Client-Centered Therapy – What Is It? What Is It Not?[1]

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Carl R. Rogers, the originator of client-centered therapy, did not intend to found a school of psychotherapy with a set practice. Instead, he worked with his clients, reflected on the therapy process and, at a certain point, he advanced a set of hypotheses (1957) about the causes of constructive personality change. He presented the theory so it could be tried out by others and so it could be used as a basis for further research on psychotherapy.

Rogers thought his theory was an approximation to the truth about therapy. But he was, also, committed to protecting and encouraging a spirit of experimentation, discovery and creativity about psychotherapy. He did not want client-centered therapy to be 'frozen' but, rather, to be a working hypothesis, a stimulus to further inquiry about the therapy process. Rogers always has been committed to promoting openness, growth and change in the pursuit of truth about therapeutic process.

He has always encouraged and supported research projects and theorizing by others. And, very importantly, his presentation of the theory in terms of attitudinal conditions, not techniques, fostered openness to different ideas about therapeutic practice. His theory left it up to the practitioner to choose which behaviors or techniques could be used to communicate the therapeutic attitudinal conditions to the client. This development in client-centered theory opened the way for practitioners from many different therapeutic schools to incorporate the basic premise and the hypotheses of attitudinal conditions into their own therapy without abandoning their original orientations. It also set

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the stage for the creation of a variety of new therapeutic methods based on the fundamental principles of client-centered theory.

It is my impression that there are many different therapy practices, and more therapies continually developing, which share the basic theory of client-centered therapy. This situation, of many evolving therapies which are often referred to as client-centered therapies, is confusing to students and confusing when one wishes to discuss differences in therapy practice with colleagues.

I think it would clarify this situation to classify a therapy practice as a *person-centered therapy* whenever a therapist is trying to work from the basic hypotheses: the inherent growth principle and the major attitudinal conditions for constructive change. Once this classification is made, we can distinguish among the various person-centered therapies by their observable form, or their techniques, or by the additional principles, values or theoretical elements they encompass.

I believe there are many evolving person-centered therapies and the practice of client-centered therapy is one of those. Client-centered therapy can be described in terms of the theory it shares with the other person-centered therapies and by its distinctive features.

My view is that client-centered therapy is a distinctive and important practice and that it can be defined as a practice and its parameters clarified. I do not believe it would, by defining it in a delimiting way, become static or not evolve further. Rather, its evolution would be conceived within certain limits. Functioning therapeutically outside those limits would be considered, perhaps, a new and other person-centered therapy. Or someone might, also, be developing a practice outside the defined limits of the person-centered therapies. Certainly many of those already exist. The point is, this system of classification gets around the problem of freezing client-centered therapy but also permits distinctions in respect to the practices of therapy that are out there in the reality of therapeutic work.

The differences distinguishable among person-centered therapies probably make substantial differences in the experience of therapy by both client and therapist and make differences in what is observable on tapes and films and, probably, make differences in the effects of the therapy on the lives of its clients. We can study and

understand these different effects much better if we distinguish practices. But most important to me, the clarification and definition of client-centered therapy as distinguishable from other person-centered therapy practices can contribute to the presentation and evolution of this unique and extremely effective way of working with clients. I have felt for some time that client-centered therapy has been misunderstood, underestimated and underused, in part, because of its ambiguities as a practice and because of its confusion with other person-centered therapeutic practices.

The Person-Centered Approach

Rogers has recently stated the basic hypothesis and the therapeutic conditions that distinguish the person-centered approach as follows: The central hypothesis of this approach can be briefly stated. It is that the individual has within him or her self vast resources for self-understanding, for altering her or his self-concept, attitudes, and self-directed behavior – and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided.

There are three conditions which constitute this growth-promoting climate, whether we are speaking of the relationship between therapist and client, parent and child, leader and group, teacher and student, or administrator and staff. The conditions apply, in fact, in any situation in which the development of the person is a goal. I have described these conditions at length in previous writings (Rogers, 1959, 1961). I present here a brief summary from the point of view of psychotherapy, but the description applies to all of the foregoing relationships.

The first element has to do with genuineness, realness, or congruence. The more the therapist is him or herself 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.

The second attitude of importance in creating a climate for change is acceptance, or caring or prizing – unconditional positive regard. It means that when the therapist is experiencing a positive, nonjudgmental, accepting attitude toward whatever the client is at that moment, therapeutic movement or change is more likely.

The third facilitative aspect of the relationship is empathic understanding. This means that the therapist senses accurately the feelings and personal meanings that are being experienced by the client and communicates this acceptant understanding to the client (Rogers, 1986).

Additional assumptions, beliefs and hypotheses that are central to the person-centered approach are the following: 1. Belief that human nature is basically constructive. 2. Belief that human nature is basically social. 3. Belief that self-regard is a basic human need and that self-regard, autonomy and individual sensitivity are to be protected in helping relationships. 4. Belief that persons are basically motivated to perceive realistically and to pursue the truth of situations. 5. Belief that perceptions are a major determinant of personal experience and behavior and, thus, to understand a person one must attempt to understand them empathically. 6. Belief that the individual person is the basic unit and that the individual should be addressed, (not groups, families, organizations, etc.), in situations intended to foster growth. 7. Belief in the concept of the whole person. 8. Belief that persons are realizing and protecting themselves as best they can at any given time and under the internal and external circumstances that exist at that time. 9. Belief in abdication of the pursuit of control or authority over other persons and, instead, a commitment to strive to share power and control. 10. A commitment to open mindedness and humility in respect to theory and practice.[i]

The basic hypothesis, the theory of therapy and the additional beliefs stated above describe the person-centered approach. They are elements I believe are usually shared by the people practicing the various person-centered therapies including client-centered therapy. These shared elements do not, however, distinguish client-centered therapy from the other person-centered therapies. The following discussion is an attempt to define and discriminate the practice of client-centered therapy.

Client-Centered Therapy – What is it?

First, client-centered therapy is distinguishable by its form. The salient form of client-centered therapy is the empathic understanding response process (Temaner, 1977). The empathic understanding response process involves the therapist maintaining, with consistency

and constancy, the therapeutic attitudes in his/her experience and expressing him/herself to the client through empathic understanding responses. Please turn to the appendix of this presentation for four segments of therapy sessions which can serve as illustrations of empathic understanding response process.

Empathic understanding responses are the observable responses which communicate empathic understanding to the client. They are responses intended to express and check the therapist's empathic understanding experience of the client. In a given empathic understanding response process between therapist and client many different types of empathic understanding responses may be involved. Examples of common types of empathic understanding responses are the following: literal responses; restatements; summaries; statements which point toward the felt experience of the client but do not name or describe the experience; interpretive or inferential guesses concerning what the client is attempting to express; metaphors; questions that strive to express understandings of ambiguous experience of the client; gestures of the therapist's face, hands, body; vocal gestures, etc.

What makes these types of response function as empathic understanding responses is that the therapist expresses them to the client with the intention to ask the client – 'is this what you are telling me?' or 'is this what you mean?', or 'is this what you are feeling?'. These types of response, and others, may be the vehicle for the expression of empathic understanding as long as their sole intended function is to help the therapist in his attempt to understand the client's internal frame of reference as the client is searching himself and communicates to the therapist.

The empathic understanding response process can appear to be very different from therapist to therapist, and between therapies with different clients by the same therapist, depending upon the types of responses which are used by the therapist. The particular way the therapist expresses empathic understanding to the particular client does not matter, from the point of view of remaining within the client-centered framework, however, as long as *the way* communicates to the client the therapist's intention to understand and as long as the client feels understood by the therapist.

Client-centered therapy is also distinguishable by the extreme emphasis the practice places on the non-directiveness of the therapist. In client-centered therapy the therapist is intensely mindful to respect

and protect the autonomy and self-direction of the client. The client is viewed as the expert about himself and the therapist views himself as expert only in maintaining the attitudinal conditions in the relationship with the client, not as an expert on the client.

The therapeutic relationship is inherently an unequal relation in which the client is self-defined as vulnerable and in need of help and the therapist is self-defined as one who can help. An element in the person/client-centered perspective is the belief that unequal relationships are naturally, to some extent, hurtful or harmful to the persons involved in them.

Unequal relationships are sometimes necessary, for example, the physician and patient or the teacher and student, because they offer desired benefits. But the person/client-centered perspective fosters the abdication of the pursuit of power and would argue for minimizing the hurt or harm by sharing the authority as much as possible.

The client-centered therapist is particularly mindful of the harmful potential side-effect of the unequal therapeutic relation, and tries to share his authority as much as possible. This awareness and effort influences all of his actions in relation to the client. Basically, the client-centered therapist's view on this matter is – the *authority for the client's experience is the client and the way the client uses the relationship is always left up to the client*.

This non-directive attitude has a significant influence on the way therapy is conducted, influencing what is done and what is not done. For example, the client-centered therapist answers client's questions. Obviously, if the therapist decides what questions it is appropriate to answer, or takes the view that certain questions are expression of a client's avoidance of something and the therapist interprets this to help the client get on the right track, or if the therapist takes the view that the client's question is an aspect of seeking dependence on the therapist and the therapist raises this interpretation, then the therapist is acting in ways that direct the client's process. From a client-centered viewpoint, the idea that the therapist should evaluate the desirability for the client of having his questions answered is paternalistic and an exercise of authority over the client.

A client-centered therapist remains free to not answer a question asked by the client. But the reason for not answering would be explained to be a personal one – the therapist feels he does not know enough, or he feels uncomfortable in divulging the particular

information, etc. – not as something that is good for the client. There are many, many implications for the way therapy is-practiced when the client-centered therapist is acting from this strongly felt attitude that the client is his own best expert and that the therapist maintain non-directiveness.

The non-directive character of client-centered therapy is not only for the purpose of protecting the client's autonomy and to enhance the client's self-direction. Client-centered therapy is a fundamentally non-directive therapy because being so contributes to the distinctive therapeutic quality of the relationship between therapist and client. This quality involves the fostering in the client of a combination of feelings – of freedom, of a positive sense of self, and of empowerment. The therapist provides the basic therapeutic attitudes of congruence, acceptance and empathy. He combines these in his way of being, with non-directiveness – the absence of directive attitudes and behaviors that would determine the content of the client's expression, that would determine the form of the client's expression, or determine the processes that take place in the client. This whole way of being produces a unique experience of an authority (the therapist, inherently an authority) consistently behaving in a non-authoritative manner. This abdication of the usual forms of authority carries meaning to most clients. It conveys that they are not being evaluated, not being supervised and not being controlled. That they are not being treated in these usual ways by an authority also carries the meaning that they are being treated with respect, are being trusted, and are free, to a great extent, in the relationship. As a consequence the relationship takes on the qualities referred to above, of freedom, of enhancement of the client's sense of self and sense of personal power.

Client-centered therapy is a practice in which the hypothesis of the inherent growth principle is put into action. It is also a therapy wherein the theory of therapeutic attitudes as conditions for growth is taken as the basis for functioning with the client. It is also a therapy practice that is distinguishable by the form that it usually takes (or the form it reverts to if other forms come into play) – the empathic understanding response process. It is also a therapy, which emphasizes non-directiveness and wherein this principle is maximized in the relation with the client. All together, these features distinguish

client-centered therapy from other extant and possible person-centered therapies.

Client-Centered Therapy – What is it not?

In the world of psychotherapeutic practices client-centered therapy *is not many things*. The following list of *things it is not* will be limited, however, to those things it is sometimes thought to be by people who have a familiarity with the approach.

1. Client-centered therapy is not the technique of 'reflection of feeling' or making 'empathic understanding responses'. Any outward form of an art (and therapy is an art) may be looked at as a technique. It may be useful to look at the reflection or empathic understanding responses from the point of view of technique but this should be understood as an abstraction and contrary to the spirit of their actual production. Only if empathic understanding responses, (or any other types of response used in the context of client-centered therapy), are used as expression of the therapist's genuine attitudes of congruence, acceptance and empathic understanding are they an expression of client-centered therapy.

2. Client-centered therapy is not identical with the empathic understanding response process. This is so even though the process is the salient form of interaction in relationship of client and therapist and even though this form is one of the identifying features of client-centered therapy. Empathic understanding response process (EURP) is not identical with the total therapy for three main reasons.

First, the functions of the therapist are more than the EURP. The therapist's adaptation to the individual client as a person in a concrete relationship situation requires the application of the hypothesis and the therapeutic conditions in many ways, including the set up of the therapy, the adjustments in language for the sake of mutual understanding, and the social aspects of the therapy situation.

Second, the EURP is an optimal process, as a means to express empathic understanding and express the other therapeutic attitudes to the client, for most clients who choose to engage in therapy and wish to talk about themselves and their problems. But client-centered therapy is not limited to this population of clients. The realization of the theory of therapy with clients who do not choose therapy, or clients who are unable to talk about themselves, or clients whose illness or

defects distort their relation to reality or to a relationship, may require forms of interaction which appear quite different from empathic understanding response process.

Third, there are, in the usual therapy situation when EURP is the salient form, often other forms of interaction which occur in the practice. These forms, such as answering questions, giving explanations, shaping experiments for the client to try, etc., occur in and may be an integral part of a particular therapy relationship. These forms occur in client-centered therapy, however, only when they are requested by the client or when they become the way to be with the client that gets clarified out of expressed needs or desires of the client. If forms of interaction other than EURP occur in a particular client-centered relation, the way they are expressed or done is shaped by the belief in the growth principle, the presence of the therapeutic attitudes in the therapist and the non-directiveness of the therapist.

3. Client-centered therapy is not based on a belief in any particular therapeutic process occurring in the client. Even if it were to be shown that the most therapeutic process in clients is a particular way of expressing the self, or a particular way of relating expression to inner experience, or particular feelings developing toward the therapist, or a particular pattern of insights, or any other idea about how the client should act or feel or express – as the maximally therapeutic way – (and nothing of the sort has been shown so far), client-centered therapy would remain non-directive and open to the process that emerged in the client and would not involve trying to influence that process.

It should be obvious, that to hold the view that a particular way of functioning by the client in the therapy relation is *the way to make happen* would necessarily involve some form of directiveness and be inconsistent with the basic conception of client-centered therapy. Given the premises of client-centered therapy, it is not possible to justify directiveness regardless of the advantages that might derive from directiveness in a particular instance.

4. Client-centered therapy does not excessively restrict the therapist's resourcefulness as a helper. This is the case in two different ways. First, within the framework of client-centered therapy as defined above, it is possible for therapists, depending upon their talents and the psychotechnologies they have learned, and if they are so inclined, to utilize techniques identified with other types of therapy. Techniques

of, for example, behavioral therapy, cognitive therapy, gestalt therapy, hypnosis, focusing, relaxation, meditation, etc., may be brought into the context of ongoing client-centered therapy. But – and this is a restriction – the client-centered therapist would bring these in only at the request of the client or when the interaction brings out in the client an awareness of needs that might be met by such techniques. The client-centered therapist does not, as said before, have any convictions prior to the therapy about what process in the client, or what ways of helping, a client may need. These techniques and psychotechnologies may, then, be incorporated into a specific course of client-centered therapy, as long as the therapist is not imposing them and the client is given control of the occasions and limits on their use.

The second way the therapist is not restricted in the forms of help that may be given to the client is that the client-centered therapist may serve as a source of information about other therapies or treatments and as the person who helps the client utilize the therapies or treatments provided by others. Sometimes helping the client utilize other therapies means minimizing their damage to the client that takes place as they are benefiting him. Until other helpers – physicians, psychological and behavioral therapists, psychopharmacologists, etc., are, themselves, person-centered, it remains the case that many of these experts violate the self-regard or the autonomy of their patients and clients.

The client-centered therapist performs a crucial service in maintaining the basic client-centered therapeutic relation while his client goes through various treatments and therapies. These treatments may, in their specifics, be helpful to the client – even necessary – for his well-being. But without the grounding in the client-centered relation the client may be totally unable to use the services of these experts, or may be hurt or damaged in the process.

In the same way that the nature of client-centered therapy, in providing optimal conditions for growth and change, facilitates the client's constructive experience of, and way of relating to, his world, it also facilitates the client's strength, confidence and good judgment in utilizing the resources of the world, including its myriad therapies, treatments and educational and remedial resources.

5. Client-centered therapy is not inhibiting or restrictive to the natural personality of the therapist. It is true that the person who has strong tendencies to control others or to dominate others is not likely

to take on client-centered therapy as his way of working. But if the basic person-centered values feel right to the therapist, the development of its disciplines will tend to feel self-realizing, not self-restricting. Also, within the framework of client-centered therapy there is great freedom for individual personalities. The therapeutic attitudinal condition of congruence, the realness of the therapist, the avoidance of a role fosters the development of individuality (and the client's perception of that individuality) in the therapist's *presence* with the client.

There is a marked similarity among client-centered therapists in their shared values and in the salient form of the therapeutic relation – the empathic understanding response process. Within that form, however, the unique mind and experience of a therapist shapes his empathic grasp of the client's presented experience and shapes the specific responses that are expressed to the client.

Individuality is also expressed in the extent of personal openness and the qualities brought out in self-disclosures when they are in answer to personal questions by the client or when they are an expression of congruence.

The natural personality of the therapist is generally enhanced and developed by the practice of client-centered therapy itself. The practice requires the development of the attitudinal conditions in relation to clients. In this development, for that context, the client-centered therapist tends to develop those qualities towards himself and is, thereby self-therapeutic and self-fostering of his own individuality.

6. Client-centered therapy is not based simply on what works. It is based on what works within the parameters of what expresses and maintains the client's experience of the attitudinal conditions and of the therapist's non-directiveness and does not contradict the presence of these conditions. If what works also jeopardizes the client's sense of safety and freedom, or undermines the client's self-regard, his feelings of confidence in himself, or his sense of autonomy, then what works in those cases is not sufficient to justify employing it.

The achievement of insights, or the reduction of specific symptoms, in client-centered therapy, is only considered therapeutic if it is in the context of the larger perspective of preserving the therapeutic attitudinal qualities of the relationship perceived by the client.[ii]

Client-centered therapy stems from ethical values and beliefs, even though they are held with the reservation that they are hypotheses. These values assert respect for the individual person and the belief that unconditional caring for the person is constructive for the person and also for the social milieu of the person. Whatever scientific support there may be for the client-centered theory of therapy – and there is considerable support for it (Patterson, 1984), the science is not the start of the practice for the practitioner. It simply gives support for where we place our faith. Because no-one knows the truth about therapy and no-one knows what is right.

References

Bozarth, J., & Brodley, B.T. (1986). *The Core Values and Theory of the Person-Centered Approach*. A paperprepared for the First Annual Meeting of the Association for the Development of the Person-Centered Approach, in Chicago, Illinois, September 3–7, 1986.

Brodley, B.T .(1999). "A client-centered demonstration in Hungary." In I. Fairhurst (Ed.) *Women Writing in the Person-Centred Approach* (pp. 85–92). Ross-on-Wye: PCCS Books.

Brodley, B.T., & Lietaer, G. (2006). *Transcripts of Carl Rogers' Therapy Sessions, Vols. 1–17*. Available from germain.lietaer@psy.kuleuven.be and kmoon1@alumni.uchicago.edu

Lietaer, G., & Brodley, B.T. (2003). Carl Rogers in the therapy room: A listing of session transcripts and a survey of publications referring to Rogers' sessions. *Person-Centered & Experiential Psychotherapies*, *2*(4), 274–91.

Patterson, C.H. (1984). Empathy, Warmth and Genuineness in Psychotherapy: A Review of Reviews. *Psychotherapy, 21*, 431–8.

Raskin, N.J. (1974). Studies of psychotherapeutic orientation: Ideology and practice. AAP (American Academy of Psychotherapists) *Research Monograph No. 1, pp. 5-33. [Republished 2004 in N.J. Raskin Contributions to Client-Centered therapy and the Person-Centered approach* (pp. 72-97. Ross-on-Wye: PCCS Books.]

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21,* 95–103.

Rogers, C.R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.) *Psychology: A study of a science, Vol III, Formulations of the person and the social context* (pp. 184–256). New York: McGraw-Hill.

Rogers, C.R. (1961). *On Becoming a Person: A therapist's view of psychotherapy*. Boston: Houghton Mifflin.

Temaner, B. (1977). *The Empathic Understanding Response Process*. Chicago Counseling Center Discussion Paper. A paper based on a lecture presented to Changes on March 6th, 1977.

APPENDIX[iii]

Segment I[2]

C29: I was thinking the other night, I was feeling very blue about the way I felt, and I thought, well... maybe, I wish I had my mother here in the way that she was, because she used to be... sort of reassuring when I was ill and she would do little things, and make some special dish, like custard or something. It was sort of reassuring sort of to have her around. (T: Mhm) And, of course, I know that she isn't able to be that way any longer. I don't know what it all means, but for a minute I thought I really miss her. I sort of need a mother at this point and yet that's sort of impossible...

T29: But even though it's factually impossible, the feeling was... 'Gee, I miss her, I wish she was here to take care of me and look after me'. (C: Mhm)... (19 sec. pause)

C30: And yet at the same time I felt, well - a little later, so - I thought that... maybe that wasn't what I needed, maybe it was a more adult... sort of... companionship or something in some way, rather than a mother. But I needed something or somebody...

[2] In the course of many years, Barbara transcribed and supervised others in transcribing Rogers' therapy and demonstration sessions. In 1986 the two appendix transcripts of Rogers work (I & II) contained more omissions than they do now. At some point, Barbara began the process of "polishing" them through multiple listenings of the tapes. Her transcript work culminated in a joint effort with Germain Lietaer to transcribe for purposes of study and research all of Rogers available sessions (Lietaer & Brodley, 2003) and to share them through an informal email publication (Brodley & Lietaer, 2006). We have updated this appendix with the 2006 version of these segments selected by Barbara in 1986.

T30: You really didn't feel sure in yourself whether... what you wanted was someone to really... give you close mothering... or whether you wanted some more... grown up kind of relationship...

C31: And then, in another sense, I thought, well... maybe it's just something I have to go through alone.

T31: Maybe it's just hopeless to wish that I could really be in a relationship with anybody... Maybe I *have* to be alone.

C32: The thing that sort of has thrown me this week is that... well, I feel better about the physical condition I talked of last week, and I sort of made friends with my doctor which makes me feel a little better, as though we're not going to be quietly fighting without saying anything. And I think that I have more confidence in my medicine. I read an article about this and it said it's very hard to diagnose, so I don't hold that against him. But he feels he has to be sure, sort of... (words lost) giving me X rays and I'm frightened because I kind of feel that they're trying to be sure it isn't cancer. That really frightens me terribly (T: Mhm), and.... I think it's when I let that... thought come to me, maybe it is and what if it is and... that's when I felt so dreadfully alone.

T32: HmHm... You feel if it's really something like that... then you just feel *so* alone. (8 sec. pause)

C33: And it's really a frightening kind of loneliness because I don't know who could be with you... and it seems rather. (7 sec. pause)

T33: Is this what you're saying? 'Could... could anyone be with you in... in fear, or in a loneliness like that'? (Client weeps) (30 sec. pause) Just really cuts so deep. (C shakes her head) (13 sec. pause)

C34: I don't know what it would feel like if there were somebody around that I... could feel sort of... as though I did have someone to lean on, in a sense... I don't know whether it would make me

feel better or not. I was trying to think, well, it's just something that you have to grow within yourself... Just sort of stand... even just the thought of it, I mean, it'll be two weeks, I suppose, before they know. Would it help to have somebody else around, or is it just something you just have to... really be intensely alone in? And that's the... well, I just felt that way this week, so dreadfully, dreadfully, all by myself sort of thing. (T: Mhm)

T34: Just a feeling as though you're so terribly alone... in the universe, almost, and whether... (C: Uh-hum) whether it even - whether anyone could help - whether it would help if you did have someone to lean on or not, you don't know. (15 sec. pause)

C35: I guess probably basically, that'd be a part of it you would have to do alone. I mean, you, just couldn't take anybody else along in some of the feelings; and yet, it would be sort of a comfort, I guess, not to be alone.

T35: It surely would be nice if you could take someone with you a good deal of the way into your... feelings of aloneness and fear. (14 sec. pause)

C36: I guess I just have. (20 sec. pause)

T36: Maybe that's what you're feeling right this minute. (19 sec. pause)

C37: And I think it is a comfort. (Long pause - 1 min. 27 sec.) And I guess the feeling I have now is, well, I'm probably looking on the very blackest part of it. And maybe there's no real need for that... I mean I... It may just take time to reassure me. (5 sec. pause) And then this will all be sort of unimportant (mhm), although it's something I shan't forget, I'm sure (Laughs) (T: mhm)...

[Brodley & Lietaer, 2006, vol. 10, Miss Mun, pp. 65-67]

Segment II

C27: Well, it's just the same old story-- mothers and fathers try to tell the kids what to do and the kids revolt. (T: Uhm, hmm.) So that's the only thing right now--between my parents and me.

T27: Uhm, hmm. So I guess you're saying this is true in general, but it's also true of you--that your parents try to tell you what to do, and you feel, "I won't take that."

C28: Well, I don't feel it--I say it. Of course what I say and what I do are two different things, though.

T28: M-hm. I'm, uh, I'm not quite clear there, you say... um...(C: Well uh,) you say it, but you don't really feel it?

C29: Well, uh, let's put it this way: if my mother tells me what to do, and whether I like it or not, I have to do it. But, boy, I let her know that I'm not too happy about having to do it either.

T29: Uhm, hmm. Are you saying there, "She may be able to, uh, make me behave in certain ways or make me do certain things, but she can't control the way I feel, and I let her know how I feel."

C30: That's exactly it. (T: Uhm, hmm.) And about twice that damage. That's about two times of it straight in a row. I think she usually gives in. (T: Uhm, hmm.) Saves a mess and bother to me of...I hate breaking dishes and stuff like that.

T30: (Laughs.) So, uh, are you saying that when you stand up on your hind legs strong enough a couple of times in a row, then no matter what she thinks, she kind of gives in to save the broken dishes?

C31: Well not the broken dishes. Just she sees that, uh, she's gone a little too far. (T: Oh.) See, I have a stepfather.

T31: I see.

C32: And uh, well, let's put it this way, my stepfather and I are not on the happiest terms in the world, and so when he states something, and of course she goes along, and I stand up and let it be known that I don't like what he's tellin' her. Well, she usually gives in to me.

T32: I see.

C33: Sometimes, and sometimes it's just the opposite.

T33: Uhm, hmm. But, uh, part of what really makes for difficulty is the fact that you and your stepfather, as you say, are not, uh, the relationship isn't completely rosy.

C34: (C laughs a little) Let's just put it this way, I hate him and he hates me and it's that way. (Pause of 5 seconds)

T34: But that you really hate him and you feel he really hates you.

C35: Well, I don't know if he hates me or not, but uh, I know one thing, I don't like him whatsoever.

T35: You can't speak for sure about his feelings. , cause only he knows exactly what those are, but as far as you're concerned...

C36: He knows how I feel about him.

T36: ...you don't have any use for him.

C37: Not whatsoever. And that's been for about eight years now.

T37: So for about eight years you've lived with a person whom you have no respect for and really hate.

C38: Oh I respect him. (T: Ah.) I have to respect him. I don't have to, but I do. But I don't love him. I hate him. I can't stand him.

T38: There are certain things you respect him for, but that doesn't, uh, alter the fact that you definitely hate him and don't love him.

C39: That's the truth. I respect anybody who has, uh, bravery and courage, and he does. (T: Uhm, hmm.) And uh, I still at that, though I respect him, I don't like him.

T39: Uhm, hmm. But you will, uh, you do give him credit for the fact that he's brave. He's, (C: He...) he has guts or something.

C40: Yeah. He shows that uh, he can uh, do a lot of things that uh, well a lot of men can't. (T: Uhm, hmm. Uhm, hmm.) And also he has asthma, and the doctor hasn't given him very long to live. (T: Uhm, hmm.) And uh, he, even though he knows he's going to die, he keeps workin'. (T: Hmm.) And he works at a kiln factory. So I respect him for that, too.

T40: Uhm, hmm. So I guess you're saying he really has, um…

C41: What it takes.

T41: Quite a few. Yeah. He has what it takes, in quite a few ways, and a number of good qualities. But, uh, that doesn't, uh, mean that you care for him at all, (C: Yeah.) quite the reverse.

C42: That, that is the truth. The only reason I, uh, put up with, uh, being around is because for my mother's sake.

T42: Uhm, hmm. (Pause of 6 seconds) If it weren't for her, you feel you'd just, wouldn't stand it.

[Brodley & Lietaer, 2006, vol. 10, Mike, pp. 28-30]

Segment III[3]

Cl: I was angry. (T: Um.) I was so angry. And it's good for me that I'm taking all this time before I go to Greece, I, I mean this workshop now, and then I'm going to travel. And then I'm going to go to Greece at a certain point in August. (T: Uh-huh.) But sometimes, I just, I'm struck by the fact that, gosh, I'm going to see them again, and how would that be? How will that be?

Th: You're making it gradual and yet at a certain point you will be there, (C: Uh-huh.) and what will that be? (C: Uh-huh.) Is … you have, uh, an … anticipation or fear (C: Yeah.) or (C: Yeah.) something like that …

Cl: Yeah, and I guess … I was thinking about my mother the other day, and … I realized, in the States I realized that she and I had a very competitive relationship. And – it was interesting but, three days ago in Budapest, I saw a lady in the street who reminded me of my mother. But, my mother, not at the age which she has right now. But my mother twenty years from now. And, I don't know why. I was so struck by that, because I saw my mother being old and, and, weak. So she was not this powerful, domineering person that she used to be in Greece which I was so much afraid of. (T: Uh-huh.)

Th: But old and weakened and diminished …

Cl: Diminished. That's the word. (T: Uh-huh.) That's the word. (Client begins to show emotion of crying)

Th: And it moved, kind of moved you to think of that, that she would (C: Yeah.) be so weak and diminished.

Cl: And I think there was something in that lady's eyes that reminded me of my mother which (voice breaks – crying) I was not aware

[3] From a demonstration interview by Barbara Temaner Brodley in Szeged, Hungary, 1986 that was later published (Brodley, 1999).

of when I was in Greece. And it was fear. (T: Uh-huh.) I saw fear in the woman's eyes. (T: Fear.) Yeah. And, I was not aware of that.

Th: You mean, when you saw this woman who resembled your mother but twenty years from now, you saw in this woman's eyes something you had not realized was in fact in the eyes of your mother. (C: Yeah.) And that was the quality of fear. And that had some great impact on (C: Yeah.) you.

Cl: Because I felt that. This woman needed me. It feels good that I am crying now. (T: Uh-huh.) I'm feeling very well that I am crying. (T: Uh-huh.)

Th: That it was also that, that it was a sense of your mother at the future, and that your mother will need you.

Cl: You got it! The future stuff. It's not the present stuff. (pause) It feels right here. (She places her hand over her abdomen.) And as I am going back to Greece – I don't know if I'm ready to, if I'm ready to be ready to take care of her. I don't know if I'm ready to see that need expressed by her. (Client has continued to cry as she speaks.) (Th: Uh-huh, uh-huh, uh-huh.) (pause)

Th: You're afraid that when you get there that will be more present in her or you will see it more than you did before, now that you've seen this woman, and that that will be a kind of demand on you and you're afraid that you're not ready to meet that.

Cl: That's it, yeah, and it's gotten too much for me. Or, I right now in Buda … in Hungary, I perceive it as being too much. (crying continues)

Th: Uh-huh. At least, you're saying you're not sure how you will feel there, but it feels now like if that comes forth, if you see that, you, you won't be able to (C: Take it.) respond – be able to take (C: Yeah.) it. (C: Yeah.)

Segment IV[4]

Cl: Probably, my, my fear, fear for my need for a relationship, (laughs) too has to do with irrational feelings too (T: Hm, hm) you know uh … it has probably to do with, with some kind of parenting that I didn't get, I am still seeking, that I will never get you know (T: Hm, hm) trying to be taken care of by somebody. (laughs)

Th: Your need for relationships is based on irrational feelings (Cl: Yeah) that's what you are saying.

Cl: That's only partly so (T: Hm, hm) you know.

Th: It's like, the parenting you missed, the need for being parented, it's like you are going to get now, if you have a relationship (Cl: Yeah) wanting to be taken care of, it's very important now.

Cl: Yeah. I think that is one of the things I will be expecting in a relationship is, some, some kind of … being taken care of, you know, (T: Hm, hm) somebody taking care of me, but, you know, it is unrealistic, but I suppose I will always have that feeling that I want somebody to take care of me, you know.

Th: What you are expecting in a relationship is that someone take care of you (Cl: Yeah, (laughs)) but you think it is unrealistic probably (Cl: Yeah) to expect that, (Cl: Yeah, I guess so) to want someone to take care of you.

Cl: Yeah. (yawns) I, I don't know, that's for me like, taking care of somebody else, you know, if I have to (laughs).

Th: Hm, hm.

[4] From an interview by Usha Surabhi with a client, 1986.

Cl: It's a tremendous burden to expect somebody else to do that for you … uh.

Th: It's a tremendous burden to expect someone else to take care of you.

Cl: Yeah, yeah … but I still have these thoughts, these childhood feelings that I am still looking … for someone to take care of me.

Th: Hm, hm. You still have … these childhood feelings (Cl: Yeah) strong needs … to be taken care of.

Cl: Yeah. I think I see, here again, here we go back to gambling now. It's all kind of tied in, tied in to gambling. (T: Hm, hm.)

Endnotes

[i]These are discussed further in 'The Core Values and Theory of the Person Centered Approach' by Jerold Bozarth and Barbara Temaner Brodley presented at the First Annual Meeting of the Association for the Development of the Person Centered Approach which met in Chicago, Illinois at International House on the University of Chicago Campus September 3–7, 1986.

[ii]This statement is from the perspective of the client centered therapist not the client. The client is the judge, for him¬self, of whether or not any therapy or treatment or technique is therapeutic for him, and of whether or not the benefits he has received outweigh what he may have suffered.

[iii]The first segment is a transcript from a film of Carl Rogers with 'Miss Mun'. The second segment is part of a therapy interview by Carl Rogers that was used in a research study – Studies of Therapeutic Orientation: Ideology and Practice by Nathaniel Raskin (1974). The third segment is from a demonstration interview by Barbara Temaner Brodley with Monika done is Szeged, Hungary, 1986. The fourth segment is from an interview by Usha Surabhi with a client, 1986.