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Subscription Inquiries
Howie Kirschenbaum
howie.kirschenbaum@rochester.edu
458 Whiting Road, Webster, NY 14580

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Editorial

Stephen P. Demanchick & Rachel A. Jordan

This is the first volume of The Person-Centered Journal on which we are serving as co-editors. We would like to express our gratitude for the mentorship and advice we received from Jeffrey Cornelius-White and Bruce Allen as we began this endeavor and their willingness to assist us as questions have arisen. We are also grateful to them for their years of service to The Person-Centered Journal and for providing us a great tradition of scholarly thinking and Person-Centered principles to work from.

We are also grateful to the members of the Association for the Development of the Person-Centered Approach who have entrusted us with their journal and have supported our efforts to disseminate scholarly articles that promote Person-Centered principles, practices, and philosophy. We are appreciative of the members who serve on our Editorial Review Board who have spent many hours reading manuscripts and we would like to invite new members to join in this effort as well. We also would like to thank Kathy Moon who is the editor for book reviews and has provided us with an outstanding review in this issue.

We are excited with the quality of articles that represent our first editorial work. The articles that we share in this issue focus poignantly on the people who are utilizing the Person-Centered Approach to assist our children, teachers, classrooms, research, and groups. This issue also describes how the Person-Centered Approach impacts our foundations of trust as human beings, and even our deaths. It is truly humbling to read how people utilize Person-Centered principles to affect positive change for so many. We are also excited to share a small role in disseminating the stories of their life-changing work to others who would continue the tradition.
Finally, with so much to celebrate in this issue, we have also made room to remember Armin Klein. Armin has impacted many of us in his years as a Person-Centered clinician and member of the ADPCA. For us, he has been a great friend and mentor and he is sorely missed. We hope that this tribute to him and his work provides comfort to all of those who knew him and valued his warm, open, and loving nature.
Unconditional Positive Regard and Limits: 
A Case Study in Child-Centered Play Therapy 
and Therapist Development

Jeff L. Cochran, Nancy H. Cochran, 
Lindy C. Sherer 
University of Tennessee

Abstract

In this case study the therapist struggles to maintain unconditional positive regard (UPR) for a child whose behavior in child-centered play therapy creates a need for limits. CCPT was provided within a program to prevent juvenile delinquency among at-risk children at an urban, high poverty elementary school. The client was referred for highly disruptive oppositional behavior persisting months into his kindergarten year. Data evidencing progress is provided as a reference point, while analysis focuses on conceptualization of process and mechanisms of change. The client’s experience of UPR, as well as use of limit testing to explore possibilities in relationships and self-concept, is related to his apparent progress, as is his therapist’s growth and development toward providing consistent UPR, even when behavioral limits are needed.

Keywords: Play therapy, unconditional positive regard, delinquency

Author’s note: Jeff L. Cochran and Nancy H. Cochran are faculty members in the Department of Educational Psychology and Counseling at the University of Tennessee; Lindy Cohen Sherer was an intern with the University of Tennessee REACH Project at the time of this research and is now an alumna of the UT Mental Health Counseling Masters Program. Correspondence regarding this manuscript should be sent to Jeff L. Cochran, 535 Bailey, Department of Educational Psychology and Counseling, University of Tennessee, Knoxville, 37996-3452.
When Unconditional Positive Regard Encounters a Need for Limits: A Case Study in Child-Centered Play Therapy

Rogers (1957; 1961; 1980) and other scholars in the person-centered approach have illustrated the therapeutic importance of unconditional positive regard (UPR; Mearns & Thorne, 1988; Wilkins, 2000). Rogers (1961) explained that UPR is “A warm caring for the client – a caring which demands no personal gratification. It is an atmosphere which simply demonstrates ‘I care’; not ‘I care for you if you have behaved thus and so’” (p. 283). Mearns and Thorne (1988) explained, “The counselor who holds this attitude [UPR] deeply values the humanity of her client and is not deflected in valuing any particular client behaviours” (p. 59).

There are decades of evidence supporting the power of Rogers (1957) core conditions, including UPR (Bergin & Lambert, 1978; Farber & Lane, 2002; Orlinsky & Howard, 1986; Patterson, 1984; Peschken & Johns, 1997) and consensus as to the importance of UPR. Wilkins (2000) concluded that UPR is “a major curative factor in any approach to therapy” (p. 23). Bozarth (1998) described UPR as the curative factor in client-centered therapy.

Farber and Lane (2002) explained that at a minimum, UPR “sets the stage” for other positive interventions and, at least in some cases “may be sufficient by itself to effect positive change” (p. 191).

However, providing UPR may not be as simple as it sounds. Wilkins (2000) pointed out the complexity of this simple sounding concept of UPR. Cochran and Cochran (2006) explained that UPR might have to be viewed as an action verb rather than an attitude, because clients’ actions or ways of being may continually challenge the limits of what counselors can accept while remaining congruent. Thus UPR is not a state that counselors reach and maintain, but a way of being that requires continued effort and growth.

This article presents a case study in which a child’s need to test limits in child-centered play therapy (CCPT) challenges his young therapist’s ability to maintain UPR. Yet, his work in testing limits in CCPT and his experience of his therapist’s UPR are seen as the major factors in his apparent behavioral progress. Outcome data are provided suggesting apparent progress in behavior change, while
the foci of this article are analyses of the child and therapist’s process.

**Limits in CCPT**

Adults in counseling may rarely need to hear a response from their counselor along the lines of, “[Client name], one of the things you may not do in counseling is [e.g. physically hurt yourself or others; intentionally break things in my (the counselor’s) office].” However, as Axline (1947) showed the way through play therapy to provide children with a permissive relationship that facilitates free expression and self-exploration, she also explained that at least some limits will be “necessary to anchor the therapy to the world of reality and make the child aware of his responsibility in the relationship” (p. 76). Cochran, Nordling, and Cochran (2010) explain that limits are a normal, essential, and unavoidable part of play therapy. Consider the following three most common needs for limits in play therapy: first, every session must end, even though many times children are not ready to end when the clock and schedule dictate that the counselor must end; second, even though it can be a very satisfying element of expression for some children to break toys, if too many toys are broken (or materials wasted) the counselor’s budget for toys is quickly exhausted, and opportunities for children to self-express are diminished; and, third, but perhaps most importantly, children cannot be allowed to hurt themselves or their therapist in play therapy, even though the urge to do so may be understood by the therapist and provided empathy for.

Additionally, as Cochran, Nordling et al. (2010) clarified, learning the balance of setting as few limits as possible, yet enough to maintain safety and the therapeutic environment, as well as the therapist’s UPR and congruence can be a delicate balance requiring supervision, practice, self-awareness and personal growth on the part of many therapists. This case study explores the importance of that balance in the work of a young, novice counselor with a child client who appeared to have a great need to test the limits of his relationship with her and to experience UPR from her.
Methods Setting

The client was served in a large, urban, Title I, high poverty elementary school. The school has over 700 students, a free or reduced meals rate over 90% and a mobility rate over 40%. Many children apparently come to the school underprepared, as achievement test results are persistently well-below national and state averages. Teachers at the school normally expect to help students with misbehavior and learning readiness, especially considering that many are known to have quite difficult home lives. Services to the client were made possible through a grant funded program that provides child-centered play therapy for children whose behavior and life circumstances predict high risk of delinquency or other juvenile court involvement.

Treatment Model

Treatment was provided in 30-minute sessions, scheduled twice weekly. The therapist (third author of this study) was an advanced graduate intern completing her masters in mental health counseling, working under the supervision of an experienced child-centered play therapy supervisor (second author of this study). The therapist had completed one course in CCPT. As the words therapist and counselor may often be interchangeable, we refer to her as “therapist,” fitting with the name of the approach and to clarify that we are referring to that particular person, while we use the term “counselor” to refer to most persons who would apply the approach and “therapist” when referring more narrowly to CCPT in this article.

The treatment is CCPT (Axline, 1947), in the model developed by Louise Guerney (Cochran, Nordling et al., 2010; Guerney, 1983). Therapist’ empathy and UPR and the child’s free self-expression are paramount in the approach. Cochran, Nordling et al. refer to the limit-setting procedure in the approach as, “the empathy sandwich” (p. 132). Necessary limits are sandwiched between 1) the therapist’s empathic acknowledgment of the child’s apparent motivation for engaging in the behavior, and 2) the therapist’s empathic response to the child’s reaction to the limit.
Limits are stated in a firm, yet warm and nonthreatening manner. Limits are worded to be specific in order to only restrict the smallest number of behaviors necessary. If a child were to persist toward a known and previously stated limit, for instance throwing a ball directly at the therapist’s head, he would be informed with wording like the following:

Responding empathically to the child’s intent: [When a child seems very curious about a limited behavior] “you want to know what happens when you throw the ball right at my head”… or [When a child shows obvious enjoyment or obvious anger while trying a limited behavior] “you like throwing the ball right at my head” or “you are mad, and want to throw the ball right at my head.”

Stating the consequence of proceeding with the limited behavior: “Child’s name…throwing the ball at my head is one of the things you may not do. If you throw the ball at my head again, our special play time will end for today.”

Responding empathically to the child’s next response after the stated limit or asserting the consequence, if necessary: [The child has moved on to another activity] “You have a new idea. You have decided to punch the bop-bag.” [The child argues the point] “You want me to know that’s not what you were doing!” [Child repeats the previously limited behavior and throws the ball at the therapist’s head. The therapist picks up the ball and get’s child’s attention by calmly saying his name] “Child’s name, you threw the ball at my head again. That is what you wanted to do, but that is one of the things you may not do. Our special play time is over for today [heading toward the door]. We will have special playtime again next week.”

It should be noted that it is very rare in CCPT that children engage the consequence. A calm and firm tone of voice and empathic acceptance conveyed through facial expression and open body posture when stating a limit are usually enough to help even the most limit testing child know that “you still have control and a choice…however, this is one thing you may not do in special playtime.” Should the consequence of the session ending be necessary, the therapist remains empathically accepting and sensitive to the child’s reactions and feelings, but also firmly maintains that “special playtime is over for today.”

The Guerney approach to CCPT also provides guidance for therapist participation in children’s play and a stage model for understanding children’s process in CCPT (Cochran, Nordling et al., 2010; Cochran, Cochran, Nordling, McAdam, & Miller, 2010; Guerney, 2001; Nordling & Guerney, 1999). Therapist participation provides for rich relational work. Recognizing the stages of a child’s work in CCPT provides a view of children’s internal therapeutic process, a process that may not be as evident as it is in counseling with most adults.

Briefly, the typical stages of CCPT can be described as:

**Warm-up**: relationship is formed, including the child’s understanding of his and his therapist’s roles, the unique potential of the playroom and therapeutic relationship, and a feeling of safety that facilitates free expression. Children work to discern just who this person (their therapist) is to them, what is possible in the relationship, what will be OK and not OK in the playroom.

**Aggressive stage**: children work on issues of power and control, and often express aggressive tendencies or thoughts through characters and actions in role-play.

**Regressive stage**: children explore issues related to attachment and nurturing, and often play in younger seeming ways than would be expected for the child’s age; themes of protection, giving and receiving nurturance predominate.

**Mastery**: signals readiness to begin to end therapy; children exhibit a growing awareness of competence and self-mastery, while integrating the gains of earlier stages into their personality.

**Data Collection and Analysis**

**Protection of client identity.** To protect his identity, we refer to the client in this study with a pseudonym, Darian. Additionally, some playroom actions that could possibly be identifying, but are seen as important to understanding his process, are changed by inserting parallel behaviors that the authors considered true to his process without risking identification. Study procedures, including parental permissions and data collection, are approved by the institutional review board of the first author’s university.
Panel consensus. The authors formed an expert panel in order to conceptualize the client, his use of CCPT, and apparent mechanisms of change. As a panel, we have 45 years combined experience conceptualizing client difficulties, planning and assessing treatment, providing and supervising CCPT, and particular expertise in applying the stage model of CCPT. The first two authors have extensive experience in teaching, supervision and research in the person-centered approach. This first author also has extensive experience across a wide range of counseling approaches, especially cognitive and behavioral approaches, and regularly teaches, supervises and encourages counseling students in finding the paths to effective work that resonate for them.

Our process of reaching consensus included the following steps. The first author interviewed the therapist regarding Darian and their work together. The 1.5 hour interview was shaped by a protocol of questions (e.g., reasons for referral, understanding of Darian and his difficulties before CCPT, general descriptions of his play, thoughts of his play in stages, why the intervention seemed to work or not work for him, why CCPT would seem to make or not make sense for him, anecdotal evidence of change, other interventions or factors possibly related to change, other comments), with ample opportunities for follow-up and open discussion from interviewer/first author and interviewee/therapist. The two also discussed possible meaning of quantitative, standardized, and anecdotal indicators of progress in this meeting, which took place four months after treatment ended.

The first author drafted a report of the interview with: a description of Darian’s work categorized into the typical stages of CCPT (Nordling & Guerney, 1999), a conceptualization of his difficulties, and his mechanisms of progress in CCPT. The first author included follow-up questions in this report as well as a request to confirm or correct the report from her experience. Differences in understanding (there were almost none), were discussed until a comfortable consensus was reached. The second author/therapist’s supervisor reviewed this work, adding her input which was discussed with the first author to consensus. Discussions and adjustments continued through the drafting of this manuscript.
The three authors were involved as project director and internship instructor, program coordinator/supervisor.  

**Process data sources.** All sessions were recorded. The second author/supervisor reviewed about 33% of sessions on a weekly basis. The third author/therapist pointed out particular areas of potential struggle, difficulty or inconsistency with the model for her to review. The first author reviewed occasional segments pointed out for him by the therapist for additional perspective and for him to understand her work and progress. Transcripts were not used due to the prohibitive nature of that task and due to the understanding that much more from play therapy sessions is understood through observing what is done and how so vs. the specifics of wording.

Session notes were kept by the therapist with emphasis on Darian’s important seeming actions, play themes and tone, and stage analysis. The second author/supervisor reviewed the therapist’s case notes on a monthly basis. The first author reviewed case notes when drafting the report of the therapist’s interview and drafting analysis of behaviors into stages.

**Outcome data sources.** There were two sources of outcome data: the school administration kept a count of office referrals and teacher ratings through the Teacher Report Form (TRF) of the Child Behavior Checklist (Achenbach & Rescorla, 2001). Teacher ratings were collected by the therapist, before beginning treatment, after Darian’s first eighteen 30-minute sessions (a minimum treatment length assumed prior to his CCPT start), and at the end of the school year. She scored and gave the ratings to the first author for storage and review. The therapist was aware of his teacher ratings and school behavior reports.

The TRF includes 118 items that ask teachers to rate the presence of behavioral symptoms on a 3-point scale of frequency. The TRF enables score reports of Total, Internalizing and Externalizing Composites, and eight syndrome scales: Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints make up the Internalizing Composite; Aggressive Behavior and Rule-Breaking make up the Externalizing Composite; and Social Problems, Thought Problems, Attention Problems contribute to the Total, but neither composite.
Strong validity evidence for TRF scores has been established through multiple studies across decades. Internal consistency of problem area scales is supported by alpha coefficients of .78-.97. Test-retest reliability for the TRF is established at correlations of .90 for Total Score and .91 and .92 for the Internalizing and Externalizing Composites. Standard errors of measurement (SEM) are provided by referred and non-referred norm groups. SEM allows the determination of confidence intervals at the 90% level, which allow statements of significance (i.e., that we can be 90% sure that the score difference is actual behavior change vs. errors in measurement or normally occurring variation) (Achenbach & Rescorla, 2001).

**Client Background**

By early October of his kindergarten year, Darian’s teacher was exasperated and no longer confident in being able to handle his defiant, disruptive behavior in the classroom. She explained in frustration, “If he does not get his way, he cries, kicks, and throws things.” School administrators saw Darian as having severe and persistent pattern of defiant and aggressive behaviors markedly different from peers. His teacher and school administration had implemented behavioral interventions prior to referral that were not seen as effective. His teacher had become convinced, in her view, that he had a diagnosable disorder such as attention deficit hyperactivity or oppositional defiant disorder. His teacher and school administrators suggested reasons for his behavioral difficulties as stemming from his background, including that his biological father was in prison and he had no other father figure, that his home was undisciplined and he lived in a high crime area, and that he was the baby of the family, accustomed to getting his way. Although his mother reported wanting help for Darian and signed informed consent for services and research, she did not respond to repeated invitations to meet with counseling or other potential parent support staff.
Results

External Indications of Change

In the just over eight school weeks before beginning treatment, Darian had six disciplinary referrals to the office for behaviors determined to be beyond his teacher’s control. He was referred to the office for discipline only once after beginning treatment.

His Total and Externalizing Composite scores on the TRF were in the clinical range pre-treatment. Each of these improved beyond the 90% confidence interval for referred children around his pretreatment score, with his Total Score improving more than twice that measure. His subscale scores of Aggressive Behavior, Social Problems, Attention Problems, and Rule-Breaking Behavior were in the borderline range pre-treatment. Of these, his Rule-Breaking and Attention Problems scores improved beyond the 90% confidence interval for referred children and his Attention Problems score improved more than three times that measure. See Table 1 for score change details.
Table 1

*TRF Scores and Note of Significance from Pre-Treatment*

<table>
<thead>
<tr>
<th>Score Area</th>
<th>Pre-Treatment Ratings</th>
<th>2nd Rating, after 1st 18 ½ hr. Sessions</th>
<th>Final Ratings, after Last 12 ½ hr. Sessions</th>
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<tbody>
<tr>
<td>Total</td>
<td>80</td>
<td>54**</td>
<td>52**</td>
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<tr>
<td>Ext. Composite</td>
<td>26</td>
<td>21</td>
<td>19*</td>
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<tr>
<td>- Rule-Breaking</td>
<td>6</td>
<td>4</td>
<td>2*</td>
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<tr>
<td>- Aggressive Behavior</td>
<td>20</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Int. Composite</td>
<td>6</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>- Anxious/Depressed</td>
<td>6</td>
<td>3*</td>
<td>5</td>
</tr>
<tr>
<td>- Withdrawn/Depressed</td>
<td>0</td>
<td>0</td>
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<tr>
<td>- Somatic Complaints</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Non-Comp. Scales</td>
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<tr>
<td>- Social Problems</td>
<td>7</td>
<td>6</td>
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<td>- Thought Problems</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>- Attention Problems</td>
<td>35</td>
<td>24**</td>
<td>22***</td>
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<td>Adaptive Functioning (higher is positive)</td>
<td>11</td>
<td>14*</td>
<td>13</td>
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* denotes change from Pre-Treatment scores beyond the 90% confidence interval created from the standard error of measurement for referred children ages 6-18
** denotes change from Pre-Treatment to Final scores more than two times the amount of this confidence interval
*** denotes change from Pre-Treatment to Final scores more than three times the amount of the confidence interval
Process through Stages of CCPT

**Warm-up.** From the moment Darian entered the playroom he relished the freedom, and the opportunity to be self-directed. In the first two sessions, through his excitement and exuberance, he inadvertently bumped into limits. For example, he bounced a ball that hit a ceiling tile. His therapist asserted the first limit with empathy, “[With excited tone matching his] Darian, you like bouncing that ball hard. You bounced it so high it hit the ceiling! [Dropping excitement from her tone] One of the things you may not do is bounce the ball so high that it hits the ceiling. [Responding to his frowning face and matching his wary affect] “You’re not sure you like that you can’t do that. [Picking up with his dropping the ball and quick shift to another activity] But now you have another idea.”

He soon found another action that had to be limited. As he painted vigorously, paint began to be “accidentally” slung in all directions. Slinging paint beyond the art table was limited, and though he still enjoyed his free and messy painting, this limit was accepted by Darian. As sessions progressed, his play developed into a pattern that seemed to suggest he was “feeling out” the situation, as if asking through his behavior, “Just what will be allowed here and how will she react?” Whenever a limit was found, he seemed to see if he might be able to push through it, trying the behavior again or coming very close to it with an attitude appearance of, “I don’t care if I do break this limit or how you react.” However, when the limit was reasserted, along with the consequence of possibly ending the session, while he would initially get mad and yell or stomp around, he would also eventually calm himself and move onto another activity.

As Darian continued in CCPT sessions, he seemed to find some limits that he could likely sense had an effect on his therapist’s anxiety level. For instance, after a bit of paint splattered near or actually on her, and noticing her “tense up” due to this, he moved immediately to the idea of painting his therapist! And after asking a few questions about the video camera that was recording sessions for supervision, he again likely noticed a small flinch of discomfort or incongruence in his therapist. With this, he immediately became very interested in physically exploring, touching and playing with the...
camera! When these ideas and actions were limited, Darian didn’t easily move on. Instead he found it a way to engage his therapist, and test her resolve. He pressed these limits even after being told that doing so would mean that the session would end for the day, and a few sessions had to end early due to this.

As Darian’s play sessions continued, he became much more absorbed and focused on his self-generated activity. With this change, his desire to continue his work in relationship with his therapist grew such that he came to his most extensive struggle with limits, that which involved the ending of sessions. When play time was up for the day, his therapist was sensitive in the structure of giving the notice of “five minutes left,” and then “one minute left.” Nonetheless, after the one minute time warning, Darian would continue to play, he would dawdle, and ignore the therapist. He would ask (and cry) for more time. Again, this was an area of structural limit setting which was still new to his therapist, and so his testing around this limit left her easily frustrated at times.

Many beginning therapists understandably become nervous in such situations. When the session time is up, there is no consequence to fall back on at that point. In the school setting, the delay in ending can become public if the child is not back to class on time, and the rest of the therapist’s schedule with other children she serves can be affected by the delay. Darian’s pattern was to linger a bit at first, as if the delay was not intentional, but then to get very argumentative when the fact of their “special playtime being up for today” was gently reasserted. He cried in these moments, and it was clear to us that it was more than manipulation. He was crying genuine tears of frustration at not getting what he really, really wanted – to stay in special play time with his therapist.

His therapist had a mix of feelings and reactions in these moments. On the one hand she would tense with the thought, ‘What if I can’t control him now? That’s not going to look good.’ But then she also felt for his very real upset and asserted the limit empathically, “[Kneeling down to his level for a moment, affected by his upset and speaking tenderly] Darian, You really, really want to stay. You have more you want to do. [Moving toward the door to wait for him and shifting to a neutral tone] but our special play time is up for today.”
Whenever he saw his therapist outside of sessions at school even through this period of many limits needed in sessions, he was all smiles and hugs, very much glad to see her. This heavy limit testing “warm-up” lasted about 12 sessions all together, with a gradual reduction in intensity as the sessions went on.

**Aggressive-regressive stage play.** As is often the case in shifting from one stage to another, his shift from warm-up to aggressive-regressive stage play was gradual. Back during the sessions we categorized as mostly warm-up, he began role-plays that included much scolding of his therapist, which may have been a combination of relational testing and expressing deep seated aggression (for examples of role play in CCPT, see Cochran, Cochran, Fuss, & Nordling, 2010; Cochran, Nordling et al., 2010). For example, he would paint something simple, a circle, and instruct her to copy it, and then fiercely scold her for not getting it right. He would repeat the cycle with escalating anger for what he saw as her apparent incompetence. We classified these interactions as mini role-plays as these interactions seemed more like a game of “Angry Teacher – Bad Student” than something real and directly between Darian and his therapist. His expression of anger seemed to be no longer genuine tears of frustration, but an exorcising of something deeper that he needed to bring to the surface.

His emotions and words in these role-plays were often highly critical, and his therapist acceptance of “being scolded” seemed to embolden Darian in this “role.” He came to have a constant tone of anger and disgruntlement through his sessions. He seemed to be constantly “mad” at his therapist in sessions (yet always all warm greetings and hugs outside of sessions). He gravitated to frequent and increasingly elaborate solitary doll play, while his therapist empathically watched and tracked his actions (for more on tracking with empathy in solitary role play, see Cochran, Nordling et al., 2010). At times, he would become deeply relaxed while involved in solitary play, and his therapist was careful to sensitively be there with him while quietly tracking. During these times he’d sometimes seem to suddenly remember his therapist, and look up at her, point, and exclaim, “I’m mad at you!” This exclamation seemed much more a reminder to her (and perhaps to himself) of his “bravado” and need for power and control than of actual anger at her. Maintaining
this “posture” seemed an important component to allowing for his more vulnerable, regressed play.

He became increasingly nurturing with the dolls, even when still disgruntled and scolding with his therapist. His early doll play was mostly scolding and punishing the babies, but grew to increasingly include nurturing: feeding them, telling them they needed to go to the bathroom and playing out their wetting and his clean up, fixing their clothes and hair. But even when nurturing the dolls, his tone could vacillate from calm and silent to quickly gruff and angry again.

This angry, gruff tone in sessions was in contrast to his actions outside of sessions. While he certainly tested the limits in his classroom and broke down in tears of frustration with things he wanted but could not control, he did not generally seem angry, but was almost always seen to be grinning, carefree, and happy-go-lucky. Darian had about nine sessions that we classify as mostly aggressive-regressive stage.

**Regressive-aggressive stage play.** Darian had about five sessions that we classify as mostly regressive-aggressive stage. As with his shift from warm-up to aggressive-regressive stage play, there was no clear moment of shift to more regressive-aggressive stage play. These sessions included his mostly nurturing doll play and also “dress up,” during which he often dressed as a woman and seemed to delight in the power and control he felt with a purse and money, and “being in charge!” He nurtured and cared for dolls during this period, but also was quick to “give orders” and “whippings” (to the beanbag chair) if needed. In this period of his play, his angry tone toward his therapist noticeably decreased. He seemed comforted, open, and content with his therapist “being right there with him” as he role-played, and he seemed to more fully trust her as his “confident companion” while he became immersed in his therapy time.

**Ending without mastery stage play.** Darian’s ending sessions did not feel complete to his therapist. While his behavior had improved significantly outside of his sessions, he did not yet show signs of mastery stage play. The countdown of his final six sessions began due to the impending end to the school year. His therapist would not be able to continue with him, and so was careful.
to have this countdown of sessions to make Darian aware of this. In his last two sessions, he reverted back to some of his earlier limit testing and angry tone. In returning to these behaviors, he again cried real tears of frustration and sadness. Yet, he never seemed “full out” in struggling over limits in those sessions. Rather his behavior seemed to convey, “I can push you back to this comfortable distance for us to part. And I can also use this struggle to do some of the crying that I need to do over ending.”

**Therapist’s Challenges in Helping Darian**

As one might expect, Darian’s limit testing was nerve-racking for his novice therapist. As she exclaimed in one supervision meeting during his heavy limit testing warm-up, “I just about have NO empathy left!” We see his limit testing as aimed at testing the limits of her patience, and certainly it did. As her supervisor (2nd author) noted, her usual way with children was warm acceptance without influence of “like” or “dislike.” Yet, early on, Darian seemed to seek and find the way a way to frustrate her. Through what felt like constant limit testing, Darian tested her normally high level of acceptance.

She struggled with this frustration openly in individual supervision and group supervision with fellow interns. As he repeated limits in areas in which he seemed to sense he had “hit a nerve,” his limit testing did hurt her personally (although certainly she remained the adult therapist, who could take perspective and remind herself that his actions are parts of his important work). His challenges over behavioral control, especially around his struggles not to have his sessions come to an end, understandably raised her fears of a) not being able to control him, b) not getting him back to class on time, and c) causing her next session to be delayed, which would put off the levels of consistency needed through the day for other children in need and their teachers – perhaps even causing sessions to be missed. Because this setting and many school settings require very tight and highly regimented schedules, his extensive testing of session endings intensified frustration for his therapist. The fact that she knew that the school wanted or needed rapid progress (a lack of rapid progress could bring painful consequences for Darian –
including removing him from our services and into much less child-centered services) intensified her frustration resulting from worry that he must quickly develop self-control and return to class on-time and under-control.

As there seemed to be so much repetition in Darian’s limit setting, it often felt to her like he was making no progress at all. She worried that his levels of angry disgruntlement were also growing in class (we find such a shift almost never the case in CCPT). She was surprised in checking with his teacher every few weeks, to hear of his steady growing progress in reducing misbehavior and increasing positive behavior in the classroom. Considering his limit testing, scolding tone and disgruntlement toward her in sessions, she was perplexed that he almost always came to play sessions happily and willingly (he had refused two sessions early on) and that he always greeted her with eager warmth and hugs in school hallways or during events outside of sessions.

Client Conceptualization

In retrospect, we conceptualize Darian as struggling with incongruence between outer posture and inner experience. On the outside he appeared confident and happy. His behavior seemed to say, “I’ll just do what I want, and I’ll be just fine.” His attitude seemed to say, “I’m fine with myself. I’m not concerned with you.” Yet, when he could not have his way, at least in some school situations, it seemed that painful emotions from loads of real or perceived hurts came pouring out. His apparent attempts to unnerve and challenge his therapist suggest that he was actually very much concerned with others and their views of him.

We surmise that his attention difficulties may have been driven by emotional agitation, even though he often “looked” happy. His social difficulties may have been driven by low self-esteem and doubt - even though he appeared self-assured, he seemed to expect rejection. His defiance seemed aimed at exploring limits of personal power, a need to know what his limits were - a way to limit his anxiety, as if needed to confirm the belief, “I can be controlled.” We suggest that while he postured as if needing no one, he in truth deeply feared rejection and aloneness, and would rather not risk
relationships that might end in rejection. Therefore, it seemed he often worked to drive those away who tried to get close.

**Non-Therapeutic Factors**

There were few non-therapeutic factors that might have contributed to changes for Darian. He attended a lunch group with a school social worker at times. He received regular speech therapy services, provided in small groups. His mom’s boyfriend moved into their apartment at one point during therapy. This seemed, anecdotally, to cause an increase in acting out behavior outside of sessions. The timing of the change would be difficult to pinpoint, but was generally between his second and final teacher ratings.

**Mechanisms of Change**

Darian seemed to need his therapist’s unconditional positive regard within the private, safe space she created to vent his emotions and show parts of himself that he kept hidden. It seemed that he had to first test rejection and test the capacity of his therapist to love and accept him – even when he was acting out. He seemed to need to try all his usual actions for driving others away before expressing his vulnerable, inner self. Placing adult like thoughts over a child’s behavior for illustration purposes, it was as if he questioned, “Am I acceptable? Is all of me acceptable? Well, she [my therapist] really KNOWS me. She’s seen me mad. I’ve annoyed and tested her. She’s seen me cry out in frustration. I’ve scolded and criticized her in role-plays, but she still accepts me. She has been my companion while I pretended, and while I played out my feelings of helplessness, and my need for power and control. All this and she has barely wavered. She still comes to get me for my special playtime. She accepts and cares for me as I am…perhaps I can accept and care for me. Perhaps I can also let others (teachers, caring adults) become close with much less to fear than I expected.” Most important in our view, when we think of why Darian seemed to change to a stronger, more congruent boy, is that possibly for the first time ever in his very difficult life, he experienced consistently empathic, unconditional positive regard.
Discussion

Limitations of the Study

The primary limitation of this study would be that it is a case study. Conclusions may not generalize to other cases, as each person and therefore each case is unique. The value of a case study can be that it provides a look into what happened in that unique situation that might advance our understanding.

While the author’s backgrounds provide an opportunity to suggest conclusions of what happened and implications from those conclusions, their backgrounds also create further limitations. As the authors are oriented to the stage model used in the study, this provides an opportunity to classify behaviors into the stages, but also carries the limitation that the authors may have preconceived Darian’s work into the stage model. And as the authors are oriented to the person-centered approach, this provides an opportunity to see the value of the core conditions, but also carries the limitation that the authors preconceived these values in Darian’s work.

Implications

Unconditional positive regard vs. a need for limits. Darian’s work seemed to put unconditional positive regard on a direct collision course with a need for limits. Unconditional positive regard seemed to be what he needed most – he needed to use it to reach self-acceptance, to bring the surly, challenging, and angry parts of his inner self into relationship, and then to express parts of his inner self that seemed to seem even more vulnerable to him. But in his doing so, his therapist had to set some limits on behaviors. He could not be allowed to destroy parts of the playroom or equipment that would then limit other children’s work. He could not stretch the length of sessions to his preferences as this could also limit other children’s work. As Virginia Axline (1947) explained, limits are needed to anchor the play to reality.

Of equal importance, Darian could not be allowed to push the limits of his therapist’s acceptance beyond her capacity for congruence. As his therapist was just beginning her work in CCPT,
his work challenged her unconditional positive regard. When Darian sensed that his actions had prompted even a hint of critical feeling toward him, he seemed to need to test out and explore what would happen if he pushed even more. This work and the requirements for a therapist’s self-awareness, limit setting ability, and empathy is difficult for even more experienced child-centered play therapists.

That being said, it is important to clarify that the conflict between unconditional positive regard and a need for limits was not between his actions and hers. His actions were simply the work that he needed to do. The conflict was within the therapist, between her empathic unconditional positive regard, the limits she had to provide to remain congruent, and her very understandable and remarkably small, but perceptible critical responses to the challenges of Darian’s work.

The openness of the child-centered/person-centered approach vs. pressure for external change. Darian’s therapist felt the pressure for external behavioral change to be evident quickly. Especially as his limit testing behavior, known to be parallel to his classroom misbehavior escalated, the pressure mounted. Yet, external behavioral progress suggests that his behavioral progress outside of CCPT was increasing even while his limit testing in CCPT escalated.

To us this suggests the strength of the structure for growth that CCPT creates. It reinforces that the therapist does not have to force or manipulate what the child is working on, that she need only maintain the structure and warmth that facilitates his work. It also suggests that the therapist does not need to know what a child is working on to know that the child is working. To a person with limited understanding of the approach, it might seem that a child is learning all the wrong things in therapy, when indeed the opposite is true – because the process is self-generated - he is learning the exact things that he needs to learn!

In addition to presenting a case study to help understand the CCPT approach, to us Darian’s story suggests the value of collecting accurate data when possible. We acknowledge that this is not always easy, but as Cochran, Nordling et al. (2010) point out, if a counselor uses a scale that can broadly measure maladaptive behavior, increasingly adaptive behavior will almost always be evidenced from

the child-centered approach. Cochran and Cochran (2006) pointed out that data collection can contribute to counselors avoiding burnout. Without it, Darian’s novice therapist might have unduly worried over his outward behavior in sessions and become discouraged and directive, rather than working to develop her skills in limit setting with empathy to remain congruent and child-centered in her sessions.

**Self-integration and the challenge for the new therapist.**

We may look to the Integrated Developmental Model (IDM; Stoltenberg, McNeill, & Crethar, 1994; Stoltenberg, McNeill, & Delworth, 1998), an often cited framework for understanding counselor development (Anderson & Bang, 2003; Leach, Stoltenberg, McNeill, & Eichenfield, 1997; Lovell, 1999; Tryon, 1996; Warnke & Duys, 1998) for understanding the therapist struggle to maintain congruent unconditional positive regard, while asserting necessary limits in this case. Three overriding structures (self- and other awareness, motivation, and autonomy) and eight clinical domains (intervention skill competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment planning, and ethics) of counselor development are described in the IDM.

In this case, as a practitioner very early in her career, the therapist needed to develop efficient awareness of her thoughts and feelings in for the moments when Darian challenged limits. While such awareness may really be sensory and emotional, especially when the awareness needs to be instant or automatic, the following thought chain may be used to represent the internal process,

*I am tensing up. My worry is that I cannot control him. He may get hurt or important things may get broken! [Then the responding, corrective thought] It’s OK. [And redirection to his experience] What is going on inside him? [This redirection should be more of an empathic striving than a calculation]*

Such processes from awareness of self to other helped the therapist build to consistent unconditional positive regard, even when needing to assert limits.
As a practitioner very new to the model, the therapist also needed to develop confidence in the theoretical orientation and commitment to the approach as the appropriate treatment plan. In our experience, the child-centered approach is counter intuitive for many in our society and thus for many beginning therapists. Knowing that the approach works comes from experience. Thus one cannot begin already equipped with confident knowing. A thought chain to represent the internal conflict follows,

*My supervisors are confident that CCPT will work for Darian, but I keep having the thought that I should do something to make him learn to behave – or else won’t he keep misbehaving and suffer through more trouble at school?*

In time, it helped the therapist in this study to hear of Darian’s progress in teacher reports and ratings, but these affirming signs could not come until she had helped him through much of his limit testing difficulty. Later, she reported she could *feel* his shifts, as well as the change in his comfort level in relating. She began to notice this also with other clients. Then she became more confident in the model. But in the beginning, when challenged with a limit testing client, she could only trust the theory, literature, and her supervisors while working through self- and other awareness toward intervention skill competence.

**The meaning of the premature or arbitrary ending.** With each of us having known Darian, we hurt for his arbitrary ending. We worry that his apparently great progress might have become reversed. We do not think so, as his school behavior improved significantly, and this improvement continued steadily throughout the school year. Darian moved to another school district the next year, so follow-up wasn’t possible. This was out of our control, but still we wish we knew more.

This for us brings up an important question in serving many at-risk children: Being “at-risk” often means low socio-economic status (SES) and low SES often means multiple moves with little advanced notice to counselors serving children in schools and agencies (i.e., parents move due to not being able to pay the rent, or have a sudden opportunity for a different apartment to save money;
parents move due to better work opportunities; and parents move due to divorce, insecure relationships, or abusive situations). Being at-risk often means multiple disruptions within the family, which also can mean multiple moves. And so, the question becomes is it then better (or in good judgment) to start a therapeutic service that may not be completely finished? We believe so. Even if all a child has is one relatively brief relationship in which he can be himself and be completely known and accepted, we believe this acceptance may be a life changing event. So if it can be done, then it is always the right thing to do. Because child-centered play therapy strengthens the child from within – we also believe it is this something within that stays with the child – no matter how many moves or life disruptions.

Conclusions

Our hope from this study is for all counselors and therapists to see the importance of expanding unconditional positive regard for all children in need, and to maintain faith in the healing power of the child-centered/person-centered relationship, no matter what the challenges. We expect all who read this will learn from and be encouraged by this novice therapist’s and Darian’s work and progress.

We additionally hope to shed light on the oft time necessity in CCPT for unconditional positive regard and necessary limits to coexist, and some of the challenges and the possibilities that result. While unconditional positive regard and necessary limits in therapy may sound like contradictions, we hope for readers to see in this study how the two together facilitated the growth of both child and therapist, and helped them develop a solid, curative relationship as well.
References


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Implications on Inclusion of Individuals of Minority Status In Person-Centered Encounter Groups

Kathryne S. Poole, M.A., Robert A. Culp, M.A., Gurpreet Paul, Psy.D., & Tim Dean, M.A.

Abstract

This article explores and discusses the experiences of individuals of minority status in person-centered encounter groups. Although encounter groups are inherently person-centered and open to expression of human experience, the authors of this paper have witnessed an emotional “shutting down” in some individuals of minority status who attempt to speak of their experiences as individuals of minority status. Although we contend the core conditions are sufficient for these individuals to have a meaningful experience in an encounter group, we believe not all members experience the core conditions and thus the conditions are not always being met; in particular the condition of empathy. We explore why empathy may not be communicated or received by both individuals of majority and minority statuses, respectively. We examine and discuss the concept of topical groups, as well as the potential of implementing person-centered facilitators who could aid in maintaining the core conditions during especially vulnerable exchanges where members in the group are having difficulty experiencing and communicating the core conditions.

Keywords: Encounter Groups, diversity, Person-Centered, Client-Centered, facilitators, minority

Authors’ notes:
Kathryne S. Poole, M.A. –(Clinical Psychology, Illinois School of Professional Psychology, Chicago, IL) Kathryne is a fifth year Psy.D. student. She resides in Chicago and is dedicated to practicing and researching Client-centered therapy.
She received training at the Carl Rogers Institute for Client-centered Therapy, and is currently completing her doctoral internship at a community healthcare clinic.

Robert A. Culp, M.A. – (Clinical Psychology, Illinois School of Professional Psychology, Chicago, IL) Robert is a fifth year Psy.D. student. He has been practicing Client-centered therapy for the past three years. He is currently a doctoral intern at the University of Missouri’s counseling center, and lives in Columbia, Missouri with his wife and child.

Tim Dean, M.A. – (Clinical Psychology, Roosevelt University, Chicago, IL) Tim is a fifth year Psy.D. doctoral candidate at Roosevelt University. He received training at the Carl Rogers Institute for Client-centered Therapy and continues to practice CCT at a university counseling center in Chicago.

Priya Paul, Psy.D. – (Clinical Psychology, Illinois School of Professional Psychology, Chicago, IL) Priya is a licensed clinical psychologist who received two years training at NIA, Incorporated: a site committed to training Client-centered therapists. She currently resides in Chicago, IL and recently joined a local private practice.

**Introduction**

Much of the current multicultural counseling literature has emphasized the need for sensitivity as it relates to diversity issues in groups. Anderson (2007) discusses the ways in which multicultural group work can be a powerful tool for healing using culturally informed assessments, interventions, and treatment strategies with group members. This type of group work advocates intentional multicultural competence and directive interventions. In our review of group work literature we found that there is a general emphasis that the, “therapist[s] must help the group move past a focus on concrete cultural differences to transcultural – that is, universal – responses to human situations and tragedies” (Yalom & Leszcz, 2005, p. 8). In this type of group work, the group leader makes assumptions about what is best for the group members.

As individuals who are passionate about the person-centered approach and person-centered encounter groups, we want to acknowledge our deep wish to maintain non-directivity at all times in encounter groups. We also agree that non-directivity is a major component in fostering a therapeutic psychological climate based upon Rogers’ (1959) core conditions (Bozarth, 2005). So in an
attempt to more thoroughly understand our experiences of encounter groups we will explore factors that could affect the maintenance of the core conditions in person-centered encounter groups.

The concept of having a topical group or naming a group may imply an abandonment of non-directivity. However, we contend that having a group labeled a “diversity group” may help to create a climate characterized by the core conditions. The atmosphere in this type of “diversity group” may allow for the processing of individual differences and help those from diverse backgrounds feel freer to bring these issues out into the open. Additionally, the naming of a group may also imply that the climate is explicitly person-centered. Many group members who are individuals of minority status may be fearful to talk for a number of reasons, in less specific encounter groups. Such reasons may include feeling alone, feeling misunderstood about their cultural context, feeling responsible for educating the group about their own cultural context, or feeling the need to preface everything with a reference to their own experience, which may be shameful and lead to fears of being unaccepted by the group.

For example, the authors were members of an encounter group where a group member had been sharing a piece of her personal history. This person had attributed her intolerable feelings associated with this experience to her minority status. At one point, another group member questioned the speaker as to whether or not the cause of her emotional pain truly lied within her experience of being a minority. Other members in the group chimed in similarly, and few group members responded empathically or supported the original speaker’s expression of her experience. The speaker began to cry and abruptly left the room. Observing this, and other similar experiences, caused the authors to wonder how members in the group could have responded differently during this encounter.

We propose that the implementation of topical “diversity” encounter group experiences and/or having facilitators who are particularly interested in maintaining the core conditions, might be steps in addressing some of the issues we have perceived in encounter groups. In general, we maintain that it is not possible for the core conditions to continuously be met in person-centered encounter groups. Additionally, we argue that if the core conditions
were always met, individuals of minority status would adequately receive empathy and the potential for harm would be greatly reduced. However, because this does not always occur, we believe that further exploration of these issues relating to diversity is important. We also endorse further consideration of the experiences of individuals of minority status, and how encounter group experiences affects these individuals. The purpose of this paper is to review Rogers’ key ideas regarding the encounter group experience while reconciling our experiences of encounter groups as well as considering the role topical groups or facilitators could play in maintaining the core conditions.

An Introduction to Rogers’ Theory on Person-Centered Encounter Groups

Beginning in the mid 1940’s, the idea and awareness of groups throughout Western culture seemed to be spreading. Rogers (1970) describes his initial experimentations with groups at the University of Chicago in 1946 and 1947, when he and other individuals attempted to facilitate an experiential process focused around interpersonal relationships and personal growth for professional counselors of the Veterans Administration. He discusses how this experience helped to merge the inspiration of certain groups that were initially a mixture of human relation skills influenced by Lewinian, Gestalt psychology, and client-centered therapy (Rogers, 1970), into the person-centered approach and groups which Rogers defines as “encounter groups.” Rogers describes this element of encounter groups by stating the following: “this tends to emphasize personal growth and the development and improvement of interpersonal communication and relationships through an experiential process” (Rogers, 1970, p. 5). He discusses in detail the artful process of encounter groups in relation to person-centered theory.

According to Rogers (1970), “trusting” in the group is an essential component of a person-centered encounter group. He describes his attempts to believe in the group and its members as an organism that is meant to develop as it will, and so there is never the intention to influence the group in any way. Brodley (2006) clarifies...
how within person-centered theory, one is never attempting to make specific processes occur, based on the belief in the actualizing tendency and humans’ natural tendency towards growth (Rogers, 1980). Thus in order to embrace an understanding of the person-centered encounter group, one must acknowledge the non-directive attitude. Brodley (2006) describes this attitude as a conglomeration of feelings, intentions, and behaviors conveyed that protect an individual’s sense of freedom, self-determination, autonomy, and sense of self, while respecting and acknowledging requests or questions the individual might have and also responding in an empathic manner. To be non-directive in a group means to be empathically following the other members, and responding to them when compelled.

Rogers also discusses the concept of facilitators within his writings (Rogers, 1970; Rogers, 1980). Although facilitators are not necessary in order to conduct a person-centered encounter group, they may be helpful in that they take on the role of striving to provide the core conditions as frequently as possibly during the group experience (M.S. Warner, personal communication, June 10, 2011). Groups members or facilitators might know when to respond to others in the group, because they are deeply aware of themselves and strive to portray their actual experiences. This describes the concept of congruence (Rogers, 1957), one of Rogers’ core conditions within person-centered theory. Individuals in the encounter group who embrace Rogers’ (1959) core conditions also attempt to accept others’ experiences with unconditional positive regard. Therefore although one is genuine with one’s own internal reactions, there is an attempt to accept others’ experiences as a reality and a striving towards empathic understanding and prizing. Part of the essence and artfulness of the theory is that a person may be able to place some parts of themselves aside in order to be empathic towards others in the group, and still not lose those parts of themselves.
Encounter Groups and Diverse Populations

Much of Rogers’ later work with groups involved the bringing together of social and political parties in encounter group experiences. He traveled throughout the world and gained exposure to a diverse array of people and cultures as he facilitated encounter groups in places such as Japan, Mexico, Venezuela, Brazil, Austria, Hungary, Poland, France, Switzerland, Germany, Finland, Italy, Spain, the Soviet Union, England, Ireland, South America, Africa, and the United States (Rogers, 1989). In doing so, he was able to see the way in which the person-centered approach was applicable to all human beings, and wrote extensively about his experiences. Rogers writes:

_In working with international groups, it is fascinating to watch the development of appreciation for the customs and beliefs of very diverse nationalities, races, and cultures. The reactions of the members and facilitators to the person-centered approach has been overwhelmingly positive. They speak of loss of fear in trying to communicate, a feeling of being heard, and an awareness of the beauty and richness of cultural differences (Rogers, 1989, pp. 443-444)._ 

Rogers further describes the way in which he feels diversity issues are generally addressed in person-centered groups where individuals of various backgrounds or minority status exist. He expresses how national, racial, and cultural differences seem to become unimportant in encounter group experiences as members discover themselves as individuals. Rogers describes how members seem to embrace the potential for closeness and understanding around more general “human” issues or statements that everyone in the group might identify with, and how cultural issues are often not discussed due to the focus of deeply personal issues (Rogers, 1989). Based on Rogers’ personal experiences with encounter groups that have been comprised of diverse individuals and populations, it seems he feels confident that the person-centered approach, based upon the maintenance of the core conditions, seems to fit within the context of any human being.

Other client-centered theorists seem to agree with Rogers’ views. Bozarth (Bozarth, 2005) discusses his personal experience in an encounter group, and relays that the experiences of the relationships formed between group members “trumped everything else” that occurred during the group process. He describes his belief that the most important factor in encounter group experience is the psychological climate created by the maintenance of the core conditions (Bozarth, 2005). This outcome can occur with or without facilitators, as group members may perceive the core conditions within the psychological climate from other group members in the same way as they would a facilitator.

Person-centered theory postulates that theoretical thoughts are not in the therapist’s mind when responding to the client, and there is a striving towards being “in the moment” with the client in order to fully grasp an understanding of his or her experience (Rogers & Wood, 1974). Similarly, we argue that facilitators should also embrace this way of being in order to fully understand members of the group. This is so the facilitator does not become influenced by intrusive thoughts that might alter the way in which the person talking is presenting their experience. As Rogers indicates, “one does not enter a group as a tabula rasa” (Rogers, 1970, p. 44), however there are certain attitudes and ways in which a person might attempt to be “with” others while maintaining the core conditions.

In *Carl Rogers Councils a Black Client*, Moodley, Lago, and Talahite (2004) discuss issues of difference in relation to client-centered therapy. They describe how in an individual therapy session, the therapist places any systematic ideas aside in order to orient himself or herself to the client and does not view the person in any categorical way. They note further:

*The therapist enters the therapeutic relationship with a general knowledge of the universality of human nature, and openness to the myriad ways in which an individual may express that humanness. The therapist perceives the client before her/him in the present moment as unlike any client who will come before this client, or any client who will come after. This means that the therapist working in a non directive client-centered way would not make any assumptions about*

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how the client’s race and culture for example, had impacted the client’s experience and development. This is not to say the therapist is not aware of racial and cultural issues as impacting on the client’s experience. Rather it is saying the therapist is not preconceiving what the particular impact has been (Moodley et al., 2004, pp. 1-2).

This conceptualization of the person-centered theory in relation to diversity can also be applied to encounter group experiences. An embracing of the general understanding of “humanness” and “human tendency” is one of the central components of Rogers’ (1959; 1970) theory and is discussed by several other person-centered theorists. However, the current authors wonder how an individuals of minority status i.e. race, gender, sexual orientation, class, ability/disability, and even ‘first time’ encounter group members, might feel about the basis of the person-centered theory in relation to diversity components, and whether or not minority group members feel a sense of the core conditions in the encounter group experience.

**Personal Accounts of Diversity in Encounter Group Experiences**

In our experience in encounter groups, the topic of diversity or difference has tended to be specifically emotionally charged for some, if not all members of the encounter group. In *On Encounter Groups*, Rogers (1970) discusses a study that concerned encounter groups in general, which showed an increase in the expression and intensity of feelings of individuals who were part of an encounter group experience. In *The Theory and Practice of Group Psychotherapy*, Yalom (2005) states, “cultural minorities in a predominantly Caucasian group may feel excluded because of different cultural attitudes toward disclosure, interaction, and affective expression” (p. 8). Additionally, multicultural theorists Rosenblum & Travis (2006) agree that diversity issues often elicit discontent, and individuals of minority status may feel isolated, invisible, and marginalized in relation to the majority culture. It would make sense that a group specifically focused on topics of diversity, or a group who organically seemed to be processing issues of diversity, would be even more saturated with feelings of intensity.
and vulnerability and might appreciate an environment where the core conditions were explicitly sought after.

We have gained further awareness through our own experiences in encounter groups that it is possible that members in an encounter group who occupy a minority status are more apt to be emotionally “shut down,” or not free to express themselves, when they perceive the majority of the remaining members in the group to occupy a social majority status. This seems more likely to occur when the individual of minority status feels alone or among very few others who occupy a minority status within the context of the larger encounter group setting. We contend that during an encounter group experience, sensitivity and awareness of others, respect, and a strong attempt to understand other group members from their own frame of reference is important. However as Bozarth (2005) describes, one of the most important factors found to be essential in the experience of encounter groups in relation to safety, is the psychological climate, and that the group is maintaining the core conditions. This is often an extremely difficult feat!

As we are attempting to be respectful of others, we do this in a way in which we are striving to provide empathic understanding towards others’ experiences, particularly when issues of difference are being discussed. We believe that although we do not want to categorize any individual in the group, it may be helpful to be aware of basic cultural norms different than our majority culture, such as racism, power differentials, sexism, heterosexism, male dominated societies, etc. It is important to us that we refrain from assuming how these issues might have, or have not been experienced by others. However, a consideration of differences may be helpful so that individuals of minority status do not feel as though they must “preface” things they say in the group and teach others who are unaware, if others at least have a general level of knowledge. After all, many individuals who occupy a minority status are expected to have knowledge about the majority American culture in order to operate in western society.
Failure to Maintain the Core Conditions

We contend that Rogers’ statements about the assumed overall “human being” experience can minimize the experiences of minority individuals who have been affected by current or historical racism, power differentials, sexism, heterosexism, male dominated societies, etc. Moodley et al. (2004) discusses Rogers’ work in the “Right to be Desperate” and “Anger and Hurt,” and describes how he seems less responsive than usual to the client’s communications about racism and also seems cautious in his use of language in relation to race. However, the client did express responses that indicated he felt understood. Still, we do wonder whether talking about issues of difference could leave a person feeling vulnerable and whether or not this might affect the encounter group experience for individuals of minority status.

Generally the authors believe theoretically that the principles within the person-centered approach (PCA) can address issues of difference within the context of encounter groups, but our experience of the theory has been different than what has occurred in reality. For example, in an idealistic sense, if all individuals within a group are comprised of members familiar with the PCA, this might affect the nature of the group. If the group members were consistently striving to make an effort to meet Rogers’ (1959) conditions to the extent that they are able, there may be no need for additional support in the form of a facilitator (we will discuss the benefits of having a facilitator in groups where the majority of members are not familiar with the PCA). It is our belief that the core conditions are sufficient, but that there are times when these idealistic strivings have not occurred, as in the example discussed previously in this paper.

Specifically, we are referring to the core condition of empathic understanding and the perception of empathic understanding.

It has been our experience during some encounter groups that many individuals in the group do indeed experience empathy when a person is speaking in the group, but they elect not to communicate their empathy for personal reasons that are unknown to the potential recipient of the empathic communication. This sometimes leads the person who seeks empathic understanding to not be heard or received. They may feel that they have presented vulnerable and
personal information to the group, but that the majority of the group is not ‘with them’ in their process. This could be a result of individuals in the group genuinely not experiencing empathy, but this seems less likely especially in the context of an encounter group comprised of person-centered practitioners who are primed to be attuned to empathic experiences. Let us assume that more group members experience empathy than is expressed, and for various reasons many elect not to verbally communicate such reactions. What factors inhibit group members from communicating empathy in the context of a group? Some reasons may include shyness, feeling like an outsider in a clique of long-time group members, or assuming that others will speak up. There are likely as many reasons as there are individuals electing not to verbally communicate their empathy, but it is a question that may provide insight into why the core condition of empathic understanding is not being met in some encounter groups.

In addition to verbal empathic communications, empathy may also be communicated using body language (e.g. eye contact, facial expressions, focused attention on the speaker, etc.), although these means may be less impactful than verbal communication. What prevents the individual in the group who is presenting or processing an issue from receiving the verbal or behavioral manifestations of empathy? Are group members sharing personal reactions rather than expressing empathy? Is the individual unable to receive empathy because they are shut down or removed themselves from the group? We think these and other questions are important to consider in determining how the core condition of empathic understanding is not being met in some encounter groups.

Furthermore, when the topic of difference or diversity has been discussed, members are prone to becoming particularly emotionally charged and it seems, from our experience, that individuals of minority status can become emotionally ‘shut down’ in encounter groups in which we have observed/participated. In these instances, we assert that facilitators are important.
Can Facilitators or Topical Groups be Helpful with Issues of Diversity?

Rogers (1970) stated, “a facilitator can develop, in a group that meets intensively, a psychological climate of safety in which freedom of expression and reduction of defensiveness gradually occur” (p. 6). He goes on to say that certain factors such as mutual trust and reduction of defenses help contribute to the freedom in groups, which then lead to significant learnings. Therefore, facilitators may be helpful in providing a particularly safe climate, which embodies the core conditions when issues of difference and diversity are being discussed. Another essential factor to consider is the theoretical orientation of the facilitator. We assert that an encounter group with a facilitator of an orientation other than the PCA may look different than a group facilitated by individuals who embrace the person-centered approach (Bozarth, 2005). This is because the sole purpose of facilitators is to be members in the group who make strong attempts to provide the core conditions. The authors believe that if facilitators are present in groups at all, they should be familiar with the PCA and have an understanding of Rogers’ core conditions. Sanford (1999) also agrees that, “a deep understanding of the PCA on the part of the facilitators is important…” (p. 24).

Bozarth (2005) describes how an individual’s perception of encounter group experiences is affected by whether or not the individual perceived the conditions in other members in the group, not the facilitators. He describes how in groups where no facilitators are present, anyone can act as a facilitator. When individuals are able to feel a sense of congruence and are free of values of worth and can be unconditionally received and understood in the group, they are able to be more empathic towards other individuals (Bozarth, 2005). The authors agree with Bozarth’s statements. However, we also contend that facilitators provide empathic understanding and possibly a more stable psychological environment at times when the conditions are not being met. Although we do not maintain that facilitators are always necessary in providing the core conditions, as members are fully capable of providing the same environment, facilitators can strive to assure they are particularly empathic and are
attempting to provide an environment which embodies the core conditions when issues of difference or diversity are being discussed. This may allow individuals of minority status to feel secure in times where the conditions otherwise would not have been met.

In *Experiences in Relatedness: Groupwork and the Person-Centered Approach*, Ruth Sanford (1999) elaborates about her experiences of being in encounter groups with facilitators. The authors agree with Sanford on key points regarding facilitators including: “it is important that someone provide the facilitative conditions” (p. 22). Sanford believes providing the conditions to be very important and describes how the provision of the conditions can look differently depending on whether or not the group is composed of members who are familiar with the principles within the person-centered approach. She also notes similar to Bozarth (2005) that if the group is primarily composed of members who are familiar with the PCA, then a person designated as a facilitator may not be necessary, because certain group members may act in a facilitative way (Sanford, 1999). Just as Sanford believes that facilitators are “…important, even necessary, if a growthful climate is to be provided” (Sanford, 1999, p.22) for groups where members have less familiarity with the PCA, we maintain that facilitators can be just as important in groups that are comprised of minority individuals and can help provide a “growthful climate” (Sanford, 1999, p.22) and a “climate of safety” (Rogers, 1970, p. 6) when discussions around difference take place in the group. There are several reasons that we believe this to be the case. In instances when diversity or difference emerge as a topic in an encounter group, the group facilitators can do much by being cognizant of their role of developing a “psychological climate of safety” (Rogers, 1970, p. 6) among all members, by striving to maintain the core conditions. Rogers noted as a facilitator he wants to,

*make the climate psychologically safe for the individual. [Rogers] wants him [the group member(s)] to feel from the first that if he risks saying something highly personal, or absurd, or hostile, or cynical, there will be at least one person in the circle who respects him enough to hear him*
Rogers goes on to say that he desires for members to feel that they have someone psychologically with them in intensely painful or joyful moments in a group (Rogers, 1970). The authors wish to endorse this model of facilitation especially as it relates to individuals of minority status who may be sharing intimate parts of their experience.

In the documentary film *Journey into Self* (McGaw, 1969), which is one of Rogers’ most well-known encounter groups, issues of diversity were discussed often in the group. Carlene, an African American woman in the group who identifies as “Negro”, speaks of her experience of being a racial minority. She describes the experience of feeling that she is always “holding back” because she has to always think “Negro first” in her life (McGaw, 1969). She also speaks about how accepted she felt in this particular group. In this group the two facilitators as well as the group members as a whole, seemed to be invested in maintaining the core conditions, and appeared to have a desire to be empathic and accepting of those in the group. We use this example to illustrate that in groups when issues of diversity are being discussed and the group members or facilitators have an interest in maintaining the core conditions, it is less likely that individuals of minority status will have the experience we previously described as an emotional shutting down in the group. We assert that if this is the case, it would contribute to an outcome where members become more congruent than they were prior to being in the group.

Ruth Sanford provided an example of an encounter group which she refers to as “Witwatersrand 1986” which took place in South Africa and consisted of several diverse members, as well as facilitators who were highly familiar and knowledgeable about the PCA. She considered the group to have been successful

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1 **a person-centered group can be defined as effective when a significant number of members become more congruent than they were prior to the group. Congruence, by definition of the theory, is**

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when “feelings ran high” (Sanford, 1999, p. 25) and recalls an exchange between a Caucasian group member and an African American group member who shared her feelings about her wish that “…all the blacks would go away” (Sanford, 1999, p. 25). Sanford recalled feeling “hopeful” as members were honest and were allowed to fully be themselves and still be accepted. Despite a recognition in the group overall that they were far from settling all of their differences, they seemed to agree that they could “work together” (Sanford, 1999, p. 25). Additionally, Sanford noted that a survey given to the members of the group after it had finished indicated that the element that group members found most helpful was the manner in which “the facilitators listened deeply and let the members know that they had understood” (Sanford, 1999, p. 25).

Sanford (1999) also discussed her experiences of having departed from the traditional pattern of person-centered groups as she and her colleagues developed what they referred to as Experiencing Diversity workshops between the years 1994-1998 (p. 79). These groups, which were comprised of members who came from diverse backgrounds, were a product of Sanford’s observation that most members in the person-centered encounter groups she had attended were white, middle-class individuals. She hoped the implementation of the workshops would reach individuals of minority status who were interested in the PCA. Sanford (1999) discussed that she noticed how certain group members had felt unsafe and disheartened in the person-centered encounter groups she had attended. Sanford noted that the Experiencing Diversity workshops were comprised of person-centered principles, and appeared similar to typical person-centered encounter groups, however she stressed the added importance of genuinely attending to and hearing each individual in the workshops where diversity was key. When this was achieved, she felt strongly that the Experiencing Diversity workshops were a truly rich experience of diversity exploration (Sanford, 1999). The authors support the notion of having a topical group or labeling a group “diversity” and making a particular effort to maintain the core conditions in such a group. We

that the individual’s self-concept becomes more aligned with her organismic experience (Rogers, 1959, p. 292).
also assert that it is likely individuals interested in exploring issues of difference would feel particularly safe and attended to in relation to such topics.

**Final Thoughts**

Within the scope of this paper, we explored have issues surrounding the experience of individuals of minority status in encounter groups. The authors discussed several of the trends that they have noticed and stated that individuals of minority status could experience difficulty expressing their true selves within the context of encounter groups when the psychological climate does not embody the core conditions. We also explored the notion that individuals in the group are not always able to experience or express empathic understanding towards others in the group. Lastly we presented ideas regarding facilitators and topical groups as possible means to better maintain the core conditions when issues of diversity are being discussed. We firmly hope that this paper will stimulate further discourse, deeper exploration, and future research regarding these trends which we believe would contribute in a meaningful way to the broader person-centered and encounter group literature.
References


Learning by Being: A student-centered approach to teaching depth psychology.

Maria Hess
Sonoma State University

Abstract

This article addresses a way to facilitate significant experiential learning environments. Humanistic principles elucidated by Carl Rogers, combined with the author’s thirty years of personal classroom experience, serve as a template for creating powerful and rewarding classroom events. The fundamental importance of these environments is to inspire and encourage students to use education as a building block to become fully functioning beings.

Keywords: Holistic education, student-centered learning, experiential learning environments

Author’s Note: Maria Hess is an associate professor in the psychology department at Sonoma State University and can be reached at maria.hess@sonoma.edu

Introduction

Carl Rogers began his 1983 revision of Freedom to Learn in the 80’s with the chapter entitled, “The Challenges of Present Day Teaching.” In it he spoke of the impact of bureaucracy and the intrusion of outside regulations; student dissatisfaction and feelings of unhappiness in their learning and academic relationships; and what he calls “the declining school” created by drastic and dramatic budgetary cuts and constraints. Sadly, most of the issues Rogers believed to be problematic then remain problematic still.

Political agendas and corporate oriented training models touting “best practices” have impacted the independence of a liberal
arts education. Teaching to the test and the reduction of funding for creative courses that are not in accordance with external authorities are being streamlined and deleted from curricula in major universities.

With the budgetary cutbacks for universities and curricular change to accommodate them, whole person learning is given short shrift in academic environs. Whole person learning stimulates students’ curiosity and supports and inspires their motivation, as well as creates an environment of joined learning where students can easily integrate their growing knowledge. All aspects of being human are involved in holistic, or whole person education.

The current culture regarding education is perhaps more grim than Rogers imagined. Some now say that going to college is a waste of time when the Internet offers so much information about everything. Many people do not recognize the difference between gaining information and becoming educated. “Hybrid” courses (in-class and on-line), self-study on-line courses, and other reductions of classroom “seat time” are being implemented as cost cutting measures across the nation.

Without sensitivity to holistic methods many on-line educational options are content specific without attention to other human sensibilities. Granted the same issue is true in traditional settings, yet the energy and contact of fellow students and/ or the warmth and sharing of a facilitator can bring in other factors not easily experienced with self-instruction on-line. For example, something that is often missing in self-instruction and other on-line courses is the use of empathy to create relationships and mutual caring that brings depth and meaning to learning. Another example is the exchange that comes with sharing experiences rich with self-disclosure and stories of our humanity. Laughter and caring are harder to replicate with a machine!

Finding solutions to offer high quality, affordable education is tantamount. Regardless of the delivery system, on-line or in person, it is my belief that student centered holistic educational methods are important and need to be included in the education transformation that is occurring nationally. Facilitating opportunities for people to be fully functioning individuals support them to be engaged in questioning and growing, as well as to learn to trust
themselves and their own decision-making capacities. When people are internally strong and trust their own ability to discriminate, problem solve, communicate, and become proactive, society and the culture as a whole are positively influenced. The value of whole person learning shows up in well-informed, compassionate, impassioned people, who impact their communities as educated parents, leaders and engaged citizens of the world. To cultivate a culture of freedom to learn, to be and to become, to create and to find meaning, educators must be willing to integrate student-centered holistic models into their classrooms.

If we value independence, if we are disturbed by the growing conformity of knowledge, of values, of attitudes, which our present system induces, then we may wish to set up conditions of learning that make for uniqueness, for self-direction and for self-initiated learning. (Rogers, 1983, p.83)

Using Rogers’ five elements involved in facilitating holistic educational experiences as the framework, this manuscript offers an example of the development and structure of a student-centered course that provides a significant learning environment

**Environment for Learning**

Rogers (1983) discusses elements of significant experiential learning in the classroom that come about when the teacher “allows learning to happen.” When teachers have the freedom to facilitate meaningful dialogue, engaged curiosity and creative imagination centered on developing the whole person, powerful learning occurs. Some of the elements of significant experiential learning Rogers noticed are: 1) It has the quality of personal involvement, meaning that cognition, feelings, personal meanings, are all equal aspects of being” in the learning event.” 2) It is self-initiated, the student experiences excitement and an engaged sense of discovery in her or his development. 3) It is pervasive. “It makes a difference in the behavior, the attitudes, perhaps even the personality of the learner.” 4) It is evaluated by the learner. 5) Its essence is meaning (p. 20). When significant experiential learning occurs, the element of meaning is unique and endemic to the entire experience.
Significant learning combines the logical and the intuitive, the intellect and the feelings, the concept and the experience, the idea and the meaning.

When we learn in that way, we are whole, utilizing all our masculine and feminine capacities. (Rogers, 1983, p. 20)

When we can utilize all of our ways of knowing and value thinking, feeling, intuiting and reasoning as combined strengths, we are then operating from a holistic, or whole person paradigm.

**Helpful Qualities**

Rogers found that certain teacher-qualities assisted the teacher, or facilitator of learning, in developing and supporting significant learning environments. The attitudes he found most beneficial were: 1) the facilitator is real, and allows her or him self to seen as a person versus a role based on hierarchy. 2) There is a sense of acceptance, or non-possessive caring one has about the student, a “prizing” that is fundamental for deep learning to occur. 3) Empathic understanding that serves as the auger for a “sensitive awareness,” or the idea of the teacher “standing in another person’s shoes” that allows the learner to learn without judgment (Rogers, 1983, pp.121-126).

The spontaneous transparency of real personhood, whether facilitator or learner is powerful role modeling and can assist in deepening the overall learning environment. For example during one lecture about resilience and tenacity of the human spirit as seen in psychotherapy, I was taken over by emotions as I remembered a former client who overcame horrid atrocities to come to this country for asylum. So touched and taken were the students, rapt with attention and compassion, the room swelled with their empathy, for the client, themselves and me.

This unexpected outpouring of my own feelings turned out to be a pivotal shared experience among us all. The students reported feeling encouraged and supported to tell the stories that gripped their own human dilemmas and capacity to empathize and feel. It was a profound interchange that semester. Tom said it best, “This class brought aspects of my self that I had hidden to make it through the army, a bad marriage, and a debilitating on the job injury. It was
liberating and truly educational to benefit others and myself by telling my story” (Tom. Personal communication, 2011).

When the learner shows up with a willingness to engage in the exchange with the facilitator, the material, and other students, relevant and dynamic integration and transformation occur (Hess, 2000). Last semester, out of a class of fifteen there were four men, three of who were over 50. Those older men modeled for that group of mostly young women (20 – 35) what conscious, kind, available and loving men look like. Because of their authentic sharing about how they were benefiting from the open and honest format of the class, those “guys” facilitated some truly liberating conversations. We talked about men and war, equality, living with integrity, wanting to be good fathers, being a man with a sensitive and open heart, and the limitations society and culture can impose on all human potential. The learning was many faceted and far reaching for us all.

Some Challenges

The attitude and resources of the environments in which we teach often, unfortunately, influence the possibility of a class such as the one described here and the several Rogers (1983) described in Freedom to Learn in the 80’s. My university has a historical connection with the fourth force of Humanistic Psychology including Carl Rogers’ involvement in the college’s early days. Student-centered teaching and learning methods are used at this liberal arts college. Even with the overall support of experimentation in the service of the students, still, the primary focus is on best practices. The end goal for most academic institutions seems to be competition, employability and taking one’s place as another cog in the wheel that is a large aspect of our consumer driven, success oriented culture.

Working within the corporate mentality that has infiltrated university settings has been one of the biggest challenges for me to overcome. Teaching using a facilitative framework has become harder to rationalize in the eyes of the administration. A recent occurrence has threatened the future of the course described herein as the school has decided it can no longer afford to mount boutique classes under twenty-five students. Cutting the class is further
legitimized as a balancing of my workload so I am available to teach other much larger courses.

Outside of undergraduate studies, I have received my advanced degrees from institutions that were student-centered and valued whole person learning. The teachers and mentors were stunning examples of people who lived from the potentiated self. They mirrored for me the impact of integrated, holistic learning.

My own meaningful academic relationships and experiences inspire and support me to continue to teach courses that are not always understood by others. For instance, at conferences people would accuse me of engaging in psychotherapy. All the reasons why holistic education is not therapy would be offered while simultaneously noticing the critic’s defensiveness about the topic. (What seems truer is that holistic education is not therapy in and of itself, but can have a therapeutic outcome (Hess, 2000).) Fortunately my training as a psychotherapist and integral psychologist did assist in navigating what were occasionally hostile academic waters. Personal education, professional experience, and the very positive response from learners in student-centered courses help me continue my efforts and inspire others to do it as well.

There are many faculty who continue to remain suspicious of any scholastic endeavor that includes feelings, spirit, or the body. Being connected to the strong lineage of other holistic educators is a fundamental aspect allowing me to continue bearing the torch for whole person education. It has been challenging, if not rewarding, teaching on this road less traveled.

### Learning by Being

Alternatives to mechanistic, linear learning models are exemplified in the attributes of significant learning environments. The example course used for this article is called *Depth-Oriented Psychotherapies* (also known as *Depth Therapies*). In this experiential seminar the focus is on several modalities that are used to access and express the body, soul, and psyche in psychotherapy. We read and explore the ideas and theories of depth therapy using the techniques of several modalities. When we study Dora Kalff and...
Sandplay (2003), students complete one sand play and witness another’s, then write an observation/comparison paper.

What is Sandplay? Sandplay is both a therapeutic technique and learning tool that emphasizes nonverbal, symbolic expression in sand. It is not unlike dream work in its ability to tap very deep levels of consciousness and provide healing and enlightenment. The client is given the possibility, by means of figures and the arrangement of the sand in the area bound by the sandbox, to set up a world corresponding to his or her inner state. In this manner, through free, creative play, unconscious processes are made visible in a three-dimensional form and a pictorial world comparable to the dream experience. Sandplay is evocative, playful, highly creative and is completely self-guided by the student/client.

A fundamental concept in understanding the work of C.G. Jung is that of Individuation (1963). Students are invited to explore their own individuation process, however they define it, through the creation of ten mandalas they then share with the class. Marion Woodman’s work with the Body and Ritual (1980) and D. W. Winnicott’s theory on Relational Space (1971), along with the wisdom and spirit of eastern and western indigenous cultures, offer us insight into methods of understanding the Self and are significant in our weekly explorations particularly in developing and performing rituals.

Many depth methods include the experience of non-verbal expression in the presence of a trained other. Students have opportunities to work with each other as both a client and therapeutic witness. A major focus of this course is on the inner life. It demands the student be an active participant in the ongoing inward experiences the class facilitates. In other words, the student must be willing to show up, do the reading, complete the projects and be a part of the significant learning circle this type of exploration inspires, evokes and supports.

Commitment

Significant classroom experiences begin with the knowledge that the course has the “quality of personal involvement” (Rogers, *The Person-Centered Journal*, Vol. 19, No. 1-2, 2012)
1983, p. 20). It is this involvement that allows students to feel a part of something meaningful and worthwhile. A former student of the Depth Therapies class states, “To know that the other students were going to share and we were going to explore our inner lives with methods that have worked for master therapists for decades made me so happy to be part of this class” (Jenn. Personal communication, 2010). (All of the personal communication citations are from former students of the Depth Oriented Psychotherapies class.)

While Depth Therapies is designed to develop inter and intrapersonal awareness skills, significant experiential learning is not limited to the study of psychology. Earlier inquiry on the importance of student-teacher relationships (Rogers, 1983, Palmer, 1998, Hess, 2000) showed the viability of holistic methods across disciplines.

The course is usually comprised of 15 upper division psychology students, but students from other disciplines have completed it. An advantage of keeping the class small is to assist in developing trust and to allow each student enough time to participate fully in the in-class assignments. Classroom exercises support meaningful self-disclosure and experimentation with expressive modalities.

Developing the container (creating safety and support) for the work of the semester begins at the onset of class. We go over the syllabus answering questions, clarifying any misunderstanding about the course description, objectives, or the processes that will be part of the course. Short one-line humorous remarks pepper the introduction and reduce the stress of meeting strangers. Students usually feel it a coup to be in this class, so they arrive with a good deal of enthusiasm. Because students know from their peers that this class will bring up feelings and give room for exploring them, there is a willingness to make the commitment to do the introspective work necessary.

One of the most important aspects of creating an environment for significant experiential learning is a sense of security and trust. Self-disclosure is modeled by the instructor and teaching assistant if there is one. Frank conversation is encouraged about what is “appropriate” to bring to check-ins and other group activities.
Students ask for commitment from each other to develop a “safe zone” to really dive in and explore themselves through the course material. Attendance is very important as missed material is impossible to recapture, and the depth and cohesion of the group is more rapidly facilitated when everyone is present.

On the first day students are informed that this class will not be a "typical" learning experience. For Depth Oriented Psychotherapies the following header quote to the syllabus gives insight to the process we might endeavor in the course:

It takes courage to face one’s emotional states directly and to dialogue with them. But therein lies the key to personal integrity. In the swamplands of the soul there is meaning and the call to enlarge consciousness. To take this on is the greatest responsibility in life. We alone can grasp the ship’s wheel. And when we do, the terror is compensated by meaning, by dignity, by purpose. (Hollis, 1993, p. 108)

This quote stimulates conversation that acts as an icebreaker for the course. It also allows for discussion about how one self-discloses and becomes known to self and others.

Students are usually clear by the end of the first class about the level of personal participation that will be required in the course. My view is that it takes a certain degree of willingness to be vulnerable in a classroom setting for a course such as the one described here. This vulnerability is part of the personal involvement that Rogers addressed.

A Responsibility for Learning

Rogers (1983) said that significant experiential learning includes being passionately engaged in curiosity and discovery. He called it being “self-initiated.” Becoming knowledgeable is a proactive process. Taking personal responsibility for one’s learning makes for dynamic classroom energy and stimulates excitement as well as some trepidation. Every student, as well as the facilitator is challenged to be fully involved in the learning as their unique selves.

There is an enthusiasm for learning when students feel empowered to utilize and develop their independence in thinking and...
feeling and are supported in their expression of each. This class involves very little lecture from the teacher. All students are required to facilitate one group activity each, specifically a ritual, for the entire class. They come to their own definition of the term “ritual” and include it as they bring to their cohort what had meaning to them in response to the assignment. Some examples of what students have included in this assignment are: the Japanese tea ceremony, tying tobacco bundles, filling pots and planting seeds, nature walks, chanting, and many practices of offering gratitude and forgiveness.

At the onset of the course there is a lot of concern from the students about “doing a ritual.” Performance anxiety, religious misinterpretations, negative ideas and feelings about that project have all come up at the beginning of this class. Active listening, genuine warmth and acceptance of divergent ideas and feelings lessen anxiety and the fear of judgment, activities not commonly addressed in a classroom setting. Students have been creative in their rituals. They also have learned how many and what type of rituals are involved in their daily lives. Through these practices everyone receives the benefit of self-initiation and learning from each other.

Knowledge That Permeates Everything.

The next element of significant experiential learning is that it is pervasive. Students often claim that their relationships in other arenas of their lives are improved by their experiences in the classroom. There are often comments like, “Class became a supportive laboratory for ideas and feelings. The more I experimented there, the more I could experiment everywhere. I felt empowered” (Tom. Personal communication. 2011). It seems that the more integrated the learning experience becomes, the more extensive it is in the learner’s life. Or, the more self-initiated the student is, the more pervasive the learning experience. “You tend to get out of this class what you put in. The more you get involved the bigger the learning and the rewards” (Katy. Personal communication. 2011).
A common experience routinely reported is that the more they feel listened to and engaged with their peers and teacher, the more the students want that deeper connection with everyone in his or her world. Some class members have reported poignant and meaningful experiences such as asking parents and other significant others to share more about themselves and listen to their own sharing. Two previous members of this class asked their partners to take it the following semester so they could share the exercises they learned.

The authenticity and transparency of the teacher/facilitator is essential for inviting meaningful self-disclosure. Honest, relevant, personal and professional story telling can be very helpful. Of particular value are those stories that exemplify challenging life lessons overcome by the skills, talents, or mindset currently being experienced by the class members. Immediacy is a compliment to this depth of learning as something defined in the moment is much more powerful and integral to the learner than something they need to retrieve from the past.

Grades

The forth element of a significant learning environment is that the classroom experience is evaluated by the learner. Ideally the summative and formative evaluation comes from the learner. At the onset of this class students are asked to write down what they hope to gain and what skills they plan to integrate in their learning for the semester. Then at the finish of the semester they contrast their initial hope with their experience and discuss their learning process. Students give themselves a grade and the rationale for that grade. I have used self-evaluations as the final “project” and ask students to spend some time writing about their learning in a meaningful way.

In Depth Therapies class the students evaluate each other as well as themselves. After each ritual and mandala presentation students evaluate their individual contributions. They are asked to share the challenging and the rewarding aspects of their projects. Others in the circle then give their written feedback to the instructor that includes points for the presenter’s efforts along with rationales.
for those points. The facilitator averages the group grade and gives all the written feedback to the student who is being evaluated. The student receives the averaged self and peer evaluation grade.

Throughout the semester students receive feedback from their peers and facilitator and use their check-in at the beginning of each class to give the group insight into their own personal lives of the last week and any connections to the course content that they noticed. A communication feedback loop is instituted in the class based on mutual trust and caring. Students follow up on personal challenges people mention, family difficulties or transitions. Last spring two Japanese students with families who were being directly impacted by the incident at Fukishima were in the class. Class time was spent on the thoughts and feelings brought about by conversation regarding living with danger and uncertainty. Metaphors of disaster and ways to deal with loss, anger, grief and other post traumatic responses ensued. I would grade that experience as an A+; it was relevant, had meaning, and was generated and evaluated by a self-initiated student and the learning permeated each individual as well as the group.

Grading in the current university culture is the currency of power and success. Students have been inculcated by the educational system to believe that grades actually reflect learning or personal value. I have had students demand that I give them a specific grade! Over the last thirty years dealing with students about their classroom “performance” has been a continued challenge. After trying many different ways of giving grades I have added to what Rogers suggests for learner evaluation. The learner alone does not determine the final grade; rather it becomes a classroom community task.

I have an engaged dialogue with each student about his or her learning process and style. We then notice together less developed areas that might need additional coursework, service experience, lab time, etc. Then the student self-evaluation, the feedback and grades from his or her peers, along with feedback from the teacher all become part of the overall course grade. This combination works well and keeps the primary focus on the student’s individual strengths within the group.
The cooperation between the teacher, the class members and every student is a prominent aspect of this evaluation modality. Working together the students feel supported in all areas of the course evaluation and enthusiastic about their next learning opportunity. It is like Sarah says, “When an evaluation process focuses on my strengths and uniquenesses I want to push for my personal best!” (Personal communication, 2010).

Making Meaning Together

The fifth and last element of significant experiential learning is finding meaning at the essential core of the experience. When students are involved in how and what they learn and are inspired by their learning, something of substance manifests. “When there is freedom to choose, to learn at one’s own pace, to select the most relevant areas for oneself, there is a magnetism to the experience that holds the learner” (Rogers, 1983, p. 92). With significant experiential learning, purpose, value, and intentionality become paradigms alive in classroom events. The effort to assist the students to make meaning of their learning and translate that into ways that enhance their lives is the major “accomplishment” in a significant experiential learning event. Liz in a personal communication (2010) said,

After my experience with sandplay, I come away with a new sense of understanding how I would like to relate to others and the world, what my values are, my struggles, and who I really am. I felt I underwent a transformation from confusion to clarity.

Passion for learning and for being is ignited by authentic, meaningful classroom experiences that enhance quality of life. As an educator, holistic methods allow me to engage with my students as a co-learner and facilitator of meaning. The traditional hierarchical method of teaching down to students, or filling them up is then replaced by a model grounded in cooperation and joined inquiry. Nowhere in the Depth Therapies class is meaning and co-learning more present than in the sandplay assignment.

For the course requirement, students pair up and take turns, first being the player in the sand and then as the one who witnesses the player. Students may play with the sand wet or dry, and may

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choose to use figurines and other objects, or focus on playing in the sand alone. After the students have played both roles they write a paper comparing the experience of their sandplay with the one they witnessed. These papers are not intended to judge or evaluate one player with or against the other. Rather, they are intended to compare the internal subjective experience in response to what one has experienced in playing and witnessing. The sandplay become a projective tool for all involved, the student-player, the student-witness and the facilitator.

The figurines I chose were symbolic representations of energies that I possess. I am surprised at how deeply meaningful each figure is to me. Each statuette is a manifestation of elements that comprise my Self; some figures representing traits I did not know I even possess. (Liz. Personal communication, 2010)

As the player, the student may remain non-verbal or may verbally express thoughts and feelings while engaging with the sand. The witness remains silent and out of the sight of the player, while also serving as a timekeeper for the 35 minute session. When invited I participate and say what I see, feel, or intuit with the student.

Maria made a connection that was a revelation to me. She suggested that the strength of the warrior figurine, mirrored my own personal strength. I have never considered myself to be a strong person, and I do not believe I would have arrived at this connection were it not for Maria. (Randy. Personal communication, 2010)

While working with the sandplay modality in psychotherapy I might remain more non-verbal; in this setting it is an experience of joined learning. To be invited into a student’s inner world through this process and then to converse about it is an experience that I value. I appreciate and find it meaningful to be a trusted other and co-inquisitor, supporting questions and insights that are of a deep and personal nature brought about by this significant learning experience.

**Conclusion**

How a class ends will vary with each semester. The conclusion of a class like *Depth Oriented Psychotherapies* is often
poignant. After four months of deep sharing and serious, concentrated and intentional learning, everyone feels connected. Respect is high and fuels the planning of the final class ritual. It is a deliberate and significant task to which everyone feels involved in and committed to.

Many students have no experience with closure in their personal or academic lives. It is not unusual to hear of people avoiding, discounting, or simply ignoring the end of something. Reports of people ending relationships with significant others and family members on-line, or in a text message are becoming more and more common. Teachers often miss opportunities to have relevant conversations with their students about their work over the semester. Many colleagues do not meet with their students, electing instead to end classes early with on-line or take home and hand-in exams. Good-bye and good luck is the end of it.

People are often uncomfortable with the vulnerable feelings that can come up when interacting with this kind of depth. Allowing the feelings to be alive and to have meaning involves honest reflection and validation from the teacher and other members of the circle.

For Depth Therapies this ending is a very important aspect of the class. In psychotherapy taking the time to end a therapeutic relationship may be the client’s first experience in hearing how he or she is cared about and has made an impact on another. It is an opportunity to celebrate growth, development, tenacity, and change. The same is true in this class, and for that reason, to date, every ending has been a celebration. We have had potlucks, traveled to local parks, or to the ocean. We have walked a labyrinth together, burned our art in a bonfire, created a group sandplay, sung songs of goodbyes from other cultures and shared our appreciations and regrets of the semester.

The content of the course is replete throughout the concluding ceremony as students show how they have integrated their learning. I have found these ending rituals to be honest and heartfelt. And for most students it is in reflection of the course or in connection with other people that they see the true value of what they have learned.
Having an integrated significant learning experience assists students and teachers in transforming antiquated thoughts, emotions, and behaviors that hamper living one’s potential. This student-centered modality certainly calls us all to the challenge of learning by being and becoming more whole. Rogers (1983) said it best:

It (significant experiential learning) is a door to being fully alive in the classroom. Also it is a door to being more fully yourself. Some of you will want to close that door because what is on the other side seems too risky, too emotional, too frighteningly self-responsible, and the paths it leads to seem too uncertain and unknown. Others may wish to peer cautiously inside, and to take a few tentative steps. Others will feel “This is for me,” and realize from the example given that it can come about. (p. 40)

Whole person teaching methods can and do influence our students as well as teachers in very important ways. As more educators are willing to take the risk to be authentic, transparent and honest in their classrooms, that alone will help change many of the entrenched dynamics of the educational system.
References


The Effects of Person-Centered Groups on Teacher Stress

Rachel A. Jordan & Michael M. Tursi

Abstract

Compared to other parts of the world, research on Person-Centered interventions in the United States has waned in the last 20 years (Kirschenbaum, 2007). Although there is vast evidence regarding the efficacy of the Person-Centered approach (Gurman, 1977), there have been few experiments in the last 20 years that test the Person-Centered approach as a complete intervention rather than independent core conditions such as empathy or unconditional positive regard. To address that need, a quasi-experimental study is shared to examine the effects of Person-Centered counseling groups on teachers’ stress levels. Research on stress, teacher stress and Person-Centered counseling groups are presented and analysis of data suggests that Person-Centered counseling groups were effective in lowering teacher stress after only six weeks of treatment. Limitations are presented and arguments are made for Person-Centered group counseling to be utilized in schools to assist with teacher stress.

Keywords: Person-Centered group counseling, stress, teacher stress

Authors’ Notes:
Rachel Jordan is the Director of the Mental Health Counseling program and Assistant Professor at St. John Fisher College. She is also a person-centered therapist in private practice. Please direct communication to: rjordan@sjfc.edu.

Michael Tursi is a Doctoral student in Counseling at the University of Rochester. He is also a counselor in a community mental health agency.
The Effects of Person-Centered Groups on Teacher Stress

Carl Rogers is widely known as a prolific writer and respected therapist who produced over 250 journal articles, workshops, and books in his career. In addition to being a visionary who challenged generations of therapists to see people, clients, and the therapeutic process differently, he was also a tireless researcher who conducted numerous experiments in the hope of providing evidence for the efficacy of his ideas. Although his writings have continued to influence therapists worldwide, the number of active research experiments testing the Person-Centered approach has dwindled in the United States (Kirschenbaum, 2007). In this article, the authors report on a recent study that measured how participation in a Person-Centered counseling group affected the stress levels of teachers.

Stress

Baron and Byrne (1997) define stress as the response to physical or psychological events perceived by the individual as potentially causing harm or emotional distress. A stress cycle is comprised of: a) a precipitating event, b) that is combined with existing demands from the environment that result in, c) a physiological response to threatening situations (Bovier, Chamot & Perneger, 2004; Rice, 1999). Additionally, there are both minor and major stressful events. Many theorists have asserted that minor stressful events, such as everyday irritants like traffic, bad weather or arguments with a spouse, are strong contributors to both physical and psychological problems (Delongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner, Coyne, Schaefer, & Lazarus, 1981; Lazarus, 1984; Monroe, 1983). Although major stressful events such as death and divorce generally occur more rarely in people’s lives than minor stressors, they can have a significant impact on mental health as well (Delongis et al., 1982; Kanner et al., 1981).
Teacher Stress

Teaching is recognized as one of the most stressful occupations in the world (Kyriacou, 2001). Dewe (1986) reports that teacher stress is a culmination of factors including: a) task overload, b) lack of control over activities and outcomes, c) insufficient satisfaction from work, d) role conflicts, e) rapid and unpredictable change, f) interpersonal conflicts, g) unrealistic expectations and, h) feelings of inadequacy. Dewe further asserts that teacher stress is a result of how a teacher handles multiple exigencies in the work setting. A study of school teachers in Alberta, Canada reported that 600 of the province’s 20,000 teachers were on long term disability with a doctor’s note; and of those, a majority listed that the leave was stress-related (McConaghy, 1992).

Stress related interventions for teachers have generally fallen into three categories. First, teacher stress is thought to be helped by redesigning teaching jobs (Hanson & Sullivan, 2003). This includes changes in the teaching environment and modification of variables such as space issues or job responsibilities. Second, stress can be reduced by providing teachers a greater sense of control over their classrooms. Even if additional control is not given to a large scale, sharing in the responsibility and decision-making about school and classroom policies can also aid in lowering stress (Hanson & Sullivan, 2003). Finally, attempts are made to reduce teacher stress by increasing social and organizational support for educators. These types of interventions include teachers’ trainings and workshops as well as individualized stress trainings, social support groups, and mentoring. For some time, strategies have been sought to help manage and mitigate teacher stress. Although interventions such as mentoring programs and stress reduction workshops are commonly utilized to treat the effects of teacher stress, group counseling is seldom suggested as a way to prevent and treat teacher stress.

According to some studies, social supports buffer stressors and reduce psychological distress (Cohen & Willis, 1985; Kessler & McLeod, 1985). Additionally, the literature strongly suggests that teachers with high levels of social support are in better physical health and have better mental health than those who do not have substantial support (Burke & Greenglass, 1993; Burke, Greenglass,
& Schwarzer, 1996; Chan, 2002; Greenglass, Fiksenbaum, & Burke, 1994; Kyriacou, 1981; Pierce & Malloy, 1990; Russell, Altmayer, & Velzen, 1987). It is important to note that the level of help received from social support networks does not need to be regimented from an objective perspective (i.e. every teacher receives one hour of support per week); the important factor is that the teacher subjectively perceives that he or she has support and help (Turner & Marino, 1994). Despite the strong evidence in the literature regarding the potential benefits of social support groups, there is little indication that these groups are regularly used to reduce teacher stress.

**Person-Centered Group Counseling**

Carl Rogers (1951) outlined the principles of client-centered therapy in the book, *Client-Centered Therapy: Its Current Practice, Implications and Theory*. Rogers presented the principles of effective therapy and included a chapter by Hobbs (1951) entitled *Group-Centered Psychotherapy* which applied these principles directly to group work. According to Hobbs (1951):

It is one thing to be understood and accepted by a therapist; it is a considerably more potent experience to be understood and accepted by several people who are also honestly sharing their feelings in a joint search for a more satisfying way of life. More than anything else, this is the something added that makes group therapy a qualitatively different experience from individual therapy (p. 287).

In the late 1960s and 1970s Rogers and his colleagues began to focus on groups and group leadership (Kirschenbaum, 2004). In his book *Carl Rogers on Encounter Groups*, Rogers (1970) described the origin and scope of the trend toward “groups.” He posited that “in such a group the individual comes to know himself and each of the others more completely than is possible in the usual social or working relationships…hence he relates better to others, both in the group and later in the everyday life situation” (p.9).

Much has been written about the role of a Person-Centered group’s leader. In 1970 Rogers noted that “I have no specific goal for a particular group and I sincerely want it to develop its own directions” (p. 275). It was further noted that the work of the group leader in a Person-centered group was primarily “an attitude of respect for the participants, implemented by disciplined empathic listening and communication” (Raskin 1986, p. 278). Because Person-centered groups represented a stark contrast from highly structured groups, their impact and use continued to expand for the next 20 years and were utilized for a wide range of participants (Raskin, 1986).

In addition to the role of the group leader and lack of structure that Person-Centered groups offered, this type of counseling is one of the few interventions designed for non-pathologized populations. Many group counseling or psychotherapy interventions have been tested mainly on populations who were suffering from a diagnosable mental disorder. Person-Centered group counseling places significant emphasis on helping people function to their fullest potential whether or not they have serious problems or are interested in maximizing their own personal growth (Rogers, 1980). It is for these reasons Person-Centered group counseling is an ideal intervention for this type of study.

Methods

Design Overview

This study investigated whether Person-Centered group counseling reduced teachers’ feelings of stress as indicated by two different measures. In this pretest-intervention-posttest quasi-experimental study, two groups of voluntary participants were assigned to one of two conditions: (a) a treatment group that participated in six person-centered group counseling sessions, weekly for 90 minutes, for six consecutive weeks, and (b) a control group that participated in no intervention. Participants in the control group were offered group counseling after they concluded the posttest measures.
Measures

**The Perceived Stress Scale (PSS).** (Cohen, Kamarck, & Mermelstein, 1983). The PSS is a ten item inventory that asks the participant to complete a Likert-type scale that quantifies the frequency of when the participant has felt a perceived stressor, 0 = never and 4 = very often (Cohen et al., 1983). The PSS has been demonstrated to be a good predictor of health and boasts substantial reliability and validity for measuring the degree to which a person appraises his or her life as stressful (Cohen et al., 1983).

**Teacher Stress Inventory (TSI).** (Fimian, 1986). The TSI has been found to be a valid and reliable measure of stress for school teachers (Fimian, 1986). The TSI is a 49-item, 10-factor instrument that assesses the degree of strength of occupational stress experienced by American teachers in public schools (Teacher Stress Info Site, 2006). These ten factors are comprised of two types of stress measures, five stress source factors and five stress manifestation factors. The stress source factors are a) time management, b) work-related stressors, c) professional distress, d) discipline and motivation, and e) professional investment. The five stress manifestations factors are a) emotional manifestations, b) fatigue manifestations, c) cardiovascular manifestations, d) gastronomic manifestations, and e) behavioral manifestations. The five stress source and five stress manifestations subscale scores can be summed and divided by 10 in order to derive a Total Stress Score.

**Evaluation of Experience Survey.** This was completed by the teachers in the treatment group only. The survey asked teachers the following questions: 1) What are the strengths of the counseling group? 2) What has been the weakness of the counseling group? Demographic data were also collected.

**Participants**

Participants were recruited for this study in two different ways. Solicitation letters were sent to the homes of 150 teachers inviting them to participate in this research. The names and addresses of these teachers were obtained through a University database of graduates who are certified to teach. Additionally, the researcher used flyers to solicit participation from teachers in suburban, urban and rural public schools after receiving
administrative permission from each school. The flyers were delivered via email or placed in the teachers’ mailboxes and asked teachers to contact the researcher through email or telephone to express their willingness to participate. Over 3000 flyers were distributed and 26 responses were received. The teachers that responded were divided into two groups, 13 participated in the treatment group and the remaining 13 participated in the control group. Placement in groups was decided by each teacher’s scheduling and availability to attend groups.

**Location and Time of Study**

The treatment intervention took place at two different urban sites in Upstate, New York. One group met on Mondays from 3:15 – 5:00 p.m. and another met on Tuesdays from 11:30 – 1:15 p.m. In order to provide the maximum flexibility to the teachers’ schedules, the teachers chose a day and location most convenient for them. The treatment groups began the first week of November and were completed by the middle of December. Procedures for the person-centered group are explained in the procedure section of this chapter.

**Procedures**

The following procedures are consistent with the protocols of Person-Centered group facilitation. 1) Group begins with an acknowledgement of our coming together again and the group leader invited the participants to share what they would like, 2) Person-Centered group was facilitated. The facilitation of Person-Centered groups included the leader a) demonstrating an attitude of respect for the participants, b) listening empathically and conveying an understanding of what the group members are communicating, c) presenting genuinely to the group. In Person-Centered groups, participants are welcome to discuss issues related to present or past experiences in their work or personal lives. For some group members, these issues may not be distressful in any way, and for others, there may be an emotional reaction to talking about their life and experiences. The type of information that is shared in Person-Centered groups is determined by the amount of disclosure the group
members are comfortable making and this varies from group to group. 3). The group leader noted the time and informed the group when they had five minutes left in the session. 4). Facilitator wrote counseling notes which noted the general content and group process of each Person-Centered group.

Data Analysis

After the pretest and posttest data were collected, they were compared using dependent t-test to determine if stress levels had changed over the course of six weeks, for either the treatment or control groups. Additionally, Cohen’s d was used to determine the effect size of any significant changes. Independent t-test analysis was also used to determine between group differences at pretest, establishing that the groups are beginning at comparable points. The counseling notes, written after each Person-Centered group, were used as a potential reference to understanding pre and post group differences for the treatment group.

Descriptive Data

Participant Demographic Information

Participants consisted of 26 public school teachers from urban and suburban school districts in and around a major city in Upstate, New York. Of the 26 people who volunteered to participate in this study, 13 entered treatment groups and another 13 were placed in the control group. Placement criteria were based on time constraints, conflicting work schedules, and location issues for the teachers.

The participant pool consisted of 21 (80.7%) female teachers, and 5 (19.3%) male teachers who were between the ages of 22 and 64 years. According to the National Education Association’s website, only 24.9% of teachers in the United States are male, making this sample somewhat representative of the male to female ratio of educators (National Education Association, 2007). The participants’ years of teaching experience ranged from less than 1 year to 41 years with a mean of 15. The average number of years of
experience for the treatment group was 10, and the control group was 20, which parallels the difference in age for both groups.

The treatment group had ten Caucasian members and three African American participants and the control group contained 13 Caucasian teachers. The low response rate to this intervention (26 out of 3000) and a commitment to accommodate the teachers’ schedules resulted in the treatment and control groups not being completely demographically matched.

**Outcome Data**

**Perceived Stress Scale (PSS)**

The mean scores for both treatment and control at pretest were 21.23 and 25.08 respectively. Although there are demographic differences between these groups in relation to diversity, age, and years of experience, an independent t-test analysis confirmed that there scores regarding their level of perceived stress were not significantly different between the groups at pretest (t-value .541). The mean score for the PSS in the treatment group was 21.23, and a standard deviation of 6.21. In the posttest, their scores lowered to a mean of 17.31, and a standard deviation of 4.66. Dependent t-test analysis determined that this group experienced a significant reduction (t-value .014, p = .05) in their levels of perceived stress from pretest to posttest. A Cohen’s d score was calculated using mean and standard deviation results and established that the size of the effect on the perceived stress scores was .74 which is on the border between a medium to large effect.

The control group scored a pretest mean of 25.08 and standard deviation of 11.45. In their posttest, one control group member’s stress score raised more than four times that of any other group member and that participant’s results were eliminated from the data analysis. The posttest mean score after removing the outlier data was 26.58 with a standard deviation of 10.73, for an increase in the mean of 1.5. Dependent samples t-test analysis confirmed that the increase in the control group’s perceptions of stress was not significant at the .05 (t-value =.199).
Teacher Stress Inventory (TSI)

The TSI is comprised of 10 subscales that measure a teacher’s experience of various job related stressors and the physical and emotional manifestations of stress. Independent t-test analysis was used to compare the means of the treatment and control groups at pretest to determine that there were no significant differences between these groups (t-value .454, p < .05). During this intervention, the control group demonstrated no significant (p < .05) changes on the TSI from pre to posttest.

Dependent t-test analysis, indicates that for the treatment group, the category of Cardiovascular Manifestations increased significantly and Emotional Distress reduced significantly, (p = .05). Professional Distress increased significantly (p = .01). In order to measure the power of this change, a Cohen’s d score was calculated using the mean and standard deviation results and established that the size of the effect for Cardiovascular Manifestations is .40 which borders a small to medium effect. The Cohen’s d score for the Emotional Distress and Professional Distress categories both indicate a medium effect with .46 and .62 respectively.

Evaluation of Experience Survey

In this survey, respondents listed that the strengths of the counseling group was the ability to gather with peers (n=4) and get support (n=4). The next most frequent responses were talking at work and not taking issues home (n=3) and the participants’ willingness to share (n=3). Teachers also thought venting (n=2), hearing peers points of view (n=2), and feeling relaxed and comfortable (n=2) were strengths of this intervention. As for the weaknesses of this intervention 71% (n=10) indicated that there were no weaknesses. Two people in the treatment group were concerned that some members of the group were allowed to monopolize the discussion.
Discussion of the Findings

This study measured the effect of Person-Centered group counseling on teachers’ stress levels for a period of six weeks. The teachers in the treatment group, who had exposure to experiential group counseling, had a significant reduction in their perceived stress levels. In order to better understand why this intervention was helpful in reducing stress, evaluation of experience information from the treatment group indicates that the strength of this intervention was in being able to gather with peers, vent, get support, talk out problems at work instead of taking them home, the willingness of all of the participants to share, and being able to hear their peers’ points of view. Further, these responses indicate that the real benefit that the teachers received from this intervention was not associated with anything the counselor was doing, but rather in being able to feel connected to and supported by their peers. Turner and Marino (1994) posit that it is less important to have an “objective” person and more important that the teachers subjectively perceive that they have support and help.

These findings make a strong case for the use of Person-Centered groups to reduce teacher stress. The strength of the group approach is that it minimizes the counselor role and places more emphasis on the participants to provide support and help to one another. The role of the counselor in these groups is to convey empathy, respect and to be genuine with the group. By modeling these conditions, the participants were able to share, disclose, and support one another and it was likely that those were the factors that caused significant perceived stress reduction in just six weeks.

In analyzing the TSI, there were significant changes for the treatment group in three areas. In this category of Work-Related Stressors, the teachers were asked to respond to the following statements: 1) There is little time to prepare for my lessons/responsibilities, 2) There is too much work to do, 3) The pace of the school day is too fast, 4) My caseload/class is too big, 5) My personal priorities are being shortchanged due to time demands and, 6) There is too much administrative paperwork in my job. This result paralleled that of the control group which also experienced a similar rise in Work-Related Stressors.
The teachers in the treatment group had a significant (p < .01) rise in their levels of Professional Distress. Professional Distress statements include: 1) I lack promotion and/or advancement opportunities, 2) I am not progressing in my job as rapidly as I would like, 3) I need more status and respect on my job, 4) I receive an inadequate salary for the work I do and, 5) I lack recognition for the extra work and/or good teaching I do. The scores for these questions rose significantly from the pretest to the posttest for the treatment group but did not reach significance for the control group. These findings are consistent with the counseling notes for the last two treatment group sessions. These notes indicate that the teachers in both treatment groups reported an increase in job frustration toward the end of the six sessions.

The TSI also revealed a significant rise with a small to medium effect in the Cardiovascular Manifestations of the teachers in the treatment group at the .05 significance level. The area of Cardiovascular Manifestations was measured with questions: 1) I respond to stress with feelings of increased blood pressure, 2) I respond to stress with feelings of heart pounding or racing and, 3) I respond to stress with rapid and/or shallow breath. The counseling notes written after each treatment group indicate that one member of the treatment group disclosed that she recently had been diagnosed with hypertension and believed that it was job-related. One other treatment group member’s scores increased in this area and it is unclear how the counseling groups may have impacted this area of teacher functioning. It is possible that some group members had a nervous reaction to the treatment groups, including increased heart pounding or rapid breath. This may also be the result of the increase in Work-Related Stressors and Professional Distress mentioned earlier. More research is needed to determine if these results are representative of an outlier in the data or if there is something about the intervention that activated cardiovascular manifestations.

Despite the evidence that Professional Distress and Cardiovascular Manifestations rose, the treatment group reported a significant decline (p < .05) for the category of Emotional Manifestations. This category in the TSI includes the statements: 1) I respond to stress by feeling insecure, 2) I respond to stress by feeling vulnerable, 3) I respond to stress by feeling unable to cope,
4) I respond to stress by feeling depressed and, 5) I respond to stress by feeling anxious. According to t-test analysis, the treatment group’s Emotional Manifestations declined indicating that the treatment group reported a significant reduction in feelings that they were vulnerable, unable to cope, depressed, anxious or insecure at the end of the six week intervention.

These findings, which show a reduction in the way the teachers manifested emotional dissonance, are consistent with the results of the Perceived Stress Scale that indicated that the teacher’s perceived stress levels declined. So, despite increased levels of Cardiovascular Manifestations, Work-related Stressors and Professional Distress, the teachers in the treatment group perceived they were less stressed and less emotional. In contrast, the control group reported no significant reduction in either stress or emotional manifestations.

Limitations of this Study and Future Research Suggestions

Limitations are present in every study and this one is no exception. The limitations of this study are as follows:

1. Because this group was highly selected, the results of this study cannot be generalizable to all public school teachers.
2. Participation in this study was voluntary and those teachers who agree to participate may not represent all teachers.
3. This intervention consists of only six group counseling sessions and provides no information about the longevity of the effects of group counseling on stress levels.

Future research could engage a larger sample of teachers, extend the number of sessions beyond six to better understand how stress reduction is achieved by this intervention. Additionally, more information is needed to understand the longevity of the benefits of group counseling and whether or not the stress reduction continues after the intervention has ended.
Conclusions

These results will hopefully reenergize the Person-Centered community to continue Carl Rogers’ dedication to research regarding this approach. As evidence-based practices continue to flood community mental health agencies with claims of efficacy, it is vital to remind practitioners and stakeholders in the mental health professions of the value and potential impact of the Person-Centered approach. Additionally, as healthcare in the United States moves away from disease-based treatment to a focus on wellness and health promotion, the importance of an intervention that supports the efficacy of Person-Centered group counseling as a way to help healthy, non-pathologized, hard working adults reduce stress and improve functioning is vital. This research also affirms the potential of Person-Centered group counseling to build cohesion and combat stress in highly stressed employment groups. Additionally, there is also an opportunity for us to begin to examine how Person-Centered group counseling and teacher stress reduction efforts can work together to help keep our teachers stay healthy.
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Person-Centered Counselors in Community Prevention and Research

Christine Abassary
The University of New Mexico
&
Keri Bolton Oetzel
The University of New Mexico School of Medicine

Abstract

The core tenets of a person-centered counseling perspective are similar to the guiding principles of a complementary approach to research. The Community-Based Participatory Research model (CBPR) is outlined to provide counselors with an approach to research that will resonate with a person-centered theoretical framework. In order to improve health outcomes, Minkler and Wallerstein (2008) contended CBPR equitably draws upon the strengths of community members, organizational representatives, and researchers through a collaborative approach. Counselors, working from a community perspective identifying with a person-centered orientation, may find a new avenue to address prevention and research. Specifically, for counselors working in communities where prevention and research are aimed at reducing health disparities, counselors can work within a CBPR framework to form equitable and sustainable partnerships that complement the person-centered counseling perspective.

Keywords: Community-Based Participatory Research (CBPR), Humanism, Person-Centered Counseling

Authors’ Note: We acknowledge faculty member of the University of New Mexico Counselor Education Program Matthew E. Lemberger-Truelove for his contributions to this manuscript. Correspondence concerning this article should be addressed to Christine Abassary, Department of Individual, Family and Community Education, Counseling Program, Simpson Hall, MSC05 3040, 1
Person-Centered Counselors in Community Prevention and Research

Carl Rogers (1957) developed the person-centered approach to therapy to elucidate the importance of the therapeutic relationship as a means for individual growth. In person-centered counseling, the practitioner urges the creative capacity of the individual to actualize one’s purpose through mechanisms, such as, free will and personal acceptance, as sufficient for their development (Buhler, 1971; Hansen, 2006). Likewise, in the practice of Community-Based Participatory Research (CBPR), a researcher cannot act in isolation from community for the change to be beneficial, long lasting, and effective (Minkler & Wallerstein, 2008). CBPR is a collaborative approach to research that involves the equitable partnership of researchers and community members building on the unique assets that each member brings to the process (Minkler & Wallerstein, 2008).

In the CBPR collaboration, where both researcher and community contribute equally to co-learning process, participants can increase control over their lives and ultimately develop a sense of empowerment (Minkler & Wallerstein, 2008). Minkler and Wallerstein (2008) proposed that CBPR can be best defined as community-based rather than community placed. The community and the researcher that facilitate the process direct the form of inquiry. For instance, asking the questions upfront to assess what and how the community would like to target to improve their health and ideally their quality of life. By asking these questions in the beginning, the long-term survival of the program may be enriched. Ultimately, CBPR achieves a balance between research and action.

An expression of the type of research endorsable by the person-centered perspective might be the CBPR approach. As a person-centered counselor, one acts as a catalyst to assist the client in developing a healthier way of being according to his or her own personal values and or cultural belief set. Their meaning sets the stage for the therapeutic process to occur in accordance with the
actualizing tendency (Rogers, 1957). The actualizing tendency is the inclination for all organisms to shift in the direction towards change versus stagnation even when the progression is distressing (Rogers, 1951). Person-centered counselors must retain this core philosophy when working with their clients to trust their client’s innate capacity to manage all aspects of their life (Rogers, 1951). By engaging in the relationship, the therapist is promoting long-term changes within the individual that meet their own personal expectations for change. The CBPR approach addresses individual and community level needs from the beginning of the process by assigning each member of the community, including those researchers involved in the given program, equitable roles and responsibilities. In this way, CBPR demands shared participation, cooperation, and engagement of community members, researchers, and key stakeholders in a joint process (Minkler & Wallerstein, 2008). Likewise, in a person-centered approach, the therapist and client are engaged equitably to initiate and sustain the therapeutic relationship by recognizing the client’s own unique contribution.

The purpose of this manuscript is to draw a useful association between CBPR and the person-centered approach for counselors interested in forming dynamic community relationships. Specifically, in the realm of prevention and research, a counselor can utilize the principles of CBPR to render community engagement for more sustainable outcomes. In the beginning sections of this manuscript, the history of CBPR as an approach to research will be outlined (Horowitz, Robinson, & Seifer, 2009). Prior obstacles to research will be addressed by expanding on CBPR principals, providing examples of CBPR for counselors, and describing how they coincide with a person-centered perspective for meeting those past challenges. From a person-centered orientation, we address the implications to counselors working in community agencies seeking to develop sustainable prevention programs. Counselors equipped with therapeutic skills and armed with a person-centered philosophical orientation will find a natural balance through the application of CBPR. By understanding the core principals of CBPR, we call to the profession of counseling to draw upon CBPR in order to retain the essential person-centered perspective for
improving the health and the well being of the communities where we practice.

**Theoretical Background and Historical Foundation of CBPR**

CBPR developed out of two research orientations labeled as the Northern and Southern traditions. Participatory research grew out of the Northern Tradition first proposed by Lewin who rejected the idea that study participants’ voices and meaning making are excluded from the objectivist worldview (Lewin, 1948/1997). CBPR, emerging from a transformative research practice (Wallerstein & Duran, 2010), surfaced to challenge the positivist scientific viewpoint and rejected the notion that science and their participants are separate. Largely, the ideas followed from Talcott Parsons and his predecessors with an emphasis on equalizing power dynamics through their application of the scientific method in the real world to pave the way towards social progress (as cited in Minkler & Wallerstein, 2008). Research has been conducted in a manner that has often excluded the very communities affected by the health problem being studied (Minkler & Wallerstein, 2008). Research findings indicate that researchers who promote collectivist values and utilize their ability to reflect on their own culture have higher success towards collaborative communication (Oetzel, 1998; Oetzel, Burtis, Sanchez, & Perez, 2001; Yonas, Jones, Eng, Vines, Aronson, Griffith, & Dubose, 2006). In a similar manner to collaborative communication and CBPR contrast to positivist science, the person-centered therapeutic approach juxtaposes the deterministic, mechanistic, and pathologizing paradigms that pervade much of the helping professions (Elkins, 2008). The individual who experiences contact with the person-centered practitioner is not an object for study (Rogers, 1963); rather, the individual is conceptualized as the manifest of one’s potential within a context or contexts.

Also, equally important to the development of CBPR, the Southern Tradition was aligned in the human rights, and social justice movements of Latin America, Africa, and Asia. These movements affirmed that knowledge being applied to communities does not originate solely from academia; rather, communities contribute, and should be valued for their inherent wisdom as they
participate in forms of inquiry (Minkler & Wallerstein, 2008). Rogers (1979a) contended that the person-centered approach, although criticized as a “soft” approach, has merit when working with the oppressed. Rogers (1979a) compared the work of Paulo Freire (1970), who worked with Brazilian workers to obtain their rights, with his successful work drawing upon the person-centered principles to illicit a community voice. The additional aspect of humanism, defined by Bell (2007), is aligned with social justice, a core tenet of CBPR, critically examining fair and equitable partnerships and their relational dynamics. Awareness of the dynamics of individual, community, agency and external dynamics is essential for a beneficial partnership that can increase community capacity (Minkler & Wallerstein, 2008).

Figure 1 presents a logic model of CBPR.
Figure 1

CPBR began to rise to meet the tide to balance social inequities, and embrace a mutually beneficial relationship for all partners involved. Wallerstein and Duran (2010) presented six challenges to traditional research that CBPR helps to address. The first challenge was *translating findings from highly controlled experiments to real world settings*. Furthermore, the original intention to improve a community’s health lost its meaning and became distorted because the community could no longer see the value in the research findings or interventions deemed untranslatable to real life application. Of second importance was *incorporating the community, beliefs and or indigenous practices* into the research premise, design, implementation, and implications. The third challenge was *language* that could be deemed as incompatible terminology between a western or clinical perspective and a community’s form of communication. An important related challenge particularly relevant for person-centered counselors is that *academics control the research agenda* which is incompatible with building a relationship. From a community perspective, the language utilized in academia may have been interpreted as exclusionary or something separate and untranslatable to real-world settings. The fourth challenge *shifts the powers dynamics* through bidirectional learning, shared resources, collective decision making, having beneficial outcomes for the community. This challenge is in sharp contrast to *business as usual* within universities where the research agenda is a priority and a community could be an afterthought to the research agenda. The fifth was *sustainability* when lack of consideration was given to community and/or agency resources that may be needed to implement or continue the project. In many circumstances research projects are not incorporated into the community over the long-term. The last, and crucial, element to building relationships was a *lack of trust* that had been fostered between communities as a result of these practices. Researchers seeking solutions to health related issues might have missed their mark and created distrust, resistance, historical memories of assimilationist policies, or betrayal.

Linking Person-Centered Counseling and CBPR

Given the overview and history of CBPR, this section considers the linkage of CBPR and person-centered counseling. For counselors interested in addressing research in the community, CBPR offers a complementary philosophy to person-centered counseling. This section illustrates the parallels in philosophies through the following areas: a) meeting the community and client where they are, b) fitting cultural beliefs and practices, c) language and translating research, d) shifting power dynamics, e) sustainability, and f) rebuilding trust.

Meeting the Community and Client Where They Are

In giving commitment to the CBPR process, the researcher allows the community to take the lead in the project and may discover new directions as a result. One of the core tenets of CBPR is to identify a particular health issue of importance to community members through a collaborative iterative process (Minkler & Wallerstin, 2008). Minker and Wallerstein (2008) argued the researcher may have to relinquish control of the intent to submit their results for publication if the end result would not be viewed as a benefit from a community perspective. For instance, if high rates of bullying are found within a given school and the community wishes not be stigmatized by this finding, the researcher may have to find alternative ways to share the results. The shared results would be mutually beneficial to the school children affected by bullying and the participants involved in the inquiry. On the other hand, it may not be beneficial if the results were published in the local newspaper that could run the threat of stigmatizing the students and the school.

One of the first steps for the CBPR researcher is to refrain from any action and listen to a community. Academics must let go of their personal agendas and identify the difficult questions that would be most beneficial to the community they are serving. For example, a focus group may be conducted with students, teachers, administrators, and/or parents to determine the unique perspectives of the school community. In the case of school bullying, such a
group would determine the extent of the problem and what interventions may be applicable given the norms of the school.

The researcher may be on his or her own timeframe given university protocols, grant specifications, and publishing demands and thus may feel frustrated when having to consider the needs of diverse communities (Minkler & Wallerstein, 2008). If the community is not ready for change, the researcher must let go of his or her agenda and meet the community where they are in their readiness for change (Minkler & Wallerstein, 2008). As transparent as the notion appears, the approach is very different from a traditional methodology that identifies and addresses a health problem, in some instances applies an intervention without community feedback, and neglects to communicate the results to the community in a meaningful way. Overlooking this pertinent component can lead to frustration, wasted resources, and increased resistance of the community to welcome outside interventions in the future (Minkler & Wallerstein, 2008).

Counselors learn quickly that they can only work at their client’s pace and or within the realm of their client’s willingness to change or confront conflicts. This process is accomplished through seeking to guide a client toward change rather than define the change. The alternative is to have the client internalize more feelings of oppression or isolation (Comstock, Hammer, Strentzsch, Cannon, Parsons, Salazar II, 2008). A counselor may think that she or he identified the problem and solution for their client. Yet, in developing a person-centered approach, attentive listening guides one’s practice. At times, the counselor’s perceptions are incongruent with what a client wishes. It takes many years of practice to develop the patience and humility to see things from another person’s perspective. Even from a person-centered approach a counselor may have developed a specific treatment plan for his or her clients. However, the client may have alternative ideas about what she or he wants to address in a session. According to Kindsvatter, Osborn, Bubenzer and Duba (2010), counselors who understand the processes of change can facilitate for their clients in order to maximize their efforts.
Fitting Cultural Beliefs and Practice

In CPBR, the intervention must fit cultural beliefs, norms, and practices and also reflect reciprocal learning (Minkler & Wallerstein, 2008). For instance, according to Belone, Oetzel, Wallerstein, Tafoya, and Rae (2012), when working in communities during their alcohol and substance abuse prevention program for alcohol use among adolescents in Ramah Navajo, New Mexico, it was beneficial to train and impart knowledge to community members who could assume leadership positions. Equally important, was to have a diverse team that had built long-standing relationships with the community, including members of Native American descent (Belone et al., 2012). By entreating the community to participate, the researcher is imparting learning, building trust and sustainability, and increasing social justice (Belone et al., 2012). Most importantly, the community guides the research in ways such as utilizing a family system approach when addressing the issue, creating intervention materials in the local dialect, and reinforcing positive cultural norms to counteract the problem behaviors in the case of the Ramah-Navajo project. Within the CBPR framework the researcher must invest a significant amount of time to viewing the issue through a community’s perspective to promote long-term effectiveness (Minkler & Wallerstein, 2008).

Most counselors are familiar with the notion that the client must direct the change from their belief system when seeking solutions to any self-identified issues in order for an intervention to be successful. In a community, these same dynamics and interactions play a part in creating effective prevention programs. Furthermore, Rogers, Kell and McNeil (1948) asserted that a counselor’s purpose is to look at their client’s frame of reference and understanding and leave out any external frame of reference in this process. Within the non-directive approach, being immersed in the empathic identification of the client and by perceiving their hopes and fears, the counselor cannot be concerned with diagnosis, how the relationship affects him/her, or the pace of the session (Rogers et al., 1948; Rogers, 1951). Rogers (1951) developed the idea further by clarifying that the empathic identification of the client is understood.
through immersion yet, the counselor does not directly experience the feelings of the client. In this respect the counselor can act as an objective guide in the therapeutic process identifying with the client’s worldview. Lambert and Bergin, (1994) and Miller and Rollnick (2002) contended therapeutic change is more valuable when clients attribute their progress to their own efforts. In person-centered counseling a therapist is invested in his or her client’s worldview and in this reciprocal relationship the therapist is valued as the facilitator in the client’s growth process.

Therapists must be willing to take the risk of losing themselves in the deep understanding of their client (Rogers, 1979b). The therapist facilitates client change through empathy and unconditional positive regard (Rogers, 1957). The empathy must be genuine and experienced by the client in order for change to occur. The empathy and unconditional positive regard includes both the positive and negative perceptions of the individual by the therapist (Rogers, 1957). Therefore, the relationship must be mutually respecting of the totality of the individual and not simply positively affirming yet, supporting and understanding the client’s limitations. Geller, Greenberg, and Watson (2010) emphasized that being present with clients on a physical, emotional and spiritual level is essential for the therapeutic process. By being therapeutically present, the client is able to begin the healing process and feel supported in a safe environment (Geller et al., 2010). Rogers et al., (1948), looked at resiliency of delinquent youth and found that self-insight was positively correlated with later adjustment above factors such as economics, education, and heredity. Providing a welcoming space for self-directed reflection to occur unlocks the individual’s capacity.

Throughout the relationship, the therapist possesses genuineness and transparency of spirit (Rogers, 1979b). Rogers (1951) believed that the attitude of the counselor must be upheld to view each client as having self-worth and dignity and the capacity for self-direction. Rogers (1951) asked the question, “Do we respect his capacity and his right for self-direction, or do we basically believe his life would be better guided by us” (p.20)? Within the process of CBPR on a larger scale, a person-centered counselor can also encompass the community’s beliefs and practices drawing from
a person-centered philosophy to honor the communities’ capacity to develop.

**Language & Translating Research**

Understanding the language of a community is essential to the adaptation of any intervention. Cultural nuances can play a key role in the decision of a community to embrace or reject a prevention measure. The language of academia can be difficult to translate and can lead to marginalization. For example, a research team uses the terms social determinants of health, which is a common expression in public health. Community members may not understand that expression and thus withdraw from conversations about health issues for fear of appearing uneducated. Instead, the issue could be talked about as factors, or even “things,” that lead to good health. Such language is more accessible to a variety of people and thus community members can talk about these issues more readily. As researchers we provide opportunities for client success by examining how our research language contributes to marginalization and decreased social justice in the communities where we serve.

In addition to using accessible language, translating research is facilitated by building on the participants’ strengths and perspectives. For instance, Rogers (1951) described The Area Projects developed by Clifford Shaw concerning delinquency; this project was successful because it was built upon the participants’ strengths. Rogers (1951) argued that researcher approaches initiated outside the community’s perspective would not be well translated and thus not effective: “attempts to produce these changes for the community by means of ready made institutions and programs planned, developed, financed, and managed by persons outside the community are not likely to meet with any more success in the future than they have in the past” (p.59).

Counselors coming from a person-centered perspective can be adept facilitators in the dynamic process of CBPR and foster effective communication by promoting a greater understanding of language and culture. Rogers (1995) found acting as an “expert” in the change process did not enhance the therapeutic relationship. When the actualizing tendency ignites Rogers (1979b) believed that
the individual is known to contain all the preexisting resources necessary for change. The therapist in turn is acting to direct the transition towards an evolutionary progression. The therapist cannot exist without the seed of change supplied by the client, and is also participating in a dynamic relationship. In order to develop trust the counselor must take into consideration the totality of a situation and the history of his or her client (Rogers, 1963). Ideally, both are invested and respected mutually in the relationship. Similar to the co-learning process described in CBPR, interacting with an individual, the therapist, through empathy and positive regard for the client, impacts the actualizing tendency to shift towards growth. Recognizing the potential of a community, respecting the input of its members, and using language that is accessible to all furthers the process of CBPR.

**Shifting the Power Dynamics**

CBPR is an iterative process constantly examining the roles, responsibilities and power dynamics of the participants (Wallerstein & Duran, 2010). Each community may have their own unique needs and although some of the principles are outlined, the process may need to change and adapt to meet the community’s uniqueness (Minkler & Wallerstein, 2008). Traditionally, universities control research resources, budgets, and information; however, CBPR considers how the research may best benefit the community to sustain health changes by readdressing the priorities of the research agenda (Wallerstein & Duran, 2010). In addition, participants are credited by being listed as co-authors if publication is deemed acceptable; or in the case that it is not the participants may go on to report the findings alongside the researcher at conferences or trainings (Minkler & Wallerstein, 2008). Participants may also be compensated for their time therefore balancing some of the power dynamics that innately exists. (Minkler & Wallerstein, 2008). Thus, CBPR emphasizes the importance of balancing power in research to maximize equitable partnerships and most importantly, increase the effectiveness of the intervention.

Person-centered counselors are aware, when entering the therapeutic relationship, that each experience will be unique given
the complexity of the individual and their experiences. The therapist creates an accepting and egalitarian relationship with the client and works to eliminate an imbalance in power. Rogers (1995) asserted that permitting himself to understand and accept others as well as being open to the realities of life was essential. Rogers (1995) posited this reduced his desire to rush in and “fix” things. In sharing resources the CBPR approach looks at promoting change and not imposing upon it to bend to the researcher’s will. Counselors understanding the promotion of growth and not the yielding to one’s own format can be adept in the CBPR process.

Sustainability

When working within communities to address a potential health outcome, the community members should be engaged in the entire process from the inception to the end point. The relationship builds sustainability, and improves the health outcomes for the community in the long-term. Furthermore, by imparting knowledge to the community local capacity and ownership of the project can be developed (Wallerstein & Duran, 2010). If, for example, you are working on an HIV prevention project imparting skills to youth, those same participants could in turn train others to become facilitators. It may later be discovered that just as important to skill building was developing youth leadership. By recognizing the community’s needs, sustainability of the project has a higher chance of success, resulting in the community taking the lead in the future rather than relying on the researcher to impart solutions.

As therapists, work with clients they find that it is essential for a client to be invested in the entire process. Often counselors are reminded that listening, while paying close attention to a client’s identified obstacles, and meeting those challenges from their client’s viewpoint, lead to a highly incorporated change process and maintenance of those changes over time (Prochaska, DiClemente, & Norcross, 1992). What are some of both the pros and cons for adopting a change from a community perspective? Exploring the meaning to a community will help direct the research and proposed intervention that can be sustained over time. Similarly, investing
time to engage with a community at the beginning of a project creates a solid foundation that benefits the community over time.

**Rebuilding Trust**

Over time the promises of research that did not hold true for a community led to a general historical distrust of researchers and outside entities directing health interventions. Most recently, blood samples were taken from the Havasupai Indians as part of a research project for diabetes through the University of Arizona (Mello & Wolf, 2010). It was later discovered that these blood samples were utilized for a number of alternate experiments other than improving the health outcomes for Havasupai suffering from a diabetes epidemic. The tribe was never informed of these additional intentions for research (Mello & Wolf, 2010). The news was devastating to the Havasupai and they later recovered their samples and filed a lawsuit. This mal-intended and misguided research reinforced feelings of violation of trust for the community. When looking at prevention and research, it is important to ask, “What historical factors play a role?” and “Does transgenerational trauma hold meaning for the community?” (Minkler & Wallerstein, 2008).

From a counseling perspective and person-centered approach, *trust* is essential in building a therapeutic relationship. The foundation of the person-centered approach rests on the foundation of trust in the relationship (Rogers, 1979b). Particularly, when working with indigenous, minority populations, and groups with a history of oppression, counselors become experts at adapting to new systems or beliefs to benefit their clients. Maximizing community agency, the person-centered approach seeks to value the client’s experience. By examining the contexts of an individual, community, history, collaboration and community readiness, counselors can find new directions to work towards building trust.

**Conclusions and Implications for Counselors**

CBPR seeks to turn research inside out on its heel by adapting the practice of research to originate from a community perspective. Counselors working from a person-centered approach can transfer
this practice to a community in the same way they would toward a client who walks through their doors for therapy. Counselors need to retain the core elements of their practice as they move outside of their counseling offices and integrate into communities. This allows for the continued development of professional identity and ultimately helps counselors provide effective care. Counselors should take time to reflect before incorporating a new practice, belief, or intervention and continue to ask the questions, “Will this benefit my client?” or “Is this my own personal agenda?” CBPR researchers ask the essential questions, “How can CBPR research reduce health disparities?” and “What role does research play in intervention and policy change that contribute to the knowledge of a generation?” (Isreal, Schulz, Parker, Becker, Allen III, and Guzman, 2008). In order to reduce the growing health disparities existing in our communities, we need to begin to reflect on our practices, and look within for the solutions that may already exist. As counselors, we know that often clients possess the answers to their own questions and we are solely acting to ignite discovery in their own meaning. CBPR seeks to find the inherent wisdom of a community and bring it to light.
References


Trust

Signe M. Kastberg
Florida Gulf Coast University

Abstract

Trust is a central element in counseling relationships. The various facets of trust are identified, and the role of trust in the person-centered approach is explored. Strategies for developing trust and avoiding distrust are discussed, as well as the use of adjunct approaches.

Keywords: trust, counseling, person-centered

Author’s note: Dr. Kastberg is currently Assistant Professor of Counseling at Florida Gulf Coast University. She was previously tenured Associate Professor and Director of the Mental Health Counseling program at St. John Fisher College. She received her master's degree from Harvard University, and was awarded a Fulbright Scholarship for independent research in Denmark. She received her Ph.D. in Human Development and a graduate certificate in Gender & Women's Studies from the University of Rochester. She became a nationally certified counselor (NCC) in 1997, a licensed mental health counselor (LMHC) in New York in 2005 and in Florida in 2012. In addition to teaching and working as a psychotherapist in private practice, she is a certified administrator and interpreter of the Myers-Briggs Type Indicator® and a board-certified clinical sexologist. In 2007 she published Servants in the house of the masters: A social class primer for educators, helping professionals, and others who want to change the world. Contact information: skastberg@fgcu.edu.

Trust

Trust often plays an important role in the formation of effective counselor-client relationships. The current article focuses on definitions of trust in therapy, the reality of distrust, and the role of trust within the core conditions of the person-centered approach. Interestingly, trust is not specified in the core conditions of the person-centered approach; this will be discussed further. A
conceptualization of trust as an array rather than a linear construct is presented. Strategies for creating trust and avoiding distrust are discussed, as well as the use of adjunct approaches.

**Definitions of Trust in Therapy**

Numerous writers have discussed definitions of trust in counseling. “Trust is the client’s perception and belief that the counselor will not mislead or injure the client in any way” (Fong & Cox, 1983, p. 163). Kottler (2008) lists as the first characteristic of a helping relationship that the recipient of help must feel trust and safety (p. 53). “Counseling is a highly personal and emotional process, and acceptance, trust, and genuineness are its key components” (Kakhnovets, 2011, p. 17). “Trust has been linked with such variables as willingness to self-explore, degree of self-disclosure, and therapeutic progress” (Watkins & Terrell, 1988, p. 194). “Effective communication is essential to a productive counseling relationship, and without trust, communication will be limited” (Lockart, 1981, p. 31). According to Egan (1975, p. 110), “trust ultimately means something like this: If I entrust myself to you, you will respond with care and skill to help me. You will not hurt me directly yourself and you will try to see to it that I do not hurt myself” (as cited in Lockart, 1981, p. 31).

Interestingly, Jourard suggests that people come to need psychological help “because they have not disclosed themselves in some optimum degree to the people in their lives” (1971, p. 29). In this case “disclose” includes an individual revealing his/her authentic self, complete with feelings and thoughts. We know that, while many people suffer from emotional and psychological difficulties, a fraction of them seek professional help. Kakhnovets (2011) found that personality factors and expectations about counseling were related to help-seeking attitudes. Specifically, “Individuals who perceive there to be a lot of risk associated with self-disclosure to a counselor have more negative help-seeking attitudes” (Vogel & Wester, 2003, as cited in Kakhnovets, 2011, p. 11). Not surprisingly, Kakhnovets found that persons who had previously received counseling tended to have more positive attitudes about seeking help (2011). However, counselors typically see both continuing clients,
clients who have previously been seen by other therapists, and “first-timers;” thus counselors will likely encounter clients who fall in various places along the trust-distrust continuum. According to Fong and Cox (1983), the development of trust is a key process event that shapes the therapeutic relationship.

Trust is dynamic. It is an ongoing process rather than an achieved state. Trust may be fragile; it may be enduring. Like other interpersonal relationships, it is the nature of the counseling alliance that moments of stress, disclosure, challenge, and confrontation may disrupt the balance of trust.

**Reality of Distrust**

Plains Indian Calvin O’John wrote a short poem illustrating the concept of distrust: “You smiled, I smiled/So we’re both happy./But deep down inside/there is hatred between us./Let us not show our inside/feeling to one another./Just keep on smiling/Until we smile away our hate.” (Steiner, 1968, as cited in Lockart, 1981, p. 32).

The continuum of trust-distrust is a critical dimension in which the client determines the extent to which the counselor can be relied upon (Fong & Cox, 1983). This determination begins to evolve in the first stage of counseling, beginning with the first session. Most clients come to counseling at the mid-range on the trust-distrust continuum; that is, “they are willing to trust a counselor until their trust is abused” and typically after having tested the counselor in some way (Fong & Cox, 1983, p. 163). If the client cannot make him/herself vulnerable in the therapist’s presence, cannot self-disclose, cannot share anything but superficial “presenting problem” issues, premature termination is likely, or at the very least a superficially satisfying client outcome.

Despite abundant training in the art of developing rapport, therapists may inadvertently create distrust at various points in the therapeutic relationship. Some of the ways to sabotage the relationship exist in our attitudes, values, behaviors, and non-verbal communications. For example, if a difference in belief systems emerges between counselor and client, this values conflict may cause the client to distrust the counselor, or to filter his/her disclosures.
Because of, or despite our training, counselors may avoid transparency. Jourard (1971) says that we become alienated from ourselves if we don’t disclose our innermost thoughts and feelings, at minimum, to ourselves; if not to another person. This incongruence creates distrust. But does congruence automatically create trust?

Rogers (1951) acknowledged the importance of client expectations, and that the “range of these expectations is tremendous” (p. 66). The client may anticipate a parental or authoritarian counselor, a disrespectful or dismissive attitude, or an extension of the authority that required participation in therapy in the first place. Small wonder, then, that some clients come to therapy distrustful, anxious, fearful, resistant, only superficially cooperative and ambivalent at best. However, the individual whose emotional pain level is unbearable will sometimes override fear and distrust to seek professional help. Our understanding of that fear and distrust may be helpful in facilitating a transition to trust and a feeling of safety within the therapeutic relationship.

Lambert and Cattani-Thomson’s (1996) meta-analysis of the common factors contributing to negative client outcomes identified the counselor’s negative countertransference as a factor. This included counselor disappointment, hostility, and irritation with the client, which was associated with client deterioration. While the presence of empathy was found to be essential in contributing to positive client outcomes regardless of the therapist’s theoretical orientation or intervention techniques, the lack of empathy likewise contributed to negative outcomes (Lambert & Cattani-Thomson, 1996).

As therapists, we may be passive. We may be judgmental. We may act superior and disinterested in our client’s concerns. We may demonstrate disappointment in the client’s outcomes. We may be inconsistent in approach. We may dominate, control, direct, or assume the client is incapable of finding his/her own direction. We may blame the client for being dependent, yet we provide the set-up for failure to establish autonomy: externally regulating the individual’s behavior, leaving the client feeling controlled or alienated, and that their actions are generated due to external forces. Rogers reflected on his own growth as a therapist, “I was moving
away from any approach which was coercive or pushing in clinical relationships, not for philosophical reasons, but because such approaches were never more than superficially effective” (1961, p. 11). All these things can generate distrust.

**The Role of Trust in the Core Conditions of Person-Centered Therapy**

What is the role of trust in the person-centered approach? In order to answer this question, it may be helpful to first identify the core conditions as detailed by Carl Rogers. Rogers’ hypothesis of the necessary and sufficient core conditions in the client-counselor relationship in order for constructive change to occur are:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client’s internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved (Rogers, 1957, p. 96).

Trust was not identified explicitly in the core conditions, but various other terms used in describing the person-centered approach imply its existence, such as: security, safety, consistency, reliability. Rogers spoke of the process of therapy inviting “a very special meaning of security” which can be disrupted by inconsistency of even a superficial sort, such as meeting on different days/times or in different offices (Rogers, 1951, p. 70). Clients prefer constancy to develop a sense of safety in the relationship. In order to explore various inconsistencies of self, including fear and confusion in the face of a chaotic inner experience, clients need and want secure and
consistent support in order to discover, accept, and potentially re-organize the self.

A meta-analysis by Watson identified 19 studies examining aspects of the core conditions specified in the person-centered approach (1984, p. 28-31). Client outcomes such as satisfaction, improvement, change, adjustment, “success”, self-concept, behavior and additional counselor qualities such as helpfulness and acceptance were included. Trust was not measured nor mentioned as an important factor. A meta-analysis by Lambert and Cattani-Thomson (1996) found that empathy, warmth, and positive regard resulted in clients’ increased sense of trust, safety, and security. While these counseling dispositions are most often associated with the person-centered approach, they are found by names such as acceptance, alliance formation, and other terms in other approaches and garner similar positive client outcomes (Lambert and Cattani-Thomson, 1996).

Freire and Grafanaki reported on the development of a new instrument to measure “trust/feeling safe” as an extension of the core person-centered-therapist conditions of empathy, unconditional positive regard, and congruence (2010, p. 206). It appears that recognition of the importance of trust exists in the person-centered community but inquiry is in its infancy.

Authenticity is a central concept in the person-centered approach, but we are socialized towards inauthenticity. Jourard (1971) suggests that socialization creates “normal” people, but “normal” may not necessarily mean “healthy.” We are trained to take on roles by our families, schools, churches, workplaces, and other institutions. Conformity to our assigned or accepted role then promotes, to some extent, the loss of a unique identity or self-hood (Jourard, 1971); and in fact, this role-playing of an inauthentic self may promote illness. The labor of maintaining an inauthentic or incongruent self may include lies and subterfuge on a daily basis. While some may be able to maintain this consistently without deleterious effects, others find themselves anxious, bored, frustrated, and otherwise miserable. Without authenticity, how can trust be formed?
Conceptualizing Trust as an Array

Trust is not a unitary construct, nor does it appear to follow a linear path. Considered an essential component in effective therapeutic relationships, we can consider multiple facets of trust which overlap in daily life. Specifically, here I suggest and briefly describe four major categories of trust. Three of these sections will be expanded upon: internal, interpersonal, and existential. We might examine the various aspects of truth by asking these sample questions in each category:

- **Internal Trust**
  - To what extent does the client trust him/herself? This might include the client’s sense of competency – ie, I trust myself to be able to make my life better, to succeed at this thing called “counseling.”
  - To what extent do I (the therapist) trust myself? – This might be a measure of my competence as a counselor, my ability to be fully present, and my belief that I can truly be of assistance to my client.

- **Interpersonal Trust**
  - To what extent are counselor and client able to communicate and relate in authentic ways, such that each feels understood by the other? If both counselor and client self-disclose, thus making themselves vulnerable, will that be respected and honored by the other?
  - To what extent does the client trust the counselor? For example, the client may be wondering: Will this person be genuine and helpful to me, or will s/he hurt me as others have done?
  - To what extent does the counselor trust the client? Will the client be honest? For example, will s/he tell lies about his/her substance use, about the actions of self and others that influence the client’s well-being?

- **Environmental Trust**
  - To what extent does the client trust his/her environment to be consistent, supportive, encouraging, stable? This might include significant...
others in the client’s world, but also institutional “others” such as media, government, or employers that might be obstacles or supportive helpers in the client’s world.

- To what extent does the therapist trust the client’s environment to be consistent, supportive, reliable, encouraging of the client’s well-being? For example, a therapist will typically not trust the violent partner of a client who presents as a victim of domestic violence; and therapists may not trust managed care to pay for optimal care of the client.

- Existential Trust
  - To what extent does the client believe that there is some meaning in his/her suffering? This concept was established by Viktor Frankl (1959), who explored the meaning of his experience as a Holocaust survivor.
  - To what extent does the therapist believe that there is meaning in the client’s or anyone’s suffering?
  - To what extent can the therapist and client trust in an unknown outcome in a process of indefinite duration? That is, we begin with the presenting problem, explore through deepening layers to underlying, perhaps historical problems; we don’t know how long it will take us to begin the healing process or how long we can work together given the constraints of managed care or personal finances; and we really don’t know where we will end up, despite diagnoses issued and treatment plans sanctified.

The nature of these types of trust is neither singular nor discrete; that is, they may overlap and influence each other. The environmental aspect of trust mentioned above will not be expanded upon here due to space limitations; the other aspects of trust are discussed in greater depth below.
Types of trust

This section further examines and introduces examples of three of the four major categories of trust outlined above: internal trust, interpersonal trust of two types, and existential trust.

Internal Trust

Internal trust is primary; this refers to the client’s trust of him/herself and likewise the therapist’s trust in him/herself. “It is not until I am my real self and I act my real self that my real self is in a position to grow” (Jourard, 1971, p. 32). Thus, trust in self may be a precursor to growth in therapy.

Rogers (1951) was privy to a client’s writings about her therapy experience, including her apprehensions at the initial sessions of counseling:

I had quite a bad case of stage fright when I came to the interview – part fear, part hope, part embarrassment. Fear that nothing would happen … The embarrassment is due to the fact that I would like you to think well of me, and here I am showing you all my foolishness and inadequacy without any opportunity to demonstrate my competence and control. (Rogers, 1951, p. 101).

Much later in therapy, the same client wrote, “I was eager to come to the interview this time: I had things I wanted to tackle, and it couldn’t be too soon for me… I’m scarcely conscious of you [the therapist] any more… I’m not scared of your opinion of me…” (p. 110). Cleary, for this client, over time the focus shifted from “what does my therapist think of me” to “what do I think of myself?”

Clients who are self-actualizing have an openness to experience, trust in themselves, an internal source of evaluation, and a willingness to continue growing (Corey, 2009, p. 170). These clients increasingly trust in themselves to manage their own lives (Corey, 2009, p. 172). When a client is able to be open to his/her experience in therapy, “he comes to find his organism more trustworthy. He feels less fear of the emotional reactions which he has. There is a gradual growth of trust in, and even affection for the complex, rich, varied assortment of feelings and tendencies which
exist in him…” (Rogers, 1961, p. 119). Rogers described clients’ processes of gaining greater trust in themselves evolving, as “they are open to their experience, doing what ‘feels right’ proves to be a competent and trustworthy guide to behavior which is truly satisfying” (1961, p. 189).

In discussing relationships, Rogers states, “I can trust my experience… I have learned that my total organismic sensing of a situation is more trustworthy than my intellect… I have found that when I have trusted some inner non-intellectual sensing, I have discovered wisdom in the move … As I gradually come to trust my total reactions more deeply, I find that I can use them to guide my thinking” (1961, p. 22). Kirschenbaum wrote of Rogers, “This recognition coincided with his own therapy, in which he came to trust his own feelings more and to value himself more” (1979, p. 332-3). So the therapist, perhaps, goes through his/her own tides of self-trust and self-distrust; and at these times the same core conditions help to provide a structure within which to be grounded, self-accepting, and self-actualizing on a new level. New movement forward occurs with a basic requirement of self-trust.

Interpersonal Trust: Trust of Therapist by Client

Beyond self-trust, interpersonal trust is necessary between client and counselor. Rogers (1961) described the client’s internal experience: “I’m afraid of him [the therapist]. I want help, but I don’t know whether to trust him. He might see things which I don’t know in myself – frightening and bad elements. He seems not to be judging me, but I’m sure he is.” (p. 67). The client wants to know that the counselor is real and genuine, accepting, honest, reliable, has self-respect, and that his/her caring for the client is real and not motivated by needs for self-gain at the emotional expense of the client (Fong & Cox, 1983).

Interestingly, Kakhnovets found a gender effect wherein “men expect to feel less comfortable (less trust, acceptance, genuineness, and tolerance in the counseling relationship) than women do” (2011, p. 14). Using the NEO-PI-R, Kakhnovets (2011) also found that extraverts were more likely to have positive attitudes about seeking counseling; she hypothesized that while introverts are
used to thinking independently and may prefer to solve problems alone, extraverts enjoy talking to others and may prefer this method of problem-solving. Likewise, persons who scored low on the “agreeableness” scale of this instrument tended to be skeptical of others’ intentions, while persons with high scores were altruistic and expected others to be so in return. Regardless of personality type or gender, clients who expect the counseling process to be safe and are able to trust their counselor also anticipate that their counselor will accept and trust them in return (Kakhnovets, 2011).

Rogers (1961, p. 54) described unconditional positive regard this way: “Can I receive him as he is?... Or can I only receive him conditionally, acceptant of some aspects of his feelings and silently or openly disapproving of other aspects?” From a client perspective, we might rephrase this thusly: “Can I trust my counselor to accept me, no matter what I am thinking, feeling, or doing? Or will I read his/her silent disapproval and judgment when I share my secrets, my shameful thoughts and feelings, my wrong actions?” Might the client not suspect, as do some critics of the person-centered approach (Lietaer, 1984), that it is truly impossible to deliver unconditional positive regard consistently?

Are therapists worthy of trust? The therapist’s reluctance to be authentic and transparent in the relationship may be based on fears of appearing incompetent, causing harm to the client, premature termination by the client, or exposure of the therapist’s own immaturity, anxiety, or even sexuality (Jourard, 1971, p. 148). These fears may be perceived by clients at some level, and serve as an obstacle to trust formation. Signs of therapist inauthenticity might be a lack of spontaneity, sharing only positive thoughts or feelings and withholding expressions of boredom or irritation (Jourard, 1971, p. 149). “Therapist congruence is basic to establishing trust and safety with clients” (Corey, 2009, p. 177). So for many of us, growth as therapists appears as the willingness to be authentic and congruent; to move beyond indoctrination -- a transformation that allows us to more spontaneously encounter our clients and grow with them (Jourard, 1971).
Interpersonal Trust: Trust of Client by Therapist

Is it enough for the client to trust him/herself and also trust the therapist? Or must the therapist also trust the client, in his/her abilities and motivations? “I have learned to live in increasingly deep therapeutic relationships with an ever-widening range of clients. This can be and has been extremely rewarding. It can be and has been at times very frightening, when a deeply disturbed person seems to demand that I must be more than I am, in order to meet his need” (Rogers, 1961, p. 14). Van Belle stated that “to be an effective person-centered therapist, one must demonstrate one’s trust in others by acting with them as if they have a free will . . .”; in other words, have adequate capacity and capability to gain insight through self-awareness and to self-actualize (2005, p. 59).

Allen Brice (2004) wrote of his shock upon discovering that a client had lied in an egregious manner. Upon realizing that his lies had been uncovered, “He feared that I would not be able to trust him at all and that I would no longer believe he had been abused” (p. 60). Further Brice writes, “I was quite shaken and confused – how had I been so foolish to not realize the truth? How had he sustained the charade for so long? What did I believe about him? I felt angry at being deceived.” (p. 61). After the client’s unsuccessful suicide attempt, Brice writes, “He couldn’t sustain it [the lies] when he saw how much I believed him, trusted him, cared for him, and had tried so hard to understand his experience” (2004, p. 61). Through the subsequent questioning of his own therapeutic abilities and reflection upon the personal meaning of the experience, Brice determines for himself that “truth” is not essential to a quality relationship in which trust is central and present for both parties, counselor and client.

We may have distrust for mandated clients, who don’t want to be in therapy. We may distrust persons who are there because a significant other has made therapy a condition of a continued relationship. Individuals in both of these groups often present with a “no problem here” attitude; “I’m just doing this because you’re making me do it.” The results of such external control tend to be decreased effort, interest, and value for the activity; and externalization of blame for the failure of the activity (Ryan & Deci, 2000). Growth is inhibited in those for whom growth is not
perceived as necessary or desired. “People’s selves stop growing when they repress them. This growth-arrest in the self is what helps to account for the surprising paradox of finding an infant inside the skin of someone who is playing the role of an adult” (Jourard, 1971, p. 32.) Rogers explained that when a human being is operating at peak awareness of self and experience, “then he is to be trusted, then his behavior is constructive” (1961, p. 105); because then the person is exercising his/her full capacity to express that awareness in behaviors that are both self-enhancing and other-enhancing as a result of these elements of awareness.

How much do we trust the high-risk client who may have threatened harm to self or others? Rogers described this approach with a seriously disturbed or even suicidal client: “the fact that I enter with deep understanding into the desperate feelings that exist but do not attempt to take over responsibility, is a most meaningful expression of basic confidence in the forward-moving tendencies in the human organism” (1951, p. 35-6).

Personal attributes and dispositions, as well as psychopathology, intersect with individual choices and behaviors within particular contexts. As therapists, we are arguably uniquely qualified to identify the likelihood of lies, incongruence, and inauthenticity in our clients that would lead us to distrust them. We have the choice to trust them anyway, consistent with the principle of unconditional positive regard and belief in a self-actualizing tendency.

**Existential Trust**

Individual development is to some extent constrained or encouraged by individual systems of belief. That is, within cultural parameters an individual determines what s/he believes possible for him/herself (Bronfenbrenner, 1989, p. 228). This includes conceptions of what the world is like, as the individual asks and decides, “what is an option for me?” What one believes to be true about self and other then determines possibilities for action and self-actualization. For example, if I believe that “people like me don’t become psychiatrists” due to my beliefs about social class and economics and higher education, then it is unlikely that I would set
myself on a path to study to become a psychiatrist, even if I am academically successful and intelligent enough to pursue such a career.

The person-centered approach prizes the quality of the relationship between therapist and client, and recent writing has attempted to connect that quality, and client experiencing, to outcome (Watson, Greenberg, & Lietaer, 2010). However, even in examining the necessary therapist conditions of empathy, unconditional positive regard, and congruence, trust as an important quality of the relationship seems to exist between the lines and not as an explicit requirement. Further, the nature and meaning of “outcome” are not widely agreed upon, as noted by Timulak and Creaner (2010) in their meta-analysis of studies on person-centered therapy outcomes. Does “outcome” refer to measures of client functioning, self-report of client satisfaction with therapy, or something else? In any case, we embark upon the journey of therapy and invite clients to hold some belief in the process despite an unknown product.

There are no guarantees in therapy, especially when stringent limits on provision of care are ubiquitous. Clients may be uncomfortable with the ambiguity of embarking upon a journey with an indefinite destination. Rogers noted, “Life, at its best, is a flowing, changing process in which nothing is fixed… This is both fascinating and a little frightening” (1961, p. 27). It is often through the course of therapy, in the engagement with the self of the client, that clients come to embrace or at least tolerate this ambiguity. A client of Rogers said, “I haven’t finished the job of integrating and reorganizing myself, but that’s only confusing, not discouraging, now that I realize this is a continuing process… It’s exciting, sometimes upsetting, but deeply encouraging …” (Rogers, 1961, p. 122). Considering this existential view, “encouragement” of clients who have lost their “courage” assists in the process of building hope and trust (Beck, 1994).

A willingness to take responsibility for putting effort into the counseling process also contributes to positive attitudes regarding help-seeking despite uncertain outcomes. Kakhnovets found that individuals who expect to work hard in the counseling relationship were less likely to feel they were losing control of the process, and
thus it felt “safer” (2011, p. 17). Relevant to these attitudes are three components: the perceived value of the activity, the individual’s self-perception of competence in the activity, and the expectation of a successful outcome (Ryan & Deci, 2000). Thus, in a counseling scenario, the client may be assisted in shifting to a perspective wherein the value of counseling is identified, the client’s role and competence are validated, and the expectation of success is instilled without resting upon a definitive endpoint. Awareness of the value of self-growth may be fostered in the counseling relationship and thus an ambiguous outcome more easily tolerated. Rogers described therapy as the client “increasingly trusts and values the process which is himself” (1961, p. 175). Rogers used the example of Einstein, whose unique thought processes were clearly unlike those of other scientists: “He simply moved toward being Einstein, toward thinking his own thoughts, toward being as truly and deeply himself as he could” (1961, p. 175). This is another example of a very indefinite outcome, but an engagement in the process for the sake of movement toward self-actualization. Einstein may be a rare example, but the concept applies to others who embark upon that journey of self-growth.

Rogers indicated that a primary result of therapy is that “the person increasingly discovers that his own organism is trustworthy” (1961, p. 118). The individual in therapy has been open to his own experience, has access to all of the available data in the situation on which to base his behavior, has knowledge of his own feelings and impulses, which are often complex and contradictory. He senses the demands of others in his/her life. He has access to memories of similar situations and consequences of behaviors in those situations. He has a relatively accurate perception of external factors in a given situation. The client is able to “consider, weigh, and balance each stimulus, need, and demand… and to discover that course of action which seems to come closest to satisfying his needs” (Rogers, 1961, p. 118). Rogers modeled this trust in the process, and ability to venture forward without knowing the outcome, but with trust in self. Kirschenbaum (1979) explains why Rogers became involved in California’s “T group” movement in his sixties, when he might instead have retired: “… encounter groups provided not only a realm of further professional interest, but a vehicle for his own
personal growth, a chance to move along the same process continuum which his clients did, toward a greater trust in and openness to his feelings and a greater willingness to risk himself in relationships” (Kirschenbaum, 1979, p. 333). So it makes sense for therapists to take risks, to model self-trust and participation in growth-seeking experiences with uncertain outcomes, not only for self, but also in order to gain the trust of clients.

In summary, the nature of trust in the counselor-client relationship appears to often be complex. Acknowledging the multifaceted array of trust, including the components of self-trust, interpersonal trust, environmental and existential trust, may be useful for the person-centered therapist in encountering the client fully and authentically.

**Conclusion and Suggestions for Future Research**

To conclude, I share suggestions for creating trust in the therapeutic relationship, including specific person-centered approaches, as well as adjunct approaches. Additional questions for further consideration are offered, and therapists are encouraged to interrogate their own practices as relates to trust-building.

**Creating Trust**

Many of the building blocks of trust are violated on a daily basis by the realities of our multi-faceted world. What can counselors do to encourage clients to risk coming to counseling, and to persist in therapy, despite myriad factors conspiring to undermine the fledgling trust that we attempt to co-create? In order for therapy to be effective, a key variable appears to be the persistence of the client in attending through an optimally therapeutic time period, dependent upon the client’s needs. This section discusses how therapists can facilitate the development of trust in general and then specifically using the person-centered approach.

There are many ways to create trust in the relationship. Lockart makes the point that specific skills are used in establishing trust; these include warmth, empathy, authenticity, honesty, and consistency (Lockart, 1981, p. 31). Kottler (2008) indicates that
therapists don’t have a lot of time to create a safe and trusting relationship; and if you don’t, your client is unlikely to return for a second or third session. In order for clients to engage and to continue in therapy, trust in the therapist is an asset. Kottler recommends that the therapist be warm and engaging, accessible and approachable (2008, p. 57). Few would argue with Meier and Davis’ statement that “Allowing your clients to lead in the initial stages of counseling encourages the development of trust” (2011, p. 2). “Without this alliance, many clients are unable to change” (Meier & Davis, 2011, p. 3). Rogers stated, “It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process” (1961, p. 12).

Despite the fact that some persons are mandated to counseling and thus their autonomy and control are externally directed, it is still possible for a therapist to help a client feel more self-determined in his/her help-seeking (Ryan & Deci, 2000). Ryan & Deci suggest that the process is influenced by the social environment; in this case, the role of social supports and the attitude of the therapist. The therapist must be able and willing to honestly disclose attitudes and feelings about the client, the rewards of counseling, personal limits, and an ability to discuss topics that may be uncomfortable for the client (Fong & Cox, 1983). Therapists need to learn “the art of coping with the terrors which attend self-disclosure” (Jourard, 1971, p. 31). These abilities set the foundation for security and trust in the therapeutic relationship. Supportive conditions support motivation for initiating and persisting in counseling; specifically, Ryan and Deci (2000) suggest motivation is “more likely to flourish in contexts characterized by a sense of security and relatedness” (Ryan & Deci, 2000, p. 71). The trustworthy behavior exhibited by the therapist may create this sense of safety and rapport.

According to Fong and Cox, the client must see “observable instances of trustworthiness” in order for trust to develop (1983, p. 163). In essence, the client has a question: Is this person trustworthy? And s/he goes about gathering data in order to place the therapist on the trust-distrust continuum. To generate evidence, the client may “test” the therapist, consciously or unconsciously, overtly
or –more likely— covertly. Fong and Cox (1983) identify a variety of trust tests that clients use. The unifying feature of these covert tests is that the superficial interpretation of the test has nothing to do with trust. For example, if a client were to ask, “Are you married? Divorced?,” the underlying questions may be “Will you be able to understand my marital problem? Will you be able to empathize with my pain and be supportive of me? Will you judge me negatively for my failures and bad behaviors?” (Fong & Cox, 1983, p. 164). If the therapist responds only superficially to the stated question, responds defensively, or sees it as a boundary issue and declines to respond to the stated content, the client may not return. The client’s safety concerns have not been addressed.

Therapy can be very complex, particularly when there are Axis II disorders present, and/or when there is a history of trauma. “There are many elements of experience which the self cannot face, cannot clearly perceive, because to face them or admit them would be inconsistent with and threatening to the current organization of self,” and so the therapist is able to provide a safe place for the client to re-organize the self, by voicing warm acceptance and understanding of the client’s experience, and reflecting feelings without the attendant shame and guilt attached to situations by the client (Rogers, 1951, p. 40). So, for example, a client experiencing resentment towards a parent’s hovering, or hostility towards a co-worker, can be newly perceived with acceptance and incorporated in healthy ways to self-understanding. At the same time, accurate diagnosis of pathology and the establishment of evidence-based treatment are essential not only to positive outcomes, but to the development of client trust in the therapist; as inaccurate assessment of pathology and off-target intervention are implicated in negative client outcomes (Lambert and Cattani-Thomson, 1996).

In order to create an environment in which clients can develop trust, it is optimal for therapists to maintain a stable emotional center while hearing possibly horrific client experiences. Jenkins, Mitchell, Baird, Whitfield, and Meyer report on the use of the Trauma Symptom Inventory Belief Scale, which measures vicarious trauma in ten components; these include “self-safety, other safety, self-trust, other trust, self-esteem, other esteem, self-intimacy, other intimacy, self-control, and other control” (2011, p. 2394).
Counselors who exhibit characteristics of burnout, such as emotional exhaustion, frustration, and a reduced sense of efficacy, are often working in environments with low social support (Jenkins, et al., 2011, p. 2394). This can cause a counselor to be more vulnerable to a client’s emotional distress; or, the repeated exposure to highly distressed clients can conversely cause emotional exhaustion and a sense of a lack of support in the workplace. The counselors who seem to cope well with such an experience tend to have mastered their own experiences of emotional distress, which acts as a buffering mechanism. Thus, these counselors are less likely to respond to traumatized clients with oversensitivity and are less likely to exhibit symptoms of vicarious trauma themselves (Jenkins, et al., 2011, p. 2396). In fact, instead of compassion fatigue, these counselors are more likely to experience “compassion satisfaction” (Jenkins, et al., 2011, p. 2396). Jenkins et al. (2011) found that counselors “who said that they learned from their clients rated themselves lower on secondary traumatic stress and general distress” (p. 2408); unlike their colleagues who experienced burnout and were both less trusting and found the world a less-safe place after repeated exposure to traumatized clients. Given this information, counselors may wish to assess the level of support in the workplace and initiate change if insufficient support is provided; likewise, therapists might also wish to self-monitor for emotional duress and to seek supervision or therapy themselves to avoid impairment.

The value of congruence and authenticity has been made previously. In our daily lives, many participate in a duplicitous dance whereby we “play it cool” and I will only reveal myself if you reveal yourself first. I will only be honest after I see your honesty. In psychotherapy, Jourard (1971) suggests, the therapist must offer an “invitation to authenticity” (p. 133), and this is best offered through modeling. If we are masters of self-concealment and subtle manipulation, we are modeling exactly that and should expect to find our clients are duplicitous and defensive. However, the training of many therapists includes a certain masking of our true thoughts, feelings, and values in a therapeutic encounter (Jourard, 1971). We suppress our reactions to surprising comments by the client as we prefer to appear “neutral,” rather than showing what the client wants to know: “Tell me what you think.” But if we allow ourselves to be
human—to laugh at something the client says that is funny, to acknowledge frustration with the process—we become more human, more real, more accessible to the client, who can now connect and relate to this authentic self of the therapist. In this way, we become congruent.

Most would agree that self-disclosure is an essential precursor to client growth within the counseling relationship. Counselor self-disclosure may enhance trust. “We camouflage our true being before others to protect ourselves against criticism or rejection” (Jourard, 1971, p. vii). While we’re busy with this charade, because we’ve misrepresented ourselves, we assume others are busy misrepresenting themselves, and to top it off, we now distrust both others and ourselves. We are misunderstood by others because we haven’t allowed them access to our authentic self, and we stand disconnected from our true self, which we have denied. This perspective seems to suggest that maximizing opportunities for disclosure is part of authenticity and congruence.

Conversely, is it possible that too much transparency may be harmful in the counseling relationship? If I am congruent in the relationship, how much should I disclose, and how much should I withhold? If counselors model a certain degree of restraint in self-disclosure, is that not a desirable reality for the client’s world? In our culture individuals don’t indiscriminately share everything about themselves with everyone they meet, so filtering our disclosures may be a healthy adaptation. But how might the optimal level of disclosure be determined? How can the risks and benefits of disclosure be assessed? What is the impact of therapist ambivalence about disclosure? As the psychiatrist titrates medication dosages, how do we titrate our transparency in order to optimally assist the client in moving toward self-actualization?

Support for change without subsequent action may be empty progress. Therapy aims not only at self-reorganization, but self-actualization through actions the client chooses to realize his/her values and optimal way of being in the world. Therapists may assist clients in transitioning from extrinsic motivation, through valuing change, to intrinsic motivation; thus creating energy towards change. How is this done? Actions are “evaluated and brought into congruence with one’s other values and needs” (Ryan & Deci, 2000,

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p. 73). Possible methods for achieving client congruence would be the modeling of such congruence by valued others to whom one feels connected; the therapist is a prime example. Thus congruence leads to movement toward self-actualization.

Using Person-Centered and Adjunct Approaches

Many of the strategies noted above are consistent with the person-centered approach. The following suggestions are more specifically aligned with it. First and foremost, it is desirable for the three person-centered therapist attributes to be present: congruence (genuineness, or realness), unconditional positive regard (acceptance and caring), and accurate empathic understanding (an ability to deeply grasp the subjective world of another person (Corey, 2009, p. 169). “If the counselor can create a relationship permeated by warmth, understanding, safety from any type of attack, no matter how trivial, and basic acceptance of the person as he is, then the client will drop his natural defensiveness and use the situation” (Rogers, 1946).

The attitudes and philosophies of the therapist, as well as his/her skill, dictate the outcome of therapy (Rogers, 1951). Specifically, the therapist sees human beings as worthy, having dignity, and deserving of respect (Rogers, 1951, p. 50). People are capable of self-determination and of determining their own values and goals. The therapist’s approach must be fluid, flexible, developing as the client’s ideas become known and the relationship develops (Rogers, 1951, p. 21). The therapist conveys the attitude, “we’re working on this [the client’s concerns] together, as equals.”

“The counselor’s function is to assume, in so far as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client” (Rogers, 1951, p. 29). Rogers conceived of the counselor’s internal dialog thusly:
To be of assistance to you I will put aside myself—the self of ordinary interaction—and enter into your world of perception as completely as I am able. I will become, in a sense, another self for you—an alter ego of your own attitudes and feelings—a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly (1951, p. 35).

Therapists can also use adjunctive approaches with clients who are otherwise reluctant to engage. Art and music therapy are promising approaches. Therapy animal interventions have the potential to augment motivation of clients, as well as to increase clients’ sense of safety (Chandler, Portrie-Bethke, Barrio Minton, Fernando, & O’Callaghan, 2010). Fearful and angry clients may self-isolate and refuse to talk to a therapist for a variety of reasons. For a client who may not respond to traditional modes of talk therapy initially and who may demonstrate resistance to the therapist, animal-assisted therapy may assist in building rapport, enhancing trust, and imbuing the counseling context with a feeling of safety (Chandler et al., 2010, p. 355). Chandler et al. (2010) found that the unconditional positive regard provided by person-centered counselors using animal-assisted therapy provided the context necessary for clients to increasingly trust themselves and move toward becoming self-actualized (p. 358). Consistent with person-centered thinking, counselors in this milieu allow the client to choose when and how to transition from a healing connection with an animal to a therapeutic alliance with a human being (Chandler et al., 2010, p. 357). Counselors allow for silence as the client shares—verbally or non-verbally—with the animal, not rushing the process. Empowering the client in this non-directive manner allows for the client to decide when/how to “emerge from his protective shell” (Chandler et al., 2010, p. 370). This approach encourages self-acceptance and self-confidence, as well as a greater degree of trust in the relationship.
Suggestions for Future Research

Many questions remain. How do individuals progress from trust to distrust, or vice versa? Are personality types relevant to understanding how individuals develop trust or distrust? For example, per Myers-Briggs, we might wonder if “Feeling” types have a different internal set of principles by which they determine another’s trustworthiness than would “Thinking” types. How would we measure this? Distrust may be an ultimate deal-breaker for someone whose values are contradicted by another, even in a momentary fashion. For example, if a client who is strongly anti-abortion discovers that his/her therapist is strongly pro-choice, even if that is not relevant to the content of therapy, will the client discontinue counseling because s/he can no longer trust the therapist? How would we investigate this?

Is trust more typically enduring or subject to moment-by-moment awareness? If persons with extraversion tend to be more open to discussing problems, does that mean persons preferring introversion are less trusting in general? How relevant to counseling are skepticism and suspicion as individual attributes? Does our valuing of trust in a counseling relationship depend upon our primary theoretical orientation? For example, does a Solution-Focused Brief Therapy practitioner hold lower value for interpersonal trust than would a person-centered therapist? How would we measure such qualities or values, or is that even desirable?

Rogers “believed devoutly in freedom of inquiry and in following the truth no matter where it led” (1961, p. 8). What is the true relationship between “truth” and trust? Does it matter?

It is my hope that other writers will address these questions in subsequent reflection and research, and share their findings with those of us who believe trust is worthy of study.
References


A Person-Centered Life – and Death

Grace Harlow Klein
Center for Human Encouragement

Abstract

A reflection on the life and death of psychologist Armin Klein is written by Dr. Grace Harlow Klein. A statement of experience from several of his clients who helped in his care at the end of his life is included. One of his clients wrote extensively of her experience, “In Therapy with Armin.”

Keywords: Aging, end of life decisions, love, Person-centered life, death

Author Note: Grace Harlow Klein is a psychotherapist and owner of the Center for Human Encouragement in Rochester, NY. She is a poet, writer, workshop facilitator for programs offered by the Center and speaker on empowerment, grief and loss, end-of-life care, and relationships.

www.centerforhumanencouragement.com  www.graceharlowpress.com

Correspondence concerning this article should be addressed to Grace Harlow Klein, 15 Arnold Park, Rochester, NY, 14607 email: ghc@rochester.rr.com

A Person-Centered Life – and Death

For Armin who led the way
    And for
Mary who walked with me

I don’t remember when it became clear to me that Armin was going to die. I remember sitting in the library with him one day. He was in his favorite therapy chair – a big comfortable leather chair. I pulled the hassock up and sat down in front of him. I said, “Armin, there are three things vying to take your life – the prostate cancer, the dementia, and the Parkinson’s. I don’t know which is going to win.”

“Thank you for telling me,” he said.

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There was another time when we must have been close to the subject of his dying, while we were in bed, when he said, “I don’t want to leave you; maybe we can just go together.” I felt how deeply he was regretting leaving me, but I said to him, “I am nine years younger than you, Armin, and I am not done.” We did not discuss his dying again. Now that he is gone I have regretted that I didn’t talk further with him. I now imagine he knew how hard it would be for me without him – sensitive, intuitive, caring person that he was. And he was right.

While I have seen in various places that Armin talked about his fear of dying, there was no evidence of that in his daily life. And not once did he complain or bemoan, why me.

There was one other time that we talked about his dying. Before we met he had loved to hike in the White Mountains of New Hampshire and had told his children he wanted his ashes scattered there. A year or more before he died, while he was still quite able to speak, I asked him what he wanted me to do. He said that he wanted me to take some of his ashes to the cemetery where his parents were buried in Sharon, Massachusetts and scatter them on their graves. But the remainder he wanted me to keep until the end of my life and wherever I went, he wanted to go with me. I agreed. I was a little disconcerted in that I had already written in my poetry that I would like to go back to the family cemetery of my childhood. And Armin has no ties to Kansas! But I knew I would honor his request. My son, Thomas, found the cemetery in Sharon, located the specific graves, and sent a map that stayed in the drawer for some time. I was prepared.

I also went to the Jewish mortuary in Rochester to learn how things are done in the Jewish tradition. I had called and said, “My husband is culturally Jewish and wants to be cremated. Can you help me?” The mortician said yes and I made an appointment. He was very kind and helpful. At times I felt angry with Armin that I was left to figure out what being culturally Jewish meant in this context, but I finally made my own decisions based on what Armin and I liked, beautiful flowers, for example. But I did plan to honor the tradition of having the service as soon as possible after his death.
Armin died as he had lived – with deep openness, empathy and joy in connecting. All he needed was to know that I was there – to be able to see me and hold on to me when he was anxious.

I lived that with him – to his last breath and I want to share with you our journey.

**Background**

My father’s last illness and death in 1992 raised awareness for me of informed consent and created rage about his medical care. Although he had had Alzheimer’s disease for ten years, with the help of my mother, he was still able to function and be out in the community admiring babies, greeting familiar people. On the day he awakened at 6am with pain in his abdomen he said, ”Yes,” when my mother asked if he wanted her to take him to the hospital. By noon he was in surgery for what was diagnosed as a ruptured ulcer. While they warned her he might not live, though almost 84, he was in good physical health and they proceeded. Not once did anyone say what the impact of surgery, anesthesia and hospitalization might be on his compromised mental state from Alzheimer’s disease.

I did not learn about any of this until 4pm.

He died six weeks later, in a nursing home, never recovering from the impact of the surgery. Nor did the surgery solve the problem – and indeed eventually caused his death. Though I was able to say good-bye when I left him the last time and know that he knew me, I was deeply troubled.

I wrote of this experience and presented it in an ethics workshop where I had been invited to speak, “What Have We Done to Him?” (G. Klein 2010, p. 8-11). Because of his Alzheimer’s it was too late for him to have signed Health Care Proxy or Advanced Directive forms by the time they appeared in the culture. But each of us in his family knew that he would not have wanted what happened to him. I still have visions of him which reflect the violation I felt for him. But, I was comforted that we had taken steps to ensure that he would not be returned to the hospital and be allowed to die peacefully. My mother and other family members were with him, my railroad engineer father, when he died, the train
whistle blowing at the end. I gave the eulogy to remember him in appreciation for all that he had meant to me.

Just over five years later, my mother became ill a month after her 80th birthday when all of her extended family had gathered to celebrate with her. A laparoscopy revealed that she had widespread untreatable cancer. She died twenty-two days later in my sister’s home where she had gone to visit. For those twenty-two days we cared for her, in shock that our healthy, vibrant mother was dying. While my family benefitted from the care of hospice nurses and the expertise of my daughter who is a nurse-midwife, I found myself resenting the intrusion – despite the fact that I had always valued hospice for its end of life care. I again gave the eulogy, calling on Elisabeth Kubler-Ross (1992), Living until We Say Good-Bye. A month later I was again on a panel, this time addressing, “After the Supreme Court Decision on Physician Assisted Suicide: Where Do We Go from Here?” And I wrote as The Dean’s Message for the college newsletter, “Empowerment,” about the need for all of us to be responsible for the decisions we need to make about care at the end of our lives and to involve our families in those discussions. So it is clear that these have been important issues for me for a long time.

I realized in that experience with my mother that I saw death as a family matter – despite my long career as a nurse and presence with others in the dying process. It was also a time for me of deep reconnecting with my mother – the last chance to heal something we had both lived with since I was very young.

These experiences and that of the death of my five year old sister when I was fourteen became the focus for my book of poetry and art, A Bridge of Returning (G. Klein 2010). They also laid a foundation for my values with Armin when confronted with his chronic illnesses.

**Armin and Grace – The Grace-Armin Approach**

Armin and I met on the first morning of the First International Forum for the Person-Centered Approach in Qaxtepec, Mexico in June, 1982. The Forum was organized by Alberto Segrera to bring people from all over the world who were involved in the
Person-Centered Approach of Carl Rogers. The purpose was to share their expertise with people in Mexico who would otherwise never have the opportunity to interact with the Person-Centered ideas and people Alberto had met. There were several panels of people who had helped him develop the invitation lists for the conference. It was also the first person-centered conference in which the presentation of papers was a major focus.

Armin and I had traveled different pathways in arriving at that conference. Armin had taken a class from Carl at Harvard Summer School just as he was graduating from Princeton in 1948. An interaction with Carl at the end of that course had a life-changing impact on Armin. Confronted with his father’s wish for him to become a physician and his own interest in psychology, Carl said to him, “But, Armin, what do you want for yourself?” No one had ever asked that of him (A. Klein, 2000). Shortly thereafter Armin entered Teachers’ College, Columbia University to earn a PhD in psychology. Through the efforts of his mentor, Nicholas Hobbs, Armin did his internship with Carl at the Counseling Center in Chicago. When Armin was twenty-two years old and on his way to Chicago, he met Nat Raskin. Nat and Armin became lifelong colleagues and friends and Carl became his lifelong mentor and friend. And along the way he met Gerald Bauman who became his best friend. Thirty-two years later he went to Qaxtepec. He was 54 years old.

I had learned about the Person-Centered Approach through Carl’s writings in my PhD program in Human Development. In the courses on Self Processes in Human Development I had posed deep questions about self and relationships from my own life struggles. Carl’s writings gave me a voice and foundation for articulating my own experiences which I could use to answer my questions. Opportunities followed to attend conferences in La Jolla through the Human Dimensions in Medical Education Program where I first met Carl and later in Gay Swenson’s workshops, “Living Now,” as well as others. I was 45 years old when I arrived in Qaxtepec. Both of us were single but in relationships we were not happy in.

At the breakfast table that morning I introduced myself to Armin who was sitting two seats to my left. The discussion that ensued was about working in institutions. Armin told of his current
experience evaluating a mental health center, to which I responded thoughtfully. It was only later I learned the real story for Armin – that he had sat at the table because his old professor was there – but stayed because of his interest in me! (And that he really did not like institutions!). At the end of that first day standing in line for the cafeteria, I found Armin behind me and he asked me to have dinner with him and with Nat and Nina Raskin. We had already met Carol Wolter-Gustafson and Jean Clark from England.

We spent the week together. One day, walking, Carl approached us and said, “Oh Armin, Oh Grace, I wanted the two of you to meet, but I can see I am too late!” It would feel like a blessing to us later. Though it was not clear between us, by the end of the conference we had each made decisions that we wanted to be together. It just took a little time to work it out!

I moved to Armin’s home in Rochester, New York, with my 16 year-old daughter in January, 1983, continuing to commute to my job in Toledo, Ohio. We were married August 20, 1983 in the backyard of Armin’s old house with a lovely concert by Vivian and Don Weilerstein. You will see them and music appearing at special moments along the way! What brought us together was both attraction and shared values from the person-centered approach. But more importantly, we had each been searching for something not quite known but driving us toward it. Armin wrote a poem for me just two months after we met.

**Tenderness**

What is this deep and overwhelming tenderness?
I thought it our creation
Or your gift to me – starved as I was.
But that would make us precious – or me unworthy.

I sense our tenderness is a vast, echoing cathedral,
A place of reverence – opening.
A place we two stubborn, determined explorers
Have sought forever,
Driven by unconscious visions
And encouraged by but partial successes,
A place we were unable to enter Alone.
Now with you, I am awe-struck
As we walk together in this new world.
Everything is here, even more memories.
Our tenderness is a hallowed place,
With a presence that transforms my life.

Original version
(A. Klein 1982)

I have the poem still. I asked him to include it in what he said to me for our wedding.
Recently I found in his desk a letter I had written to him that same fall. I was sharing with him how we could be together. He was the poetic one; I the one who made things happen!

When we met again in Toronto, he had made a sign – The Grace-Armin approach. And later his car tag, ARM GR – joined!

We were both frightened – having been hurt before – but we forged ahead. Our love grew- and our commitment- as we came to know each other’s stories – the histories of our lives and our struggles. I found a poem recently which Armin had written, “Pain,” beginning “Dearly Beloved, thank you for asking me to tell you about my pain.” And ended, “What remains and stands out even more brilliantly is the deep, beautiful, and powerful unconditionality of your love.” It was written in 2001 (A. Klein, unpublished). In sharing our story on our twenty-fifth anniversary, I wrote, “We found our dreams in each other.” (G. Klein, 2009, 2C).

My daughter, Cindy, at 16, came with me to live in Rochester. Armin’s daughter, Meg, was living with Armin after college and his son John had been there and cycled back before leaving to finish college. Our two older children, Lisa and Shakati Singh, were already in their own lives. All too soon they were all gone.

Armin and I spent the years as a family of two, living with our dogs in his old house. We began to restore the kitchen just before we were married. Many other projects followed in our old house which is an expensive mistress! Our carpenter friend, Gerry
Sharp, did all of the renovations and is permanently painted in the wall mural in the dining room by Bill Middleton, architect, painter, friend. There is Armin at the piano, Gerry, Bill the painter and Grace painting the sun! The house has provided many stories for our life together.

Armin’s clients came to his home as soon as he moved in – thirty five years ago. When I came I was always the phantom wife, leaving flowers, when I left for my work out-of-town. But 15 Arnold Park became our home and a place of healing and the gathering place for our family – an added sixth young adult, Thomas, and eventually our nine grandchildren who lived from coast to coast: New York, New Hampshire, Virginia, Missouri, Oregon and California. The dining room table is the scene of many gatherings of family and friends.

We made adventures too. We traveled to many of the Forums, reuniting with old friends. We went to Provence and had wonderful times alone and with our friends, Bill and Lois. We went to Florence where Armin saw Michelangelo’s David. I thought he would die fulfilled on the spot! We went to an outdoor opera in Italy near the home of Puccini and saw La Turandot, a magnificent way to see and hear opera. And we heard carpenters working on a house, filling the valley with opera music, near the house we rented in Italy.

We had our struggles with each other but we could always talk. And we had a trio with Jerry Bauman, Armin and me to talk about our lives. For many years Jerry came two or three times a year – the guest room was “his room” when he was there - and we had waffles with fresh fruit and maple syrup on Sunday mornings before he left for home. It was a richly shared time as Armin and Jerry continued to be best friends and closer brothers than either of them had shared with their biological brothers. Their annual trips to Warm Springs were another shared experience, often with Nat Raskin, where Armin often shared his poetry. Recently, Jerry gave me the descriptive phrase of “serious talk” about those times we shared. I have found it very helpful.

We organized workshops with other person-centered people to come together to talk about our lives – and grow. It was a very rich life – and we shared it with others in meetings, “Living in Person-Centered Relationships,” which always became mutually

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sharing dialogues. We felt connected to a world larger than our own and we made and kept deep friendships with people as we continued to attend the Forums all over the world.

In 1997 I came home to stay. I am grateful for the fourteen years we had together, given what began to happen shortly after when Armin was first diagnosed with prostate cancer.

Armin continued to write poetry and share it in meetings and with clients. With the help of a friend, we made it into a book, *Songs of Living* (A. Klein, 2008). He continued to write and intended his new songs to be *Songs of Loving*. I am appreciating so much more the power of written words as I go back and see the things Armin had to say about his life. It is comforting to me in his absence. In another vein, he had always wanted to play the piano and began to take lessons from our friend, Vivian Weilerstein. He found a beautiful piano which we have all enjoyed for years. One of the first and biggest losses for Armin was his ability to play the piano as he had memorized everything, not knowing how to easily read the music. He discovered wine from Provence through Kermit Lynch in Berkeley when we went to Chez Panisse for dinner on an annual visit to his son, Shakati Singh. For many years he made friends with the salesmen there and had wine shipped to our home, to be stored in the basement vault which was his wine cellar. We even visited two of our favorite wineries in Provence on one of our travels there. Everywhere, we had adventures, made friends and each of us became more open, less shy and more comfortable with ourselves.

**Medical History**

By the time we had seen four neurologists for Alzheimer’s and Parkinson’s I had figured out that there were no more treatments to be had. The prostate cancer was treated; recurred, treated another way; recurred, and finally kept at bay with hormone treatments. There was much fear and many losses during those years, but we got what was available, grieved, raged and returned to living.
The Beginning of the End

In May, 2008, I planned an 80th birthday celebration for Armin, honoring his 58 years as a psychotherapist in the person-centered tradition. Our friends, Vivian and Don Weilerstein, and their daughter, Alisa, who is Armin’s god-daughter, played a beautiful concert for him in a lovely old concert hall of the Eastman School of Music. The night before our family and friends gathered for dinner to recognize and celebrate Armin’s life. Many spoke of what he had meant to them. I was satisfied when Armin said, “I know my life has been worthwhile and that I am loved.” I wanted him to know what he had meant to so many people while he could still hear and appreciate their love. The photographs and DVD we made from the occasion are priceless gifts of memory. A book is in process.

The last trip we made to France was in 2009. We rented a house in Provence alone for the first week. The second week our friend, Bill, joined us and the third week we went to visit Julius Huisinga at his summer home in France for an artist’s workshop.

I took a wheelchair for helping Armin with the travel. He didn’t like it, but consented. He was still able to walk short distances. We had a marvelous time. We spent a few days in Paris with Bill at the end. In the Louvre we turned a corner and were admitted inside the roped off area with Armin in the wheelchair. We were right in front of the Mona Lisa!

Our bedroom and bath were being renovated while we were away with Bill, the architect, making certain everything was handicapped accessible. Our resident carpenter, Gerry, and his crew did a beautiful job, but did not finish until two days before Thanksgiving. By then, I was over the top! But I still hoped we could go once more to France.

The next two years were a downward trajectory – Armin would lose some capability – I would cope - and grieve. And then we would get back to enjoying life. I began to do the driving and went to the bank with him. He would take his deposit slips as he had always done, ask for his balance, ask the teller to move money to his checking account. It was only later when I found a year of unopened bank statements that I realized how he had coped – by charming the
tellers who had helped him manage long after he was really able to do so. By then I was in charge of managing all of our finances which was very difficult. We had never even put our money together nor developed a budget! – not too responsible of us. But now it was mine to manage.

We bought a new car when mine needed expensive repairs. We chose it together and bought one large enough for his long legs for him to be comfortable and with the top-of-the-line music system – two of his passions – cars and music. But he never drove it. I continued to take him out driving in his car on Sunday mornings to the parkway where there was very little traffic. He had promised me his car would not sit another winter. When I told him I had a buyer for his car, he said, “No.” I reminded him of his promise and he let me sell the car without further objection. I had helped him keep driving as long as possible. It was hard for both of us to let it go. But he was totally comfortable riding in the new car with me and some of our happiest most relaxed times were driving to New York listening to beautiful music. I still feel him with me in the car when I play the music and reach out to touch him.

We continued to attend the Symphony and Chamber Music Society concerts even through the last fall. The theater had become too complicated for him to enjoy, but he loved the music. It took a lot of effort to navigate finding handicapped accessible services to make it possible. The ushers at the symphony were especially helpful. The new box seats had accessible spaces which I was able to arrange for the last year, and were accompanied by valet parking. That made it possible to continue to attend concerts all through the last year, including the Rochester winters.

**Tending to Business**

Although it took a while to work out, within three years of our marriage Armin put my name on the deed to his house – which I was contributing to financially. It took a bit longer but we made wills and signed health care proxy, advanced directives and power of attorney documents – and updated them. Our disagreements were small and resolved, treating all of our children equally in our wills, making each other our health care proxies and one of our children
the second person. We had complete agreement on not wanting extraordinary measures at the end of our lives.

**Informed Consent.**

In February, 2009, I made an appointment with Dr. Timothy Quill who was now head of the Palliative Care Program at Strong Memorial Hospital at the University of Rochester. He had been Armin’s internist for ten years, leaving his practice to head the new palliative care program. I thought Armin would be reassured knowing Tim would be helping to care for him. They greeted each other with great fondness.

Tim asked Armin about his wishes and helped him to sign the new MOLST forms for New York State (Medical Orders for Life-Sustaining Treatment). The new forms were more explicit than previous versions we had each signed – but consistent in limiting medical interventions, including no hospitalization, no feeding tube, no intubation and Do Not Resuscitate (DNR). While I do not know if Armin understood the implications of what he was signing, I was in full agreement and they were consistent with earlier versions we had each signed.

We continued to see Dr. Quill every three months. He was very helpful to me in sorting out recommendations made by the neurologists, urologists and internists so that Armin was not subjected to useless medical diagnostic or treatment modalities which would not extend his life. Quality of life and Armin’s comfort were the only criteria we used in decisions about his care.

Despite my commitment to these objectives I was frightened about how Armin’s medical conditions would play out – would it be the prostate cancer with bone metastases, which is very painful, that would gain control? Knowing that Armin did not tolerate pain at all, this possibility left me frightened. But would it be better to stop the treatment – even with those outcomes- rather than have Armin live in a declined state of Alzheimer’s when he would be neither aware nor have any quality of life. Tim was a steady voice as I struggled with decisions to do – or not do – in keeping with Armin’s wishes.

Knowing that surgery, anesthesia and hospitalization have devastating effects on the mental status of older people, I hoped
Armin, above all, would not fall and break a hip. That would be the worst – fortunately we did not have to cross that bridge. Armin died having had only one unnecessary x-ray of his back – a consent I did not catch to prevent when he was having lower back pain. The pain was temporary and did not return. But the x-ray was useless in that it revealed only what we already knew – that Armin had metastases in his bones from the prostate cancer.

**Family**

Our family of six grown children who live across the country is not a blended family. Despite our hopes, it was too late for that to happen. We became a traveling family, visiting our six children and they us, celebrating marriages and arrivals of new children to our current nine. Only for our wedding, our 10th anniversary and Armin’s 80th birthday were we all together and even then someone was usually missing. Oh yes, I think there was also a 20th anniversary and Armin’s 75th or something like that. And there was an earlier birthday when Don and Vivian played a concert again for us, and Alisa, age 13, played Happy Birthday to Armin on her cello!

Armin had a special relationship with Molly, Meg and Tim’s daughter, whom he encouraged and helped her start her interest in music. They wrote poetry to each other and Molly painted for him; they shared the hope of drinking margaritas together on her 21st birthday. Katie, Lisa and Chris’s daughter, and Molly sang for Armin at his 80th birthday celebration and Cindy’s family, Mairead and Caitrin, with their dad, Keith, did Irish dancing. Katie, Jacob, Mairead and Caitrin each made beautiful books about *Remembering Grandpa Armin* the first Christmas after his death. And Jacob, grown tall to 6’1” took his young adult wardrobe from Armin’s closet after his death. He looked so handsome in his grandpa’s tuxedo for his senior prom with his beautiful girlfriend, Zoe.

As Armin’s health problems escalated, I developed a group email of family and close friends to keep people updated. In June of that last year, Armin’s children, Shakati Singh, Meg and John came to visit. I called a family meeting to talk with them about the ending process – did they want to be called as the end neared, Armin’s wishes from my discussion with him and the plan to have one
service immediately after his death and then set a date for the Memorial Service to give everyone time to arrange travel. They agreed on the plan for the memorial service.

Thomas has called me on almost every Sunday for a long time. It was especially important that we continue to connect through Armin’s long illness and his visits were important times for us to talk, to remain in contact through the changing chapters of his life and what was happening in mine. I am grateful for his presence and support.

Cindy and her family came as well, the girls enjoying the summer visits to our swimming pool. Their energy and enthusiasm for visits to Granny’s house were a source of joy and the photographs of all of our grandchildren remain in our home, marking their growth and special events. Our last Christmas together, with Lisa and Cindy and their families, we all went to Florida where we were able to go to the beach, drive Armin around in the golf cart and share an evening cruise to see the dolphins. It was very special, especially the photographs which remind us of that time.

The holiday visits of all of my children at Christmas and of John’s family for Thanksgiving were place markers for the normal life we had created together and shared.

Friends

Several of our long-time friends came to spend time with Armin. Lew Ward-Baker came to play the piano and sing for Armin; Pat and I met for breakfast to make an effort to stay in touch with what was happening in our lives. Elaine and Bruce Fredericks came for dinner at our home and we in theirs, as we did with Lew and Pat. Bruce came many times to be with Armin and always asked if there were things he could do to help. They watched DVDs together, especially the National Parks Series by Ken Burns. Howie Kirshenbaum came regularly with his computer to bring photos of his travels to share with Armin. Each person brought long-standing friendship to the visits and made efforts to connect with Armin in ways that were both familiar and within his ability to enjoy. I was grateful for their visits and the pleasure and company they provided to Armin. Our friend, Bill Middleton, came on several occasions,
recalling their history of sitting in the backyard, talking about their wives while Bill smoked his cigars!

Our long-time friend and traveling partner, Lois Evans, came as well that fall to spend time with us.

Armin’s Care

I was determined to care for Armin at home. We had purchased long-term care insurance to help pay for the costs of care, if needed. As Armin’s needs increased it became more confining for me – and difficult to care for him and for all the business of running our practice and our household – and to have any time to take care of myself. I realized instantly one day that my daughter, Lisa, was NOW my health care proxy – and that we had not discussed my wishes. She was coming for a visit – and I asked my other children, Cindy and Thomas, to come at the same time. We sat in the same library where Armin and I had talked of his death, now mine, as I expressed my wishes – that I would want assisted suicide if it were legal (always wanting to be in control!) but in its absence that I would want no extraordinary measures – only comfort. Could each of them do that for me? They agreed. I felt secure knowing they each had heard the same thing, would be able to support each other and stand up to “the system” as necessary (especially the two who are experienced nurses!). With that, I changed my health care proxy to include all three of them. Since each lives away from Rochester, I knew it would be unpredictable who could get there first in case of any emergency.

They encouraged me to get help in Armin’s care. I chose a friend we had known for many years – one whom Armin would be comfortable with. I gave up three hours a week of our privacy to have Kathy come and for me to be away. Armin did well except that he did not want her help with the bathroom (even when he needed it). But they worked it out when it was necessary. She asked him once if he was angry with her and he said, “Yes,” a most infrequent thing for him to express or acknowledge.

When Armin could no longer take a shower alone I took mine with him. It is not fun to get wet trying to help someone – so we just took it together and that worked for many months.
When I found myself yelling at Armin in the shower – the one thing he hated most was my yelling at him – I stopped to figure out what was happening. To appreciate, you must see Armin at 6’, 185# and me at 5’2” and much less in weight! He had lost strength to the point I was frightened with him in the shower. A fall would be devastating and in the bathroom, the worst – and I realized I had to ask for help.

One might glimpse my priority – to protect our relationship – to continue our life together no matter what it took. It wasn’t just for Armin – it was for me as well – to not turn him into a medical condition or patient nor me into a care-giver. He was a person, as was I, and our relationship the most important to protect.

The first step was to deal with Armin’s long-term care insurance – and its requirements. He was certified for care on February 28, 2011 on the basis of his inability to perform a certain number of activities of daily living. Though I had collected sources of help ahead, it was hard to find people who were certified as Home Health Aides – a requirement for his insurance. An acquaintance told me of an agency which her parents had used and been pleased with their services. I met with them and they sent Steve Nichols. He and Armin connected at once – and Steve stayed with us until Armin’s death – at first three mornings a week for three hours and eventually six mornings a week. Steve would do Armin’s shower by putting him in the shower chair and wheeling him into the handicapped accessible bathroom – thank you Bill and Gerry! And then dressed him in the clothes I selected for him – always things Armin liked such as his soft cashmere shirts in cold weather and always his stylish sports coats.

The issue of Armin’s size was always a difficult factor in his care – and Steve was not a large man. So we did it together. After a certain point in the process Steve could handle Armin alone – and I was free to see clients or run errands.

Armin’s favorite breakfast was waffles with fresh fruit and warm maple syrup (He ate two gallons in the last year!). He would eat it every day – but some days he had to eat cereal – you can guess why! He and Steve enjoyed this time together and some days Steve would take him in the wheelchair to the coffee shop around the corner. I also experienced in this process the disaster of trying to use...
a wheelchair on our neighborhood sidewalks which were in such poor condition.

Our Work

Armin continued his work with clients through all the sequences of his illnesses. When he had daily radiation treatments, he never missed a day of work – it was what he held onto to maintain control. It was especially difficult for me to be “outside” that client priority but we got through it and he eventually regained his strength and returned to our normal life.

We had co-facilitated the therapy group for now ten years and I had increased my practice substantially over the last three years. It was a difficult time when I had to say that Armin was not accepting new clients. Some chose to come to see me; others not.

As clients reached their own points of need, things shifted. When I invited friends in a holiday letter to visit Armin, one client asked for an additional hour with him alone which gave her two hours alone, as well as one with Armin and me. (Her statement of her experience with Armin is in the ending of this paper). She also recorded some of her sessions with Armin and shared them with me which is an enormous gift. Another, when the lack of Armin’s speech bothered him, I joined his therapy hour from a place of our ongoing relationship in his couples therapy. Another continued to see Armin alone as she had done for years until the last week of his life. The day came in this process when I told Armin’s two clients that his practice was now closed, but that they were welcome to continue to see him as they chose. With my new clients, some were comfortable with Armin’s presence when asked; others not and I scheduled those when the Home Health Aide was here. One new client who was a hospice nurse said, “It felt comfortable to have Armin there in his chair and it seemed that he connected deeply to what we were talking about.”

Armin continued in all of these times to be the warm open presence he had always been. Sometimes he would say something that seemed “right on” despite the loss of his usual language and cognitive functioning. He seemed to me to be only love, warmth and
empathy during all of that time – the deep openness he had written of (A. Klein 2001).

As Armin’s mobility became impaired it was a challenge to get him from his therapy chair into the wheelchair. Clients began to help me help him stand – and eventually lift him – into the wheelchair.

David was the first to help – and then offered to help me walk Armin up the stairs. There was a night when I could not get Armin down the porch stairs to go out. He was too frightened by the stairs and said, “Yes,” when I asked him if he wanted to go back into the house. I ordered the construction for the porch lift and chair lift for the stairs the next day (in April). In late June, as David and I lifted one foot after another up the stairs, we knew David was at the end of his physical strength and that it was a race whether the chair lift would arrive in time. It did - just barely.

Another client, Pete, ran out of money and I asked if he would help me with Armin going up the stairs at night. He lived very near and readily agreed. He began in late June to lift Armin onto the chair lift – and off at the top - and to lift him into bed. One night, as I was cleaning Armin after he was in bed, Pete stepped forward to help. I knew then that he knew how to do this. Pete’s therapy progressed and he began to explore options for returning to his work life as a chef. I thought he would leave in two weeks. One night, as we put Armin to bed, he said, “Can we talk? I can’t wait until Friday” (his appointment day. It was Wednesday).

We sat in the library at 10 at night and he asked me how I intended to care for Armin. I said I would care for him at home and pay for help through the long-term care insurance. Pete said, “I want to stay and help you.”

I was speechless. I could not get my brain to comprehend what he was saying – and that in future discussions that he was prepared to stay for a year! It took a few days and discussions to come to an agreement:

- that Pete would come to live with us
- that he would help in Armin’s care
- that he would take the Home Health Aide training which I would pay for
- that he would cook for us!

that I would pay him through the long-term care insurance
(which required that he was certified)
Pete moved in on September 23rd. His knowledge from
caring for his grandparents and other life experiences, his size and
his strength made it possible for us to care for Armin – continuing
the help of Steve. Only gradually did I come to know that Pete has a
passion about caring for people at the end of life and a sophisticated
understanding that all that matters is comfort and choice.

On Labor Day weekend, Sarah had come back to Rochester
to stay with me. Also a client, she had gone home after graduating
from the University of Rochester. She came back to pursue her plan
to find work with children. She offered to help with Armin – and did
– especially staying with him when I had clients whom Armin did
not know. She was caring in wanting to understand his needs, the
greatest of which was to come for me when Armin needed me.

Hospice

When two people asked me if I were using hospice, I called
them and a nurse came for the initial consultation. She explained the
services and the visits required. (Remember my experience with my
mother). I said I wasn’t ready – to give up the privacy for our
relationship. But two days later Armin developed a skin breakdown
on his back due to his incontinence. I did not know how to treat it
and called hospice. They came immediately, provided supplies,
expert knowledge and the same day an expensive mattress for the
bed and pad for the wheelchair. We became a team with Lisa, the
nurse, Karl a home health aide, Pete, Steve, Sarah and I now caring
for Armin. It was very helpful in many practical ways. Karl came in
the evening to help Armin to the bathroom to try to prevent further
skin breakdown. He was very experienced with equipment and
became an important resource for how to cope with both mobility
and incontinence issues. A massage therapist, Jean, also volunteered
to come weekly to give Armin a relaxing massage. All of this
experience was very supportive in both practical and other ways.
The process of having people in our home, with opinions of what I
should be doing for Armin’s care, was not always pleasant. But Lisa
was most supportive of me in my wishes for Armin’s care and I

prevailed. His skin breakdown did not ever completely heal and was
the source of the only discomfort Armin experienced – when Pete
would lift him it was impossible not to touch it. It was very hard for
Pete, knowing he was hurting Armin. But as soon as Armin was in
the bed or in his chair, he was comfortable. Hospice also provided a
Comfort Kit and Lisa reviewed the instructions with me about the
medication for pain and breathing support which might be needed at
the end.

There was one time that Armin had a fever and the nurse
came. Armin was not very alert during that time, but I decided not to
call the physician or to have him order antibiotics and Armin’s fever
subsided in two days. Lisa commented that at that point she knew I
understood what Hospice was about.

Our clients continued to provide a source of focus for me. It
was challenging, satisfying and stimulating to work with them.
Their acceptance and valuing of Armin was touching to me and
rewarding to see both of them continuing to connect in loving ways.
There were a lot of kisses at the end of every group and Armin
remained his most engaged self in those times with clients in their
weekly visits, listening to their talking as he had always valued in his
work. In addition, the clients continued their therapy uninterrupted
and participated in this natural process of maintaining Armin’s
involvement in life through the ending of his life. We continue to
support each other in grieving and missing him now that he is gone,
with someone saying, ”I miss Armin in his chair,” or another
remembering and sharing something Armin had said to them in their
therapy.

My daughter, Lisa, came again from Oregon that last year for
my birthday and stayed a week. She was able to help in Armin’s
care, was supportive to me, but said she gained the most for herself –
in part, realizing she had let pass an opportunity to get to know a
really remarkable man.
What remained normal for me was getting in bed every night with
Armin – as we had always done. I did Sudoku – which Armin never
understood -- read, wrote poetry and then when I could finally sleep,
wrapped my arms and legs around him. It kept us connected and me
sane.
The Ending

Armin continued to be with clients until the last week of his life. I don’t remember exactly why he was not able to go to the library that last week. But, our friend, Bill Middleton came for a week and spent time with him for the last time. I began to call people to tell them it was time to come if they wanted to say good-bye. On Tuesday, I wrote to Armin’s children and told them if they wanted to see Armin alive, it was time to come. His daughter, Meg, wrote that she was coming on Saturday and bringing her daughter, Janey, who also wanted to come.

One of Armin’s dearest clients came that week with her new grandson, Cameron Joseph, to say good-bye. She remarked recently how handsome he looked and how much we had preserved his dignity.

That Saturday morning Pete and I were able to help Armin into the shower, but we looked at each other as if to say it was the last time. Two of our clients came to say good-by. One was crying as she had just found the email and voice message I had left for her. Armin was visibly empathic to her in her crying. Later, Meg and Janey arrived. I had left a message for Meg as they arrived at the airport saying to come now; that I thought Armin was waiting for her.

Armin was in his chair, dressed in his cashmere shirt with his gold watch. He looked great! He was alert to Meg and Janey and they stayed to visit with him for an hour.

That was the last time he was up.

We stayed with Armin continuously. When Meg left on Monday morning, it looked as if Armin was dying, but it did not come that day.

I went to bed with him that Monday night as usual, but awakened at 3am, perhaps aware that something was changing. I lay beside him, touching, holding, loving and protecting him that his ending would be peaceful.

Sarah and Pete were with me and with Armin until the end at 6am. We played his favorite music, Beethoven’s Violin Concerto, which he had listened to with his father and Pete’s favorite, Mussorgsky’s Pictures at an Exhibition. I told him of our wonderful
times in Provence, remembering the sun, the garden, how happy we were together. I am still unbearably sad as I write this. Armin died peacefully with me beside him. It was November 15, 2011.

I have small regrets, but I felt and feel an enormous sense of gratitude that I was able to accomplish what I so wanted to do: to care for Armin at home, to preserve our relationship to the end and to maintain his functioning and dignity and engagement with people to the end of his life. I am enormously grateful to our clients, and especially to David, Sarah and Pete, who helped me care for him beyond any imagined possibility. It was a journey with profound learning and growth.

**The Memorial Service**

Thomas and Cindy arrived the same day that Armin died. Thomas came early and went with me to the mortuary and at his initiation they were able to arrange the cremation so that Armin’s remains would be there the following day for the service. He also has a deep sense of ritual and arranged with me the dining room to serve as our gathering place. Of course, it would be run as a group, with everyone having an opportunity to speak as they wished. I have a large screen in the room which holds votive candles and each person who spoke lit a candle for Armin. Some of the clients came and spoke, sharing their love for and experiences with Armin.

There were beautiful flowers from my favorite store, Sassafras, some of them a gift from my sister and her family.

And Pete prepared a lovely meal for all of us to share at the end.

Three weeks later, with all of Armin’s children present, we gathered again for an Open House in the afternoon and a service at 6pm for family and friends. One of my clients played his guitar; others spoke. Molly played her guitar and sang the beautiful song she had written, “Holding Hands” (Trull, 2011), expressing so beautifully her love for her grandpa and for us.

My sister, Coralie and brother, Jim, were here, but my children not, leaving the space for Armin’s children to share this time alone, with old friends from their growing up in Rochester. My children would come again at Christmas when I would need them.

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We marked the ending of Armin’s life here, but not the ending of the impact he has had on so many people in his life as father, therapist, friend and my love.

In the spring, our friend from Qaxtepec, Carol Wolter-Gustafson and I took some of Armin’s ashes to the cemetery in Sharon and spread them on the graves of his parents. We gave thanks to those who had given him life for the enormous gifts he gave to all of us. The rest remain with me for the ending of my life and our last travel together. But, in August, I will go to Provence to the first house we rented and begin to write our love story, The Grace-Armin Approach.

Caring for Armin with Unusual Help of our Clients: The Voices of the Clients

Shortly after Armin’s death, Sarah sat with me in the library and began to talk about her experience with Armin. I realized immediately that what she was saying was important to her healing and wrote it down for her. From that she wrote the following for this account:

“What Armin Meant to Me” - Sarah

When I was with him I could be the kind of person I want to be—kind, sensitive, and helpful. I wasn’t afraid of him. The more time I spent with him, it seems like the less afraid I was of other people. I could sing with him, and draw, and be open.

One thing I learned from Armin was to speak from the heart, because he did it constantly. It seemed like the best way.

To have a meaningful conversation with him, I had to be open, even when it seemed stupid because it felt like I was somehow unworthy to acknowledge what he was going through—that I couldn’t possibly understand.

I remember one day, when he was having a harder time speaking or understanding me, I just got down on my knees and held his hand and said “I know it’s really hard for you and I’m sorry that you have so much trouble.” It seemed to help.
He had gotten frustrated, and then he relaxed, smiled when I talked to him. He squeezed my hand. He might have said, “Thank you”—something like that. I think that was the first time I hugged him. Then when I tried to get up, he wouldn’t let me go. I think I did get a little nervous that he wouldn’t let me go—ever.

I didn’t want him to feel like he bothered me. I wanted him to know that I accepted him completely, and that the trouble he had wasn’t who he was, that it didn’t get in the way.

I realized that I would never understand Armin unless I was open to him.

When he was in his reclining chair—I wanted to find the right place for him, the right amount of recline, his feet up. I finally figured out the process for how to help him find it. First I had to give up what didn’t work—like moving him and asking: “Is this good? Is this good?” I learned to put him in one position, sit with him for a while, and watch how he moved. Sometimes he would sit up a little, and I would raise his chair back a little. Sometimes he would push his head into the rest, and I would lower it back down. It always felt strangely rewarding. He would lay back and sigh—then I knew I had him—and he would close his eyes. It’s funny the things that seem important. At the time, it seemed vitally important that Armin be in the perfect position.

There was one day when I taught him how to use the remote—he would play with the buttons, up and down. He couldn’t do it again, but that one day he did it.

I teased him that he was feeding the mice, and he always seemed to think that was funny. That reminds me of the whole ordeal with the rat we caught, and what to do with it. Grace and I agreed that we would say that Gerry let it go in the park. I remember telling Armin what was going on, and that Gerry let it go in the park, and he laughed at me! I can still see him at that moment. He didn’t believe me. He knew I was deluding myself.

Grace: You were his watchdog, Sarah, to see that he got enough of my attention.

I don’t know how he did this, but his face just conveyed—“I miss Grace.” It was in one of my drawings, where he looked a little bit sad. He would just go inward. I noticed it when I was drawing the details of his face—do you miss Grace? “Yes.” Do you want me
to bring you to her? “Yes.” I think that was the first time I interrupted you with a client. “Okay, we’ll go.” He said, “Thank you!” He was so happy to see you. It was beautiful.

Grace: I am glad you saw that.
He really loved you—more than I’ve ever known anyone to love someone, and it was returned equally.

I don’t know how to explain it, but it feels like he is still here—when you got up to answer the phone just then, Armin and I were laughing together. It made me feel good.

Looking back, there was at least one day where I think Armin saw himself as my therapist. We were sitting in the library after Armin had a session with a client. I sat down and there was a pause of silence, followed by, “Why are you here?”

At the time, I interpreted this as a question of my presence in his home. In retrospect, it feels like Armin was just doing what came naturally—being a psychotherapist. At any rate, I answered him very simply. He acknowledged me with a concerned, sad, “Oh.” He said it in a way that communicated clearly that he was open and available to hearing more, but not pushing. I continued to tell him the story of how it was for me at that time and that I had come to stay. He answered me with an emphatic, “Good,” the force of which surprised me and shocked me into really understanding the level of his concern for me.

In April, after Armin’s death, six clients and I attended the meeting of the Rochester Area Person-Centered Association, RAPCA, to share the experience, “Caring for Armin with Unusual Help of Our Clients.” As we introduced ourselves at the beginning of the meeting, Denise said, “I’m with Grace.” Each followed in the same way as the introductions reached them. I felt very touched and supported. Each of them has given their consent for this account of their experience to be shared.

David shared that, in great pain, he found Armin’s smiling face on the Psychology Today website and learned that Armin lived only two blocks from his house. He arrived at the front door at 9am and I answered. He asked if Armin was available and I said, “He is resting after the Y but I will check with him.” David waited in the library and a few minutes later, Armin appeared. Even that process amazed him. Later, when he was frustrated with Armin’s inability to
talk, Armin said, “My wife is a therapist.” And David became my client, meeting with both of us and joining the group.

David said that helping to care for Armin helped him to feel needed and to emerge from his depression.

Denise recalled that she came to see Armin in great distress when the internship for her master’s program in school counseling fell apart. She wrote recently about her first impression,

“I drove into the driveway and in front of me I see a car. The license had ARM GR. And the first thought I had was: Oh great, he wants his vanity plate to read Armin the Great! What am I getting myself into? I must have had some reservations for my mind to go to such a conclusion so quickly. Needless to say, he was great in so many ways and I am glad that our paths have crossed because he has given me so many gifts, including my relationship with Grace.”

Her husband remarked recently that if that painful experience in her internship had not happened, she would not have met Armin. She also joined the group and continued her therapy with Armin and then later with both of us.

She wrote a journal entry on November 9th, 2011, “Armin on the brain…-

-building more than a therapeutic relationship, he was building a human connection

-extending not only a listening ear, a helping hand, and accepting smile, but also his heart and soul

-waiting for life to leave, waiting for life to enter, forgetting to embrace the life in front of you (Armin’s presence reminded me to take in the life right now, which he did every day).”

“Meditations on Armin” - Annie

Annie wrote, “While searching the internet for a person-centered therapist, I came across a picture of Armin Klein wearing a warm smile that I would come to know well. When I called, Grace answered and disclosed that while Armin was still seeing existing clients, he had dementia and was not taking new clients. However, she said that she was also a therapist and currently accepting new clients. Grace asked whether I would like it if Armin sat in on our sessions and I said I would. Grace, picking up on my acute distress,
asked if I would like to come over now. I did and was so thankful for this first of many kindnesses. She told me their address and it made me smile because it was right across the street.

Armin missed only a few of our sessions and I always felt a lift when I walked into the room and he smiled and made some vocalization of recognition and greeting. At the time I knew Armin he was largely unable to speak but he was a master of communication in the ways that really matter. His smile, face and body conveyed an incredible openness as if to say, ‘Here I am and I am present with you.’ At some of the most poignant moments in our sessions, Armin would offer an empathic utterance that allowed me to go deeper into the painful emotion. There were many selfish times where I wanted more, wanted to know what was going on in that great mind. But what he offered was better: a therapist and a man distilled, allowing him to be fully open, empathic and compassionate. When I left I always gave Armin a hug and a kiss. In turn, he would kiss me on the cheek or take my hand and gently kiss it, always the consummate gentleman.

The last day that Armin was able to be up Grace and I sat with him and looked through their wedding album. Grace spoke to Armin and me about their incredible love story, a love I witnessed every day I knew them. I have thought about Armin often since his death but during my session today, I felt his presence and it made me cry both for the much-needed warmth he emanated and because I miss him. I not only miss Armin, I miss the community that came together to support Grace and Armin. The love and devotion expressed by family, friends, and clients is a testament to the incredible impact Armin and Grace had on each of us. It was a gift to feel part of the kinetic atmosphere created by Grace and Armin’s love for each other. I would watch him watching her or see her whisper to him as she set down his drink and these exchanges spoke volumes about where they had been and the intimate connection they continued to share. At those times they lived in a universe of two. I will call on these experiences, these gifts, these lessons for which I am infinitely grateful.

Pete said, ‘I didn’t know Armin. But when Grace asked me to help her with Armin, I quickly learned what he needed. As things progressed, I wanted to stay and help her. What she wanted to do

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was what I knew that matters – to provide comfort and choices to people at the end of life.”

Josephine Gaeffke shared with us her experience. She was one of the two people who continued to see Armin alone until the end of his life. She shares the experience eloquently.

“In Therapy with Armin: 2003-2011” - Josephine Gaeffke

I was a client of Armin Klein from 2003 until a week before he died in 2011. I was in individual therapy with him through all those years. From 2009 onward, I was in group, couple, and individual sessions with Grace accompanied by Armin until he passed away. In 2010, Grace sent a letter inviting her clients and friends to visit with Armin. She left it very open what kind of help we might offer, so I asked her to have some more time for individual sessions with Armin. At first, I thought this might free up more time for Grace to do things for herself, but in the end I was very happy when she agreed to my proposal, because these “Armin Sessions” as I called the therapy I had with him in the waning of his physical existence, were so very helpful to me. It was an awesome experience to feel how his love and caring would shine through the seemingly impenetrable barriers of Armin’s silence and his inability to move. The Armin Sessions also felt like a very safe place to express myself in writing and out loud, and not to fear to tell my story honestly, openly, and deeply. These sessions helped me build confidence in myself, because I really was on my own. I had to find my own way to get back on the stage.

When I first came to Armin, he was fully capable of communicating verbally his great intelligence, culture, humor, wit, caring, openness, and great ability to love. But he said very little and I would get frustrated that he would never answer my questions. I wished simply to be told do A, B and C, so I could “escape” therapy quickly and go perform without memory slips. At that time I thought the only thing between myself and happiness was to have no more memory slips. After many years I realize I was right, not having memory slips is related to happiness, but a happiness that you can feel only if you have experienced the deepest pain. I had not only forgotten a few notes, I had forgotten extremely painful childhood
memories. To play without forgetting those notes and to achieve a deep infinitely rich happiness, I had to immerse myself in the pain of my forgotten past. To find ways into that place that terrified me so very much, was extremely difficult.

Armin never told me how to get to those buried places even when he could, however every word that Armin said helped me voyage there. Armin’s words were like springboards. As I am slowly becoming a person these words and phrases spring more and more powerfully. Even at the beginning when those words seemed so mysterious, I sensed there was something important in them. When I first started recording our sessions perhaps I already sensed that, since forgetting was my special way of avoiding my pain, recording our sessions would hold on these portals into my inner self. Or perhaps, at first I was mostly in awe of Armin as an important man, so I thought his words must be important. With his characteristic openness to whatever ideas I had, he let me record our sessions. At home I would listen to my recordings, copy down what he said and then erase the recording, because I hated hearing myself so intensely, not yet being able to value myself. When he stopped speaking I stopped recording, until he died. I am so grateful that I did keep a few recorded sessions, which now that he is not physically with us anymore, are extremely moving to listen to. Listening to these recordings so many years later, I realized not only how precious whatever he had to say was to me, and how I could still grow from those comments. I also realized how helpful it was to hear myself. Now I record myself and continue my “Armin Sessions.” I imagine he is there, and I go directly to my business of mourning my deeply buried past. Not only Armin’s words, but also physical presence with his warm and kind way of being were powerful healing tools for me. And the memory of these continues to give me company in my lonely journey.

Armin at first suggested I write. I would write at first on scraps of paper what he would say. When he could not talk or move any more I felt somewhat less terrified, and I dared to start simply writing down every word I said as Armin sat with me and smiled encouragingly. I would start crying as soon as I started writing. Even now when I reread those late Armin Sessions, I am deeply

touched, and I feel I can grow more from those Armin Sessions I recorded in writing.

From the beginning of my therapy I realized I needed to say out loud whatever popped into my head so I could learn from myself. That was somewhat possible when Armin was in possession of speech and movement. But as he lost those blessings, even I could see that my fear that Armin would hurt me violently, physically, and mentally was not reality, and I could begin to grasp that it was my childhood reality. So when Armin could not speak or move it was easier for me to open up, and I was able to start going deeper into the most intense childhood fears and pain. I knew he could not make fun of me or tell on me. I felt safest with Armin when only his smiling face remained.

Armin was always the person I feared least in the world, because he always was so encouraging. He was always accepting, and always listened deeply to whatever I managed to say. He made me feel for the first time in my life important and valued. He even rejoiced when I managed to express my rage, and cried of joy when I started to express myself. This warm understanding that I felt from him did not diminish when he lost his ability to speak or move. When he had been settled into his special chair, he looked so delighted to be there to listen to me. It moved me deeply. With whatever he could, he would express the same warmth, caring, and love he always seemed to feel for me. It just became more precious to me, because it seemed such a miracle of the life force. His love, warmth and caring overcame even the harsh diseases that brought on his end.

When I first began therapy with Armin, at the close of the session, he would often say something encouraging as I was bidding him goodbye. Even in the last year of his life, he managed twice to keep on encouraging me verbally. Just as it had been in my early sessions, his last words to me were the usual words of encouragement as I was bidding him goodbye after my session with him. Once that year he said, “It is wonderful!” At another time he managed say “You are brilliant!” Because I sensed he struggled so much to break through the barriers of his silence, I found the strength to break through the barrier of my pain to let them in.
Armin also helped me very directly with my music. He loved classical music, and he showed me how intensely I loved it too. He was open to coming to my house to have a few sessions as I played my harpsichord. Those sessions were very intense, but Armin at that time seemed extremely threatening to me outside of his chair, his wood-paneled consultation room, and in the role of listener to music. It became easier for me when he could not come anymore to my house, and could not say anything that I could twist about to make into a criticism of myself. In those Armin Sessions, I would bring a recording of a performance, and I would try to put words to the emotions I had while playing for the audience. That gave me the idea that in the music I was working on – the Goldberg Variations- each variation actually helped me access specific traumatic childhood memories. No wonder I had memory slips. That is a lot easier than going into that pain of my past. So with Armin’s help, not only am I working on a CD of the Goldberg and book about its theory and history. I also am including in the book, an in depth explanation how each variation is a portal to my forgotten and traumatic past, to illustrate an aspect of the tremendous healing power of this music.

For me Armin was most helpful at the end of his life, and even more helpful now where his kind, smiling, encouraging face is a powerful presence in my inner safe haven.

I feel very privileged to have known Armin Klein. I feel extremely fortunate that I was part of his dying process, because it gave me so many powerful opportunities for my inner healing and enriching my life. Thank you Armin and Grace for making this possible.

“Armin” - Jackie

He is a dignified man
   He is love
He has quiet strength
   He is love
He listens with intensity
   He is love
He is a husband

He is love
He is a father
He is love
He revels in music
He is love
He unconditionally saves lives
He is love
He cherishes Grace
He is love.

End Note

If you ask me what I hope you will learn from our journey I would say:
- Aging does not define us when we continue to be the person we are and to engage in life in meaningful ways.
- Clarity about end of life decisions allows us to maintain control of our lives as much as possible, and that, with great determination, it is possible to influence the ending of life.
- Persons are so much more than a medical diagnosis, even when the diagnosis reflects devastating changes.
- Openness to giving and receiving love and care works in unusual and unexpected ways.
- Death is a natural part of life, but grieving the loss of a loved one is much harder. It is easier when the losses are shared.
- There is enormous power in love, shared in a relationship and in a community of caring people.

Every day is a gift, to make of it what we will.
If you need inspiration for the journey, I recommend the film, “The Intouchables” with Francois Cluzet and Omar Sy, in the true story of what humor, wealth, friendship and love can create in the most devastating of circumstances that life can offer.
References

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Acknowledgements and Contact Information

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And with gratefulness for her steady presence, Dr. Mary Dombeck, my therapist.
Armin Klein, Jr. died at his home on Tuesday, November 15, 2011.

He had been cared for lovingly by his wife Grace, neighbors, friends and current and former clients who became friends and by home health aides, Steve Nichols and hospice professionals, Lisa Sieg, Karl Sarkozy and Jean Bennett, a volunteer massage therapist. Peter Costello and Sarah Rajotte were his companions with Grace through the ending of his life. He had been a psychotherapist for
over sixty years and continued to work with clients throughout his illness.

He was born on May 1, 1928 in Newton, Ma. to Armin Klein, Sr. and Anna Rogovin Klein who, with his sister Brenda White, and his niece Celeste Ann Klein preceded him in death.

He graduated from Princeton University in 1948 and received his Ph.D. in Clinical Psychology from Teachers College, Columbia University in 1956. He studied with Nicholas Hobbs and with Carl R. Rogers, noted psychologist and originator of the Person-Centered Approach to psychotherapy. Rogers became his life-long mentor and friend.

He came to Rochester, NY in 1957 and joined the faculty of the University of Rochester in Psychology and Psychiatry. He became Chief Psychologist for the new Convalescent Hospital for Children where he remained for seventeen years. He established a private practice in psychotherapy which he maintained in his residence at 15 Arnold Park. His professional life was sustained by his associations in the American Academy of Psychotherapists where he was a lifetime member, the Association for the Development of the Person-Centered Approach, the International Forum for the Person-Centered Approach and by his colleagues and friends, Gerald Bauman, Nathaniel Raskin, Howard Mele, Sheldon Zitner, from his days at Hampton Institute, Lewis Ward-Baker, Virginia Whitmire and many others. He was a poet and, encouraged by Jean Clark of England, published a collection of his work, Songs of Living, which he generously shared with clients and friends.

He was known for his warmth and generous spirit in navigating life’s challenges and his openness and involvement with his clients.

He is survived by his wife, Grace Harlow Klein, whom he met in Mexico at the First International Forum for the Person-Centered Approach, his children and stepchildren, Shakati Singh Khalsa (Upkar Kaur), Meg Klein-Trull (Tim Trull), John Klein (Patti), Lisa Chickadonz (Christine Tanner), Cindy Chickadonz Hunter (Keith) and Thomas Connelly, Jr., his brother, Robert Klein, Muriel Bank Klein, nine grandchildren who were dear to him, his niece and nephews, and many close friends here and internationally.
He loved classical music and was a supporter of the Rochester Philharmonic Orchestra and the Society for Chamber Music in Rochester. His life was enriched by his friendship with Vivian and Don Weilerstein and their daughter, Alisa, all classical musicians. Alisa was his goddaughter. They played a memorable concert for him at his 80th birthday celebration in Kilburn Hall in 2008. He was also fascinated by early American history, automobiles, tennis, sailing, wine, dark chocolate and coffee, long before they were in vogue. His children remember many trips together to New Hampshire where he loved to hike on Mt Washington.

Memorial contributions may be made to the Rochester Philharmonic Orchestra, Development Office, 108 East Avenue, Rochester, NY 14604, the Society for Chamber Music in Rochester at P.O. Box 20715 Rochester, NY 14603, URMC Palliative Care Program, Dr. Timothy Quill, Gift and Donor Records, 300 East River Rd. PO Box 270441 Rochester, NY 14627 and to the Hospice Program of the Visiting Nurse Association, 2180 Empire Blvd., Webster, NY 14580.

Armin and his Poetry

A kinder man I never knew – Jere Moorman
One of the most gentle spirits I have known – Dottie
One of the warmest, kindest, caring and most gentle man I’ve ever met – Yvette

Between 1995-2001, Armin wrote three poems about his pain – Annals of Pain 1995-1997, Three Years of Dying in 2000 and Pain in 2001. Finally, in those reflections, Armin confronted the enormous pain of his childhood. Combined with his ongoing conversations with our friend and colleague, Virginia Whitmire, Armin was able to resolve his life-long struggle with his pain. These efforts left him able to be only love, warmth and empathy which carried him to the end of his life, despite the cognitive losses he experienced. In resolving that pain, Armin experienced a rapprochement with his parents and asked that I spread some of his
ashes on their graves, completing the cycle of life to death in his family of origin.

Armin worked very hard to be that kind, warm and gentle man as others knew him, but in his poetry he wanted us to know his pain, as well as his joys and growth throughout his life. I believe he wanted that as encouragement that we all can come to know and resolve our own pain.

The last poem, “Pain,” I did not remember until I found it at the time of his death among his unpublished poems. It begins, “My Beloved, thank you for asking me to tell you about my pain.” I felt instantly, “Of course, I wanted to know your pain” – and had listened to his experiences as he shared them with me from very early in our relationship, and as he had shared them with Gerald Bauman for even longer. I wanted to know Armin – and the greatest gift of our relationship was that of knowing each other, deeply, intimately. His poem ended,

“What remains and stands out even more brilliantly than ever
Is the deep, beautiful, and powerful unconditionality
of your love.”

I also felt chosen by Armin – as I had chosen him – which touched a deep place in me. In every photograph of the two of us, he is holding me – or I him – and I am comforted by his love as I look at those photographs.

My favorite story came from Jenny Bell who sent one of those photographs and recalled her interaction with Armin when he spoke so proudly of me when he said, “I thought I could have married a butler” – I understood this to mean someone quiet, polite and unobtrusive who would have let him live a dull, quiet and boxed in life. He said, “Instead I married a tiger,” and he smiled and spoke more about how being with me had brought him so alive and what a huge blessing it was to be with me.

What Armin wanted and needed was love. The tenderness and love we found in each other transformed both our lives. We found our dreams in each other and created a life together that was rich, expansive, loving and shared.
And that “tiger” in me was seen and commented on by friends who saw me as I fiercely loved and cared for and protected Armin to the end.

**Excerpts from *Songs of Living* by Armin Klein**

**Annals of Pain**

**I. My Control, My Iron Maiden**

I am opening my cuirass, the armor of my explorations.  
I am laying down my harquebus, weapon of my protection.  
I am even considering not imposing my desperate imagination,  
My illusions, upon our interactions.  
Something is beginning to disintegrate, crumbling inside of me;  
An enormously pain-hiding and pain-maintaining vise  
That has crushed my guts all of my adult life,  
The inner iron maiden of my inquisition.  
Like a cuirass, but with inward-pointing spikes to torture and kill.

Now I know I do not need to win the battle!  
I do not need to control the controlling persons of my childhood!  
That was a mistaken path toward a distorted, imagined adulthood.  
I won control over my pain, an imagined control over my oppressors,  
And – I lost my freedom.  
I lost my freedom into that iron maiden, crushing my guts, my spirit,  
Controlling my pain, controlling my self  
So that I could contemptuously imagine myself  
Controlling my oppressors with my new superiority.  
I entombed my pain about their crushing attempts to control me.  
I entombed my pain about my helpless submission to them.  
I entombed my love for myself and my love for them.  
I identified in that tomb with their controlling behaviors,  
I sadly and with great loneliness never got to know  
Their inner selves, as I continually lost more of my own.
I am angry with my continued attempts to control hiding
   My pain, crushing my guts, my spirit, in that iron maiden.
Now, through loving sharing, some of my pain has escaped and is
   Expressing itself. The maiden has begun to crumble.
I feel the pain flowing out. I feel great sadness - and hope.
   I hope that as my controls yield,
I will increasingly flow with my pain and my loving openness.
   Perhaps, then, I will approach the possibility,
The possibility that I have come to wish for so much as I write my poems,
   That I might, myself – someday - live as a poem.
   -Mount Olympus, July 4, 1995

II. The Tomb

Today, the archeological me found the tomb of my mother.
   I had been searching for her for many decades,
Searching and exploring throughout my world.
   Looking directly for her, I was blinded by my self-controls,
Though I reconnoitered my exciting world and drew many maps.

There are so many levels and kinds of pain;
   Disappointments, resentments, hostilities, panics.
I experience them all as very painful.
   Yet, all of those kinds of pain spring from my own interpretations,
   My self-controls, my ironic creativity.

My creations blinded me to the place where my mother lay buried.
   Listening openly to a loved friend's very deep pain and
Their metaphor for its place, I looked for a metaphor for my place.
   I found my inner iron maiden, my torturing capsule,
Inside of which my deepest, simple pain lay buried - hidden
   Without my creative elaborations or controls.
The maiden began a slow crumble, pain flowing through the cracks.
   The searcher me said, “Surely we can direct this process!"
I told him that that attitude might well have forged the maiden.
   With great fear, I said, "Let's just be the pain that is
   appearing."
Oh, the tears, the trembling, the pain, without controlling interpretations.
   The terrors, the helplessness, and then the loneliness...
   The loneliness.
Finally, the whisper -
   "You were not alone with that person of so much difficulty.
   We all had so much difficulty and pain with her,
   But we did not talk." Ohhhhhh... sadness and grieving.
Yes, I can see, now, that we were companions
   Who did not talk.

My heart opens. My vision is transformed.
   My iron maiden, my creation, is no longer in my gut.
Now, it is bigger than me, big enough for my whole family.
   Now, it is a stone house without apparent openings,
Hidden by thorny vines, guarded by wild beasts.
   It is the tomb of my mother, their mother, his wife.
I am on the outside. I feel pain and fear.
   I want to enter.
   Will I ever be able to do it?

 III. The Family

I found my mother's tomb by including
   My brother, my sister and my father in my search.
Their pain, so much like mine, our love for each other.
   There was the tomb, a house for all of us
   With no entrance.
I cut myself on the thorns and feared the raging beasts.
   I bruised myself on the repelling walls, as
I had once cut myself on her sharp hostilities and attacking rages.
   As I had once bruised myself, knocked myself out,
On her stiff blocking, her powerful denials, her stonewalling.

   No entrance.

Then from my mother’s inner self. I finally heard it.
   “I have my own life-long inner pain.
I have never talked about it.
   I will never talk about it!”
I finally heard it, not guessing it as before.
   Now I could explore what I sensed.
Now I could feel some of her pain.

The walls of my mother's tomb opened.
   I entered and found us all there in our home,
With windows and light, and a beckoning outer world.

My mother was at the center of our home.
   We were all revolving around her.
Her way of being was so difficult and so painful for us all.
   There she was, so real and so difficult.
A magnificent presence, loved by us all.

   - 1995

IV. The Epicenter

I have struggled with my pain all my life
   Except for the first five years
When a young woman was in my home sharing my life.
   My mother had given herself and me her most loving gift
When, at my birth, she acknowledged her limitations,
   Hiring a lively woman to take the responsibility for my care.
She could, then, herself have a loving approach, unburdened.
   I had two loving mothers!

I loved them both. I remember my foster-mother's loving care, 
    Her direct sharing of feelings, her warm enjoyment of life. 
I remember playing with my biological mother's large breasts 
    From which she later said she could coax no milk. 
    I called them her pillows.

When I was five, my mother triggered my introduction to great pain. 
    In a screaming fit of jealousy, she fired my foster-mother. 
I grieved mightily! I did not struggle against that pain.

Then, I was stunned and overwhelmed by a strange new blow 
    In response to my grieving. 
I met my first experience of great hostility. 
    Another, new kind of great pain! Terrifying. 
A revelation of what was now demanded of me for 
    Continued loving from my mother. 
Control of my feelings, my pain, a sacrifice for so-called "maturity!"

I began my life-long battle against my pain 
    In this new parenting of my overburdened, 
Angry, and hurting mother. 
    I tightened my body mightily against inner feelings, 
Frightened of accidental release. 

After having two loving mothers, I desperately wanted to keep one, 
    Even if she was now less loving 
Under the weight of her new responsibility.

I hid my mourning. I encapsulated it in an iron maiden, 
    My pain that was crying for some intimacy, some sharing. 
I continued loving my mother and experiencing her love for me, 
    Conditional and without sharing of feelings. 
Her love was expressed indirectly - as in her need for me, 
    Her wish for me to take care of her. 
I strongly wanted to take care of her. 
    I tried. I felt overwhelmed and powerless. 
I felt myself a failure.

I finally tried to listen intently to her,  
Beginning my training to become a psychotherapist.

Without sharing our feelings, neither one of us was able  
To help ourselves or the other become a friend.  
We did love each other.  
We never learned how to know each other.

It has taken me a lifetime to accept this story;  
The history of my attempts to control pain.  
I am deeply, painfully mourning the loss of my two loving mothers.  
I am feeling enormous sadness - awesome and far reaching,  
With a deep, flowing well of tears, watering  
A blossoming of peace for all of us.

-1997

From Where my Songs have Come

My songs are of my living. A major influence in my life has been living with the Person-Centered Approach. That interaction began fifty years ago upon my graduation from college, when I spent the summer taking a course with Carl Rogers. The Person-Centered Approach, first as a theory and then as a philosophy of interpersonal relationships, is his creation. I should like to share with you my personal reflection of him and our interaction.

For me, Rogers is the major contributor to the development of psychotherapy in this century, influencing all others since Freud started the process in the last century. His development is also fascinating to me as the spreading of the learnings from psychotherapy beyond its own field to all fields where people seek to be change agents, facilitators, for human growth and development.

I see him in his context, as an American phenomenon, reflecting American values from the Midwestern farm culture in which he grew up and reflecting the American pragmatist philosopher-psychologists before him, especially William James and John Dewey. The values of self-reliance, respect for the uniqueness of the individual, and the struggle for the development of new
visions of democracy expressed this influence at the beginning of this century. Rogers followed in the tradition of those great American philosopher-psychologists, and he became one of them in the course of his life, as one of the leading founders of humanistic psychology, for which movement James and Dewey were the forefathers.

Freud had initiated modern psychotherapy during the latter part of the last century in his context of the authoritarian culture of Victorian Europe, and the sub-culture of medicine. His great contribution to society was calling attention to unaware motivations and feelings and the way that they become hidden from awareness. He created a psychotherapy to help people learn more about themselves and their unaware motives. He developed these contributions within a biological or mechanical model. He saw difficulties in living as illnesses in their many described forms, or 'diagnoses.' He 'treated' these 'neuroses' as if there were tangible, consistent, and predictable patterns to unhappiness. By Rogers' time, psychotherapy was, then, prescriptive and administered externally from the knowledge of the therapist.

Rogers had spent much of his youth on a farm outside of Chicago. It was there that Carl's fascination with nature became an intimacy with natural processes - especially with growth and its nurturance. He had gone to agriculture school at the University of Wisconsin at the time when the state universities were in their great foment of introducing the scientific method to agriculture. He had become very involved in the research activity and perspective of natural, controlled observation.

This was the source from which came his famous "potato" story about growth and the influence upon it of environment. When younger, he had discovered a potato stored in the family's dark cellar whose flowering sprout had grown across the floor and up the wall to the only source of light, a high small basement window, showing both the strength of its natural growth drive, and the distortion of its nature in a poorly facilitating environment. Rather than accepting Freud's notion of destructive instincts as an explanation for unconstructive human behavior, Rogers, as a psychologist, looked back to that experience to focus on the nature of the interpersonal environment; as a facilitating or inhibiting developmental influence.
in constant interaction with the growth drive. For psychotherapy, it meant focusing on the nature of the interpersonal relationship, or personal interaction, of the therapist and client for growth and change, rather than the therapist acting upon people to control pathology. Though the statement of this change in perspective is simple, its ramifications have been monumental as they have created and facilitated a changing paradigm in many areas of society, including psychotherapy, medicine, and education in Rogers' lifetime.

When Rogers studied and trained to be a psychologist at Columbia University, clinical psychology was in the college of education, Teachers College. There, he was influenced by one of John Dewey’s principal students and expositors. The impact of Dewey's progressive education in theory and practice on that college of education where Dewey had done his creative work was still very powerful. Carl's basic clinical training there, however, was psychoanalytic and prescriptive. His first position was in Rochester, New York, where he became the director of a new child guidance center. He and his staff gave children many tests, diagnosed them and their problems; then counseled the children, interpreting their behavior to them, and/or counseled the mothers and interpreted their behaviors and parenting. During this time he became increasingly dissatisfied and frustrated. Rogers describes how a milestone occurred when

"working with a highly intelligent mother whose boy was somewhat of a hellion. The problem was clearly her early rejection of the boy, but over many interviews I could not help her to this insight... Finally I gave up. I told her that it seemed we had both tried, but we had failed, and that we might as well give up our contacts. She agreed. So we concluded the interview, shook hands, and she walked to the door of the office. Then she turned and asked, 'Do you ever take adults here for counseling? When I replied in the affirmative, she said, 'Well then, I would like some help.' She returned to the chair she had left, and began to pour out her despair

about her marriage, her troubled relationship with her husband, her sense of failure and confusion, all very different from the sterile 'case history' she had given before. Real therapy began then, and ultimately it was very successful.

This incident was one of a number which helped me to experience the fact – only fully realized later - that it is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process" (Rogers, 1961, p.11).

Thus began his new thinking, called at that time "Non-directive," and published in his book, Counseling and Psychotherapy (Rogers, 1942). Rogers saw persons as capable of resolving, through the growth drive, past inhibiting or distorting influences. He saw that process, itself, as able to be facilitated or inhibited by the environment which could be, or include, a psychotherapist or psychotherapeutic interaction. The term non-directive, however, was misleading and led to much misunderstanding. It was meant to convey respect for the client's self-direction and abilities, but seemed to imply that the therapist was not to be influential or active. As Rogers and his thinking developed, the description changed as expressed in the title of his next book, Client-Centered Therapy: Its Current Practice, Implications, and Theory (Rogers, 1951).

My Introduction to Carl Rogers

In 1948, my own developmental path took me to an intersection with that of Rogers', an interaction which had a profound effect on me. I was twenty years old and had just graduated from college, where I had majored in psychology and been introduced to scientific humanism in its most abstract form, unrelated to clinical psychology. Rogers was forty-five years old, at
the height of his earliest phase of creativity and influence. I was waiting to go to graduate school and asked my favorite professor, a psychoanalyst, if he knew anything about this man who was offering a course in personality theory at Harvard summer school in my hometown. He smiled and said, "You might as well get it from the horse's mouth!" No further explanation, but with an aroused curiosity, I entered a course where learning was to be facilitated rather than taught - in a discussion group of two hundred students. The first ten minutes of each session was spent with a presentation of sections of his new personality theory and introductions to previous theorists on the concept of self, self-actualization, field theory, and phenomenology, the latter being a way of looking at human behavior through the experience of the individual. When we students would make a comment or even ask a question, Rogers would respond only by trying to deeply understand what he thought we were trying to convey of our own individual experience of the issue. All of us seemed to feel some frustration, but also heightening stimulation. I had never experienced such intellectual excitement or studied and read so much in my life.

At the end of the summer, I went to see Rogers in his office hours to discuss whether I might hold off graduate school so that I could apply to the University of Chicago where he was. By this time, he had left Rochester and had entered the academic world, first at Ohio State University and then later moving to Chicago. He asked me about myself and my interests. I told him about my background, my environment. Looking back now, it is clear how, essentially, I was trying to fit into my family's view of life, hoping to win their approval. Despite having spent every weekday in class with him, I was shocked by his response. Nevertheless, I think the experience with him in class and his unique theory had softened me up for what happened. Without that preparation, I would not have grasped at all or experienced the significance of what he was saying. He said, simply, "But, Armin, how do you see your life, for yourself?" It seemed as if in all my twenty years of trying to learn about life and make my way in it, no one had ever shown an interest in my internal perception or experience of my life. I had never imagined that anyone ever would, or even could.
What got through to me was that my unique inner experience of my life was real. It could be valued by me. It could be valued by other persons. The interaction with him felt profound and very empowering. I remember it always as a turning point in my life. It was the beginning of my life-long attempts to stop searching for and depending on the approval of others and the beginning of my attempts to respect my inner unique self and the inner unique selves of other persons. In short, I see it as the beginning of my conscious acquaintance with my human spirit and the possibility of appreciating the human spirit in others.

My personal story serves to introduce Rogers' theory of personality and change. A few excerpts seem especially useful here.

I. Every individual exists in a continually changing world of experience of which he is the center.

II. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, 'reality.'

IV. The organism has one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism. Under certain conditions, involving primarily complete absence of threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences" (Rogers, 1959, pp. 184-256).
During the time that non-directive was becoming client-centered psychotherapy, the emphasis was changing from concern for the therapist's verbal responses which technically might encourage client movement to a more direct emphasis on the relationship. This meant focusing less on techniques and more on the therapist's attitudes, feelings of warmth, acceptance, genuiness, and understanding. The actual verbal expressions of the therapist became, more clearly, means to express these feelings and to help clients feel safe enough to explore themselves.

In the meantime, my developmental path had taken me to begin the graduate school where I had been heading, Teachers College at Columbia University, Rogers' alma mater. To my delight, it was still imbued with John Dewey. Also, the director of the clinical program was not this time a psychoanalyst, but turned out to be a former student of Rogers'. Nicholas Hobbs became my mentor. When *Client-Centered Therapy* was published, it included a chapter by him on his specialty, group-centered psychotherapy. That chapter included a verbatim excerpt from one of his therapy groups in which I was a client, with a few of my words quoted (Hobbs, 1951).

By this time, also, Rogers had developed The Counseling Center of the University of Chicago - which was a quite unusual place. It became famous as a training center, the leading research center of psychotherapy at that time, and at the same time, a most interesting experiment in humanistic democracy, Rogers refused to be the director and when the university administration insisted that he be the responsible link between them and The Counseling Center, he accepted the title of secretary. Everyone on the staff, faculty and interns alike, had the same vote and the same participation in committees. Votes, however, were last resorts if hours of consensus struggling did not work. Of course, some voices in staff meetings seemed to carry more weight than others. My knowledge of this came about as follows.

Internships at The Counseling Center were reserved for Chicago graduate students. My mentor at Columbia proposed to the staff there that I be an experiment for cross-fertilization between the universities – which resulted in another intersection of our paths, with great benefits for me. This time, however, there were also two benefits for Rogers in his development. First, my mentor and I
opened up Rogers' closed circle of training, which continued throughout the life of the Center. More personally, I brought with me the sub-culture of my school, calling him Carl, as I had been reintroduced to him by my mentor. I was surprised to find that the Chicago interns were aghast that I should act so familiar with this austere, very reserved, and dignified man. It hadn't been done before by students at that level. Carl accepted it well, and the other interns began to risk it, all of us helping him with his long, slow process of loosening up, which continued in his reserved fashion the rest of his life.

The whole year of 1950-51 was for me filled with profound experiences, this time being totally immersed in Carl's creativity and the creativity of the people who worked with him in that mutually facilitating community. I lived in the home of one of the professors who was a leader in The Counseling Center. I had intense training in all the forms of psychotherapy and research. I was in therapy that year for myself, and I spent all of what time was left for leisure with the members of that creative community. In his reserved manner, Carl was very warm and extremely encouraging. I witnessed his growth, both theoretically and personally, toward ever more emphasis on the importance of the personal relationship and personal interaction between psychotherapist and client.

In this client-centered phase of his history, as mentioned above, Carl was exploring and asserting the priority of the therapist's attitudes of warmth, acceptance, genuineness, and understanding - an exciting exploration that grew continually deeper in that decade.

Eventually, this exploration and development brought Rogers to a new formulation, published in 1957, of what he called, The Necessary and Sufficient Conditions of Therapeutic Personality Change (Rogers, 1957).

Attitudes, which imply levels of thinking, conscious or not, were replaced by deep conditions of the therapist's being. This was a major contribution which not only became the touchstone and identifying concepts of the person-centered approach, but was a serious, stimulating, and challenging attempt to isolate what might be what really works in any successful psychotherapy, regardless of schools of therapy and their differences in overt behaviors.
Warmth and acceptance deepened to became unconditional positive regard. Understanding went deeper to become empathy. The condition of empathy, and Rogers' major contributions toward its understanding, seems to have been the condition that has had the most obvious impact on the helping professions. Finally, the genuineness of the therapist became to be called congruence. I see this as a challenging concept which has emerged as an additional field of study, leading eventually to the present special interest of some of us in the personhood of the psychotherapist.

Rogers went on to develop the name of 'The Person-Centered Approach' as he moved into the fields of working with persons who were not clients. He explored and made major contributions to the fields of encounter groups, education, conflict resolution, and world peace, becoming nominated for the Nobel peace prize in 1987. He died before that nomination could be considered.

Rogers' last book, in 1980, A Way of Being, is one of the places where he shows his development as a philosopher-psychologist like his philosopher-psychologist forebears, James and Dewey. He also expresses the three central conditions beautifully.

"The central hypothesis of the person centered approach can be briefly stated. Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided.

There are three conditions that must be present in order for a climate to be growth-promoting....the conditions apply in any situation in which the development of the person is a goal.

The first element could be called genuineness, realness, or congruence. The more the therapist is himself in the relationship, putting
up no professional front or personal facade, the greater is the likelihood that the client will change and grow in a constructive manner. This means that the therapist is openly being the feelings and attitudes that are flowing within at the moment. What he or she is experiencing is available to awareness, can be lived in the relationship, and can be communicated, if appropriate. Thus, there is a close matching, or congruence, between what is being experienced at the gut level, and what is being expressed by the client.

The second attitude of Importance in creating a climate for change is acceptance, or caring, or prizing - what I have called 'unconditional positive regard.' When the therapist is experiencing a positive, acceptant attitude toward whatever the client is at that moment, therapeutic movement or change is more likely to occur. The therapist is willing for the client to be whatever immediate feeling is going on - confusion, resentment, fear, anger, courage, love, or pride. Such caring on the part of the therapist is nonpossessive. The therapist prizes the client in a total rather than a conditional way.

The third facilitative aspect of the relationship is empathic understanding. An empathic way of being with another person....means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, from the fear or rage or tenderness or confusion or whatever he or she is experiencing. It means temporarily living in
the other's life, moving about in it delicately without making judgments~ it means sensing meanings of which he or she is scarcely aware, but not trying to uncover totally unconscious feelings, since this would he too threatening. It includes communicating your sensing of the person's world as you look with fresh and unfrighted eyes at elements of which he or she is fearful. It means frequently checking with the person as to the accuracy of your sensing, and being guided by the responses you receive. You are a confident companion to the person in his or her inner world. By pointing to the possible meanings in the flow of another person's experiencing, you help the other to focus on this useful type of referent, to experience the meanings more fully, and to move forward in the experiencing.

To be with another in this way means that for the time being, you lay aside your own views and values in order to enter another's world without prejudice. In some sense it means that you try to lay aside yourself; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of another, and that they can comfortably return to their own world when they wish.

Perhaps this description makes clear that being empathic is a complex, demanding, and strong - yet also a subtle and gentle - way of being" (Rogers, 1980, pp.115-116, 142-143).
Following my year at The Counseling Center, I returned to New York and maintained my contact with Carl in various personal and professional contexts. Always a major encouraging influence in my life, Carl especially encouraged my poetic writings. The poem, "Identity," was chosen by him in 1997 to set a person-centered atmosphere at the opening of a symposium we were in together to honor his seventy-fifth birthday. Later, in 1982 at the First International Forum of the Person-Centered Approach, he very intuitively tried to introduce Grace and me. We had, however, already begun our person-centered relationship that same first day at breakfast and were married in the following year.

In the last decade of his life, Rogers applied his principles, energy, and skills to the challenges of conflict resolution and the struggle for world peace. He traveled widely and worked with many groups of opposing factions around the world, in South Africa, Central America, Ireland, and Russia. His results were quite touching and amazing to the participants. He died in 1987 at the age of eighty-five.

The above is the background from which come my songs. In his own interactionist terms, Carl, personally, and the person-centered approach, have been major facilitative parts of the personal and professional environment with which I have been interacting.

I early struggled mightily with prose essays to share and dialogue with others, to my constant frustration and major stress. Finally, I learned that I could escape my painful self-controls and express myself by writing my essays in loose poetic form. It took me a long time to call them poetry and even longer to call them songs. The latter expresses my joy in being able to express and share myself and to have found it a way to deeply connect with other persons.

Part of my process was to experiment with sharing my poems with people who came to see me in psychotherapy. That began when a dear friend of mine, an artist in another city, asked me to recommend a therapist for him. He had been in therapy for several months before I sent the poems to him. When that happened he seemed to explode with relaxation. "Now I understand this therapy business! I know it's been very helpful, but I've been so confused and puzzled about it. Your poems are very helpful! You should make your poems available to everyone who comes to see you!" I began
slowly and carefully. Most people reported that the poems were very helpful in stimulating and encouraging their own self exploration; others seemed quite capable and comfortable in politely ignoring them. I like to think that the poetic form is facilitating of the readers own control - in considering the poems and equally of their own control in rejecting them. I did still worry about my own explorations being intrusive in their process. I led discussions about it in two person-centered meetings with my poem, "Poems of the Person of This Psychotherapist.” These discussions developed into substantive, searching explorations of congruence, culminating in a quiet, dignified statement by a poet in Greece, "I think that poetry is the deepest congruence." That stunned me and opened new vistas for me in the exploration of the inner experience of congruence, resulting in more poems about it and a different perspective in other poems.

I hope these songs will be facilitative to people in any form of self-exploration. I especially hope they might facilitate a feeling of connection and company among us explorers in this existence. My main wish, however, is that you enjoy my songs.
References


Review of 
Psychotherapy and the Fully Functioning Person
By Julius Seeman

AuthorHouse, 289 pages, 2008, 
http://bookstore.authorhouse.com/
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Reviewed by Kathryn A. Moon

Author’s note: Kathy Moon is a client-centered therapist and consultant in private practice in Chicago. She is also an adjunct faculty instructor at Argosy University.

For me as therapist and theorist, two things: first, and quite simply, to recognize the existence of ... variability in human capacities. That doesn't take much time, because for me the second action is the important part; and that is to recognize that the existence of variability in no way vitiates or even minimizes the positive end of the human spectrum, the positive potentialities of a fully functioning person. (Seeman, 2008, p. 33)

When Julius “Jules” Seeman (1915 - 2010) finished his graduate education in Minnesota, he wrote a letter to Carl Rogers at the University of Chicago. It was 1947. Jules had read Rogers’ Counseling and Psychotherapy when it came out in 1942. He wanted to work with Rogers for two reasons. One, he liked the way Rogers practiced therapy. And, two, he was interested in doing research, and at that time, the University of Chicago Counseling Center was the only place to go for researching the psychotherapy process. Jules
joined the staff at the Chicago Center in time to contribute to the *Parallel Studies* (Seeman, 1949).

These studies, he said, “demonstrate[d] the fact that inquiry into the process of psychotherapy could be based on a systematic conceptual framework and could document the existence of a lawful and predictable therapeutic process” (2008, p. 15). Howard Kirschenbaum (2007) described this stage of client-centered research as “descriptive and exploratory” (p. 199). With the Rockefeller Foundation grant that was subsequently received, Rogers, his students and the Center staff were able to proceed to a new research stage, one of defining the actual processes of therapy, its necessary and sufficient conditions, and its outcomes. At the outset of this huge new endeavor, in 1950, Jules volunteered to serve as Coordinator of Research: “The sigh of relief that pervaded the group was as close to a vote of confidence as I was going to get, so I considered the matter settled” (p. 18).

Inquiry into the outcome of the therapeutic process—that is the fully functioning person, engaged Jules for the remainder of his career. While this was not his only interest, it was rather obviously a major passion for him. It culminated in creation of his own “Human System Model” – that is, his biology-informed psychological model of the human organism. In this model, *organismic integration* is characterized by unimpeded connectedness and communication within and between the several subsystems of the biological/psychological human being and between the person and his or her environment. While a large part of the present volume relates historically, theoretically, descriptively and thematically to Jules’ model, readers who want to use it for research purposes might want to go straight to the more strenuously academic and soon to be republished book, *Personality Integration* (Seeman, 1982).

*Psychotherapy and the Fully Functioning Person* is Jules’ professional autobiography. It is a selected collection of his writings, some of which he revised and revamped for this book. The revision and reorganization of older, and, also, some new writings, results in a personal and cogent narrative that feels satisfying on several levels. This is partly due to Jules’ gentle and clear, first-person writing style, that to me, places him stylistically in the company of two other
authors from the early years of client-centered therapy, Carl Rogers and Nathaniel Raskin.

Jules’ first-person phenomenological manner in combination with his thoughtful arrangement of chapters presents the reader with a unified and informative body of work that is personally engaging as well as very clear. The writings include revisions of articles he wrote in the early 1950s through 2002 and the book’s meta-commentary and organization appear to have been conceptualized and written between 2002 and 2008. In its totality, the book is a rather artful expression of the wide scope and analytical keenness of an academic of long practice and experience. I found what David Cain (2012) tells us to be true: “[Jules] wrote with penetrating insight, always leaving the reader with ideas that would continue to evoke further reflection” (p. 11). The wisdom of such long perspective places him in the company of two other post-World War II client-centered psychologists who carved out successful solo niches within academia, John Shlien (2003) and C. H. Patterson (2000).

About half the book is about client centered-therapy, which Jules regards as seminal and at the forefront of the larger umbrella of humanistic approaches. Discussions of client-centered therapy approach the subject historically and analytically, in terms of process, phenomenology and action. Several chapters do an excellent job of placing client-centered therapy into perspective in the history of psychotherapy, in relation to very distant approaches, and, also, in relation to approaches (Gendlin, 1978; Rice, 1974; Wexler, 1974) that have evolved more directly from Rogers (For a more contemporary overview, see Sanders, 2004). Jules’ own stance is strongly phenomenological and client-centered.

“Client-centered Therapy: A Brief History and an Illustration of Long-Term Psychotherapy Process” (Chapter 7) is a fine example of Jules using a wide lens while attending to analytical acuity. In client-centered literature, there are two clients named “Jim.” “Jim Brown” was a client of Rogers’ (1967) during the Wisconsin study. He is well known as “A silent young man” (pp. 401-416). The therapy of Jules’ client, who stutters, was originally set forth in pamphlet form (Seeman, 1957). Here it is offered in transcript.
excerpts that include footnote commentary reminiscent of Rogers with Herbert Bryan (1942). To me, Jules’ commentary is more interesting than Rogers’; Jules’ comments discuss the therapist’s client-centered intentions in relation to the progress of the therapy; even though Rogers’ comments do the same, they come from an early, pre-client-centered, stage in Rogers’ development of both his theory and his practice; Rogers’ remarks are not particularly relevant to the questions of contemporary client-centered practitioners (For discussion of Rogers with Bryan, see Brodley, 2011, pp. 317-320; Brodley & Kemp, 2004).

Several chapters are about child therapy. In depth discussions of various issues that commonly arise for client-centered child therapists roused my determination to re-tackle some practice questions of my own. Chapter 5 contains a transcript of what we have come to think of as filial therapy. Two research-summarizing chapters that ostensibly are about personality integration and psychotherapy are based on child subjects and therefore also relate, with optimism, to child therapy. In these chapters, Jules brought home to me the value of child therapy as a worthy means for contending with human suffering through intervention at germinal stages of life.

A chapter on brief therapy successfully describes “The Power of the Brief Encounter.” Jules relates brief therapy to Jessie Taft’s (1933) historic essay about the concept of time in therapy. Taft’s essay seems to have influenced Jules as well as Axline, Rogers, Raskin (and myself).

In his descriptions of the process and practice of therapy, I find Jules’ work to be client-centered in approach. At the same time, his discussion of the therapeutic process accommodates both the affective-experiential and the phenomenological-cognitive dimensions of experiencing (pp. 20-29). While I would not use Psychotherapy and the Fully Functioning Person as my primary text for student therapists, I do consider it to be good reading for anyone interested in self-development as a client-centered practitioner as well as for those who enjoy thinking about and discussing the therapeutic process.

“On the Supervision of Research” is about Jules’ career-long experience in working with graduate students. His discussion is
compelling. Also it is applicable to therapy supervision and consultation relationships. It relates to the person-centered dilemma raised by Raskin (2007) – should supervision be empathic or didactic? Jules’ solution to the dilemmas of supervision clarifies issues in practical terms that are informed by his career-long perspective.

Nearly every chapter in the book connects in some large or small way to Jules’ career as a researcher. They all held my interest. There are various descriptions of the phenomenology of the research process and the historical development of research methodologies, as well as interesting discussions of studies and findings that relate to personality attributes and integration, the process of therapy, psychotherapy outcome, and decades of studies springing from the author’s early interest in the fully functioning person (Rogers, 1953/1958, 1957/1961) that culminated in the Human Systems Model. These chapters depict the curiosity, questions and intentions of the researcher, and this made a potentially dry subject interesting. In this regard, I imagine students might find Jules’ history, which is very personal, to be engaging and enticing of further study.

Overall, this book is informative and thought provoking. I recommend it to anyone interested in the history of client-centered therapy, other Rogerian derived practices, details about the research process, and intriguing discussion of humanistic, particularly person-centered, views of the human person. It includes thorough and in-depth information and discussion about child therapy (even for beginners), therapy transcript examples, historical and phenomenological discussions of research methodology, examination of the Rogerian concept of the fully functioning person, and an autobiographical material centered upon a successful career in academic research.

However, I do have a, to-me, significant criticism. Jules’ wonderful, phenomenological writing style pulled me into his world. Based on this book, I feel that I really like and feel fondly toward this author. However, I am not so delighted by the central destination of this professional autobiography, Jules’ Human Systems Model. On the one hand, I am very appreciative of learning about this model. It relates to the complexity of being a human organism. It integrates mind and body conceptions. It connects with

my developing prejudice that we are indeed what we eat. Frankly, in its correspondences with Rogers’ (1959) theories of both therapy and personality, it is a resounding defense for client-centered therapy. However, at the end of the book, reading the chapters that are dedicated more specifically to the fully functioning person and the human systems model, I landed with an emotional thud.

I suppose my experience reading the book could be likened to a client being cajoled by a therapist’s empathic reception into believing the therapy session is a place for opening up into personal and deep self-exploration; in the end, a trusting client might feel surprised or even betrayed by the imposition of an assessing statement or a covert manipulation by the therapist. I hit a wall when faced with the empirically-derived descriptions and comparisons of more and less fully functioning, more and less well-connected or fluidly flowing, human ways of being. Even though Jules’ empirical-mindedness does not appear to contaminate his client-centeredness in practice, even though his model resonates with my sense of what it means to be a human organism, even though I think it informs my empathic understanding in practice, and even though I believe my criticism could be leveled at Carl Rogers, certainly with reference to Rogers and Dymond (1954) and Rogers’ (1953/1958, 1957/1961) interest in the fully functioning person, I believe that, ultimately, it objectifies the person through diagnostic, reductionist thinking. For me this is problematic in much the same way that I find various Rogerian-derived approaches problematic (For an overview see Sanders, 2004). I find research that explores the intentions and experiences of therapists and clients (Barrineau & Bozarth, 1989; Bohart & Tallman, 1999; Bozarth, 2006; Brodley, 2011; Glauser & Bozarth, 2001; Rennie, 2010) to be more interesting to me than is research about therapy outcome or the criteria of personality theories.

That being said, I hope my strongly positive evaluation of Psychotherapy and the Fully Functioning Person is clearly received. Thanks to Jules Seeman’s clarity, long experience, and interesting personal ways of formulating complex questions with perspective and serenity, thinking about this book brings out a warm smile from me.
References


Editors
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Rachel A. Jordan, PhD., LMHC, NCC
St. John Fisher College, Rochester, NY

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London, UK

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Subscription Inquiries
Howie Kirschenbaum
Howard.Kirschenbaum@rochester.edu
458 Whiting Road, Webster, NY 14580

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