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ABSTRACT

The length of the counseling relationship (number of sessions) was studied in relationship to (1) counselors' understanding of their clients' views of the depth and smoothness of their sessions and (2) clients' perceptions of being understood (regarding their views of their counseling sessions) by their counselors. Participants (17 therapists and 34 clients) responded to a questionnaire. It was expected that the longer the counselor and client had been in sessions together, the greater would be the counselor's level of understanding of the client's views of their session, and the greater the sense of feeling understood would be on the part of the client. The relationship between the length of therapy and the difference between therapist's level of understanding and the client's feeling of being understood--the size of this difference and its sign being an indicator of the "realism" of the participants' interpersonal perspectives--was also studied. Multiple correlation analysis was used, and a model is included. Results tentatively suggest that time in therapy may increase clients' sense of feeling understood by their therapists, and counselors' actual understanding of their clients, at least in terms of certain perceptions the two participants have of their sessions together. Further investigation is warranted. Contains 16 references. (Author/EMK)

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Running Heading: THERAPIST UNDERSTANDING

Levels of therapist understanding and client feelings of being understood and the length of the therapy relationship

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Levels of therapist understanding and client feelings of being understood and the length of the therapy relationship

Abstract

We examined the relationship between the length of the counseling relationship, operationalized in terms of number of sessions and (a) counselors' understanding of their clients views of the depth and smoothness of their sessions and (b) clients' perceptions of being understood (regarding their views of their counseling sessions) by their counselors. We hypothesized that the longer the counselor and client had been in sessions together, (a) the greater the counselor's level of understanding of the client's views of their session and (b) the greater the sense of feeling understood on the part of the client. We were also interested in the relationship between the length of therapy and the difference between therapists level of understanding and the client's feeling of being understood--the size of this difference and its sign being an indicator of the "realism" of the participants' interpersonal perspectives. The results of our analyses provide some indication of a relationship between time in therapy may increase clients' sense of feeling understood by their counselors, and counselors' actual understanding of their clients--at least in terms of certain perceptions the two participants have of their sessions together; and on the strength of these findings, we believe further investigation is warranted.

Levels of therapist understanding and client feelings of being understood and the length of the therapy relationship

In an effort to understand how counselors' and clients' time together in therapy might relate to counselors' level of understanding of their clients' reactions to counseling and to clients' feelings of being understood by their counselor, we examined the relationship between the length of the counseling relationship (number of sessions) and (a) counselors' understanding of their clients' views of the depth and smoothness of their sessions and (b) clients' perceptions of being understood (regarding their views of their counseling sessions) by their counselors.

Rogers' (1957) conceptualization of the "necessary and sufficient" conditions for effective counseling and psychotherapy have formed the foundation for the preponderance of research on the therapeutic relationship for over three decades (Beutler, Machado, & Neufeldt, 1994). Although empirical evidence does not support Rogers' contention that the relationship qualities of nonpossessive warmth, therapist genuineness, and empathic understanding are sufficient to bring about therapeutic change (Mitchell, Bozarth, & Krauft, 1977), most investigators and practitioners agree that these facilitative conditions play a central role in such change (Gelso & Carter, 1985; Sexton & Whiston, 1994). These variables (and similar constructs) are often considered when "common" or "shared" or "non-specific" therapeutic factors are discussed in the context of apparently equivalent outcomes of different approaches to counseling and psychotherapy (see Frank, 1982; Shapiro & Shapiro, 1982; Smith, Glass, & Miller, 1980; Stiles, Shapiro & Elliott, 1986).

Each of Rogers' (1957) facilitative conditions has important therapeutic qualities in its own right; however, counselors' ability to achieve and communicate accurate empathic understanding with their clients is considered fundamental to a positive therapeutic process and outcome. While counselors may accurately (and empathically) understand their clients, the

successful communication of such empathic understanding is critical--that is, the client must feel understood by the counselor. In counseling, as in most relationships, understanding and the sense of feeling understood by another generally develops over time.

Empathic understanding generally has been examined on the basis of either client or therapist perceptions of the relationship, or on the basis of objective ratings by an outside observer. However, since counseling is an interpersonal enterprise and empathy is inherently an interpersonal construct, it seems reasonable that individuals' experiences in counseling would be a function not only of each participants' individual views of the relationship, but also of their view of what the other thinks about their relationship, and of their view of what the other thinks they think about the relationship. Indeed, determination of the successful communication of empathic understanding relies on assessing what clients think their therapists think that they (the clients) think.

In this regard, Laing, Phillipson, and Lee (1966), although focusing on marital relationships, developed a method for examining such a hierarchy of interpersonal perspectives and the relationship of these "levels of interpersonal perception" to important outcomes (e.g., marital satisfaction and divorce). Their Interpersonal Perception Method (IPM) produces comparisons between two persons' perspectives which translate into the interpersonal variables of (a) agreement, (b) understanding, (c) realization of understanding, and (d) feeling understood. The IPM operates off three levels of perception elicited from each member of a dyad: (a) the direct perspective--what an individual thinks about an issue; (b) the metaperspective--what an individual thinks the other member of the dyad thinks about the issue; and (c) the meta-metaperspective--what an individual thinks the other member of the dyad thinks the first individual thinks about the issue. These perspectives are compared to yield specific kinds of perceptions regarding the issue. A comparison of direct perspectives yields an index of whether members of a dyad are in agreement or disagreement on the issue being rated. When one person's metaperspective is compared to another's direct perspective, the outcome is an index of whether the first person understands or misunderstands the other. When one person's meta-metaperspective is compared with the other's metaperspective on an issue, the outcome is an

index of the second person's realization that s/he understands the other. And when one person's meta-metaperspective is compared with his/her own direct perspective on an issue, the outcome is an index of that person's sense of feeling understood. Figure 1 depicts the three levels of perspective and the comparisons between perspectives that yield the interpersonal perception variables of agreement/disagreement, understanding/misunderstanding, realization/failure to realize understanding, and feeling understood/misunderstood.

Insert Figure 1 about here

The IPM, as a method, can be used to assess agreement, understanding, realization of understanding, and feelings of being understood on any issue relevant to one's research or clinical needs. For example, Nye (1980) analyzed similarities and difference in the views of school counselors, teachers and principals regarding the role of the school counselor, and related the derived indices of agreement/disagreement and understanding/misunderstanding to counselors' job satisfaction and job tenure. Hendrikse (1992) examined differences in the perceptions of mothers and their teenage daughter with regard to various "family rules" regarding the teenage daughter and the relationship between the interpersonal indices of mother-daughter agreement and understanding to their evaluations of the quality of their mother-daughter relationship. Kobes (1993) analyzed the effect of husband and wife "matching" on the Sensing-Intuition scale of the Myers-Briggs Type Indicator and measures of (a) interpersonal agreement and understanding and (b) marital satisfaction. Holsinger (1991) studied the relationship between work supervisor and employee agreement and understanding regarding the role of the supervisor on employee job satisfaction and job related stress.

In the present study we examined the relationship of the length of the counseling relationship to (a) counselors' understanding of their clients views of the quality of their sessions and (b) clients' perceptions of being understood (regarding their views of their counseling sessions) by their counselors . The IPM served as a format for structuring therapist and client evaluations of the quality and impact of their therapeutic relationship--specially, their views of the depth and smoothness of their sessions together. We hypothesized that the longer the

counselor and client had been in sessions together, (a) the greater the counselor's level of understanding of the client's views of their session and (b) the greater the sense of feeling understood on the part of the client. We were also interested in the relationship between the length of therapy and the difference between therapists level of understanding and the client's feeling of being understood--the size of this difference and its sign being an indicator of the "realism" of the participants' interpersonal perspectives.

Method

Participants

Participants were 17 therapists (6 male, 11 female) and 34 clients (9 male, 24 female, 1 unreported), comprising 34 mixed and same-sex therapist/client dyads from four midwestern university counseling centers who volunteered for the study. Therapists were advanced doctoral students in counseling or clinical psychology and licensed mental health professionals. Clients were actual clients of those therapists.

Of the therapists, 80% were White, 14% were Black, and 6% were Hispanic. Their self-reported theoretical orientations were cognitive-behavioral (37%), psychodynamic (37%), interpersonal (9%), humanistic (9%); other orientations made up the remaining 8%. Their ages ranged from 24 to 57 years ($M=37.77$; $SD=8.92$); and their reported years of clinical experience ranged from 1 to 23 years ($M=6.23$; $SD=5.14$).

Of the clients, 94% were White, 3% were Hispanic, and 3% were "other--not specified." They ranged in age from 18 to 46 ($M=25.32$; $SD=6.99$). Most were in postgraduate degree programs (law, medicine, graduate school) (37.1%); 22.9% were seniors; 25.7% were juniors; and 14.3% were freshmen/sophomore students. Their self-reported presenting concerns included: anxiety/stress (11.8%), depression (20.6%), social relationships (17.6%), marital relationships (8.8%), family relationships (8.8%), and educational/career concerns (2.9%).

Measures

Demographic Form. Separate general information sheets were prepared for the therapists and clients. The therapists' form requested information on each therapist's age, sex, race/ethnicity, education level, years of professional/clinical experience, theoretical orientation,

the primary concern for which the client had sought counseling, and the number of sessions s/he had completed with the client. The clients' form requested information on the client's age, sex, race/ethnicity, education level, primary concern for which counseling was sought, and number of sessions s/he had completed with the therapist.

Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984a). The SEQ is a measure of the impact of psychotherapy sessions. The full instrument comprises four scales: two scales reflecting session evaluation (depth, which reflects the session's felt power and value; smoothness, which reflects the session's comfort and pleasantness) and two scales assessing postsession mood (positivity, arousal). Factor analyses have shown the scales to be distinct orthogonal qualitative aspects of the therapy relationship (Stiles & Snow, 1984b).

For the present study only the depth and smoothness items were used in this study. Together the scales consist of 12 items, with two of those items being filler items that are not scored. Each scale's five scorable bipolar adjectives are arranged in a 7-point semantic differential format. As written, the scales tap a respondent's direct perspective on session depth and smoothness. Scores from the depth and smoothness subscales can be combined to provide an overall measure of the respondent's evaluation of counseling session quality. Consistent with previous use of the instrument (Nocita & Stiles, 1986), each scale was scored from 1 to 7, with higher scores indicating greater depth or greater smoothness. Stiles and Snow (1984a) report alpha coefficients of .91 and .87, respectively, for the therapists and clients on the depth scale, and alpha coefficients of .89 and .93 respectively for therapists and clients on the smoothness scales.

For purposes of this study, the structure of the SEQ questionnaire was modified to conform to the IPM format, so that items tapped the respondents' direct, meta- and meta-metaperspectives on the quality of their counseling sessions. As noted above, the SEQ was designed to tap a respondent's direct perspective on the counseling relationship. Consequently, it had added to it questions concerning the respondent's met- and meta-metaperspectives on the relationship. This was accomplished by using the same SEQ items, but changing the instrument's stem or rating instructions. For the direct perspective, the stem was, "This session

was...” For the metaperspective the stem was, “My client [or therapist] thinks this session was...” And for the meta-metaperspective, the stem was, “My client [or therapist] thinks that I think that this session was...”

As with the original form of the questionnaire, SEQ items were rated using a 7-point Likert-type format. Both the client and therapist rated (a) their personal views of the depth and smoothness of the therapy relationship (their direct perspective), (b) their view of the other’s view of the depth and smoothness of their relationship (their metaperspective), and their view of the other’s view of their view of the relationship (their meta-metaperspective). Scoring the IPM version of the SEQ involved subtracting the value endorsed for a specific item from the value endorsed for the appropriate item on the other’s form following Laing et al.’s (1966) logic for comparison of perspectives. Scoring permitted us to derive indices of agreement (comparison across each person’s direct perspective), understanding (comparison of one person’s metaperspective with the other person’s direct perspective), realization of understanding (comparison of one person’s meta-metaperspective and the other person’s metaperspective), and feelings of being understood (comparison of one person’s meta-metaperspective with that person’s own direct perspective) for each of the SEQ items, although only the item indices of therapist understanding (TU) and client feeling of being understood (CFU) were used to address the hypotheses of this study. A third variable, the difference between a therapist’s understanding and the client’s feeling of being understood (DIFF), was computed for SEQ items. Negative values for this index may be interpreted as suggesting that clients have a greater sense of therapist understanding than exists in actuality, while positive values for the index suggest that the therapist understands more about the client’s views of their session together than the client realizes.

Procedure

Various counseling centers in the central midwest were contacted and asked if any of their professional staff would be willing to participate in a study of therapist and client perspectives on their counseling sessions. Centers that indicated staff willingness to participate in the study were mailed packets of the modified SEQ to be distributed to participating staff.

Each participating therapist was provided with a packet that contained five smaller packets, each smaller packet consisting of (a) a therapist demographic form, and a copy of the therapist form of the modified SEQ, and (b) a client demographic form and one copy of the client form of the modified SEQ. Each packet also included therapist and client consent forms and separate return envelopes for the completed therapist and client materials.

Therapists were asked to identify up to five of the current clients whose participation in the study would not be therapeutically contraindicated or for whom the solicitation to participate would not constitute unwarranted pressure, and then to request their participation in the study. Only clients who were 18 years or age or older were solicited to participate. Clients could be at any point in their counseling, and it was deemed desirable if therapists could identify clients who were at different stages of counseling. In order to assure a reasonable mix of clients, therapists were instructed to ask each of their clients over a two- or three-day period (up to a maximum of five clients) whether they would be willing to participate.

Participating therapists and clients were instructed to mail their questionnaires to the researchers in separate envelopes in order to assure that the therapists and clients not see each other's responses. Clients were permitted to take their questionnaires with them to complete at home; but they were encouraged to complete their questionnaires immediately following the session, seal it in the return envelope, and leave it with the counseling center to put in its mail. The Demographic Form and SEQ within each therapist and client packet of materials were coded to assure that the appropriate therapist and client forms could be paired for analysis once they had been returned.

Results

Table 2 summarizes therapist and client direct perspective means and standard deviations for each of the SEQ items.

Insert Table 1 about here

The table suggests generally “positive” ratings of the counseling session by both the therapist and client. (NOTE: The qualitative direction of the SEQ items reverses every other item.)

Table 2 summarizes the means and standard deviations for (a) therapist understanding (TU) and (b) client feeling understood (CFU), (c) and the difference between the therapist’s understanding and the client’s feeling of being understood (DIFF) on each for each of the SEQ items.

Insert Table 2 about here

When reviewing the table, it is important to keep in mind that the therapist understanding (TU) and client feeling understood (CFU) scores are difference scores, and that larger TU and CFU scores are indicative of less understanding on the part of the therapist and a lesser feeling of being understood by the therapist on the part of the client. As noted earlier and in the table, DIFF was computed as the TU minus CFU. Thus, negative values for DIFF may be interpreted as suggesting clients to have a greater sense of therapist understanding than exists in actuality, while positive values for the index suggest that the therapist understands more about the client’s views of their session together than the client realizes.

In order to address the three hypotheses of the study, three multiple correlation analyses were run. In each analysis the number of counseling sessions completed by the dyad (TSESS) was the dependent variable. In the first analysis, therapists’ understanding (TU) of their clients’ views of their most recent counseling session, as represented on each of the 12 SEQ items, constituted our set of independent variables; in the second analysis, clients’ feelings of being understood (CFU) by their therapists (with respect to the clients’ views of their counseling session, and as represented on each of the SEQ items) were the predictors; and in the third analysis, the differences between therapists’ understanding and clients’ feeling of being understood (DIFF) on each of the 12 SEQ variables were the independent variables. The results of those analyses are presented in Table 3.

Insert Table 3 about here

The results of the three correlation analyses suggested that therapists' understanding, clients' feelings of being understood, and the difference between the two was unrelated to the number of sessions therapists and clients had together.

In light of the non-significant findings in our three planned correlation analyses, we decided to explore our data using post hoc model fitting. With 12 independent variables (i.e., SEQ items) in each analysis and only 34 observations, it seemed likely that statistical power would be low. We therefore tried three stepwise analyses ($p \leq 0.05$ to enter; $p \leq 0.10$ to remove), one for each set of independent variables (Therapist Understanding, Client Feeling Understood, and the difference between the two). Nothing entered on any of the three analyses.

Another thought was that if therapist understanding were to increase with the number of sessions, it could not increase indefinitely; eventually it would have to plateau. With this in mind, several nonlinear transformations of the TSESS (number of sessions) were considered. The one that seemed most reasonable to us was a log transformation; and three stepwise analyses using a log transformation of TSESS as the dependent variable were conducted, one for therapist understanding (TU), client feeling of being understood (CFU), and the difference between the two (DIFF). Table 5 summarized those results.

Insert Table 4 about here

From Table 5 it can be seen that therapists' understanding of their clients rating on SEQ item 9 (weak-powerful), and the combination of clients' feeling understood by their therapist on SEQ items 6 (relaxed-tense) and 8 (full-empty) were significantly related to the log transformation of the number of counseling sessions the therapist and client had completed.

Discussion

The results of our analyses tentatively suggest that time in therapy may increase clients' sense of feeling understood by their therapists, and therapists' actual understanding of their clients--at least in terms of certain perceptions the two participants have of their sessions together. We caution that such an interpretation must be tentative as those analyses in which any significance was found were post hoc analyses, rather than the results of our initial hypothesis testing. The finding resulting from our post hoc analyses must be further qualified by the fact that dependencies existed across some of the cases due to the fact that several clients were seen by the same therapist. The effect of these dependencies is not known, however.

The lack of significant findings was surprising, as it seems logical to us both that therapists' understanding of the views of their clients as well as the client's feelings of being understood by their therapists would increase as the two spent more time together in sessions. It is reassuring, however, that the neither therapists' understanding of their clients nor the clients' sense of being understood by their therapist decreased with time.

It is conceivable that therapists' level of understanding is quite good (and consistent) throughout counseling, but that client realization of that understanding (i.e., feeling of being understood) evolves slowly over the course of counseling. Alternatively, therapist understanding could be poor (and consistent) throughout counseling; but clients nevertheless come to believe, perhaps as a means of reducing dissonance, that their therapists are coming to understand them. Regrettably, our data were not longitudinal and therefore could not be used to study directly trends or changes in therapists' understanding or clients' feelings of being understood across counseling.

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Table 1

Means and Standard Deviations for the Therapist and Client Direct Perspective Ratings of Each of the SEQ Items

SEQ Item	Therapist		Client	
	M	SD	M	SD
1. Bad-Good	5.91	.74	6.03	.89
2. Safe-Dangerous	2.26	1.24	2.37	1.85
3. Difficult-Easy	4.80	1.41	4.23	1.54
4. Valuable-Worthless	2.46	1.36	2.29	1.41
5. Shallow-Deep	5.09	1.38	5.31	.90
6. Relaxed-Tense	2.89	1.43	2.83	1.50
7. Unpleasant-Pleasant	5.83	1.27	5.71	1.23
8. Full-Empty	2.71	1.49	2.40	1.38
9. Weak-Powerful	4.91	1.04	5.31	.87
10. Special-Ordinary	3.74	1.48	3.43	1.44
11. Rough-Smooth	5.63	1.06	5.06	1.59
12. Comfortable-Uncomfortable	2.26	1.29	2.69	1.66

Note: SEQ depth items are items 4, 5, 8, 9, and 10; smoothness items are items 3, 6, 7, 11, and 12; filler items are items 1 and 2.

Table 2

Means and Standard Deviations for Therapist Understanding (TU), Client Feeling Understood (CFU), and the Difference (DIFF) Between TU and CFU on Each of the SEQ Items

SEQ Item	Therapist Understanding		Client Feeling Understood		Difference	
	TU M	SD	CFU M	SD	DIFF M	SD
1. Bad-Good	.89	.72	.35	.49	.56	.86
2. Safe-Dangerous	1.63	1.61	.82	1.36	.82	1.45
3. Difficult-Easy	1.37	1.17	.71	.76	.65	1.18
4. Valuable-Worthless	1.43	1.36	1.06	1.18	.41	1.71
5. Shallow-Deep	1.00	.87	.56	.66	.44	1.05
6. Relaxed-Tense	1.23	1.21	.82	.90	.44	1.52
7. Unpleasant-Pleasant	1.14	1.06	.79	.81	.35	1.39
8. Full-Empty	1.46	1.17	.41	.56	1.09	1.08
9. Weak-Powerful	.03	.79	.68	.81	.35	1.12
10. Special-Ordinary	1.43	.81	.82	1.01	.58	1.20
11. Rough-Smooth	1.17	1.12	.79	.73	.41	1.21
12. Comfortable-Uncomfort.	1.40	1.14	.79	.95	.62	1.39

Note: Difference (DIFF) scores were computed as Therapist Understanding (TU) minus Client Feeling Understood (CFU). The more positive the score, the greater the therapist's understanding relative to the client's feeling of being understood by the therapist.

Table 3

Multiple Correlation Analyses of (a) Therapist Understanding (TU) on Session Number, (b) Client Feeling Understood (CFU) on Session Number, and (c) the Difference (DIFF) Between Therapist Understanding and Client Feelings of Being Understood on Session Number

(a) Therapist Understanding (TU) on Session Number

Regression Statistics

Multiple R	0.63
R Square	0.39
Adjusted R Square	0.05
Standard Error	17.63
Observations	34

ANOVA

	df	SS	MS	F	Significance
Regression	12	4255.71	354.64	1.14	0.38
Residual	21	6530.79	310.99		
Total	33	10786.50			

(b) Client Feeling Understood (CFU) on Session Number

Regression Statistics

Multiple R	0.58
R Square	0.334
Adjusted R Square	-0.04
Standard Error	18.45
Observations	34

ANOVA

	df	SS	MS	F	Significance
Regression	12	3637.26	303.10	0.89	0.57
Residual	21	7149.24	340.44		
Total	33	10786.50			

Table 3 (cont.)

(c) **Difference (DIFF) Between Therapist Understanding and Client Feelings of Being Understood on Session Number****Regression Statistics**

Multiple R	0.50
R Square	0.25
Adjusted R Square	-0.17
Standard Error	19.60
Observations	34

ANOVA

	df	SS	MS	F	Significance
Regression	12	2715.07	226.25	0.59	0.83
Residual	21	8071.43	384.35		
Total	33	10786.50			

Table 4

Stepwise Multiple Correlation Analyses of (a) Therapist Understanding (TU) on Session Number, (b) Client Feeling Understood (CFU) on Session Number, and (c) the Difference (DIFF) Between Therapist Understanding and Client Feelings of Being Understood on the Log Transformation of Session Number

(a) Therapist Understanding (TU) on Log Session Number

The subset model includes the following predictors:

Constant
TU9 (weak-powerful)

Regression Statistics

Multiple R	0.37
R Square	0.13
Adjusted R Square	0.11
Standard Error	1.01
Observations	34

Variable	Coefficient	Std. Error	Std. Coef.	Tolerance	T	p (2 tail)
Constant	2.27	0.29	0.00		7.96	0.00
TU9	-0.49	0.22	-0.37	1.00	-2.26	0.03

ANOVA

	df	SS	MS	F	Significance
Regression	1	4.99	4.99	4.91	0.03
Residual	32	32.60	1.02		

Table 4 (cont.)**(b) Client Feeling Understood (CFU) on Log Session Number**

The subset model includes the following predictors:

Constant
 CFU6 (relaxed-tense)
 CFU8 (full-empty)

Regression Statistics

Multiple R	0.51
R Square	0.26
Adjusted R Square	0.21
Standard Error	.95
Observations	34

Variable	Coefficient	Std. Error	Std. Coef.	Tolerance	T	p (2 tail)
Constant	2.37	0.24	0.00		9.66	0.00
CFU6	-0.39	0.19	-0.33	.98	-2.09	0.04
CFU8	-0.65	0.30	-0.34	0.98	-2.17	0.04

ANOVA

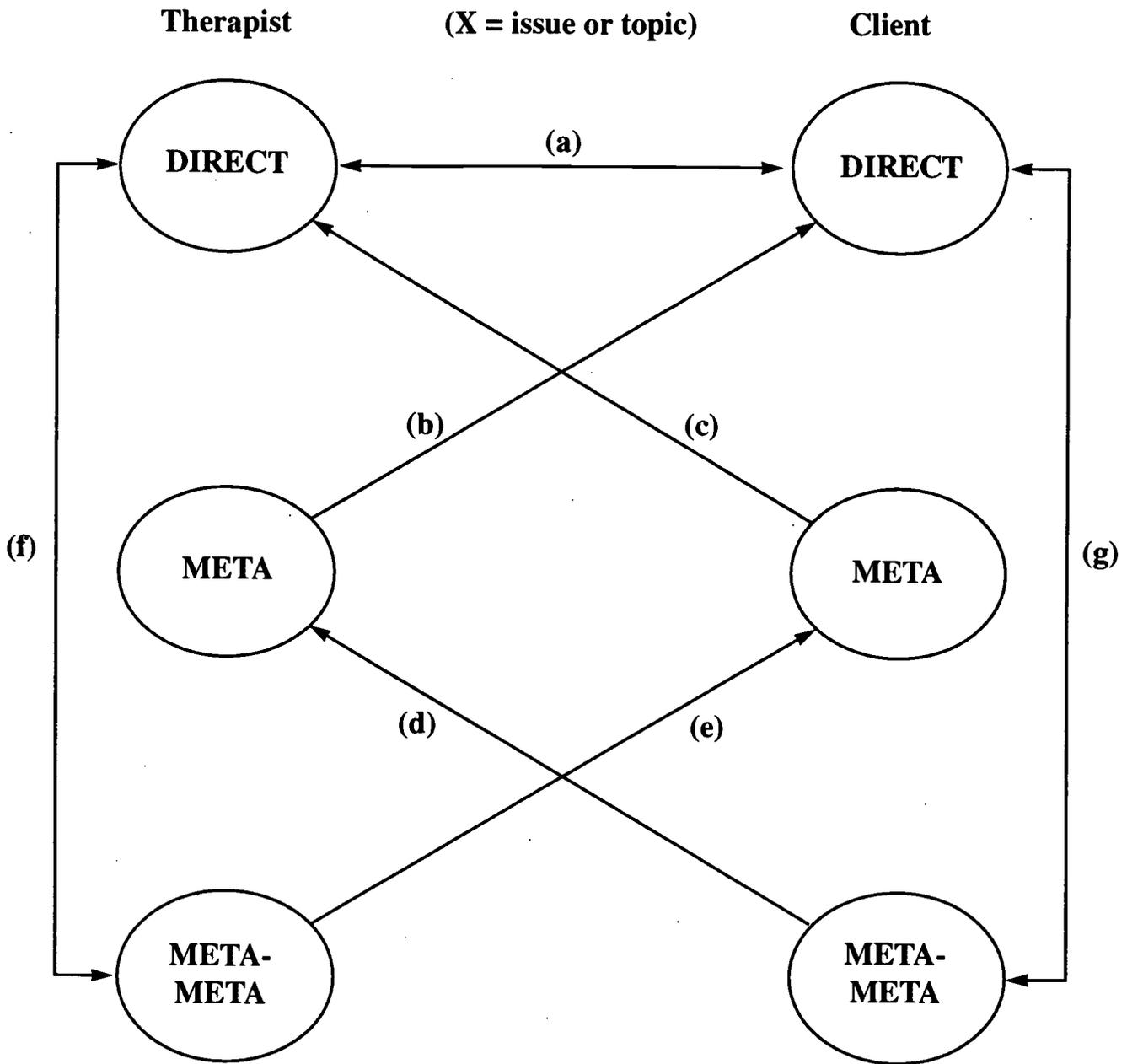
	df	SS	MS	F	Significance
Regression	2	9.60	4.80	5.31	0.01
Residual	31	28.00	0.90		

Table 4 (cont.)**(c) Difference (DIFF) Between Therapist Understanding and Client Feelings of Being Understood on Log Session Number****Regression Statistics**

Multiple R	0.00
R Square	0.05
Adjusted R Square	0.00
Standard Error	1.07
Observations	34

Variable	Coefficient	Std. Error	Std. Coef.	Tolerance	T	p (2 tail)
Constant	1.77	0.18	0.00		9.67	0.00

Figure 1



-
- a = agreement
 - b = therapist understanding/misunderstanding about X
 - c = client understanding/misunderstanding about X
 - d = client realization/failure to realize understanding about X
 - e = therapist realization failure to realize understanding about X
 - f = therapist feeling understood/misunderstood about X
 - g = client feeling understood/misunderstood about X



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