Editorial

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Welcome to Volume 11 of The Person-Centered Journal! This is the inaugural volume of a new editorial team. Jeff and I invite readers to contribute essays, session transcripts, book reviews, and research articles to the journal. If you are interested in serving as book review editor, transcript editor, or interview editor, please contact one of us. In this issue:

- Jerome Wilczynski investigates the empathic responses of graduate students in client-centered therapy courses.
- Marjorie Witty argues that directive client-centered therapies alter the core conditions of therapy and may disempower clients.
- Frans Cilliers studies the effects of a person-centered workshop in diversity awareness that follows in the steps of Carl Rogers’ and Ruth Sanford’s work in South Africa.
- Jere Moorman and Will Stillwell revisit Rogers’ 40 year-old dialogue with the philosopher of science, Michael Polanyi.
- Alan Brice reports on his experiences with a client who lied; the client and a colleague comment.
- Marsha Smith explores the relationship between the person-centered approach and her spiritual journey.
- Michael Tursi and Leslie McCulloch pilot a study on the effectiveness of the person-centered approach with anxious and depressed clients.
- Art Bohart reviews Miracle Moments: The nature of the mind’s power in relationships and psychotherapy by Antonio Montiero dos Santos; Leslie McCulloch reviews Lisbeth Sommerbeck’s The Client-Centred Therapist in Psychiatric Contexts and Howard Kirschenbaum’s video on Carl Rogers and the Person-Centered Approach.

As Jon Rose announced in Volume 10, the Journal will be published annually, in December, unless submissions significantly increase. This publication schedule was affirmed again at the 2004 ADPCA annual meeting in Alaska. A year is a long time between issues, but just about right, given the current number of submissions. We hope you enjoy your journal!
Teaching Client-Centered Therapy: A Pilot Analysis of the Empathic Responses of Clinical Psychology Graduate Students

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Abstract

This pilot study analyzed the empathic responses recorded on verbatim transcripts of client-centered therapy sessions submitted by graduate clinical psychology students for classes in client-centered therapy. For two groups of transcripts (initial and final), the researcher compared percentages of empathic responses to non-empathic responses as well as assessed empathic response quality. It was found that students delivered fewer non-empathic responses on final transcripts than on initial transcripts. They demonstrated a consistently high percentage of empathic responses on both groups of transcripts. In general, however, the quality of the delivery of these empathic responses remained relatively low.

Literature Review

Carl Rogers, the founder of the psychological theory and practice of client-centered therapy, repeatedly subjected his theory of therapy to intense empirical scrutiny in order to verify its utility and effectiveness (Rogers, 1957, 1959). Although there were always contemporaries of Rogers who disputed the effectiveness of his approach (e.g., Kohut, 1973/1978), Rogers’ way of helping others has consistently demonstrated its therapeutic efficacy (Bozarth, Zimring & Tausch, 2002; Cornelius-White, 2002; Bozarth, 1998; Patterson, 1984; Rogers, 1957, 1959; Rogers & Dymond, 1954).

Rogers was the first theorist to build a psychotherapeutic approach upon the use of empathy (Rogers, 1957). Empathy, as a theoretical concept or construct, is prevalent in other theories of psychotherapy (Book, 1988; Miller, 1989); however, no other theory or modality of therapy utilizes the construct of empathy in the same manner as that of Rogers (Bozarth, 1997; Brody, 1991).

According to Rogers’ theory, therapists must provide an attitudinal environment—characterized by empathic understanding, unconditional positive regard, and congruence—that is, to some extent, perceived by the client. If a therapist can

Author's Note: The researcher would like to extend his gratitude to Barbara Brodley for allowing the use of her archival data. The effort and suggestions made by her was truly a gift, and I cannot say thank you enough! Thanks to Marjorie Witty and her advanced client-centered therapy class. Charley Knapp and Karen Kelly assisted with the rating of transcripts. Marge Witty, Kathryn Moon, and John McPherrin gave immensely valuable feedback on the editing process. Anne Brody allowed the use of her research as a springboard for this study. Thank you to each of you!
consistently experience these three attitudes, constructive psychological and personality change will occur in the client (Rogers, 1957, 1959). Hence, Rogers (1957) considered the three attitudes to be both “necessary and sufficient” (p. 95) for therapeutic personality change. In essence, no other therapist-provided variables are necessary for healing to occur in a client (Rogers, 1957, 1959).

Rogers never specified how a therapist should convey or communicate the necessary and sufficient attitudes to the client (Brody, 1991). According to Bozarth (1997), this is likely the case because Rogers saw the embodiment of the attitudes as an internal experience for the therapist—hence the choice of the word “attitude”—rather than as an overt, specific way of expressing attitude vis-à-vis manifest behavior. Recent analyses by Brodley and Brody (1993), however, confirmed discussions in the literature (Bohart & Greenberg, 1997) that indicated that most of the responses Rogers made to clients were of an empathic understanding nature. In other words, he primarily checked the accuracy of his understanding with his clients through his verbalizations (Brodley, 1993; Rogers, 1961, 1986).

Brodly (1991) and Bozarth (1997) suggest that the empathic understanding response form may convey acceptance (unconditional positive regard) and genuineness (congruence). According to Brodley and Brody’s (1993) analyses, Rogers consistently embodied the spirit of the three attitudes in all his responses to clients—even in those responses not classified as empathic understanding responses.

Therefore, according to discussions in the literature (Bohart & Greenberg, 1997; Brodley & Brody, 1993; Brody, 1991; Bozarth, 1997), Rogers’ primary mode of response in therapy was that of empathic understanding. In fact, Brodley and Brody (1993) found that nearly all, 92%, of Rogers’ verbalizations were of the empathic understanding variety when working with clients. This makes sense since he based his theory of therapy upon empathy (Rogers, 1957), and, it suggests that this type of response best facilitates the appropriate environment whereby therapeutic healing can occur.

In 1951, Carl Rogers chronicled his and his colleagues’ experiences of attempting to modify and improve upon their teaching of client-centered theory and therapy to students and seasoned professionals alike. Rogers and his colleagues altered the way in which they taught graduate students over the years based upon their subjective opinions of whether or not students were displaying a capacity for learning and an improvement in their development with regard to the three necessary and sufficient attitudes for therapeutic effectiveness. They did not quantitatively or qualitatively analyze graduate students’ abilities to verbalize empathic understanding in a systematic fashion (Rogers, 1951).

Rogers and his colleagues did, however, systematically analyze the attempts at bolstering the empathic understanding abilities of established professionals (i.e., psychologists, physicians, and counselors with considerable training and experience). At the conclusion of intense seminar style courses, the researchers invariably found quantitative and qualitative improvement in participants’ empathic understanding abilities (Rogers, 1951).

A review of significant literature written by Rogers (1951, 1961, 1980) demonstrates a lack of quantitative and/or qualitative research that specifically examined graduate students’ empathic understanding responses. This pilot study represents a foray into “uncharted territory” within the client-centered literature. It is the first published systematic analysis of the empathic responses of graduate clinical psychology students.
who are learning to practice from a client-centered perspective. This investigation into
the empathic abilities of novice therapists contributes to the field of clinical and
counseling psychology by tentatively answering two unanswered questions in the client-
centered literature. Is the rating of verbatim transcripts a good means by which to assess
students’ empathic response capability? Is requiring students to practice empathic
understanding an effective way to teach the client-centered approach to psychotherapy?

The Pilot Study

This pilot investigation analyzed the types of empathic responses made by student
therapists on verbatim transcripts of practice client-centered therapy sessions. These
three-credit, 12-week courses in client-centered therapy were taught by Dr. Barbara
Brodley, from 1983 to 1996 at the Illinois School of Professional Psychology-Chicago.

The researcher rated a sampling of initial and final transcripts with a modified version
of Brodley and Brody’s (1993) “A Rating System for Studying Client/Person-Centered
Interviews.” The researcher then drew comparisons between initial and final transcripts
with regard to empathic response categorization and quality assessment.

Essentially, this pilot study answered the following two questions:

1. What types of responses did the student therapists give in response to volunteers’
narratives?
2. Did the responses they gave approximate adequate or less than adequate levels of true
empathic understanding?

The answers to these two questions suggest the ultimate answers to the questions put
forth by this pilot investigation. Namely, is the rating of transcripts a good means by
which to assess students’ empathic capability? And, is requiring students to practice
empathic responding an effective way to teach client-centered therapy?

Method

Data Source

Materials for this pilot study were the verbatim transcripts of practice client-centered
therapy sessions submitted by graduate clinical psychology students for Dr. Brodley’s
client-centered therapy courses. It used initial and final practice session transcripts of
each student’s work. Ten sets of initial and final transcripts comprised the data for
analysis, giving a total of 20 transcripts.

Transcripts contained the exact dialogue of both the student therapist and volunteer
client selected for sessions by the student therapist. Volunteer clients were typically other
members of the class; however, they could have been anyone chosen by a student
therapist. Ideally, student therapists did not know these individuals very well (B. Brodley,
personal communication, 1998). Students were required to practice empathic
understanding with volunteer clients in weekly sessions and to submit a minimum of three
verbatim transcripts, with accompanying audio recordings, of these sessions for evaluation
of their progress in empathic responding. So they could gain facility with making
empathic responses, students were instructed to deliver only empathic understanding
responses in relation to client communication during these practice sessions (B. Brodley, personal communication, 1998).

Prior to audio recording and transcription, both the practice therapist and client signed a release that gave their stated permission for these transcripts to be used for the evaluative purposes of the class as well as for later teaching and research endeavors.

**Data Analysis**

A modified version of Brodley and Brody’s (1993) “A Rating System for Studying Client/Person-Centered Interviews” was used to categorize only the practice therapists’ articulate verbal responses according to type. Before responses could be classified and rated, it was necessary to determine criteria for what constituted a distinct articulate therapist response (Brodley & Brody, 1993).

According to Brodley and Brody (1993), the criteria for designating and rating therapist responses are as follows:

1. The therapist statement represents a distinct *attitude* in order to be designated as a distinct therapist response. It is an *apparent intention*, which is represented alone, or within a sequence of therapist’s statements, that determines a separate response. For example, an apparent intention might be to represent what the client has said, to get an answer to a question, or to tell the client something. Although a series of statements may be grouped together and numbered according to the typed copy as a single response, for the purposes of this system they are considered separate responses if their apparent intentions are different. Sometimes, within a single sentence, or paragraph, of verbalizations, the presence of distinct intentions will constitute more than one response.

2. A fragment of utterance that is not a complete sentence, but gives enough information to convey apparent intention, and thus be able to be specifically categorized, is considered a response.

3. If there is a significant pause between statements, the response is considered distinct, even if the statements before and after the pause are rated within the same category.

4. Verbal gestures such as . . .“[Ah]”, “Um hum”, “[er]” are not scored as articulate responses.

5. If the client’s intervening comment is minimal and the content of the therapist’s intervening comment is continuous or repeats the same statement, this is regarded as one response.

6. Introductions by the therapist, addressed to the client (e.g., “I’d be interested to hear about anything you’d like to talk about.”), are not rated as distinct responses, but are omitted from the ratings on the grounds that they are not responses to client statements or other behavior. (pp. 2-4)

This rating system is unique. It is the only client/person-centered rating system that adequately takes into account the *intention* behind therapist responses when making category distinctions (Brodley & Brody, 1993).
This rating system designates empathic understanding responses as empathic following responses (Brody & Brody, 1993). Under the rubric of empathic following, subcategories of empathic response type are distinguished and response quality is ascertained. These subcategories and quality ratings are modifications of the original rating system. Barbara Brody, the lead author of the original rating system, suggested these subcategories in order to more specifically describe and analyze the different types of empathic responses possible.

In the original rating system all responses made by client-centered therapists fall into five mutually exclusive and exhaustive categories (Brody & Brody, 1993). This categorization was not used for this pilot study. Instead, only empathic following or understanding responses were investigated. Ratings of these empathic following/understanding responses occurred for both subtype and level of adequacy (see descriptions below). Responses that did not fall under the rubric of empathic following were collectively deemed “not empathic.” The category of “not empathic” was a catchall category for the purposes of this study and included responses such as interpretations, leading questions, as well as any other forms of therapist comments that were not empathic.

A response was rated as being an empathic following response when the therapist’s apparent intention was to check his or her understanding of the feeling or experience or point of view immediately expressed by the client. If the client corrected the therapist, indicating that the therapist did not accurately understand, the response was still considered an empathic following response when the therapist appeared to have the intention of understanding (Brody & Brody, 1993).

According to Brody and Brody (1993), an example of an empathic following response is:

Client: I worry, will people find me out? That I’m not really competent or able. I’m afraid I’m not up to it.

Therapist: So it’s really frightening, if people would find out what you’re really like. And that you don’t measure up. . . Perhaps you don’t measure up.

Another example of an empathic following response is:

Client: . . . I have a feeling that my sexual part down there is dead, completely dead. I’ve never had that before. Maybe I’ve fallen into something new. Never had it before. I’ve had other problems to contend with, but I’ve never had this complete dead feeling.

Therapist: So that somehow, at least recently, you feel that you’ve died sexually. (p. 5)

**Subtypes of Empathic Responses**

The subtypes of empathic responses contained within this investigation are to be appreciated only as operational categories that have been derived for the purpose of
objective research. They are not intended by the researcher to represent a “new” way to conceptualize or teach the empathic understanding response process or to create the impression that empathic responding is a technique. According to Rogers (1987, 1986), the idea that empathic understanding may be regarded as or reduced to technique is contrary to client-centered theory, even anathema.

Four subcategories of empathic understanding were discriminated for the purpose of categorizing empathic responses. The subcategories include (a) literal true empathic understanding, (b) complex true empathic understanding, (c) informational but not true empathic understanding, and (d) questions for clarification.

A literal true empathic understanding response is one that captures the explicit feeling, experience, or point of view expressed by the client by literally repeating what the client communicated. In other words, the therapist’s form of response is a parroting or nearly exact replica of the wording of the client, with the intention to understand. Slight alterations in wording made by therapists when responding in this manner thereby acknowledge that their response represents the experience of the client rather than the therapist. An example of a literal true empathic understanding response is:

Client: When he said that, I really was hurt.

Therapist: When he said that, you really were hurt.

Literal true empathic understanding responses are considered to be true empathic following because they capture the essence or meaning conveyed by the client as well as the most significant informational details that provide a rationale for why the client experienced this situation in a particular manner. However, literal responses only convey the explicitly stated or manifest meanings communicated by the client since these types of responses are nearly an exact mirroring of what the client said. The therapist adheres to the wording of the client and does not express implicit meanings that are implied or just outside the client’s awareness. Nonetheless, literal true empathic understanding responses may convey true empathic understanding of the client’s internal frame of reference.

In the preceding example, the therapist captured the explicitly central meaning of the client (the fact that the client was really or significantly hurt) as well as the essential detail that gave rise to this experience of hurt (it was caused by what the person said to her or him). Therefore, the therapist experiences and conveys true empathic understanding of the client’s internal frame of reference, albeit, in a literal fashion.

Complex true empathic understanding responses fulfill the criteria for an empathic understanding of the client’s internal frame of reference. Instead of literally repeating the client, however, the therapist delivers the response in his or her own words. An example would be:

Client: I’m really feeling out-of-sorts today. I got up late, missed my bus, and spilled my coffee on my shoes because I was in a rush. Ah, I really hate these days!

Therapist: You really hate it and feel off-kilter whenever your day starts off with so many mishaps.
In this example, the therapist communicates that he or she understands how much the client hates it whenever her or his day starts off badly. Closely related to the client’s hatred for such days is not feeling quite “right” as a result of how the day began. The therapist accurately understands the two focal sources of affective meaning, along with the significant informational details that provide a rationale for why the client felt this way. Hence, the therapist achieves an accurate understanding of the client’s internal frame of reference, and does so in her or his own words.

Expressing understanding in their own words enables therapists to convey their understanding of the explicitly stated as well as the implied meanings in clients’ communication. According to Rogers (1961), the optimal form that an empathic understanding response may take expresses both an “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” (p. 284). Therefore, since complex true empathic understanding responses may accomplish both these ends, they are the most essential or desirable form of response type for effective therapeutic work (Rogers, 1961).

An informational but not true empathic understanding response “tracks” the information provided by the client, but is devoid of an expression of understanding of the significance of the information to the client. Therefore, since this type of response misses the significance or essence of the client’s communication, it cannot be scored as a true empathic following response. An example is:

Client: I got up early, went to the grocery store, picked up my shoes from the repair shop, made dinner, ate, and did the dishes. Whoa, I’m really tired!

Therapist: You really did a lot today. You went to the store, got your shoes from the repairman, cooked dinner, ate it, and even did the dishes.

This example demonstrates a following or “tracking” of the informational content of the client’s communication. As a result, it falls under the rubric of empathic following. Unfortunately, the therapist misses the way that this information affected the client (i.e., it made the client tired). This response cannot therefore be considered a true empathic understanding response because the client is not provided with the understanding of how this information impacted him or her. Hence, the client is unable to ascertain if she or he has been accurately understood. Nonetheless, the informational but not true empathic understanding response is classified as an empathic response since the therapist’s intention is simply to understand or follow the client.

Questions for clarification fall under the rubric of empathic following when the intention of the question asked is to explicitly check whether or not the therapist accurately understands the client. These questions do not derive from a desire for more information than that which is provided by the client. If the question did derive from that intention, it would be classified as a leading or probing question. When questions pursue additive information, the intention behind the question shifts from attempting to understand the client’s internal frame of reference to gathering information for the purposes of satisfying the curiosity of the therapist or, possibly, leading the client. An example of a question for clarification would be:
Client: My boss told me I wasn’t working hard enough today. God, you know, I got a flat tire, and, arg! I really hate that, you know?
Therapist: Did you mean you hate the rebuke or the nuisance of a flat tire?

The therapist in this example is merely attempting to ascertain which event is hated, since the client’s communication is ambiguous. Otherwise, however, this question fulfills the criteria for an empathic following response—the therapist stays within the internal frame of reference of the client and merely seeks to understand.

Had the therapist asked the client, “Isn’t there something else behind your feelings of hate?”, the therapist would have expressed a desire for finding information other than that which the client provided. This would clearly deviate from the internal frame of reference of the client. Hence, this type of question could not be considered empathic or a following of the client’s communication.

By their very nature, any of the four empathic following responses of any of the four subtypes are intended as tentative representations of the client’s internal frame of reference until the client corrects, modifies, or validates the accuracy of the therapist’s understanding response. The existence of a question mark at the conclusion of a therapist’s response does not necessarily identify a question for clarification since all empathic understanding responses are intended to check the accuracy of the therapist’s understanding. Only responses that expressly check the accuracy of the therapist’s understanding of the client’s communication or part of it, because the therapist is unsure of his or her understanding, are classified as questions for clarification.

Assessing the Quality of Empathic Responses

Dichotomous quality ratings were applied to evaluate the greater or lesser degree of adequacy of each of the therapist’s empathic understanding responses. Designations of adequate or less adequate were applied. These ratings compared therapist responses to client communication, that is, quality was assessed by evaluating the therapist’s response in relation to the client’s communication.

Literal true empathic understanding responses are adequate when they capture, in nearly the exact words of the client, the explicitly stated meanings and the essential informational details that give rise to the client’s experience. A rating of less adequate is assigned when certain key informational details that cause the client to feel as he or she does are missing from the therapist’s response.

A complex true empathic understanding response is rated as adequate when the therapist captures and conveys, in his or her own words, the expressed and/or implied meanings as well as the crucial informational details that prompt the client’s communication. If the therapist delivers this type of response in a disjointed, not readily understandable manner, or, falters in her or his ability to fully grasp the expressly stated or implied meanings and important informational details that give rise to such meaning states, then the response is rated as less adequate.

Because complex true empathic understanding responses include elements of the client’s agency, or the relation to what the client is talking about, they need not always have informational content. For example, “You hate it!” could be a complex true empathic
understanding response that receives an adequate rating even though it is devoid of informational details. Clients may not always provide informational details. Therefore, the adequacy of complex true empathic understanding responses can only be established when judged in relation to the client’s immediate communication.

Informational but not true empathic understanding responses that “track” the informational content of a client’s communication with specificity are deemed adequate if the client does not reveal something about her or his relationship to the information provided. If the client reveals a sense of personal agency and the therapist misses this key source of meaning by focusing upon the informational details of the client’s communication, the response is considered less adequate.

Questions for clarification expressed with the sole intention of establishing or correcting the accuracy of the therapist’s understanding of the client’s internal frame of reference are considered adequate. Any question that attempts to clarify understanding, but is imbued with an intention to ascertain information clearly outside the frame of reference of the client, is considered to be less adequate.

Procedures

Due to the use of archival data and the qualitative nature of this pilot investigation, it did not use traditional quantitative methods of investigation (i.e., true or quasi-experimental designs). Nonetheless, the methods employed to analyze the data were both rigorous and systematic.

Blind rating as well as inter-rater reliability ensured the integrity of the rating process. Mean category percentages of the non-empathic and quality rated empathic response subtypes were used for comparing and analyzing data.

Barbara Brodley derived a convenience sample from the aggregate pool of transcripts she collected. She selected the 10 sets of transcripts on the basis of whether there existed both the initial and the final session of each student’s work. Dr. Brodley coded transcripts independently of the 10 raters, which included the researcher, to ensure that these individuals were blind to whether they were rating initial or final transcripts as well as to which transcripts constituted pairings. Raters were trained, in accordance with the Brodley and Brody (1993) rating system, to identify discrete therapist responses, to number responses consecutively, and to rate each response as belonging either to an “empathic following” or “not empathic” category. Individual raters scored anywhere from one to several transcripts. However, unlike the other raters, this rater/researcher rated every transcript and ascribed subcategory and quality ratings to each empathic following response.

To establish inter-rater reliability, the researcher compared his ratings to the ratings of the other nine raters for each therapist response on every transcript. Any disagreement between the researcher’s ratings and those of the other raters disqualified a response from being considered for analysis. In other words, when the researcher and another rater did not agree on whether or not a response qualified as “empathic” or “not empathic,” those responses were eliminated from the data analysis. Disregarding these non-agreement responses was necessary since the researcher and the other raters were not able to evaluate each response in the presence of each other, thereby mutually resolving differences in rating.
Inter-rater reliability percentages were calculated for each transcript by taking the total number of responses on a transcript and subtracting the number of unmatched responses, taking this result and dividing it by the total number of responses made on the transcript, and then multiplying by 100.

Transcripts were grouped according to initial or final status and assigned sequential alphabetical codes. Those transcripts belonging to the initial group received single, consecutive letters of the alphabet and those corresponding transcripts in the final group were ascribed the same, but doubled, letter. For example, transcript “A” from the initial group corresponded with “AA” in the final group.

Once transcripts were grouped and sequenced according to initial or final status, the category percentages were derived for each quality rated subtype of empathic response. In other words, a percentage was calculated for each less adequate and adequate subcategory of empathic response. Percentages were also calculated for the not empathic category. Mean percentages for each type of response category (i.e., each of the four subtypes of empathic response with corresponding quality rating as well as the not empathic category) were derived for both the initial and final groups of transcripts.

The author calculated category percentages by taking the number of responses in each category and dividing that figure by the total number of responses on the transcript. The resulting quotient was multiplied by 100 to obtain a percentage. Mean percentages were calculated by summing the decimal percentage equivalents of each category of response per transcript in an entire group (i.e., initial or final), dividing those respective figures by 10, and multiplying quotients by 100. Comparisons were drawn for discussion purposes between the mean percentages per category of response type for the initial and final groups.

Results

Two percentages were calculated for each empathic understanding response subcategory: one for less adequate and another for adequate quality ratings. A single percentage was determined for the not empathic category since quality was not assessed for these responses. See tables delineating category percentages for each transcript in both the initial and final groups contained within the appendices at the conclusion of this article. At the bottom of these tables, there are mean percentages for each quality rated subcategory of empathic response type. Below the mean percentages are total category percentages for an entire response subtype category (i.e., the sum of the less adequate and adequate mean percentages that comprise an overall category percentage).

Initial Transcripts

1. Literal true empathic understanding
   A 0% less adequate and 0.7% adequate rating yielded a total of 0.7% for the entire category. Less than 1% of responses in the initial group of transcripts were literal true empathic understanding responses.

2. Complex true empathic understanding
A 41% less adequate and 26% adequate rating yielded a total of 67% for the entire category. Nearly 70% of the total responses in the initial group of transcripts were complex true empathic understanding responses.

3. Informational but not true empathic understanding
An 8% less adequate and 0.6% adequate rating yielded a total of 8.6% for the entire category. Nearly 10% of the total responses in the initial group of transcripts were informational but not true empathic understanding responses.

4. Questions for clarification
A 3% less adequate and 2% adequate rating yielded a total of 5% for the entire category. Five percent of the total responses in the initial group of transcripts were questions for clarification.

5. Not empathic
A total of 29% of the responses among the initial group of transcripts were rated not empathic.

**Final Transcripts**

1. Literal true empathic understanding
A 0% less adequate and 0.9% adequate rating yielded a total of 0.9% for the entire category. About one percent of the total responses in the final group of transcripts were literal true empathic understanding responses.

2. Complex true empathic understanding
A 47% less adequate and 19% adequate rating yielded a total of 66% for the entire category. Nearly 70% of the total responses in the final group of transcripts were complex true empathic understanding responses.

3. Informational but not true empathic understanding
A 12% less adequate and 0.4% adequate rating yielded a total of 12.4% for the entire category. Twelve and four-tenths percent of the total responses in the final group of transcripts were informational but not true empathic understanding responses.

4. Questions for clarification
A 2.3% less adequate and 4% adequate rating yielded a total of 6.3% for the entire category. Six and three-tenths percent of the total responses in the final group of transcripts were questions for clarification.

5. Not empathic
A total of 14% of the responses among the final group of transcripts were rated as not empathic.

**Inter-rater Reliability**

Inter-rater reliability percentages ranged from 61 to 100% for all transcripts, initial and final groups combined. The mean was 90%.
Discussion

The Categories and Comparisons

On initial transcripts, the very minimal total category percentage of 0.7% literal true empathic understanding responses was a positive finding since these types of empathic responses can only capture the explicitly stated meanings of client communication. Since these responses cannot convey implied meanings, because they adhere to nearly the exact wording of the client, a therapist who uses this type of empathic response is unlikely to be perceived as having a deep understanding of the client’s material. Additionally, the total category percentage of 0.7% was entirely represented by adequate quality ratings. There were no less adequate responses found in the initial group of transcripts. Therefore, these students were highly successful in not providing too many literal responses, and, when they did deliver these types of responses, they did so competently.

There was a slight, negligible increase in the total category percentage of literal true empathic understanding responses on the final transcripts. The total category percentage of literal responses on the final transcripts was 0.9% (it was 0.7% on the initial transcripts). As was the case with the initial group of transcripts, no less adequate quality ratings were gleaned in the final group of transcripts. Hence, and quite positively, students rather consistently delivered a very low total category percentage of literal true empathic understanding responses on both the initial and final groups of transcripts.

There was a consistently high total category percentage of complex true empathic understanding responses on both the initial and final groups of transcripts. On the initial transcripts the total category percentage was 67% and on the final group it was 66%. Essentially, nearly 70% of the responses made by these graduate students, on either the initial or final sets of transcripts, were of the type considered by Rogers (1961) to be the exemplar of true empathic understanding. The finding that the total category percentages of complex true empathic understanding responses initiated at such a high level and practically maintained that level on the final transcripts may be due to the fact that the students were required to practice empathic understanding weekly with a volunteer client.

More specifically, students practiced empathic understanding with a volunteer client an undetermined number of times before the session that was transcribed and submitted as the “initial” session for the purposes of evaluation. Therefore, it seems students attained a rather high level of empathic understanding response capability before conducting the practice session they transcribed as the “initial” session. Students also appeared to maintain this relatively high level of empathic development throughout their practice sessions, as exemplified by the rather high total category percentages of complex true empathic understanding responses on both the initial and final sets of transcripts. This finding seems to suggest that rating transcripts is a good measure of students’ empathic response capability and that requiring students to practice empathic understanding is an effective way to teach the client-centered approach to psychotherapy.

On the initial and final transcripts, however, the mean percentages of complex true empathic understanding responses rated as adequate were 26 and 19%, respectively. An explanation for this decrease was not readily apparent. However, it was conceivable that this finding could be explained through an understanding of the definitions of the empathic response subcategories and quality ratings proposed within this pilot study.
For example, on the initial transcripts, students may have failed to understand client communication because they missed many of the significant informational details that would have completed their complex true empathic understanding responses. On the final transcripts, as a remedy, they may have tried to capture more of the significant informational details of client communication, but, in so doing, they failed to include the meaning or impact this information had on clients in their responses. As a result, gains in the mean percentage of adequate complex true empathic understanding responses on the final transcripts were lost to increases in the mean percentage of less adequate informational but not true empathic understanding responses.

Interestingly, from the initial to final transcripts, there was an increase in the mean percentages, 8 to 12%, of less adequate informational but not true empathic understanding responses. There was also a slight decrease in the mean percentage of adequate informational but not true empathic understanding responses on the final transcripts. Conceivably, these findings could be explained by the same process that gave rise, at least theoretically, to the decrease in the mean percentage of adequate complex true empathic understanding responses on the final transcripts.

More specifically, when students’ responses failed to convey an understanding of the clients’ meanings along with an understanding of the significant informational details that gave rise to those meanings, the mean less adequate informational but not true empathic understanding response percentage in the final group of transcripts necessarily rose. Simultaneously, and as a consequence of this, the mean percentage of adequate informational but not true empathic understanding responses decreased on the final transcripts.

There are at least two other ways to understand these findings. First, the differences between the mean percentages of the two categories mentioned in the preceding paragraph from the initial to final transcripts might have, had they been subjected to a statistical t-test, been insignificant. In other words, it might be possible that there were no real differences between these mean category percentages from the initial to final transcripts. T-tests were not utilized for data analysis because it was assumed that the 12 weeks these courses spanned would not have warranted enough time to discern statistically significant levels of change in qualitative empathic response capability. Second, the differences may have been due to higher levels of complexity in client communication as the result of an increased level of trust in student therapists. In other words, the more a volunteer client practiced with a student therapist, the more comfortable they likely became in disclosing deeper and more complicated aspects of their lives. Therefore, the empathic response capabilities of these graduate students may not have been sophisticated enough, with just 12 weeks of practice, to have adequately understood the intricacies of more complex client narratives.

There was a decrease in the mean percentage of less adequate questions for clarification from 3 to 2.3% on initial to final transcripts, and an increase in the mean percentage of adequate questions for clarification, from 2% on the initial to 4% on the final transcripts. These results suggested that students asked questions that clarified the adequacy of their understanding of the clients’ internal frame of reference rather than questions that clearly took clients outside his or her frame of reference or requested more information of clients than was given. Hence, these were positive findings since they indicate that students were not directing client communication very frequently on the final transcripts.
There was a decrease in the total category percentage of not empathic responses made by students on the final transcripts. In the initial group there was a 21% rate and on the final transcripts, there were only 14% not empathic responses. This decrease was a positive finding since these types of responses are inconsistent with the nonDirective attitudinal environment of client-centered therapy.

The decline in the total category percentage of not empathic responses from initial to final transcripts further suggested an elevation in the total, overall, percentage of empathic responses made on the final versus initial transcripts. In fact, when the mean percentages of all the subtypes of empathic responses for both the initial and final groups of transcripts were summed, an increase from roughly 81% in the initial group to 86% total empathic responses in the final group was found. According to Brodley and Brody (1993), nearly 92% of Rogers’ responses to clients were empathic. Therefore, when compared with Rogers’ overall percentage of empathic responses, these findings appeared to be very positive.

In general, most of the mean percentages, regardless of initial or final transcript status, of the various empathic response subtypes tended to have higher less adequate than adequate quality ratings. This finding was not surprising because these graduate students were novices with regard to client-centered therapy. It would not have been reasonable to expect these students to master the delivery of any of these types of empathic responses over the relatively short time span of 12 weeks.

**The Reliability and Validity of the Findings**

The fact that the ratings were carried out blindly, raters were adequately trained, and the researcher was the only individual ascribing subcategory and quality ratings provided consistency to the rating process. The high concordance rate between the ratings of the other raters and this researcher spanned from 61 to 100%, with a mean of 90%. Hence, the inter-rater reliability of the rating process was excellent.

Responses not agreed upon by raters were eliminated from the ratings. This may have resulted in a lowering of certain overall subcategory percentages. However, the only categories affected by this process were the complex true empathic understanding and not empathic categories. Regardless, the overall percentages of these responses were relatively high for the complex true empathic understanding responses and low for the not empathic responses. Hence, any negative effect due to the elimination of these responses was considered negligible.

With some frequency, students transcribed these sessions in ways that made it difficult to ascertain the integrity of an entire therapist response. For example, many transcripts contained portions of dialogue that looked like this:

Client: Well, after he told me to shove it, I turned around and told him to stick it! And then, I just couldn’t believe it, he threw the microphone right at me.

Therapist: When he told you to shove it

Client: Umhmm
Therapist: you told him to stick it

Client: Umhmm

Therapist: and you couldn’t believe it when he threw the microphone at you.

Client: Yeah. It was really awful!

In this example, raters were left to ascertain whether or not the series of therapist responses numbered 1 through 3 were really one complete response. According to the Brodley and Brody (1993) criteria, when a significant pause exists between therapist verbalizations, responses are considered to be truly separate and distinct. However, it was possible that the transcriber of this session did not know how to transcribe interjections on the part of the client. Had this occurred, the reality of this dialogue may have gone something like the following:

Client: Well, after he told me to shove it, I turned around and told him to stick it! And then, I just couldn’t believe it, he threw the microphone right at me.

Therapist: When he told you to shove it (Client: Umhmm) you told him to stick it. (Client: Umhmm) And you couldn’t believe it when he threw the microphone at you.

Client: Yeah. It was really awful!

In order to discern issues such as these, raters needed the audio recordings that originally accompanied these transcripts. Unfortunately, these recordings were not available. Their absence may have caused inaccuracies in certain overall percentages of particular types of empathic responses.

For example, in the original sample of dialogue, therapist responses 1 and 2 would have received a rating of a less adequate informational but not true empathic understanding response. Therapist response 3 would have been rated as an adequate, although incomplete, complex true empathic understanding response. In the second example, therapist response 1 would have received an adequate literal true empathic understanding rating. As is evident, mistakes in transcription, which cannot be ascertained in the absence of audio recordings, may or may not have resulted in an increase or decrease in certain types of empathic response category percentages.

In the absence of these audio recordings, however, raters strictly adhered to the criterion delineated in the Brodley and Brody (1993) rating system that necessitates resolving these types of transcription difficulties in the direction of assuming that there was indeed a significant pause between these therapist verbalizations. As a result of this consistency, the ratings were considered to be both reliable and valid with regard to the manner in which they were rated.

The non-traditional research design and small sample size were inadequate for the
purposes of making generalizations from the findings of this study. However, given that this sample represented a cross-section of students spanning the years 1983 to 1996, it is likely that similar results would be found among other graduate clinical psychology students who were taught by Dr. Brodley. A larger sample size and a true or quasi-experimental design would be necessary to answer the questions posed in this pilot study with any level of certainty.

Nonetheless, this study was significant in that it suggested that rating transcripts is a good measure of graduate students’ empathic response capability. It also suggested that requiring students to practice empathic understanding seems to be a reliable way to teach the client-centered approach to psychotherapy. However, as stated earlier in this study, the teacher of client-centered therapy is strongly cautioned not to think of the categories of empathic responses contained within this investigation as a “new” means by which to teach the empathic understanding response process. According to Rogers (1987, 1986), doing so would suggest that empathic responding is a technique and this is absolutely contrary to client-centered theory. Hence, beyond the purposes of objective research, the utilization of the categories of empathic responses contained within this pilot study is discouraged.

Conclusions

These graduate students consistently demonstrated a very high percentage, nearly 70%, of complex true empathic understanding responses on both the initial and final groups of transcripts. This was an extraordinary finding since Rogers (1961) considered this type of response to be the exemplar of true empathic understanding.

Although there was variability in the percentages for the other subcategories of empathic responses, the percentage of the delivery of responses considered not empathic from initial to final transcripts decreased. This finding suggested that students were successful in not directing their practice client’s communication.

In general, the mean less adequate response percentages, regardless of subcategory, were higher than the mean adequate response percentages for both sets of transcripts. This suggested that overall response quality tended to be rather low. This finding was not surprising since these students were novices with regard to client-centered therapy. It would not have been reasonable to expect them to master the delivery of any of these empathic response forms over the relatively short time span of 12 weeks.

In spite of the overall low quality ratings, students managed to attain a reasonably high total category percentage of complex true empathic understanding responses on both sets of transcripts and they decreased the total category percentages of not empathic responses from the initial to final transcripts. These findings in particular suggested that the intentions behind student responses were in the “right” direction, and, that practice may have a positive effect. Hence, rating transcripts may be a good means by which to assess student empathic response capability, and, requiring students to practice the empathic response process appears to be a reliable way to teach the client-centered approach to therapy.

The sample size for this pilot study was rather small and neither a true or quasi-experimental design was used. As such, the findings of this study cannot be generalized to other groups of graduate students. However, given that this sample represented a cross-
section of students spanning the years from 1983 to 1996, it is likely that similar results would be found among other graduate clinical psychology students who were taught by Dr. Brodley. Although this pilot study did not utilize a traditional quantitative design, it is still reasonable to conceive, given the rigors and systematic nature of the analysis, that an empirical research study that used a more traditional experimental design would likely find similar results. It is suggested that future investigators pursue this in an attempt to answer these questions more definitively.

The pilot study was significant in that it suggested that rating transcripts is a good measure of graduate students’ empathic response capability. It also suggested that requiring students to practice empathic understanding seems to be a reliable way to teach the client-centered approach to psychotherapy.

However, utilizing the categories of empathic responses contained within this investigation is strongly discouraged, except when doing so for the express purposes of objective research. These categories are not to be understood as a “new” means by which to teach the empathic understanding response process. Any such attempt would be tantamount to conveying the impression that empathic responding is a technique. According to Rogers (1987, 1986), this idea is absolutely contrary to client-centered theory.

References


Table 1: Initial Transcripts

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1 There were a total of 0.7% literal true empathic understanding responses on initial transcripts.
2 There were a total of 67% complex true empathic understanding responses on initial transcripts.
3 There were a total of 8.6% informational but not true empathic understanding responses on initial transcripts.
4 There were a total of 5% questions for clarification on initial transcripts.
5 There were a total of 21% not empathic responses on initial transcripts.

* Not empathic = responses such as interpretations, leading questions, etc.
# Appendix B

## Table 2: Final Transcripts

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<th>QUESTIONS FOR CLARIFICATION.</th>
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6 There were a total of 0.9% *literal true empathic understanding* responses on final transcripts.  
7 There were a total of 66% *complex true empathic understanding* responses on final transcripts.  
8 There were a total of 12.4% *informational but not true empathic understanding* responses on final transcripts.  
9 There were a total of 6.3% *questions for clarification* on final transcripts.  
10 There were a total of 14% *not empathic* responses on final transcripts.  
*Not empathic* = responses such as interpretations, leading questions, etc.
The Difference Directiveness Makes: The Ethics and Consequences of Guidance in Psychotherapy

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Illinois School of Professional Psychology
Argosy University-Chicago

Abstract

Non-directiveness is an attitude of the client-centered therapist. It is the valuational matrix within which the core conditions of acceptance, empathic understanding, and congruence coalesce. The paper explores how departing from this attitude makes a difference in clients’ experiences of psychotherapy. An excerpt from focusing-oriented therapy suggests effects of directivity that re-inscribe the authority of the therapist and undermine clients’ “power to refuse.” It is argued that non-directive client-centered therapy trusts clients as the proper architect of the therapy process and that process directive and experiential therapies do not.

The Rationale for Non-Directiveness

Rogers’ Motivational Theory

The theory and practice of non-directive client-centered therapy is unique among therapeutic approaches. It stands alone in advocating that the therapist be committed to principled non-directiveness (Grant, 1990) while providing the core conditions for personality change: congruence, empathic understanding of the client’s internal frame of reference, and unconditional positive regard. A non-directive relationship proceeds logically from a view of the client as an autonomous person. It is an extension of Rogers’ theory of motivation, which postulates an actualizing tendency that animates and organizes all activities of living organisms (Goldstein, 1939, 1940; Rogers, 1951). The actualizing tendency functions holistically and constantly in the lives of organisms from birth until death. Human beings are evolving processes moving toward greater differentiation and complexity; their aims and purposes, while not random, are unpredictable.

Author Note: If Barbara T. Brodley had not raised the issue of the distinctions between experiential and client-centered therapy, it is unclear to me whether a genuinely non-directive school of client-centered therapy would have survived (although this may be unfair to some practitioners in Europe who are committed to a non-directive approach.) At the time I took the practicum at the Chicago Counseling and Psychotherapy Center in 1972, client-centered therapy was taught in a highly oversimplified, shallow way as a kind of active listening. None of the staff at that time transmitted what I now understand to be client-centered therapy.

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Rogers’ Ethical Philosophy

The non-directive attitude is consistent with Rogers’ view of persons’ capacity for self-direction. The attitude is equally well described as an expression of Rogers’ valuing of persons’ right to self-direction (Bozarth, 1998; Brodley, 1997, 2002; Grant, 1990; Rogers, 1942). In attempting to live this ethical position, the client-centered therapist must consider the autonomy and self-regard of a client in every aspect of the therapeutic relationship. A collaborative relationship maximizes the potential for clients to become, in Raskin’s (1988) words, the “architect of the therapy” (p. 2).

Efficacy in and of itself can never justify psychotherapy. If we believe in meeting clients as sovereign persons, the only process that does not preempt their self-determination is that of empathically understanding their intentional communications (Grant, 1985; Schmid, 2001). Any systematic process-directivity, intervention, or procedure that does not emerge from clients’ creative participation in the relationship violates principled non-directiveness. From a client-centered point of view, we are constrained by our commitment to an attitude of principled non-directiveness by respect for the voice of the client, the intentions of the client in the therapeutic situation (Grant, 1985, 1990). We are bolstered in this attitude by our belief in the functioning of the actualizing tendency of clients, who are seen as having vast, untapped resources for meeting life and life’s difficulties. But whether or not we accept the actualizing tendency as the sole motivation in organismic life, we cannot evade the ethical commitment to non-directiveness if we wish to interact with a client as another sovereign human who is at all times both capable of and deserving of free expression and self-representation.

Experiential and Process-Directive Therapies

Method vs. Expression

To describe the client-centered approach as a method among other therapeutic methods is to misunderstand it. As Schmid (2001) puts it, “In person-centred therapy, the attempt to understand is never used ‘in order to’” (p. 53). From a client-centered viewpoint, we are not using a “means” like empathic understanding of clients’ meanings in order to achieve “ends” such as “directing attention to internal experience,” or “intensifying the client’s feelings.” We are not “using” ourselves as therapeutic agents to enhance the client’s “experiencing process.” The practice of client-centered therapy involves expressiveness from both persons in the therapy relationship (Brodley, 2002). Client-centered therapists do not direct clients’ ways of being in therapy: They do not direct how clients go about the relationship or the processes or contents they engage in or express within the relationship.

In my reading of the studies assessing the relation of early-in-therapy experiencing levels to outcome, there is insufficient evidence to support the idea that a particular kind of process, high levels of focused experiencing, necessarily leads to superior psychotherapeutic outcome (Brodley, 1988, Zimring, 1997). But, crucially, even if evidence were to accrue to support an optimal mode of clients’ “processing” and an optimal mode of therapists’ functioning, we would not be compelled to train that process in clients who did not spontaneously manifest it. Client-centered therapists aim to
participate in a relationship in ways that respect and honor clients’ unique perceptions, meanings, and purposes. We regard directiveness in regard to clients’ internal processes (which we cannot know directly) and expressions of meanings as presumptions and encroachments upon the autonomy of clients that undermines their experience of the validity of their frames of reference.

Clients in psychotherapy are (or should be) free to define the experience in any way they want. They may feel that they are there to get an “objective view of the problem.” They may assert a need to be “healed.” They may want to be helped to “get in touch with feelings.” They may be quite inarticulate about what brings them to therapy and why they stay there, even over long periods of time. We assume that clients want to be understood when expressing intentions or hopes or vulnerable feelings, or complaints about us or about the therapy process. The willingness of the client-centered therapist to respond to expressions of meaning with empathic understanding \textit{absent any other intention} distinguishes client-centered therapy from therapies which have \textit{a priori} notions about what is “good” to \textit{do}—notions that have arisen from sources external to the client. Rogers was keenly aware of environmental influences and constraints. He was hardly naive about the extent to which some persons must cope with environmental circumstances that limit realization of the press for actualization. Our clients come to us with myriad received conceptions about who they are and what they are like, internalized from family, school, media, religion, and sometimes, psychology and psychiatry. The conceptions may help, but often hinder their organismic experiencing and self-creation. Our work is not to counter, rebut, or interpret these influences or to educate clients, but to realize the therapeutic attitudes and to be experts on not being experts. Schmid (2000) states:

For the person working in the person-centered field, the realization of these basic attitudes, which at the time has to be newly put into effect during the process, represents \textit{the help, which needs no supplementation by specific methods and techniques reserved for the expert.} “Expertism,” if it has be described, lies exactly in the ability to resist the temptation of behaving like an expert (even against the client’s wishes)—that means, solving problems with the help of techniques rather than facing them as persons. (p. 15, emphasis added)

\textit{Appropriating client-centered therapy and the empathic response}

Polanyi has pointed out that unlike scientific experiments, which aim to be replicable across time and contexts, “[a]n art which cannot be specified in detail cannot be transmitted by prescription, since no prescription for it exists. It can be passed on only by example from master to apprentice. . . . It follows that an art which has fallen into disuse for the period of a generation is altogether lost” (Polanyi, 1955, p. 53). Non-directive client-centered therapy is a practical art in danger of being lost. A significant factor in its possible demise are claims that it has been absorbed within and improved upon in more “evolved” experiential and process-directive therapies.

Gendlin argues that experiential therapy is a more highly evolved therapy—a method of methods—whose origins are the old, “classical” approach advocated by Rogers, improved on both philosophically, with better “process” concepts, and practically, with more efficacious, potent ways of stimulating high levels of focused experiencing (Gendlin,
Gendlin’s writing has contributed to a reductionistic stereotype of client-centered therapy as simply “active listening.” Gendlin (1974) does hold client-centered “listening” in high regard as the “baseline” to which any therapist of any orientation should return. He asserts that therapists can do anything as long as they return to the baseline, clients’ experienced “felt sense” (p. 211).

Describing empathic understanding as “listening” or as a “baseline to return to” implies that this response form is a tool employed by therapist to get clients back in touch with the “felt sense” they are attempting to symbolize. Gendlin and Hendricks believe that focused processing is the original source of all meaning, so that to prompt clients to focus upon felt sense is simply to return their attention to their bodies, out of which all meanings arise. They seem not to take criticisms of their directivity very seriously, rationalizing focusing prompts and direction of the process as simply being in the service of returning clients to their personal authoritative, original source. Experiential and focusing-oriented therapists claim that they have no wish to direct clients or to exert any kind of expertise; they simply want to help persons’ nascent expertise in their own experience to emerge. However, the absence of motives to have power over the client does not insure that the client experiences being prompted and guided in “processing” as neutral or non-judgmental or empowering.

Focusing-oriented therapists make a judgment that current “pre-focusing” ways of processing or symbolizing experience is not as productive, accurate, intricate, or rich as the symbolizations that emerge from “clearing a space,” “focusing upon the felt sense,” and getting “felt shifts” or “referent movement.” Focusing-oriented and process-directive practitioners are necessarily displacing the natural manner in which clients speak, communicate, and attend with a guided process of steps. There really is no return to baseline once this process has been inculcated in a vulnerable client. The training process has changed the way clients can be in the therapy.

Gendlin viewed successful therapeutic personality change as resulting from a particular form of focused experiencing, not as a consequence of a particular kind of human relationship. As Prouty (1999) points out, Rogers clearly viewed the therapist’s provision of a relationship with particular attitudinal qualities, informed by ethical principles of the trustworthiness of persons and respect for persons, as the necessary and sufficient condition for personality change. Experiential and process-directive therapies locate the cause of change in a particular kind of internal processing in the client. The therapist’s attention is on the client as a whole person, but is directed toward the client’s experiencing process, or in the case of emotion-focused therapy, toward “bringing about effective client processes” (Greenberg & Paivio, 1997, p. 280). Gendlin (1974) states:

The experiential method . . . is a way of using many of the different therapeutic approaches. It is a method of methods. It enables me to show just how client-centered therapy ought to be a part of every therapist’s way of working. It is a systematic way of using various vocabularies, theories, and procedures, among them client-centered therapy. When I have offered some details of its theory and practice, it will then become clear how my rendition of client-centered therapy . . . is really a reformulation of it in experiential terms. As so reformulated, it ought to be a part of every therapist’s way of working. (p. 211, emphasis added)
Gendlin construes client-centered therapy as an instance of “vocabularies, theories, and procedures.” He asserts that any therapist, regardless of orientation, can benefit from incorporating “reformulated” client-centered therapy as if client-centered therapy were synonymous with “listening.” It is clear that Gendlin abandoned the fundamental premise of the approach in favor of a method that fosters focused experiencing in the client. Empathic understanding responses are accorded value, but criticized: “Today, looking back, I think that 90% of the client-centered therapy I have seen in the last two decades was only round approximation. The client’s distinctively felt experience, rather than being articulated, was obscured and deprived of its specific edges by such responding” (Gendlin, 1974, p. 214).

“Listening” responses, to be facilitative, must be accurate, and must be constantly checked by the client against “what is there.” Gendlin offered this as a rule for the new experiential listening. He claims that experiential therapy is a “new” way, an evolution from the “old” way of client-centered therapy, which retains the basic client-centered attitudes. However, as I argue here and Brodley (1990) argued elsewhere, the shift to focusing-oriented therapy is quite clearly a departure that changes the nature of the therapy relation.

Critique of a segment of a focusing-oriented session

Gendlin (1964) departed from the theory of client-centered therapy when he posited experiencing level as the independent variable, the motor of change, in any therapy. He created a form of therapist response called “the experiential response,” which is intended to invite attention to the bodily felt sense and facilitate a carrying forward of experiencing. Experiential therapists claim they are non-directive because they drop the invitation to attend to the bodily sense if clients do not want it. But it is hard to imagine how empathic responses that are given along with invitations to focus cannot create a different kind of relation between client and therapist and change process and content. Even when invitations are given with utmost respect and sensitivity, clients cannot help but conclude that the focusing-oriented therapist has a conception of what is helpful and what is not, particularly if they are frustrated with their way of being in the therapy. And in fact, process-directive therapies do have a conception of what is effective and ineffective therapy behavior in clients.

In transcripts of focusing oriented therapy, there are clear instances in which the attention of the client is guided away from the therapeutic relationship to the client’s “body.” Here is an example from Gendlin (1996):

C: (After he has talked unemotionally for some time, there is a break in the client’s voice.) I’m so tired of my depression, and other people also get very tired of it. My friend Nick got tired of it and he doesn’t want to see me now, much. If I go to his place I try not to complain and ask for care. And in my group they said I’m passive and all I do is complain. I do say to myself: ‘I can take care of myself. I can do that myself.’

T: You can sense that the depressed feeling is wanting care, and you do kind of give it to yourself. It scares you, though, that the people are getting tired of you.

C: And I’m worried that you will too.
T: And that includes me. You’re scared I’ll get tired of you being depressed and asking for care.
C: Yes. (Silence)
T: I notice something welling up in you when we talk about your needing care.
C: Yes, it loosened things in my throat. Mostly I don’t feel anything.
T: Saying you need care loosens your throat, and you do really feel that wanting, wanting care.
C: It loosens that locked place. (Eyes tear up)
T: Do sense that now as clearly as you can in your body; the stuck depressed place is really this need-for-care place. Is that right? Can you sense that?
C: It loosens when I say ‘I need care,’ and if somebody is there to say it to. And it’s also the connection with all that stuff with my mother that we talked about.

(p. 187–188, emphasis in the original, underline added)

This short segment of focusing-oriented therapy illustrates several significant points. First, we note a “training effect” in the client’s statements: “It loosened things in my throat” and “It loosens that locked place.” In my practice of client-centered therapy over the last 30 years, I have rarely heard clients spontaneously give such “status reports” about their bodily responses. In a recent session, one of my clients said, “My mother’s words stabbed me in my heart!” as she put her hand to her chest. This is a very different statement from “I have a clenched feeling in my chest.” Statements such as “It loosened things in my throat” give the impression of an outside observer reporting on the status of a body region. I am distinguishing these “report” statements from directly expressive statements that are not literal descriptions. I believe that focusing clients are taught to report these bodily “sensings” and to award them significance. It is also of interest that the report about the client’s loosening throat occurs as a response to the therapist’s observation that “something [is] welling up in you.” It is not clear what the therapist was attending to; it is stated as if it were an observation—“I notice.” Since the therapist does not mention data that supports the claim, the client presumably searches for what was “welling up” and reports about his throat. Although this was probably not the therapist’s intention, the “observation” trains and directs the client’s attention to bodily data. The report is not merely a physical description about phlegm loosening, but is a metaphorical use of the term “loosening,” implying “something is happening,” and evidences a training effect. It is possible that the next sentence—“Mostly I don’t feel much of anything”—is the client’s way of resisting the therapist’s pressure as he recognizes that he is complying with the therapist.

At the juncture in which the client has the courage to acknowledge his fear that the therapist will tire of him, the therapist gives an empathic response, but then breaks the silence by making a personal observation that has the effect of deflecting the client’s attention from the here-and-now with the therapist to his own bodily state. In this example, the therapist has a goal for the client that is clearly shown in the imperative instruction: ‘Do sense that now as clearly as you can in your body.’ This instruction is followed by another statement from the therapist’s frame—that the “stuck depressed place” is “really this need-for-care place.” The therapist relates caringly and authoritatively in conveying the impression of knowledge of what the client should do in the moment and what the client’s experience of being depressed is really about.

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This interaction is quite different from what might have occurred if, after the uninterrupted silence, the client had said, “I need you to care for me.” The client may or may not have made such a daringly direct appeal to the therapist, but the point is he was not given the chance. His attention is diverted away from the relationship and toward events supposedly occurring internally. Instead of a moment of authentic encounter, there is a procedure offered to the client in which he must as clearly as he can sense what the therapist suggests: that the stuck, depressed place is the need-for-care place. The client concurs with this new formulation, saying, “It loosens when I say ‘I need care’ and if somebody is there to say it to.” It is interesting that at no point has the client actually said to the therapist “I need care,” rather that when he says it—to himself or the world at large (we don’t know who he addresses), his throat loosens “if somebody is there to say it to.” The statement almost strikes one as a hypothesis he is testing. It is how this works in him; it is not a direct, personal interaction. By way of contrast, a personal interaction might take place as follows:

C. I want to say to you that I feel that I need care. . . . I need your care.
T. You’re feeling that need for caring in general, but also in this moment from me.
C. Yes, that is true.
T. You do have my care. I really do care for you a great deal.
C. Thank you for saying that. I appreciate that so much.

Ethics and Consequences of Direction and Non-Direction

Iatrogenic effects of therapeutic goals

Non-directive client-centered therapists believe that the only goals we should have in therapy should be goals for ourselves in learning how to realize the attitudes, not only because clients’ right to self-determination should constrain us, but also on the belief that constructs, such as “experiencing,” “conditions of worth,” or “felt sense” are most often not expressions of clients’ frames of reference. We are mindful of how easily clients can take on the views and vocabulary of the therapist, even when the therapist tries to eschew this influence. Additionally, clients are very often compliant out of courtesy and politeness, and they appear to be so in some of the transcripts from Focusing-Oriented Psychotherapy (Gendlin, 1996).

Most therapies use rhetoric of emancipation or liberation of human potential. That is, they aim to free persons—from “incongruence,” “irrational cognitions,” “addictions,” “mental illness,” “low experiencing level,” and so on. Claims for success in psychotherapy depend on being able to say that change for the better is a consequence of the independent variable of psychotherapy. However, non-directive client-centered therapists are leery of accepting treatment effect sizes as the last word on practice. We believe that the harmful effects of therapy are rarely investigated and reported (a notable exception is the work of Binder and Strupp, 1997).

Iatrogenic effects of medical treatments, which are regularly discussed at Mortality and Morbidity conferences among physicians, have no formal counterpart in the world of psychotherapy. Therapy, even at its most non-directive, can have, and has been observed to have, negative effects on clients. Sometimes this is the result of momentary loss of...
discipline by the therapist; sometimes it results from a client's having misunderstood a therapist's communication. But we know that these inadvertent mistakes can have far-reaching consequences. How much more damaging to a person's sense of positive self-regard are practices designed to change clients—either their lack of congruence, or their "stuck" ways of processing or some other deficiency? The kinds and extent of harm that therapists can cause, outside of violations of professional standards and ethics, is a largely unexplored area of research.

The centrality of the right to refuse

Clients' right to refuse psychological and psychiatric treatment is crucial in any democratic society that promises basic human rights. Various authors have made reference to the significance of the human person's "power to refuse" (Weil, 1987). Only our perception of the humanity of another can halt the trajectory of our intended action, and allow, as Simone Weil puts it, "that interval of hesitation, wherein lies all our consideration for our brothers in humanity." Winch's (1989) reading of Weil explains her position:

To recognize the existence of another human being is to acknowledge a certain sort of obstacle to some projected actions; that is to say, it is to acknowledge that there are some things one must do, and some things one cannot do in dealings with the other which hence constitute a limit to the ways in which we can pursue our projects. Our recognition of these necessities is internally related to our grasp of the kind of beings we are confronted with. (p. 107)

Notions of "voice," self-determination, and personal autonomy imply that a fundamental aspect of humanness is the exercise of will—of the capacity and right, at bottom, to say "yes" and "no." Personal assent and dissent are expressions of freedom. Only persons who can refuse can freely assent to enter into a relationship of equals. Unequal as a therapeutic relationship may be in the structural sense, if a person seeks the relationship voluntarily and maintains at each moment of this relationship the "power to refuse," there is, to some degree, a meeting of two sovereign persons (Proctor, 2002; Schmid, 2001). A broken person is one who has given up the attempt to give or withhold consent and who perceives that others perceive her as no longer constituting an obstacle to their plans or actions.

What does the "power to refuse" mean in the context of a client-centered therapy relationship? This power, first, must mean the freedom to withhold expression, either partially or entirely. Clients cannot be interrogated, probed, encouraged, or induced to speak. The act of speaking, making contact with the other, should be understood as a free expression, a call from one Person to an Other, not as linguistic production or symbolizing process (at least within the moment of the encounter.) The only appropriate response to the other's voice is the act of response issuing from my authentic self. I think that this kind of call and response is what Buber refers to as an "I – Thou" relation, a concept which Rogers valued and referred to over many years.

One of the first problems the client-centered therapist faces, however, is that many clients come into the relationship from social and familial contexts that have long denied
their personal authority. Compliance with familial norms and obedience to authority figures has been deeply inculcated in most of us. We cannot naively assume that clients know therapy is a “free” situation. Many clients believe that they should not ask questions and that conversely, they should answer any questions put to them by the counselor or “doctor.” They need help and feel vulnerable, which exacerbates the situational pressures against their grasping their own power to refuse. That power exists in the abstract, perhaps, and functions as a constraint for the non-directive therapist, but is not yet a reality to be grasped and lived by many clients. The fundamental aim of the client-centered therapist is to offer oneself in an entirely personal way, without professional facade. We believe that the practice of empathic understanding increases clients’ personal power. This assumption has been borne out in practice with clients over many years (Zimring, 2001).

We claim that our aim is to be of help, but we cannot know in advance what “help” will mean to any given person. It must always remain an open-ended question in our work: “Am I helping you?” Clients are the experts on what is or is not “help,” and more radically, when they cease to want “help” in any form. When this point is reached, the therapy relation must be redefined or ended, because its essential structure is that of a therapist who is present in the situation to give “help” and a client who is present in the situation to receive it.

Is it a contradiction to hold this consistent non-directive position to the exclusion of techniques and pedagogy? Is not this rigidity, a kind of tyranny of non-directiveness imposed on clients? Cain (2002) asserts that the emphasis on the therapist attitudes leads to a “one approach fits all” stance to therapy. He states:

The same basic attitudinal qualities in the therapist or teacher are viewed as necessary and sufficient for all clients (students) regardless of individual differences in the person, even enormous ones. Not surprisingly, there is generally fairly little variation in the ways person-centered practitioners interact with their clients. (Cain, 2002, p. 367)

Cain does not see that because client-centered therapists are committed to the non-directive realization of the attitudes with no attempt to create effects in their clients, they provide an environment for the emergence of a unique therapeutic relationship with each new client and with each client in successive sessions. To the contrary of his claim, there is a great deal of variation in the ways client-centered practitioners interact with their clients—as much variation as there are persons.

A staunch commitment on the part of the therapist to non-directivity implies moment-to-moment attunement to a client as a whole person. In the mature form of client-centered therapy (meaning practice in which the therapist is freely himself or herself in the situation), many possible implementations of the attitudes may emerge. We are not behaving according to a method or formula, nor are we responding with any systematic intent, except to empathically understand whatever clients intend to express. It is inconceivable that a client-centered therapist would say to a depressed client who wanted to stop coming to therapy, “I don’t think that would be wise. I think you need to stay a little longer until you are feeling less depressed and can think more clearly about the decision.” This kind of paternalism is a contradiction to non-directiveness. It undermines
and ultimately abrogates clients’ power to refuse. We want to honor clients’ frames of reference, because it is right and because it is what we want for ourselves.

**Conclusion**

Directiveness matters. Even with the best intentions, it promotes influence over clients. Process-directive therapists have clear aims for how clients can change emotional schemes and “stuck” contents. They have appropriated the core conditions and empathic responding without recognizing that by their orchestration and direction, they have altered the character of these conditions. They have replaced Rogers’ empathic way of being with methods of doing, and they have replaced trust in clients with a “new paradigm”—trust in the expert.

**References**


A Person-Centered View of Diversity
In South Africa

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Abstract

The work of Carl Rogers and Ruth Sanford in South Africa during the 1980's was continued in the form of person-centered diversity awareness workshops. This article describes action and qualitative research on participants’ experiences during and after these workshops. Post workshop interviews indicated that organizational change agents and consultants were exposed to new ways of facilitating learning opportunities which are not based on using classroom techniques and methods, but on their own realness, respect for and ability to put themselves in their client group’s frame of reference. The results highlighted South Africa’s never-ending journey of healing and the showed the need for South Africans’ to integrate race and gender splits, subgroup and individual identities, and denigrated and idealized parts of the self.

Background

Clay (2002) described the South African scenario of dramatic political and social change and transformation as a new area into which humanistic psychologists wade fearlessly, addressing the dangerous situation of facilitating dialogue between opposite factions. This research addressed specifically how the values inherent in the Person-Centered Approach (Rogers 1973; 1975b; 1982) seem to be facilitating growth within and between people.

Carl Rogers and Ruth Sanford visited South Africa in the 1980's. In the midst of racial tension, they presented Person-Centered workshops in large and small group format, had interviews with many influential people and groups, and appeared on television news programs (Rogers & Sanford, 1991; Sanford, 1991). Their work was carried on by various institutions, including the Department of Industrial and Organizational Psychology at the University of South Africa in Pretoria, during times of extreme political and social change and transformation (Cilliers, 1991; 1992a; 1995a; 1995b; 1996a; 1996b; 2000; Cilliers & Terblanche, 2000; Cilliers & Wissing, 1993; Rothmann, Sieberhagen & Cilliers, 1998).

Organizations Taking the Lead

The management of organizational diversity endeavours to facilitate the owning of responsibility for the development of people and groups towards becoming more understanding of differences and similarities in race, ethnicity and gender. This process is filled with a variety of ideas, perspectives, and strong feelings of discomfort, disrespect, intolerance, fear, anger, resentment, and hurt (Abdelsamad & Sauser, 1992; Kenton &
Diversity in South Africa

Valentine, 1997; Leach, George, Jackson & LaBella, 1995). In South Africa, mechanistically designed programs addressing racism (Laubscher, 2001; Oakley-Smith & Winter, 2001) and employment equity (Collins, 1995; Richards, 2001) have failed because of underlying assumptions that diversity can be “trained” and because the “instructors” did not understand the dynamic nature of diversity or the relevance and value of experiential learning.

On the other hand, person-centered psychologists in the country who have been exposed to Rogers and Sanford’s ideas believe that diversity issues can be addressed from the psychological well-being perspective that realness, openness, honesty, respect and empathy, lead to a real experiential encounter of the other. Sanford (2002) explained, “it is important to remember we are here not to establish a training program but to facilitate the growth of facilitators and those who would become facilitators in a person-centered way of being” (p. 38). Rogers (1982) indicated that the task of such an endeavour should be thought through and the responsible facilitators should seriously question their motives in doing this kind of work. They should also continuously develop their own selves and their skills in providing a trusting and respectful environment in which participants can experience the freedom to learn. Rogers (in Schneider, Bugental & Pierson, 2001) cautioned that his work should not be trivialized into mere organizational applications. For example, Kramer (1995) illustrated how active listening is easily forced into a tool to enhance productivity (rather than a skill to build relationships) and Cilliers (1991; 1992b; 1995b) illustrated how the concepts of empathy and facilitation are used superficially in training, management, and organizational development.

Diversity

Diversity refers to any mixture of differences and similarities (Thomas, 1996) between individuals and groups, such as race, gender, ethnic or cultural background, age, and sexual orientation (Leach et al, 1995) that contribute to distinct social identities (Arredondo, 1996; Griggs & Louw, 1995). In terms of organizational behavior, diversity refers to every individual variable that affects a task or relationship (Thomas, 1996). This means that diversity has an impact on the products and services developed by the workforce and on personal, interpersonal, and organizational activities (Abdelsamad & Sauser, 1992).

Reece and Brandt (1993) describe primary and secondary dimensions of diversity. Primary diversity dimensions are core individual attributes that cannot be easily changed, such as age, gender, race, physical appearance or traits and sexual orientation. These form self-image and the filters through which a person sees the world. The greater the number of primary differences between people, the more difficult it is to establish trust and mutual respect and the greater the chance of culture clashes that have a devastating effect on interpersonal relationships in the organization.

Secondary diversity dimensions are changeable or modifiable individual attributes, such as communication style, education, marital status, religious beliefs, work experience, and income. They add complexity to an individual’s self-image. The interaction between the primary and secondary dimensions shapes an individual’s values, priorities, and perceptions. Effective relationships among diverse employees in an organization are possible when differences are accepted and valued.

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The modern organization faces complex interpersonal challenges (Griggs & Louw, 1995). The implementation of diversity initiatives in an organization typically follows a logical sequence (Reece & Brandt, 1993): education and awareness, capacity building, and culture change. This research focuses specifically on the first two steps in this process, and in so doing; it creates the climate for culture change to be facilitated in larger organizational contexts.

**The Workshop in Diversity Awareness**

From a person-centered perspective, the exploration of diversity implies a specific quality in relationships (Rogers, 1975a) and the stimulation of the self-actualising tendency (Kirschenaum & Henderson, 1993; Rogers, 1975b; 1982; Thorne, 1992). This process includes the interaction between facilitator and group, building a trusting relationship and climate, and individual employees’ realness and readiness to risk crossing boundaries between self and difference and to address stereotypes. The primary task of the workshop was to provide participants with opportunities for self-insight and the learning of facilitation skills to empower them to act as growth-facilitators in their organizations in various diversity settings. In order to meet its primary task, the workshop consisted of two parts: 1) an experiential part based on encounter group experiences (Rogers, 1975b) structured on a large scale as a community experience and on a small scale a small group experience; and 2) a didactic training part consisting of an integrated facilitation model based on various human potential movement models, such as Carkhuff (2000), Egan (1975), Ivey, Ivey and Simek-Morgan (1997), structured as a role-play in triads.

The basic assumption of the workshop reflected Rogers’ (1975b) hypothesis about the three core dimensions of realness, respect, and empathy within the facilitator and the resulting growth and understanding of self within the client. These were operationalized as follows (Cilliers, 1984; 1996b; Cilliers & Wissing, 1993): Realness involves the degree of correspondence, congruence and transparency between what a person says or does and what he or she truly feels and means. The facilitator does this in an honest and sincere way without affectations. Respect may be defined as a profound recognition and appreciation of and regard for the value of the other person as a unique creature having rights as a free individual. It is manifested in warmth, unconditional positive regard, and in the quality of the attention given to that person. Empathy refers to a person’s ability to arrive at a conscious and accurate understanding of another person’s deepest feelings and intentions in terms of the person’s own frame of reference and to explicitly communicate this understanding to the other person.

The workshop, structured over three days, consisted of 21 hours of events and six hours of informal processing during coffee and lunch breaks. The events were:

Community experience. This event consisted of all participants with one facilitator for every 10 participants present. The goal was to provide an accepting and respectful climate and opportunities for participants to create a community of persons with equal rights in which all individual and group voices, experiences, and feelings could be heard, free experience is allowed, and learning can take place. The event simulated a community in which contact is relatively impersonal, trust is difficult to build, there is no fixed agenda, behavior is not interpreted, a wide range of feelings can come to the fore, and acknowledgment of one another is difficult (Broderly, 2002).
Small group experience. This event consisted of a maximum of ten participants with one facilitator. The goal was to provide opportunities for participants to explore individual and group experiences and feelings by telling their stories and relating them to the here-and-now. The event simulated a work group in which contact tends to be relatively personal and trust relatively easy to build.

Role-play in triads. The integrated facilitation model was explained and participants were taught basic attending (listening) and responding (summaries and reflections) skills. Participants were asked to form triads with participants who differ from them in terms of at least three primary diversity dimensions. Each member of the triad got an opportunity to act as a facilitator and a client. This role was based upon Sanford’s (2002) description: “I am clearly aware that I am present primarily to facilitate a climate in which the other or others will find it possible to grow toward a full realization of their potential. If I have issues of my own or deep concerns of my own, I will have found or will find ways in which to gain the support and the clarity that I need. I will not put it on the group and I will not put it on my client if I am aware” (pp. 37-38). The third person observed and gave feedback according to the model. The workshop facilitators rotated between the triads, listened to parts of the conversations, and reflected on experiences during the discussion periods.

Reviewing and application of learning. This event consisted of maximum 10 participants and one facilitator. The goal was to provide opportunities for participants to individually process learning during the workshop and explore how to implement their learning in their organization.

Empirical study

The aim of the research was to report on the experiences of and the learning about diversity during and after the Workshop in Diversity Awareness presented from the Person-Centered approach. An action and qualitative research design was used (Camic, Rhodes & Yardley, 2003; De Vos, 2002; Henning, 2004). It was expected that the experience of diversity in person-centered conditions would enhance understanding of the dynamics of difference within organizations in South Africa. The workshop as described above, was presented by the Department of Industrial / Organizational Psychology of the University of South Africa in Pretoria 40 times over the last 17 years. The facilitators were all department staff members, South African registered Psychologists, and had specific training in the person-centered approach with the focus on group processes.

Each workshop averaged 18 attendees for a total of 755 attendees—organizational change agents and consultants from different types of large and small, international and local, government and community operations in South Africa. Males, females, all South African race categories and ages from 21 to 68 were present. A random sample of 86 individuals was selected for interviewing.

A one hour, tape recorded, semi-structured interview was used with the aim of ascertaining the experience of the participant during and after the workshop. It consisted of the following three questions:

1) “Please tell me about your experience of the workshop”
2) “What have you learned about diversity in South Africa?”
3) “How can you apply the learning in your organization?”

The interviewer encouraged the exploration of answers by reflecting on already given material (Rogers 1975b, 1982).

One month after the workshop, individuals were randomly selected and interviewed. An appointment was made to meet at a place of mutual convenience. Because of distance, six interviews were conducted over the phone and 15 were sent out and received back via e-mail.

The transcribed interviews were analyzed and themes derived. The analysis was done by means of content analysis (Strauss & Corbin, 1990), specifically open coding, a process of breaking down, examining, comparing, conceptualizing, and categorizing data into themes (Camic, Rhodes & Yardley, 2003; Jones, 1996; Kerlinger, 1986). Having the results checked by two psychologists who knew the techniques well ensured trustworthiness.

**Results**

The participants’ experiences were captured in the following seven themes: 1) learning about new ways to facilitate learning opportunities; 2) from being imprisoned by the past to coming out of prison; 3) sub-groupings formed in accordance with primary and secondary dimensions of diversity; 4) the tension between being part of one’s (ascribed) sub-group and being an individual; 5) the power-play: a means of positioning the different subgroups in the “new dispensation” (the structural and experienced social order in “the new South Africa”); 6) integrating the denigrated parts and the idealized parts within the Self; and 7) a never-ending journey of healing.

*Learning New Ways to Facilitate Learning Opportunities*

Referring to the experiential and encounter group nature of the workshop, many participants found the lack of the classroom structure difficult to cope with. Some mentioned that they expected instructions by “the experts” about diversity. Instead they were confronted by their own discomfort in a situation that required them to talk about their own immediate experiences. In hindsight they realized that it could not have “worked” in any other way. One participant said, “In our organization we do diversity work by only instructing people about the customs of the different culture groups such as the Xhosa, the Zulu, and the Afrikaners. This now seems so mechanical and means nothing to me any more. I realized that this is because people are not speaking and listening to one another.” Another participant said, “After the so-called diversity workshops in my organization, we have a social event where—this is what I realize now—people stand around only mixing with their own culture groups. There is no integration of groups. The blacks stand together and so do the whites and others. Maybe this type of experiential workshop will stimulate connection between groups and create a sense of mutuality in my organization.” Another participant said, “This type of workshop makes the issues so real and put them in your face. I can see no other way to deal with the realness of diversity to expect changes in the workplace.”

Most participants revealed that their concept of facilitation had changed. One comment was, “In my organization the word is used as a fancy substitute to tell and instruct others—everything except what we have experienced in this workshop.” Another
participant said, “I now realize the power of the facilitator role when I really listen to people and allow them to find their own meaning of what is happening to them as well as to discover and explore the feelings within themselves and between them and others. The possibilities are endless!”

Many participants spoke about how they planned to and had already implemented the Rogerian model of facilitation of diversity awareness in their organizations. Some individuals kept contact with the university facilitators after the workshop to discuss their progress in these endeavors. Some arranged work sessions with these facilitators and with themselves as co-facilitators. The evidence suggested that the workshop participants were able to facilitate insight into and conflict resolution around diversity issues between individuals, within groups and between groups in their organizations. One comment was, “I really struggled the first time I was in the role as designated facilitator in a workshop. The only way I could cope was to be as real about myself and my anxiety to perform as possible. The participants helped me in being congruent!” Most participants mentioned trying very hard to “get it right,” to do facilitation in the correct manner. They seemed to be very demanding of themselves and felt that if they cannot live the core dimensions all the time, they have failed. This was also mentioned by Sanford (2002) as typical of one’s first exposure to the person-centered approach. One participant said, “I now see the core dimensions as a way of being rather than a recipe to follow. In a way, being congruent is a way to own my feelings of incompetence, and I talk about this with my mentor.”

Coming Out of Prison of the Past

The workshop provided participants with the opportunity to look at what they and other individuals and groups are experiencing and carrying. Unresolved past discriminatory experiences are experienced as baggage. One respondent said, “Something that puzzled me is that we keep on living in the past. There is so much baggage that we are carrying from generation to generation and this baggage is actually nurtured, keeping us from working together. Why can’t we leave the past in the past? What must happen before we can move on? Maybe that is the major issue with this country in that there have been a lot of things that were not just discrimination. How can we get rid of this baggage and move on?” Another participant said, “Despite rapid change, we carry our stuff from our history with us which makes connection across difference difficult.”

There was a realization among participants that the baggage from the past is keeping South Africans from working together and what is needed is to get rid of the baggage and move on. One respondent said, “We need to confront and address unresolved issues from the past. We cannot sweep things of the past under the carpet, we have to deal with it.” This was also seen as moving from death (past) to here and now, and the experience was framed as exciting and empowering. The suggestion was made to move away from denial to confronting issues and talk them through.

Of specific importance was the role of the white male, which has changed over the last few years. Because they collectively represented the previous apartheid regime and therefore the shame of the past, white males were pushed aside, felt disempowered, disconnected, and were often not heard by others. During the interviews done within the last two years, they appeared significantly more involved. More evidence is that there was an increase in white males attending the workshops, because they were now appointed in
organizations in positions responsible for diversity projects. (Previously the tendency was to appoint black people to manage diversity programs in organizations, “so that they can take care of their own issues.”) The white males reported on their sense of urgency and enthusiasm about this “one in a life-time” and “eye-opening” experience as if this is a last opportunity to work on reparation. They seemed to feel quite present and “free,” aware of themselves (using “I” and “me”) as well as making connections with most other racial groups. It was hypothesized that the white male has made a turnaround from an insignificant outsider, to taking up his role as an insignificant part of the South African social system.

White males described a conflict between two roles. The first could be called an “inside” role that related to their subjective, sometimes self-obsessed, experience as an individual, which was sometimes filled with pain, depression, and exclusion. In this role they were aware of the influences from the past and attended to content in discussions about what the “system is expecting from you.” Then, as if some sort of “coming out of prison” happened, a second role came to the fore that could be described as an “outside” role which related to becoming aware of choices in participation, leading to looking more objectively to processes, being aware of what is happening in the system with other people and what their expectations were. This was done by becoming aware of deeper feelings and learning how to accept and process them. One participant reported using friendliness to stay in control and gain acceptance at the cost of increased loneliness. Another reported that he “came out” as more “un-individualistic,” aware of and exploring personal and organizational boundaries, which served as a coping mechanism with depression. It was hypothesized that the white male is repositioning himself through a process of introspection and adapting his role to being someone who wants to connect and be involved in meaningful relationships, while at the same time still experiencing punishment, frustration, confusion, and anger. It seemed that the white man is building new connections. One respondent said, "I think it would be startling to link with other people without their preconceived ideas, scripts and fantasies.” There was a realization that this repositioning can only take place if the white male understands his own and other's feelings and behaviour.

The above intrapersonal conflict in the white males also played out in an interpersonal conflict. Because of limited resources in many organizations, white males seemed to react with more hostility toward other white males than before. One participant said, “I became aware of how other white males responded to my self-disclosure, how skeptical and competing they were, and then they would tell their story to be more spectacular than mine!”

Sub-Groupings with Primary and Secondary Dimensions of Diversity

Participants identified sub-groupings using the primary dimensions of race and gender, highlighting obstacles to making real connections across these differences. One participant said, “At the start, the race issue was prominent, but it seemed to be getting solved as we moved along. What worried me is that the gender issue—particularly the women have a lot of problems with it still. It maybe that race was the most important issue for the group as a whole to address and it was addressed first, and then after that was sorted out to move onto other issues such as gender diversity.” Another participant
said, “We group together whites, blacks, and females.” Following are some of the distinctive characteristics of each sub-group.

The black male. The older males seemed to act on behalf of the struggle of the past. They were often very prominent at the beginning of the workshop and became more silent as time went on, as if they had become tired. They seemed to reflect the new stability in the country where “just being there” may be enough. They were proud of being Africans, a title not to be shared with whites. The younger black males were experienced as active and acting powerfully and assertively, with a lot of competition playing out between them.

The black female. The older females often acted as mother figures to the group. The younger ones saw their elders as role models who looked after them during difficult times. One of the older females expressed anger at both black and white males for the past oppression—the black domestically and the white politically. The younger females were more silent than the younger males, but seemed to be and verbalized being empowered. One expressed her need to take advantage of all possible opportunities and in so doing, she excluded whites. They “must stay out of my way.”

The colored male. The older male seemed to use his energy to network with everybody in terms of future job opportunities. This anxiety and future orientation made it difficult for him to be present in the here-and-now. He found himself in the middle and pulled by both sides (black and white). One participant said, “I don’t represent all the coloreds, but I feel pulled to act on behalf of all coloreds. The same happened with the Indians.”

The colored female. They seemed to have quite a difficult time within the new structures of the country. They referred to “struggling to find all my parts,” and felt rejected based on the color of their skin. One participant reported on how childhood memories of being rejected as a colored person were evoked in this experience, “The workshop once again made me aware of how I am seen by others and that awakened a lot of feelings inside me. The most important was that childhood rejection of being colored. It made me so angry, probably the most angry that I was in my entire life.”

The Indian male. Very few attended the workshops. During the last three years, two participants attended and one was interviewed. He referred to his difficult position of being seen as on the margins, “minding his own business” (as in managing a family business) and trying to move out among people representing differences with whom he never had collegial relationship.

The Indian female. They seem to be caught up between tradition and the new demands to be powerful and part of the new dynamic society. They expressed their anger and pain of not belonging or being acceptable. They were not seen as being black enough in the “new South Africa.” One participant said, “From day one I was told that I am not black. I lived my whole life knowing that I am black.” The workshop offered her the opportunity to firstly vent her intense feelings and secondly to understand more about the diversity dynamics amongst individuals and races.

The white male. Historically they were in power and busy with the management of the country, which kept them away from contact with other races. This could explain their inability to make contact with others in the “new South Africa.” They reported feeling disempowered, often not heard by others, and operating from the periphery. One participant said, “At a certain time during the workshop I was really down, and it felt as if
there is no future for white men in the country.” Some reported being pushed into offices at work which are out of reach from others and which makes contact difficult.

The white female. They had difficulty adapting to the new role of blacks. Historically they had contact with black men as “garden boys” and females as “house maids.” Both were now their colleagues and sometimes their managers. They expressed disillusionment and anger toward white males for allowing the discrimination of the past. One participant said, “Interesting for me was the anger I experienced against the white males who with their big mouths sat in the group and didn’t say a thing. During tea break and lunch they have a lot to say, but when they are back in the group, they are silent. It is as if they are afraid of the black males.” In reaction, the females try to link with the black males who were accepting the reaching out on one level, but also rejecting on another level, leading to confusion for the female.

Working with all race groups and both genders, it happened on a couple of occasions, that the powerful black males kept quiet for long, the white females would take a stand, followed by the black (including the Indian) females, and when the discussion were almost exhausted, the black males would enter in a powerful manner and take over the discussion, taking about their past struggles. In terms of gender, some participants reported that the workshop was too short to attend to unresolved conflicts among women. One participant said, “My illusion of women totally exploded into bits and pieces. I thought this would be a group where we all share the same things, feelings and warmth. It was nice in the beginning but then the pretense disappeared. . . . The thing of women being warm and nurturing disappeared.” The experience of participants that the diversity around race is worked with more than that with gender could be interpreted as using the one to cover up the other. One participant expressed this complexity, “I realized that this thing of diversity is more complex. You have conflict between different parties, say men and women, and it doesn’t matter what color they are, it doesn’t matter what their conflict is because they are women and men, and so it is with other diversities as well.”

It is proposed here that the human need to split the world into white and black, male and female, and so forth make real connections difficult and leads to distrust between subgroups. One female participant said, “What I experienced was that men stood together and the women were to an extent separated. There was also little conflict amongst the men but quite a lot between the women.” The women seemed to experience a lot of conflict and also expressed their experiences of separateness more than the men. About the assumptions between subgroups, one participant said, “What I learned is that people in South Africa especially from different race groups have assumptions about one another. Some of them are correct but some are not true. This causes that we misinterpret each other, which widens the gap between people.”

Tension Being Part of One’s (Ascribed) Sub-Grouping and Being an Individual

It appears that participants oscillated between seeing each person uniquely and as a member of a group. One participant said, “ . . . how difficult it is to be an individual, but also to be part of a group.” Being part of a particular sub-grouping has certain advantages. Perceived group membership allows for the formation of an identity. By clinging to one’s perceived subgroup, one’s identity and comfort zone is established. One participant said,
“So what one can learn is the issue of grouping together, people find safety in a group whether it is on the basis of color of being a woman or a man.”

Being part of a subgroup also had particular consequences for individuals. It appeared that individuals were expected to support subgroups that form with regards to primary diversity dimensions (race and gender) and refusing to do so led to anger from the entire group against the individual. One participant said, “The community meetings showed me that it is normal for people to group together according to certain characteristics. The funny thing is that these groups expect the rest of the group to back them up. At one stage the coloreds and Indians were extremely cross with me because I did not back them up when they wanted me to.” During the community meetings (representing the larger society) some participants experienced a push toward joining their own people (sub-grouping). One participant said, “they said go back to your people.” The experience was that the person is not allowed to decide where he or she belongs—the individual’s uniqueness was challenged or ignored due to an assigned sub-grouping based on one primary diversity characteristic. It was also as if there was a particular hierarchy that could influence a person’s group membership at any give time.

Another consequence of belonging to a sub-grouping could be as one participant said, “Sub-groupings symbolize things to other people. Like I would symbolize a young black male and people react to you according to what you symbolize.” Another white woman said, “I never realized to what extent I am playing a role, and that people are reacting to the role and not to me. . . I did not realize till that last day when it came out in the small group that they were reacting to the white bitch and actually telling the white bitch and not me. That helped me to understand why I was being rejected the whole time—even though I thought that I was working very hard.”

The fact that one is judged and treated according to group membership created anger within some participants. One participant said, “The idea that people relate to you according to what you represent and the color of your skin totally pissed me off.” It seemed that participants oscillated between seeing other participants as individuals and experiencing the same participants in terms of their particular group membership with its concomitant stereotypes. One participant said, “I made a close connection in the small group with a black woman and I think I became dependent on her. Then in the next community session she sided with the black group and that floored me and I reacted on behalf of my white group which she then could not understand.”

Connections amongst individuals may have been negatively influenced by their group membership, especially their race group membership. Group membership could also have created a tension within individuals with regard to being part of a sub-group and being an individual. One participant, a black man, said, “What I have learned was that I was brought up approaching people, the world as a collective. We are part of the collective trying to achieve certain objectives. What I have learned is more the individual stance—to talk for myself. It was very difficult for me to see myself apart form the collective, and it created a barrier for some time. As the workshop continued it became easier and I was surprised that sometimes my ideas and feelings differed from those in my reference group. But tension remained between what I experienced and that of my reference group.” It seemed that this participant is moving from being part of a collective to being an individual, in other words finding his own identity, which includes both a group, and an individual identity.
The Power-Play—Positioning the Different Subgroups in the New South Africa

Participants referred to power-plays among the racial groups. These seemed to be struggles to find meaningful positions above others so that one’s voice could be heard and one could feel important. The power-play appeared to serve the purpose of establishing the new positions of the different racial groups within the country. One participant mentioned that the blacks and whites were the power players, while coloreds and Indians formed the background. On the other hand one participant said that it felt as if he was in the middle and involved in power a struggle, while others (probably blacks and whites) wanted to see where he will fit in. One participant said, “It felt like I am in the middle. If I attend to one side, the other would ask—when are you going to listen to us again? Precisely the same happened when I went to the other side. It was like a power struggle to see where I fit in.” The idea of “where I will fit in” appeared to refer to whether he would side with white people or with black people. The negotiation and competition around where the colored man will fit in suggest that he belongs within the new South Africa. However, his exact position must still be negotiated. Being in the middle probably illustrates how this participant (a colored man) has to struggle with other participants’ stereotypes of him.

Another purpose of the power-play related to fighting for belonging within the new South Africa—the question is not what is the group’s position, but rather, does the particular subgroup belong within the new South Africa. One white woman participant said about an Indian woman, “It was as if she was struggling to find a place for herself in South Africa... It was like she didn’t have a place in the country... It is as if she is carrying this on behalf of her group.” Perhaps this fight for belonging is far wider than having a place in the new South Africa. It may be about emotional belonging in a country with a history of outcasts—from Europe, the Great Trek, the Anglo Boer War, slavery, missionary work, and apartheid. The part of the rejected one may have become an element within the South African psyche.

The power-play also provoked a competition for scarce emotional resources, in particular the space to listen to and hear the pain of others. Within most of the workshops, it seemed imperative to first focus on the pain of black people. Then, it appeared difficult for participants to listen to the pain of an Indian woman. It also appeared difficult for black people to listen to the pain of any of the others. One participant said, “Indians and coloreds rejected by both black and white. Thus, they are in a difficult position—things have changed but are still the same, they only have a new boss.”

This comment highlighted how, within South African society, there is a need for oppressing the other. This could be interpreted as the South African need to separate into the oppressed and the oppressor. Whites had been the oppressors in the past, and now black people are the oppressors. Indians and coloreds remain the oppressed, somehow caught in the middle. This served as evidence of how a primary dimension of diversity, in this case race, is used to separate the world into the oppressed and the oppressor.

In the separation of the oppressed and the oppressor, there seemed to be an assumption that the oppressor is the idealized one, while the oppressor is really the rejected one. In collective terms, it is suggested that race groups are split into idealized parts of the self and rejected parts of the country-as-a-whole. The rejected part is
stereotyped as the colored and Indian participants. This gives evidence of the experience of pain in all sections of the society and that, as one participant mentioned, “Things have changed, but are still the same.”

Integrating Denigrated and Idealized Parts within the Self

Recognizing the disowned and denigrated parts of oneself seemed to have been an overwhelming and unpleasant experience for many participants. Some participants considered this to be necessary for their own development and actualization, while others mentioned the fear of “going mad” in the turmoil of trying to make sense out of it all. One respondent said, “The workshop symbolize Eva to me. A book I read of Eva, a child of a Hottentot and a Dutch minister. Eva was a mix and finally lost her mind because it was so difficult for her to live in two worlds. I saw her everywhere, this struggle to live and cope in different worlds.” The participants seemed to suggest the process of firstly recognizing and then integrating the different parts of the self, such as the struggle to live and to cope with the different worlds within. Perhaps these different parts referred to the denigrated and the idealized parts within the psyche.

Although the process of healing was recognized, some participants referred to how hard it is to ask for forgiveness. One participant said, “A lot of emphasis was put on saying sorry. I couldn’t understand it and no one could tell me what I did wrong. You know one session I sat and I realized that we were part of the system. We really discriminated against nonwhites, and that was a big learning for me. The whole thing of saying sorry for what has happened.”

This statement by a white person apologizing for the past, was about discrimination against blacks and also about connecting more fully to one’s own group. Apologizing was about being accountable to the other for one’s group membership. Perhaps it was also about taking responsibility for the unpleasant, denigrated parts of the self that one has ascribed to one’s own group. For example, it was not only the white group who had discriminated, it was the white person that has discriminated and now realizes this. This process also addressed the needs of black people. One black male participant said that he experienced anger and frustration with others’ denial of their responsibility with regards to apartheid. He felt a need that those who were considered “guilty” should be accountable for the crimes of apartheid.

A Never-Ending Journey of Healing

It seemed that there was a need for creating and recreating guidelines of interaction between white and black, male and female, young and old, and even employee and manager. One participant said, "What came out is the level of anger that still exists. That is so powerful and overwhelming. The workshop provided an opportunity to go back to that anger and that was very astonishing.”

It appeared that the workshop provided an opportunity and a trusting environment for the exploration of anger, hurt, and pain over issues of diversity. One participant said, "What was good is that although I was experiencing these emotions, we could work through it and laugh together about things.” One participant said, "The more we as a society, face these emotions, anger, the more we can work through it.”
This resolution of imprisoning baggage through recognizing, processing, and owning feelings seemed to be an unknown process for most South Africans. A way of approaching this may be as one participant said, “it is powerful to realize what we represent, and the role that we play regarding what we represent.” Another way was to own up to responsibility. As one participant said, "I realized that people must take your part for what happened and the other person must also take their part for what happened.” This responsibility included seeing and listening beyond stereotypes, as one participant said, "I realized that things aren't about race and religion. In the end it goes back to the individual.”

A few participants proposed that issues from the past and working across differences can be addressed by nurturing the intimacy, love, respect, and trust with those who appear to be different. One participant said, “If we could just love people, just love people, but something happens to it.” Another participant said, "It is about connection and trust. It is not about sameness and otherness. It is not about trying to find a common ground or middle path. The joy is in being diverse and to trust other people to live out their differences. And the funny thing is that this made me more tolerant toward my own group as well as to other groups.” It seemed that in linking with others and nurturing intimacy across difference, diversity could be celebrated, and in celebrating and exploring diversity with all its complexities, a real connection could be made with individuals from the other sub-groupings, as well as with individuals from one's own group.

Conclusion and Recommendations

The evidence suggested that some participants have started experimenting successfully with this model of facilitation. The university department is keeping contact with many of them, and it can be reported that the range and quality of inputs in organizations are good.

The interviews revealed that the workshop was a meaningful yet difficult realization of the intensity of diversity issues in the country. The most profound realization was that if these issues are not talked about and the accompanying feelings not expressed and processed, the individual, organizations, and maybe also the nation will get ill. The workshop participants’ efforts to “undo” stereotyped perceptions and their efforts at reparation, placed them on a journey of healing. It seemed clear that without this difficult confrontation with the owned perceptions and feelings, the participants would not have become aware of the manifesting issues, let alone own their own part in it.

This research lead to the formulation of the following hypothesis: Diversity and its accompanying behavior as illustrated in the research described here can best be studied and understood when facilitated from a caring, trusting, respectful, and experiential paradigm, such as the person-centered approach. It is recommended that organizations become more aware of diversity and its accompanying experiences, perceptions and feelings and that this research model be evaluated in rural communities in South Africa.
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Reflections on the 1966 Dialogue Between Carl Rogers and Michael Polanyi

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Abstract

In dialogue format, the authors revisit the issues of scientific and humanistic approaches to human knowing raised by Carl Rogers and Michael Polanyi in their 1966 dialogue. Moorman posits an unreduced and unexplained view of persons and phenomena. Stillwell offers that the use of language necessarily introduces some reductionism. Both value an acceptance of experience. The dialogue concludes with expressions of trust in the making meaning from the ambiguity of existence using concepts like the “tacit,” the “self,” and “indefinitude.”

Introduction to our Purpose

Jere: As a part of a conference conducted in La Jolla, California in 1966, epistemologist Michael Polanyi and psychologist Carl Rogers engaged each other in a live television dialogue. This dialogue was reproduced as the final chapter in the book from the conference edited by Rogers and William R. Coulson called Man and the Science of Man. This recounting was also published in The Carl Rogers Dialogues (Kirschenbaum & Henderson, 1989).

On the basis of his original training and practice in chemistry, Michael Polanyi built his considerable reputation as a philosopher through writing, lecturing and teaching. His magnum opus is Personal Knowledge, published in 1958. He characterized his approach as "post-critical," writing that his main professional concern was "to establish a better foundation than we now possess for holding the beliefs by which we live and must live, though unable to adequately justify them today" (Rogers and Coulson, 1968, p. vii). Carl Rogers' reputation was as an outstanding and profound innovator in the fields of psychology and education. His book On Becoming a Person, published in 1961, had been widely accepted by a public well beyond his profession. He was deeply concerned with
how scientific knowledge would be used and by whom. Even further, he was questioning the deterministic thinking inherent in contemporary scientific methods and looking for a way to conceive of a science that would be "self-transcending in freshly adaptive ways of meeting life and its problems" (Kirschenbaum, 1995, p. 45). In 1966 Polanyi and Rogers had each reached the conceptual boundaries of their respective disciplines, and each was striving to revise some of the assumptions behind contemporary practices in science.

Will and I are create a dialogue of our own that is not intended to evaluate the 1966 dialogue so much as to reflect upon it from our perspectives as students of the work of both men. We want to consider the questions: What can we learn from this dialogue today? What issues did this dialogue seek to address? What progress have we made in the past thirty-seven years regarding the issues involved? What work still needs to be done?

Application of Science to Human Being

In the first part of the dialogue, Rogers uses an example from studies of delinquency. He notes that from the standpoint of objectivism, a boy who comes from a broken home, who lives in slum area, who has been rejected by his parents, and so on—that that boy has a high probability of becoming a delinquent. He reflects as to how this way of thinking is akin to treating the boy as an object in much the same fashion as measuring the speed of a steel ball rolling down a slope. Rogers affirms the usefulness of this sort of positivistic/objective research, and yet he is troubled that such research leaves out the person. As distinguished from the inevitability of the rolling ball following a determined pathway, Rogers asserts that whether the boy becomes a delinquent is not an inevitable process. As an alternative to depersonalizing the person, Rogers has a vision of spontaneity, creativity, and the possibility of responsible action.

Two beliefs have dominated the modern era: conceptual reduction and causal explanation. There is a third, legitimate, way to understand: to describe a phenomenon or person as it/he/she ingenuously presents it/himself/herself—unreduced and unexplained. This is the appropriate mode of coming to understand things, events, and persons: They disappear when they are subject to conceptual reduction or causal explanation.

Both Polanyi and Rogers are concerned with a science that has attempted to squeeze a person into a box whose dimensions are defined by reductionistic, explanatory scientific methods. Both men see that science, as practiced at the time of the dialogue, is inadequate to the task of studying the person. Both men lament that the scientific ideal has not accounted adequately for the boy in the example above as he is and as he might become. In fact, Polanyi and Rogers lament that the ideal has even precluded such an accounting of the real person.

I pose the questions: To what extent are we still limited by the ideas of reductionistic and positivistic science? Have we swung too far to the pole of subjectivism and radical relativism of some extreme interpretations of the postmodern worldview? Is there a view that can affirm that there is something to be known, yet that there are many approaches to this something?

*Wilh:* I am intrigued, Jere, by several of the concerns you raise in a new voice. I would like for us to together handle these topics of reductionism, relativism, multiple
approaches, creativity, and a reality that may be known—topics of our mutual interest. If spontaneity blooms, we might even get to other topics of which Polanyi and Rogers spoke that evening—moral value judgments and transcendence.

I'm not sure I understand one of your statements, and if indeed I do understand it, I'm skeptical of it. Even if we disagree, I sense you've opened a promising door for our thinking. So, under my friendly scrutiny, would you expand on your belief in a “third way to understand,” a way of being able to "describe a person or any phenomena...unreduced and unexplained”?

Jere: I begin with a short story or metaphor. As your math teacher, I have given you a mid-term test with twenty-five questions on it. You have gotten five answers right according to the standards of arithmetic.

  Reductionism: “You got five right or you got twenty wrong.”

  Explaining: “You have not been studying—that’s the reason you’re not doing well!”

  Unreduced and unexplained: “Sounds like the test was a challenge for you.”

  “Yes, I realize that my dyslexia is worse than I thought, and I fear not being able to graduate this semester, etc.”

Here is the beginning of a story of a real person, the student is not an abstraction; she is an individual self, not as we resemble other selves. This is not objectivism nor subjectivism, but “the personal.” The personal story seeks to know truly with recognition of hazard. This responsible speaking in the first person is indicative of respecting another who can take up the communication. It creates, as Patricia Poteat wrote, “a space of appearance apart from which the apprehension of truth, or reality itself is impossible” (Poteat, 1985, p. 162).

Will: Thanks. I hear your concern with how persons are understood, that a person is best known from her sense of how she takes responsibility for placing herself in the world and all the joys and hazards that commitment implies. I am attracted to this hope of yours founded in the understanding person. But your example has not decreased my skepticism towards what I understand as your project to “describe without reducing or explaining.” I’d like to tell you my thoughts on this to see if they can move us along together.

Now, I believe that your or my way of being at any moment can be nonreductive and avoid explaining. However, when I try to communicate what I know in any manner other than being present (or absent) I must use language. In your example, the happenings—test-studying, test-developing, the challenge, the dyslexia and so forth—end up as descriptions in a mathematical language or a language of feelings as soon as they become communications. To reproduce in language is to reduce the happenings to what we can communicate to a description. Descriptions inherently reduce any happening to that—which I attend in order to know about the happening. Knowing about something seems to me not the same as being present or absent toward that something.

Perhaps Polanyi and Rogers can help us here. In their strivings to re-extend or expand science to a more inclusive practice, they looked at ways to bring in non-reductive, non-explanatory human knowing.
Both Polanyi and Rogers were scientists applying objectivist measures to their experiences and were profoundly affected by what they perceived as wrongheaded, even immoral, determinism. Looking beyond the facts and hypotheses each had generated in his own field—the *what* of knowledge—both men were uncomfortable continuing to apply exclusively deterministic/chance frameworks to the whole enterprise of scientific understanding.

**Jere.** Polanyi and Rogers both agree that the statement “this is scientific” is limiting, that we would be better off to include the personal notions of responsibility and creativity as legitimate aspects of a “rational framework.” I believe that the major blockages to communication are the blockages of a person’s own position, which he often defends with statements akin to “this is scientific,” often rigidified into an “I am right—you are wrong” position.

It seems to me that the proclamation—“This is scientific”—is an attempt to minister to the craving for certainty and the anguish and torment of ambiguity.

**Human Creativity in Understanding**

**Wilk.** The only viable alternative on the scene thirty-seven years ago against this kind of determinism seemed to be a kind of phenomenological approach to knowledge. This approach walked away from an absolute grounding and toward understanding the basis of science as a synthesizing, intentional, and subjective process. Polanyi and Rogers were living amidst what has proved to be a continuing culture-wide dissolution from the quest for pronouncements of certainty. They were attracted toward a quest for what Paul Vitz (1977) has called “authentic”—as contrasted to “authoritative”—declarations (p. 53). Both were extending science, making bridges out from what was for them an outmoded scientific rationale, extending toward the agency, passions, thoughts, and hunches of the scientists’ (and *any knowers’) processes of understanding and action. Each was deeply interested in how a person participates in what she or he knows.

Each started from what he knew in his own thinking and being. Rogers wanted to understand how a person comes to know and take responsibility for his or her life. From his clients’ explorations and travails, Rogers learned the momentous importance of a person knowing and living in the declaration, “I exist!” This declaration is at the heart of what Rogers called a person’s “self.” To conceptualize how the “inner world of self-perception be more and more aligned himself with phenomenological humanist approaches to knowing existence. As he honored and accepted the descriptions of happenings that people expressed, he came to trust his own tentative and even yet more forceful self-expressions.

I think Polanyi was after something slightly different from Rogers. He wanted to understand how anyone comes to believe or know the truth. What he labeled “personal knowledge” is his spelled-out conviction that the irreducible human source of knowing lies in an individual’s tacit knowledge. This inexplicit knowing is a person’s intuitive, imaginative, comprehensive, embodied grasp of the nature of reality. He said each of us relies upon our tacit experiences to question or accept information or take actions or make descriptive statements. And in doing so we all necessarily risk ourselves, as we respond and submit our claims of truth to a world independent of ourselves.
Polanyi trusted and risked in his “tacit.” Rogers trusted in his fluid, ever-changing, and ultimately inexplicable “self.” Both men inspired you and me, Jere. Yet, although I find their concepts and articulations useful, they do not satisfy me. I’m eager to pursue, but I don’t pin my trust to a kind of certain knowledge (or even the certainty of random chance). I don’t relinquish my trusting to my “self” or to my “tacit knowledge.” Neither is of much help in my telling you why or how I live in the grace of the earth.

The help I can now accept from these men is the fuzziness, the transcendence from language to which they refer. I’m inspired these days, not so much by the truth or the progress toward truth their concepts represent, as by their trust in indefinitude.

**Jere:** Indefinitude. . . such as what you just said, your “living in the grace of the earth.” What do you mean by this phrase “grace of the earth?”

**Wilh:** Yes, it’s true. My turn of phrase that just emerged, it’s a fuzzy indicator. I do not have a very specific reference. I’m avoiding a specific reference. Had I said something similar, like, I trust the “grace which passeth all understanding,” you might have easily assumed you knew what I meant. But the emptiness of what I did say tastes just right on my tongue.

**Jere:** I like this other term you offer, “indefinitude.” Throughout his writing, Polanyi writes about the unspecifiability of knowledge, i.e., the notion that the grounds of knowledge claims cannot be exhaustively specified.

Both Polanyi and Rogers offer an appreciation of the likelihood and inevitability of ambiguity, of the unreality of the hankering after the certainty of positivistic, reductionistic knowledge, which leaves out the person. Both men offer a theory of the climate where this ambiguity may be best borne, and even cultivated, for valuable gifts.

Rogers moves towards the good-enough “claims of the person,” though I believe he would not make a claim for certainty or perfection. He would recommend boldness about relying on these claims, trusting, paradoxically, that the fully functioning person “not only experiences, but utilizes, the most absolute freedom when he spontaneously, freely, and voluntarily chooses and wills that which is also absolutely determined.” (Rogers, 1989. p. 418).

Polanyi, on the other hand, seems more interested in a reality that makes a claim on me, that comes to me, that does not proceed from me. As I understand Polanyi, I do not determine my own existence, I discover what is there. While I am conditioned at my source by my belonging, I am responsible in a radical way for my life. I am somehow “called” to search for the truth and state my findings.

My project has more to do with acknowledging that to *describe* a phenomenon accurately as it ingenuously presents itself, unreduced and unexplained is truly a way of *understanding* this phenomenon.

For example, I can describe a trip to a foreign land to you in a letter using ordinary, common sense, language. Whatever wonder my letter may evoke would all but disappear if limited to methods of reductionistic and causal explanatory science.

I am assuming that ordinary language is both metaphorical and adequate for our commonsense daily living. I am not assuming that language is presuppositionless. Nor am I assuming that the assertions of reductionistic and causal explanatory science are
presuppositionless, though this is often implied via a pseudo-substitution that seeks to escape the asserter’s acknowledgment of personal participation in his or her knowledge.

Consider reductionistic and causal explanatory science as seeking to explain the tangible; consider my letter to you as an attempt to describe something real, which has some intangible elements. Reducing the Mona Lisa to tangible paint scrapings would tell you little of the profundity of the Mona Lisa. Perhaps we are, in some way, saying the same thing. Yet, my restatement does not say, to me, that my project is to describe without reducing or explaining.

Wilh In whatever way you describe the Mona Lisa, my understanding—or standing-under—you consists of at least two senses. The first sense connotes “support” and “acceptance.” I am holding you, perhaps I seem to balance you on my shoulders: I support and confirm your expression, your acts of knowing. The second sense connotes our possessing or holding or intending the same or similar “knowledge.” What you express is more-or-less the way I too could experience an order in Leonardo’s paint on that canvas. In addition, this second sense of understanding serves to support me, in that within our interchange I am oriented, not adrift from the world I know (even if you and I do not completely agree).

One urge that I’m aware of in people is a need to order the world, to make the world ordinary. We put order onto the world through our capacity to use symbols. Symbols can bring-to-presence that which is absent—some thing or thought or feeling we remember, or imagine, or wish for. This sense for what-is-absent is important. When what-is-absent is brought together somehow with what-is (present), we feel a unity.

My understanding of Polanyi leads me to propose that his term for this unity is “truth.” I think Rogers’ unitary term is “self.” And both these men developed methods to bring the un-formed, unexpressed, tacit creature that we are to more explicit presence. Rogers spoke of providing an atmosphere or an environment, Polanyi spoke of “indwelling.” These are methods of discovery meant to plumb our organismic, incarnate, intuitive bodies. These are methods of creativity that use both senses of understanding I mentioned before: a support under the bodily presence of the person, and a joint holding-under that body of knowledge brought symbolically present.

While we humans respond to and initiate order in the world, we also sense a heritage, which is unordered, knows no limits, and is unspecifiable (Polanyi, 1958). To touch or be touched by this heritage of the extra-ordinary is to transcend the world we’ve made ordinary. Your idea of understanding via ingenuous description, Jere, perhaps signifies your courtship of what I’m calling this unending indefinitude. Polanyian indwelling and Rogerian environments for dialogue are methods for a science that explicitly honors and gives account to our human knowledge creation.

**Reality – Objective and Subjective, Constructed or Discovered**

**Jere:** I see both Polanyi and Rogers as interested in the personal. For Rogers, the personal is subjective. As noted before, Rogers assumes that the fully functioning person, disencumbered from conditions of worth, will choose, “be determined by,” the most economical and satisfying vector of all the internal and external available stimuli.
Polanyi, on the other hand, sees the “personal” as referring to a responsible activity. He claims for its comprehension, a universal validity, an outward-directed movement toward what is known, and an appraisal of what is known that meets a commitment to universal standards, not an activity of self-development. It is this latter point I would like to develop in point/counterpoint with you.

I believe one cannot refer to “commitment targets,” such as truth, reality, justice, and beauty non-committally. My understanding is that the scientific objectivism of the time of the Rogers/Polanyi dialogue proceeded as if there is no problem discussing them non-committally.

It seems that all four of us—Polanyi, Rogers, you and I, agree that there is some problem with this! It seems we agree there is an ineradicable fiduciary component (a component of ascritical, methodological faith) to all of our judgments about reality. This faith component may appear to be saying that reality is a projection of our subjectivity. But, I do not believe that what we are committed to, even though we know it may be wrong, is necessarily a merely subjective projection. Rogers, though, seems to be saying that “reality” is a projection of our subjectivity! This is where I would like to offer a difference for consideration. I’m not sure how that’s going to go, but I am clearer on my issue. Where are you on this “subjectivity” point?

It seems to me, on the contrary, that Polanyi is contending that reality in this sense of transcendence, in its capacity to manifest itself inexhaustibly in future surprising new ways, is accessed only in the fallible, self-transcending (or subjectivity transcending) venture of faith. Not everyone's capacity for methodological faith is the same. This faith is a capacity for a sensibility that must be built up. Rogers offers the notion of “maturity” as a standard for discerning success in therapy. I’m not sure how he would apply this notion to epistemology. Polanyi offers a conceptual reform, which he calls “personal knowledge,” as an alternative to both objectivity and subjectivity. I want to claim some idea of “reality” that has more of a flavor of commitment than the subjective “for me this is true,” or the objectivism of “seeing is believing.” At the same time I seek a convivial community of fellow knowers: I look for a committed “we.” I am still willing to go my way alone in dissent from the consensus (and even alone declaring “what the consensus should be!”) As a lone discoverer, I would consider that I have not yet been successful with the responsibility of my “persuasive passion.”

Back in the 1970’s, I remember how the word “convincing” was one of the big sins of the Rogerian mode of being; so I am attempting to “reclaim” the notion of “persuasion.” Do you and I begin to move apart here in what we believe?

Will: Turning to Rogers for inspiration, let me try to fashion a response to your queries about subjectivity, self-development, and persuasion. Rogers did not hesitate to express his professional truth. It is his theory of the person. He claimed he formed it inductively by opening himself to the reality of the phenomena called “client” he met through a method of empathic inquiry. He then submitted his notion to various kinds of testing and theoretical enrichment. When he speaks of this truth he attempts to be persuasive to the convivial group of fellow scientists and lay people.

But with a client, Rogers was in pursuit of the client’s self. A person entered therapy out of a sense of separated self, or incongruence. The truth that the person knew or discovered or rediscovered was in service to this seemingly disunited self. In therapy it is
the phenomenon of the client that is seeking to reveal itself to itself as it is. The relationship that the client and Rogers developed as persons together seemed to free the client for seeking self-unity. Out of self-unity came a greater capacity for relationship with others.

This truth is “for me” (the client). The self-unity is enhanced by explicitness and testing of the truth of relations among the parts of the self. Making explicit one’s truth seems helpful to being faithful to that truth. Perhaps you could call it “persuading” one’s self. Rogers believed his own understanding and acceptance of the client’s truth was important for the client’s healing. It is in this context I spoke earlier about two kinds of understanding. To Rogers, I believe, “understanding” the client had more to do with his tacit contact, “holding the client on his shoulders”—an authentic, interactional or embodied presence truth, than with a contact generated between himself and the client “holding the same knowledge”—an authoritative, absolute or logos truth. Rogers chose to put his own congruence into the mix when he wanted to further understand the client, or (occasionally) when he sought bonding with the client. I see Rogers assuming, "You are a person." Bringing that assumption to therapy may very well be an attempt at persuasion, but I have never thought Rogers understood his one-to-one work was trying to persuade the client of any truth. In his paradigm, the convivial group is the therapist-client, the focus is on the unified self of the client, truth “for me” and truth “for you” do not necessarily need to resolve into agreement.

A good example of the truth of personal presence alongside an authoritative, professional truth is found in his therapy demonstration film, *Anger and Hurt* (Whitely, 1977). In the therapy, Rogers stays with the meanderings-for-truthful-relationship-with-the-world that the client proposes. Only after the sessions does Rogers comment about the client’s process in more clinical terms. He chose to make these latter statements not as part of the therapeutic relationship, but as part of the relationship of himself to another group. Presumably the client also talks to another audience about what he knows from his relationship with Rogers differently than he talked to Rogers while in therapy. In most social relationships people readily perform their own persuasive intents.

Persuasion toward “authoritative” truth may be enlightening and may take us out of an “authentic” present and obstruct any new appearance of the phenomena-as-they-are. This is an authoritative lesson many of us have learned from Rogers and applied to our own ways of being with other people.

But Rogers himself, the scientifically curious man, continued to test the validity of this lesson. In the twenty years following this dialogue with Polanyi, Rogers’ work with people in groups influenced him to demur less in expressing his own convictions with group members and even with his individual clients. (Maybe he became more trusting of his own “tacit” self.) While he strayed further from the “non-directive” methodology of his early therapeutic style, at the same time he remained convinced that a humanistic approach—induction through empathy—was a valid way to create hypotheses that could be subject to later thought and testing.

Of course he was acutely aware that his greater self-expression might easily influence others toward his opinions. But further, and possibly more importantly, I see him experimenting inductively as usual, trying out new empathy with his own self in the interest of both his self and science. I hear him asking his old question in a new way.
within new contexts looking for new evidence: "How much and in what way within human interactions do subjective truths lead toward more universal possibilities?"

Jere: I am looking at your distinction between “authentic” and “authoritative” modes of truth. I see the road to authoritative truth as each of us speaking truth with authority and universal intent from where we are. Thus, the authoritative truth becomes the discernment of a truth “in common,” a truth, according to Polanyi, that reveals itself inexhaustively in the future. I don’t see that this process necessarily takes us out of authenticity, nor does it necessarily obstruct any new appearances of the phenomena-as-they-are.

I do see that Rogers is not attempting to arrive at an “authoritative” truth within the therapeutic milieu. In his empathy and unconditional positive regard for the client, he does not pose a litmus test of “authoritative” truth on the client’s story. During those magic moments in which the client verifies “yes, that is true for me,” Rogers does not direct the client to an external standard for confirmation.

I do believe that the phrase, “this is true for me,” is often used to make radically relativistic truth statements about the truth in ways that are philosophically solipsistic, a relativism that would be abhorrent to Polanyi in his project of knowing as both an original and convivial enterprise.

Well, I realize that several Ph.D. dissertations could be written around the themes we’ve mentioned above. I am interested in coming to a termination for now and looking for reflections that emerged out of the dialogue, for each of us individually and together.

Will: I now hear more clearly what you were saying in your earlier discussion of ingenuous presentation as a description of how phenomena (including people) present themselves. You are interested in the truth that a knower can apprehend in relation to the truth that the Other reveals in her ingenuous way of being, unencumbered by the knower’s reductionism.

One of the holy grails for Western knowledge-seeking has been our desire for phenomena to reveal themselves—as they are—to our observation. Both Polanyi and Rogers in their separate ways accounted for how the knower necessarily inserts his predisposed and moral self into the relationship with phenomena he seeks to know. Self-insertion is presupposed when you assume (as we do, for the most part) that knower and known are distinct entities. Huh! Come to think of it, the Holy Grail legend itself hinges on a similar notion of self-insertion into life, doesn’t it? When the knight continues to seek the Grail as a desired object of Christian holiness and bypasses the opportunity to love or genuinely care for the ailing king, the knight creates, discovers, only a wasteland.

May I in this context once again visit "authority" and “authenticity?"

The contrast between them, I believe, begins with a person negatively experiencing “authority” as excluding or cutting off his or her personal experience. Perhaps by following a logic of reason, “authoritative” voices can seem to establish a totalizing monoculture of truth. “Authentic,” as a concept brought salient by phenomenologists, has to do with a life open to improvising relationships with the world, faithful to possibilities so that truth may come into being.

Both “authoritative” and “authentic” are relationship concepts relating person to world. I really like your rendering, Jere, of the essential compatibility between
“authoritative” and “authentic” being. Yet I do not relinquish their contrast, because to me it also points to a subtle difference between Rogers and Polanyi. I feel Rogers’ interest in the person (self) as holder of a truth. His primary emphasis is the relationship of one subjective person dwelling with another, secondarily is he concerned with the matters to which they are attending. Polanyi primarily emphasizes a person’s relational approach to the world in which he dwells. Secondarily, and significantly, these personally-known relationships to the world are shared among relevant people. Polanyi seems more interested in a truth as held by persons, he brings “self” into his concept of “truth.”

Notwithstanding these differences of emphasis, Polanyi and Rogers had very similar conceptions of a committed relationship between person and truth and common outlooks on creativity and tacit (or organismic) knowing. In this space of their similarities, they attempted to meet in 1966. The hope might have been that they could give birth to, or discover, a unity, or perhaps, chart a course bringing together science and humanism.

Not easily accomplished. A scientific quest seems to me a search for structures and processes that underlie and define a world made up of real things (including persons). The interests of humanists has centered on how we find our individual and collective paths forward. Humanists do this by drawing inspiration from life-stories through a process of identification, likeness in character or circumstance. People in our culture have not found it easy unifying or even crossing between these two different intentions of knowing. Humanism and science have channeled conscious perception in two alternative, exclusive paths, collapsing one of these ways of perceiving the world into a subset of the other: Either truth is overarching. Truth is something in which self plays a part; or, alternatively, self, the conceiving one, makes its own truth (“for me”). Since Polanyi and Rogers spoke, Postmodernism’s excessive but playful, separating subjectivity has followed as a corrective (and in its turn, as fashionable) response to Structuralism’s playful unifying determinations. We weave back and forth in our attraction to ideas and styles of universalism then particularism, accumulating knowledge in each, keeping in our hearts and efforts and conversations possibilities of a more human science of human being.

Somewhere in their conversation, Rogers says to Polanyi something like, “you can’t ever get to peoples’ essential experiences that bring about their change.” Both Rogers and Polanyi and we too, I believe, face indeterminate reality, relying on what we’ve got—our bodies’ responses tempered and shaped by our explicit knowing and believing. If I am alert to unformed, unexpressed, and tacit aspects, both my humanistic and scientific senses of understanding are valuable as we meet. It’s up to me to trust who I am in world. Maybe I can get better at that by knowing self and knowing truth.

Jere: I like what you have just said, your summary. In addition to bringing together science and humanism, Polanyi claimed that all knowing—science, humanism, religion, literature, etc.—has an identical tacit structure with both a subjective and objective pole. All knowledge is “personal” knowledge.

As we reach a stopping point in our ongoing dialogue, I want to thank you, Will, for joining me with your energy. With some care, I feel, we have been asking for our own clarity on the issues raised by Polanyi and Rogers back in 1966. From Polanyi, Rogers, and you my old friend, I have learned much: the importance of asking the right questions and being humble about the answers that I find and the importance of keeping an attitude of hope and possibility. May we always nourish the attitude of discovery.
References


Lies: Working Person-Centeredly with Clients Who Lie

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Many people relish the chance to try to be free of visiting their dangerous and shameful places. After years of suffering the agonies of their lives, they have had enough. In the context of a counselling relationship, they can have the chance to step outside of the critical and negative judgements with which they are familiar. They can begin to value and appreciate themselves. On occasion, being too keen to move on from their past, they can get into difficulties creating a new life within the context of their current world. I have sometimes seen that clients have wanted to block out a part of their world they have not wanted and hoped that they would then be OK. I was intrigued to find that Marcel Proust (1996) had written: “But the absence of one part from a whole is not only that, it is not simply a partial lack, it is a derangement of all the other parts, a new state which it was impossible to foresee in the old” (p. 368). I often see that it is that derangement, or a new state, that can be troublesome.

Lies

One of my clients, D, a young man in his twenties, told me his mother suffered from schizophrenia and was regularly in and out of hospital. D feared being as disturbed as she was. He felt terribly guilty about this, because he couldn't cope with it and kept away from her. His parents had separated when he was quite young, and he felt he had been left with his mother in order to help look after her. He also told me that his male baby-sitter, selected and trusted by his mother, sexually abused him. We met many times over a period of a year as he tried to find himself amongst all that had happened to him.

When he told me the news that his mother had died, he was especially confused, disturbed, and unsure of himself. It seemed unclear whether she had killed herself or taken an accidental overdose. She had taken a number of tablets, but there was no suicide note. Perhaps she had been confused or drunk, rather than intending to die.

We worked through his bereavement for some time. He was drained by sleeplessness, as when he did sleep he had the most awful dreams of seeing his mother in her coffin getting up, moving around, and speaking to him. It really seemed hard for him to cope...
with the complexity of his relationship with her, with the tragic ending to her sad life, and the amount of material he had not resolved.

At this point, I felt confident of our working relationship. My mother had mental health difficulties, and my parents had separated. Supervision was helpful to me in making sure my material was separate from his. Yet, I felt connected to him. I had real warmth, Rogers' “non-possessive love” for him. I felt we both believed that the process of counselling would work and that his bereavement could be worked through. My belief in this work was so strong that I thought might use it for a case study for my professional accreditation, which I was completing at that time.

Indeed, over a period of time, D did seem to resolve some of his grief and move on. He was noticeably less affected by his mother's death and more concerned about current events in his life, such as trying to re-establish contact with his father.

After a while, he became troubled by suicidal thoughts and began cutting himself and drinking excessively. He talked more and more about his own suicide. I was very worried about this and told him that it seemed he was becoming more fixated on his feelings of worthlessness and pointlessness and that the idea of dying seemed increasingly attractive to him. He acknowledged this, and we spent several sessions facing the bleakness of this awareness.

He arrived at my office on a Sunday while I was sorting some paperwork. I saw him because I was concerned for him and his “out of hours” visit was sufficiently unusual for me to suspect an emergency.

He told me he had just taken a large dose of a variety of medicines. We sat together reviewing how he was and what had brought him to his current state. I really did not want him to die, and I told him this. He didn't want me to call the ambulance, and I feared that if I did, he would leave the office, disappear into the city, and be found dead in an alley or park. I decided I would call an ambulance when he started to lose consciousness sufficiently that I could prevent him from leaving. I hoped this would not be too late. I was hugely relieved when he decided to go with me to the casualty department of the local hospital, a few hundred yards away.

He telephoned his flatmates to let them know where he was. He had left a suicide note for them and now did not want to frighten them. They arrived at the hospital while the medical staff examined him, and they told me his mother had telephoned, wondering where he was. They knew he was lying, continuously. They liked him, but couldn't put up with all his lies.

I was almost thrown into a state of shock, really not sure what to believe. The world seemed to swim around my head. Perhaps his mates were lying? He couldn't be lying. Could he? I was doing my absolute best to keep a calm professional demeanour as I listened to them. Congruence was not in my mind. How could I stop from slumping down and crying about how awful it all was? Had my pathetic, foolish, complacent counselling almost led to this young man killing himself? How could I ever counsel again?

When I went into his room, D realised they had told me about his lies. I realised from his reaction that they were right and he had been lying. I remember smiling at him, with a rueful laugh. When they had gone, he told me he had lied to me about many, many things, but he felt worst lying about his mother's “death.” He feared that I would not be able to trust him at all and that I would no longer believe he had been abused.
I was quite shaken and confused—how had I been so foolish to not realize the truth? How had he sustained the charade for so long? What did I believe about him? I felt angry at being deceived. I felt stupid, a fraud, and I really questioned about my worth as a counsellor.

I also realized that this did not stop my love and care for him. Even at that moment, I was thinking about how helpful it must have been to him to live as if his mother was dead. What he hadn’t expected was the derangement that Proust wrote of, the new state, where rather than life being easier, it actually was worse.

He recovered from the overdose and came and saw me a couple of days later. He explained how he had lived in a fantasy world, which was part real and part false. He couldn’t sustain it when he saw how much I believed him, trusted him, cared for him, and had tried so hard to understand his experience. That had challenged his sense of himself. He could not face himself as someone lying that much. It seemed that his only option was to die, and yet he came to see me because, at the same time as needing to die, he did not want to die. When I started to write this, I cried. The world had been so close to losing a very lovely young man who had suffered terribly.

By mere chance, his friends had broken the web of deceit. I wondered whether this was by chance or his design. I realized that he wanted to live, and to live well, and that he had a small flame of hope flickering within him. In the end, I concluded that he hadn’t consciously tried to stage-manage his friends to tell me the truth. Immediately after the overdose and for sometime, I was quite unsure whether what he or anyone told me was true. My vanity was certainly damaged, and I was very glad I didn’t write his case study for my professional accreditation!

I felt terribly unsettled by what had happened, and yet, perhaps, oddly reassured of the importance of trusting the client’s process. If I had questioned his mother’s death, what sort of relationship would we have had? Would we have had a factually true series of social worker interviews or would we have had a relationship based on respect? I see it as something close to the difference between taking a patient’s history, which would include getting the facts, and trying to generate a process of therapeutic movement.

I explored not needing any “truth.” Indeed, having studied philosophy at University, I started to reconsider issues such as truth, certainty, and knowledge. I became fearful of naivety and foolishness. I read about the psychology of lying, thinking that I needed to inform myself so that I could tell when someone was deceiving me.

I learned from the experience to trust in the quality of our relationship. No matter that he had lied to me, he came to me when he could have died. He trusted me. He believed I would be there for him. It might seem unlikely, but from then on we had an amazingly close, deep, powerful connection. We both see that time as a complete turning point in our lives.

I recall laughing with him as he told me about a new relationship he had started and joking with him that he had made it all up. I realized that all the books and philosophy were nothing compared to what we had between us. It confirmed my belief in working person-centeredly and gave me what I can only call a faith in my way of being with my clients. That I could stay with him after finding that out and that I stayed with the “real” him with all the damage and disturbance we had been through was deeply healing for him and certainly surprising to me. For D, well, he has now been in a stable and very loving
relationship with his partner for nearly three years and has a settled job. He keeps in contact with a postcard, e-mail or a note every few months.

My Learning

My reading of literature on sub-personalities, including Mearns' (1999) work on configurations of self and Warner's (1997) work on fragile and dissociated process, helped me to get a sense of what had been going on with D.

It isn't so odd to present ourselves as more than we are or to emphasise certain aspects of ourselves. I certainly couldn't be judgmental about that. I see that he was further out on the “completely solidly real $\leftrightarrow$ invented and exaggerated” continuum than many people.

He talked about a part of himself wanting to be free of all the shame and guilt about his mother. He wanted to be a different person in many ways, and he lived those ways. He put aside his abused past. He “killed” his mother off. He read literature and studied art. He talked about travelling around Europe.

I recognized that some of this was similar to how I can present myself and saw that in some ways he was modelling from someone important to him whom he respected, me. Yet it was too hard to tell me that, and I didn't know about it.

Other parts of him knew he was lying, and he couldn't quiet them even by cutting or drinking. The dreams of his mother in the coffin were real and make a different sense now. The internal turmoil nearly killed him.

I have wanted to come to understand what encouraged him to lie or prevented him from telling me the truth. Who am I in the relationship that contributed to the possibility for him to go beyond who he was into something quite fantastic? Did he feel some sense of falseness in me that encouraged him? My room has art prints by Hockney, Rothko, Moore, an Italian espresso machine, and photos of countryside from Scotland, Ireland, and recent holidays to Italy. Do I present myself as the fullness of me or suitable aspects of me for the role I live out in the context in which I work? My family background is neither artistic nor of the sub-culture that I choose to live in. Did he see me stepping beyond my own troubled past to a brighter, newer world that I have created?

How true it is that I learn from my clients! It made me even more determined not to give a toss if someone turned out to be lying. Actually that isn't true. I am happy, so life-affirmingly happy, to accept them and their lying, without rancour, without regret for me and with as much positive regard for them as I can find.

Comments from D

I asked D to read this to make sure that it would be all right for him if I published it and to give him an opportunity to comment on it. He sent me this:

“I've now had a chance to read the stuff you gave me. It's quite an odd experience seeing all that time and emotion written down in a few pages.

It's a pretty accurate portrayal of how the situation was though and has caused me some pain confronting it again like that. I feel sad that the way I made you question your abilities to counsel effectively—it certainly did not seem that way to me at the time. I have said to a couple of close friends and my partner, of course, that I believe I would not be
here now if it wasn't for the Love and Patience you showed me during that period of my life.

I don't know much about Rogers' 'Non-possessive Love,' but I think that is how I've come to think of us—I have very strong feelings for you and I realise that much of this is connected to you helping me through that period. However, I think that since our relationship developed a more 'honest' approach (from me) that this “love” has developed into a more natural state. A sort of feeling of equals rather than how I saw you for quite a long time, a sort of Father figure (but more) to turn to when I felt I needed protecting from all the things I couldn't deal with in my life.

I have no qualms about letting you use this material for whatever purpose you see fit, I trust and respect your judgement about what would be appropriate.”

Comments from a Counsellor in Training

Hi Alan,

I've read your “Lies” article and trust you weren't lying when you said you'd be interested in my reaction to it! (P.S. This is a long and rambling reply, written as much for me to help solidify my learning from the article as to give you my reaction. All the questions are rhetorical.)

I found your article moving, stimulating, and educational. Overall, I was struck by the style and tenor. I like the very person-centered flavour, the emphasis being on you as counsellor and the therapeutic relationship. I can imagine how the same topic would be covered in other approaches—the emphasis on the client, diagnosis, and interpretation. Sorry if this seems obvious, but as a trainee the way articles are written is important to my learning and acceptance.

I made notes on my copy, and I'll just put them down here without any order or structure.

I have not read Proust, but the quotation conjured up a strong image/metaphor for me: I saw a pile of crystals forming an irregular shape, touching each other in random and different, but stable ways. A crystal was pulled out, and all the others moved and settled into a different shape: All the relationships between crystals were changed.

You wrote: “Making sure my material was separate from his.” Could you have worked at the same relational depth without shared experience? Does conscious identification help or hinder empathic understanding? I like the article by Ridge, S, Martin, D & Campbell, W. (1999) on conscious identification, although their conclusion seems to be, “it depends” My own thinking is that conscious identification can help empathy if the 'as if' is maintained and the originating source of feelings is clearly understood by the counsellor. But that then makes me feel inadequate. I have such a sheltered life that I will have little shared experience with clients. What can I use instead; imagination, intuition?

You wrote: “He didn't want me to call the ambulance. . . . He decided to go with me to the casualty department.” Did you suggest calling an ambulance or did he specifically ask you not to? I wondered whether it might have benefited the article to describe the process or dynamic that occurred to move from “no ambulance” to “go to casualty.” Did your congruence with your not wanting him to die work within the relationship to “persuade” him to go? Did you overtly influence or try to direct him? (From what I know of you, I think this very unlikely.)
Your “state of shock” seemed to me to reflect the depth of your acceptance and prizing, and the warmth you had in the relationship. I thought your shock was proportionate to your input. Is fully trusting in one's clients naive? It seems to me impossible to accept while being suspicious.

I was moved to tears by your description of your self-doubt, partly out of concern for you and the pain you felt, and partly for me as I often feel my counselling to be foolish, complacent, and inadequate. (I was consciously identifying!)

You wrote: “He couldn’t sustain it when he saw how much I believed him, trusted him, cared for him. . .” This appears to be a paradox. Your trust seemed to be a causal factor in his incongruence, but had you not trusted and believed him, he might have broken off the relationship. Indeed, wouldn’t the very existence of disbelief mean unconditional positive regard was not present in the relationship? You accepted his reality, even though that reality was a deliberately inaccurate symbolisation of his experience.

If you had questioned his mother's death, would the relationship have survived?

It seems to me that feeling foolish is a risk. If one truly accepts a client's phenomenological world, it leaves one open to being lied to and manipulated. I want that faith in my way of being with clients, but without such a test!

You wrote: “Who am I in the relationship that contributed to. . .” It seems important to be aware of the two-way dynamic in the relationship. I focus on what the client gives to the relationship, and I assume that what I give is accurately received. I see now that this is naïve. All communications have an interpretative element. If you had realised what process may have been occurring in your client with regard to his perception of you, what would you have done differently? Would trying to analyse what was going on for him have hindered your person-centered approach?

I think the acceptance of the clients lying is symptomatic of the essence of the person-centered approach. It seems inherent in offering the therapeutic climate.

Thank you,
Geoff

I sent a reply letter, which is included below as the final piece of the article.

Dear Geoff,

Thank you so much for taking the time to read and reflect carefully on “Lies.” It sort of makes writing it worthwhile when someone approaches it as you did. I wanted to let you know that I had received and read your message—and was both appreciative of and moved by it.

Thanks again.
Cheers,
Al)

References


The Person-Centered Journal, Vol. 11, No. 1-2, 2004

“Wasn’t I Good?” An Encounter on the Way to Understanding the Person-Centered Approach

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Abstract

I present reflections on a person-centered encounter with a client while a graduate student, including a discussion of my spirituality, personal understanding of good, and choice of the Person-Centered Approach as a professional foundation. I had read, talked with my professors and colleagues, and examined my own experiences in order to understand the Person Centered Approach (PCA). This seems now to have been a prelude to an encounter that stays in my heart, demanding my attention—an encounter that integrated my spiritual and person-centered self.

The Encounter

I am employed as an associate teacher at a school for children diagnosed with emotional or behavioral disorders. During the course of any given day, I find myself with a student who is resisting the direction of a teacher. During one such encounter, I made the conscious decision to respond in accordance with the PCA, my newly emerging way of being. I quote from my notes of the encounter (Smith, 2002):

I discover S. outside the classroom, walking up and down the hall. He had been on his way to math class. He tells me he doesn’t feel good. I ask if he wants to see the nurse. He says no, he wants to see Miss B. (an advisor). He takes off and I go along. (I had said, “Okay.”) He goes in, and Miss B. and Mr. B. (also an advisor) say—“What are you doing here? You were just here a few minutes ago.” He walks around the room, says he knows. Then we hear another student shouting in the hall. S. is distracted and listens, and says that Mr. Y. (the one with the other student) is mean. The advisors tell S. he’d better get back to his class. We leave and go around the corner to our area. S. stops outside our room, which is one down from his math class. I stop. I am standing on a square in the linoleum surrounded by a larger square. S. starts walking around me on the larger square

S: I don’t care, I’m not going to math class.
M: You really don’t want to go to that math class.
S: No, and I’m not going.
M: You definitely don’t want to go to math class, you just don’t want to.
S: I can’t go because I don’t feel good, my throat hurts.
M: Oh I see, you don’t feel good so you can’t go to math class.
S: My throat hurts too much.
M: You’re just not physically able to go to that math class.

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S. leaves the square path around me and walks down the hall to the math class. He knocks, opens the door, and says to the teacher in a very moderate tone, “I can’t come to math class because I don’t feel good.” Then he closes the door and walks toward me. He is smiling.

S: Wasn’t I good? I was appropriate and everything.
M: You were great.
S: I want to go see the nurse.
M: Okay.

As we walked down the steps to the nurse’s office, I carry two predominant feelings. I feel stunned that I am able to simply be present to S. as he is in the moment. I feel uncomfortable with my statement, “You were great.” The first feeling is one of deep awareness that all I have been reading appears to be true. Empathy, genuineness, unconditional positive regard, in concert with the necessary conditions described by Carl Rogers (1959), are indeed sufficient to foster an encounter between two human beings who are in contact. The client experiences incongruence, even as the therapist is congruent in terms of their relationship. The client perceives the therapist’s unconditional positive regard toward the client as well as the therapist’s empathic understanding of the client’s internal frame of reference (Rogers, 1959, p. 213).

The second feeling, my discomfort, gnaws at me for weeks. I now identify this feeling as discomfort with my apparent judgment of S. based on his action. I am, to a certain degree, complicit in what I recognize as the school milieu that describes the good student as the one who conforms to prescribed standards of behavior. I am both saddened and excited by this awareness. I embrace my awareness as an opening movement in my deeper conversion to the PCA, a way of being that I find not only professionally appealing, but also personally liberating.

In the course of my reflection, some two weeks after the encounter with S., I come to another stunning moment of awareness. I see in my mind the happiness, the exhilaration in S.’s face as he walks toward me saying, “Wasn’t I good?” I suddenly, startlingly, understand the moment in a clearer light. He is not asking me a question. His statement is rhetorical. He is overjoyed by his way of being with his math teacher. S. shares with me his self-understanding in the moment. My smile, my hands clasped in joy for him as he walks toward me, constitutes my true human response, regardless of the possible judgment in my spoken words. I even wonder if he hears my words.

Clearly this encounter with S. is a charged moment for me. His statement, “Wasn’t I good?” has a compelling attraction for me. Reviewing this moment in my mind, I wonder what I might have said to S. that would have better reflected what I wanted to convey. I would prefer to have responded, “You are good!” On this printed page, I have difficulty conveying this phrase in the manner that I would want to say it to him. I see S.’s self-affirmation glowing from his eyes, and I want to meet him in the energy and intonation of his own phrasing: “Wasn’t I good?” “You are good!”

I have found myself reflecting on the meaning of “good” for me. I offer a definition: “Good” is the fullness of living who I am. I find support for my definition in Carl Rogers’ concept of the good life as a “process, not a state of being” (1961, p. 186). Rogers’ insight that this process seems to be characterized by trust in the self-actualizing tendency is particularly pertinent to my own personal understanding and to what I perceived of S.’s
self-experience. From my perspective, I cannot resolve the possible interpretations of S.’s statement, “Wasn’t I good?” He may have been seeking my approval for his actions. Indeed, I sense that I initially heard S.’s statement as being his pleasure in doing something that I would approve. The second interpretation dawned on me slowly. As I continued to reflect, I realized that he might have been expressing externally his pleasure in knowing his own fullness, his own genuineness and congruence.

My Spirituality

The realization that I may have been witnessing S.’s pleasure in his own fullness of being, reverberated deeply within my own sense of self. Moving back within myself to my childhood, I encounter a sense of satisfaction and completeness in being who I am. As a young child, happiness and self-sufficiency constituted my feeling memory of myself and express what my family remembers about me. I felt loved and cherished. I felt this from my family, my neighborhood friends, and my God. One of my earliest memories centers on the deep joy I felt in the quiet beauty of my church and my felt knowledge of God, the Presence Who loved me (Smith, 2000). My connection with God was deep, intimate, life sustaining, and life affirming.

The term Divine Presence conveys for me the intimacy I experienced with God in childhood. I felt as if God were within me, living my life with me, lovingly present to my every thought, word, and action. The Divine Presence, the person-ness of God, never wavered, though I have wavered in my trust of myself in the relationship. As I grew older, I was educated in Roman Catholic theology and spirituality, and I felt deeply conflicted concerning the goodness of human kind. I absorbed a sense of personal unworthiness and guilt. In my adult years, I engaged in an extended dialogue with theologians and religious educators, seeking to resolve the inner conflicts that tormented me. The discourse enlightened me, and I felt liberated in the process.

I now consider religion to be a social construct that tends to encourage conformity in its followers (Fromm, 1976; Harding, 1965). I chose to move beyond the social construct in order to seek the belief system that underscored my religion. At the heart of the social construct I found a wisdom tradition, an experiential core that has been in some sense distorted in the search for the orderly transmission of religious teachings (Harding, 1965). As an individual, however, I endeavored to encounter the great teachings on my own. I chose to reflect freely, weighing the teachings against my own scholarship and subjective awareness. I believed I could rely on my personal authority and capacity for recognizing the numinous, thus gleaning an understanding of the traditional teachings and a confirmation of my own journey. I looked to the living core of the tradition to validate the emergence of my self in the process of change and growth. I entered into a process of discernment, facing the conflicting messages I carried within my being (English, 1979). Wisdom, the Divine Presence who infuses the wisdom tradition, acted as therapist in this process.

Even as I had absorbed the sense of unworthiness and personal guilt, I had also absorbed the sense of deeply attentive love from the Divine Presence. I sensed unconditional personal regard from the Divine Presence, an experience that far outweighed the conditional regard of religious dogma and sealed the relationship with the Divine Presence as paramount to any construct of religion. Though I had not encountered
the teachings of Carl Rogers, I experienced the transformative elements of the PCA. As my discernment continued, I sought a community of faith that would recognize and affirm my understanding and awareness as congruent within the spiritual tradition that I embrace (Smith, 2000).

Comparable to S., turning toward me to exclaim, “Wasn’t I good?” I turned toward the community of feminist scholars and theologians (Christ & Plaskow, 1992; Schneider, 1986). Through a long process of prayer and reflection, I have come to a new understanding of core Christian teachings concerning the goodness of each person. I believe that I am good. The exhilaration I personally feel in this awareness of my own goodness linked me with S.’s joy in his goodness. I believe that I am, as in my childhood, filled with the living Divine Presence, not only by my own power to be but also by the urge of Divine Presence which brought me into being and desires that I be in unity with the Divine and all creation. The integrity of this unity rests on mutuality and congruence. The unity offers me the freedom that I draw on as I live the PCA.

I have made the choice to believe in the inner voices that guide me, the voices of my self, my extended community and the Divine Presence. I have come to trust deeply in the mutuality of this triadic relationship. In fact, should my self be at odds with either my extended community or the Divine Presence, I would follow my self. I believe this choice would be congruent with the PCA and with my trust in the unconditional positive regard of the Divine Presence. I have moved in my life from defining my self in the gaze of others through depression and despair to a present sense of deep joy and calm in being who I am (Smith 2000). My discomfort with my apparent judgment of S. was a step along this path. I desire neither to judge nor to be judged, actions that I now consider as part of the social construct of religion. I seek to live the fullness that I found expressed in the wisdom tradition underlying the social constructs of religion, and that I now find expressed in the PCA.

**My Person-Centered Self**

In a sense, I have come full circle. I stand again in the place where I stood as a child, happy in the fullness of who I am in each moment. Based on my lifetime of learning and reflection, I offer the definition of the good as the fullness of living who one is.

In the encounter with S., I begin to understand how deeply the PCA is at one with my spirituality. S.’s exuberant self-affirmation mingles with my childhood memories of unconditional positive regard from the Divine Presence. My way of being with S. seeks to acknowledge the fullness of his living who he is. His happiness in his own way of being celebrates the joy of the fullness. What a moment!

As I reflect on my statement, “You were great,” I freely acknowledge the ties that have bound me. I am a working part of a school system that is struggling with respecting and affirming the child while getting the child to conform to external standards of what is good. As I reflect on S.’s self-affirming statement, “I was appropriate and everything,” I wonder whether he would be affirmed by many in the school staff. In fact, students are not allowed to open doors in the middle of a class and announce that they have decided they are too sick to go to class. The math teacher in this circumstance did accept that from S. She neither challenged him at the moment, nor later. Nor did she remonstrate with me. I cannot speak for her feeling toward S., but I can say that she allowed him to
express himself, to make his choice without reprimand. Her action encourages my belief that teachers may be open to the PCA, at least as the counselor’s way of being. Further experience in the school setting may assist my understanding of the ways in which teachers, administration, and counselors may work together to foster a genuine, empathic atmosphere in which the child may experience unconditional positive regard.

My encounter with S. encourages me to believe that not only is the PCA a revolutionary paradigm, as Bozarth (1998) suggests, but also that the PCA reflects my own personal fullness of being. I wish to be good with others, sharing in human goodness. I experience this inner urge as personally liberating. The PCA fosters my movement away from judging others, which I now find almost impossible as I consider the uniqueness of each person. I seek, as a counselor, to open myself to the living fullness of each client. I experience the PCA as an invitation to sit humbly in the counselor’s seat, respectfully open to the person and to the encounter we share.

**References**


A Person-Centered Approach to Individuals Experiencing Depression and Anxiety

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Abstract

The Person-Centered Approach (PCA) has been effectively used with clients experiencing a wide variety of severe psychiatric symptoms and is appropriate for those experiencing depression and anxiety. The authors outline a study, which investigated the effectiveness of the Person-Centered Approach (PCA) with individuals experiencing depression and anxiety. Participants were pre- and post-tested with the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). Results are mixed regarding the effectiveness of the PCA and support the high co-morbidity rates of depression and anxiety symptoms reported in the literature.

Introduction

The preponderance of the literature on treatment of simultaneous depression and anxiety stress cognitive, behavioral, and drug therapy as either stand alone or primary interventions (Gladding, 1996; Jongsma & Peterson, 1999; Maxman & Ward, 1995; Seligman, 1990). The Person-Centered Approach (PCA) is often touted as inappropriate for addressing deep issues and ineffective in bringing about lasting change with seriously troubled individuals (Gladding, 1996; Maxman & Ward, 1995). Theory and research do exist, however, supporting the use of the PCA with individuals diagnosed with a wide range of severe psychiatric symptoms in a variety of populations.

A sampling of this literature shows the use of the PCA with individuals diagnosed with conduct disorder (Cochran & Cochran, 1999), antisocial personality disorder (McCulloch, 2000; McCulloch, 2002), schizophrenia (Rogers, Gendlin, Kiesler, & Truax, 1967; Sommerbeck, 2003), developmental disabilities (Demanchick, Cochran, & Cochran, 2003), and psychoses/near-psychoses (Sommerbeck, 2003). Given the use and effectiveness of the PCA with clients experiencing a wide variety of psychiatric symptoms, this study proposes a pre- and post-test design investigation into the effectiveness of the PCA with clients experiencing depression and anxiety.

Method

A masters-level counselor conducted this study at an outpatient mental health center. The Beck Depression Inventory Primary Care Version (BDI-PC), a seven-item version of the Beck Depression Inventory (Beck, 1996; Beck, 1993), and the 21-item Beck Anxiety Inventory (BAI) (Beck, 1990) were used to pre-test clients. Clients were post-tested with
the BDI-PC and the BAI. The reliability, validity, and clinical utility of short form measures (in general) and the BDI-PC (specifically) are supported in the literature (Arroll, Khin, & Kerse, 2003; Beck, Steer, & Garbin, 1988; Del Mar & Glasziou, 2003; Groth-Marnat, 1990; Steer, Cavalieri, Leonard, & Beck, 1999). Reviews of the BAI show it to be a highly reliable, valid, and useful assessment tool (Impara & Conoley, 1996). The Personal Account Form (PAF) was developed for use in this study to assess participant impressions of the psychotherapeutic experience within four domains of change: (1) depression-symptom changes, (2) anxiety-symptom changes, (3) medication changes, and (4) life changes. The PAF was administered at the end of treatment.

Participants

Twenty-five participant candidates were administered the BDI and BAI pre-tests. Nine (36%) did not meet inclusion criteria; sixteen (64%) did. Inclusion as a participant required at least a moderate score on the BDI for depression and some symptoms of anxiety or a moderate score on the BAI for anxiety and some symptoms of depression. Present or prior clinical diagnosis did not affect inclusion. Although the initial sample of 25 participants was small, the co-morbidity rate of 64% is consistent with claims of high rates in the literature (Coplan & Gorman, 1990; Enns et al., 2001).

Treatment

Participants received individual Person-Centered counseling. The counselor's attitude was one of facilitating an atmosphere that provided Rogers' (1957) six necessary and sufficient conditions for therapeutic change. The counselor's focused on being with clients and attending to and reflecting client expressions empathically, genuinely, and respectfully (Bozarth, 1998; Brodley, 1998, 1996; Kirschenbaum, 2003; McCulloch, 2003a; Rogers, 1986). Questioning was avoided, as Rogers and other Person-Centered clinicians have theorized and practiced (Gundrum, Lietaer, Hees-Matthijssen, 1999; Kirschenbaum, 2003; McCulloch, 2003b; Rogers, 1951). Clients determined the frequency of their sessions. After six weeks of counseling, participants were re-administered the BDI and the BAI and completed a PAF. The counselor met with all participants to discuss results of counseling, the pre- and post-tests, and the research.

Results and Discussion

Eleven of the sixteen participants did not complete the study (four dropped out of counseling; three did not schedule counseling sessions within the study limits; one was hospitalized for mental health ailments; one was hospitalized for physical ailments; one transferred to another counselor; one arrived late for the session in which the post-test would be given and reported that she would be incarcerated shortly).

The mean scores of the five participants who completed the study were: BDI—Pre-test, 11.80 (range, 9-16); Post-test, 7.00 (range 4-9); BAI—Pre-test, 23.60 (range 12 – 36); Post-test, 16.60 (range 7 – 36). Overall depression scores decreased pre-post by 40.68%, and overall anxiety scores decreased pre-post by 29.66%. Scores for four of the five participants (80%) decreased pre-post by at least one descriptive category on both the
BDI-PC and the BAI. Two participants experienced a greater reduction in depression symptoms and two experienced a greater reduction in anxiety symptoms. Three (60%) reported on the PAF that counseling had been helpful.

It might be said that a study's design flaws and confounds can be "worth their weight in gold" when analysis of flaws contributes to the literature or, despite the flaws and confounds, valuable data result. While the results support the conclusion that the PCA is effective with persons with depression and anxiety, design problems and confounds call into question whether the counseling sessions were a factor in the results. The study yielded no conclusive gold. Its flaws include:

Low counseling session frequency. While research exists showing that the greatest efficacy in counseling occurs early in therapy, with fifty per cent of clients recovering within eleven sessions (Howard, Orlinsky, & Lueger, 1994), the number of sessions for each participant in this study was considerably lower—one or two sessions.

Small sample size. Increased sample size would have offered the obvious benefits of increased possibility for higher counseling session frequency, decreased impact of dropouts and "no-shows," and greater power.

Unmeasured life events. The extent to which sobriety, medications, and major life events factored into participant change was not assessed. Doing so would have provided data to further specify the degree to which the PCA factored into participant change.

Counselor competency was not assessed. Assessment of counselor competency may have helped to establish whether the PCA was actually delivered at a high level. Supervision during the study may have been helpful in assuring the consistency and quality of counseling.

Lack of data on dropouts. Analysis of all the pre-test scores for all study-qualifying participants would have allowed comparative analysis of scores for those who completed versus did not complete the study. Resulting data might provide information on the quality of the remaining sample.

Inconsistencies among measures. Results from this study are unclear as to the relationship between BDI and BAI results and participant statements regarding counseling. For example, one participant stated that she did not believe counseling was helpful, while her BDI/BAI results showed reduced depression and anxiety symptoms. Further research that includes the use of a standardized instrument with validity measures may be helpful in assessing the relationship between client perceptions of PCA and the reported degree of depression and anxiety symptoms.

Conclusions

The results of this study are inconclusive regarding the effectiveness of the PCA with depressed and anxious clients. The results do support the claims of a high co-morbidity rate of depression and anxiety reported in the literature. Areas of concern in this study include: session frequency, sample size, validity measures, counselor competency, and lack of analysis of pre-test scores for all participants. Future research investigating differences in the effect of PCA on depression versus anxiety symptoms may be helpful in identifying degrees and patterns in both sets of symptoms.
References


Book Review

*Miracle Moments: The nature of the mind’s power in relationships and psychotherapy*

Antonio Montiero dos Santos

New York: iUniverse

$23.95

ISBN: 0-595-29341-7

351 Pages

This is fundamentally a book on a spiritual approach to psychotherapy and will be of particular interest to those who have a transpersonal bent. The book consists of two sections. In the first section, Santos reports on a series of interviews with famous therapists: Carl Rogers, Eugene Gendlin, Erving Polster, Virginia Satir, John Grinder, Robert Nemiroff, and Robert Stein. The rest of the book consists of Santos’ explication of his views of the nature of psychopathology and of therapy. His core idea about therapy is that change occurs through the occurrence of “miracle moments”—moments of fundamental and deep meeting.

Santos’ key idea is that growth and change comes about through the individual’s accessing his or her inner self. By inner self, Santos is not referring to a western conception of an inner self, such as the concept of self that is often criticized by intellectuals as Euro-American and individualistic. To the contrary, his view of the inner self is a sense of connection with all other living beings and the universe, as in Eastern thought. He simply uses the term “inner self” as a term for soul, spirit, God, or inner wisdom. Santos argues that it is the ego that gets in the way of accessing this inner wisdom, which really goes beyond the individual self to unite the individual with all the universe. It is precisely the ego as an individual, separate self, acting to enhance and protect itself, that gets in the way of accessing this inner wisdom.

Therapy is the process of transcending ego illusions to access inner wisdom. This occurs primarily through a relationship with a therapist who him or herself has transcended the ego: “Healing happens when psychotherapists abandon their protective shield and help clients to abandon their masks, their facades, and their misperceptions about the world. As they lose the desire for separateness, they are healed, recovering the spark of oneness. Living deep within the mind, this spark is the ultimate nourishment that makes life meaningful” (p. 265). This involves overcoming the resistances and deceptions thrown up by the ego. In order to do this, the therapist and the client must meet in “miracle moments,” moments when the masks or facades of both drop and there is genuine meeting. Miracle moments are moment-by-moment meetings characterized by flow, spontaneity, intuition, and creativity. They cannot be made to happen by the ego. Rather, they are something that happens as one learns to trust. They include relating to the client as an utterly unique individual, rather than seeing the client through the lens of a theory or a diagnosis.

The primary source or inspiration for Santos’ ideas is *A Course in Miracles*, a book with which I was not familiar until reading this book. However, it forms the backbone of the
book. Santos says, “A Course in Miracles gives us the framework to incorporate a constant watch over the ego so that inner peace and wisdom can flow. The work with the Course is unlike any other spiritual path one can come across” (p. 295). Santos also blends in ideas from other religious traditions and from his knowledge of conventional psychotherapeutic thought, including the work of Rogers and Freud.

In the first part of the book, Santos reports on interviews he conducted with a number of famous therapists. Of particular relevance to person-centered therapists are his interviews with Carl Rogers and Eugene Gendlin. I found these interviews interesting in their own right. However, after reading the first part I had anticipated a systematic analysis of the ideas expressed by these theorists. Instead, in the second part of the book Santos presents his vision of psychotherapy primarily based in A Course in Miracles. He incorporates ideas from the interviews when relevant, but there is no systematic carry-over from the first part of the book into the second part.

I want to address the following: How does Miracle Moments relate to person-centered practice? Are miracle moments necessary for change?

First, how does this book relate to person-centered practice? It depends on how one defines person-centered practice. One view holds that one is person-centered if one believes in the therapeutic conditions of unconditional positive regard, empathic understanding, and congruence, and in clients’ capacities for growth and self-actualization. Defined this way, person-centered practice can include the use of techniques and procedures, such as those used in Natalie Rogers’ Expressive Arts Therapy and in experiential therapy. Santos’ approach is person-centered in this sense. He certainly believes in self-actualization (remember: the self as something spiritual). He also prizes the importance of the therapeutic conditions. In particular, his view of therapy resembles some of the later views of Carl Rogers on therapy as a meeting of persons and the value of trusting deep, inner intuitions.

However, if one adheres to a more traditional, nondirective approach to person-centered therapy, then Santos’ ideas do not fit so well. Santos is considerably more directive than a traditional nondirective therapist would be. This directivity can include transpersonal moments, such as when Santos “sees” a shape behind his client, mentions it, and the client begins to talk about the death of her boyfriend, which she had previously not mentioned. He may ask clients to close their eyes and use guided imagery. He also reports using confrontation to break through denial.

Santos asserts that miracle moments are essential to therapeutic change. This is a difficult claim to evaluate. If by “change” he means the kind of (trans)personal revolution that he believes is the core nature of therapeutic change, he may or may not be correct. However, if he is talking about the more mundane kinds of changes that some clients get out of therapy, such as getting over depression, coming to make an important personal decision, overcoming anxiety, or whatever, then I do not believe he is correct. There is a lot of research on what could be called “significant moments” in therapy. A major research paradigm, the “events” paradigm, initiated by Laura Rice, Leslie Greenberg, Robert Elliott, and Alvin Maher, is based on the idea that research should focus on significant in-session events. Although there is evidence showing that significant change events can and do relate to therapeutic outcome, there is no evidence that they are necessary. It is one thing to say that significant moments may increase the likelihood of change, it is another to say they are required.

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In conclusion, this is an interesting and thought-provoking book. The first section of interviews with famous therapists is illuminating. The rest of the book, which consists of Santos’ elaboration of his transpersonal view of change, will be nourishing to those with a spiritual bent and probably controversial to those who do not share such a perspective.

Reviewed by:
Arthur C. Bohart
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Video Review

Carl Rogers and the Person-Centered Approach
Howard Kirschenbaum
88.13 British Pounds Sterling
65 minutes

Howard Kirschenbaum is a familiar name to the Person-Centered community. Among his numerous publications are *The Carl Rogers Reader* (Kirschenbaum & Henderson, 1989) and the biography, *On Becoming Carl Rogers* (Kirschenbaum, 1979). The biography is a person-centered classic, an outstanding resource so frequently quoted that it is difficult to read anything about Carl Rogers without noting it in the references.

Howard Kirschenbaum has written and published another classic volume, this time in video format, with his production *Carl Rogers and the Person-Centered Approach*. This sixty-five minute video offers a concise, informative, and touching look at Carl Rogers' life, Person-Centered theory, and Person-Centered practice. The production level of the video is high, and Kirschenbaum, himself, acts as the narrator. This is an added treat as Kirschenbaum is personable and talented.

The video begins with pleasant, soft piano and a lovely profile photo of Rogers. Kirschenbaum offers a short introduction and begins his story with Rogers' childhood. Included are many photographs of the Rogers' family and home and Carl as a child. Kirschenbaum discusses Rogers' conservative, Protestant parents, Julia and Walter Rogers, and their efforts to protect their children from "corrupt influences." Carl Rogers is described as having few friends outside the family and as sensitive and easily hurt by teasing. Kirschenbaum continues with an account of the family move to a farm and a teenage Carl Rogers honing his scientific skills with agricultural experiments and deciding to become a farmer. The viewer follows Rogers as he enrolls in the University of Wisconsin, switches majors from agriculture to history in preparation for a religious career, travels to China for an International Christian Youth Conference, and transfers to Union Theological Seminary. Kirschenbaum guides the viewer through Rogers' marriage to Helen, the influence of psychology courses and theorists, and his transfer to Columbia University Teachers College in pursuit of his doctorate in Psychology.

Kirschenbaum illuminates the life of Rogers while deftly weaving together Rogers' career moves, family, publications, awards, service, and development of the Person-Centered Approach (PCA). The viewer follows Rogers from New York City to upstate New York, Ohio, Chicago, Wisconsin, and California. Many of Rogers' books are shown and discussed in detail. A sampling of these include *Clinical Treatment of the Problem Child* (1939), *Counseling and Psychotherapy* (1942), *Client-Centered Therapy* (1951), *On Becoming a Person* (1961), *A Way of Being* (1980), and *Freedom to Learn* (1969). Kirschenbaum integrates these and other writings into the unfolding life of Rogers, his theory, and his practice.

Rogers' numerous and unique contributions to the field are also outlined. Kirschenbaum discusses Rogers' popularization of the term "client," the recording and publishing of client transcripts, research on therapy processes and outcomes, and the use of
of a single counseling approach to all clients and client problems. He discusses the development of Person-Centered Theory and its metamorphoses from Non-Directive through Client-Centered to Person-Centered and its application to individuals, groups, encounter groups, and to global peace work. Kirschenbaum discusses Rogers’ Distinguished Professional Contribution Award, Distinguished Scientific Contribution Award, and his nomination for the Nobel Peace Prize.

Kirschenbaum has included brilliantly edited clips of Rogers with clients. Audio clips include Rogers with Mike (the high-school student) in front of an audience of approximately 300 school counselors, and Rogers with Loretta (an institutionalized woman diagnosed with schizophrenia). As the viewer follows the audio and reads the corresponding narrative, it becomes clear (and clear within a short period of time), that each client gains insight as Rogers offers the necessary and sufficient conditions. Video clips include Rogers with Miss Munn, and Rogers co-facilitating in the Oscar-winning encounter group film. All of these fabulously edited clips are powerfully poignant and inspirational: classic Rogers, classic PCA, and perhaps, PCA at its best.

As a person, practitioner, and academic, I am particularly excited to know that a video now exists that offers the viewer numerous opportunities to see: (1) the actual application of a classic PCA, (2) Carl Rogers at work with individuals and groups, and (3) PCA with a variety of clients and client problems.

This video is jam-packed full of photos, stories, videos, and moving moments. I am impressed with the artful end-product that Kirschenbaum has so skillfully fit into this beautiful 65-minute package. Without a doubt, this video is another significant biography by Kirschenbaum; an informative, moving look at the work and times of Carl Rogers. The video stands on its own or as an adjunct to Kirschenbaum’s 1979 Carl Rogers biography, On Becoming Carl Rogers. It is an accurate, concise, comprehensive, and touching biography not to be missed by those practicing, learning, or teaching the Person-Centered approach. Thank-you, Howie, for informing and enriching the Person-Centered community with your magnificent work.

References

Reviewed by:

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Book Review

The Client-Centred Therapist in Psychiatric Contexts
Lisbeth Sommerbeck
16 British Pounds Sterling
150 pages

In my experience supervising graduate students in internships, I have observed that students who are humanistically-oriented, particularly those who are Person-Centered, struggle to integrate their theoretical approach into their internship work. They struggle with the predominance of the medical model in the field, the prevalence of cognitive-behavioral approaches in the research literature, and the dominance of the Diagnostic and Statistical Manual of Mental Disorder-IV Text Revision. They struggle with the idea that for each disorder there is a prescribed approach that is most effective. They struggle with how to interface with professionals with other orientations and within a system that seems biased away from their approach. They struggle with being taken seriously. And as the students struggle, so do professors, supervisors, fellow interns, staff, and other mental health colleagues.

Lisbeth Sommerbeck's book, The Client-Centred Therapist in Psychiatric Contexts, addresses these issues and more. It is a wonderful resource for anyone interested in, or struggling with, the integration of the person-centered approach in a setting dominated by the medical model.

In her introduction, Sommerbeck discusses the "psychiatric landscape and its inhabitants" and the intent of her book. Here she looks at the differences between understanding (a tenet of the person-centered approach) and explaining (a tendency of psychiatry) and the complementarity of both. She states that with mutual respect among the different professions and/or orientations "the client-centered therapist will find that he has much to offer in this setting and that his work is exciting and stimulating" (p. 5). She further adds that with such co-operation the chance of burnout may be decreased and the optimal benefits to the client may be increased.

In Part One, Sommerbeck offers her conceptualization of client-centered theory. She discusses the basic person-centered concepts, the universality of person-centered therapy, the importance of the three core conditions, and the role of developmental theories. Among her supportive references are classic writings by Bozarth (1998), Brodley (1998, 1996), Rogers (1962, published in Kirschenbaum and Henderson, 1989), and Rogers (1986, 1959, 1951). Sommerbeck's presentation is clear and concise and may very well stand on its own as a sound and useful basic presentation of person-centered theory. She ends Part One with a "Final Note" about ideals versus reality with respect to practicing Person-Centered therapy.

In Part Two, Sommerbeck addresses relating to the professionals of psychiatry. She discusses in detail the complementarity of Client-Centered therapy and the medical model. In doing so, Sommerbeck delves into a delightful comparative discussion of complementarity in particle physics. She discusses the question of diagnosis and client-centered theory, patients from a psychiatric viewpoint, the duality of the client-centered
therapist in the medical model setting, and the client-centered therapists' role in staff meetings. She finishes Part Two with discussions on helping the helpers and caretakers, the limits of the setting as the therapists' limits, and the advantages of working in medical model settings.

Part Three is an overall look at relating to the patients of psychiatry. Sommerbeck discusses clients diagnosed with psychotic depression and other psychoses, characteristics of therapy processes with psychotic clients, and clients diagnosed with near psychotic conditions. Along with each of these discussions, Sommerbeck includes detailed examples of work with clients fitting these categories. Her examples of helpful and not-so-helpful therapist responses are followed with comments on the therapeutic process/relationship, therapist behaviors, options to the therapists’ behavior, future sessions with the client, and client perceptions of the therapeutic process/relationship. I found both her examples and her comments to be inspiring and enlightening disclosures of client-therapist relationships.

Part Four ends the book with a provocative four-page discussion of "Cultural differences, the critique of psychiatry, and another perspective." Sommerbeck addresses cultural differences and suggests that her perspective may not be representative of the difficulties or intolerance Person-Centered therapists may experience in other areas of the world. She suggests that in some psychiatric institutions it may be more difficult and in others perhaps impossible to be person-centered. To support this claim, Sommerbeck offers research that suggests disparities in psychiatric treatment as a result of social, health care, and cultural factors. Further, she discusses possible differences among mental health professionals as a result of training program biases in theoretical orientation and professional role definition.

In her critique of psychiatry, Sommerbeck delves into the legal, political, and power issues associated with psychiatry. She discusses the use of force in psychiatry, legislative surrender to psychiatric expertise, and the sentencing of people for their own benefit. She suggests that such legislation will "mark the limits of tolerance of the country in question" (p.141).

In the last pages of her book, Sommerbeck offers "another perspective." She suggests that person-centered therapists work toward their own undoing by taking an unproductive "anti-psychiatric stance." Acknowledging and concurring with "the general person-centered critique of psychiatry" (p. 141), Sommerbeck adds that therapists who place themselves as experts, experts who know better than psychiatry what is best for their clients, compromise the person-centered being of themselves as therapists, as well as their relationship with their clients.

I found Lisbeth Sommerbeck's book a cogent exposition of the merits and the how-to's of cooperative co-existence and collaboration between the person-centered and psychiatric perspectives. Sommerbeck offers a person-centered bridge over a manufactured chasm. I see this book as valuable to humanistic and Person-Centered students, professors, supervisees, and interns, whether counselors, nurses, physicians, psychologists, or social workers. It can help us all diplomatically navigate the undulating seas of the mental health profession, and remind us of what it means to be person-centered.
References


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