An exploratory study of the development and usability of a new type of experiencing scale

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Abstract: In psychotherapy, the best way to identify client change is to measure the client's experience within the psychotherapy session. This study was set out to develop a new type of client experience scale and to empirically validate the applicability of the new response scheme and method. The results show that this new client experience scale can be a useful tool for therapy, which is the goal of any psychotherapy or counseling, and it provides two important pieces of information: the effectiveness of the therapy and clues to improve the effectiveness of the therapy. The Client Experience Scale is therefore very promising and has the advantage that by answering the items on the scale, the client can learn about the actual likelihood of change and form a framework for evaluating the counseling and the client's own experience. In addition, by answering the scale, the client can observe his or her own psychological and physical state, which helps to solve real problems.

Keywords: New EXP scale, Client's experiencing, Counselling effect, Improve counseling, Scale development, Validity of scale.

1. Introduction

Gendlin and Zimring [1] in collaboration with Rogers [2] research team [1, 3] inferred the process of a client's experiencing from the characteristics of one's verbal expressions along with the behaviors such as elaborating the details and devised a scale that would allow a counselor to estimate the level of the client's immediate experience [4]. Since Gendlin [5] suggested to emphasize the quality of the process of experiencing, the idea of experience has been considered as one of the common concepts of change in most of psychological therapy theories [6]. Many researchers agree that a client's experience provides signs of change that progress through specific sequences. Psychotherapy constructs a continuum with the experiencing level, and successful treatment leads to a higher level of experience. Rogers [2] reported that a psychotherapeutic treatment is a unique and dynamic experience for each individual, while the process forms and shows a universal pattern. Thus, the process of experiencing is similar regardless of the theoretical backgrounds of counseling.

Gendlin and Tomlinson [7] had applied the generic pattern to the clients' experiences during counseling or psychotherapeutic treatments and had categorized it into 7 levels of emotional and cognitive involvement. Klein, et al. [8] reclassified and standardized the stages to evaluate changes in the client's experiencing level and published an experiencing scale. The levels of the scale are as followed: The client 1) talks about his ideas and incidents. 2) talks about himself but does not express his feelings. 3) expresses his emotions if related to external situations. 4) focuses directly on his emotions and thoughts. 5) explores his inner experience. 6) perceives the previously elaborated emotions and meanings. 7) proceeds with an in-depth self-understanding mechanism that provides new perspectives for solving significant problems. The experiencing scale of Klein, et al. [8] puts self-awareness and self-involvement at its core, which is regarded as one of the most significant objectives in psychotherapy.

Klein, et al. [4] confirmed that the EXP scale can be applied in various fields, such as person-centered therapies, psychodynamic, Gestalt, cognitive therapies, personal therapies, structured interviews, and monologues. However, the scale faces some limitations despite a few distinguishable advantages over previously devised scales. First of all, the scale can hardly be defined as a scale; the questionnaire is merely a list of generic examples of clients' reactions, emotional responses, behaviors or verbal expressions and selected keywords referenced by a counselor to compare a client's feedback against and assess the experiencing level. Thus, in a strict sense, it is not a scale but is merely a guide or a manual that assigns the therapist's perception of the client's experience to a relevant category. Secondly, noncritical or additional conditions must be met to use the EXP scale appropriately. For instance, recording device should be prepared. In addition, a counselor training program for evaluating the client's experience and setting the corresponding level is required. Furthermore, the consensus of two or more evaluators to ensure the objectivity of the evaluation is necessary. Lastly, the absence of the client's own evaluation of his experience can be pointed out as the most critical problem. Therefore, the EXP scale developed by Klein, et al. [4] can be criticized for being a type of qualitative (categorical) measurement technique which solely depends on the therapist's judgment.

Recently, Miyake, et al. [9] simplified the EXP scale by converting the measurement method from rating to assessing a checklist and scaling the experiencing levels from 7 to 5; the checklist consists of 17 items where each corresponds to one of the levels based on a grading scale. For instance, if the rater checks item 1 [The client (the speaker) described events or situations throughout the session] off the list, then the experiencing level is set to 1[Very Low (VL)]. And if the rater selects item 17 [The client elaborated a series of discoveries, insights, and his self-awareness being expanded], then the client's experiencing is interpreted to be at level 5 [Very High (VH)]. The highest level among the ones of the marked items becomes the final experiencing level.

Although the five-level experiencing checklist of Miyake, et al. [9] has some degree of objectivity and simplifies the assessment, it still shares the identical problem with the experiencing scale of Klein, et al. [4]: the therapist (or rater) appraises the client's experiencing level. Another problem lies in the usage of the term 'client's experiencing' in its designation. The checklist is certainly improved, but 3 to 4 items allocated to each level are quantitatively insufficient and limited in various aspects.

As Gendlin, et al. [3] mentioned, clients are likely to reflect changes at certain stages in each therapy session that will appear as one's typical behaviors, verbal expressions, attitudes, etc. The checklist of Miyake, et al. [9] condenses the typical behavior lists into 17 items. However, it is reasonable to conclude that the items are significantly insufficient from the perspective that building a pool of large-scale and common behavior samples is desired. Thus, the list fails to reflect on various therapeutic situations. The client's ordinary behaviors presented during a therapy or counseling session, regardless of being applicable for the treatment, are notably more extensive, and they can be represented as potential questions regarding the experience level. Thus, reflecting more diverse situations and viewpoints may develop a more convenient and objective client experiencing scale.

As discussed, the previous scales proposed in the need of examining experiencing levels have had a number of problems. The new experiencing scale must have a distinct objective from the existing ones to resolve the issues. First, behavior lists of more extensive conditions must be incorporated in terms of measuring the experiencing level; this suggests a larger quantity of items are needed, and the weighted values on the situations required for assessment and/or the questions corresponding to each level are required to be determined. Second, the evaluation of the experiencing level must be a comprehensive score rather than a single category or level. Hence the result becomes a scaled score in a strict sense and can be proactively utilized in subsequent researches or consultations. Third, a client, as the subject of the experience, should respond to the scale; this suggests the necessity of incorporating more items and changing the client response mechanism.

The approach adopted in this study to achieve the objectives is as followed. First, the factors that can measure the experiencing level must be determined by studying and reflecting on the theoretical contexts and situations of the existing experiencing scales and documents. Such elements include the

client-side assessment of the counseling (therapy), the contents of conversations, major linguistic expressions, etc. (now referred to as fields), and items associated with the levels in each field should be developed. The study has selected 5 levels of items for each field; thus, the total number of questions is the number of the fields multiplied by the number of the levels. The composition must address decision making in many aspects and its complexity, and research procedures will be required to confirm the validity of the resulting decisions and contents.

Second, the scale should allow the client to evaluate his experience and determine the weighted value of each situation/level. Such a process cannot be executed with the mechanism of the counselor (rater) assigning the client's experience to a particular category or assessing the experiencing level using the checklist. In principle, the exclusion of the client from the evaluation of his own experience is inadequate and is a factor that violates the basic philosophy especially in person-centered counseling. However, the measurement with an assumption of acknowledging that the client experience will open up numerous possibilities. Undoubtedly, a new response mechanism for such procedures should be devised. This entails the intricacy and the difficulty of responding but will be complemented by the new system.

Third, the newly devised client experiencing scale should be experimentally examined whether it reflects the client's experience as the researchers have predicted.

Therefore, this study aims to develop a new type of client experiencing scale with the above approach and empirically confirm the applicability of the new response system and method.

2. Entire Procedures for the Scale Development of the Client's Experiencing

Generally, the first step of the scale development is to construct an item pool. However, a different procedure is required for this new type of the client's experiencing scale development due to differences in purpose with general scale development (See Table 1, for the entire procedure of the scale development of this study)

Table 1.
Procedure and schedule of scale development of this study.

Procedure	Aug.	Sep.	Oct.	Nov.	Dec.
Literature review	⟷				
Field and item pool construction		⟷			
Primary Delphi survey (Study 1)			⟷		
Secondary Delphi survey (Study 1)			⟷		
Tertiary Delphi survey (Study 1)				⟷	
Counselor survey (Study 2)				⟷	
Application check (Study 3)				⟷	

Note: All procedures of this study were conducted from August 2017 until December 2017. And, because of the academic schedule of university student participating application check study, tertiary Delphi survey, study 2, and study 3 were started at the same time.

Three different types of studies have done to develop and to check the applicability of a new type of the client's experiencing scale

1) In study 1, extract and conform the fields(areas) that are judged to represent the experience of the client in the therapy (or session). To achieve this purpose, a Delphi survey with experts has proceeded with three times replicability.

2) In study 2, create items that correspond to the level of experience in each field and correct the items through a survey of counselors. The level of experience in each field was determined in 5 levels. Therefore, the total number of questions is the result of the determined number of fields multiplied by 5.

3) In study 3, to check the applicability of the confirmed new client's experiencing scale, we applied to group counseling practice with 10 sessions for students who take the counseling practice syllabus as a curriculum at the university.

3. Study 1. Extraction And Confirmation about the Fields of the Client's Experiencing

To select the proper fields to represent the client's experiencing, literature reviews and the expert meetings were done. As a result of the expert meeting, 16 fields were selected including emotional status, behavioral change, the satisfaction of the therapy (or session), tense of conversation, verbal expression, etc. In addition, 4 preliminary fields which were added that were judged to have ambiguous items or confused expression. Finally, 20 fields were tested and evaluated to determine if it is appropriate to measure the client's experiencing.

The best way to extract the concept of the unknown issue and determine the adequacy of the concept will be to hold a meeting of many experts and make a consensus. Delphi survey is one of the methods that make a consensus by repeating the expert's evaluation and opinion on it. In this study, a Delphi survey was done with 10 counseling experts. And 3 times the survey seemed enough to form an agreement about the representative field in therapy (or session), so 3 times of Delphi survey was done.

Delphi survey has proceeded for the consensus of the experts in the form of a survey question about how appropriate the suggested fields are for the evaluation of the therapy/counseling (or session). For example, the counseling experts were asked for the fitness to evaluate the counseling of questions like "1) How much are you satisfies about today's counseling?". This procedure was purposed to delete or to correct the inappropriate field (if necessary and to confirm the final fields) through the consensus process of the experts.

3.1. Participants and Method of study 1

To extract and confirm the fields of the client's experiencing, 10 counseling experts with various theoretical backgrounds were asked for the Delphi survey. These experts agreed to respond 3 times of the Delphi survey through e-mail. They had an average career of 22.2 years as a counselor(therapist), and had various theoretical backgrounds; 2 client-centered, 3 Gestalt based on client-centered, 2 cognitive, and 1 behaviorism. They all have had a doctorate and 8 counseling psychology professors and 2 counseling center managers; 4 males and 6 females.

The primary Delphi survey was conducted from September 22, 2017, until October 2, 2017. Experts rated how appropriate 20 selected fields and items are as content to evaluate the therapy (or session) with Likert type 5-point scale. The completed questionnaire was sent to the experts through e-mail attachment and after the response, the questionnaire was replied as an e-mail attachment. The experts' responses were analyzed through frequency analysis. As a result of this primary Delphi survey, 4 items (17, 18, 19, 20) which considered having confusion in answer or to have duplicated meanings were deleted. Also, the other 4 items (1, 3, 9, 10) which have an unclear meaning in the sentence were adjusted among the items that showed significantly low average or high standard deviation.

The secondary Delphi survey was conducted from October 20, 2017, until October 30, 2017. Experts received e-mail and questionnaire including adjusted items after primary Delphi survey results, the average score of each field, and answers of the previous survey. Then, based on the results of the primary Delphi survey, experts rated the importance of each field and fitness in counseling evaluation again. The result from the secondary Delphi survey was analyzed with the same criteria as the first one. There was no field that was deleted, yet 7 fields (2, 6, 7, 8, 9, 14, 16) were corrected.

Tertiary Delphi survey was conducted from November 17, 2017, until November 27, 2017. Also, they received an e-mail and tertiary Delphi questionnaire, just like primary and secondary Delphi survey. This time, experts were required to make a new evaluation on 16 fields which were adjusted

based on the results of the primary and secondary Delphi survey. After the analysis of the tertiary result, fields that showed the low average and significantly high standard deviation were corrected again; 6 items (2, 7, 8, 9, 14, 16) were corrected. (See Table 2, for the results of the Delphi survey)

Table 2.
Mean and standard deviation of results of the Delphi survey.

Field no.	1st M(SD)	2nd M(SD)	3rd M(SD)
1	3.80(0.632)[2]	3.90(0.740)	4.40(0.520)
2	3.50(0.972)	3.22(1.200)[3]	3.20(1.230)[4]
3	4.00(0.816)[2]	3.90(0.740)	4.10(0.320)
4	3.90(0.568)	3.90(0.570)	4.10(0.320)
5	3.90(0.738)	4.10(0.320)	4.40(0.700)
6	4.10(0.876)	4.20(0.630)[3]	4.30(0.670)
7	3.80(1.135)	3.60(0.700)[3]	4.00(0.470)[4]
8	4.20(0.632)	4.40(0.520)[3]	4.50(0.530)[4]
9	4.10(0.568)[2]	4.50(0.530)[3]	4.80(0.420)[4]
10	3.90(0.994)[2]	4.30(0.670)	4.40(0.700)
11	3.70(1.059)	4.30(0.480)	4.10(1.200)
12	4.40(0.516)	4.20(0.630)	4.50(0.530)
13	3.70(0.949)	3.80(0.920)	4.30(0.670)
14	3.60(0.966)	3.70(0.480)[3]	4.10(0.570)[4]
15	3.80(0.919)	3.90(0.570)	4.30(0.480)
16	3.30(0.949)	3.90(0.740)[3]	4.10(0.320)[4]
17	3.70(0.949)[1]		
18	3.70(0.675)[1]		
19	3.60(1.075)[1]		
20	3.20(1.033)[1]		

Note: [1] deleted field, [2], [3], [4] adjusted field at each step.

Through the three-times Delphi survey, 16 fields were judged to be appropriate enough for evaluation of the therapy. Table 2 summarizes the results of the Delphi surveys.

4. Study 2. Confirmation of Optional Items of 5 Level 16 Fields

There are 5 level options in every 16 fields that reflect the features of 5 levels of the client's experiencing. Then adjusted the content of 5 level options, if necessary, based on the test of content validity through the examination of 4 researchers in this study.

It is expected that higher-level options in every 16 fields must be selected for the increasing trend with repeating sessions. It should be checked if every 5 levels of option in every field matched the progress of the counseling. To confirm it, the option item confirmation study aimed at counselors was conducted. Counselors selected items that are considered as expected reactions of the client to questions within each field according to the procedure of counseling (initial, middle, and end of counseling). For example, if a client was asked "How do you feel about today's counseling", counselors have to select generally expected reaction of the client at the initial, middle, and end of the counseling each of the 5 level options (multiple choices were possible) (See table 3, for an example of a field and 5 level options).

The purpose of study 2 is to determine whether the change of experiencing level with the counseling progress as expected and to adjust contents of 5 level options in every 16 fields. There is a pattern of selection expected, generally; Options of level 1 will be highly selected at the initial of the counseling, options of level 5 will be highly selected at the end of counseling, and options of level 3 will be highly selected at the middle of counseling.

Table 3.
Example of a field and 5 level options that are intended for counselors.

Initial Stage	Middle stage	End stage	10.	How do you feel about today's counseling?
( )	( )	( )	10-1	It is doubtful whether the counseling is needed.
( )	( )	( )	10-2	I am angry that why I am the one who is tired and keep trying?
( )	( )	( )	10-3	Still angry but I wanted to find another approach.
( )	( )	( )	10-4	I would rather put everything down and take a break.
( )	( )	( )	10-5	Now it's no longer a problem, so I can relax.

Note: The counselors were asked to give a 0 indication on the initial stage of the counseling, the middle stage, and the end-stage (allow multiple indications) for the client's attitudes, behavior, tone, language, etc. that can be found in each counseling stage. There are 5 level options available for every 16 fields.

4.1. Participants and Procedure of Study 2

Study 2 which was proceeded from October 22, 2017, to November 22, 2017, was conducted by the counselors at counseling centers, labs, schools located in Seoul city and Gyeonggi-do province, South Korea. And, tertiary Delphi survey study 2, and study 3 were started at the same time, due to the limitations of the academic schedule of university student participants in study 3 (applying developed client's experiencing scale). Therefore, the same 16 fields and the same options were used with the tertiary Delphi survey.

The snowball sampling method was used to assemble participants of counselors. First, researchers asked counselors who studying or graduated in a graduate school of "D" women's university in Seoul to answer questionnaires and to introduce at least 2 or more other participants counselor for this research. 120 copies of questionnaires were distributed in total and 108 of them were collected, then 1 copy was excluded in statistical analysis because it's considered as lack of sincerity in answering. Therefore, 107 copies were used in statistical analysis. Most of the participants were women (women: 99, men: 8), the average age is 39 years old. 98 of the participants already have or studying for a master's degree, 6 of the participants already have or studying for the doctorate. 82 of participants work at the public counseling center, 22 of participants work at the private counseling center, and 3 of the participants are in other conditions. Participants' average length of a career as a counselor was 4.5 years, and 93 of participants hold more than one certificate about counseling.

4.2. Results of Study 2

The responses of counselors that were generally expected ~~the~~ reaction of the client at the initial, middle, and end of the counseling were analyzed by frequency analysis (See Table 4, for the result of the sample fields and 5 level options). Through this frequency analysis, it was able to confirm that answers in each field were distributed as expected.

Table 4.
 Frequency analysis results of 2 sample fields and 5 level options of experiencing scale.

Options correspond to 5 levels (N=107)	Initial		Middle		End	
	N	%	N	%	N	%
1_1. I don't know why this happened to me.	89	86.4	6	6.6	0	0
1_2. I am upset that I can't understand why things happen only to me.	68	66.0	17	18.7	0	0
1_3. I'm not sure yet, but I expect things to be better.	57	55.3	35	38.5	6	6.2
1_4. It looks hopeless in the meantime but it seems fine for now.	7	6.8	55	60.4	33	34.0
1_5. I think now it is good to accept.	0	0	11	12.1	84	86.6
2_1. I'm worried about how I will live in the future	66	64.7	13	14.8	6	6.2
2_2. I want to live a comfortable life with my mind and body.	54	52.9	32	36.4	19	19.6
2-3. I want to be a meaningful and acknowledged person in my family, friends, and workplace.	30	29.4	61	69.3	12	12.4
2_4. I want to do what I can to help others and be respected than live for myself.	9	8.8	26	29.5	42	43.3
2_5. I want to find out and do what I can to make my life worthwhile.	6	5.9	11	12.5	85	87.6
Base = N of cases						

Note: The number in front refers to the field number, and the number following the hyphen below indicates the level of the field. For example, 2 _ 1 means the option of level 1 of the second field.

For example, in field 1, at the initial of counseling, level 1 was mostly selected (86.4%), then level 2 (66.0%), level 3 (55.3%), and level 5 were selected least, 0. In the middle of counseling, level 3 (38.5%) and level 4 (60.4%) options were mostly selected, and at the end of counseling, level 5 (86.6%) was mostly selected and then level 4 (34.0%). of field 2, a similar pattern was found in the initial, middle, and end of the counseling, and so on. As a result, there were minor differences in distributions with every 16 fields, but it showed a similar tendency in all fields.

As table 5 shows, clients were expected by counselors mostly stayed in level 1 (81.9%) at the initial stage of counseling and the percentage rapidly reduced as the counseling proceeded. Reversely, clients were expected mostly stayed in level 5 (81.1%) at the end stage of counseling. This result shows that the expected response pattern and distribution of experiencing scale at each stage of counseling were found as expected (See Table 5, for the average selection of each level, percentage, minimum value, and maximum value). As a result, constructed fields and items were appropriate.

Significant features of the result can be summarized by the figure (See Figure 1, for the change of a selection of the experiencing level in each stage of counseling that is expected by the counselors). As showed in Figure 1, the curve of the initial stage showed a pattern of the sharply descending curve, from Level 1, which was 81.9% of the select percentage to level 5, 2.2% only. On the other hand, the curve of the end-stage showed a pattern that increased exponentially as level 1. And, the curve of the middle stage showed symmetric to the center of Level 3, like the normal curve.

Table 5.
Frequency analysis results of the 5 level at initial, middle and end-stage.

	Initial stage				Middle stage				End-stage			
	N	%	Min.	Max.	N	%	Min.	Max.	N	%	Min.	Max.
Level 1	80	81.9	64.7	99	14	13.6	5.8	23.8	2	1.8	0	6.4
Level 2	53	53.7	6.2	88.5	39	38.4	15.4	73.8	5	5.1	0	19.6
Level 3	16	15.6	2.6	55.3	66	65.9	38.5	78.6	15	16.3	6.2	35.1
Level 4	6	5.6	0	35.6	43	43.3	23	63.7	44	46.7	8.8	75.8
Level 5	2	2.2	0	5.9	14	14.2	4.4	24.3	76	81.1	69.7	89.5

Note: Each value means an average of 16 fields. For example, the N in the row level 1 of the initial stage, "80" is the average of the number of the selection of 16 fields and so on.
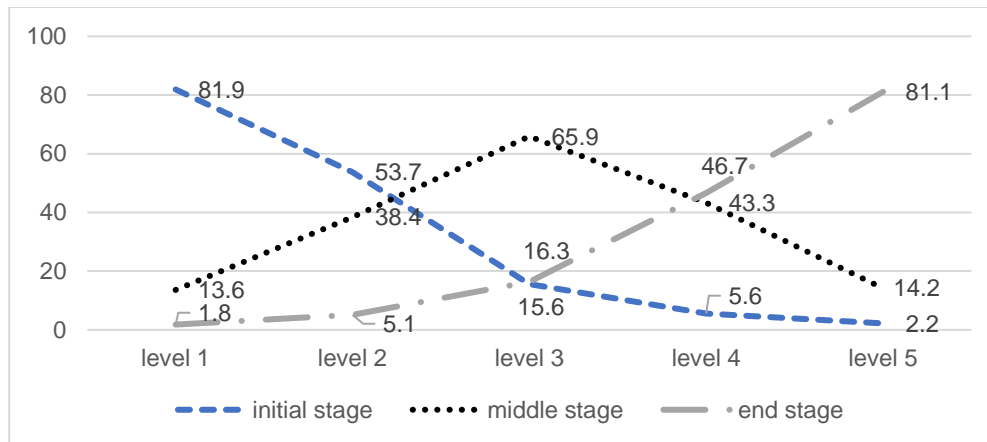
Figure 1.
Change of selection of the experiencing level in each stage of counseling that is expected by the counselors. There are dramatic changes in pattern with the stage.

5. Study 3. Application of the New Type of Client's Experiencing Scale

With study2, after approved by counselors, a new type of client's experiencing scale is expected to be different patterns of change through stages of counseling. However, this result reflects counselors' expectations, mainly. Therefore, to apply this new type of client's experiencing scale in actual counseling, the same kind of pattern should be observed by the response of the client and this became a reason for study 3.

In study 3, developed experiencing scale will be used in actual counseling situations and will be checked the pattern of change and distribution from clients. As a result of this study 3, it's expected to show the highest score in level 1 and the lowest score in level 5 at the initial stage of counseling. After the proceeding of counseling, at the middle stage of counseling, distribution of score will form a bell-shaped symmetrical distribution like a normal curve with scale 3 as the center. Finally, at the end of counseling, it will show the highest score in level 5 and lowest in level 1.

5.1. Participants and Procedure of Study 3

Participants of study 3 are 23 students in the counseling psychology class of a women's university located in Seoul, Korea. The study was proceeded from September 3, 2017, until December 18, 2017, as a part of the curriculum. Students were noticed that they will take part in group counseling for reducing stress or anxiety due to a career search. They also noticed that participation in this study will not affect their grade and the data from this class can be used for the study. Researchers received a documented agreement from students about the notifications above.

There were two approaches (focusing-oriented psychotherapy and acceptance-based cognitive-behavior therapy) constructed with 9 sessions for reducing stress and anxiety of career search, and participants were randomly assigned to one of each approach. Therefore, 12 students were assigned to focusing experience psychotherapy group (group A), and 11 students were assigned to the acceptance-based CBT group (group B). Each session was proceeded for about 100 minutes and guided by an expert of that field, and after each session clients were asked to answer the documented questionnaire of client's experiencing scale (See Table 6, for the instruction of the new type of client's experiencing scale, the sample field, and options of 5 level).

As mentioned previously, we decided to develop a new type of scoring system instead of Yes/No dichotomous scale or Likert 5 points scale which are commonly used in many measurements.

The client will distribute 10 points in total to 4 options after the exclusion process (mark X) of one option that was least related to the counseling session. This distribution should be done with the natural number (without a decimal point or minus sign) on the remaining 4 options. For example, if the client

scored 10 on one option, then the other three should be scored 0, or the client can distribute scores like 3, 3, 2, 2 or 1, 2, 3, 4 or 0, 5, 0, 5, etc.

Table 6.
The Instruction and sample item in experiencing scale.

The following items are designed to assess the counseling conducted today. After you have read through each of the following questions and options, first you must mark (X) in parentheses left of the option (which is considered not to be at all for today's counseling in all five options) and for the rest of the four options, you will be given scores in the natural number (that is no decimal point or no minus score) and the total score of 4 options must be 10 points.
For example, if you select a single option (X) and then assign the scores 10 points to remaining 4 options. If you assign score 10 in one option, then other three should be 0 points. Or you assign the score 1, 2, 3, 4 points at any options with assessment weigh, etc.

Score 10. How do you feel about today's counseling?
( )10-1. It is doubtful whether I really need counseling.
( )10-2. I am angry that why I am the one who is tired and keep trying.
( )10-3. Still angry but I wanted to find another approach now.
( )10-4. I would rather put everything down and take a break.
( )10-5. Now it's no longer a problem, so I can relax.
    10 = Sum; Please check this!

There are 16 fields in the final client's experience scale so if maximum score (10) was distributed to a certain level option per every field, the sum of the score of that level will be 10*16= 160 and the opposite extreme case (minimum score to a certain level option per every field) will be 0. However, in most cases, it is expected to result somewhere between the maximum and minimum scores. The limitation of scoring method is that this method requires the mental ability or intelligence of the client to calculate the sum to be 10 with 4 integers. However, there is more strength than the limitation. Besides, this new scoring system can result in tie scores of options within each field, but at the same time, it has its strength that the sum of scores of all 16 fields has a high possibility to show different results. Furthermore, the score between 0~160 is a ratio scale and allows many kinds of statistical analysis available.

5.2. Results of Study 3

The new type of experiencing scale was measured after at every counseling practice session, and calculation for the averages and standard deviations of each level in every session was done (See Table 7, for the average and standard deviation of the scores of each 5 level at every session).

Table 7.
Descriptive statistics of the experiencing scales in every session and level.

Level	Level 1	Level 2	Level 3	Level 4	Level 5
Session	**M(SD)**	**M(SD)**	**M(SD)**	**M(SD)**	**M(SD)**
session 1	27.70(17.40)	25.48(6.04)	28.17(8.71)	30.52(12.78)	27.96(11.10)
session 2	22.57(12.88)	27.61(10.63)	28.70(6.06)	30.13(9.60)	30.87(10.92)
session 3	24.30(16.47)	30.00(14.35)	28.52(9.82)	28.78(13.58)	28.43(14.64)
session 4	17.52(14.30)	23.61(11.70)	29.78(10.39)	29.61(11.54)	32.74(16.94)
session 5	17.65(13.75)	27.17(16.46)	29.52(10.86)	27.91(11.98)	31.52(18.88)
session 6	20.87(20.12)	24.74(12.62)	26.57(10.09)	29.26(13.34)	32.61(20.25)
session 7	14.43(11.41)	23.70(15.08)	26.52(11.66)	31.13(14.35)	31.52(20.38)
session 8	13.35(12.62)	19.26(13.83)	24.78(14.70)	31.91(18.2)	33.35(21.46)
session 9	15.00(17.45)	21.74(11.82)	28.96(11.59)	31.35(10.79)	41.17(24.18)

Note: N=23.

At the initial stage of counseling (session 1), the average score of level 1 is 27.70, level 4 is 30.52, and level 5 is 27.96, etc. At session 2 average score of level 1 is 22.57 which is lower than level 5 of 30.87. At the end stage of counseling (session 9) average score of level 1 is 15.00 which is less than half

of the average score level 5 of 41.17. This is not a perfectly consistent trend but generally fits with the expected result (See Figure 2, for change of experiencing level as the session progresses). Through these figures, it is clear that experiencing scale scores moves from level 1 to level 5 as the counseling session progresses (session 1 to session 9). Also, the scores of levels 1 decreases while scores of scales 5 increase as the counseling goes.
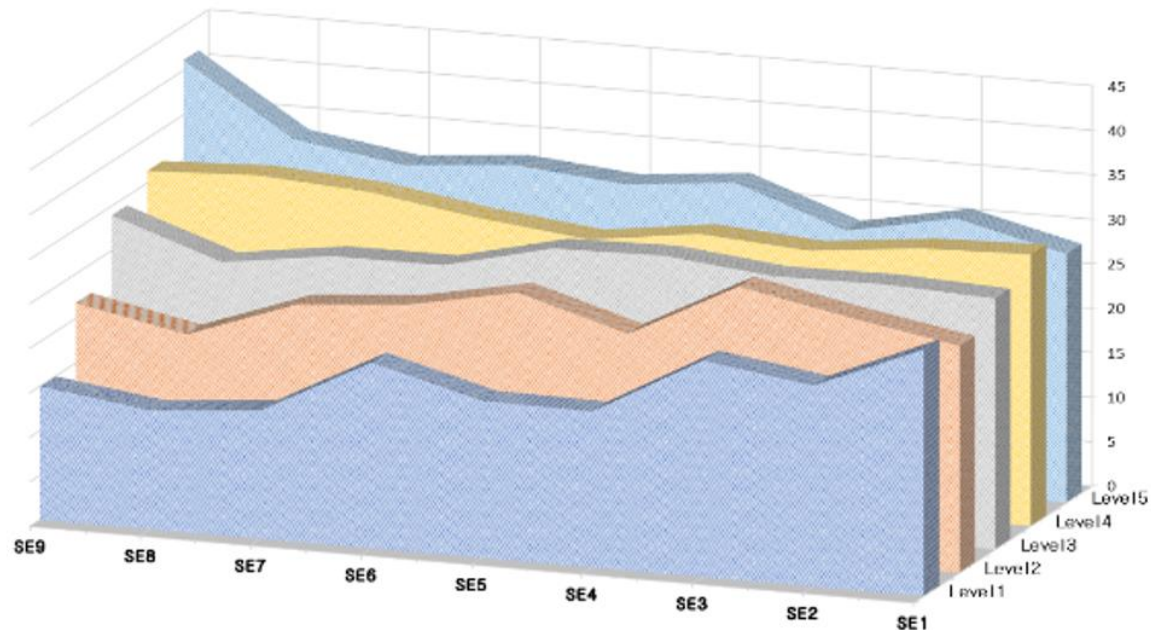

Figure 2.
Change of scores of experiencing level at each session. Although it does not seem to change as dramatic as in Figure 1, it shows that the overall change pattern is the same. Scores of level 1 are decreasing as the session progresses. On the other hand, scores of level 5 are increasing as the session progresses.

6. Discussion

It is very important to accurately determine the current status of the client in psychotherapy. One of the best representations of the present state of the client in psychotherapy is the client's experiencing within the psychotherapy session. For this reason, many researchers have suggested several client's experiencing scales. Attempts to measure the client's experiencing, which began with Gendlin and Tomlinson [7] have been improved until recently with Miyake, et al. [9]. In the meantime, however, the proposed scales of the client's experiencing had basically shared limitations. The key limitation is that the rater(s), not the client, responds to the client's experiencing scale. Nevertheless, the name of the scale includes the word 'client'. In addition, the result of that rating is only a specific level or a category. It means that the result is a perceived category of client's experiencing the status of raters. This study was started to solve these problems, principally.

The change of the perspective about the client's experiencing scale demands another approach to the development of the experiencing scale. The measurement area of the new scale should be broadened because the client, not the rater, will respond. The client is not a professional or skilled man about psychotherapy or psychological measurement. In order to do this, first of all, the measurement area must be established and the experts agree on each of them. For this purpose, a Delphi survey was conducted and the results were satisfactory. The scores of appropriateness about each field were higher than 4 points, and the standard deviation was low. The results of the Delphi survey were finally confirmed by 16 fields. However, it is important that these 16 confirmed fields are not fixed. It should be changed according to the background theory of psychotherapy or symptoms of the client. Note that 16

fields were sufficient in this study because the main purpose of this study was to explore the possibility of developing a new experiencing scale that the client responds to. However, even if the number of fields should change, the researchers conclude tentatively that within 20 fields will be appropriate. This is because you need to consider the appropriate response time and the range of the final score.

In this study, the results of the measurement are not in one or two categories or levels, but 5 individual values of each 5 level for every 16 fields. The results of these measurements are completely different from any other earlier client's experiencing scale, and therefore the interpretation and utilization of the results must also be different. It is necessary to shift the perspective of the pattern of the scores away from the existing single level or category. It is necessary to determine whether the pattern of such values will be shaped in accordance with the expectations of the researchers. Counselors who participated in study 2 showed that the pattern was consistent with the researchers' expectations. Counselors were expecting that the experience of the client would be fulfilled to a higher level as the psychotherapy session progressed. Counselors suggested that the scores of the low level of experiencing expected to be higher than the score of high level at the beginning of the psychological therapy. As the psychological therapy progressed, it was expected that a score of high level would come out as higher score.

The expectations of counselors were similar in actual psychotherapy for college students. However, it was not as dramatic as the counselors expected. It is expected that in actual counseling, change of client's experience will fit the result of this study but relatively more variation of change is to be observed. For example, scores from level 1 and level 2 can be similar at the initial of counseling. In cases like when if the client was forced to meet the counselor or when the client has repulsion, negative attitude, or distrust about counseling. Another application case would be when the client shows a different time to move on to the next level due to the specific symptom that the client has. If a certain pattern of change in specific symptom is observed, detecting the typical pattern of change about that specific symptom can be set as a goal of that counseling. A more detailed follow study may require to explain this kind of case.

This new client's experiencing scale can be a useful tool for treatment which is the goal of all psychotherapy or counseling. This client's experiencing scale can provide two important information; the effect of counseling and clue to improve the effect of counseling. Therefore, it can be said that this client's new experiencing scale is very versatile in its use.

Clients in this study didn't have any serious mental illness, but at the same time, the mental patient was not suitable for this study. To check how the newly developed scale works clients needed to be close to the 'norm' group (university students). Students were on a practice of psychological counseling, so they were able to monitor themselves accurately and receive less effect from the last measurement during repeated measures. Also, this scale didn't choose to use general rating methods like Likert scale or yes/no answer. Therefore, to properly check the new answering method works, participants were required to have a certain ability to understand the instruction of this new scoring method.

While answering the newly developed experiencing scale, the client will be informed about how he/she should evaluate the previous session, what is the goal of this session/counseling, and what should I focus on for this session/psychotherapy or counseling. In other words, the client will learn about what to behave in counseling while answering the items on this experiencing scale and form a certain frame to evaluate the counseling and client's own experience. This learning procedure will be additional motivation for the client to actively participate in counseling. Furthermore, the client will monitor his/her own psychological and physical status while answering this experiencing scale, which helps the client to organize his/her own situation.

The scale developed in this study is very likely to be utilized. Researchers or counselors can utilize patterns of scores as well as certain levels of scores. You can take advantage of fluctuations in the scores by level, as well as fluctuations in the period of time. The best part is that it has a high value for use, which can be helpful not only to counselors but also to the interviewer. Or if you calculate the score by tying it by a similar field, it is possible to make more sophisticated use.

Through this whole research, it was able to confirm that the "client's" experience scale can be developed with its literal meaning and also able to see its huge potential. However, maybe due to its potential, a lot of following studies seem to be required. For example, research should be repeated with actual counseling situations (not with student participants), need to be confirmed with more data, need more cross-validation from different theoretical perspectives, and need more specific models about the pattern of change in certain symptoms. In spite of these questions, this client's new experiencing scale has full of potential to improve counseling in many aspects.

Transparency:

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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