EMPATHY: IS THAT WHAT I HEAR YOU SAYING?

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ABSTRACT. This paper reviews the client-centered approach to empathy with a view toward uncovering relational themes in Rogers' original conceptualization. Challenging traditional versions of empathy which reduced the concept to a special quality of the therapist or to a precise communication skill, this paper argues that empathy is an interactional variable, not well suited to theoretical definition. A model emerges for understanding empathy as an aspect of the interactional relationship which develops between counselor and client.

Introduction

Empathy is widely recognized as a desirable aspect of human interaction in general and as a central component of "helping" relationships in particular (Rogers, 1957, 1959, 1980). While people talk a great deal about empathy and about being empathic, much about the phenomenon remains a mystery. As Reik (1948) indicates, many people discuss empathy without a clear conceptualization of what it entails:

I note with a certain envy that my difficulty in describing the process of psychological comprehension adequately does not exist for many psychologists. Faced with my problem, the expression "empathy" readily occurs to their minds and flows from their pens. Indeed this expression sounds so full of meaning that people willingly overlook its ambiguity. To speak of empathy has on occasion been as senseless as to discuss sitting in a box without distinguishing whether one means a compartment in a theater, the driver's seat or a big case. The word empathy sometimes means one thing, sometimes another, until it does not mean anything (p. 356).

Despite the plethora of empathy research that has emerged in the fifty years since Reik's comments, there continues to exist much confusion about the empathic process and how it operates in the therapeutic encounter (Duan & Hill, 1996; Gladstein, 1983; Moore, 1990; Sexton & Whiston, 1994). Indeed, Sharma (1992) suggests that the confusions surrounding the meaning of empathy "are due in large measure to the inherent difficulties in defining the
term" (p. 377) and certainly a range of definitions exist in the literature (Duam & Hill, 1996; Gelso & Carter, 1985; Sharma, 1992). Since there is little consensus as to exactly what constitutes empathy, research attempting to explain its role in therapeutic process often misses the mark. Duan and Hill (1996) claim that this very "lack of specification and organization of different views of empathy has led to theoretical confusion, methodological difficulties, inconsistent findings, and neglected areas of research in the field" (p. 269). Indeed, "the study of empathy has a long and checkered history in psychology," (Moore, 1990, p. 75) and that history continues to evolve. Echoing the comments of Jacobs and Williams (1983), one wonders, "why is it that we cannot study clinical concepts in a meaningful way?" (p. 80).

Precisely what is empathy? How can one be truly empathic? How does empathy emerge in a relationship? How does one learn to be empathic? Can a person teach another to be empathic? Does counseling involve the adoption of an "empathic" mode? Are certain styles of communication empathic? Such questions present significant challenges to counselors-in-training and to counselor educators alike. Efforts to answer such questions tend to focus on discrete aspects of empathy and fail to capture its essence. Certainly, "our research methodology has yet to reflect the richness of the construct of empathy" (Harman, 1986, p. 375) and such a challenge underlies the focus of this paper: What is the essence of empathy and how do we-- as clinicians and researchers-- access that essence?

Despite the various confusions, the curative force of empathy has long been acknowledged and popularized in client-centered therapy (Rogers, 1957, 1959) or what later became known as the person-centered approach (Rogers, 1961/1966, 1980). Rogers (1957) identifies empathy as one of the necessary and sufficient conditions for therapeutic change. The counselor must provide empathy to the client if the therapy is to be effective and the very presence of empathy serves to transform the client. Two predominant themes emerge within the client-centered literature; empathy is sometimes described subjectively as an aspect of the therapist's inner experiencing (Rogers, 1957, p. 99; see also Barrett-Lennard, 1962; Gendlin, 1962) and sometimes presented objectively as a therapeutic technique (Aspy, 1975) or as a communication skill (Truax & Carkhuff, 1965; Brown, 1981). When empathy is treated either subjectively as a communication of the therapist's experience, or objectively as a technique or skill, the implication is that empathy can be brought to a therapeutic relationship, as opposed to seeing empathy as emerging from the interaction of the participants in that relationship. Both visions attend very little to the interactional components of empathy and something of the essence of empathy gets lost in the process. The therapeutic relationship is the source of healing, but the healing agents are brought to the relationship by the counselor. In such a conceptualization, a significant component of the therapeutic relationship is missing; namely, the contribution of the client. Although the relationship is recognized as providing a curative element,

the therapist's primary effort is focused on offering the client a good relationship. It is a notable paradox that a perspective so centered on relationship issues has devoted its theoretical and empirical efforts to only one side of the relationship, that is, therapist-"offered" relationship conditions. Little or no attention is given to the client's contribution to the relationship. (Gelso & Carter, 1985, p. 218)
This lack of attention to the client's contribution to the therapeutic relationship highlights a major weakness across both client-centered visions of empathy--subjective experience and communication skill--outlined in this paper. Acknowledging the interactional elements of the therapeutic encounter would serve to enrich both views of empathic responsiveness. Recognizing that "empathy might be a more complex phenomena than previously presented in the research...suggest[s] an important interactional component to the construct of empathy" (Sexton & Whiston, 1994, p. 14). Examining the interactions within the therapeutic relationship as a context for empathy may assist us to find those aspects of empathy seemingly lost by pursuing either subjective or objective visions exclusively. What follows is a review of both of these conceptualizations within client-centered/person-centered literature and a framework for moving toward a more interactional model.

Empathy as Subjective Experience

As Hackney (1978) reports, the term "empathy" comes from the German *Einfühlung*, which refers to aesthetic experiences in art forms: "The emotional watering of the eyes when listening to a powerful Bach movement or the feelings of majesty and simplicity when viewing a Michelangelo were described as empathic experiences. They were emotional projections onto an object, event, or person" (p.35).

Literally, *Einfühlung* refers to "feeling into" in the sense that one "feels one's way into" a work of art (Kohn, 1990, p. 114). In this context, empathy is clearly a subjective experience. Rogers' approach is consistent with the original definition, in so far as he expresses empathy as an experiential construct. Empathy is viewed as the therapist's subjective experience of the client's internal world:

the therapist is experiencing an accurate, empathic understanding of the client's awareness of his own experience. To sense the client's private world as if it were your own, but without ever losing the 'as if' quality--this is empathy and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe. When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware. (Rogers, 1957, p. 99)

Rogers thus tries to capture the elusive nature of the empathic connection between counselor and client. This "sensing," this "experiencing" is the job of the counselor and is central to the process of therapy:

It is one of the most delicate and powerful ways we have of using ourselves. In spite of all that has been said and written on this topic, it is a way of being that is rarely seen in full bloom in a relationship. (Rogers, 1980, p. 137)
Within the client-centered framework it is the counselor who provides the empathy for the client. The counselor is empathic by "sensing" the world of the client. Being empathic means "to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto" (Rogers, 1959, p. 210). Again we see Rogers' conceptualization of empathy as experiential in nature, with the counselor's perceiving and sensing the world of the client. In this manner, empathy is provided to the client by the counselor. While empathy is thought to emerge in the therapeutic relationship in the client-centered framework, it is not presented as a bi-directional aspect of the therapeutic encounter. Its presence is necessary in order for the therapeutic encounter to be successful, but it is an aspect of the internal world of the counselor and is therefore largely private and unobservable.

Understanding empathy as the subjective experience of the counselor presents some problematic considerations. While defining empathy as subjective experience, Rogers makes reference to "accurate" empathy in the same context. By this interesting juxtaposition of words, he implies the existence of criteria for judging accuracy that go beyond the subjectivity of empathy. How can a subjective experience be accurate or inaccurate? Perhaps by "inaccurate empathy" Rogers means that the counselor's subjective experience does not exactly match that of the client. In any event, this assessment of empathy as "accurate" or "inaccurate" introduces an alien and inconsistent element into his definition which was extended in the works of others including Carkhuff, (1969); Egan, (1975); Ivey (1988); and Truax (1961, 1967, 1970) and Truax and Carkhuff (1965). This idea of accuracy highlights a recurring problem with the study of empathy. Capturing the essentials of the experience of empathy is extremely difficult and may result in conceptualizations that sound mystical and ephemeral. Often, efforts to reduce such a phenomenon to an observable, measurable construct tend to detract from its meaning. Such difficulties are certainly apparent throughout this theme within the client-centered tradition.

Empathy as Communication Skill

Rogers (1957) also calls for the communication of empathy to the client as one of his six "necessary and sufficient" conditions for therapeutic change. Brown (1981) offers a sophisticated example of understanding empathic communications as behavioral responses of the counselor. Brown found little consensus about what it is that clients perceive as empathic. He reported that clients associated experiencing empathy with a variety of therapists' responses, including questions, reflections of feeling, interpretations, summaries, expert opinions, and suggestions for activities outside of therapy. Not only does this conceptualization imply that communication rests in the hands of the counselor--since all of these activities are counselor initiated--but it also suggests that empathy is a static attribute that can be transferred from counselor to client. Aspy (1975) presents such a vantage point:

... it is ridiculous for the counselors who believe that helping is based largely on empathic understanding to turn around and say that it is a mystical thing. For them to do so is to admit that they are not in a well defined profession. Some will settle for this, but it seems that the more professional stance is the pursuit of a delineation of empathy and the development of
training procedures for it. This is the only way to get us out of the old game which says, 'I'm sensitive and you're not. Therefore, I can be a helper and you can't.' If empathy is good, let us specify it and give it to all people as soon as we can. (p. 14)

Specifying evidence for the presence of empathy in the therapeutic encounter and finding ways to "give it" to clients became the focus of client-centered research.

From a purely scientific viewpoint, the internal state which Rogers describes as empathy is poorly suited to standard research studies. Perhaps in an effort to overcome this "limitation," researchers (including Rogers and his students) moved to "operationalize" and objectify empathy in concrete ways. Without question, this operationalization tended to narrow the meaning of empathy in the client-centered context (Bozarth, 1984).

With this trend, new definitions of empathy began to emerge in the client-centered literature. Truax and Carkhuff (1965) refer to empathy as "the skill with which the therapist is able to know and communicate the client's inner being" (p. 5). Later, Truax (1970) includes the therapist's "verbal facility" to communicate his/her understanding to the client as part of the definition of empathy. Other researchers associate empathy with variables such as the therapist's choice of words (Zimmer & Anderson, 1968), galvanic skin response (Stotland & Dunn, 1963), and nonverbal gestures (Tepper & Haase, 1978). Such a focus implies that empathy belongs to the measurable, external world (Hackney, 1978, p. 37). Instruments such as the Accurate Empathy Scale (Truax, 1961, 1967) were developed to measure empathy. Educational programs such as the Carkhuff Training Model (Carkhuff, 1969; Carkhuff & Anthony, 1979) were devised to teach people how to be empathic. With the introduction of such materials the client-centered view of empathy changed radically:

All the operational definitions provided by Truax, Carkhuff, and their associates are different from the concept which Rogers hypothesizes as a necessary ingredient of effective therapy. The necessary condition of sensing the feeling in the client has been replaced with perception and reflection of affect, the meaning of the client's message. Thus, accurate empathy by definition is a communication process, which may not reflect the empathic experience. (Corcoran, 1981, p. 31)

The choice to understand empathy as a communication skill rather than as an aspect of subjective experience greatly detracted from its depth. Learning to "respond empathically" implies a kind of rote response style which may sound accurate but which severely lacks resonance. Understanding the content of the communication differs greatly from understanding the experience of the person expressing that content. Indeed, "skill approaches to communication training mistakenly place skillfulness, rather than meaning at the heart of personal communication" (Plum, 1981, p. 3). One cannot use therapeutic techniques to simulate empathic feelings. While enhanced communication skills may have positive impact on the therapeutic dialogue, this approach does not acknowledge that empathy must be felt to be real. Empathy is not simply talking about feelings; empathy involves feeling what is being talked about.
Possibly this focus on communication was an attempt to access the interactive aspects of empathy. If this was the case, however, it was a very misguided attempt, since the primary emphasis was placed on the words spoken by the counselor rather than on the counselor's experience (or the client's experience) in the interpersonal context of therapy. The subsequent confusion of the empathic experience with the process of communicating that experience had serious repercussions in client-centered work. Bozarth (1984) cites the works of Barrett-Lennard (1962), Truax and Carkhuff (1967) and Carkhuff (1971) as evidence of ways in which "this operationalization of the concept of empathy tended to narrow its meaning. For better or for worse, the quantification of the quality of the therapeutic relationship had begun" (p.66). Such quantification implied that empathy was an observable, measurable phenomenon that could be demonstrated by particular verbal and non-verbal behaviors of the counselor.

Creating a high level of empathy in the therapeutic encounter became a major goal of therapists. In practice, this effort became equated with the client-centered communication technique of reflection. "Reflection became a focus in therapist training because it provided readily identifiable therapist messages which could be observed and improved. In short, the development of empathy in therapists was replaced with communication skills training." (Bozarth, 1984, p. 67). So much emphasis was given to reflection that Rogers later said it eventually became "a word that made me cringe" (Rogers, 1980, p. 138). "What I hear you saying is...," became a typical counseling line. Counselors talked about "hearing" their clients and this style of response came to be viewed as evidence of an empathic connection. One would imagine that, along with Rogers, many clients cringed too, in the face of this "canned counselor" (Olson-Long, 1996, p. 159) response style.

In such a context of learning, it became quite natural to lay more stress on the content of the therapist's response than upon the empathic quality of the listening. To this extent, we became heavily conscious of the techniques...We became expert in analyzing, in very minute detail, the ebb and flow of the process in each interview and we gained a great deal from that microscopic study.

But this tendency to focus on the therapist's responses had appalling consequences....The whole approach came, in a few years to be known as a technique. 'Non-directive therapy,' it was said 'is the technique of reflecting the client's feelings.' Or,...worse...'in nondirective therapy you repeat the last words the client has said.' I was so shocked by these complete distortions of our approach that for a number of years I said almost nothing about empathic listening, and when I did it was to stress an empathic attitude. (Rogers, 1980, p. 138)

Indeed, reflection was intended as a communication technique to assist the therapist in being empathic, and it may often serve as a means of displaying the presence of empathy in an interaction. However, "reflection is not empathy" (Bozarth, 1984, p. 68). Unfortunately, this distinction was not made initially in the client-centered literature; the act of communicating empathy was viewed as synonymous with the mode of being empathic.
Empathy was presented as a discrete communication skill which could be separated from the therapeutic process. Researchers focused on understanding the process of communicating empathy rather than interpreting the experience itself.

Such a focus is quite understandable. The communication process—at least as defined in a unidirectional manner—is much better suited to observation and measurement than is the world of internal experience and sensing.

**Empathy as Interactional**

Whether construed as an aspect of the therapist's subjective experience or viewed as a counseling technique or communication skill, the emphasis in the client-centered tradition has been focused on the counselor as the source of empathy. While this tradition honors the therapeutic relationship as the place where empathy emerges, the actual interaction between counselor and client is not afforded primacy:

For Rogers's person-centered therapy there can be no doubt that the relationship is central, and, additionally, there are specific conditions under which this healing relationship occurs: therapist empathy, unconditional positive regard (variously labeled by person-centered therapists as warmth, acceptance, respect, positive regard), and genuineness or congruence. If the client can experience the counselor's or therapist's facilitative conditions, then the "good relationship" ensues, and the experience will be curative. (Gelso & Carter, 1985, p. 216)

For some time, researchers equated the therapeutic relationship with the "necessary and sufficient" conditions provided by the therapist.

Upon reflection, it is clear that these conditions, however important, do not define the relationship. They are attitudes offered by the therapist alone, are actually ingredients of effective therapy, and say nothing about the client-therapist interaction per se. (Gelso & Carter, 1994, p. 296)

Looking at the therapeutic interaction implies exploring both participants in the relationship, counselor and client. When the counselor shares his/her subjective experience with the client, does that experience not become part of the interaction? In the same sense, does not the client's response to the counselor's experience also provide important data for the therapeutic encounter? To a large extent it seems that these aspects of the empathic process were overlooked in the client-centered literature for some time. Instead of seeking to understand interactional aspects of empathy, client-centered researchers focused on the counselor's communication of empathy to the client and the assessment of empathy as accurate or inaccurate. Such approaches imply an understanding of communication as primarily a one-way activity performed by the counselor. Thus, the counselor's "communication skills" became the focus of client-centered research (Bozarth, 1984; Hackney, 1978; Rogers, 1980). Neither of these approaches capture the essence of empathy as lived in the therapeutic interaction.
Empathy is not a skill or a power which the therapist "turns on" to change the client. Rather, empathy emerges in the dynamics between the therapist and the client. It is an aspect of their relationship, an interactive invariant (Bickhard, 1980). Friedman (1985) describes this interactional component as "healing through meeting...the sphere of the 'between'...as the central, as opposed to ancillary, source of healing" (p. 8). Focusing on "the between," the relationship, implies the essence of therapeutic interaction.

In the following passage, Rogers (1961/1966) conceptualizes empathy as an aspect of "the between," as an interpersonal encounter between client and therapist:

I would like to go with him on the fearful journey into himself, into the buried fear and hate and love which he has never been able to let flow in him. I recognize that this is a very human and unpredictable journey for me as well as for him, and that I may, without even knowing my fear, shrink away within myself, from some of the feelings he discovers. To this extent, I know I will be limited in my ability to help him,...Most of all I want him to encounter me as a real person. I do not need to be uneasy as to whether my own feelings are 'therapeutic.' What I am and what I feel are good enough to be a basis for therapy, if I can transparently be what I am and what I feel in relationship to him. Then perhaps he can be what he is, openly and without fear. (p. 418)

The interactions of client and counselor constitute the "between" and provide the source for empathy. Hackney (1978) offers a refreshing interpretation of what transpires in this "between"; empathy is best viewed as a concept to be understood rather than as a construct to be measured:

Empathy cannot be seen. What is seen invariably occurs as a follow up to the empathic moment and may be either a reflection of that moment or the anticipation of the next moment. This restriction has high consequences for both the trainer and the researcher. We should begin to entertain the notion that empathy is not a very useful concept for counselor education or for research. *It is meaningful but not useful.* (p. 38)

Approaching empathy in this manner marks a significant departure from the way in which it has been traditionally handled in much of the psychological literature. It is, however, an approach that is in accord with the original meaning of empathy as an internal experience or mode of being. Empathy is a "meaningful" concept for therapists because it relates directly to the manner in which they present themselves in the therapeutic relationship. "Like love, empathy is a qualitative response to people, a potential possessed by the counselor. And like love, the potential for empathy can be blocked or inhibited by personal problems, competing emotions, or inability to focus" (Hackney, 1978, p. 38). Indeed, one could take this point further by suggesting that empathy is a potential for a certain process-oriented mode of interaction, rather than a potential or entity that could be possessed by the counselor. The emergence of empathy in the therapeutic encounter is very much a function of how both the therapist and the client experience themselves and each other in their relationship.
In more concrete terms, Hackney (1978) suggests that therapists who seek to be empathic should "experience the feeling first, comprehend it as best you can, then react to it" (p. 38). The therapist's reaction to the client's experience thus represents an aspect of the empathic process. Similarly, the client's reaction to the therapist's response moves the therapeutic work further along. The empathic response thus arises out of the interaction between client and therapist. In this sense, we must see technique as something subordinate to the response itself. As early as 1957, Rogers had claimed that "the techniques of various therapies are relatively unimportant except to the extent that they serve as channels for fulfilling one of the conditions" (p. 102). Rogers contends that basically any technique--reflection, free association, dream analysis, whatever--that serves to deepen empathy between client and therapist can be helpful. In the same way, any of these techniques might be utilized in such a manner as to create misunderstanding between client and therapist and thereby highlight the absence of empathy (1957, p. 103).

It appears, then, that there are no particular responses or techniques which are in and of themselves "empathic." It is conceivable that each and every therapist experiences empathy in a unique manner. Furthermore, following an interactional view, this experience is different with each of his/her clients. Bozarth (1984) describes this position as "idiosyncratic empathy" which is "based upon the therapist as a person, the client as a person, and the therapist-client interactions" (p. 69). Here we see the focus on the therapist's functioning within the therapeutic relationship and the empathic response developing out of that encounter. Miller-O'Hara (1984) attempts to clarify the situation further: "The therapist is not 'inside the skin' of the client (a frequent description of empathy) but inside the skin of the dyad, of which he is a part" (p. 216). Being empathic thus involves a willingness to be a participant in the therapeutic relationship, a participant who is open to encountering another human being, openly and honestly. In this sense, too, being empathic requires a large measure of self-understanding and self-acceptance. Rogers (1966) states, "What I am and what I feel are good enough to be a basis for therapy" (p. 418). While it may well be argued that more is required to provide a basis for therapy, "what I am and what I feel" certainly appear necessary for the empathic process.

Increasingly, client-centered writers are focusing on empathy as an aspect of the interactions between counselor and client. Recent work by Barrett-Lennard (1997) introduces the concept of "self-empathy" and promotes the view that, through the process of being empathized with in a caring relationship, one becomes more empathic with oneself. Quoting from the work of Rogers, Barrett-Lennard (1997) highlights the basis for self-empathy as emerging out of the interpersonal connection: "Being listened to by an understanding person makes it possible for [a person] to listen more accurately to himself, with greater empathy toward his own visceral experiencing, his own vaguely felt meanings." (Rogers, 1975, p. 8) Barrett-Lennard posits that self-empathy emerges directly out of such an encounter:

...the effect of received empathy goes further than any given content of self-knowledge. A self-empathic process is activated or enhanced through the experience of sustained, multi-level empathic sensitivity and response from any caring human source. Self-empathy, in turn, plausibly brings the potential for a wider scope of sensitive attunement to others in the person's life (Barrett-

In this sense, the interpersonal relationship of the therapeutic encounter can provide clients with "what they are not providing for themselves (e.g., self-affirmation and self-empathy)" (Quintana & Meara, 1990, p. 130). This research direction is very much in keeping with the primacy traditionally afforded to emotional responsiveness in the client-centered approach. Thus, it makes sense to recognize the therapeutic relationship as the context in which that responsiveness occurs, and it seems that Barrett-Lennard's conceptualization of "self-empathy" represents a positive movement in that direction. Given that the therapist is typically "a caring human source," it is reasonable to expect that self-empathy emerges from client-therapist interactions. The therapeutic relationship thus potentially provides the essential framework for developing empathy with self.

The client-centered approach to psychotherapy is well known for its emphasis on, and respect for, emotional responsiveness. Perhaps the empathic response is best viewed as an emotional response. Empathy is not something which is "given" to the client. Rather, it is experienced in the context of the relationship between the client and the therapist. This abstraction of empathy does not need to be "mystical." No one can teach another how to "experience" people. One can, of course, be taught ways to open oneself to such experience. Perhaps such openness may be enhanced by training in specific therapeutic techniques and communication skills. There is, however, no exact recipe for achieving an empathic connection. Each time that empathy is experienced in a therapeutic relationship it is unique to that relationship and to that particular connection between therapist and client.

Client-centered therapy claims that empathy (with the other "necessary and sufficient" conditions) leads to therapeutic change (Rogers, 1957). Rogers himself, however, expressed a lack of understanding regarding the nature of this change which flowed from empathy. "I am quite clear as to the reality and vividness of the unblocking that follows (empathy) because I have many times been a party to its occurrence, but I am not sure how it may best be described" (Rogers, 1980, p. 158). Perhaps it might be useful to think of therapeutic change as an aspect which emerges out of the client's experiencing herself/himself and the therapist within the relationship that they share.

...part of the realism and seriousness of what we are talking about is to recognize that the responsibility of whether the therapy works or not does not lie entirely on the therapist, anymore than it rests entirely with the client. In the final analysis, it is a matter of the "between." (Friedman, 1985, p. 83)

Empathy is an aspect of relationship which is lived out by the participants in that relationship. Understanding empathy as an interactional variable calls on those who strive to educate counselors and therapists to emphasize the therapeutic relationship as a joint enterprise and to develop ways to research "the between" which exists in each and every therapeutic encounter. Empathy does not "reside" within the therapist. Empathy is not "contained" within the therapist's communications. Empathy is not "what I hear you saying."

Empathy might best be thought of as a way of being that emerges in a relationship. As the participants in a therapeutic relationship interact, empathy evolves out of their mutual
experiences of "who I experience you to be" and "how I experience myself in relationship to you." In this sense, both participants--client and counselor--have a perspective which informs the other. Accessing and exploring this intimate ground will prove fruitful for understanding empathy and for unravelling the complexities of therapeutic process.

REFERENCES


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