

Talking with the Late “Pat” Patterson: Selections from Two Interviews

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Abstract

During his lifetime C. H. Patterson contributed significantly to the growth and enhancement of the person-centered, rehabilitation, and generic counseling, psychology and education movements in the United States and abroad. His work spans several decades. We consider C. H. Patterson to be one of the true disciples of Carl Rogers who made it his mission in life to promote the wonders and effectiveness of the person-centered approach. We were honored and humbled at the opportunity to have interviewed one of the great minds and contributors to the person-centered counseling movement. This article merges separate interviews of C. H. Patterson conducted in 1999 by Dr. Morris L. Jackson and Dr. Sylvia Nassar-McMillan. For a complete reading of the individual interviews of C. H. Patterson, consult Eric Document Reproduction Service No. ED 435 879 and *Counseling Today*, July 1999, Volume 42, No. 1.

Nassar-McMillan: Where do we start?

Patterson: At the beginning, of course, the beginning of my life. Of course I don't remember the beginning, but I was born in 1912; I was the oldest of four children. I had a brother a year and a half younger than I who recently died with Alzheimer's; a sister who was a year younger than that who died years ago of cancer, and a younger brother. I don't remember my early childhood very well. But my father died when I was about 7 years old, in the flu epidemic of 1919. I grew up on welfare—I guess they called it ADC, Aid

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to Dependent Children. My mother kept the family together. And she got all four of us through high school; that was her achievement.

I graduated and was valedictorian of my class. I had no plans for college, but I got involved in working in the Methodist Church with the young people's league, the Epworth League. I became active not only locally but regionally in the state of Massachusetts. I became an officer in the league, I had a local preacher's license in the Methodist church, and I was real active in the church at that time. That led me to think that I wanted to go into the ministry, and you had to go to college to go into the ministry. So I applied to a number of colleges and universities. I had applied to the University of Chicago—I can't remember why I ever applied.

I had no money. My grandfather, whom I never knew very well—he lived in Nova Scotia, gave me \$300. I borrowed \$300 from the Methodist Church, and I got \$300 from my employers. Chicago influenced me and took me away from the ministry. I became interested in the social sciences; the University of Chicago was very strong in the social sciences at that time. There were many famous sociologists, anthropologists, and economists there. So I just got involved in that. Perhaps it was because I wanted to help people, which was why I was going into the ministry, and it is why I eventually ended up in psychology. But I got through in 1938, in the Depression, with no job.

Nassar-McMillan: So what happened?

Patterson: I took a job with the Fels Institute as a research assistant in psychology, with the rank of instructor. My job was to interview the mothers every six months, when they came in with their children to the research center where the children were tested and records were made of their previous history. Also, I was interested in research. I discovered the Bernreuter Personality Inventory, and I thought I could do something with it. So I began administering the personality inventory to the parents and collected a lot of data. I began working on several studies. I gave a paper at a psychology convention on one of my studies. I think it was at the Midwestern Psychological Association. I gave this paper all tense and anxious, and somebody asked a question in the audience. I answered it. Afterwards, one of my colleagues asked, "Did you know who that was?" It was Robert Bernreuter, the author of the test. So I got interested in psychology.

Nassar-McMillan: What did you do thereafter?

Patterson: In 1944 I joined the APA. I can remember the first APA meeting I went to, at State College, Pennsylvania. At that time APA was so small they held their conventions at various universities. I went with my friends to State College, Pennsylvania, and who did I see there? Clark Hull. I remember standing out in the sunshine watching him sitting on the stairs with a crowd gathering round him. He had his beret on, and we were at his feet, listening to him talk.

I did get to Harvard in the summer of 1940. I went to Harvard Summer School. I had some kind of an assistantship. Somehow or other I got in touch with Robert White, who was the director of the psychology clinic there, and the author of an abnormal psychology textbook. So I took an independent study course, on psychoanalysis. He assigned me reading and I would meet with him during the summer. So I had five graduate credit hours from Harvard University from that summer. I went back to Fels, and I reported to the staff on my experiences. I had just discovered psychoanalysis, and I wrote a paper called "Freud and Fels." I'm not sure if I still have a copy of that, but I do remember the title. Then I did one of the first studies to test a psychoanalytical hypothesis.

I did a study to relate presence or absence of breastfeeding to personality. The results were negative. I published it, it was my first paper, and it was cited in the textbooks on child psychology for many years afterwards. I co-authored the study; my co-author was the nutritionist at Fels. The nutritionist became my wife in 1942.

Nassar-McMillan: What happened after Fels?

Patterson: Well, I realized that if I were going to go anywhere in psychology I needed graduate work, so I applied again to a number of universities. I picked Minnesota. So I went to the University of Minnesota, as a senior teaching assistant in the fall of 1941. There were five or six other teaching assistants there; all except one were women. They used to talk about the other assistants as my harem. There was one man also who was a teaching assistant, and I became friends with him. His name was Lakin Phillips. He later wrote a book on psychotherapy and counseling. I have a chapter on him in one of the earlier editions of my theories book. He died just a year or so ago. I had planned on getting my doctorate there. And the summer after my first year, I

taught my first independent course, in child psychology to a group of nurses, in the nursing school. I didn't continue on because there was a war. We declared war in 1941. I enlisted.

Nassar-McMillan: While you were still in the Air Force?

Patterson: While I was in the Air Force, Colonel Guilford got to talking to me and reading my writing, and he liked the way I wrote, so he had me assigned to his project to write chapters on research projects. I took over a chapter that somebody else had started; I finished that chapter. I became a clinical psychologist, though I had never had a course in clinical psychology.

Nassar-McMillan: What happened next?

Patterson: Well, the war ended and I was discharged. I had a number of possibilities that I didn't like, and because I had applied for a job as a clinical psychologist in the Veterans Administration and I wanted that, so I turned down other jobs. The Veterans Administration started a new program. It recognized that veterans in education and training programs that the VA was financing had problems and needed counseling. So the VA set up a program to train counselors for the new position. The job title was personal counselor. I learned about it, I think, from one of my friends from San Antonio who had gone on to Minnesota in the VA. He asked me if I wanted to come to Minnesota in this new position. I wanted to get out of that manager's hospital so I said yes. I took off with my wife pregnant, my son not two years old, in a car—in the middle of winter—to drive to Chicago.

Nassar-McMillan: Why were you going to Chicago instead of Minnesota?

Patterson: Because the training program that I was assigned to was at the University of Chicago. And Carl Rogers was the director of the training program. There were several classes, and I was in one of the classes, a small group, maybe there were 15 of us. Altogether there were about 200 people that completed the program under Carl Rogers and his staff. It was very intensive. I didn't have an awful lot of contact with Carl Rogers, mostly with his staff. We had a practicum or internship arrangement where we all had to go out and actually do interviews. They had these big celluloid tape recorders to tape our interviews—they had come from the Army Engineering Corps. The university got a bunch of these—they were probably 40 or 50 pounds or more. And my internship was in a YMCA in downtown Chicago. In 1942, while I was in San Antonio, Rogers' first book came out, *Counseling and Psychotherapy: Theory and Practice*. Somebody had a copy of it in that group in San Antonio, and I saw it. I didn't read it, but I knew of it, so when I knew I

was going to be assigned to this course, I quickly got a copy of it and read it before going to Chicago. Well, I was converted. I have said sometimes that I was inoculated against directive psychotherapy, and I've never had to have a booster shot.

Nassar-McMillan: Is that trait and factor?

Patterson: Yes, trait and factor theory. In my theories book, the first chapter for several editions is on Williamson. I dropped it later. I thought it was a little obsolete.

At the time I arrived in Minnesota, John Darley, the director of the counseling center, was moving to another position. The directorship in the counseling center was open, and one of the faculty members from Chicago applied for the job, E.H. Porter (who wrote a beautiful little book in 1950 on therapeutic counseling that I used to use at the University of Illinois). When I first went up there to Minnesota, I went alone to find a place to live and then went back to get my family. It was when I was going back with my family that Porter went up with me to interview for the job. I can remember the drive—I was with my son and Penny, my daughter who was only a few weeks old (she was born in the apartment hotel in Chicago). And Porter was singing to my son, what was that song? Oh, it was MacNamara's Band. Porter turned the job down. They wouldn't assure him a free hand to run the counseling center according to his theory and philosophy, which was client-centered.

I thought I should make a call on Darley, so I went in to talk to him in the counseling center and got a really cold reception. What I didn't know then, what I didn't discover until quite a while later, was that Minnesota had wanted that training program.

Nassar-McMillan: Oh, the one that Rogers was doing?

Patterson: Yes. They were really disturbed over the fact that they didn't get the training program. They felt that they were the best in the country, they should get it. It's interesting that I didn't discover how deep this resentment was until after I got my degree, when one of my friends, who was getting his Ph.D. at the same time in school administration said, "you know so-and-so said that if he had anything to do with it, you would never get your degree from the University of Minnesota." It took me seven years to get my degree at Minnesota. And when I got my degree, the man that had said that handed me my diploma.

I worked for the Veterans Administration full time during the time I was taking my graduate work. My job was not clinical psychology, it was personal counselor, and shortly after that the title was changed to counseling psychologist. One of the reasons I was interested in going to Minnesota was that I wanted to continue my graduate work at the University at Minnesota. I had gotten to know Gilbert Wrenn during my master's program. He was in the College of Education, in counselor education. So I changed—I was accepted by him as a doctoral student.

The University of Illinois had a position that I saw advertised. When I was offered the job, I mentioned it to my adviser, Gilbert Wrenn. The next thing I knew, I got a message from Donald Paterson, a famous vocational psychologist at the University of Minnesota. I got a phone call that said he would like me to stay there; they had the same position open. He asked if I could wait 10 days before accepting the Illinois job.

Nassar-McMillan: So you went to the University of Illinois, and you were there for quite some time.

Patterson: I was there for over 20 years. I got involved in professional activities. I had become a member of APA in 1944, and I became a member of the Personnel and Guidance Association in 1956, and became a part of a group including Lloyd Lofquist, Dan Sinick, and a few others who founded the American Rehabilitation Counseling Association as a division of APGA. I was the president maybe the second or third year, so I was really involved in rehabilitation counseling and rehabilitation psychology. I was involved in a lot of committees, a lot of workshops, a lot of programs that were financed by the federal government.

I met Henry Borow. He had just been commissioned as editor of "Man in a World at Work," the 50th anniversary publication of the National Vocational Guidance Association. He asked me if I would be interested in doing a chapter. So I did a chapter which is essentially client-centered career counseling. It's really still the major statement of client-centered career counseling, because Rogers never wrote on it, and nobody else has ever done it.

Nassar-McMillan: So how did you get to UNCG?

Patterson: Nick Vacc, chairman of the Department of Counseling and Special Development at the University of North Carolina at Greensboro, wrote to me when he was editor of *Measurement and Evaluation in Guidance*, and

he asked me to do an article on testing and client-centered counseling. I wasn't particularly interested in it, but I was working with a protégé, Ed Watkins, who was coming down from the University of Tennessee for supervision and tutoring. He came for a period of three years, first every week and then every month for a while. He knew everything I had written and I talked to him about it, and he said he'd like to do the article. So he took over; I gave him outlines of what I thought he should cover, he wrote the article, and he was junior author of the article that was published. And, as a result of that, Nick invited me in the summer of 1983 to teach a short summer course there. So I taught a one-month course. I lived at the Alumni House at the university and came back to Asheville on weekends. I came back to North Carolina in the fall of 1986, and began to teach my advanced theories course, which was one of several sections. Mine was Advanced Theories of Counseling/Phenomenological. I taught that for almost 10 years. But it petered out, and I was really ready to quit. When I first started teaching that course, I had doctoral students, and then I realized they were all doctoral students, and somebody asked me about master's students. Sure, I'd be happy to have master's students. I had 16 students the first time I offered the course. So I took master's students, and I realized all the doctoral students had gone to another faculty member. What happened was another faculty member took over the theories course by requiring that all doctoral students take that section. So I only got about two or three students. It was an elective course, and students' programs were full. I couldn't supervise interns because another faculty member took over supervision. So in effect, I was just written out of the program. I could have continued longer if I had had enough students.

Jackson: Who has had the greatest influence on your professional development?

Patterson: It goes back to 1946. I was discharged from the Army, where I had been a clinical psychologist. I became a clinical psychologist in a Veterans Administration hospital. I was not too happy administering Rorschachs, TATs, and other tests, which did not seem to me to be particularly helpful to patients, and which ended up in a filing cabinet. So when the VA established a new position called personal counselor (later changed to counseling psychologist), and a friend of mine at the Minneapolis VA Center suggested I apply for the position in Minneapolis, I was interested and obtained the appointment. But I did not immediately go to Minneapolis. The VA recognized that few psychologists were prepared to engage in counseling or psychotherapy—I wasn't. So it established a short-term training program (five weeks, I believe). The program was at the University of Chicago, headed by

Carl Rogers. I had heard of Rogers. While in the Air Force in 1942 I saw, but did not read, a copy of his 1942 book (*Counseling and Psychotherapy*. Boston: Houghton Mifflin). I immediately got a copy and went off to Chicago. I was exposed to client-centered therapy (then better known as nondirective therapy) and became a client-centered counselor. I have sometimes said that I was inoculated by Rogers against directive counseling, and I have never had to have a booster shot. So for over 50 years, I have practiced, taught, written about, and done research on client-centered therapy. I have realized recently that there are those who have not been aware of my identification with client-centered therapy, since I have not used that term in the titles of my books. But I have never deviated from this position. I have sometimes said, somewhat facetiously, that I have tried to be to Rogers what St. Paul was to Christ: I have preached one gospel, the gospel of Carl Rogers.

Jackson: What professional contributions are you most proud of?

Patterson: Perhaps there are two main ones. (1) My many publications in the field of counseling and psychotherapy, ranging from counseling in schools—elementary, secondary, and higher education—to rehabilitation counseling, vocational or career counseling, to my major book, first published in 1966 as *Theories of Counseling and Psychotherapy* (New York: Harper & Row) with the fifth edition (with Ed Watkins) published in 1996 as *Theories of Psychotherapy* (Boston: Allyn & Bacon). And most recently my attempts to formulate a unitary or universal system of psychotherapy (see *Successful Psychotherapy: A Caring, Loving Relationship*, with Suzanne Hidore. Northvale, NJ: Jason Aronson).

(2) The second would be the students I have taught during my years at the University of Illinois (1957-1977) and (part time) at the University of North Carolina at Greensboro (1984-1995). I was the major adviser of 75 doctoral students at the University of Illinois and was on the committees of many more. In addition are the many master's level students in my classes. Several of my former students have published books—one in Turkish, one in Israeli, another in Chinese. Others have published pop psychology books. My first doctoral student was a Turkish woman. Forty-three percent of my doctoral students were women—a proportion that I believe was unusual if not unique during that time. A former student at the University of North Carolina at Greensboro, Suzanne Hidore, is coauthor of my latest book.

Jackson: In your early writing you often used the terms “counseling” and “psychotherapy.” In your recent writings you dropped the word “counseling.” What is the difference?

Patterson: In my early writing, I equated the words “counseling” and “psychotherapy”—perhaps following Rogers, who titled his 1942 book *Counseling and Psychotherapy*. In 1974 I published a chapter in *The Counselor's Handbook* (edited by G. F. Farwell, N. R. Gamsky and Philippa Mathieu-Coughlan. New York: Intext) titled “Distinctions and Commonalities Between Counseling and Psychotherapy.” I suggested that distinctions in terms of severity of client disturbances, in goals, and in methods and techniques had not been established. The major distinction seemed to be that those working in a hospital or medical setting practiced psychotherapy, while others practiced counseling. It was Joe Samler, I believe, who suggested that the major difference was that psychotherapists wore a white coats and counselors wore sport coats.

I have since modified my position. Whereas the first four editions of my theories book were titled *Theories of Counseling and Psychotherapy*, the fifth edition is titled *Theories of Psychotherapy*. In the preface of the fifth edition, I wrote: “We have deleted the word counseling from the title of this edition. The reason is simple: There are no theories of counseling apart from theories of psychotherapy” (p. xvi). I might have said there are no theories of counseling—period.

In addition, it appears that the word counseling has been expanded to cover so many things that it is hardly a professional term. We now have beauty counselor, bereavement counselors (aka undertakers), financial counselors (formerly known as loan sharks), etc., etc. A student once told me he had been to a store to buy some carpeting and was served by a rug counselor. I remarked that it was nice to know where I could take my rug if it needed counseling. Counseling is no longer a professional designation. Yet as the activities of counselors have gone on to other noncounseling activities, there is need for a term to cover what professional people do. Psychotherapy is perhaps too limiting—vocational or career counseling is not psychotherapy. And there is resistance to having the term psychotherapist applied to those without a doctorate in psychology or psychiatry. So I still use both terms.

Jackson: You have written on “relationship counseling.” New counseling approaches today are questioning its significance. What is your opinion?

Patterson: I think I first used the term "relationship counseling" my 1974 book (*Relationship Counseling and Psychotherapy*. New York: Harper & Row). I was attempting to find a term that might be acceptable to those counselors and psychotherapists who were resistant to the term "client-centered." But my concept of relationship therapy is identical with that of client-centered therapy. The essence of client-centered therapy is the relationship between the counselor or therapist and the client. While just about everyone accepts the relationship as being important, even necessary, many believe that it is not sufficient, that certain techniques must also be present. Just what these techniques are is never clear, or agreed upon. Moreover, there is no good research evidence for the effectiveness of any particular techniques. I should note here that psychotherapy, in my definition, is the treatment of social-psychological disorders or disturbances. Specific, discrete behavior problems or habits or symptoms are not included. They may be helped by behavior modification techniques, which in my opinion are not psychotherapy. My position is that the relationship is the essence of psychotherapy and is not only necessary but sufficient.

We are living in the age of technology, and the field of counseling and psychotherapy, indeed the field of human relations in general, is becoming technologized. The practice of psychotherapy is thus a matter of intervening in the therapist-client relationship with certain techniques or skills, operating on the client to achieve certain outcomes chosen—or considered desirable by—the counselor or therapist. Counselors or therapists are now expert technicians with a kit of tools—or skills. I recently expressed my views on this as follows:

Skills are actions, motor or verbal. They are practiced deliberately, to obtain rather specific results. They are acquired slowly, with repeated practice. They are not spontaneous, but carefully practiced. They are apart from and do not involve a philosophy, a theory, beliefs, or attitudes. They imply doing something to something or somebody. Psychotherapy is more than the practice of a set of skills.

The core conditions are often called skills. But this is a misleading and inaccurate use of the term. The core conditions are attitudes that are deeply held, involving beliefs and a philosophy. As such they do not require a long period of conscious practice—they are expressed and implemented spontaneously, a natural result of the philosophy—that is, a philosophy that is a part of the individual's life, not something acquired quickly.

I recall my experience while teaching at Aston University in Birmingham in 1972. After I had spent a number of weeks discussing the philosophy and theory of client-centered therapy, the tutor in the course brought out material on exercises for the students to practice—these were Carkhuff's materials. The students resisted—they felt that it was artificial—they wanted to work with real clients. Our plans were changed, and they began working with clients—successfully—with no skill training. That led me to formulate the principle that the greater the understanding of and commitment to a philosophy and theory, the less the need for skill training.

It follows that the emphasis in teaching client-centered therapy should be on the philosophy and related theory. This has been my practice for over 45 years, with the resulting claim that I can develop a client-centered therapist in one year—a semester of teaching the philosophy and theory, and a semester—sometimes two—of supervised practice. Students, of course, have other courses.

The focus of teaching is on helping the student to listen to and hear what the client is saying, and to respond with empathic understanding. Respect is shown by listening, and genuineness is being real in the relationship, not a technician practicing skills. Before attempting to engage in psychotherapy, one must be immersed in and committed to the philosophy and theory of client-centered therapy.

There is a paradox in the current trends in psychotherapy and medicine: While medicine is moving away from more invasive procedures to less invasive procedures in treatment, particularly in surgery, psychotherapy is moving toward more invasive procedures. For every intervention there is a risk—every form of surgery has failures. There are also risks in psychological interventions.

Jackson: In which theoretical school of counseling would you place yourself? Why?

Patterson: I think it is clear that I have been committed to client-centered therapy during all of my professional life. The reason is simple: It is the most effective system of psychotherapy. It is supported by more research than any other system (Patterson, C. H. (1984). Empathy, warmth and genuineness in psychotherapy. *Psychotherapy*, 21, 431-438; Chapter 13: *Theories of Psychotherapy*). Currently, client-centered therapy is not popular in the United States (though

it is more popular in Europe, Hong Kong, and Japan). While the immediate future of client-centered therapy does not appear to be promising, particularly in the current climate of emphasis on short-term, cognitively oriented, technique-based therapy, I am convinced that in the long run—not in my lifetime—the philosophy and theory of client-centered therapy will prevail.

Jackson: What advice would you give to graduate students and beginning counselors today?

Patterson: I don't give advice in therapy, but in other situations I am tempted. Students should always ask for the evidence for any theory or practice. I think they should also be aware of and question the prevailing and currently accepted paradigm in the field. The current paradigm, as are all entrenched paradigms, is resistant to change.

Jackson: What is the role of the psychotherapist/counselor?

Patterson: The counselor/psychotherapist is not playing a role; he/she is a real person in a real relationship. He/she does not lead, guide, direct, give advice, push or pull, make recommendations, use skills or techniques, explain, interpret, offer solutions or alternatives. The counselor/therapist provides an accepting relationship that facilitates client disclosure and exploration of whatever the client is ready and willing to talk about. There are three simple rules I have emphasized in my teaching:

1. Keep your mouth shut. You can't listen if you are talking.
2. Never ask a question, unless you don't understand what the client is saying.
3. Remain in the responsive mode; the client leads, the counselor/therapist follows.

The facilitative relationship that the counselor offers consists of empathic listening and responding, showing respect—even compassion—and being real and genuine. I have summed up the relationship as one of love or agape. Such a relationship enables the client to disclose and explore his/her feelings, behaviors, problems; to make choices and decisions; and to become a more self-actualizing person.

Jackson: What do you think about the multicultural movement in the US?

Patterson: My first statement on multicultural counseling or psychotherapy was made in 1978 (Cross-Cultural or Intercultural Counseling or Psychotherapy. *International Journal for the Advancement of Counseling*, 1, 231-247). My position has not changed since then (Multicultural Counseling: From

Diversity to Universality, *Journal of Counseling and Development*, 1996, 74, 227-23; Chapter 8 in *Psychotherapy: A Caring, Loving Relationship*). Simply stated, it is that there is only one theory or system of counseling or psychotherapy, and it is appropriate for all human beings. It follows the dictum of Harry Stack Sullivan, a psychiatrist: "Simply stated, we are all much more simply human than otherwise." (*Conceptions of Modern Psychiatry*. Washington, DC, William Alanson White Foundation, 1947, p. 16). Every client is a member of multiple cultures and groups., all of which influence the client's perceptions, beliefs, feelings, thoughts, and behavior. All therapy is thus multicultural. The fact that there are conditions that are recognized as being therapeutic in many if not all cultures has led me to develop "A Universal System of Psychotherapy" (*The Person-Centered Journal*, 1995, 2, 54-62). The process, involving the conditions, is universal. The content is unique for each client.

Jackson: In your opinion, what factors or qualities make a good counselor?

Patterson: Counselors must possess a high level of ability to empathize—putting themselves in the place of the client. In the book *To Kill a Mockingbird* by H. Lee, Atticus Finch, the lawyer defending a black man accused of raping a white girl, trying to help his children understand people's behavior toward him says: "If ... you can learn a simple trick ... you'll get along better with all kinds of folks. You never really understand a person until you consider things from his point of view—until you climb into his skin and walk around it" (p. 24). Empathic understanding is of course not a trick, nor is it simple. While it is not something that can be learned in the usual way, it does take considerable education and practice to be able to experience it and to communicate it to clients. That is a main function of the education of counselors. Our culture teaches people to be objective and to look at things as objects. Counselors must have a high respect for others and their capacity to take responsibility for themselves and their lives. And as has been noted earlier, being a counselor is not acting out a role—it is being a real human being in a real relationship.

I have often said that there are three groups of people who have difficulty becoming counselors: those who are highly extroverted, those who are highly cognitive, and men.

Jackson: How do you see yourself fitting in the larger history of counseling?

Patterson: That is a question to which I have no answer. At present I do not feel that I have had much effect on the field of counseling or psychotherapy. I have a dream that sometime in the future—20 or 30 years from now—when a

universal system of psychotherapy is accepted, someone might discover my statements of such a system—probably somewhere in an Internet archive.

Jackson: Who are some of the important figures in the counseling and psychotherapy field who have affected you?

Patterson: Since it is apparent that I have really been influenced by one (Rogers), I think we should omit this.

Jackson: What do you think of the DSM-IV and its value to counselors and psychotherapists?

Patterson: In 1948 I published an article titled "Is Psychotherapy Dependent upon Diagnosis?" (*American Psychologist*, 3, 155-159). My answer then was "No"; the answer is still "No." I made clear then what conditions I was talking about: "...it should be made clear that we are concerned with the so-called functional disorders in which psychotherapy is applicable. It is recognized that there are mental disorders of definite organic origin, involving neurological disease, physiological disturbances, toxic conditions, and traumatic injury." Today I would say that I am concerned with social psychological, or psychosocial conditions. But the arguments in the article are still surprisingly relevant today.

Nobody really likes it, but it has become accepted as a necessary evil in the current stage of practice in HMOs. Those unfortunate enough to work in such settings and in private practice with insured clients must put up with it—even though it is irrelevant to the majority of clients, whose problems are social-psychological in nature. But these clients, to be covered by insurance, must be diagnosed with a mental condition, and thus become subject to DSM-IV.

Nassar-McMillan: Do you see anything that you'd like to speak to in terms of the present and future?

Patterson: Yes. Client-centered therapy is alive, not so much in the United States. Probably a lot of practitioners here that were trained in the Rogers period are still practicing. But it's not popular, it's not being taught, you can't find any university where you can get real teaching in it. UNCG was one place—with my course and a supervised internship. I claim that I can produce a therapist in one year, sometimes three semesters, with capable people. It doesn't take a Ph.D. There is a lot of interest in Germany; there are at least six different programs in England. In Japan it's accepted and recognized. In Hong Kong and in Taiwan it is recognized. I think they are more appreciative

of democracy than we are; we accept it as something given and don't appreciate a democratic society. We have gone to technology. We are technologizing all of our human relationships. The whole field has gone that way. And technology means that it's an expert who operates on people, who does things to people. In all the counseling education programs now, you've got to be an expert, you've got to have these techniques. You try to grab from your bag of tricks one that you think is going to work. These people say that what they do works. But how do you know what works? The criteria for most people for what works is that the client is pleased, so that makes the therapist pleased. So if the client and therapist are pleased, it works. But are you helping the client? Perhaps you're making the client depend on you. But the objective of therapy is to make the client independent. So the near future of client-centered therapy is dim. It will persist in other countries. But I am convinced that because it is so basically true, and right, that eventually, in 20 or 30 years, the field of psychotherapy will come around to it. That's why I wanted to publish my last book, to get it out. Thirty years from now, they'll be accepting it. So there's my life in a nutshell—perhaps a rather large one.

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