer's bias, are emphasized or given great weight in conclusions. If two or three studies agree with the reviewer's bias, strong statements are made. Yet if, as noted later, 14 out of 21 studies yield results against the reviewer's bias, little emphasis is placed on "only" two-thirds agreement.
4. When results are positive on some outcome measures, and negative on others, a reviewer may fail to mention or may deemphasize the positive results, or may reject the measures yielding the positive results unacceptable to the reviewer. Yet, if in another study such measures yield results acceptable to the reviewer, these measures will be accepted.

These kinds of biases become evident in many of the reviews to be considered here. In addition, other evidences of bias were apparent. The language and phrasing frequently indicates bias, as will be seen in some of the statements of reviewers as we evaluate their reviews. Bias leads to misunderstanding, misinterpretation, or even misrepresentation of the findings of the original studies. It also leads to inconsistencies or discrepancies among statements--the stated results of studies reviewed are not consistent with the reviewer's conclusions. The existence of bias is also indicated by the differing evaluations and conclusions by different reviewers of the same studies.

MAJOR REVIEWS

Mitchell et al.'s (1977) review is particularly interesting since the earlier review by Truax & Mitchell (1971) was highly positive. Its conclusion reads as follows:

"Therapists and counselors who are accurately empathetic, nonpossessively warm in attitude and genuine are indeed effective. Also, these findings seem to hold with a wide variety of therapists and counselors, regardless of their training or

theoretic orientation, and with a wide variety of clients or patients, including college underachievers, juvenile delinquents, hospitalized schizophrenics, college counselees, mild to severe outpatient neurotics, and a mixed variety of hospitalized patients. Further, the evidence suggests that these findings hold in a variety of therapeutic contexts and in both individual and group psychotherapy or counseling" (p. 310).

Mitchell et al. question, but do not refute, these conclusions, in their negatively toned review. Their evaluation rests heavily upon the Arkansas study by Mitchell et al. (1973). They performed various statistical analyses and state that "in no instance was either empathy or warmth found to be related to client change. Genuineness was found to be related to client change in a sufficient number of analyses to allow us to say that minimal levels of genuineness were related modestly to outcome" (p. 485).

There are, however, several flaws in this study. The 75 therapists included represented only five percent of those invited to participate in the study. Moreover, in this highly (self) selected sample of therapists, "the interpersonal interaction levels of the therapists with their clients were relatively superficial. Almost all the therapists in this sample were below minimal levels and as a group, were not facilitative" (p. 485). The low levels and restricted ranges of the facilitative conditions would operate against obtaining any significant relationships with outcome variables. The authors recognize this problem when they note that "a reasonable proportion of therapists in any particular study must provide at least minimally facilitative levels before the study can be seen as even testing the central hypothesis" that "high level of skills lead to client improvement" (p. 486).

Fifteen studies conducted between 1970 and 1975 are reviewed, even though the authors estimate that none of them actually tested the central hypothesis. They summarize their evaluation as follows: "Perhaps seven [47 percent] offer at least minimal support for the hypothesis of higher levels of empathy (whether truly facilitative or not) and positive client outcome. Similarly, perhaps four [27 percent] offer such support for higher levels of warmth, and perhaps three studies (20 percent) offer such support for higher levels of genuineness" (p. 488). It would seem to be difficult to argue that such high levels of the conditions are not facilitative in the face of positive relationships with outcome. However, the authors state that "*our conclusion must be that the relationship between the interpersonal skills and client outcome has not been investigated adequately and, consequently, nothing definitive can be said about the relative efficacy of high and low levels of empathy, warmth, and genuineness*" (p. 488) (italics in original).

On the basis of these fifteen studies and the Arkansas study the authors offer the following equivocal conclusion: "*It seems to us to be increasingly clear that the mass of data neither supports nor rejects the overriding influence of such variables as empathy, warmth, and genuineness in all cases.... The recent evidence, although equivocal, does seem to suggest that empathy, warmth, and genuineness are related in some way to client change, but that their potency and generalizability are not as great as some thought*" (p. 483) (italics in original).

Parloff et al. (1978) are perhaps the most negative in their evaluation of the research on therapist variables. While noting that "all schools of psychotherapy appear to be in accord that a positive relationship between patient and therapist is a necessary precondition for any form of psychotherapy" (p. 243), they add that "relevant clinical observations have ... cast doubt on the universal applicability of the principle that the greater the degree of genuineness, empathy, and warmth, the greater the benefit to all patients" (p. 244). The validity of clinical observations is not questioned; moreover, no one claims that all patients benefit.

Parloff et al. criticize and reject the favorable conclusion of the Truax & Mitchell (1971) review, and quote approvingly from the more negative review of Mitchell et al. (1977). They recognize that there are positive findings, but emphasize the negative, failing to note that there are more positive than negative studies, or to note that the negative studies are not without serious problems or flaws. They make the important point that Rogers' (1957) statement included as a necessary condition the client's perception of the therapist's empathy, warmth, and genuineness, and note that most studies do not involve measures of client perceptions of the conditions, but rather use observer's ratings of the conditions. They fail, however, to recognize that this would lead to attenuation of the relationship between the conditions and outcomes, or to negative results in some cases where client ratings might produce positive results. Thus it is significant that positive results are obtained where the conditions are measured from an observer's rather than from the client's viewpoint.

These reviewers end by stating that "it must be concluded that the unqualified claim that 'high' levels (absolute or relative) of accurate empathy, warmth, and genuineness (independent of the source of rating or the nature of the instrument) represent 'the necessary and sufficient' conditions for effective therapy (independent of the outcome measures or conditions) is not supported" (p. 249). This is an equivocating and essentially meaningless statement. No one makes such an unqualified claim. No one claims that the case has been absolutely proven. Parloff et al. do not, on the other hand, disprove it.

Orlinsky & Howard (1978) review much of the same research as do Mitchell et al. and Parloff et al., but with somewhat different conclusions. They state that "approximately two-thirds of the 23 studies of warmth and a similar percentage of the 35 studies of empathy show a significant positive relationship between the externally rated aspects of therapist interpersonal behavior and therapeutic outcome" (p. 293). Of 20 studies of therapist congruence or genuineness, a similar proportion, two-thirds or 14, show a significantly positive relationship with outcome. They state that "the studies done thus far suggest that the positive quality of the relational bond, as exemplified in the reciprocal interpersonal relationship behaviors of the participants, is more clearly related to patient improvement than are any of the particular treatment techniques used by therapists" (p. 296). This is a strong statement, in view of the emphasis on techniques by most therapists and current therapies. They go on to say that "cumulatively these studies [of congruence] seem to warrant the conclusion that therapist genuineness is at least innocuous, is generally predictive of good outcome, and at most may be a causal element in promoting client improvement. Beyond a reasonable minimum, however, it is probably neither a

necessary nor a sufficient condition of therapeutic benefit" (p. 307). This is a rather innocuous, if not negative, statement and one that cannot be drawn directly from the research they review. It seems to be inconsistent with the statements quoted above.

Orlinsky & Howard (1978) also review studies using measures of client perception of the therapist conditions. Fifteen studies of client perception of empathy vary some in results, but "generally these studies support the notion that the sense of being understood by one's therapist is a fairly consistent feature of beneficial therapy as experienced by patients" (p. 299). Again, regarding respect (or warmth): "The evidence of 13 studies . . . is unanimous in indicating that the patient's perception of the therapist's manner as affirming the patient's value is positively and significantly associated with good therapeutic outcome.... It would seem foolish to discount the patient's sense of affirmation by the therapist as one probable ingredient of productive therapeutic experience" (p. 298). This is rather a weak conclusion for unanimous evidence.

Orlinsky & Howard (1978) reviewed other studies of client perceptions of their therapists and of themselves which support the importance of the relationship established in client-centered or relationship psychotherapy. These studies indicate that patients who saw their therapists as "independence encouraging" had better outcomes than those who viewed their therapists as "authoritarian." Patients' perception of their therapists as being personally involved was also related to positive outcome. Other variables related to positive outcome were the patients' view of the relationship as warm, close, and intimate, rather than cold domineering, or confrontative.

Gurman's (1977) earlier review of research on client perception of the therapeutic relationship agrees with Orlinsky & Howard (1978), stating the strong conclusion that "there exists substantial if not overwhelming, evidence in support of the hypothesized relationship between patient-perceived therapeutic conditions and outcome in individual psychotherapy and counseling" (p. 523).

Lambert et al.'s (1978) review is not actually a comprehensive review of the research on interpersonal skills. Eighteen studies done up to 1977 were selected as "the best this area has to offer." The authors conclude: "Despite more than 20 years of research and some improvements in methodology, only a modest relationship between the so-called facilitative conditions and therapeutic outcomes has been found. Contrary to frequent claims for the potency of these therapist-offered relationship variables, experimental evidence suggests that neither a clear test nor unequivocal support for the Rogerian hypothesis has appeared" (p. 486). Of course, if there has not been a clear test, one could not expect to find unequivocal support.

Most of the review is concerned with methodological issues. These include consideration of the following issues or questions: 1) Who should rate the conditions-clients, therapists, or outside raters? Relationships among these ratings are low. 2) The limits of audiotapes as the basis of ratings. Nonverbal behaviors are thus not observable. 3) Should the raters be experienced therapists or naive observers? 4) Should raters be trained or not? 5) Does the sex of the raters influence the ratings? 6) There are problems

of sampling, both of interviews during the course of therapy, and within interviews. 7) Are the facilitative conditions independent, constituting three dimensions, or are they aspects of a single dimension, such as the "good guy" therapist?

These are all sources of "confounding variables that must be taken into account when carrying out research in this area," and the low relationships found are probably a function of these variables. "Improvements in methodology may yet lead to a significant revision of the client-centered hypothesis and an increase in its ability to specify conditions leading to therapeutic change."

These authors also mention some of the problems to be discussed below, including inadequate sampling of therapy excerpts, the low levels of ratings of the conditions, and their restricted range. Referring to the negative results of two major studies, they note that "it would be a shame to see researchers discontinue the examination of the facilitative conditions because of these negative results."

The *Annual Review of Psychology* includes reviews of psychotherapy at three-year intervals. These reviews cover much more than the research in which we are interested here, and only the material relevant to our interests will be discussed.

The review by Bergin & Suinn (1975) covers the years 1971 through 1973. Bergin, the author of the individual psychotherapy section of the review, puts much emphasis on three studies: The Temple University study (Sloane et al., 1975), the DiLoreto study (1971), and the Mitchell et al. (1973) Arkansas study. The first two studies were comparative studies, and they found little or no difference in the effects of a wide variety of techniques. Bergin fails to recognize that this is evidence for the importance of a common element (the relationship). He also is uncritical in his acceptance of the results of the second two studies as not supporting the effectiveness of the core conditions. Lambert et al. (1978) pointed out several deficiencies in the Temple University study, some similar to those in the Arkansas study: the restricted range of the ratings of the therapist conditions (though the levels were relatively high); ratings based on one sample from one interview; the ratings of the behaviorists were on samples selected when they "were acting like therapists." In addition, there were only three psychoanalytic and three behavioristic therapists involved in this study. Bergin concludes that "it is clearer now that these variables are not as prepotent as once believed; but their presence and influence is ubiquitous, even showing up strongly in behavior therapies."

Bergin makes the interesting statement that "in recent years, a number of studies have induced skepticism concerning the potency of these variables except in highly specific, client-centered type conditions." It is not clear just what Bergin means or could mean by this statement. But there is an interesting implication. Since the conditions constitute or are the essence of client-centered therapy, then only client-centered therapy is an effective therapy. Though these conditions may be present in other therapies, they can be nullified or counteracted by other conditions or therapist variables. Support for this conclusion is provided by the fact that there is no good evidence for the effectiveness of

any other variables or techniques--or for the effectiveness of other approaches in the absence of these conditions.

The review by Gomes-Schwartz et al. (1978) three years later devotes one paragraph to the research on warmth, empathy and genuineness, citing eight studies. Only one of these studies, Sloane et al. (1975), related the conditions to outcome; this study was considered in the earlier review by Bergin. The other studies were of interrelationships among the conditions and problems in their measurement by ratings. Nevertheless, the author (Gomes-Schwartz, who authored this part of the review) perpetuates the negative evaluation: "Earlier assertions of strong empirical support for the relationship between therapist's facilitative 'conditions' and therapy outcome [by Truax & Mitchell] have been challenged by recent findings" [citing Bergin's review]. Yet she also equivocates: "This does not imply that the quality of the therapeutic relationship is not of major importance in determining the effectiveness of psychotherapy."

It is very interesting that in a later section on the therapeutic relationship it is stated that "in a relationship marked by warmth, closeness, and a sense that the therapist was involved and cared about the patient, patients were more likely to remain in therapy than terminate [4 studies cited], to be satisfied with the ongoing therapy process [2 studies], and to show greater improvement [3 studies]. The therapeutic relationship characterized by relaxed rapport and open communication was likely to promote continuation in therapy [2 studies] and better outcome [2 studies]." It is curious that these studies are separated from the section on warmth, empathy, and genuineness-they certainly are relevant supporting studies, making the negative conclusion questionable at least.

Hadley, in his section on behavioral interventions, noting that "in the past, relationship variables have often been subsumed under 'nonspecific effects,'" continues: "Recently there has been increased attention to the importance of a good patient-therapist relationship, in effecting positive change. The thrust of most of these discussions is that the relationship, while not sufficient for change, is vital for *substantial improvement*. Furthermore, there is a growing consensus that an empirical, learning-based approach to clinical practice is not antithetical to recognition of the importance of 'relationship' factors" (italics added).

Here, as in most of the previous reviews, one notes the inconsistencies and contradictions among the various statements and conclusions regarding relationship variables.

The 1979 volume of the *Annual Review* includes a chapter on Counseling Psychology (Krumboltz et al., 1979). A brief section on genuineness, warmth, and empathy notes an "apparent substantiation of Rogers' triad of therapist genuineness, warmth, and empathy," but the reference is to the 1971 review of Truax & Mitchell. Further references are to studies of the reliability of ratings of the variables. In 1981 the chapter reviewing psychotherapy (Phillips & Bierman, 1981) makes no mention of studies on empathy, warmth, or genuineness. It is inconceivable that there were no such studies during the period covered (1976-1980). The review simply does not cover research on the therapy

process or relationship. The review of counseling psychology in this issue of the Annual Review of Psychology (Holland et al., 1981) concerns itself only with career interventions, research, and theory.

EVALUATION

If one reads these reviews of research--often by biased reviewers--one cannot help being impressed with the direction of the evidence. Yet the conclusions of the reviews do not adequately or accurately reflect the reviews' own reports of the studies reviewed. The reviewers are more than cautious in their conclusions--they are often inconsistent, ambivalent, and unable to accept the results of their own reviews. Allen Bergin and Hans Strupp, who have produced earlier biased reviews, show the same inconsistency and ambivalence in their overview chapters in Garfield & Bergin. Bergin & Lambert (1978) write, presumably after reading the other chapters considered above: "Our hope that the study of specific treatments with specific problems would result in practically useful information has not been realized, with but few exceptions" (p. 180). This is true as regards the case of behavior therapy, to which they are referring in this statement. But they do not go on to note that this is not true regarding the conditions of client-centered or relationship therapy. They continue: "Interpersonal and nonspecific or nontechnical factors still loom large as stimulators of patient improvement. It should come as no surprise that helping people . . . can be greatly facilitated in an interpersonal relationship that is characterized by trust, warmth, acceptance, and human wisdom. It appears that these personal factors are crucial ingredients even in the more technical [behavioral] therapies. This is not to say that techniques are irrelevant but that their power for change pales when compared to personal influence. Technique is crucial to the extent that it provides a believable rationale and congenial modus operandi for the change agent and the client" (p. 180). Bergin and Strupp have been writing for years about the "crucial" importance of techniques in addition to the relationship. But neither they nor anyone else have clearly identified or specified these techniques or produced any evidence for the effectiveness of techniques. It is interesting that Gomes-Schwartz (1978), a colleague of Strupp, states that "it remains to be demonstrated that what the therapist does has an impact over and above the effects of a supportive relationship." If techniques "provide a believable rationale and congenial modus operandi" they are not specific--in fact they are part of the placebo.

Bergin & Lambert state that "although it was once felt that this hypothesis [that a positive relationship exists between therapist interpersonal skills and therapy outcomes] had been confirmed [an apparent reference to the 1971 review of Truax & Mitchell], it now appears that the relationship between these variables and outcome is more ambiguous than was once believed" (p. 167). Complex, perhaps, but hardly ambiguous. This statement is a misleading evaluation of the reviews which follow. They continue: "We assume that as interpersonal dimensions of therapy interactions are more carefully examined, . . . it will become possible to define more clearly what kinds of persons help which kinds of clients most effectively" (p. 180). This is inconsistent with the research evidence to date, which indicates that the relationship variables are positively related to outcome with a wide variety of clients with a wide variety of problems.

Strupp (1978), in his opening chapter to Bergin & Garfield's *Handbook*, takes a similar position--again after presumably having read the other chapters. He says: "Although the hypothesis of nonspecific factors [i.e., relationship variables or common elements] may be correct, it is still possible that some technical operations may be superior to others with particular patients, particular problems, and under particular circumstances" (p. 12). This is pure speculation--he does not even suggest what these particular techniques, patients, problems, and circumstances might be. It is interesting that in the face of the evidence for the effectiveness of the relationship variables over many kinds of clients with many kinds of problems, Bergin and Strupp, along with all other writers, persist in labeling them as nonspecific variables. This approach classifies them with placebo factors, to be eliminated or controlled for in research on psychotherapy as placebo variables are in medical research. But to do this would be to dismiss or eliminate the very active ingredients we are looking for.

Bergin and Strupp have been particularly persistent in relegating the relationship variables to the nonspecific or noncausal class of factors--noncausal in contrast to specific causal techniques, which, as has been noted, they never clearly specify--while at the same time they acknowledge the necessity and importance of the relationship in all therapies. In an otherwise excellent article, "The Therapist's Theoretical Orientation: An Overrated Variable," Strupp (1978) ends by saying: "The best therapists, in my view, are those whose empathic capacity and technical skills have become thoroughly blended in such a way that they interact flexibly with the unique constellation presented by each patient's personality." Nowhere in the article are the technical skills identified. In another article by Strupp (1980), "Humanism and Psychotherapy: A Personal Statement of the Therapist's Essential Values," there is only one use of the word technique. In discussing Freud as representing an extreme position, now considered superseded, he says that Freud "likened psychotherapy to a set of technical operations, analogous to surgery, in which the therapist, as a person, plays a negligible role. [The other extreme is] the view of psychotherapy as a unique human encounter, exemplified by client-centered, humanistic, existential writers, in which the therapist's personality is of the utmost importance." He continues: "In my view, the therapist's personality, including his or her values, is inextricably intertwined with the technical operations brought to bear on the dyadic interaction. Accordingly, it is meaningless to speak of techniques in the abstract, just as it is meaningless to speak of the therapist's personality in the abstract." Yet this is exactly what he does--no further mention is made of any concrete techniques. In the case of personality he does essentially the same thing, with no reference to specific characteristics of the therapist other than his or her value commitments.

Strupp opens this paper by saying that "most therapists and students of psychotherapy now seem to agree that the therapist's personality plays an important role in the formation of the patient-therapist relationship which in turn has a critical bearing on therapeutic outcomes." It is curious, however, that those who accept this view, including Strupp, seldom go on to identify the characteristics of the therapeutic personality. Are they blind to the fact that the relationship variables provide a definition of the therapeutic personality?

There are a number of factors which militate against the obtaining of significant positive relationships between the therapist variables and the therapeutic outcomes. These include problems in the design and analysis of research studies. Some of these factors are recognized by reviewers (e.g., Lambert et al., 1978) in their critiques of the research. However, reviewers use these problems to reject or minimize the results of studies with positive outcomes, failing to recognize that the obtaining of positive results against such handicaps is an indication of the strength of the relationships. The following factors are in addition to the methodological problems enumerated by Lambert et al. (1978).

1. Not all therapists are therapeutic. Much of the research involves inexperienced therapists, therapists in training, or interns. The averaging of studies including such therapists with those involving experienced therapists attenuates relationships. As some reviewers have noted, most of the studies have included therapists offering low levels of the therapeutic conditions, often borderline or below-level 3 on the 5-point scale. Furthermore, the ranges of scores on the measures are usually restricted; the resulting reduced variability attenuates relationships between the variables and outcome measures.
2. Critics have pointed to the small numbers of therapists and clients in most studies. Yet they do not recognize that the probability of obtaining significant results is directly related to the size of the sample.
3. Critics have complained about the small amount or percentage of variance in the outcome criteria accounted for by the therapist variables. Correlations between .50 and .65, the highest obtained, account for between 25 and 40 percent of the variance. There are several factors that must be considered, however. No one expects perfect correlations in studies of human behavior. And the correlations are attenuated by a) the relatively low reliabilities of measures of the therapeutic conditions; b) similar low reliabilities of the outcome measures; c) the less than perfect validities of the outcome measures, and d) restricted ranges of scores on the predictor variables. Statistical corrections for unreliability of the therapist and outcome measures would increase the obtained correlations significantly. No one appears to have considered this. Smith et al. (1980) did not apply such corrections in their Meta-analysis of the effectiveness of psychotherapy.
4. Outcome measures used in the various studies vary widely. The various measures show low intercorrelations. It appears that there is no single outcome measure, or group of highly related measures which is generally accepted. This problem of an appropriate criterion influences all outcome studies.
5. No one seems to have applied, or suggested the use of, probability statistics to estimate the probability of obtaining by chance the proportions of positive results in a series of studies.

All studies, as the critics have pointed out, are flawed, but the critics do not seem to be aware that these flaws, in almost all cases, militate against, not for, the obtaining of significant positive results.

CONCLUSION

Considering the obstacles to research on the relationship between therapist variables and therapy outcomes, the magnitude of the evidence is nothing short of amazing. There are few things in the field of psychology for which the evidence is so strong. The evidence for the necessity, if not the sufficiency, of the therapist conditions of accurate empathy, respect, or warmth, and therapeutic genuineness is incontrovertible.

As Orlinsky & Howard (1978) conclude: "If study after flawed study seemed to point in the same general direction, we could not help believing that somewhere in all that variance there must be a reliable effect" (pp. 288-289). And a powerful effect! There is certainly more than meets the eyes of most reviewers.

The effectiveness of all methods of counseling or psychotherapy may be due to the presence of a therapeutic relationship. The crucial study to determine if this is so by eliminating the relationship is difficult, if not impossible, to conduct. It could be possible to vary the therapeutic level of the relationship; this is, in effect, what is done in comparing studies in which the levels of therapeutic conditions vary. The fact that therapeutic change occurs in a therapeutic relationship without the addition of so-called specific techniques, such as interpretation, suggestion, instruction, etc., is also evidence of the sufficiency of the relationship by itself.

The consistent positive findings regarding the elements of the therapeutic relationship are encouraging. This is particularly so in view of the lack of consistent findings in the area of (developmental) psychopathology in the search for specific causal factors. Thus there is no basis for specific interventions related to specific causal factors of psychopathology. The research on the effectiveness of the relationship over a wide range of client conditions or problems provides a basis for a therapy which does not depend on identifying specific causal pathological factors. This suggests either that the specific content of the client's disturbance is unimportant, or that the cause of much, if not most, psychological disturbance is related to the absence of good human relationships, or deficiencies in such relationships. It is also possible that improvement in the client's relationships springing from the therapeutic relationship leads to improvement in other areas of the client's life.

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