Editorial

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Welcome to Volume 12 of the Person-Centered Journal. This is my second, and last, issue as Editor. In 2006, Jeff Cornelius-White takes over as Editor, and I become Consulting Editor. A single issue a year of a journal may seem a quite modest undertaking, but behind every article is hours of emails, editing, and phone calls—too many for me to continue to do my job with any level of quality. I am proud that this issue is very strong and even has a coup, or two, or three: two historical papers by people associated with Rogers and the Chicago Counseling Center, Nat Raskin and Charlotte Ellinwood, and a paper by one of the “philosophical analysts” of person-centered theory, Harry Van Belle.

Nat Raskin’s oft-quoted but never published 1947 article appears here for the . . . second time. Nat gave the piece to the Journal, and the Journal gave it to Brian Levitt (2005) for his excellent, Embracing Non-Directivity, which came out earlier this year, beating the Journal to print. Ray Adomaitis, a former student of Nat’s, interviews Nat via email.

Charlotte Ellinwood has given the Journal a previously unpublished Chicago Counseling Center discussion paper from the 1950s. Involving parents in the therapy of their children is now commonplace. Forty-five years ago, Ellinwood had a more subtle approach that respected parents’ particular desires for involvement, yet also regarded them as clients. Kathy Moon edited the article and offers an introduction.

I met Harry Van Belle at the 2004 ADPCA conference and asked him to prepare his talk for publication. Many of you know his very insightful and detailed analysis of Rogers’ work, Basic Intent and Therapeutic Approach of Carl R. Rogers and his 1990 chapter on Rogers’ mysticism in Client-Centered and Experiential Psychotherapy in the Nineties. His article digs deep into the soil of Western philosophy to unearth the roots of Rogers’ thinking.

Also in this issue, Brian Levitt uses the television show, Buffy the Vampire Slayer, to offer an entertaining and illuminating illustration of key aspects of Rogers’ theory of therapeutic personality change. Kristy Osland, John Malouff, and Wendy Alford report on a neat study of the effectiveness of person-centered peer counseling in the workplace. Leslie McCulloch and Marsha Smith, in companion articles, describe a dance of person-centered learning and teaching. Finally, Leslie McCulloch, the Journal’s new Book Review Editor, Rachel Jordan, and Lynda Spiegel round off the issue with a book review each.

Thanks to everyone who made this issue possible: Jeff, Ian, Laura, Kristen, Leslie, Carol, Mick, Kathy, Bert, Sky, and Ferdinand. Thanks to the copy editor for Issue 11, Elizabeth Sarafaty, who has taken a break from this issue. Thanks to the reviewers for Issue 11 and 13: David Alpert, Art, Ned, Ed, Leslie, Mary Ann, Peggy, Gillian, Gary, Carol, Tom, Antonio, and Wade. Thanks to the board and membership for given me the opportunity to serve the ADPCA and learn from many talented authors whose work has passed through my hands.

The Person-Centered Journal, Vol. 12, No. 1-2, 2005
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References


Editorial

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I am glad to be editing The Person-Centered Journal. I am gladder that the membership who attended in Warwick, UK at the 2005 annual conference communicated a clear message of support and commitment to keep the journal going and growing. I am excited about working with Ian Fallows as Managing Editor, Laura Aitken and Kristen as Copy Editors, Leslie McCulloch as Media Review Editor, Barry Grant as Consulting Editor, and Renate Motrschnig as Online Editor. I also thank the many others involved in The Person-Centered Journal. To me, the Journal is in an energetic phase of its evolution.

When I consider my new role as Editor, I am humbled. I appreciate the role that person-centered journals have played, play, and will play in the development of the approach, especially our Journal. I aimed to learn a little history when writing this and am thankful for Carol Wolter-Gustafson’s efforts in keeping and sharing history. I will offer below a little remembrance of yesterday and some hopes for tomorrow.

Nat Raskin organized the first meeting of the Association for the Development of the Person-Centered Approach at the International House of the University of Chicago in September, 1986 together with a group of Chicago colleagues. This event was particularly special as it was Rogers’ last meeting. David Cain initiated the creation of ADPCA’s first journal, Person-Centered Review. Rogers (1986) valued the international communication that a scholarly journal could engender and had “high hopes for the Review” (p. 5) as cited by Raskin (2005). The Review lasted nearly seven years and served as a communication venue for many classic articles by Carl Rogers, John Shlein, Arthur Combs, Maureen O’Hara, Ranier Sachse, Clark Moustakas, Julius Seeman, Arnold Lazarus, David Aspy, William Watson Purkey, Nat Raskin, Barbara T. Brodley, Jerold Bozarth, and many others. Some of these works are available via the PCCS publication (Cain, 2003).

Jerold Bozarth and Fred Zimring agreed to start The Person-Centered Journal as a “pilot” endeavor after the Review and the association separated. They inaugurated its first issue in October 1992. Jerold Bozarth (1992) envisioned “that there will be a continuous evolution” (p. vi) while Fred Zimring (1992) aimed to “make the journal inclusive to different materials and a variety of viewpoints related to the person-centered approach” (p. vii). After their co-editorship, Jerold was sole editor followed by Jeanne Stubbs as editor. Jo Cohen-Hamilton began as editor in 1998 and passed the editorial baton to Jon Rose until 2004. During each of these times, many additional people helped or offered to help with various aspects of the journal. I am grateful for each contribution personally and on behalf of the Association.

To me, editing The Person-Centered Journal is not just about reviewing and producing an issue. It represents a connection to not only our past but to other journals with similar missions. Person-centered journals have helped to foster resurgence in person-centered writing, particularly as they all started after Rogers’ death. Shortly after

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the start of The Person-Centered Journal, Tony Merry began and edited Person-Centered Practice in association with the start of the British Association for the Person-Centered Approach, which continued until his unfortunate death last year. Person-Centered and Experiential Psychotherapies began during the tri-annual world meetings with the forming of the World Association for Person-Centered and Experiential Psychotherapy and Counseling under the co-editorship of Dave Mearns, Robert Elliott, Peter F. Schmid, and (recently added) William Stiles. It is now in its fourth year. Person-Centered Quarterly, the British Association for the Person-Centered Approach’s new newsletter edited by Pete Sanders, now has a small section designated to scholarly contributions. These journals have also served as an important communication forum for the approach. I invite collaboration between The Person-Centered Journal, Person-Centered Quarterly, and Person-Centered and Experiential Psychotherapies for our shared purpose to promote and disseminate communication about the person-centered approach.

Regarding our future, I first hope that you will be more involved with the Journal. I personally invite each of you to share your ideas and energy with us. In particular, we need more articles, more members and increased citation of the Journal in publications appearing in other venues. The Person-Centered Journal represents an important voice as the longest running person-centered journal written in English. It is important for new authors and a “variety of viewpoints.” Likewise, the Journal has been a unique outlet for those seeing nondirectivity as a core aspect of client-centered therapy.

Equally important, the Journal offers an invaluable forum for applications outside therapy as were seen last year and this in education and training. It is these wider applications that have been increasingly drawing my attention in recent years. Even as Brian Levitt (this issue) discusses in his eloquent application of the approach to Buffy the Vampire Slayer, the person-centered approach can save the world.

It is my hope that through the renewed energy in the Journal, communication will occur that brings the broad reaching implications of the approach to deeper and more influential levels. We need your submissions, ideas, reviews, and everything to make this a reality. Please contact us if we can help facilitate scholarly information-sharing for you.

-jef

References

THE NONDIRECTORY ATTITUDE

Nathaniel J. Raskin
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I. The Attitude

Nondirective therapists have for some time been aware of the fact that the attitude of the therapist is the important thing to consider in the evaluation of counselor participation in the therapeutic process. The “recognition of feeling” response, first described in Rogers’ (1942) Counseling and Psychotherapy, is the primary technique of the nondirective counselor, and for many people, has become the symbol of nondirective therapy. Too often, however, the appreciation of this school of therapy has been dulled, and its philosophy distorted, by an uncritical evaluation of the “recognition of feeling” technique on a purely intellectual level, in strict separation from the counselor’s attitude toward the client, which is the only thing that can give meaning to the technique.

One such uncritical evaluation has resulted in the belief that the nondirective counselor merely parrots the client’s words back to him. Under this system, the following type of exchange would occur throughout the interview (we can be pretty certain that there would be no more than one):

CLIENT: What do you think I ought to do - jump off a bridge, or look for another job to lose?
COUNSELOR: You wonder what I think you ought to do - whether to jump off a bridge, or look for another job to lose?

A response more in keeping with the nondirective spirit would be:

COUNSELOR: It’s a pretty hopeless situation, isn’t it? Your choice seems to lie between giving up entirely or facing further failure.3

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2 Carl Rogers wrote notes in longhand in the margins during 1947, referenced here as footnotes. He also attached a note to Nat Raskin, signed as C.R., which reads, “Raskin – I found this very stimulating. I disagree in spots and made some marginal notes. I think your idea of maladj. can be combined with mine into a definition better than either. I’d like this back, or a carbon, if I may. I also wish you would show it to Porter, Bowman & others at the C.C.” (Rogers is referring here to the Counseling Center in Chicago).

3 Rogers’ note: This doesn’t quite catch cnsfr’s attitude.
Occasionally, the counselor may feel that the most adequate way to represent the client's feeling is to repeat his expression verbatim, but this occurs only rarely, and it is certainly not a standard type of response in the nondirective method.

The "parroting" criticism is made only on the basis of a highly superficial acquaintance with nondirective therapy, however, and need hardly concern us further.

There is another level of response which is more deserving of our attention because it represents the sincere efforts of many individuals who are trying to do nondirective counseling, and is one which can work with a certain degree of efficiency. This may be characterized as an attempt to catch the feelings expressed by the client, and in the main to give them back to him without going beyond them, but occasionally to comprehend relationships between attitudes expressed separately by the client, and to include these relationships in the counselor response, and at other times to go slightly beyond the client's expressed feeling so as to speed up the process of insight and therapy. This second level of response is based on an attitude which includes a high degree of respect for the client, while retaining the notion that because of the counselor's superior knowledge and experience, there are ways of subtly guiding the client to speedier and more satisfactory adjustment. This is a quite popular form of therapy and is used by many of the modern psychoanalysts.

A third level of nondirective counselor response may be distinguished, in which the therapist has given up the goals of guidance and diagnosis, and assumes the role of an observer of the client and his attitudes. At this level, counseling becomes pretty much of an intellectual exercise, in which the counselor tries to catch the attitude being expressed, and reflects it back to the client. The counselor here feels quite ill at ease whenever the question of counselor responsibility for therapy arises, he feels the need frequently to structure (explain intellectually) the nature of the counseling relationship to the client, he is pretty much aware of the needs which the client is expressing in his statements, and he responds with unexpressed (verbally, that is) emotion to the client's ideas, on the basis of his own needs and predilections.

There is a fourth level of nondirective counselor response which to us represents the nondirective attitude. In a sense, it is a goal rather than one which is actually practiced by counselors. But, in the experience of some, it is a highly attainable goal, which makes this level highly distinct from the third level attitude we have just described, and changes the nature of the counseling process in a radical way. At this level, counselor participation becomes an active experiencing with the client of the feelings to which he gives expression. The counselor makes a maximum effort to get under the skin of the person with whom he is communicating, he tries to get within and to live the attitudes expressed instead of observing them, to catch every nuance of their changing nature; in a word, to absorb himself completely in the attitudes of the other. And in struggling to do this, there is simply no room for any other type of counselor activity or attitude. If he is attempting to live the attitudes of the other, he cannot be diagnosing them, he cannot be worrying about their relationship to him, the therapist, he cannot be thinking of making the process

4 Rogers' note: ?
5 Rogers' note: yes
6 Rogers' note: ?
7 Rogers' note: yes
go faster. Because he is another, and not the client, the understanding is not spontaneous but must be acquired, and this through the most intense, continuous and active attention to the feelings of the other, to the exclusion of any other type of attention.

Otto Rank (1936, p. 5) was the first to stress the experiential as being the essential aspect of the therapeutic relationship. However, with him, the therapist was still largely an observer, making himself aware of the needs of the patient and responding to him on the basis of those needs.

Jessie Taft (1933) came much closer to the writer's conception of the nondirective attitude in her description of her role in play therapy:

The contacts...were carried through, as far as I was humanly able, in terms of the child as she actually was at the moment, and my recognition of her immediate will, feeling or meaning. Everything centered in her, was oriented with regard to her. This does not mean that there were no checks but that even when my response was a prohibition, it was also a seeing of her, never a denial of the nature of her impulse or her right to have it. Where my own curiosity as to her behavior symptoms or my interest in bringing out certain material got the better of me, as it did occasionally, I abandoned it, as soon as I became conscious of my folly... Interpretation there was none, except a verbalization on my part of what the child seemed to be feeling and doing, a comparatively spontaneous response to her words or actions which should clarify or make more conscious the self of the moment whatever it might be. (p. 27-28)

The present writer (Raskin, 1948/2004) has shown, in "The Development of Nondirective Therapy," how Taft at times departed from the present feelings of the child as the focal point of her interest in the therapeutic hour.

Rogers (1946), in discussing the client-centered nature of the therapeutic relationship, has given definitive meaning to the nondirective attitude:

The third distinctive feature of this type of therapy is the character of the relationship between therapist and client. Unlike other therapies in which the skills of the therapist are to be exercised upon the client, in this approach the skills of the therapist are focused upon creating a psychological atmosphere in which the client can work. If the counselor can create a relationship permeated by warmth, understanding, safety from any type of attack, no matter how trivial, and basic acceptance of the person as he is, then the client will drop his natural defensiveness and use the situation. As we have puzzled over the characteristics of a successful therapeutic relationship, we have come to feel that the sense of communication is very important. If the client feels that he is actually communicating his present attitudes, superficial, confused, or conflicted as they may be, and that his communication is understood rather than evaluated in any way, then he is freed to communicate more deeply. A relationship in which the client thus feels that he is communicating is almost certain to be fruitful. All of this means a drastic reorganization in the counselor's thinking, particularly if he has previously utilized other approaches. He gradually learns that the statement that the time is to be “the client's hour” means just that, and that his
biggest task is to make it more and more deeply true. Perhaps something of the characteristics of the relationship may be suggested by excerpts from a paper written by a young minister who has spent several months learning client-centered counseling procedures.

“Because the client-centered, nondirective counseling approach has been rather carefully defined and clearly illustrated, it gives the "Illusion of Simplicity." The technique seems deceptively easy to master. Then you begin to practice. A word is wrong here and there. You don’t quite reflect feeling, but reflect content instead. It is difficult to handle questions; you are tempted to interpret. Nothing seems so serious that further practice won’t correct it. Perhaps you are having trouble playing two roles - that of minister and that of counselor. Bring up the question in class and the matter is solved again with a deceptive ease. But these apparently minor errors and a certain woodenness of response seem exceedingly persistent.

“Only gradually does it dawn that if the technique is true it demands a feeling of warmth. You begin to feel that the attitude is the thing. Every little word is not so important if you have the correct accepting and permissive attitude toward the client. So you bear down on the permissiveness and acceptance. You will permit and accept and reflect the client, if it kills him! The technique is good, but... does it go far enough? does it really work on clients? is it right to leave a person helpless, when you might show him the way out?

“Here it seems to me is the crucial point. "Narrow is the gate" and hard the path from here on. No one else can give satisfying answers and even the instructors seem frustrating because they appear not to be helpful in your specific case. For here is demanded of you what no other person can do or point out - and that is to rigorously scrutinize yourself and your attitudes towards others. Do you believe that all people truly have a creative potential in them? That each person is a unique individual and that he alone can work out his own individuality? Or do you really believe that some persons are of "negative value" and others are weak and must be led and taught by "wiser," "stronger" people?

“You begin to see that there is nothing compartmentalized about this method of counseling. It is not just counseling, because it demands the most exhaustive, penetrating, and comprehensive consistency. In other methods you can shape tools, pick

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8 Raskin indicates that although the original reads as “permiss,” Rogers intended to write the word “permit,” accounting for the correction in this essay.
them up for use when you will. But when genuine acceptance and permissiveness are your tools it requires nothing less than the whole complete personality. And to grow oneself is the most demanding of all.”

He goes on to discuss the notion that the counselor must be restrained and “self-denying.” He concludes that this is a mistaken notion.

“Instead of demanding less of the counselor’s personality in the situation, client-centered counseling in some ways demands more. It demands discipline, not restraint. It calls for the utmost in sensitivity, appreciative awareness, channeled and disciplined. It demands that the counselor put all he has of these precious qualities into the situation, but in a disciplined, refined manner. It is restraint only in the sense that the counselor does not express himself in certain areas that he may use himself in others.

“Even this is deceptive, however. It is not so much restraint in any area as it is a focusing, sensitizing one’s energies and personality in the direction of an appreciative and understanding attitude.”

As time has gone by we have come to put increasing stress upon the ‘client-centeredness’ of the relationship, because it is more effective the more completely the counselor concentrates upon trying to understand the client as the client seems to himself. As I look back upon some of our earlier published cases - the case of Herbert Bryan in my book, or Snyder's case of Mr. M. - I realize that we have gradually dropped the vestigies of subtle directiveness which are all too evident in those cases. We have come to recognize that if we can provide understanding of the way the client seems to himself at this moment, he can do the rest. The therapist must lay aside his preoccupation with diagnosis and his diagnostic shrewdness, must discard his tendency to make professional evaluations, must cease his endeavors to formulate an accurate prognosis, must give up the temptation subtly to guide the individual, and must concentrate on one purpose only; that of providing deep understanding and acceptance of the attitudes consciously held at this moment by the client as he explores step by step into the dangerous areas which he has been denying to consciousness.

I trust it is evident from this description that this type of relationship can exist only if the counselor is deeply and genuinely able to adopt these attitudes. Client-centered counseling, if it is to be effective, cannot be a trick or a tool. It is not a subtle way of guiding the client while pretending to let him guide himself. To be effective, it must be genuine. It is this sensitive and sincere ‘client-centeredness' in the therapeutic relationship that I regard as the third characteristic of nondirective therapy which sets it distinctively apart from other approaches. (Rogers, 1946, p. 419-421)

Robert D. Quinn was one of the earliest to stress the importance of this “experiencing” therapist within a Rogerian rather than Rankian frame of reference. In an unpublished paper in 1946, he wrote,
...it is important to differentiate experiencing from knowing...Knowing involves the acquisition of meanings and can be exclusively an intellectual process, that is, need not involve the whole individual as an acting, feeling, expressive self. Experiencing, in contrast, involves active interplay of affect with imagery - it is a dramatic living or reliving of the situation wherein the feelings expressed give the intellectual content its vitalizing substrata. Experiencing is always temporally in the immediate present since it postulates some form of interaction between the expressive self and the milieu. Knowing, on the other hand, occurs in a historical frame of reference, is oriented temporally to the past, and these new meanings need not involve reorganization of the acting self as it impinges upon the milieu.

In another cogent passage, Quinn wrote:

Here then, is the central issue for a constructive therapy: It must have at its point of origin the relationship between the client and the counselor, for this is the only social contact initially available, except that within the client's own self, which is inevitably in too chaotic a state to permit of much genuine experiencing. This relationship must be such that the client can will freely, can feel freely, and can eventually come to clarify his own self concept. Clearly, this must be a relationship in which the self organization of the therapist is consistently denied representation. His contribution must be solely a sympathetic largess, a rapt attention intent only upon understanding and reaffirming the experiences of the client as he sees and feels them, and always at the rate and to the depth that the client himself chooses to undergo them. Thus, the sessions are literally cleared of obstacles inhibiting the client's experiencing, so that, in Rank's terms, he may come to make himself what he is,...will it and do it himself without force or justification and without need to shift the responsibility for it.9

Bown has shown a profound appreciation for the importance of deep counselor participation in the client's expression of feelings. He has emphasized the

...struggle to understand the feelings which are being expressed. It is a struggle because the counselor is making his most sincere attempt to reflect feelings which are being expressed in confused and uncertain fashion, which are only at the periphery of consciousness.

...the literature would indicate that many counselors hesitate to reflect any feeling which has not been made obvious to them by the client. They are making every effort to be completely nondirective, but it seems to me that they are missing the most fruitful opportunities to offer real, deep understanding as well as to provide an area of concentration in which clarification and insight can be achieved most readily.

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9 Rogers’ note: Here it is the client who is experiencing & this I think is entirely right

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If this kind of response is untainted with subtle directiveness, it conveys to the client the most complete acceptance; the counselor is not merely repeating what is already obvious to the client, but rather, he is showing his willingness to struggle with the client for the real meaning, the true attitudes... This is warmth and the most genuine interest. This is the kind of counselor effort which puts method so far in the background that it can no longer be noticed by either client or counselor... (Unpublished paper)

Through these quotations and through the writer's own description of the nondirective attitude, it is hoped that the reader has been given some feeling for what it is. The question now arises, "What is the justification, the rationale for the nondirective attitude? Why use such a method, verging on the mystical,\textsuperscript{10} which is completely contrary to the traditional approach of science, of medicine? Where does the need for it arise?" In the succeeding sections of this paper, the writer will attempt to answer these questions, and to show the implications of the attitude, not only for psychotherapy, but for education and other areas of human relationships, and for the study of personality.

\textbf{II. Integro\textsuperscript{11} and the Self-Concept}

Every bit of matter in the universe is a dynamic system, an organization of forces. Living matter is distinguished by a capacity within itself to reorganize its system in order to effect a better relationship with its environment; it is adaptive. Living animal matter has the additional capacity of a conscious\textsuperscript{12} perception of its environment, on the basis of which, largely, it makes its adaptation to it. In the human being, we find in addition to all of these capacities, the perception of self as separate from the environment, the consciousness of self as the adaptive force in coping with the environment, and a resulting value which is placed on this self, based largely on the satisfaction obtained for the individual in its interaction with the environment. The self has the capacity to achieve a continuously better self and a continuously better relationship with its environment and it is conscious of this capacity. Hence when this capacity is not being well utilized, in other words, when an unsatisfying relationship with the environment exists, with a consequently low value placed on the self by the self, we have the condition of maladjustment.

The capacity of people to integrate their perceptions into insights which are creatively utilized towards the achievement of a more satisfying adjustment has been keenly recognized in the following statement of Rogers (1946) as a result of his experiences in psychotherapy. For purposes of convenience, we shall term this capacity, "integro." It is quite similar to Rank's "will."

As we examine and try to evaluate our clinical experience with client-centered therapy, the phenomenon of the reorganization of attitudes and the redirection of behavior by the individual assumes greater and greater importance. This

\textsuperscript{10} Here, Rogers underlined the word “mystical” and wrote, “vague, subtle, etc., but hardly mystical is it?”
\textsuperscript{11} This is a term coined by Nat Raskin.
\textsuperscript{12} Here Rogers underlined the word “conscious” and wrote, “not all animals are conscious”
phenomenon seems to find inadequate explanation in terms of the determinism which is the predominant philosophical background of most psychological work. The capacity of the individual to reorganize his attitudes and behavior in ways not determined by external factors nor by previous elements in his own experience, but determined by his own insight into those factors, is an impressive capacity. It involves a basic spontaneity which we have been loathe to admit into our scientific thinking.

The clinical experience could be summarized by saying that the behavior of the human organism may be determined by the influences to which it has been exposed, but it may also be determined by the creative and integrative insight of the organism itself. This ability of the person to discover new meaning in the forces which impinge upon him and in the past experiences which have been controlling him, and the ability to alter consciously his behavior in the light of this new meaning, has a profound significance for our thinking which has not been fully realized. We need to revise the philosophical basis of our work to a point where it can admit that forces exist within the individual which can exercise a spontaneous and significant influence upon behavior which is not predictable through knowledge of prior influences and conditionings. The forces released through a catalytic process of therapy are not adequately accounted for by a knowledge of the individual's previous conditionings, but only if we grant the presence of a spontaneous force within the organism which has the capacity of integration and redirection. This capacity for volitional control is a force which we must take into account in any psychological equation. (p. 421-422)

With these preliminary remarks serving as an orientation, the following propositions may be advanced:

(1) The human organism, from the first, responds in an adaptive way to its environment.

(2) Through the differential responses which it receives to different ways of behaving—because it is treated as an organism with the power of choice in its behavioral reactions, and because it learns that by exercising choice in its behavioral reactions, it can obtain desired responses from the environment—the organism gradually becomes conscious of its power to perceive and to react to its environment differentially, in order to achieve satisfaction (integro). This is concomitant with the growing consciousness of the self. At the same time, through being evaluated by others and by learning itself to evaluate its integro capacity, a value is placed on the self.

(3) This self-concept, which consists of the organism's evaluative impression of itself, becomes an important determining factor in its behavior, in that the organism wishes to achieve the maximum value for the self.

(4) From the external frame of reference, the self tends to be viewed as the whole person—its physical appearance, personality characteristics, abilities, etc. From the internal frame of reference, the concept of self

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consists of an evaluation of all these characteristics as they relate to helping the organism to cope with its environment. Thus, it may be said to consist of integro and the value which is placed on it. This is the self as perceived; the self as perceiver is also within the consciousness of the internal frame of reference, but this is a self which is not evaluated. It serves as a point of reference, as an identifying symbol. Thus, in the statement, “I just don’t think much of myself,” a common attitude among people seeking help, “I” is the reference point, the unevaluated self, the perceiver, while “myself” is the evaluated integro.

Philosophers through the centuries have banded the concept of “self” about and never achieved much progress, chiefly because there was no common operational basis for their definitions. Verbatim recordings of treatment interviews provide a wealth of material on the self as viewed from an internal frame of reference (IFR). It is on the basis of such data and the consistent use of the IFR that it is hoped that some common principles about the self-concept may be attained.

III. Maladjustment

A person cannot be said to be maladjusted simply on the basis of an observer’s judgment of his efficiency in relating to his environment; this is a very relative matter. The writer’s view is that maladjustment exists when the self-concept is viewed from the IFR as being unsatisfactory, i.e., the individual is not content with his own capacity to adjust to the environment in a manner which will give him satisfaction. It is necessary, if maladjustment is to exist, that this dissatisfaction be referred by the individual to his general capacity to adjust, to integro, to the self-concept. This becomes clear when it is considered that a well-adjusted individual may experience occasional frustrations without inferring that he is inferior in a general way.

It is also clear that in maladjustment, the self-concept will be the focus of the individual’s attention and energies a considerable part of the time. We may say that in a condition of adjustment, the integro of the individual is focused on the outside world, while in maladjustment, it is focused on the self. This is the same as Rank’s view that the neurotic is “ego-bound” and that to be cured, he must learn to will, to use his creative energies in the world about him.

If it was correct to say that from the IFR, the self-concept is largely identified with integro, the inference may now be made that in maladjustment, we have a condition where integro is focused on integro, inadequately regarded capacities are grappling with inadequately regarded capacities, an unacceptable self is attempting to deal with an unacceptable self. This creates a “going-around-in-circles” picture which corresponds with the feelings actually reported by maladjusted people. With the psychotic personality, it may be said that this struggle has been given up, the self is so hard to face that all of the individual’s difficulties have been projected on the world.

Rogers is referring to this discussion of maladjustment in his note to Raskin, referenced in footnote number 2.
IV. Factors Involved in Redressment

When we wish to change even an inanimate organization, we must take into account what its present system of forces is. Any dynamic system can be changed only on its own terms; we must start with what it is and any changes must be based on the capacities of that present organization.

Anybody who wishes to change a maladjusted human being to a condition of adjustment must reckon with this factor. But in trying to change the attitudes of a human, an even more powerful force must be contended with. It derives from the fact that a person has within himself the capacity for change, for achieving a more satisfactory adjustment, he has his own integro. In other words, the individual himself holds the key to any change in himself.

Now, even when the integro is weak, as is the case when a person is maladjusted, the person will seek jealousy, so to speak, to utilize it—if only in a negative way—rather than accept the creative ideas of another in reference to himself. Thus, typically, a client will appear, asking for answers to his dilemmas. If answers are proposed, rather than accept them, he will utilize his creative energies in an effort to tear them down. This unwillingness to use another's integro is a fundamental fact which has too often been glossed over in the field of mental hygiene. “He doesn't know what he wants” is a popular way for the interviewer to respond to such a situation, but this is obviously a superficial and inadequate explanation which ignores the client's IFR. In the terms of this paper, the explanation is not hard to find. The maladjustment is the dissatisfaction with integro, it is not simply the frustrations of many unsolved problems, but the pinning of the responsibility for the frustrations on a central factor, the self. Obviously then, satisfaction will not come with solutions to specific problems, but only with a different way of looking at the self which will result in satisfaction for the individual. This may come through an actually strengthened integro where in therapy the client comes to perceive his difficulties, grapples with them, and acquires confidence in himself through their successful solution. Or it may come through a reevaluation of the self-concept, independent of the solution of any specific problem, in which the formerly unacceptable self becomes acceptable. But dissatisfaction with integro can never be converted to satisfaction through another's answers.

When the writer above cited the general fact of resistance to the use of another's integro, the question of the very dependent person will have occurred to many readers. It is true indeed that we can find people in this category who will not openly resist the solutions of another, but will actively seek and utilize them. But what of such a person's adjustment? Are we helping it any, or are we merely furthering his dependency, by providing him with answers. In the writer's terms, the dependent person is one with very weak integro, with such a weak concept of self that it will be very difficult for him to face it, but the only real help he can get is to face himself with his dependency and strive to overcome it, to strengthen his integro. We will find that dependent people can do this, with the integro they have, that their dependency has been accompanied all along by a deep hostility toward those who got in the way of their becoming people in their own right.

If integro, the growth force, or what have you, is such a widespread and powerful thing, it may be asked, why do we have clients coming in for help in the first place? Why
do we have very dependent people who will accept the solutions of others? The answer is that to use integro, especially when one is maladjusted, is a painful process. It is painful to examine an inadequate self, to reconstruct it, to try out a new one.

Where does environmental treatment fit into this formulation? Cannot the independent capacities of the self be strengthened through placing the individual in the right kind of environment? Will not a good job, a good home placement, strengthen the maladjusted person? On first impulse, the answer to such questions is a simple affirmative. But on looking closer at what is involved, complicating issues emerge.

For one thing, a good job, a good home, a good environment, are not "good" in the absolute sense. They are good as far as some of us are concerned, and good in ways which are different for each individual who lives in these environments. What we are getting at is that an individual who is dissatisfied with himself and consequently with the world, is going to be very difficult to please with an environment provided by somebody else. We all look at the world through our own special brand of glasses, and the person who feels maladjusted will not have his rose-colored. We go at the problem in a much more basic way when we give the self an opportunity to change; then, instead of introducing certain specific environmental changes, the effects on the individual of which are difficult to predict, we are providing an opportunity for a really sweeping environmental change, for the person who leaves therapy feeling satisfied with himself sees the whole world differently, and uses exactly the same (from the external frame of reference) conditions in a much more constructive way.

Another, perhaps less basic question connected with environmental treatment, is the question of where the counselor stops helping. Recently the writer actively helped a person he was counseling, a very dependent one, to get a job. During the next interview, the client wished help on such problems as whether or not to take his own lunch to work with him, what to do if his supervisor asked him to do something he didn’t know how, etc. And didn't he really have a right to get such help from the counselor because the latter had gotten him into the work situation? If you try to explain to such a client why you can help him with certain problems and not with others, you cannot because you cannot give yourself a satisfactory answer to that question. The only answer for the writer to this problem is to let the person help himself from the very beginning, that to the extent that he is helped by your specific solutions, to that extent you are hurting his chances for self-actualization.

V. Object and Process

We are changing, developing organisms interacting with other changing, developing organisms in a changing, developing world. For some reason, through necessity or perhaps convenience, in interacting with different parts of this dynamic environment, we often tend to ignore their process aspects and treat them as static objects, we peg them, freeze them. The words we use are an example of our attempt to deal with our environment by “freezing” the various processes of which it consists. Practically all organizations we set up—factories, schools, schedules—are examples of the same tendency.

What is so bad about identifying and organizing processes in this way? Well, whenever we treat something in a way which ignores its real characteristics, we are making
an error, and sometimes the error is a very great one. It is not so bad when we call two things "apple" when one is a Washington Winesap and the other is a Delicious. It is a little more serious when we identify the man who cleans our office as “porter” and forget that he may have attitudes and a family and psychological needs just like ours. Or when we label a man “psychopath” or “paranoid schizophrenic” and forget that he has feelings which are just as real to him as ours are to us.

It is a convenient thing to set up plane schedules so that we can know at what time we can take off for Los Angeles, but it's not quite the same thing when we organize course schedules and decide that at 9 o’clock every Monday, Wednesday, and Friday Professor Smith will lecture on Abnormal Psychology to the class in Psychology 111. The error there is that on many of these mornings, there will be many a student who will not be the least bit interested in hearing about Abnormal Psychology from Professor Smith or from anyone else perhaps, and the learning which is supposed to take place will not occur. And it may be well to recognize that though it is very efficient to set up factories so that each of us who can afford it may have a smooth-running six-cylinder automobile, the hundreds of thousands of fellows who are making the automobiles by doing the same job over and over again, year after year, are not developing their creative capacities.

In other words, our culture is shot through with examples of how we treat the people in it as objects, while in fact they are dynamic organisms with changing attitudes and with potentially improving abilities. The meaning of this for psychology and psychotherapy is obvious. If we are in the business of helping maladjusted people to become adjusted, let us not pigeonhole, peg, freeze, make objects out of them. We above all should be aware of the human being's feeling, changing, dynamic, adaptive, creative capacities.

This is not a straw man which the writer is setting up. This is no imagined danger. The standard way of treating human beings in mental hygiene practice today is as objects. He sits across the desk from us and we think, “What has he got? What is his trouble? How did he get this way? Didn't that sound schizy? I feel sorry for his kids. There he goes, using me as a father figure,” etc. It is not our fault that we examine people in this way. We have been trained in the method of finding out what people are like in order that we may then help them. How can we treat intelligently unless we first diagnose? We have to find out what their symptoms are, what their needs are, what personality formation they have, how their present condition developed. But do we?

VI. The Need for the Nondirective Attitude in Psychotherapy

When we take a diagnosing attitude toward our mental hygiene patients—when, in other words, we treat them as objects—we are doing more than misjudging what we are dealing with, we are doing more than making an object out of a dynamic process.

The effect we have is to change the nature of that process. When we look at a person as an object, we in fact help to make an object out of him. For when a person becomes aware that he is being examined, he ceases to develop his own attitudes, but immediately takes a defending attitude. He strives to maintain what he is now. And so he tends actually to become an object.

This is even more true when in therapy, we try to change the client in some way. If he does not submit, he resists, he maintains and defends his present system of attitudes.

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If he does change with the will of the therapist, his adjustment capacity and self-respect are weakened.

Thus, the effect of taking the diagnosing and changing attitudes towards our clients is to discredit their own capacities for change. For when we diagnose, we imply that we are going to do the changing and when we try to do the changing, we are not giving the client a chance to do it.

In terms of the integro concept which was developed earlier in this paper, integro is stifled when the diagnosing or object attitude is adopted, and it ceases to operate in a positive way when the attempt is made to change the client, to influence him according to another’s will. And if integro is not given an opportunity to operate in a positive way, if the client does not get a chance to perceive and act on his concept of self in an atmosphere free of threat, this concept of self is not going to change very much, and the individual will continue in a maladjusted state.

If we cannot diagnose, if we cannot advise our clients, what is there left for us to do? We return now to Quinn's distinction between knowing and experiencing which was quoted in the first section of this paper. The alternative to trying to know our client, which is equivalent to treating him as object, is to experience with him, to try to understand what it is that he is feeling at the moment, and to communicate that understanding to him. The alternative is to become part of the dynamic process which our client represents and so to accept that process for whatever it is at the present time—weak, poor, inadequate, doubtful, confused, or whatever it happens to be. And somehow, the vicious circle of weak integro working on weak integro, of poorly regarded and unacceptable self grappling with poorly regarded and unacceptable self, is thus broken. The process, having been accepted in the unsatisfactory state, moves towards a more stable, comfortable condition in a manner which might be termed homeostatic.

To relate what has been said here with our description of the nondirective attitude is now a simple task. The nondirective attitude is the method of experiencing with the client, which allows no opportunity for trying to know him. Thus, integro is given the maximum opportunity to function and the self-concept is given the best chance of becoming a satisfactory part of an adjusted individual. The three levels of nondirection discussed in our introduction to the nondirective attitude represent various degrees of the “knowing” approach, and so constitute various degrees of impediment to the integrative and creative capacities of the client in the reconstruction of his concept of self.

VII. Psychotherapy and General Medicine

The nondirective attitude constitutes for psychotherapy an approach quite at variance with that of the physician, whose standard method of procedure is to diagnose and then treat. Why should a psychotherapeutic approach be different?

The difference lies in the fact that in general medicine we deal with conditions of the human body which are subject to volitional control only in a very indirect way, while

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14 Rogers’ note: Very good
15 Rogers’ note: how? And because we become temporarily a part of his process, from within, and accept his weakness, he too can bear to look at and accept it.
in psychotherapy we have to do with behavior and with attitudes, both of which are highly subject to the will. The hypothesis may be ventured that in any aspect of living which is governed by the will, the most efficient method of achieving a comfortable state is to accept the will or attitudes of the individual concerned, while in those areas which are relatively independent of volitional control, another’s creative capacities may be utilized without difficulty.

Conditions formerly thought to be purely of a physical nature are coming more and more to be recognized as connected with psychological forces. The origins of these psychosomatic disturbances may well prove to be connected with disturbances of the concept of self. If this is true, the treatment of psychosomatic conditions should rely heavily on the nondirective attitude. At the same time, it would seem to be necessary, in the case of any suggested organic disturbance that a diagnostic study be made to evaluate the physical basis of the complaint. If a physical basis is established, the study will have justified itself. If a physical basis is not found, and the inference is made that the condition is of a psychological origin, the study, with its total neglect of the patient’s integro, with its implication that “doctor will take care of things,” will have had a detrimental effect on further treatment, but in our present state of knowledge, this would appear to be a cost which must be borne.

The attitudes of patients are important even in straight medical practices. Rogers (1946) has cited the changes made by one medical practitioner in recognition of the importance of the patient’s point of view.

The viewpoint appears to have implications for medicine. It has fascinated me to observe that when a prominent allergist began to use client-centered therapy for the treatment of non-specific allergies, he found not only very good therapeutic results, but the experience began to affect his whole medical practice. It has gradually meant the reorganization of his office procedure. He has given his nurses a new type of training in understanding the patient. He has decided to have all medical histories taken by a nonmedical person trained in nondirective techniques, in order to get a true picture of the client's feelings and attitudes toward himself and his health, uncluttered by the bias and diagnostic evaluation which is almost inevitable when a medical person takes the history and unintentionally distorts the material by his premature judgments. He has found these histories much more helpful to the physicians than those taken by physicians. (p.422)

VIII. The Nondirective Attitude and Education

Psychological practices were introduced into education by Pestalozzi, Herbert, and others with the aim of making more efficient the task of teaching facts to individuals. Of more recent origin, the idea of educating people to become well-adjusted citizens who can function efficiently as individuals and as members of the community, as opposed to the notion of making them storehouses of facts, has been stressed by Dewey, Rugg, Prescott, and others. The nondirective attitude, with its stress on individuality, and the ability of people to organize their perceptions in ways which are best for them fits in well
with this more modern aim, while it may, at the same time perhaps, have implications for efficiency in the teaching of facts.

Tentatively, it might be said that therapy is largely a matter of learning about oneself. Education, on the other hand, at least by the way it is generally organized today, deals with learning about the world. This distinction accounts for the fact that a large amount of material is learned under the prevailing system of education, despite the fact that most of this material originates with the teacher. A psychotherapist who tried to use the equivalent approach to teach a client about himself would not get as far.

Does the fact that information which is not closely related to the concept of self can be absorbed without too much resistance mean that the present educational approach is satisfactory, even though it is at variance with our therapeutic philosophy? Before answering this question, let us examine the relation between the two fields of education and psychotherapy more closely.

In both cases we are dealing with a dynamic, creative, adaptive system engaged in an activity of acquiring new concepts. Can we not make the generalization that to be absorbed, any new concepts must have meaning for the system as it exists at present and must not be at variance with the creative and adaptive tendencies of the system? To learn Freud, for example, the student must be able to relate Freudian concepts to his present system of knowledge, and these concepts must not be too opposed to his present system of values, upon which is based his manner of behaving and the direction in which he is developing. Students of nondirective therapy who have extensive backgrounds in diagnostic techniques and in a diagnostic approach to treatment commonly experience difficulty in acquiring the nondirective method. Similarly, those who believe deeply in the nondirective philosophy sometimes find that learning new diagnostic methods such as the Rorschach test is no easy matter.

This fact—that in order for learning to take place, the new knowledge must be in accordance with the content and direction of the present dynamic system, which the learner represents—means that a good curriculum cannot be good in itself, but must be evaluated in relation to each individual learner.

A further fact of considerable importance is that learning takes place not simply over a period of time, but at a particular moment, which means that the learning system must jibe with the concepts to be acquired at the moment of impact.

If these principles are correct, it follows that present educational practice is highly inefficient. For in general, the matching of student knowledge and attitudes with curriculum takes place at a distance very far removed from the actual moment of learning. In general elementary school practice, the attitudinal aspects are practically ignored, and a crude system of grade levels and of curricula which are based on a logical development of ideas, supposedly of general application, are the methods of matching present pupil knowledge with new ideas to be learned. In high school, the attitudinal aspects are dealt with largely by having the student choose the area of specialization and by allowing him a small number of elective courses. This system is continued and expanded at the college and university levels. But even the elective course, as it is usually taught, is still far removed in its organization from the conditions which have been described as necessary for learning. The typical moment in a typical hour will see the instructor trying to get across an idea which he may regard as important, an idea related to a course organization which he may have constructed, a course organization which may have real meaning for
him in his scheme of living, or may be a relatively separate construct, divorced from his behavior goals. In this type of instruction, the number of students who will relate the concept being presented to their life activity, in any way other than to memorize it for an examination which they must pass, is going to be very small indeed.

Fact absorption under the present educational system, which emphasizes teaching rather than learning, which devotes more energy to building curricula than to studying the learning process, has been proved by follow-up studies, by public opinion polls, and by everyday observation of others and of ourselves, to be notoriously inefficient. The writer hopes that he has been able partially to account for this inefficiency.

But fact absorption is no longer the key goal of education, at least among the more advanced thinkers in the field. How may we evaluate the present system insofar as it produces independent, well-adjusted, useful, public-minded citizens? The answer becomes clear and the question farcical even as it is being stated. Most citizens do not meet this description very well. But why should they, having been brought up in an educational system in which they were taught to spend all of their time and energy doing homework for a teacher; in which a high value was placed on conformity to this pattern, in which individual creative thinking and the development of their individual system of attitudes and knowledge was given no encouragement but had to be subordinated to assigned work, to learning someone else’s system of knowledge, in which their individual problems of learning and of general adjustment were buried in the mass process of outward conformity, in which as a result, they were forced to stew unproductively in their own juice and to utilize much of their energies in an unconstructive opposition to the patterns being imposed on them, which left little inclination, time, or energy for them to become active, interested members of the social groups of which they were a part?

Again, it must be asked, what is the alternative to present procedures? The answer would seem to lie in the direction of greater recognition of the creative, self-directive capacities of students, by revising classroom method and structure in a way which will provide an opportunity for individual students to express and develop their own attitudes and to clear up questions regarding factual material. We may proceed on the principle that both education and psychotherapy are processes of self-development which will function most efficiently when the present state of development, as viewed by the subject, is understood and accepted by the teacher or therapist. The nondirective attitude will, therefore, by implication, belong in the classroom as well as in the therapeutic situation. It will not take exactly the same form in the educational environment because of the group situation, because the attitudes expressed will not be so consistently related to the individual’s concept of self and will, therefore, not be as intense or deep, and because of the limits imposed by the institution in which the learning is taking place. Despite these conditions, the attitude is definitely practicable in the educational field, with Cantor (1943), Rogers (1946, p. 421), Blocksm and Porter (1947) and Shedlin (1947) all having utilized it to a very great extent, on the higher education level.

IX. Implications of the Nondirective Attitude for the Study of Personality

Rogers (1947) has pointed out the implications which experiences in nondirective therapy have for the study of personality. His main thesis is that behavior will be better
understood and predicted if the point of reference used in our investigations is the subject’s IFR.

The nondirective attitude is related to this point of view in the following ways:

1. Interviews in which the nondirective attitude is employed by the therapist yield material rich in depth and meaning for the client. Interviews of this nature have a minimum of counselor-originated ideas and counselor-influenced client concepts.

2. Nondirective interviews, because of the freedom provided for the positive operation of client integro, provide an unusual opportunity to observe the dynamic, adaptive, creative qualities of human personality, as the client is seen to deal with the self, and with problems which have the utmost of meaning for him.

3. If the assumption is granted that psychological reality for any individual consists of his feelings about, his perceptions of the world (including himself) at any given moment, the nondirective attitude provides the closest possible approach of another to psychological reality.

A corollary of this hypothesis would be that the most valid generalizations of a psychological nature would be those made on the basis of material obtained by employing the nondirective attitude with large numbers of people. If, further, it is granted that phenotypical data consisting of a subject’s feelings and perceptions of the world at any given moment provide all the necessary data needed to predict his behavior at that moment, then it follows that data collected through the use of a nondirective attitude furnishes the best means of predicting behavior.

In terms of general semantics, data provided by the nondirective attitude are at a low-order level of abstraction, close to reality, in contrast with high-order level of abstractions such as Rorschach “C”, “M”, “affect,” “experience balance,” “shading shock,” etc. It stands also in favorable contrast to the high-order level of abstractions provide by genotypical attempts to explain human behavior and personality, as, for example, the Freudian type of explanation.

X. The Non-Intellectual Nature of the Nondirective Attitude

Intellectually, the nondirective attitude can be explained in a matter of a few sentences. On the surface, it appears that nondirective therapy would be a very simple technique to learn. This is not the way it works out, even given very intelligent people who are well-adjusted, eager to learn, and with fine backgrounds in psychological theory and in human relations experience. It has become clear that learning nondirective therapy is not a matter of acquiring technique, but of gradually gaining the conviction that people do not have to be guided into adjustment, but can do it themselves when accepted as they are. Blocksma and Porter (1947) have outlined some of the stages that counselors in training in the nondirective method can be observed to go through. These phases are similar to those observed in clients who are treated in nondirective therapy.

It is not surprising that learning this method and philosophy is a slow process. For acceptance is one principle of human relationships which does not run very deep in our culture. From the time we are born, others begin to determine our needs for us, and
as we have seen, this continues through the school years, and many of us have the type of employment which sees the same pattern at work. In terms of other concepts that have been employed in this paper, it may be said that we have been taught to know, use, or be used by other people, rather than experience with and accept them. This long-standing pattern of behavior, this deeply ingrained attitude, is not going to easily absorb a new idea which means new ways of behaving and looking at things.

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The Nondirective Attitude:
An Interview with Nathaniel J. Raskin

Ray Adomaitis
Louisiana State University, Shreveport

Introduction

I interviewed Nat Raskin via email in the fall of 2005. I have known Nat since I was a student of his at Northwestern in the 1980s, and I was pleased and honored to have the opportunity to probe his memory and thoughts about his classic unpublished article, the circumstances in which he wrote it, and his life and developments in person-centered therapy since then. The interviews were edited for publication.

Ray Adomaitis: Nat, It's a great honor to have this opportunity to talk with you about ideas you penned nearly six decades ago, prior to publication of the major works that give clarity and visibility to person-centered theory and practice. Your observations in this important paper also influence the continuing debate over the nature and respective contribution of client and therapist to successful outcome in psychotherapy. Some researchers now position the client as the “architect” in therapy, something you've been saying for years. As a former student of yours who's read a number of your papers, many of which you’ve published only recently (Raskin, 2004) or not at all, I'm happy to see this paper finally come to light, and I'm eager to explore it with you. I can’t help but wonder as we start, why you didn’t publish this paper until now?

Nat Raskin: Originally, I was content to direct it to the University of Chicago Counseling Center staff. Now, I thought it would be of historical interest. Also, I have found that my writing has meaning and is of interest to a very general audience, for example, to my next-door neighbor who is an attorney, to a friend of one of my daughters who trades in metals, to an architect, and others.

Ray: Where does this paper rank among your own body of works? Among your most memorable?

Nat: Yes, because it was my earliest and because Carl Rogers found it of value and encouraged me to share it with others at the Counseling Center.

Ray: I've heard you and Carl talk some about those early years, and formed this image of a newly organized group of young therapists selected and headed up by Carl, and individually, perhaps uniquely driven by a radically new, nondirective, view of counseling. What was it about the movement or times that made it personally rewarding or exciting for you?

Nat: The fact that it was new, that it was ground-breaking in seeing the client as the architect of the process, with the therapist serving as a facilitator rather than an expert who will guide. And I loved being part of a group, some of whom, often with their spouses and children, became close and valued friends and with whom I socialized after work.

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Ray: Did you have the sense then that you were breaking new and important ground?

Nat: Yes.

Ray: Did you see and talk with Carl and the core staff on a daily basis, and did everyone have a specific role within a clear hierarchy as I/O psychologists advise? How did work get done in the Chicago Counseling Center command center, so to speak? It was spectacularly productive and successful.

Nat: The phrase “command center” doesn’t fit; it has a military connotation. We were anything but. In regard to your other question about how the Center operated, Don Grummon and Tom Gordon wrote an article (Grummon & Gordon, 1948) which addresses those specific kinds of questions.

Ray: You saw a broad spectrum of clients at the Center?

Nat: Yes, but client-centered counseling was not intended to deal directly with the problems of the clients. Instead it dealt with the client’s emotionalized attitudes toward his problems and himself. The nondirective counselor, for example, was not concerned with marital friction, academic failure, or homosexuality per se, but concerned himself with the client’s emotionalized attitudes and feelings about such things. No matter what the problem, the emphasis would be the same—the counselor would concentrate on the client’s expressed attitudes about his situation and particularly about himself. An adequate handling of these feelings usually led to deep exploration, insight, and changed behavior.

Ray: That gets at the very nature of client-centered counseling its voluntary, nondirective and trusting nature?

Nat: Yes, the important principle of nondirective counseling was that the client would determine when and to what extent he wished to utilize the service of the therapist, and this was integrated into the procedures of the Center.

Ray: How did ideas get worked out, by passing your observations or position papers back and forth, writing in the margins, in weekly meetings discussing tapes and therapy sessions? How did meetings between you, Carl, Bowman, and others proceed?

Nat: We did not usually share observations or position papers, or discuss tapes and therapy sessions in our weekly meetings. This kind of thing would be done on an individual basis. I remember talking over any particular question I had about a therapy session or about theory with one or two particular staff members with whom I felt especially comfortable. As far as how our staff meetings were conducted, you can get as I mentioned a fuller picture from Grummon and Gordon’s American Psychologist article.

Ray: Who did you feel particularly close with on the staff?

Nat: I felt particularly close to Bob Neville with whom I shared an office, and to Gene Streich. I spent a lot of time with Bob outside of the office; we went to lunch together and I babysat for him and his wife. Sometimes they would come home and find me asleep and their little daughter awake! Bob was not a “company man.” He was an independent thinker, as was Gene.

Ray: At the time you wrote this paper, Rank and existential anti-reductionistic and mechanistic philosophies were in play that gave weight to a theoretically polar anti-authoritarian stance. I’ve wondered what else, perhaps the very existence of your working group with Carl at the helm, provided the confidence or gravity to assert as you do in this paper the novel idea of nondirectivity?
Nat: I think it was the existence of our Counseling Center group in general. I was not the only one who believed in nondirectivity.

Ray: What was under consideration from a theoretical or practical counseling standpoint that motivated you to write this paper at that time? Does reading it again today bring to mind any particular problems that were being worked out at the time?

Nat: I can’t relate the writing of the paper to any particular problems being worked out at the time. I think it came from my own experience as a therapist, my discussion with others, and my reading.

Ray: How would you locate the ideas in the context of the history of the development of person-centered thinking?

Nat: I believe they were a significant contribution.

Ray: In what way? Anything specific that stands out for you?

Nat: My description of what I called the fourth level of nondirective counselor response. It was good enough to be quoted in Carl’s 1951 book:

There is a fourth level of nondirective counselor response which to us represents the nondirective attitude. In a sense, it is a goal rather than one which is actually practiced by counselors. But, in the experience of some, it is a highly attainable goal, which makes this level highly distinct, and changes the nature of the counseling process in a radical way. At this level, counselor participation becomes an active experiencing with the client of the feelings to which he gives expression, the counselor makes a maximum effort to get under the skin of the person with whom he is communicating, he tries to get within and to live the attitudes expressed instead of observing them, to catch every nuance of their changing nature; in a word, to absorb himself completely in the attitudes of the other. And in struggling to do this, there is simply no room for any other counselor activity or attitude; if he is attempting to live the attitudes of the other, he cannot be diagnosing them, he cannot be worrying about their relationship to him, the therapist, he cannot be thinking of making the process go faster. Because he is another, and not the client, the understanding is not spontaneous but must be acquired, and this through the most intense, continuous and active attention to the feelings of the other, to the exclusion of any other type of attention. (Rogers, 1951, p. 29)

Ray: Had Rogers proposed the concept of the actualizing tendency at the time you wrote this? If not, did the concept of the integro influence Roger’s thinking about the actualizing tendency?

Nat: He had not proposed the actualizing tendency concept when I wrote this. I don’t know if the “integro” influenced his thinking. I feel self-conscious about the term “integro” now. I wouldn’t claim that it, or my observations about maladjustment had a great deal of influence.

Ray: In what way self-conscious?

Nat: I think client-centered theory could have done without it.

Ray: As I read the paper I couldn’t recall if I’d seen the term “integro” before, it surprised me in that way, but it contains I thought the foundational growth principle or

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force on which self-trust and trust-in-clients critically rests, and gives ground to a
nondirective approach? I take it that was one of your main points?
    Nat: I think it probably was. Reading your statement, maybe I should take back
what I just said about client-centered theory not needing it.
    Ray: How did you decide on the novel term “integro?” A composite term for
integration and growth?
    Nat: I think that’s the answer.
    Ray: Do you agree with all you say in the paper?
    Nat: No. While Carl supported what I wrote almost entirely, he differed in a few
places, and I agreed with him.
Ray: Carl wrote that he found your paper “very stimulating,” and asked if you would pass
it around to your colleagues at the Counseling Center. What is it that you didn’t agree
with? Something you might have changed or thrown out looking back?
    Nat: I think just what I’ve said about the term “integro.”
    Ray: Looking over Carl’s notes in the margins, he asks you for minor clarification
and prompts you for slightly different word usage. What stands out though is his strong
approval of your description of the nondirective attitude, particularly the passage where
you depict it as an alternative to the diagnostic attitude of “knowing” and directive
method of “treating” clients, which you clarify actually “constitute various degrees of
impediment” to experiencing with the client, and the unique opportunity for growth that
brings. How did you and Carl arrive at that insight?
    Nat: I believe simply our experience with our clients, including instances where
we were directive. But I can speak only for myself, not for Carl.
    Ray: It’s been many years now, but do you recall any instances, perhaps a client
that you had when you recall feeling that yes this really works well—not diagnosing or
treating but experiencing with the client? It dovetails somewhat with Blockma’s notions
on thinking for, or with the client, and your dissertation in the late 40’s?
    Nat: I think I had this feeling many times.
    Ray: Do you recall any specific instances when you were “directive,” and not very
client-centered?
    Nat: No. I felt like getting directive in a few instances when a woman would talk
about being abused by her husband. I felt like saying “Why do you put up with that
asshole?” I restrained myself in the interest of respecting her capacity to arrive at her own
decision about that.
    Ray: That’s not to say that you wouldn’t share a feeling like that with her?
    Nat: Yes. I would not share the feeling for the reason I have given.
    Ray: As you know video demonstration interviews are common today, and often
used in counselor training. Have you seen any “client-centered” videos that you felt didn’t
represent the nondirective attitude well? Any stand out that do a good job?
    Nat: One video about which I had reservations was the one I was asked to do to
represent client-centered therapy for the APA’s Psychotherapy Videotape Series in the
early 90s (Raskin, 1993). I felt so bad about it I asked them not to use it and to get Fred
Zimring to do one instead. They said it was too late for that and anyway, I had done a
good job. I have learned to live with it. I have seen quite a few videos and live
demonstrations of client-centered therapy that have made me want to protest. As for any

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that stand out favorably, there are many of Carl's, of course. And there are a number of
people in the Chicago area person-centered network who have done excellent work.

Ray: What was it about that 1994 APA interview you did that you didn’t
particularly like?

Nat: I was conscious of the camera and there were times when I did not focus on
the client who was not a real client but an actress.

Ray: Also, you mentioned wanting to protest some public demonstrations of
client-centered therapy. What about them in particular?

Nat: They were significantly directive in spots.

Ray: Could you weigh in briefly here also on “focusing” and other off-shoots of
“Rogerian” counseling? Is the work of focusing in your mind consistent with a
nondirective, client-centered attitude?

Nat: Definitely not.

Ray: In your paper you emphasize the importance of experiencing with the client,
which seemed to have gotten lost for a period of time, while the notion of “reflection of
feelings” grabbed the headlines. Carl disliked how it came to be used, John Shlein favored
it. Have you found it to be useful or distracting, or might we best stick with experiencing
with the client?

Nat: Stick with experiencing.

Ray: You mentioned that you were content to share your thoughts in this paper
with CCC staff, but I still find myself wondering how it is that this paper slipped past
without earlier publication. What you say in 1947 following from your proposition and
analysis of the “nondirective attitude” is staggering. Your description and Rogers
assertion, for example, that “science” has not been able to integrate and accept the idea
that people have within themselves the “spontaneous” capacity for self-perception,
integration and redirection strikes not only at the heart of client-centered theory, but
seems as relevant and under-appreciated in the counseling field today as it was then. Did
your ideas here just get swallowed up in later publications?

Nat: I guess so. I couldn’t agree with you more about the relevance and under-
appreciation of client-centered theory today. I don’t believe that my ideas have gotten
swallowed up. I think I have gotten a lot of recognition for my contributions to client-
centered practice, research, and theory. I had plenty of articles and chapters in books
being published and was busy practicing, teaching, and doing research. And I felt
appreciated by my fellow faculty members at Northwestern, even though they had ideas
very different from mine, and by my students, who were also preponderantly of other
persuasions.

Ray: I’m glad to hear it. I had wondered if returning to your private practice and
writing after how many years was it at Northwestern? That perhaps the dogmatic
environment that characterized much of the field for decades hadn’t had a hand in your
unwanted, as I recall, leave from formal teaching.

Nat: It was over 30 years at Northwestern. My leave from formal teaching
occurred because of a mandatory retirement policy when one became 70 which, for me,
was 1991. It was a good time for me to leave Northwestern, because of a change in the
head of the Psychiatry Department. The new person was not interested in my work. I left,
learned to use a computer, helped establish an international PCA network and continued
to do a lot of writing.

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Ray: I wonder if you might comment on what seems to me a well-stated shorthand description for the elusive notion of client self-agency. You write that “the existence of an innate integrative force of insight of the organism to discover new meaning and alter behavior” is released maximally through a “catalytic” nondirective process of therapy. That conjures up actualization in a client-centered context, something that as far as you and Carl were concerned was not well recognized?

Nat: I guess it was not well-recognized.

Ray: You’ve been involved with the evolving field of psychotherapy research in various capacities, as an original, invited member of the CCC staff, president of the American Academy of Psychotherapists, and sponsor of numerous doctoral dissertations among other research projects. Could you speak to one or two research studies that particularly stand out for you? Is there any study that comes to mind that you wished you did, or think should still be done?

Nat: It’s difficult for me to pick out one or two. One study I would like very much to see done is to compare the empathic responses of different client-centered therapists. I think there is an assumption that we all respond the same way if we’re client-centered. I have a feeling that’s not true.

Ray: If I might return briefly to the subject of nondirective counselor responses. You dispatch the wooden parroting criticism to start your paper, pointing out that merely restating the words of a client is a gross misunderstanding of client-centered work. Then, highlight 2nd and 3rd level responses that are more constructive attempts to recognize and respond to a client’s feelings. What stands out here that you might clarify for me and many of my students is the notion of speeding up the process of insight or guiding the client to speedier adjustment. That is not consistent with the nondirective attitude?

Nat: The ideas of speeding up or guiding the process are clearly not consistent with the nondirective attitude, which looks to the client to determine the speed and direction of the process.

Ray: And, are you noting in your descriptions of 2nd or 3rd level responses instances of how the nondirective counselor responds similarly to the common practice of “directive” therapists, with the implication that it is a satisfactory way to proceed in some respects, but not ideal and not representative of the “nondirective attitude”?

Nat: Not at all! I don’t see the nondirective counselor responding similarly to directive therapists, who may help their “patients”; I certainly don’t see what they do as ideal or representative of the nondirective attitude.

Ray: A 2nd level counselor response then is an “improvement,” because it represents a more sincere effort to follow and catch the present feelings expressed and allow the client to take the lead in therapy, but it is a limited effort in so far as the counselor continues to be guided by his or her own personal interests and tendencies, and not exclusively the client’s?

Nat: Yes.

Ray: The major distinction you make as I read it then among these three response types is one of degree, where the latter represent incremental measures of success –though still limited, in giving up any goals of guidance by the therapist?

Nat: Yes.
Ray: And, clearly the 4th level response best illustrates the nondirective attitude as you and Carl intend it, where a counselor’s clear intention is full and unambiguous empathic attunement, exclusive of other interests or stances?

Nat: Yes, the nondirective attitude is characterized most divergently from other counselor stances by virtue of the counselor’s resolute goal, if not its full realization, to enter into the lived experiential world of another through empathic attunement to feelings and meanings, exclusive of other interests, stances or attitudes a counselor might otherwise assume.

Ray: And the distinguishing feature of the “attitude” of “non-directivity” is the counselor’s exclusive and maximum attention to the feelings and meanings of the client as expressed without interest or attempt to otherwise guide the counseling process in any particular “therapeutic way” on behalf of the client, in contrast to other process approaches, such as advocated by Leslie Greenberg, just to illustrate one?

Nat: That’s right.

Ray: Before we finish I wonder if you could define “attitude” as you intended it in your paper so we might be in agreement on that.

Nat: An attitude is a feeling or emotion toward a fact or state.

Ray: And, I’m curious to know in addition to this paper which one or two other papers of yours stand out for you personally?

Nat: “The Development of Nondirective Therapy” (Raskin, 1948) stands out because it was my first publication in the psychotherapy area. I had written an article, “Psychological Effects of Malnutrition,” in the Journal of Social Studies in 1940 before graduating from the College of the City of New York, and nothing like that had been written.

Ray: That would be your very first publication then, as an undergraduate?

Nat: Yes. A second paper which stands out is “Becoming – A Therapist, A Person, A Partner, A Parent, A . . . ” (Raskin, 1978). It was very personal and many people were surprised that I would be so self-disclosing in print. But I had accepted for myself what I had written, and while I hoped it would be a contribution to others. I was not concerned about what they might think of my being so open.

Ray: I remember that, and I suppose it so represents you in person and in print, the willingness to be in the first person. Has it always been that way?

Nat: No. I grew up basically a shy and retiring person. In groups, I would be one of the last to speak or I would say nothing at all. I was a late bloomer in terms of feeling at ease in a group.

Ray: Thank you Nat for talking with me and bringing this valuable paper to our attention. As I read it over for the first time just a few weeks ago and thought about our interview I’ve been reminded of the clarity of feeling and thought, and raw energy and excitement that you bring to your work and meetings of this kind, that very often feel absent in discussions about counseling and human nature. Thank you so much for your kindness and reminding me that what really matters in human affairs of any sort is the personal.
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The Person-Centered Journal, Vol. 12, No. 1-2, 2005
Introduction to Charlotte Ellinwood's "Some Observations from Work with Parents in a Child Therapy Program"

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Charlotte Ellinwood began working at the University of Chicago Counseling Center in 1946. At that time she was hired for the job of secretary and held a B.A. in English literature and education. Through the years her roles changed; she was secretary, administrator, trainee, graduate student, supervisor, consultant, professor, researcher, writer and therapist. When she left the Center at the time of its closing in 1971, she was coordinator of its child therapy program, had a Ph.D. in clinical psychology and was a lecturer in the Department of Psychology. She received training and supervision in play therapy from Virginia Axline around the time Axline was finishing her classic book Play Therapy (1947/1969). "There always was a play therapy (later called child therapy) program at the center, initiated by Virginia Axline and carried on by Nat Raskin, Jules Seeman, Edyth Barry, and myself over the years" (Ellinwood, 1990, p. 410). Referring to the 1949 to 1951 play therapy group which included Edyth Barry, Esther Blustein, Chris Cadbury, Elaine Dorfman, Len Hersher, Sophie Fox Kirtner, Armin Klein, Gordon Liddle, Nat Raskin, Dick Robertson, Ferdinand van der Veen, and herself, she wrote, "... I believe the seeds of client-centered family therapy were planted in the discussions of that group" (p. 411).

I stumbled upon Charlotte's 1959 Chicago Counseling Center Discussion Paper several years ago. At that time I was working with children and finding my brief encounters with parents and foster parents to be challenging at best, something I tended to avoid whenever possible. Charlotte's discussion paper assisted me in articulating theoretically some of the difficulties I was having. It constructively forwarded my thinking about how to "be" with caregivers of child clients. Reading this paper was the beginning of a transition in my work from therapist to the individual child in isolation, to therapist better able to receive and engage with client parents, to the present point where I heartily enjoy doing client-centered family therapy. Thank you, Charlotte Ellinwood.

References


The Person-Centered Journal, Vol. 12, No. 1-2, 2005
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Some Observations from Work with Parents in a Child Therapy Program
Counseling Center Discussion Paper
Volume V, # 18, 1959

Charlotte Ellinwood

Introduction

This paper represents the first step in an examination of experience with parents of children brought to the Counseling Center and seen by members of the Child Therapy Group. These experiences are considered in relation to client-centered theory and to experiences with other adult clients. Special emphasis is placed upon the establishment of the conditions necessary for therapy and the implications of our experience in this area for work with difficult ("failure zone") clients.

The over-all theoretical framework within which the experiences will be examined is given in Carl Roger's paper, "A Theory of Therapy, Personality and Interpersonal Relations, as Developed in the Client-Centered Framework" (1956, see also 1959). The sections in Rogers' paper, on therapy and personality change, interpersonal relationships, and implications for family life are particularly relevant. The consideration of the manner in which clients approach therapy (or the point at which they enter therapy on a scale of therapy process) is based particularly on the concepts and descriptions of behavior presented by Rogers (1958) and Kirtner and Cartwright (1958).

There are two distinct but closely related aspects of a child therapy program: the direct experiences with the child and those with one or both of his parents (or other significant persons in his environment, such as siblings grandparents, teachers, etc.). In this paper we shall be concerned only with our experiences with the parents.

Learning at the Counseling Center

As indicated by Pollak (1952), Ackerman (1958) and many others in the literature on child therapy, most child guidance clinics endeavor to establish a close relationship with one or more of the child's parents (or persons with whom he is living). They regard knowledge of the basic factors in the child's present environment and his developmental history essential for a preliminary diagnosis and determination of a treatment plan and for evaluation during the process of psychotherapy. In addition, they have found that the child's therapeutic progress is usually most satisfactory if the parents are also in therapy. Over the years, in the Child Therapy Program at the Counseling Center, we have evolved a position with regard to working with parents which seems similar to that found in most child guidance clinics, yet has some clear differences. In early years at the Center, in the context of our belief that diagnosis and the formation of a specific treatment plan were not necessary, we often swung to the extreme of considering contact with the parents unnecessary—except for the purpose of arranging for the child's therapy. As a result, we

*The Person-Centered Journal, Vol. 11, No. 1-2, 2004
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focused our attention upon the child, keeping interaction with the parents or others at a minimum and often seeing it as an unwelcome intrusion into the therapeutic relationship with the child. Thus, the parents (except those who had requested therapy for themselves) had no consistent contact with the Center. They were seen only if they requested a conference or the therapist felt a need for information.

Upon examining our experiences, however, we began to notice that the parents seemed to fall into two groups: those who withdrew their children from therapy before either the child or the therapist felt ready to stop and those who allowed them to continue until they reached a termination point satisfactory to both child and therapist. Upon further examination, we found that, for the most part, the parents in the first group were those who had only minimal contact with the Center and those in the second group were the ones who were in therapy themselves or had some kind of relationship with the Center.

We wondered about this apparent connection between the parents’ contact with the Center and the length of stay in therapy for the children and began searching for explanations. The parents who withdrew their children usually stated that they were doing so because of external circumstances, such as difficulty in scheduling appointments, taking a long trip to the Center, obtaining baby-sitters for the other children in the family, etc. Or sometimes they simply reported that they felt, on the basis of changes in the child’s behavior at home or school—either for the better or for the worse—that therapy either was no longer necessary or was not doing any good. We felt, however, that there were other, underlying reasons for their action. For example, it seemed as if the parents might be feeling a lack of involvement in the child’s therapy and possibly resentment at being "left out," relegated to the waiting room. Or, on a deeper level, they might be experiencing a real discomfort, uneasiness and perhaps fear when changes in the children’s interaction with them forced upon them an awareness of their own usual modes of interaction and hence created the necessity for some change in, or at least examination of their previous behavior. If such feelings arose, the parents usually had no alternative but to withdraw their children and leave the Center; for we had made no provision for them to discuss their feelings and concerns as they developed. (Sometimes, when we saw what was happening, arrangements were made for the parents to see someone. Frequently, however, it was then too late to reach them.)

We began to realize, then, that we were devoting all of our attention to the children and overlooking the basic fact that it was the parents who were feeling concerned and brought their concern to us. We were actually ignoring the persons who had come to the Center seeking help and were turning our attention entirely to the persons they had come about. Thus, it became clear that the differences between the two groups of parents—those who withdrew their children and those who allowed them to remain in therapy—might be attributed, in large part, to the differences in the way we related to them. When the parents were being responded to (either in their own therapy or some other relationship with the Center), we were more likely to be able to maintain satisfactory relationships with the children. When they were being ignored, they were more likely to remove the children from any relationship with us.

On the basis of this realization, we decided to work with the parents as well as the children. As a result of this decision, and our belief that a therapeutic experience would provide the help they were seeking, we then swung to the other extreme and required (or
at least strongly recommended) that the parents enter therapy for themselves before we would see the children. For the parents who were seeking therapy for themselves, this created no problem. Once again, however, we were ignoring a basic fact about the other parents—those who were not seeking therapy for themselves. We were recognizing that they were the persons who felt a concern and were seeking help, but we were assuming this meant that they wished to use therapy as we saw it—a process of deep self-exploration and experiencing of one's feelings. Actually, as will be developed more fully later on in this paper, these parents had no thought of such an experience for themselves. What they wanted, first of all, was to have something done to or for the children in trouble. Then, with regard to themselves, they wanted to know what specific kinds of behavior they should adopt in relation to the children in order to help them change. Thus, insisting that these parents meet with therapists who, because of their general experience and point of view with regard to the process of therapy, expected them to begin to explore and examine their own feelings and attitudes, frequently resulted in utter confusion and frustration for both the parents and the therapists.

Out of these experiences, then, we have arrived at our present position with regard to working with parents. In accordance with our earlier decision, we continue to work closely with the parents and no longer consider the children the only clients. However, we no longer assume that the parents want therapy for themselves and thus no longer insist they enter such a relationship. All that we now require is that we see the parents before seeing the children and that we maintain some kind of regular contact with them during the course of therapy for the children. It is our goal, however, to establish a therapeutic relationship with the parents; for we still believe—as will be explained more fully later—that, in the long run, therapy for the parents as well as the children will help them meet their particular problems, within themselves and in relation to their children, in the most effective and permanent way. In fact, sometimes, after the parents have had therapy, it is not necessary to see the children at all.

As stated earlier, our present position seems similar to that found in many child guidance clinics, yet there is a clear difference in emphasis at one point. Our main purpose in the first meetings with the parents is not to obtain information and impressions upon which to form a diagnosis and treatment plan for the child or the family, but rather to begin immediately to establish a therapeutic relationship with the person who has come to us for help.

We have reached a point, then, at which our goal is quite clear: we want to provide therapy for the parents. We have found, however, that many of the parents who do permit their children to complete therapy do not seem to have a therapeutic experience themselves. These parents come regularly for their own sessions throughout the period of their children's therapy, but they do not use their relationship with us in the way we consider most valuable. For example, they usually devote their sessions to either anecdotal reports concerning the children or cathartic releases of pent-up feelings about the children, their families, the school, etc. Often they report that they really enjoy coming to the Center, having a chance to talk to someone about their problems and to get out of the house for a while. They seldom dip below the surface, however, and thus their experiences with us are usually on a superficial level, lacking the deeper self-exploration and self-experiencing we consider characteristic of therapy. In addition, the fact that they automatically end their own sessions when the children terminate therapy, seems to
indicate that they consider their relationships with us extensions of the children's therapy rather than separate experiences for themselves. If acceptable changes have occurred in the children's behavior, the parents are satisfied with the total experience; if not, they are dissatisfied. However, when the parents have not had a therapeutic experience, we are dissatisfied. In such cases, we feel that the total experience for the family has been a minimal one; it has been incomplete and has not provided what we consider the most permanent and effective help for meeting their present and future problems.

One explanation for the fact that these parents do not have a therapeutic experience could be, of course, that they have decided they do not want such an experience. If this is the case, we cannot and do not want to force them into therapy. They will use the relationship with us therapeutically only if they choose to do so. As I work with these parents, however, I have begun to wonder if they are really being given a chance to make such a choice. Rather, it seems to me, there is something lacking in the experience we are providing them so that they really do not know what a therapeutic experience would be like and hence do not have the knowledge upon which to base a choice.

**Theoretical Basis**

In order to determine what it is that seems to be lacking in our experiences with these parents, I believe it would help to step back from it for a moment and examine it in terms of our theoretical framework. According to client-centered theory, as outlined by Rogers (1956, p. 45), the process of therapy has certain characteristic directions which are described in terms of increasing awareness of feelings, fuller and more accurate experiencing of self and environment and consequent reorganization of concept of self. Other descriptions of the process—e.g., Rogers' stages of process (1958); Roth (1959); Rice, Wagstaff, and Butler (1959); Gendlin (1959) and Zimring (1958)—differ slightly, but they all consider movement in the direction of fuller experiencing as movement in the direction of therapy. According to Rogers' statement of theory, there are certain conditions which are both necessary and sufficient for therapy (i.e., the process of therapy will not occur if they do not exist and will occur if they do exist). Thus, if therapy does not occur, it can be assumed that all of the conditions do not exist. As stated above, although it has been our intent to provide therapy for the parents we see, we have felt that many of them have not been moving in the directions described above as characteristic of the process of therapy; an observation from which we conclude that therapy has not been occurring in our relationships with them. On the basis of the theory, then, it would seem that some of the conditions necessary for therapy must be lacking. This thought has led me to a further examination of our experiences with the parents. In the following sections of this paper, these experiences will be examined in terms of the necessary and sufficient conditions of therapy, with the aim of determining, if possible, which conditions do and which do not exist. The examination is based entirely upon general observation and recall of our experiences, not a study of data systematically collected.

The conditions necessary for therapy are stated as follows by Rogers (1956):

For therapy to occur it is necessary that these conditions exist.

1. That two persons are in contact.
2. That the first person, whom we shall term the client, is in a state of incongruence, being vulnerable, or anxious.
3. That the second person, whom we shall term the therapist, is congruent in the relationship.
4. That the therapist is experiencing unconditional positive regard toward the client.
5. That the therapist is experiencing an empathic understanding of the client's internal frame of reference.
6. That the client perceives, to a minimal degree, conditions 4 and 5, the unconditional positive regard of the therapist for him and the empathic understanding of the therapist. (1956, p. 40, [see also 1959, p. 213])

The specific definitions of the underlined terms of phrases are given on pages 17 to 39b of Rogers' paper [1956, see also 1959].

Do these conditions exist in our relationships with parents? In my experience the existence of the first two conditions is quite clear. As with almost all clients, there is at least a minimal contact between therapist and parent from the moment they meet and the parent is either anxious or vulnerable to at least a minimum degree. It seems to me, however, that it is more difficult with most parents than with most other clients to provide an experience in which the remaining four conditions exist. It can be assumed that the client-centered therapist, because of his theoretical orientation, is trying to provide these conditions. Why then is it more difficult with parents? Does the source of the difficulty lie with the therapist, the client, or the particular relationship between them? An examination of each person at the moment they enter the relationship and of their subsequent interaction during the first interview may give us some clues to the difficulties involved.1

The Therapist

First, what is characteristic of the therapist in the relationship? What does he bring to it? On the basis of his experience and theoretical orientation, the therapist enters the relationship with certain assumptions regarding the parent (usually the mother),2 the relationship between the parent and the child, and the effectiveness of psychotherapy. These assumptions determine, to a large extent, his behavior and attitudes during the relationship. He assumes:

1. That the parent is concerned about the child she has come to discuss and feels at least minimally anxious or vulnerable.
2. That the relationship between the parent and the child has deteriorated or is tending in that direction.
3. That psychotherapy for the parent and the child (and as many other members of the family as possible) will be the most effective means of improving the relationship and thereby helping them meet whatever particular problems they face now and will face in the future.
The therapist is supported in his first two assumptions by the fact that they have been found to hold true, except in rare instances, in all of his clinical experiences with parents. Even when it seems that there is no problem in interpersonal relations (such as a preliminary interview in which a parent requests information about I. Q. tests), it frequently turns out, as in other adult therapy, that the presenting problem is not the "real" concern of the individual.

The support for the third assumption is found in Rogers' theory of therapy (1956, p. 40, [1959, p. 213]) and his theory of interpersonal relationships (1956, p. 76, [1959, pp. 235-244]):

1) an individual can become more congruent through therapy and 2) if one of two individuals in a relationship becomes more congruent, both persons will be more able to communicate with each other and to relate in a more mutually satisfying way. Thus, therapy for either the child or the parent will improve the relationship between them. (In Appendix these assumptions are spelled out more specifically in terms of Rogers' theoretical presentation.) We have found, however, that it is harder for the improvement to take place when the child is the more congruent individual, the one who, by virtue of his greater congruence, theoretically is considered more able to carry the weight of shifting the relationships from a deteriorating one to an improving one. He is more dependent upon the parents—emotionally, socially, physically—than they are upon him and hence less able to effect a radical change in the relationship. Although it is more difficult, this does happen, however. Often the child is more open or ready for therapy than the parent, more free to use the experience once he is immersed in it. Then changes which occur in him seem to free the parent from some of her anxiety and thus enable her to become more open and able to use the experience. The assumption is that whoever is most able to use the therapeutic experience starts the process of improving the relationship. If the opportunity is available for both, then each can proceed at his own pace.

Thus, acting on the basis of the assumptions outlined above, the therapist brings to his relationship with the parent the intent of providing therapy for her, one member of the deteriorating parent-child relationship. He hopes, in this way, to start the process of improving that relationship. In addition, he will be planning to arrange for a similar opportunity for the child and other members of the family.

**The Client**

What are the characteristics of the clients in the relationship? What do they bring to it? When we look at the clients, it immediately becomes apparent that they vary considerably in the ways in which they approach the relationship. Each parent has certain assumptions regarding the source of her particular problems and certain expectations regarding the way in which the therapist will help solve them. The assumptions and expectations are not the same for all parents, however. At the moment of entering the relationship, they are alike in that they all feel concerned in some way about a child, are experiencing some degree of threat, are seeking help, and see the Counseling Center as a source of help in some form—expert guidance, information or treatment. Otherwise, however, they are quite different from each other.

In an attempt to specify the ways in which the parents differ, the following descriptive categories were devised. These categories need refinement, but they can serve,
at least for the present, to delineate the major types of assumptions and expectations implicit in the attitudes and behavior which the parents display in their sessions at the Counseling Center. The categories are:

1. The parent views the problem as entirely in the child, unrelated to any feelings or attitudes she may have and creating no anxiety in her other than the relatively external concern about the child. The expectations held by this parent are, then, that the Counseling Center will provide specific information concerning the child's problem (a diagnosis) and ways in which the parent can help the child, plus some kind of treatment which will change the child.

2. The problem lies entirely in the child, but its existence has created a problem for the parent—has aroused anxiety over her inability to help the child and the resultant disruption in the relationship between herself and the child. The parent expects and seeks treatment of the child, information concerning the problem and advice on how to behave toward the child.

3. The problem lies in the relationship between the child and the parent—something has gone amiss and has resulted in unacceptable behavior on the part of the child. This parent is seeking help for herself in relation to the child.

4. The problem lies entirely in the parent, the parent's inner turmoil is causing a difficult relationship for the child and resulting in behavioral signs of disturbance. Usually this parent has already sought therapy for herself and is simply seeking a similar opportunity for a child whom she feels must be affected by her own turmoil.

Upon closer examination of the behaviors from which these categories were derived, it becomes apparent that the differences among the parents are similar to the differences among clients as described by Rogers (1958) and Kirtner and Cartwright (1958). It is not surprising, then, that the parents with whom we have the most difficulty (those in categories 1 and 2 and occasionally 3) are similar to the clients considered difficult ("failure zone" clients) by Kirtner and Cartwright (types Y and Z) and Rogers (those in stages 1 and 2). These are individuals who, as Rogers (1958) says of clients in stage 1, "are not likely to come voluntarily for therapy" (p. 9). These parents, for example, probably would not come to the Center at all if their children were not in trouble.

Rogers (1958) further describes the individuals in these stages of therapy as follows:

Stage 1. The individual has little or no recognition of the ebb and flow of the feeling life within him. The ways in which he construes experience have been set by his past, and are rigidly unaffected by the actualities of the present. He is (to use the terms of Gendlin and Zimring) structure-bound in his manner of experiencing. That is, "he reacts to the situation of now by finding it to be like a past experience and then reacting to that past, feeling it." Differentiation of personal meanings in experience is crude or global, experience being seen largely in black and white terms. He does not communicate himself, but only communicates about externals. He tends to see himself as having no problems, or the problems he recognizes are perceived as entirely external to himself. There is much blockage of internal communication between self and experience. The individual at this
stage is represented by such terms as stasis, fixity, the opposite of flow or change. (1958, pp. 10-11).

Stage 2. ... a slight loosening and flowing of symbolic expression occurs ... (1958, pp. 10-11).

The description of initial in-therapy behavior of clients of types Y and Z by Kirtner and Cartwright (1958), indicate similar characteristics. It is rather disconcerting, then, to discover, when classifying the parents we see according to the four categories above that most of them fall into categories 1 and 2. Thus, we are faced with the fact that most of the time we are working with clients who are at the lower ends of any scale of therapy process. These are the clients with whom, therefore, we might expect to have little success and with whom in our general experience, we find we do, in fact, have the least success.

The Relationship

Thus we have two persons entering a relationship, a therapist who is intent upon providing a therapeutic experience for the client and a client who, usually, is approaching the relationship in a manner characteristic of individuals with whom we have found it very difficult to form a therapeutic relationship. If we assume (as we shall for this paper) that therapy can and will take place if the "necessary sufficient conditions" exist, then, it seems to me, our problem in working with most parents is to determine how to establish these conditions for individuals who behave (and think and feel) as described above and thus enable them to take the first step in the process of therapy. Anything we can learn from working with these clients should have implications for work with difficult ("failure zone") clients in an adult therapy program.

At this point, then, it seems appropriate to examine carefully the difficulties which seem to arise in relation to the conditions of therapy in the particular situation with which we are concerned—work with parents in a child therapy program. I would like to emphasize, however, that from now on when I refer to parents, I mean those with whom we have difficulty—feel dissatisfied—not all parents who come to the Counseling Center.

As we indicated earlier, the first condition necessary for psychotherapy is that the two persons be in contact, and it seems safe to assume that this condition exists, at least to a minimum degree. The parent has voluntarily come to the therapist ready to talk about the problem she sees or feels and so presumably is in contact.

The second condition, that the parent is in a state of incongruence, being vulnerable, or anxious, also seems clearly to exist in a parent who has come to the Center regarding a child. The most frequent and obvious state of incongruence is that found in the mother who sees herself as a reasonably "good," "proper" mother who loves her child and is doing her best to bring him up "properly," i.e., to be socially acceptable and reasonably happy and self-sufficient. Then she has the experience of having a child who is in difficulty in school or society or shows signs of unhappiness or stress. He becomes an indicator, in her eyes and the eyes of society, that she must not be a good mother. Then she finds herself feeling anger, resentment, disgust and even hate toward the child. Thus, she is faced with the discrepancy between her view of herself as a "good" mother who loves her child and her experience of herself as a "bad" mother who hates her child. In addition, by the time she comes to the Counseling Center for help, she usually feels very
frustrated and blocked in her attempts to communicate with the child and hence unable to satisfy her desire to love him and be loved by him as well as to be a good mother. Frequently the anxiety touched off by these discrepancies and frustrations she experiences dips into other areas of her self-concept and exposes other discrepancies of which she was heretofore unaware. As a result, she is easily threatened by much of her own behavior and the child’s behavior.

It seems to me that difficulties in relation to this condition arise not in terms of its existence, but rather in relation to the degree to which the parent is aware of the discrepancy within herself. Thus, she may see herself as unthreatened and not anxious while the therapist is receiving cues which indicate a discrepancy between herself and experience, i.e., a state of incongruence. From the external point of view, then, we see her as vulnerable. From the internal point of view, then, she sees herself as unthreatened. Frequently the therapist begins to respond to the indicators of anxiety rather than the verbal expression of lack of anxiety, i.e., in terms of an external rather than an internal frame of reference. Sensing, or assuming, that the parent is anxious or threatened, the therapist responds by some recognition of this feeling. Sometimes the anxiety is close enough to awareness so that recognition of or response to it does not surprise the parent. Other times, however, it is deeper and the parent reacts even more defensively to a recognition of it.

For example, sometimes, recognizing the parent’s anxiety, the therapist suggests the possibility of psychotherapy for her as well as the child. This action creates a new degree of threat and raises new or stronger defenses on the part of the parent. Often it results in a greater insistence upon treatment of the child and advice and information from the therapist. It may drive the parent out of the relationship completely—remove even a minimal desire for contact with the therapist or the Center.

In the light of this difficulty, then, it seems particularly important that the therapist be sensitive to the degree to which the client is aware of her anxiety—of the discrepancy between her view of her self and her experience. This is a problem we seldom face initially with other clients because they usually come to the Center as the result of some degree of inner turmoil of which they are aware. The parent is coming about someone else and, though usually anxious, can be truly unaware of the fact that her anxiety has anything to do with feelings about herself—she is anxious for or about the child.4

What about the third condition, the congruence of the therapist? Rogers emphasizes over and over again that the congruence, or genuineness, of the therapist is of utmost importance in the therapeutic relationship. This is a problem area in any therapy program. It seems to me to be a particularly difficult area, in a child therapy program, in relations with both the child and the parents. For the purposes of this paper, we’ll examine the experiences with parents only.

It seems to me that the relationship with parents can easily create a number of conflicts within the therapist and hence make it difficult to be congruent (i.e., open to and aware of his experience and his perception of himself, lacking discrepancies between them). For example:

1. One factor which I think creates much difficulty is the fact that the manner in which the parent approaches the relationship and the solution of the problem

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is usually quite opposed to the therapist's approach and aims—one sees it as an external problem and the other as an internal one. The irritation caused by this difference in approach is often unrecognized by the therapist who is valiantly trying to "catch the feelings" of the parent who isn't really offering any. This difference in approach may be the result of differences of professional background and training or of personality characteristics, or it may be very deeply rooted in cultural or ethnic background. The therapist, who spends much of his time in "soul-searching," may find it truly difficult to understand a person who never does this and does not consider it an acceptable kind of behavior.

2. Another cause of lack of congruence in the therapist can be a lack of clarity of purpose on his part. If the therapist is not sure just what he considers important in his relationship with the parent and what his goals are in this relationship, it is very easy to get caught up in the external approach—to devote his attention to noting what's wrong in the family, how the different members relate to each other, etc. This gathering of information and impressions can add to the therapist's total understanding of the situation, but it is not likely to provide a therapeutic atmosphere for the parent. The therapist then feels confused as to his goals and is likely to shift back and forth in his approach. Does he want to know more about the parent and the child and the family, or does he want to understand her better? When faced with a parent seeking "expert guidance," it is difficult to admit this confusion to one's awareness.

3. There seems to be a tendency to identify with the child, especially if the parent's behavior is similar to negative behavior on the part of the therapist's parents. Then if feelings of hurt, anger, resentment, rejection are aroused, they come into conflict with the desire, as a therapist, to provide a therapeutic climate for the parent—i.e., to understand, to empathize, to have unconditional positive regard for the person. Under these circumstances, especially when the parent is asking for advice, it is easy to slip into the position of trying to tell the parent how to change her behavior in order to meet the needs of the child. It is also easy, although not as typical, to become identified with the parent against the child.

4. Finally, it seems to me that it is most difficult for a therapist to be congruent in a relationship with any client when his ability as a therapist is frequently threatened. Often, when working with parents, we feel all of the conflicts mentioned above plus the feeling that no therapeutic progress is taking place, we have no sense of movement, of personality or behavioral change in the parent. Under these circumstances I believe it is very easy for the therapist to have a number of feelings to which he is not completely open or of which he is not completely aware—such as anger at the parent, a sense of inadequacy, a feeling of failure as a therapist, a loss of professional identity.

The difficulties met in establishing the fourth condition, experiencing unconditional positive regard toward the client, seem closely related to the difficulties of being congruent.

In addition to the effect upon the therapist's congruence, I believe it is difficult to accept fully, without conditions, all of the self-experiences of a person who has an approach to life, to problem-solving, to therapy, to interpersonal relations, which is quite the opposite of my own. For example, I believe it is hard for me to accept fully a mother who assumes absolutely no responsibility for any difficulties in her relations with her.
child. However, I also believe that this mother cannot begin to explore the possibility of self-responsibility if I cannot accept her unless she does so, i.e., if such self-exploration is a condition of worth, a condition of my positive regard for her.

A similar difficulty arises in relation to the aims of therapy. If the parent's goal is to obtain information about the child and suggestions as to how to behave in a way which will make the child behave differently and my goal is to facilitate self-exploration and self-experiencing in both the child and the parent, so they can relate better, more openly, to each other, then we are likely to clash in our aims. And, it seems to me, it will be difficult for me to feel unconditional positive regard for the mother. I will want the mother to change her goal or approach. Thus, my positive regard will tend to have certain conditions attached to it.

In addition, just as certain attitudes and kinds of behavior of some parents are likely to touch an area of incongruence in the therapist, so might they also make it difficult to experience unconditional positive regard for that person (e.g., toward a parent who is berating a child or completely intent upon manipulating him).

Another difficulty lies in the fact that often we don't have a constant relationship—it may be fragmentary, frequently interrupted, and entered into reluctantly by the parent. As a result we don't get a chance to know the person and gradually develop a real feeling of unconditional positive regard. I believe we need to know the parent in order to know whether or not we like her and we cannot know her if we seldom see her.

With respect to the fifth condition, it seems to me it is particularly difficult to experience empathic understanding of the parent's internal frame of reference when she is focusing on something outside of herself, e.g., the child's behavior. Under these circumstances, we receive minimal cues as to her own feelings, usually accompanied by the attitude that these feelings, although present, are unimportant—it's the child's feelings and behavior that must be considered. Hence any attempt on our part to focus on the parent is distracting, disrupting to the purpose and focus she has and hence can be threatening to her. As a result, it is difficult to know the internal frame of reference, beyond the feeling of concern about the child.

If all the above difficulties have been overcome and conditions one through five do exist, the sixth condition—that the client perceive, at least to a minimal degree, the unconditional positive regard and empathic understanding of the therapist—still may not exist. If such is the case, the difficulty may lie in a lack of expressivity (ability to communicate) on the part of the therapist or a lack of receptivity (ability to draw the proper inferences from the communication) on the part of the parent. Standal (1954) develops this idea more fully in terms of limited ranges of "evocable responses," "expressive signs" and "inferential signs" in both the therapist and the client. Whatever the reasons for our difficulties with this condition, it is clear from our experience, as Rogers states about clients in Stage 2 (1956) that "We seem to know too little about the ways in which a person at this stage may come to experience himself as 'received'" (p.13).

**Overcoming Difficulties**

These, then, are the difficulties we experience and some of the possible causes. How can we overcome these difficulties? What changes in attitude and behavior might help us improve our attempts to establish the conditions and hence provide the therapy
for the parent which will in turn improve the total family relationships and thus help provide the individuals involved the most effective means of solving their particular problems?

We have found that the therapist seems to encounter the most difficulty at these points:

1. his own congruence
2. empathic understanding of the parent
3. unconditional positive regard for the parent
4. communication of the latter two qualities to the parent

The fact that we seem to have special difficulty being congruent, suggests that it is particularly important that the therapist be alert to his own feelings and attitudes and examine them carefully and frequently during the relationship. Our usual methods of refining our sensitivity to ourselves and our clients (e.g., self-exploration, discussions with other staff members, listening to recordings) would certainly be helpful in attempting to overcome this particular difficulty, and all the others. However, there are two other methods of overcoming the difficulties which seem especially relevant to me under these particular circumstances:

1. a clear recognition, by the therapist, of his own beliefs and goals with respect to the relationship, and
2. more active participation than usual on the part of the therapist.

I'd like to spell out these ideas a bit more in the following paragraphs.

If the therapist is aware of his own beliefs and goals, it seems to me that he is less likely to be thrown into conflict and threatened by the attitudes of the parent and hence more likely to be more congruent, to experience more unconditional positive regard for and more empathic understanding of the parent. Thus, he can be free to meet the parent fully and openly, not becoming confused by differences between his own point of view and hers. He is able to enter the relationship wherever the parent happens to be, providing a real encounter with a person who is as genuine as possible in the relationship and, being free of his own confusions, is able to listen to the other person. I believe that a consideration of basic assumptions within a theoretical framework, such as I have tried to do in this paper, can help clarify the therapist’s point of view and thus enable him to be more sensitive to and aware of himself and the parent.

Once the therapist has clearly recognized his own beliefs and goals, then he can devote his efforts to participating in ways which make it possible for the parent to feel "received" (understood, liked). I believe this participation needs to be more active than usual. One way for it to be more active is for the therapist to concentrate upon increasing his expressivity, upon activities which stimulate expressive behavior in the client. (This kind of participation is being considered more fully by Rice, Wagstaff and Butler, and by Zimring.) Another way, which will be developed in this paper, is for the therapist to act, to do something with the parent, in terms of his view of her particular frame of reference, rather than simply to respond verbally to her feelings.
We are trying to understand and then to communicate our understanding in a way which will penetrate. With persons at the early stages in the process of therapy, it seems to me that, in addition to the problems involved in the establishment of conditions 3, 4, and 5, it is necessary to apply extra effort to the communication of these conditions to the client. It's as if we have to say it more loudly, more frequently and in many different ways. (In line with this thought, I think it holds that actions speak louder than words.)

When working with a child, we often demonstrate our understanding by participating, by acting or talking in terms of the child's manner of communication (usually in acting out, symbolic, fantasy-laden type of behavior). The appropriateness or lack of appropriateness of our interaction or participation conveys our understanding or acceptance, or lack of it, not our words. The child is living, experiencing, a relationship, not examining it. Perhaps adults at Stages 1 and 2 are more like the children in this way and what is needed in order to enable them to move toward more freedom to experience their feelings is doing something with them. I think this idea needs further development and thought. We need to consider more fully what we mean or what we are doing when we say we are "acting with" rather than "talking to" the child. We don't become children, we don't completely enter their world, but we do try to enter, to experience something with them while keeping one foot in our own world. We seem to move in and out with a child. In addition, we "stay with" him while he experiences his own feelings.

Similarly, when working with parents, especially parents who have indicated they do not wish to examine their own feelings or attitudes or their relationship with the child, it seems to me we can try to enter their world in some way, to see things the way they are seeing them, to "meet them where they are." For example, in order to experience empathic understanding of the parent, the therapist must understand all of the parent's feelings, not just her feelings toward herself. The parent's main feeling, usually, is concern about the child and a sense of need for some kind of advice, help, information. Under these circumstances, a willingness to look at the problem with her from her point of view, to enter her frame of reference, is, I believe, a better demonstration of our understanding than any attempt to focus on her feelings—usually unexpressed or at least unintentionally or only incidentally revealed. The therapist might, for example, discuss with the parent the child and his particular problem areas, or general aspects of child development, or child rearing practices in general. He would enter the discussion as a participant, expressing his own ideas, giving information if it seemed relevant, etc. However, he would also be focusing upon understanding the way the parent sees and understands the child or the situation and upon leaving the parent free to bring in more of her own feelings and attitudes. His aim would be to demonstrate more clearly his understanding of and positive regard for her, while maintaining his own belief in the value of self-exploration and self-experiencing. In fact, the therapist would be encouraging self-exploration and experiencing of feelings, but not insisting upon this activity on the part of the parent and not ignoring other aspects of the interaction.

Actually, what we would be doing, I believe, is demonstrating our understanding by acting in terms of it, rather than relying upon verbal communication of it. The two practices which are fairly well-established policies in our present work with parents are, I believe, attempts to carry out this idea—we see the parent first, and we maintain some kind of contact with the parent (or parents) while the child is in therapy. The kind of contact depends upon the therapist's understanding of the parent's approach to the
relationship. It is the therapist's belief that some contact is necessary and therefore this is insisted upon. It need not be therapy, however. One kind of contact which we have not used much, but believe would be useful, is parent groups. Parents could enter these groups at any level they wished—to consider their own feelings and attitudes, to seek information about stages of development in a child, to find out what other parents experience, etc.

The arrangement of therapy for the child is also an example of participation in terms of the parent's frame of reference. The parent comes in focusing upon the child as the problem. The therapist sees or senses the parent's involvement and concern about the child and acts in terms of an understanding of it by arranging therapy for the child. The degree to which the parent is aware of her feelings determines the degree to which the therapist immediately responds to them while acting in terms of the stated focus—help for the child.

All of this participation, as stated before, requires that the therapist be very sure of his own goals and purposes, willing to discuss and participate in the parent's way of doing things, the external approach, but not completely bound by it. The assumption is that the process of therapy will emerge naturally, self-exploration will start, if the parent really feels understood and accepted—i.e., if the conditions of therapy are really established.

Conclusion

Thus, we have explored the way in which the therapist and the parent approach therapy (the initial interview), the difficulties which arise and some suggested ways of overcoming these difficulties. I have further intimated that all of these considerations have triplications for therapy with the so-called difficult (“failure zone”) clients (Types Y and Z, Stages 1 and 2) and might be explored further in relation to them.

In order to take these comments out of the realm of conjecture, we need to test these impressions by a systematic examination of preliminary interviews and other sessions with parents. For example, I would like to know, with reference to specific interviews or series of sessions:

1. Do the actual statements of both client and therapist in the preliminary interviews provide concrete evidence for the statements I have made concerning their approach to the first interview? their assumptions and goals? Do the descriptive categories of parent behavior derived from my over-all impressions and found to be similar to the descriptions of the behavior of other adult clients (by Rogers, Roth, Kirtner, and Cartwright) fit the actual behavior of specific parents in specific interviews?

2. Is therapy occurring? Is the parent moving in certain directions characteristic of the process of therapy? The process scales and descriptive categories being developed by several researchers in the area of client-centered therapy should be useful in considering this question.

3. If therapy is not occurring, is there evidence that certain of the necessary conditions are lacking? If so, which? What is the evidence?
4. Does the experience of therapy, if it occurs, for child and parent, or either one, result in an improved relationship between them and solution of the particular presenting problem or problems?

5. Is more "participativeness" on the part of the therapist (as described in this paper) actually related to the establishment of the conditions of therapy?

In other words, can the assumptions, hunches [and] hypotheses, presented on an intuitive level in this paper be verified by reference to the data, to actual interviews with parents? Thus, the next step with respect to this aspect of a child therapy program is to return to the data and examine it more rigorously.

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Endnotes

1In interviews with parents in a Child Therapy Program the preliminary interview usually is equivalent to the first interview with other adults. This is the case because the preliminary interview invariably involves the beginning of the therapeutic relationship with the parent, as well as "business" arrangements. I believe the structure and use of this first contact with the parents also bears investigation—some other time.

2Usually it is the mother who comes to the Center and with whom I form a relationship. Therefore, hereafter, for the sake of clarity in presentation, I shall use the term parent to refer to the mother, unless otherwise indicated. It is not my intent, however, to ignore the fathers or other significant persons in the family. The problems faced in relation to them are very similar.

3The only difficulty we have with parents in category 4 is that sometimes the parent is inclined to assume all the responsibility for the existing situation and fail to recognize the part contributed by the child in the interpersonal interactions. However, we seem much more able to help the person who internalizes, takes too much responsibility, than the one who externalizes, takes too little responsibility.

4It is possible, of course, that no discrepancy exists within the parent. If such is the case, neither the therapist nor the parent will be aware of any and the focus will be entirely upon the child. Under the circumstances, such a state of complete congruence is difficult to imagine, however.

5In fact, it seems to me that this situation calls for a deep sense of commitment in two directions: first, toward the parent—a real willingness to stay with the parent wherever she goes (including a choice not to enter therapy) and, second, toward the process of therapy—a real belief that there is order in the process and that, at least until proven otherwise, in the long run it will provide the help the parent is seeking. However, we should remain aware that some parents may not wish to change, nor to examine their own attitudes and feelings. A person has a right not to be fully functioning—even if it is detrimental to the mental health of the child. We can then simply try to give the child the opportunity to become more fully functioning and hence more able to cope with the parent.

6This certainly is not a new idea: see the many discussions in the literature of therapy with adolescents and with "the reluctant client."

Appendix

*Theoretical Bases for the Therapist's Assumption that Therapy for the Individuals Involved is Most Effective for Improving Interpersonal Relationships*

The parent who comes in for an interview is concerned (usually) about a disruption of some kind in interpersonal relations within a family or between members of the family and persons outside. Whether the emphasis is upon internal (intrafamily) or external (extrafamily) disruption, there is almost always a feeling of concern over the relationship between the parent and child—even if limited to one specific area. Thus, the relationship is a deteriorating one rather than an improving one and the parent wants to
change it to an improving one (in order to help the child, the rest of the family and herself).

1. According to Rogers’ (1956, pp. 76-80, [see also 1959, pp. 235-244]) theory of interpersonal relations and the theory of therapy as applied to family life, the following conditions are necessary in order for a relationship between a parent and child to change from a deteriorating one to an improving one:
   a. The parent must be willing to be and be at least minimally in contact with the child and to receive communication from him.
   b. The child must be willing to be and be at least minimally in contact with the parent and to receive communication from her.
   c. Either parent or child must have enough unconditional self-regard and congruence to meet the other in a "helpful" way, at least in the areas of stress and misunderstanding.
      1) The more the parent experiences unconditional self-regard, the more she will be congruent (genuine) in her relationship with the child, the more she will experience unconditional positive regard toward the child and the more she will empathically and realistically understand the child's internal frame of reference.
      2) The more this condition (1) exists, the fewer conditions of worth the child will experience, the more able he will be to live in terms of a continuing organismic valuing process and therefore the more congruent he will be and the more unconditional self-regard he will have.
      3) The more (2) exists, the more the child will be congruent in his relationship with the parent (et al.), the more he will experience unconditional positive regard for the parent (et al.) and the more realistically and empathically he will understand the parent's internal frame of reference.
      4) The more (3) exists, the more (1) will exist. Thus, the relationship will be an improving one.

2. According to the theory of therapy, conditions a, b, and c described above can be established by means of a therapy experience for one or more of the individuals involved.
Philosophical Roots of Person-Centered Therapy in the History of Western Thought

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Abstract

I argue a two-part thesis: that the Person-Centered Approach to therapy has roots as far back as the Greeks and that the Person-Centered Approach resonates with basic themes found in the history of Western thought. To support this thesis, I survey relevant events in the history of Western thought, focusing on the Modern Period movements of Rationalism and Romanticism that appear to have most influenced the Person-Centered Approach.

Introduction

Many people believe that the Person-Centered Approach (PCA) began in the mid-forties with Carl Rogers. In this paper, I argue a two-part thesis that challenges this view. PCA has roots as far back as the Greeks, and PCA resonates with basic themes found in the history of Western thought. To demonstrate the validity of my thesis, I will walk you, the reader, through the entire history of Western thought from the Greeks to the present in a short essay! This is difficult to do. Even an abridged version of this history, such as Copleston’s (1972), takes up more than ten volumes. I hope you will see that it is necessary.

Philosophies of Ancient Greece

The history of Greek philosophy starts with Homer, Hesiod, Orpheus, and other thinkers who explained the being and becoming of the world and everything in it as the result of the actions of the gods. Among the cultures of their time, this was not an uncommon sort of explanation.

But for the Pre-Socratics who came after these mythologists this was a very unsatisfactory way of looking at the world. For one thing, the gods who were said to have caused the world were totally unreliable. They would act one way at one time and for no reason at all do something entirely different another time. This mythological “world” completely lacked predictability. Moreover, because Hesiod taught that the gods also had come into being, caused by some other, unknown cause, mythological thinking involved Greek thought in infinite regression. It lacked a starting point (Kirk & Raven, 1963).

Mythological thinking was far too fuzzy for the Pre-Socratic Greeks. Beginning with Thales, they formulated a worldview in which the origin of the world was to be found in the world itself. The things of the visible world we inhabit, they said, are the result of (re)combinations of four basic stuffs, fire, air, water, and dirt. Everything in our

The Person-Centered Journal, Vol. 12, No. 1-2, 2005
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world can be reduced to a combination of these four substances. To know these stuffs and how they combine gives a person a definite, predictable, uncomplicated worldview (Kirk & Raven, 1963; Kok, 1998). This view of the cosmos helped Hippocrates, the father of medicine, to make medical diagnoses in terms of four humours of the body. Much later, it helped Galen to construct his four-factor, two-dimensional personality theory, which Wundt and Eysenck and other more contemporary psychological luminaries found useful.

The Sophists, who came after the Pre-Socratics, tried to live their lives as if only those four stuffs were important, but the empirical reality they experienced daily was far too colourful, variegated, and complicated to be explained by a four-factor worldview. Ultimately, they rejected this view as mere intellectual speculation, and they emphasized the individuality of things and promoted non-logical and aesthetic ways of relating to the world over logic (Armstrong, 1983; Kok, 1998). They valued the indefiniteness and unpredictability of human life.

Plato and Aristotle combined the orderliness of the Pre-Socratics and the indefinite unpredictability of the Sophists into magnificent cosmological, anthropological, and epistemological thought constructions. Plato did this by constructing two worlds. One is a world of ideal forms or eternal verities, accessible by thinking alone, where all is predictable and nothing ever changes. The other, our familiar world of matter, is accessible via sense perception—a much more colourful world, but one in which nothing is predictable or lasting, and everything one believes depends on a point of view. Hence, there were two worlds, the one definite, orderly and predictable, the other, not (Armstrong, 1983; Kok, 1998). For Aristotle, the relation between the definite and the indefinite in the world was governed by the distinction between form and matter (Armstrong 1983; Kok, 1998). All things, he taught, consist of indefinite, potential matter that strives to become definite, actual form. The acorn is destined to become an oak tree, marble can become a statue, wood a chair or a table.

Plato and Aristotle made room in their thought for both order and chaos, but they clearly gave order the upper hand. The definite triumphs over the indefinite. That was not what the Hellenistic Greeks who came after Aristotle experienced in their world. Their world was in an uproar. It was filled with war, famine, and sickness. They held a view of reality as chaotic and advocated a lifestyle of ataraxia or escape from reality (Armstrong 1983; Kok, 1998).

During the Greek era, the definite and the indefinite alternated in taking center stage. The relationship between them, indeed, is a major theme in the history of Western thought. We find this theme in Rogers’ description of the relationship between, on one hand, a person’s self, which is frozen in time and has definiteness and orderliness as its main characteristic, and, on the other, a person’s experiential organism, which is essentially indefinite but wiser than the self and is the principle of growth within us that constantly updates the content of the self to make it more in tune with current reality. Rogers (1959) states that “the self, however, resists reorganization and change. . . Consequently, the individual’s first mode of adjustment is the reorganization of that part of the [perceptual] field which does not include the self” (pp. 68-69).

If Rogers has to choose between a definite, stable personality structure of the self and the more ambiguous process of the personal unfolding of the organism, he chooses the latter, as I argue elsewhere (Van Belle, 1980).
Philosophies of the Middle Ages and the Impact of Christianity

One of the most shocking events in the history of Western thought was the entrance of Christianity into the Hellenistic world at the beginning of the Middle Ages. Greek thinking tends to be abstract. Hebraic-Christian thought is essentially concrete. To the Greek mind, the relation between the Divine and the world, including human beings, is one of reason. For Christians, the relation is one of love. The Greeks and Christians differed fundamentally on the meaning of life. For the Hellenistic Greeks, more specifically for the Neo-Platonist Plotinus, the meaning of human life was to escape this evil world, to deny that one has a body, and, by means of a life of asceticism and intellectual contemplation, to reach for contact and union with the Divine, who was believed to be eternally beyond this world (Armstrong, 1983; Kok, 1998). Someone described Plotinus as a man who was ashamed of having a body. The meaning of life for him, and in that he personified the Hellenistic Greek Mind, was literally out of this world and extra-ordinary.

The meaning of Christian life is defined entirely by the incarnation of the Divine (Bible: John 1: 1-4, 14; Revelations. 21: 3- 4). It is in essence the idea that God (he)comes down-to-earth. By entering this world, God lives in the neighbourhood, dwells with us, and like us, takes on a body of flesh, blood and bones, and, in effect, becomes matter. In this way, the central theme of Christianity asserted that meaning is to be found in the everyday events of our ordinary lives.

The direction of the Greek Mind was upward to God; the direction of the Christian Mind was downward to us. For the Greeks, union with God was achieved by walking the difficult uphill life path of denial. Christians viewed union with God as a free gift of grace (Bible: Ephesians 2: 8- 9; Colossians 2: 6-23). To get it takes no effort. All you have to do is accept and receive it. And again, there are parallels here with the Person-Centered Approach, which fosters non-directivity and a receptive, listening attitude to life rather than one of manipulation. The Person-Centered Approach prizes life and other people as gifts to be received, and it counsels people to open themselves up to their experience as a way of healing themselves (Rogers, 1961).

The importance of ordinary life as something to be received as a free gift of grace is, I believe, the essence of Christianity (Bible: Galatians 5: 1). However, medieval Christianity was anything but an ideal picture of the Christian life I have just sketched. The leaders of the early Church after the apostles had died sought to harmonize Neo-Platonism and the Christian religion. As a consequence, the lives of the members of the Church during the Middle Ages became more Neo-Platonic than Christian. Neo-Platonism turned medieval Christianity into a world-avoiding religion in which the most important activity of life was intellectual contemplation of the Divine, who was hidden from view. It promoted a way of living that had as its aim knowledge of the hidden God in our minds. The observable, evident things of this world were said to obstruct this process. (The idea of) God became the most important reality in life (Copleston, 1972). Everything else had to fall into place around it.

This sentiment was evident in attempts by scholars such as Anselm and Aquinas to logically prove the existence of God. The aim of this highly intellectual exercise was to provide a rational ground for belief in the Christian God. But paradoxically, it implied that God was subject to logical necessity, thus restricting the freedom of God. God could
only do what was logically possible. (Copleston, 1972). This way of thinking about God produced such logically unsolvable problems, earnestly debated by the Medievalists, as whether God can create a stone so big that he Himself can’t lift it.

To safeguard the freedom of God against the onslaught of this abstract theological type of reasoning, another medieval scholar, Duns Scotus by name, formulated a philosophy of Voluntarism, in which he placed the will of God above the reason of God (Copleston, 1972). He argued that God is free to do as he pleases, whether this makes logical sense or not. Renaissance scholars soon applied this doctrine of free will as transcending reason to human beings. Human beings are essentially free, they taught. The thinking of human beings is governed by the choices they make. To understand human beings one must know what motivates them, one must understand their internal frame of reference.

In my view, the idea of will is not Greek, but Hebraic-Christian. Scotus appealed to Augustine, who lived some nine hundred years earlier and who is often called the last Greek thinker and the first Christian thinker. Augustine taught that the relation of God to the world and to humanity is one of love, is one, we might say, of unconditional positive regard (Confessions, 1993). Scotus taught that the free will of God, while it supersedes the bounds of reason, is not arbitrary, because it is rooted in love. In the same way, the Person-Centered Approach argues that to be therapeutic, non-directivity (i.e. the recognition that people are free) must be rooted in unconditional positive regard (Rogers, 1951). Love and free will belong together. The one flows from the other. It is impossible to love on command. To love someone entails that you have freely chosen for that person. Love also implies an awareness of the uniqueness of the other; at least in romantic love. What we love frequently is the otherness of others, is the fact that they possess qualities, we lack. This kind of love is also spontaneous, unpremeditated, uncalculating and not thought through, or non-reasoning. Love is blind, we say.

All of these characteristics we find in the voluntarism of Scotus. These qualities are also core values of a Person-Centered way of living and relating (Rogers, 1961). The values of love, will, individuality, spontaneity and intuition prompted Pascal, some four hundred years after Scotus, to exclaim that “the heart has reasons of which reason knows nothing.” The debate between Anselm and Aquinas on the one hand and Scotus on the other had as its result for the history of Western thought that in many ways reason and will came to be seen as opposites.

Philosophies of the Modern Period:
Empiricism-Sensationalism and Rationalism-Romanticism

Two intellectual movements dominate the Modern period in Western thought. One is British Empiricism, which for our purposes incorporates French Sensationalism. The other is Continental Rationalism and its rebellious offspring, Romanticism. Both of these movements differed markedly from intellectual movements in the Middle Ages. Middle Age philosophers taught that in addition to the capacity to think and to observe, human beings need the help of tradition to be able to come to know what is true. For Christian thinkers, that involved the authority of the Bible or of Church doctrine. For Renaissance scholars, the process of coming to know truth required the authority of the Greek and Latin Classics as a necessary condition. Philosophers of the Modern period...
held that human beings have within themselves the capacity to perfect themselves without
the need for outside input, provided they think straight and, as in the case of Empiricism,
that they observe correctly (Copleston, 1960). Thus, Modern philosophy was a philosophy
that attempted to eliminate the input of tradition from philosophy and had as its other
aim the self-perfectibility of human beings.

Continental Rationalism

The Person-Centered Approach is primarily a therapy movement. For this reason
it is more akin to Continental Rationalism, which focused its attention on the acquisition
of self-knowledge, than to British Empiricism and French Sensationalism, in which the
focus was more on knowledge of the world. Continental Rationalists believed that
individuals could perfect themselves through self-reflection. This conviction is similar to a
core belief of the Person-Centered Approach to therapy, which holds that clients know
what is wrong and that under the right therapeutic conditions they have within themselves
the capacity to resolve their personal problems through self-reflection (Rogers, 1951).

According to Copleston (1960) the Continental Rationalists, such as Descartes,
Leibniz, Wolff, and Kant, had a number of characteristics in common. They viewed
thinking or philosophy as a form of therapy, or as they called it, the “sanitation of the
soul.” The process of coming to know oneself was a process of “self-clarification” and
“unifying plurality” or “whole making.” Today we might call the former, “consciousness-
raising” and the latter, “integration of experience.” Self-knowledge is possible, said the
Rationalists, because human beings have the capacity to infallibly “represent” reality as it
is, i.e., the ability to “reason.” They saw the reasoning process as a path of progress. Self-

d\v{e}mprovement was the inevitable result of such reasoning. Through this activity, mankind
would be able to eradicate the errors of the past. The path to self-knowledge was a path of
liberation. Liberation through consciousness-raising later became the centerpiece of both
Marxism and Psychoanalysis. It would not be hard to find echoes of this faith in liberation
through self-reflection in the writings on Person-Centered therapy. Already early in his
career Rogers recognized the importance of the healing function of “insight” or “self-
understanding” in therapy (Rogers, 1942).

Two things must be added to make the initial picture of Continental Rationalism
complete. The first is that in its view the mind is always active rather than reactive. It is
not informed by reality, but constructive of reality. The second is that this process of
coming to know oneself occurs entirely within the individual who does the reasoning. We
might say that this therapeutic, emancipatory, soul sanitizing, error eradicating process
occurs within (the internal frame of reference of) the individual. Contrary to what the
Empiricists taught, this process requires no external impetus to get started; nor is there an
external criterion for judging whether the process is on the right track. The process is
spontaneous and self-correcting.

We gain an even better understanding of the connection between Continental
Rationalism and the Person-Centered Approach to therapy when we look at how the
principal representatives of this movement, Descartes, Leibniz, Wolff, and Kant viewed
the process of self-improvement through reason. According to Descartes, this self-
reflecting process moves an individual from a state of doubt to one of certainty
(Descartes, 1637/1939; van Rappard, 1967). At the start of this process there is much

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darkness about the answer to the question one is entertaining. But as the process proceeds, one gains more and more clarity. The solution to the problem one poses becomes more and more evident. Finally, the answer becomes so self-evident that it is impossible to doubt its validity. The certainty one sought after has been achieved.

Leibniz emphasized that this activity of clarification or “perception” is a process of self-perfection (Leibniz, 1973). By means of this process, we actualize our potential and integrate parts of ourselves into a unified personal whole. Perception is a process of integration, which at the same time is a consciousness-raising process. It makes conscious what is below consciousness. Leibniz, perhaps for the first time in the history of Western thought, has a concept of a sub-conscious. Leibniz is also important for understanding the Person-Centered Approach because he proposed the idea that reality is essentially dynamic and perpetually growing. The process of perception is a naturally ongoing, spontaneous growing process in all of us. It may in some way be evoked or even elicited from the outside, but it is never caused by the outside.

Wolff and Kant also held the idea that human beings are active rather than reactive vis-à-vis experienced reality, that humans are always, in the words of Carl Rogers, “up to something” (Van Belle, 1980). According to Wolff, the mind has the ability to represent reality and thereby organize it into a structured whole (van Rappard, 1976; Wolff, 1713/1965). In the same vein, Kant proposed that the mind immediately orders incoming experience by means of a series of innate categories (Kant, 1902-1942). Fichte took the idea that human beings order their experience one step further and proclaimed that reality is a construction of the human ego (Fichte, 1794/1848). The theme of the constructive nature of human experience became prominent in later periods of European philosophy.

In many ways, these philosophies of the Modern period were a revival of Greek thought, with its emphasis on the importance of reason and intellectual pursuits. But the idea that reason occurs principally internal to the minds of individuals and is constructive of reality would have been foreign to the philosophers of Ancient Greece, most of whom subscribed to forms of universalism and realism. The philosophies of the Modern period also show the influence of late Medieval thought, particularly that of the Renaissance philosophers, with their emphasis on free will and the uniqueness of individual minds.

Romanticism

To understand the contribution of Romanticism to Western thought we must go all the way back to Duns Scotus’ Voluntarism. The reader will recall that Scotus posited the will as an alternative to reason and logic. Recall further that this notion of will was rooted in love. The connection between will and love is important for understanding Romanticism. The Romanticists stressed the importance of caring or unconditional positive regard for human life and relationships. They reacted negatively to the exclusive emphasis on reason and logic during the Modern period by both the British Empiricists and Continental Rationalists (Copleston, 1960). This one-sided emphasis, in their view, had created a world that was cold and uncaring.

Pascal, who was a forerunner of Romanticism, stressed the importance of the heart as an alternative to reason in the pursuit of self-knowledge. His notion of the heart had many meanings. It could mean the seat or instrument of love, will, freedom,
spontaneity, or feeling and intuition. The meaning most appropriate for the heart as an alternative to reason and logic was probably intuition (Copleston, 1958; Steinmann, 1965). There are things that can be known by means of logic, and there are also things that can only be known by the heart, intuitively. This form of knowing is an immediate, pre-logical, pre-reflective, spontaneous grasping of the truth of a thing. It depends more on feeling than on logic.

Herder, one of the founders of Romanticism said, “I feel, I am!” in response to Descartes. “I think, therefore I am.” There is no need in his view for a “therefore.” For him, knowledge of his existence was immediate (Berlin, 1977). For Rogers too, individual experience is immediate, pre-logical, spontaneous and a more authoritative grasping of truth than insights obtained through logical analysis (Van Belle, 1980). I believe that an analysis of what Rogers means by “experience” would reveal its close affinity to this Romanticist notion of “intuition.” See, for example, Rogers (1961): “I can trust my experience. . . . I have learned that my total sensing of a situation is more trustworthy than my intellect” (p.22).

One unfortunate by-product of the exclusive emphasis on reason by both the Empiricists and the Rationalists was that they saw themselves as the pinnacle of social and cultural development. They viewed their time as the ultimate age of Enlightenment. Thus, they did not value history as the study of past events since they considered past civilizations inferior to their own. Nor did they think much of cultures other than their own culture of Enlightenment. As proof of their superiority they cited the scientific discoveries their culture had made in the physical sciences and elsewhere.

The Romanticist who most strongly and effectively opposed the devaluation of history and culture by these Enlightenment philosophers was Vico. He began his opposition by stating that our knowledge of physical nature is inferior and second-hand compared to our knowledge of society and of history. He used a criterion of knowledge used regularly during the Middle Ages: One couldn’t really know something unless one had made it. God made the world of physical nature, said Vico, so only God really knows the natural world. To human beings, the physical world is given only as “brute fact.” We can only observe it “from the outside in.” However, we see our own lives “from the inside out,” and via sympathetic understanding, or empathy, we understand the lives of women and men in other cultures and other historical times. History, the study of the process of human self-creation, is the greatest science. History, as Dilthey was to call it later, is a Geisteswissenschaft, literally a “science of the human spirit,” a “social” science rather than a natural science. The distinction between the “natural” and the “social” sciences started with Vico (Berlin, 1977).

Anti-Positivism

During the Nineteenth Century, a group of scholars rejected the Positivist approach of applying the methods of the natural sciences to the study of human experience. They argued that the human sciences needed their own methods of investigation. In their view, an experimental approach, for example, to psychology, which views the human mind as one physical system among many, fails to deal adequately with the higher functions of the mind, such as thought, judgment, and valuation and ignores other equally important psychological functions, such as emotion and motivation.
natural scientific experimental statistical approach, they argued, excludes from the purview of psychology the very essence of human experience.

According to the Anti-Positivists, reality as experienced by human beings is of an entirely different kind than physical reality. It is subjective, rather than objective. It deals with experience that is always connected to an individual subject, to an “I,” or a mind, or some kind of personality structure. Human experience always presents itself as an organized, integrated structural whole. The elements of this experience can only be understood in terms of that whole, as manifestations of this holistic experience. The experience of one individual differs fundamentally from that of another, so that a general theory of human experience is an impossibility. For this reason, an Anti-Positivistic approach to the study of human experience generated typologies rather than theories. In much the same vein, Carl Rogers was later to suggest that there might be as many realities as there are persons (Rogers, 1980).

Furthermore, according to the Anti-Positivists, the mind, which is the subject pole of human experience, is always active. It generates experience. The structure of the mind is intentional, teleological or goal-directed, and dynamic. It is a structure of motives, purposes, ideals and goals. The human person who does the experiencing is always up to something.

Finally, a natural scientific, experimental approach to the study of human experience is in the nature of the case compelled to view that experience as a mechanism of causal relations. Thus, it is unable to deal with what are possibly the most essential characteristics of subjective human experience—spontaneity, choice, creativity, imagination, meaning, and value (Lersch, 1960; Muller-Freienfels, 1938; Polkinghorne, 1983). The study of these aspects of human experience has always been the central focus of Humanistic Psychology and, in particular, the psychology of Abraham Maslow (Van Belle, 1985). Rogers was probably the first therapist to advocate and practice empirical research in counselling and psychotherapy, and one could argue that this places him squarely in the Positivist camp. But the tools he used for this research (e.g., analysis of therapy protocol and the use of Q-sort) quite clearly demonstrate that in terms of his basic intent, with his respect for the uniqueness of human beings, he was beyond a doubt an Anti-Positivist.

Verstehen

The Anti-Positivists argued that the aim of the human sciences is to understand human experience. In order to describe what the Anti-Positivists meant by “understanding,” I introduce the technical term, Verstehen, and unpack the various meanings this term acquired in the development of Anti-Positivistic thought. According to Polkinghorne (1983), Johann Gustav Droysen coined the term in 1858. He drew on Kant’s distinction between practical reason and theoretical reason to define two different approaches to two different kinds of knowledge, Verstehen, understanding, and Erklären, explanation.

Verstehen first of all has the meaning which we already find with Descartes in Continental Rationalism, namely that of the “self-clarification of the mind.” Dilthey’s use of the term was probably the most influential in Anti-Positivism and is similar to the term hermeneutic method in biblical and literary interpretation. As used in the human sciences it
views human experience as a text, the meaning of which needs to be expounded. This means that elements of human experience can only be understood or interpreted correctly in terms of the whole of human experience. Human experience, or “the life of the soul” as Dilthey quotes Thomas Reid to say, “is not composed of parts... but is always and immediately an integrated whole” (Lersch, 1960; Polkinghorne, 1983).

Yet another meaning of Verstehen is based on the fact that human experience is always unique. This meaning refers to Wilhelm Windelband’s distinction between a nomothetic approach to the study of human experience and an idiogetic method (Polkinghorne, 1983). The nomothetic approach aims to formulate general theories about human experience applicable to all human beings. The idiogetic method is more typological and attempts to formulate personality descriptions of individual persons in an effort to clarify their unique way of experiencing the world. By extension, what the experimental approach describes as quantitative differences between people in the method of Verstehen are viewed as really qualitative differences. From the point of view of ideography human beings differ radically rather than by degree. They are incomparably unique (Lersch, 1960; Muller-Freienfels, 1938).

When one adopts Verstehen rather than Erkennen as a research method in the human sciences, one essentially attempts to understand a person’s subjective experience, including the reasons for or motives behind experience. To understand subjective human experience requires looking for the activity of the will, the emotions, the affects, personality, and the drives that determine experience. Dilthey stated that to understand someone’s experience in the sense of Verstehen one must penetrate his spirit down to his structure of choices, purposes and ideals, values and meanings. The essence of understanding (Verstehen) a person’s experience (Erlebnis) is to empathize with (Nachleben, literally “to experience along with”) that person’s experience (Copleston, 1965). The end product of such an exercise is that one can truthfully say, “Now I know why this person looks at the world the way she does, thinks the way she thinks, and acts the way she acts.”

What I have tried to describe so far is the manner in which one person attempts to understand another. Clinical psychologists will recognize this method as a staple ingredient in psycho- or personality diagnostics. When the focus is instead on a person acquiring self-understanding, with or without the help of a therapist, this process is more likely to be called psychotherapy. Psychotherapy is a process of self-clarification, which is often healing for a person’s emotional life as well. But this analysis of the various meanings of Verstehen illustrates most clearly what the Person-Centered Approach means when it states that therapists must empathize with the internal frame of reference of their clients (Rogers, 1951). The central aim of this approach to therapy is to understand clients from the inside out rather than from the outside in, as would be the aim of a Positivistic approach.

Conclusion

In summary, there are a number of connections between the history of Western thought and the Person-Centered Approach. First, all great Western thinkers accounted for both order and chaos, for both the definite and the indefinite in human experience. Plato did, Aristotle did, and so did Carl Rogers. All great Western thinkers attempted to
account for themes from both the Greek Mind and the Hebraic-Christian Mind. Continental Rationalism, Romanticism, Anti-Positivism, and Carl Rogers did.

Second, if one wants to be a person-centered therapist, one must in some way believe in people’s capacity to sanitize, to heal and perfect themselves through self-reflection. These are central themes of Continental Rationalism and of person-centered therapy. Furthermore, to practice person-centered therapy with success one must prize the otherness of others and believe in the importance of empathizing with, or understanding others. One needs to believe in the importance of indwelling a person’s personal frame of reference rather than logically dissecting his or her mind for expert treatment. This is the legacy of Romanticism and Anti-Positivism in person-centered therapy. In addition, to be an effective person-centered therapist, one must demonstrate one’s trust in others by acting with them as if they have a free will or by following them wherever they want to go. The actions of a person-centered therapist must show his or her conviction that people have the ability and the right to choose in addition to having the capacity to reason. Voluntarism taught that to person-centered therapists. Finally, to be a successful person-centered therapist, one must love the ambiguity of therapy. One must prefer the disorder of emotion to the order of logic, for the person-centered therapeutic process is anything but linear and predictable. But then, Romanticism had already stressed this point centuries ago.

However, none of these factors in themselves are likely to be therapeutic in person-centered therapy unless we add the action of unconditional positive regard. To be non-directive, or client-centered, or person-centered is to believe that clients have the capacity to diagnose and to heal themselves. But it is not a sufficient condition for therapy to occur. The necessity of practicing unconditional positive regard represents the central core value of person-centered therapy. In my view this fact points to the significant influence of Christianity on this approach to therapy.

References


How Xander Harris Saved the World: A Pop-Culture Dramatization of the Necessary and Sufficient Conditions

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“It’s about the power.” – Willow Rosenberg

Abstract

In this paper I briefly outline sources of understanding transformative human relationships, including quantitative and qualitative research and ethics. I present an argument for drama as another useful source of understanding such relationships. I then explore Rogers’ (1959) necessary and sufficient conditions of therapeutic personality change (the core conditions) vis-à-vis the television series Buffy the Vampire Slayer. I present scenes from Buffy the Vampire Slayer as case studies, and analyse them to reveal what can happen when the core conditions break down or are not present in a transformative relationship. I also use material from these scenes to demonstrate the transformative power of the core conditions when they are fully present.

Science and Ethics as Sources of Understanding Transformative Relationships

The Scientific Thread

Carl Rogers presented his hypothesis regarding the necessary and sufficient conditions of personality change in 1957. Since then, as noted by Bozarth and Motomasa (2005, p. 296) “The research on the necessary and sufficient conditions dominated common factor psychotherapy outcome studies during the latter part of the 1950s into the 1980s…During this time there was substantial research supporting Rogers’ postulates of the attitudinal conditions.” (cf. Elliot, 2002; Bozarth, 1998; and Patterson, 1984 for a more complete discussion of the research findings that support the core conditions). As the current debate surrounding empirically supported practices rages on (Norcross, Beutler and Levant, 2006), research into client, therapist, and relationship factors continues to be an important part of the dialogue (c.f. Beutler and Johannsen, 2006; Bohart, 2006; Duncan and Miller, 2006; Greenberg and Watson, 2006; Norcross and Lambert, 2006). It would appear that the six conditions that Rogers hypothesized as necessary and sufficient for therapeutic personality change (1957, 1959) remain highly relevant. Rogers (1959) delineated these conditions as follows:

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1. That two persons are in contact.
2. That the first person, whom we shall term the client, is in a state of incongruence, being vulnerable, or anxious.
3. That the second person, whom we shall term the therapist, is congruent in the relationship.
4. That the therapist is experiencing unconditional positive regard toward the client.
5. That the therapist is experiencing an empathic understanding of the client’s internal frame of reference.
6. That the client perceives, at least to a minimal degree, conditions 4 and 5, the unconditional positive regard of the therapist for him, and the empathic understanding of the therapist. (p. 213)

Qualitative research has emerged as an important source of support for the necessary and sufficient conditions for therapeutic personality change. Freire (2005), for example, analyses client-centered therapy sessions from the perspectives of both the therapist and client. With other researchers at the Delphos Institute in Brazil, she undertook a massive qualitative study that examines transcripts of therapy sessions from entire courses of treatment. In analysing the client’s experience of the therapeutic outcomes, Freire concluded:

The therapeutic outcomes found in this present study support a non-directive therapeutic stance and directly contradict Sachse and Elliott’s (2002) conclusion that ‘additional therapeutic strategies appear to be needed to influence outcome favorably’ (p. 100). In fact, the analysis of Julia’s case supports the assertion that a psychological environment free of threat and rich in unconditional positive regard and empathic understanding, promoted by a non-directive client-centred therapeutic relationship, is sufficient to tap the client’s vast inner resources for growth and development. (p. 136)

The Ethical Thread

“Is our philosophy one in which respect for the individual is uppermost? Do we respect his capacity and right to self-direction, or do we basically believe that his life would be best guided by us?” (Rogers, 1951, p. 20)

A thorough reading of the Person-Centered literature reveals the presence of two significant threads, scientific and ethical. Confusion in person-centered circles often centres around not recognizing these distinct threads (Moon, 2003). The radical nature of client-centered therapy lies in its ethical considerations, in its answers to basic questions such as the ones posed by Rogers above, regarding what it means to value another individual. Proctor (2005, p. 238) makes an important ethical distinction:
The fundamental ethical principle behind PCT, and specifically Client-Centered Therapy…is the autonomy of the client, as opposed to the moral principle of beneficence (doing what’s judged to be best for the client) employed by many other models of therapy.

A consistent set of values that respect individual freedom and the client’s right to self-direction and self-determination pervades Rogers’ body of work (cf. Rogers 1951, 1961, 1977, and 1980). Rogers (1951) and other Client-Centered practitioners and theorists (eg., Brodley, 1997; Bozarth, 1998; Patterson, 2000; Levitt, 2005) take a stance that runs counter to the medical model and most forms of psychotherapy: the client is the expert. The core conditions are thus understood in Client-Centered therapy as an expression of this ethical stance of non-directivity – they are framed by it and are inseparable from it (Levitt, 2005).

Levitt and Brodley (2005) explore a non-directive client-centered therapy demonstration session by analysing an audio-taped transcript for non-directivity’s footprints. They observe that the client is directing therapy – the therapist’s only goal is to understand the client’s meanings. In other words, they reiterate the fundamental stance of an ethically-based non-directive orientation – the client is the expert.

Grant (2004) asserts that psychotherapy can be viewed entirely as an ethical endeavour. Grant (2005) offers that respect for self-direction is central to non-directive ethics in psychotherapy when he states, “The practice of non-directive client-centered therapy can be justified solely in terms of the principle of respect for clients’ right to self-determination” (p. 248). Based on this ethical perspective, non-directive therapists “believe that everything clients do – talking, sitting, staring out of windows in silence, holding legs and rocking – expresses their right to self-determine their lives” (p. 252).

Witty (2005) reminds us that “All psychotherapies may be analyzed as occasions of social influence” (p. 228). From this perspective, she justifies the non-directive attitude as a necessary compass to protect clients from therapist and therapeutic harm.

Drama as a Source of Understanding

“A well-told story can often reach deeper into the human heart than a rational argument.” (Schudt, 2003, pp. 33-34)

Freud recognized the power of mythic drama as a source of understanding transformative relationships. One of his most famous and controversial theoretical formulations is couched in the ancient myth of Oedipus. To make a long, dramatic story short, despite warning and driven by pride, Oedipus killed his father and had sex with (married) his mother. Freud recognized in this ancient dramatic myth, a fundamental human struggle in relationships and development. Simply stated, at some point as children we each must face the reality that someone we love and who loves us (often mother) also loves and is loved by someone else (often father). How we come to terms with the idea that someone’s love for us is not diminished by their love for someone else seems to be a universal crisis we must face as humans. In borrowing the Oedipal myth, Freud captured this understanding of the dramatic nature of human development. What
impact this very human crisis has on our personality, the development of and drama can
play in understanding human nature, and specifically, how it can help us to see
psychotherapeutic concepts and transformative relationships in a different light.

Stiles (2006) underscores the importance of finding alternative sources of
understanding that are perhaps more compelling than dry facts and will help practitioners
to more fully engage in thinking about the issues generally addressed by quantitative
research:

Practioners have been chronically unhappy with psychotherapy research…They
often find statistical hypothesis studies too narrow, tedious, and too
dectextualized to be assimilated into their practice. Many difficulties have
contributed to the research-practice gap, of course, but case studies might address
some of them. (p.63)

He makes a strong argument for case studies as a valuable part of our ongoing
discussions and learning, noting that

A few systematically analyzed cases that match a theory in precise or unexpected
detail may give people considerable confidence in the theory as a whole. Even
though each component assertion may remain tentative and uncertain when
considered separately. Classic examples of such cases would include Dora for
psychoanalysis, Little Albert for behaviourism, and Dibs for nondirective play
therapy. (p. 60-61)

Case studies are indeed a rich source of understanding. Drama, too, can be
approached as a form of case study that might address some of our “unhappiness” with
more traditional research. Drama has great potential in helping us to better understand
ourselves and others. Case studies drawn from drama have a very human appeal – the
connections that we make and extend to our own therapeutic practice are often grasped
or felt in a very immediate and intimate way.

Schudt (2003) provides the following argument:

The appreciation of drama is an empathic project. The audience must be able to
feel what the characters are feeling…The commonality between the characters in
the drama and human nature is what gives the key...If the drama is well executed,
the characters will act as real humans would act in similar situations. So the
inquirer can use the fictional character’s life as an experiment, a test-case: what
would this life be like? If the results are believable and if we are able to
empathize with the character, then the characterization may be an accurate
description of what would happen. (pp. 21-22)

To my knowledge, drama has not been explored as a way of shedding light on
non-directive theory and practice. Science (including qualitative study) and ethics have
been used routinely as sources of persuasion. Here I will turn to drama, and in particular,
a pop-culture drama: Buffy the Vampire Slayer. Empathy for the characters may bring a
new and perhaps convincing understanding of the core conditions as a powerful relational force for constructive personality change. Readers may be persuaded to consider non-directivity in a new light.

**Buffy the Vampire Slayer as a Pop-Culture Case Study**

**Taking Buffy Seriously – The Emergence of Buffy Studies**

“Okay, this is where I have a problem. See, because we're talking about vampires. We're having a *talk* with vampires in it.” – Xander Harris

(http://www.buffyworld.com/buffy/season1/transcripts/02_tran.shtml)

How can anyone take a show with vampires in it and a hero named Buffy, a show with the title *Buffy the Vampire Slayer*, seriously? In fact, scholars from many disciplines take Buffy very seriously, resulting in the emergence of a new field of study – Buffy Studies. This new field has spawned annual interdisciplinary conferences, as well as scores of scholarly papers and books on wide-ranging topics. A brief review of some of the themes explored in Buffy Studies gives an idea of the scope of this field, and the actual complexity of the television series itself. Among the disciplines represented in an online Buffy Studies bibliography (http://www.slayage.tv) are the following: aesthetics, business ethics, classical studies, cosmology, criminal justice, cultural studies, feminist studies, gender studies, linguistics, philosophy/ethics, post colonial studies, post modern studies, political science, psychology, psychiatry, queer studies and theology.

**Introduction to Buffy the Vampire Slayer, the Television Series**

“Alright. The Slayer hunts vampires, Buffy is a Slayer, don't tell anyone. Well, I think that's all the vampire information you need.” – Rupert Giles

(http://www.buffyworld.com/buffy/season1/transcripts/02_tran.shtml)

Actually, if you are not a Buffy geek like myself, you will need a little more information than Rupert Giles (Buffy’s “Watcher,” mentor and friend) provides. Buffy Summers not only hunts vampires, but in general confronts the forces of evil in various forms. She has superpowers, but is also a high school student when the series begins. She longs to leave her calling as the Chosen One for a normal life. She befriends Willow Rosenberg and Xander Harris (themselves already lifelong friends). Throughout the series, Willow and Xander help Buffy in the fight against evil. Along the way, they make the journey from adolescence to adulthood, a true hero’s journey. Willow, initially a “mousy” (her own description) bookworm, develops into a powerful witch as the series progresses. She is powerful enough to bring Buffy back from the dead at the beginning of Season Six. Xander, by contrast, develops no supernatural powers to match Buffy or Willow. However, Buffy’s younger sister does point out in the final season, in an episode appropriately titled “Potential,” that perhaps Xander’s power is “Seeing. Knowing.”

(http://www.buffyworld.com/buffy/season7/transcripts/134_tran.php)
Though the title suggests a combination of horror and fluff, *Buffy the Vampire Slayer* is multilayered in a way that defies definition by genre. This unique television series is ultimately about growth and relationships - struggling with inner demons and facing the demands of life, alone and with friends. And, oh yes, it is also “about the power.”

**Introducing the Pop-Culture Case-Studies**

“Oh, come on! This is Sunnydale! How can an evil exist here?” — Buffy Summers  
(http://www.buffyworld.com/buffy/season1/transcripts/01_tran.shtml)

It should come as no surprise that evil is a pervasive theme on *Buffy the Vampire Slayer*. This is a television series that regularly looks at evil as a part of every day life. Generally this evil is seen in demons, and sometimes in humans who, in various ways, come under their influence. However, in the sixth season, the face of evil changes. The evil characters are not demons or the demon-influenced, they are all very human: a trio of geeks (actually self-named “The Trio”) and Willow Rosenberg. Because it is a season of human confrontations with human evil, it offers a telling glimpse at a variety of reactions to evil.

I have chosen two scenes from Season Six of *Buffy the Vampire Slayer* to serve as our pop-culture case studies. Both present encounters with “Evil Willow,” though these encounters are markedly different. It is important not to read the scenes offered in this paper as therapy sessions. They are not dramatizations of therapy sessions, yet they are useful as indicators of possible outcomes in transformative relationships. As Bozarth (1998, p. 168) points out, “the conclusions of psychotherapy research suggest, as Rogers proposed, that the conditions can be embedded in other forms of therapy and helping situations.” We can thus look at the scenes that follow as dramatic case studies that encapsulate two different methods or ways of being in the “helping situation.” Therapists can of course be forgiven if they make the entirely reasonable leap of examining their own practices vis-à-vis these pop-culture case studies.

Our first scene is a confrontation between Buffy and Willow. Willow has been consumed by grief and rage over her partner Tara’s senseless murder. Turning to the “darkest magicks,” Willow is transformed, becoming the most powerful person on the planet. Her appearance reflects her transformation — her hair has turned from red to jet black, her eyes have become menacing black orbs, and her skin is now pale and “veiny.” Just prior to our first scene, Willow has tortured and flayed alive Tara’s killer, one of the geeks in the trio mentioned above. Now she is bent on exacting revenge on the two surviving members of the Trio, and Buffy is trying to stop her…

**Case Study #1**

*In which our hero, Buffy Summers, faces evil, diagnoses it and tries to kick its ass*  
(http://www.buffyworld.com/buffy/season6/transcripts/121_tran.shtml)

BUFFY1: Willow, I know what you want to do, but you have to listen to me. The forces inside you are incredibly powerful. They're strong ... but you're stronger... You have to remember you're still Willow.
WILLOW1: (scoffs) Let me tell you something about Willow. (advancing toward Buffy) She's a loser. And she always has been. People picked on Willow in junior high school, high school, up until college. With her stupid mousy ways. And now? Willow's a junkie.
BUFFY2: I can help.
WILLOW2: The only thing Willow was ever good for...

She pauses, drops the bitter sarcasm and grows pensive.

WILLOW3: ...the only thing I had going for me ... were the moments - just moments - when Tara would look at me and I was wonderful. (grimly) And that will never happen again.
BUFFY3: I know this hurts. Bad. But Willow, if you let loose with the magicks, it will never end.
WILLOW4: (smiles nastily) Promise?
BUFFY4: You don't want that.
WILLOW5: Why not?
BUFFY5: Because you lose everything. Your friends, your self.... Willow, if you let this control you then the world goes away. And all of us with it. There's so much to live for. (forcefully) Will, there's too much
WILLOW6: (scoffs) Oh, please! This is your pitch? Buffy, you hate it here as much as I do. I'm just more honest about it.

[Their confrontation escalates in a later scene – things are not going well for our hero]

BUFFY6: Are we really gonna do this?
WILLOW7: Come on, this is a huge deal for me! Six years as a side man, and now I get to be the Slayer.
BUFFY7: A killer isn't a Slayer. Being a Slayer means something you can't conceive of.
WILLOW8: (sighing, shaking her head) Oh, Buffy. You really need to have every square inch of your ass kicked.
BUFFY8: Then show me what you got. And I'll show you what a Slayer really is.

Ultimately, Buffy is unable to stop Willow. What began as Willow’s errand of revenge against three people escalates wildly out of control. Willow comes to recognize not only her own pain, but the pain suffered by all others around the world (her magic causes her literally to experience all of this at once). To put herself and the world out of this misery, she magically raises a demonic temple and uses it as a focal point to channel her power to destroy the entire planet. She intends, literally, to end it all. Buffy remains powerless to stop her.
How Did Helping Go So Wrong?

Wanting to help can become an exercise of power. Such a statement may seem counterintuitive. After all, how can wanting to help be an exercise of power over another? Isn’t it good to help others? The heart of this problem lies in just what exactly it means to help, and who is defining what help should be.

In our first dramatic case study, Buffy is not being empathic to Willow’s internal frame or following Willow’s direction. Rather she is following her own inclinations, her own direction – to help according to her own definition of help. She misses the point that Willow really does want to end it all.

Buffy is unable to be with her in that feeling, particularly as she has struggled so much to stay in the world herself. Buffy wants Willow to be who she was, to turn her back before it is too late. She tries to remind Willow of who she was, perhaps thinking that if Willow sees who she was, she will stop this obviously irrational behavior. But this is not what Willow wants. She is not looking for help, or to be who she was. Buffy operates entirely out of her own frame and never grasps Willow’s (eg., Buffy2, Buffy4). It is not surprising that the help she offers simply does not fit. In fact, it leads to an escalation of Willow’s anger and aggression.

Realism Correction – Forcing Change, Forcing Help

Buffy’s idea of help is a form of imposing “reality correction.” She tells Willow what reality is or should be for her (eg., Buffy1). As Sommerbeck (2005) notes with regard to people experiencing “psychosis”:

‘Reality correction’ is, by its very nature, confrontational and patients with a diagnosis of psychosis feel, in general, threatened by confrontational approaches. Confronted with ‘reality correction’ they often tend to defend their conception of reality, thereby rigidifying and solidifying it and often expanding on it with more details and nuances, thereby developing their psychotic ideation further. In short, they can become more psychotic when confronted with ‘reality correction.’ (p. 323)

Willow reacts strongly to Buffy’s attempt to impose reality on her. She opposes it forcefully, and Buffy’s attempts to “help” result in much unintended, catastrophic consequences.

Diagnosis – Introducing Conditionality and Reducing Empathy

Buffy regularly looks evil in the face and recognizes her job. After all, she is The Slayer, this is what she does. When she encounters Willow, she tries to see her friend, but ultimately she sees evil – she is unable to see that there is still some positive striving, no matter how twisted, in Willow’s actions and statements. She “diagnoses” Willow, and then tries to interact with her based on her diagnosis. Buffy expects Willow to change in her direction and at her pace, not Willow’s chosen direction and pace. When this fails, Buffy tries to kick her ass, the ultimate “reality correction,” to show her “what a Slayer
really is.” Willow has been reduced to a diagnosis, a problem. However, in Willow, Buffy is facing another human, not a diagnostic category. Her act of diagnosis is actually an act of violence that diminishes Willow’s humanity. Yet in Buffy’s eyes, and perhaps much of the viewing audience, Willow is the “evil” one.

Diagnostic or directive empathy is empathy to an external theory and not to the client’s internal frame (Levitt, 2005). “The perceived problem of diagnosis is that it labels and fixes the client—the fear is that therapy becomes problem-driven rather than client-centred” (Wilkins, 2005, p. 143). For whatever reasons, Buffy is unable to embrace the evil she sees, to have unconditional positive regard for it and for Willow. Buffy judges Willow as evil, and she lets her know this. Perhaps this because she is not able to accept her own wish for everything to end, or perhaps because she is unable to face her own “evil” possibilities. Ultimately, we may never know the reasons for Buffy’s reactions to Willow, and a guess would only serve to diagnose Buffy. What we do see is that Buffy is unable to hold unconditional positive regard for Willow – she is unable to embrace her “evil.”

To avoid the evil, however understandable, is to demonise the distressed person. The Other is forced to carry that which I cannot face. So much of the medicalisation of human distress is designed to keep the medic safe, at the cost of the client’s humanity. (Worsley, 2005, p. 156)

Incongruence

To make matters worse, Buffy is incongruent in her encounter with Willow. She is incongruent in trying to sell Willow on a life she herself struggles to believe in. Her speech sounds hollow, and Willow hears this (Willow6). She perceives that Buffy is not being entirely genuine.

Another congruence issue arises in Buffy taking on her role as Slayer. Buffy sees herself vis-à-vis her role as The Slayer. She recognizes her job, her mission, which is to fight evil. Willow becomes her mission statement. Buffy the Slayer comes before Buffy the friend, or even more basically, Buffy the human being.

Conditional regard can also signal an issue of incongruence. “A killer isn’t a Slayer” are Buffy’s words (Buffy7). They present a clear judgement. Buffy in fact struggles throughout the series with her own potential for evil – her superpowers, we find out, are demonic in origin and she fights to avoid looking at this reality. This is a form of defensiveness that signals a lack of congruence, and Willow’s response captures the judgement she hears in this incongruity (Willow8).

Conclusions Regarding Our First Case Study

Buffy and Willow never really get past the first and second of Rogers’ conditions. There is contact between Buffy and Willow (condition 1), and Willow is in a state of incongruence (condition 2). However, Buffy is also incongruent in the relationship (lack of condition 3). She is unable to offer unconditional positive regard (lack of condition 4). She is also unable to be empathic to Willow’s internal frame (lack of condition 5). As Buffy is not able to offer these core conditions, Willow, by default, is not able to perceive
them in Buffy’s expression or being (there is no possibility for condition 6). What we see in Willow is that her psychological distress escalates after her encounters with Buffy:

For people to actualize their inherent optimal nature they require the right social environment. Without the right social environment the inherent tendency towards growth can become thwarted and usurped leading instead to psychological distress and dysfunction. (Joseph and Worsley, 2005, p. 349).

**Case Study #2**

_In which our other hero, Xander Harris, faces evil, sees his friend, and genuinely offers his unconditional love and understanding._

Buffy’s encounter with Willow points out, rather dramatically, that when the core conditions (Rogers, 1959) are not present, a helping relationship is likely to fail. Xander offers a glimpse at another possibility in human relations.

We now rejoin the show with Willow in the midst of destroying the world, green magic flowing from her to the demonic temple she has raised to focus her power. Xander steps between her and the temple, blocking the flow of magic with his body…

(http://www.buffyworld.com/buffy/season6/transcripts/122_tran.shtml)

WILLOW1: You can't stop this.
XANDER1: Yeah, I get that. It's just, where else am I gonna go? You've been my best friend my whole life. World gonna end ... where else would I want to be?
WILLOW2: (scornfully) Is this the master plan? You're going to stop me by telling me you love me?
XANDER2: Well, I was going to walk you off a cliff and hand you an anvil, but ... it seemed kinda cartoon.
WILLOW3: Still making jokes.
XANDER3: I'm not joking. I know you're in pain. I can't imagine the pain you're in. And I know you're about to do something apocalyptically (glancing back at the statue) evil and stupid, and hey. (spreading out his arms) I still want to hang. You're Willow.
WILLOW4: (angry) Don't call me that.
XANDER4: First day of kindergarten. You cried because you broke the yellow crayon, and you were too afraid to tell anyone. You've come pretty far, ending the world, not a terrific notion. But the thing is? Yeah. I love you. I loved crayon-breaky Willow and I love ... scary veiny Willow. So if I'm going out, it's here. If you wanna kill the world? Well, then start with me. I've earned that.
WILLOW5: (upset) You think I won't?
XANDER5: It doesn't matter. I'll still love you.

Willow and Xander continue their exchange. Xander never backs off from his position of love for his friend, despite Willow’s continued attempts to destroy the world.
and his being physically battered in the process. He manages to remain grounded, congruent, in the face of something truly terrifying, and steadfast in his love and understanding. Eventually, as the transcript notes:

Willow continues holding out her hand and making the magic gesture, but nothing happens. She starts to get teary. Willow starts to cry and, as Xander gets right up to her, she starts hitting him with her fists. Xander just stands there and takes it. After a moment she stops hitting and starts to cry for real. She falls to her knees and Xander kneels with her, puts his arms around her and holds her while she sobs. As Willow continues to cry in Xander's arms, the veins fade away from her face and her hair returns to its usual red.

Xander and Willow are in contact (see Rogers 1959, condition 1), as were Buffy and Willow. However, the quality of that contact is very different.

*Letting Go of Power – A Non-Directive Stance*

It is an interesting fact, often ignored, that we have no power to help people if they do not want to be helped, no power to change people if they do not want to change. We are in fact powerless over others in this sense. As the old joke goes:

Q: How many psychologists does it take to change a light bulb?
A: One, but the light bulb has to want to change first.

Facing another person in a true encounter, and recognizing our powerlessness, is no small task. It does require, in some sense, the power of a superhero. Xander, in his encounter with Willow, is a reminder of the power of non-directive encounter, a different kind of power altogether.

In facing “Evil Willow,” her friends face someone more powerful than anyone else in the world, and so they face their own powerlessness. The beauty of drama is that it allows us a safe distance to witness such extreme examples of facing powerlessness. Of all the characters in this drama, only Xander realizes that he has no power to change Willow, and only Xander fully accepts this (see Willow1, Xander1). As Frankl (1985) explains, even in the most hopeless and horrible of circumstances, with no power to change the situation itself, there is still the power to face it in the way we choose — Xander faces it by remaining Xander and remaining true to his best friend.

Xander has no agenda but to be with Willow. He recognizes his powerlessness in a way that Buffy never does. As the Slayer, being powerless is not an option. Xander is only Xander, and he knows he has no superpowers. He does not try to change Willow. He only tries to be with her, fully himself, fully accepting her. He has a true encounter with Willow.

Xander may hope that his encounter with Willow will help her in some way, just as a non-directive therapist may hold such hope for his or her client. As Sommerbeck (2005) notes:

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Of course the therapist hopes that the relationship, in general, will benefit the client, but in a very basic sense he or she meets the client with an offer of interest rather than with an offer of help. The therapist tries to experience the client’s momentary psychological landscape as the client experiences it; he or she has no wish to change the client in any way, only to get to know the client to the degree the client allows it. (p. 334)

*Congruence*

Xander faces evil and recognizes his friend. His jokes may give him some relief in facing his powerlessness, but ultimately he does not deny it. It is a momentary defense that allows him to stay present (see Xander2 and Xander3). He is always aware of who he is and that he is indeed powerless to change Willow. He does not try to hide behind a role to deal with it or give himself power. While we saw Buffy overidentify with her role (Buffy is The Slayer), Xander is free from roles. He does not take on a role, and so there is nothing getting in the way of being genuinely himself. He is not once removed from the encounter with Willow by taking on a role. Xander remains Xander.

Willow recognizes that Xander is not being something other than himself. She recognizes that he is not selling her anything, and not being incongruent. He is true to his wise-cracking nature, and true to his belief in who Willow is as his friend. He does not run, and does not try to change or manipulate her. He simply is with her, with Willow, wherever she happens to be in that moment.

*Unconditional Positive Regard*

In Xander we are seeing a very different encounter with “evil.” Xander recognizes his friend, evil behaviour or not. Xander recognizes that Willow is Willow, whatever she does, and however she looks (Xander4). He loves her regardless. He offers true unconditional positive regard. He does not diagnose her as evil, and therefore does not miss who is facing him:

The medical model reduces the role of the helper in contact with the client to that of the expert who keeps herself safe by distancing and objectifying the client’s extreme and disturbing distress. Yet, it is a most valuable insight of the Person-Centred Approach that what we term psychopathological in human beings is also the unique and undiagnosable response of a human being to her environment. When the therapist can remain open to the impact of the client upon her, she will be available to share in the journey towards renormalisation, and then integration and wholeness. (Worsley, 2005, p. 156)

This can only occur when the therapist is open to herself first. Congruence is an essential condition for holding unconditional positive regard for the other. Xander appears to be open to himself, and so he is open to Willow as she is.

It is often difficult for those struggling with the concept of non-directivity to understand that the therapist is not endorsing actions or beliefs of the other by being empathic and holding unconditional positive regard. With Xander, we see a good
example of how non-directivity is not an endorsement of “evil.” Xander is not in any way saying that he agrees with Willow’s actions, or that he endorses them. What he does is understand them as expressions of Willow, to be valued no less than any other part of her. Though on the surface Xander’s response to Willow (Xander 3) may seem judgemental, Xander nonetheless maintains unconditional positive regard for Willow without endorsing her actions. What we hear from Xander is that everything Willow does is still “Willow” in his eyes, and she is still his friend.

**Empathic Understanding**

Xander understands Willow. He gets where she is at. In Rogers’ (1957) language, he is empathic to her internal frame. Xander knows Willow is in pain, and that she intends to destroy the world and does not want help. He does not try to change this in any way, adding clarity to his empathic understanding. He communicates his understanding in a very clear and simple way and Willow hears him. There is no empathic break, no imposition of “reality correction,” no deciding for Willow what kind of help, if any, she should receive. There is only understanding, and a desire to be with her. Sommerbeck (2005) provides us with the appropriate parallel to psychotherapy:

Contrary to this myth of collusion, it has been my experience, from my work in a psychiatric hospital, that it is ‘reality correction’ that is potentially harmful to clients diagnosed with a psychosis, not expressions of empathic understanding— and that it is expressions of empathic understanding that are beneficial, not ‘reality correction.’ (p. 323)

**The Sixth Condition**

“Rogers’ sixth condition is crucial; namely, that the client perceives the therapist’s experiencing of unconditional positive regard and empathic understanding” (Bozarth and Motomasa, 2005, p. 306). If the client does not perceive the core conditions (conditions 3, 4, and 5) in the therapist, it does not matter how well the therapist embodies them. The client’s perception that the therapist is embodying the core conditions is necessary for the relationship to be transformative.

Willow clearly did not experience this sixth condition with Buffy, because Buffy never offered the “therapist” conditions (conditions 3, 4 and 5) in their encounter. Xander does offer unconditional positive regard and empathy, and it seems that Willow does perceive these things in Xander. In fact, Xander genuinely makes it clear that Willow can choose any path, even killing him and destroying the world, and he will still love her. This is the key.

In Xander’s encounter with Willow, all six of the necessary and sufficient conditions for therapeutic personality change are met. Willow and Xander are in contact (condition 1). Willow is in intense psychological distress, and is thus incongruent in the relationship (condition 2). Xander is congruent, or “integrated” in the relationship. He is real, genuine (condition 3). This congruence supports his capacity for unwavering love for Willow, despite her frightening acts and appearance. He shows her unconditional positive regard (condition 4). Because of his congruence, Xander is also able to

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empathically follow Willow from her own frame. (condition 5). And in the end, Willow perceives these conditions as attitudes that are present in Xander (condition 6). This is when Willow’s constructive potential emerges. Xander, in his encounter with Willow, surrenders completely to her direction, even if it means that he may be killed and the world may be destroyed. Presaging his hypothesis of the power of the core conditions in effecting personality change, Rogers (1951) captures the significance of Xander’s non-directive stance when he states:

To me it appears that only as the therapist is completely willing that any outcome, any direction may be chosen, only then does he realize the vital strength of the capacity and potentiality of the individual for constructive action. (p. 48)

This dramatic statement is all the more compelling, now that we have come to the end of our sojourn into drama as a potential alternative to scientific research and ethical treatises in understanding human relationships. If a drama is convincing, it should provide us with viable case study material that is every bit as alive as the material found in traditional case studies. If these dramatic case studies elicit in us a real and lively connection with theory, and a deeper examination of our own psychotherapy practices, then they are a valuable resource. It does not matter that the characters are not real and that their circumstances are exaggerated. What matters is whether these stories can be experienced as real and instructive. Finally, if we care for the characters, and are drawn into a greater awareness of the human experience that allows us to see beyond what at first appears to be evil or pathological, then drama is a precious gift.

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Effects of Person-Centered Psychological Assistance on Workers in Stressful Jobs

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Abstract

This paper describes a study that evaluated person-centered psychological assistance in reducing the stress of workers in stressful jobs. Randomly-assigned experimental group participants received written information on basic person-centered counseling. Participants were asked to implement these methods while talking with an assigned co-worker for 10 minutes a day for one week about the co-worker's stresses or emotions relating to the workplace. Participants in the experimental group completed a distress measure before and after the intervention. Post-intervention distress levels of the experimental group significantly decreased compared to the control group which received no intervention. The findings suggest that providing workers in stressful jobs opportunities to receive person-centered psychological assistance from co-workers informed about basic person-centered counseling may be helpful in reducing distress.

Introduction

Stress is a reaction to harm, loss, threat, or challenge (Lazarus, 1999) and has many sources, including work (Arvey, Renz & Watson, 1998; Murphy, 1988). Work-related stress reactions tend to involve anger, anxiety, depressed mood, mental fatigue, and sleep disturbances and can have a significant effect on life expectancy (Fletcher, 1988). For the employer, work-related stress tends to lead to employee job dissatisfaction, loss of productivity, burnout, absenteeism, turnover, and increased health care costs or premiums (Fletcher, 1988; Kalliath, O'Driscoll, Gillespie & Bluedorn, 2000; Murphy, 1988).

Author Note: This paper is based on the 4th year research thesis of Kristy S. Osland, supervised by John M. Malouff. Kristy S. Osland is a recent psychology honors graduate of the University of New England, with experience working as a call operator for an insurance company. John M. Malouff completed a Ph.D. in clinical psychology at Arizona State University in 1984. He is now a registered psychologist in New South Wales, Australia, and a senior lecturer in psychology at the University of New England. Wendy K. Alford is a is a recent psychology honors graduate of the University of New England, with experience working as a child protective services worker. We thank Australian Associated Motor Insurance for its assistance with the study. Correspondence regarding this article may be addressed to John M. Malouff, School of Psychology, University of New England, Armidale, NSW, 2351, Australia. Email: jmalouff@une.edu.au. Phone: 2 6773-3776; fax: 2 6773-3820.

The Person-Centered Journal, Vol. 12, No. 1-2, 2005
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Some organizations have attempted to reduce stress by introducing employee stress management training and organizational interventions (Fletcher, 1988). A meta-analytic study found that employees tended to benefit from stress-reduction interventions (Blonk, Dijk, Schene, & Van Der Klink, 2001). A significant effect was found across 48 studies involving 3,736 participants. The meta-analysis focused on four different types of stress-reducing interventions. Three types involved stress management training for individuals (cognitive-behavioral, relaxation training, and multimodal) and one involved organizational changes. The analysis found that stress management training (with a Cohen’s d of .44) was significantly more effective than organizational changes.

A comparison between different stress-management interventions revealed that cognitive-behavioral approaches were significantly more effective than relaxation techniques, but that the cognitive-behavioral treatment effect size overlapped with the multimodal program effect size, which itself overlapped with the relaxation treatment effect size. Hence, the meta-analysis supported the efficacy of stress management training in general, but it gave no definite answer as to which was the most effective method and did not examine person-centered counseling.

Carl Rogers described person-centered therapy as the expression of core therapist attitudes of acceptance, empathy, and genuineness (Rogers, 1961; Rogers, 1980). Clients often attribute their improvement to these therapist characteristics (Lambert & Barley, 2001). Considerable evidence shows a correlation between therapist expression of these attitudes and client improvement (Lambert & Bergin, 1994; Orlinsky, Grawe, & Parks, 1994). Experimental research has shown that therapist expression of acceptance, empathy, and genuineness leads to positive effects, although not more so than other approaches to therapy (Greenberg, Elliott, & Lietaer, 1994).

The present study examined whether employee distress levels could be decreased by talking about strong emotions elicited in the workplace with a co-worker who had received written instructions in person-centered methods of helping. This approach went beyond the intervention methods of previous research by examining the use of peers to provide person-centered psychological assistance. It was hypothesized that the level of distress experienced by workers would decrease as a result of the person-centered intervention.

Method

Participants

An insurance company gave permission for its employees to be recruited for the study. A total of 141 call center operators (89 women and 52 men) agreed to participate. The average age of the participants was 28.52 years, \( SD = 8.91 \). Seventy employees participated in the intervention group; 71 employees participated in the control group. Common stressors for the operators included a queue of customers waiting on the phone, the strong emotions of customers who have been in an accident, and hostility from callers who are told they do not have coverage for an accident.
Groups

Person-centered intervention group. All participants in the intervention group were (a) given brief printed instructions explaining non-verbal listening cues, such as nodding and smiling, as well as how to show empathy and genuineness; (b) randomly assigned a listener, also in the intervention group; (c) asked to talk to the assigned listener for 10 minutes each day for five consecutive days about any event at work that had caused them distress or elicited strong positive or negative emotions; and (d) asked, after disclosure, to take on the listening role within the same session. Participants were advised not to become a counselor, but to offer support and listen to their partner’s disclosure, while keeping all conversations confidential. Participants in the intervention group were asked not to discuss the study with other employees.

Control group. Members of the non-treatment control group did not receive the PC intervention and were asked not to discuss any part of the study with other employees. The control group completed the General Health Questionnaire-12 and the evaluation questionnaire.

Measures

General Health Questionnaire-12. The General Health Questionnaire-12 (Goldberg, 1992) assesses psychological distress. The measure consists of 12 items that are rated on a 0-3 scale. A typical item asks to what extent the person “felt constantly under strain.” This study used a time frame of “over the last week.” Possible scores on the General Health Questionnaire range from 0 to 36, with higher scores indicating more distress.

The scale is made up of 12 items that produce a valid and reliable discrimination between mentally healthy and mentally disturbed individuals (Banks, Clegg, Jackson, Kemp, Stafford & Wall, 1980; Goldberg & Williams, 1988). Validity evidence includes associations with measures of depression and significantly higher scores in individuals identified through a clinical interview schedule as having a psychiatric disorder and in individuals who have sought professional help for stress or emotional problems (Banks, 1983; Bhui, Bhugra, & Goldberg, 2000; Goldberg, Gater, Sartorius, Ustan, Piccinelli, Gureje, & Rutter, 1997; Hardy et al., 1999). The General Health Questionnaire-12 has a Cronbach’s alpha coefficient of .89 (Jacob, Bhugra & Mann, 1997) and a two week test-retest reliability of .73 (Hardy, Shapiro, Haynes, & Rick, 1999).

Stress question. Participants in both intervention and control groups were asked before the beginning of the intervention: “Do you find your job stressful?” Possible responses included “not at all,” “sometimes,” “often,” and “all the time.”

Evaluation questionnaire. At the completion of the intervention participants in the intervention group responded to a series of written questions:

1) “On how many occasions did you talk with a co-worker about job-related stresses or emotions?”
2) “What did you think of the 10 minute talks? What effect if any did they have on you?”
3) “Did you find talking about situations that caused stress in the workplace beneficial?”
4) “Will you continue to talk about situations which you find stressful?”

Procedure

At the start of the study, all participants assigned themselves a code name to put on materials so as to maintain anonymity and completed the General Health Questionnaire-12 and the stress question. Workers were randomly assigned to either the intervention group or a no-intervention control group. Workers in the intervention group received written instructions, specified below, about person-centered interaction methods and then applied these methods to each other in pairs in 10-minute segments on five consecutive days. One week after the start of the intervention all intervention group and control group participants again completed the General Health Questionnaire-12. The intervention group and control group were then compared with regard to post-intervention distress level, controlling for pre-intervention distress levels.

Data Analysis Strategy

The main analyses planned involved a comparison of groups in post-intervention distress levels, controlling for pre-intervention scores on the same measure. ANCOVA was used for this analysis. As a preliminary, we planned to evaluate whether all the assumptions of ANCOVA were met by the data. The final planned analyses involved descriptive statistics about the intervention group members’ reactions to the intervention.

Results

Preliminary Analyses

Although 141 employees completed consent forms, four participants did not complete various other components of the study. Two members of the intervention group and two members of the control group did not complete the post-assessment; this was attributed to illness, being gone on annual leave, or to personal, unspecified reasons. One hundred and thirty seven employees completed all components of the study. Of the 137 participants who completed the study, 127 (93%) indicated that their job was stressful at least “sometimes.”

In preparation for the main analysis involving an ANCOVA, an evaluation of assumptions of normality, homogeneity of variance-covariance matrices, reliability of the covariate, linearity, homogeneity of regression slopes and non-multicollinearity was conducted. All assumptions were satisfied. The General Health Questionnaire-12 was found to have good internal reliability in this study, with a Cronbach’s alpha of .88 at pre-intervention for the 137 individuals who completed the study.
Group Comparison

The Table shows the pre and post-intervention means on the General Health Questionnaire for the two groups. We used an ANCOVA to test for main effects, as suggested by Tabachnik and Fidell (2001) for outcome studies with a pre- and post-measure. An ANCOVA comparing the post-intervention distress scores of the experimental group and the control group, controlling for pre-intervention scores on the same measure, showed that the experimental group’s post-intervention mean was significantly lower than the control group’s mean, $F(1,134) = 23.89, p < .001$, Cohen’s $d = 0.57$, indicating that intervention employee distress levels decreased just over half a standard deviation more than those of the control group. Cohen (1988) suggested standards of at least 0.50 for a medium effect and at least 0.80 for a large effect. The present effect thus was medium.

**Table: Group Means for the General Health Questionnaire-12**

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>Control</td>
<td>69</td>
<td>11.33</td>
</tr>
<tr>
<td>Client-Centered Approach</td>
<td>68</td>
<td>11.76</td>
</tr>
</tbody>
</table>

Intervention group characteristics

Analysis of post-intervention questions for members of the intervention group showed that 38% of employees spoke on five occasions as requested, 95% conversed about stressors or emotions at least twice during the intervention, and 4% did not talk at all. Further analysis showed that 100% of 68 participants who conversed with a listener reported that they found the intervention beneficial. All but two of the 68 participants (97%) indicated that they would continue to talk about situations which they found to be stressful.

Discussion

Implications of the Findings

The aim of the study was to determine whether employee distress levels could be reduced by an intervention involving person-centered psychological assistance. The results indicate that employees who were involved in the person-centered intervention showed significantly reduced distress levels compared to participants in the control group. The
results provide support for Carl Rogers’ theory of person-centered psychological assistance, extending prior findings supportive of the methods (Greenberg et al., 1994; Lambert & Bergin, 1994; Lambert & Barley, 2001; Orlinsky et al., 1994) to helping peers in the workplace.

The finding that almost all of the participants (93%) found their work at least sometimes stressful illustrates the need for an intervention. The distress-reduction effect size for the intervention was medium, with a $d$ of 0.57. This effect size compares favorably to effect sizes for psychological well-being in other workplace stress interventions, which were found overall in a meta-analysis to be smaller, with a Cohen’s $d$ of 0.44 (Blonk et al., 2001).

Acceptability of the Intervention to Workers

The findings indicated that 100% of the participants who spoke with a co-worker about their emotions found the intervention beneficial and 97% reported that they would continue to talk about situations that they found stressful. This finding suggests that participants found the intervention methods acceptable, as well as effective.

Effective Aspects of the Intervention

The results do not make clear what aspects of the intervention produced the effect. It could be that receiving person-centered psychological assistance from a co-worker was the main effective ingredient; however, it could be that something else, such as providing person-centered psychological assistance to a co-worker, was the main effective ingredient.

Limitations of the Findings

While the strengths of the present study lie in its experimental method and the use of a well-validated outcome measure, there were also limitations. Practical limitations of applying the person-centered method used in the study are that not all workers in some work places may be willing to participate in self-disclosure of stress and strong emotions with a co-worker and not all workers may be capable of providing person-centered psychological assistance as skillfully as was provided by the insurance call-center employees who participated in the present study.

The present study also has methodological limitations important to consider in interpreting the results. First, the study used only a self-report outcome measure, and self-report measures can be susceptible to experimenter demand effects where the participant wants to help the experimenter by answering as they think they should rather than as they actually feel (see Orne, 1962). Second, the study did not have any follow-up assessment. Hence, it is not known how long the effect lasted. It may be that the effect lasts only as long as the person-centered listening continues or that the effect dissipates even if person-centered assistance continues.
Directions for Further Research

Due to the various strengths and limitations of the study, the study produced some evidence that person-centered psychological assistance in which co-workers of workers in a highly stressful job provides reduces distress. Future research might examine whether similar outcomes occur in other types of workers and work places, whether the effects of a person-centered intervention extend to objective measures of distress, how long the effects last, and what aspects of the intervention are most important to the outcome.

References


Pas de Deux: An Assistant Professor's Journey in a Person-Centered Independent Study Experience

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Abstract

The reflections of an assistant professor facilitating a graduate student Person-Centered Approach (PCA) independent study experience are presented. A brief introduction to the assistant professor's approach to learning and the events leading up to the independent study are discussed. The assistant professor's journal entries of the person-centered experience, including dates, reflections, related letters, and e-mails are provided.

Pas de Deux: An Assistant Professor's Journey in a Person-Centered Independent Study Experience

During the 2002 spring academic semester, I agreed to facilitate a Person-Centered Approach (PCA) independent study experience requested by Marsha Smith, a graduate student in the department of counselor education in which I am an assistant professor. I wrote a journal of my experience; a journal that illuminates the experience as one of shared academic, professional, and personal learning by both student and professor. A brief introduction to my learning approach is presented in this article, along with my journal, and an account of related pre-journal events.

My Approach to the Facilitation of Learning

As a clinician and an assistant professor, my approach is person-centered; very much in keeping with the attitudes expressed in readings such as Client-Centered Therapy (Rogers, 1951), Freedom to Learn (Rogers & Freiberg, 1994), and Learning and Being in Person-Centered Counselling (Merry, 1999). I believe that learning can be encouraged to the extent that students are involved in a way that is real and important to them. My approach is an experiential, being-in-the-moment approach that is antithetical to directive, didactic, expert teaching styles. I strive to foster a classroom climate of trust in which curiosity and desire for learning are cultivated and enhanced. I strive to offer genuineness, acceptance, and understanding; and to provide resources when requested. I offer students their space to be, and to learn. In doing so, student-centered responsibility and meaning in learning is facilitated. By allowing them the experience of freedom to express themselves and the adventure of discovery, I facilitate their growth as lifetime learners.

While relatively new in the academic world, I am already keenly aware of how such approaches to facilitating learning are sometimes perceived as radical and unorthodox. Most of my students comment that, while they find my approach initially
disconcerting, they quickly embrace their freedom, their self-motivation, and their joy of learning. They frequently comment on how meaningful the experience has been for them, on their surprise at how much they have learned and retained, and on how they wish their learning to continue.

Pre-Journal Events

During the 2001 Spring semester, Marsha attended two of my graduate classes: Individual Counseling Concepts and Measurement and Evaluation Concepts. She engaged in both classes by bringing her full self actively to class. She consistently offered ideas that were well organized and thought provoking, co-facilitating the class along with her colleagues. She demonstrated herself not only as a capable graduate student, but also as an outstanding graduate student. At the end of the semester Marsha told me that something unusual had happened for her during this course and that she intended to write me a letter discussing it. She also stated that she wished to meet with me to discuss the possibility of independently studying several counseling approaches in depth.

The Assistant Professor’s Journey

May 8, 2001: I have met with Marsha to discuss her independent study. She has entitled it Counseling Adolescents: Feminist, Behaviorist, and Person-Centered Approaches. She has outlined the experience as follows: read five texts, write three ten-page papers (one on each of the three approaches in her title), and meet with me one hour per week to discuss books, other related readings, concerns, and view videotapes. The texts she has selected are: Counseling the Adolescent: Individual, Family, and School (Carlson & Lewis, 1998), Theoretical Foundations and Biological Bases of Development and Adolescence (Lerner & Lerner, 1999), Contemporary Behavior Therapy (Spiegler & Guerwerement, 1998), Child-Centered Counseling & Psychotherapy (Boy & Pine, 1995), and Children’s Rights, Therapist’s Responsibilities: A Feminist Commentary (Anderson & Hill, 1997).

I shared that, while my area of specialty is the PCA, I would be happy to facilitate this experience, share what I know, and learn more about other approaches. We filled out and signed all the required forms and Marsha said she would submit them to the registrar.

I feel excited to be working with Marsha again. She seems motivated, ambitious, and open to a PCA learning experience. I also feel curious about her interest in the three approaches for study when she has sought me out for a PCA independent study. And I feel happy to have the opportunity to offer a Person-centered course as an independent study in preparation for eventually offering it as a scheduled course.

September 6, 2001: The letter Marsha said she would send regarding her experience of my classes last spring arrived today. It is dated September 4, 2001 and reads:

Dear Leslie,

I confess that I am surprised to be writing this letter. You are the only professor I studied with this past spring semester, taking Individual Counseling and Measurements & Evaluation. At the beginning of those courses, I was so
upset that I thought I would never be able to relate to you, and that I might not achieve the B grade level needed to continue in the Graduate Program. Now I write to you because I would like to share my transformation with you, as a way of expressing my gratitude to you and as a way of better understanding what happened in me. The two courses were slightly different emotionally for me…. However, the process was fundamentally the same so I am going to simply express what transpired as one flow of events.

The first class was basically straightforward. I met you, received the course information, met the other students and left feeling that I could handle the work. During the second class and through the next one or two, I became unsettled-in fact, upset. I experienced you as very much "here," present, listening, attentive, teaching. Yet I also experienced a gap that I was not comfortable with. I did not pick up from you the pattern of support and encouragement that I had experienced from others. The gap became a chasm for me. I became very frightened of receiving a low grade. I truly lost sleep over this and began physically dragging. Something kept nagging at me, though. I could do the work. I felt convinced that you were as fully engaged in listening and teaching as you appeared to be. But I could not understand the basic student question, "What does Leslie want?" - Or, more precisely --- "What do I have to do to get a good grade?" I feel a bit embarrassed now, after this process has gone its course, to realize that that was really my question. I squirmed in my seat over what to do - drop out? Give up? Take the course another time? After the third or fourth week, I finally decided that I was just going to do the best I could and learn the most I could and whatever grade you gave me would be your decision! In other words, I took ownership of my Individual Counseling course and my Measurements & Evaluation course. I began to thoroughly enjoy both. ...And after I did that - took ownership and began to enjoy the process - I suddenly realized that that was what you had wanted for me as a student. That experience of ownership was what the chasm had left a space for. What a gift! What a feeling of freedom-a feeling that flows over me now as I write. I truly thank you, Leslie, for having the courage to teach as you do… You are a fine teacher with a gift for creating a stimulating learning environment. . . .I am deeply grateful for the opportunity to study with you. . .

Very sincerely yours,

Marsha A. Smith

Wow! I feel so pleased: as a professor and as a human being. She seems to have really understood my person-centered approach to learning at a deep level; she truly "gets it." And Marsha's experience of this understanding is to a point that has motivated her to share her wonderment with me in her insightful letter. She has taken the time to share with me this precious understanding, this person-centered understanding. After receiving this beautiful letter I am all the more excited to be sharing this PCA independent study with Marsha!

September 12, 2001: Marsha met with me today to discuss postponing our person-centered experience until next semester. She plans to schedule a meeting later this
semester to discuss her new ideas for the spring course in detail. I feel disappointed. I felt excited about the intimacy and growth that I might experience in our person-centered experience. Now I feel so disappointed that I cannot recall why she said she wished to postpone. I am remembering something about her job: a new job, or a new position/promotion, or the intensity of her classes this semester coupled with her job. I also feel left out, and at the same time happy that she intends to pursue our Person-centered project next semester.

November 12, 2001: Marsha and I met to discuss her PCA independent study for Spring 2002. She has changed the title to Person-Centered Therapy and Emotionally Disturbed Adolescents. She stated that after researching additional literature she would like to focus on the PCA and has changed the texts previously outlined to: The Carl Rogers Reader (Kirschenbaum & Henderson, 1989), Experiences in Relatedness: Groupwork and the Person-Centered Approach (Lago & MacMillan, 1999), Person-Centered Therapy: A revolutionary paradigm (Bozarth, 1998), and A Way of Being (Rogers, 1980). She has outlined the experience as follows: read four texts, write one 30-page paper, and meet with me one hour per week to discuss texts, other related readings, concerns, and view videotapes.

I am happy to note Marsha's focused interest on the PCA. As I reflect on the process of this experience, I am also feeling joyfully humble. It seems this independent study started long before this semester. Marsha has been contemplating, refining her course since last spring! Looking back on my notes from September 12, my left out feeling now makes sense. I was limiting the person-centered experience to within the semester, to within the box of the university system, to the compartments in which I organize my experiences. Marsha was not. She moved ahead without me! Not quite a person-centered being, Dr. McCulloch! Well, at least in limiting myself to "my box" I stayed out of her way! Ha-ha! And so my person-centered experience had unknowingly begun as well! I take to future classes this reminder that experience, learning, development, actualization occurs continually as a process, at an individual pace. Thank-you for the learning, Marsha!

November 26, 2001: Marsha and I met today and signed her fully outlined PCA independent study proposal for Spring 2002. She stated she would deliver it to the Registrar. We plan to meet Tuesdays from 3:15 - 4:15 p.m. during the spring semester.

January 12, 2002: I received the following e-mail from Marsha today:

Subject: Marsha Smith Course Meeting
Hi Leslie,

I want to confirm that we will begin our spring adventure together for the Independent Study on Tuesday January 29 at 3:15 PM in your office. I have had several auspicious events to mark the beginning of this! First of all, I had great difficulty locating the Bozarth book (I am forgetting the exact title at the moment). I went on the net to the person-centered therapy sites and had such great help—including from John (no last name but an e-mail address that contained schlienjo) who asked to be remembered to you. And, I heard from Dr. Bozarth who offered to send the book at no cost since I was having such difficulty...
locating it. However, John had helped me get the publisher's address so the book was already en route from England when Dr. Bozarth's message came through. I found this very touching. And, I will be attending the Counselor Day on 1/23, taking a personal day from work. My morning session is with Howard Kirschenbaum on Carl Rogers and my afternoon session is with the Cochrans, an introduction to Child-Centered Play Therapy. I am just delighted. Looking forward to seeing you again,

Marsha Smith

Marsha's motivation and exploration continue! And they are contagious! I feel my excitement and motivation increasing. To be in such direct and regular contact with another person-centered person is uplifting! I have started reworking four articles that have been setting in my office for over a year. And I intend to complete and submit them this summer! I wonder if Marsha realizes she is hob-nobbing with person-centered greats John Schlein, Jerold Bozarth, Howie Kirschenbaum, and Jeff and Nancy Cochran! All are so accessible and kind, I feel warm inside and proud to be part of the person-centered community.

January 29, 2002: Marsha and I met today for the first "official" meeting in her PCA independent study. Marsha discussed her "mission statement" which was the application of this experience to her workplace and future social activism. She would like to read A Way of Being (Rogers, 1980) for discussion next week. Reflecting on this meeting, I find myself noting that Marsha seems to have organized her thinking and this course in a way that I suspect may change through the experience of the course itself!

February 5, 2002: Marsha stated she viewed Rogers on videotape recently, so as she read A Way of Being she heard Rogers' voice with his words. Marsha said that reading Rogers' ideas in his own words was helpful to her in clarifying his theories and in understanding her own self. We discussed at length 8 or 9 points Marsha had marked from the book. She said this process of reading and discussing is helping to integrate her self with her career, with society, and with her history. She noted specifically that this PCA process is facilitating her ability to verbalize Rogers' theory when a rationale for her interventions is required at her work. She said it is also helping her to put into words some of her painful historical experiences.

Marsha's desire to be able to provide other mental health professionals at her job (professionals with different theoretical orientations and/or a lack of understanding of the value of the PCA) a rationale for her approach hits home. I have experienced professionals (clinically and academically) who valued concrete interventions over attitude; who valued strategies over empathy, genuineness, and respect. I would like to note something else. Sometimes I worry about the fact that I am often so engaged in processing the ideas Marsha is expressing, that I do not let her know I have heard her and that I understand her. I feel a desire to slow down a bit and summarize occasionally. I, too, struggle…with my rationale… for person-centered teaching… being.

February 12, 2002: Marsha welcomed a faculty member who happened to knock at the door into our person-centered experience today. He agreed to visit for a short time.
and Marsha shared her thoughts on several ideas from *A Way of Being*, and on our person-centered experience. Marsha stated that she found the clarification and continuation of the readings most helpful. She said "Our discussions... are the threads weaving together all the readings, learnings, videos, and courses..." Marsha is planning to attend a retreat so we will not meet next week (February 19). For next time she would like to read *The Carl Rogers Reader* (Kirschenbaum & Henderson, 1989) and *Person-Centered Therapy: A revolutionary paradigm* (Bozarth, 1998). I felt so proud to listen to Marsha speak of this person-centered experience. And I feel so happy to be sharing this learning with her.: happy in our person-centered communion.

February 26, 2002: Marsha stated her focus at this point was the question "Is it possible to be person-centered in my middle school?" We discussed Kirschenbaum and Henderson (1989), more points Marsha noted from Bozarth (1998), finished our reading of Rogers (1980). We will not be meeting next week as Marsha is planning to attend another seminar next week (March 5).

I am keenly aware of my sharing of this experience with Marsha. I shared with her that I feel myself extending my arms to her while cupping in my hands a delicate little bird: our person-centered experience! And Marsha is there, extending her hands cupping that same little bird. We are sharing this experience, sharing and living what we value: empathy, genuineness, and respect. It feels so rich and wonderful.

March 12, 2002: Marsha and I continued our discussions on Jerold Bozarth's (1998) book. Marsha raised the topics of evil, natural evil, and feral children. We also discussed recent articles in the BAPCA journal *Person-Centred Practice* focusing on evil (Crawford, 2001; Worsley, 2001). Marsha stated "I am really someplace else now."

Next week (March 19) is spring break so Marsha and I will not be meeting.

I feel fully engaged in this person-centered experience. Our discussion is touching my thoughts about professional literature and my academic functioning. The complex intermingling of things personal and professional seems far more clear. I hear words from Ned Gaylin at the LaJolla conference and colleagues from the British person-centered community in Manchester. I am also more aware of things I do that I would like to change. I would prefer to listen more. Everywhere. I am aware of the moments when I do not listen to Marsha, when I swirl in my own thoughts and speculations about what she has said.

March 26, 2002: Marsha completed a paper entitled *Wasn't I Good?* and read it to me today. In it, she shared an encounter with one of her students, her approach within this encounter, and her reflections through her new person-centered perspective. Her *being* in the encounter was magnificently person-centered. [for a description of Marsha's encounter see the article entitled “Pas de Deux: A Student's Journey in a Person-Centered Independent Study Experience” in this issue of *The Person-Centered Journal*. She seemed pleased to read the paper, and as she did I felt greatly moved. Moved to tears. I am so impressed, and proud, and happy to be part of this experience! As her paper has indicated, Marsha has begun to integrate the discussions, readings, and theory of this experience to her work. And she has brought her self to this place! Marsha stated that she would like to
focus the second half of this course on exploration of her self. For next meeting we will read *Freedom to Learn* (Rogers & Freiberg, 1994).

April 2, 2002: I said to Marsha that I was hoping she would re-read her paper *Wasn't I Good?* She did and I shared that I thought her article would be a lovely reflective piece to submit to the *Person-Centered Journal*. I offered to read it editorially. She agreed and we decided that if I had it back to her next week, she would bring it in, with changes, to mail on April 16. We also discussed *Freedom to Learn* (Rogers & Freiberg, 1994). I mentioned I was contemplating an article from our experience together, and talked about my learning and sharing in this process. For next meeting we will read *Experiences in Relatedness: Groupwork and the Person-Centered Approach* (Lago & MacMillan, 1999). This learning experience excites me, and preoccupies me. As I enter the class I teach following our PCA independent study, I notice it takes me a while to orient myself to the changed setting and people.

April 9, 2002: We discussed my editorial comments and thoughts about her paper *Wasn't I Good?* and Marsha took it saying she would make changes and send it in to the PC Journal this week. We viewed part of Rogers' tape on facilitating a group (Rogers, 1978). We also discussed *Experiences in Relatedness: Groupwork and the Person-Centered Approach* (Lago & MacMillan, 1999). I am aware that this experience is affecting my being. The review of the person-centered literature with Marsha has renewed my spirit. Surrounded by so many mental health academics and clinicians who are unaccepting of the PCA, often I feel alone and/or attacked. I bring this renewal, this strength to my classes, my students, my colleagues, my family, my world.

April 16, 2002: Marsha discussed an historical issue she explored in her paper *Wasn't I Good?* She talked about the words intrusion and worthiness relevant to this experience. I shared my concern about being so engaged in processing her ideas, that I do not let her know I have heard her and that I understand her. Marsha shared that the expressiveness of my face fully conveyed my presence, caring and regard of her. For next week we will read *Carl Rogers on Personal Power: Inner Strength and its revolutionary impact* (Rogers, 1977). I caught myself insidiously interpreting in one of my comments to Marsha. I wish I had listened instead. I feel embarrassed to think of it, and guilty of accusing her of refusing to share. Ugh! Marsha continues her self-exploration. So do I…

April 23, 2002: Marsha stated she is writing another article. She said, "I am so hungry!" She talked about the words intrusion and worthiness; how they were not accurate in describing what she now recognized as feeling afraid. It was not about unworthiness or insufficiency (*Wasn't I Good? comes to mind*). It was about feeling afraid. Afraid of being injured, hurt emotionally and physically; of feeling unwelcome through no fault of her own. My own faux pas (the interpretive refusal comment) apparently stayed with her, and we talked at length about it. Marsha's exploration of her self continues. These academic, theoretical, professional, and personal pursuits are so inextricably linked! And I am linked in this process! I find myself strangely exploring seeming unrelated pieces of my self. As I reflect, these pieces are linked to the process and affect I am experiencing. I am reflecting, exploring, processing; not only this experience, but also my life, my

relationships, my personal and professional self. And I find myself feeling things that are difficult to put to words.

April 30, 2002: Marsha shared her second paper titled *An Independent Study*. It is a beautiful essay on her experience of this PCA independent study. As she read it I remember thinking "Wow! She has connected her personhood with her professional self!" At the beginning of this process Marsha had hoped to understand and implement her chosen approach in her work. Her paper reveals she has integrated her approach into her self. I discussed my (this) journal and my thoughts on submitting it as a reflective article to the PC Journal. I also shared that I thought her second article would make another wonderful reflective piece on the person-centered experience. Marsha suggested that we might submit them as "companion articles." We both enthusiastically agreed to do so!

I again find myself reflecting on what words might express what I am feeling. I am filled with feelings that are huge and important to me; existentially-related feelings. I am experiencing an openness, a "dismantling of walls."

May 7, 2002: Our last scheduled "class" meeting for the semester. Marsha and I shared our learnings and our feelings regarding the termination of this experience. We also scheduled our meetings for sharing our finalized articles (the "companion" pieces). We will meet May 14 to share our articles, and again on May 22 for any final feedback before (hopefully) mailing them to the PC Journal. My desire to understand this feeling of openness continues. It is as though I am standing in an open field.

May 13, 2002: I contacted Marsha to reschedule our appointment for May 14, letting her know I was not yet finished with my article. She agreed to change our meetings to May 22 and May 29. I feel a bit ashamed for not having met our "deadline." I also feel excited about our project, and sad knowing our scheduled meetings will soon end! I mentioned to Marsha my struggle to find the words to express my feelings about this experience. I clearly am taking from the experience so much that is special and important to me.

After we talked today, I received the following e-mail from Marsha:

Subject: FWD: Wasn't I good  
Hi Leslie! I couldn't wait until tomorrow to share this with you! Marsha  
To: [Marsha Smith] Sent: Monday, May 13, 2002 2:38 PM  
Subject: Wasn't I good  
Dear Marsha,  
Thank-you for your submission of “Wasn't I Good?” to The Person-Centered Journal. The article is well written, and I believe it will make a valuable contribution to the literature. I am unfortunately without an appropriate reviewer as yet, but hope to find one soon! Meanwhile, it would help if you are able to send me an electronic copy of the manuscript, perhaps as a PC formatted attachment in reply to this e-mail. Our editorial policy calls for open review. Accordingly, when I have found the appropriate two reviewers, I will have them send their comments directly to you, with copies to me. You can then dialogue
with the reviewers until the article meets everyone's satisfaction. Thank you for your patience.

Jon
Jon Rose, Ph.D. Editor-In-Chief

Our experience has produced a concrete result. While this is a marvelous happening, it seems dwarfed, secondary to the other pieces I struggle to identify. The satisfaction and whatever it is I am feeling are continuing to affect my sense of self and my interactions with others. I continue to ponder my feelings, the words to express them, and the "bigger" meaning of my experience with Marsha this semester.

May 20, 2002: Today I received Marsha's evaluation of our PCA independent study experience as the course EDC 699. She has graced me with a beautiful, caring, in-depth evaluation of our time together. She said:

I wanted to understand the PCA. Leslie and I worked together on every detail of the course: the texts, the pacings, the readings, discussions, the papers.... Each week emerged as unique - I came prepared to discuss and we went far beyond what I could have imagined. I leave energized to pick up the texts and go farther; to reflect on my personhood and my way of being in my world; to look at my professional life and how I am being genuine and true to myself in my encounters. I love this course - I grew, I learned, I achieved my goal. I wanted to understand one theory/practice very well before I begin professional work, to have a base to work from, a foundation, a rationale for my way of being. I have that. I am very grateful to Leslie for being; for being with me as I am as a student so I could achieve my goal.

May 22, 2002: Marsha and I met this afternoon to share and exchange our "journals" for edits. I felt so excited about hearing her reactions to my piece that I asked if we might meet in two days rather than waiting a week. She agreed. I feel troubled as I have yet to understand truly and put into words these feelings, these experiences and learnings. As I reflect on this experience, I see it has been rich! A chocolate mousse cake... with chocolate cream cheese icing... and a chocolate truffle on top! I was present as Marsha chose her professional theoretical approach: As she explored the literature of that approach, moved toward an internalized understanding of that approach, and reviewed her self in relation to the approach (from both an historic and a current perspective)! I was present as she effectively applied the approach to her work, as she wrote about these experiences, and as she submitted them for journal publication! I was present as she exceeded the already ambitious academic experience she had outlined! She proposed four texts and finished having read and discussed six. She discussed numerous other articles, theories, and authors. She proposed one 30-page paper and finished with two reflective articles she intended to submit to journals. She explored both her professional and personal selves. All within a single graduate level course. This journal explores only the tip of my takings from this massive person-centered iceberg. I have experienced my first offering of a fully person-centered learning experience. With that, I am more aware of the sharing that occurs, and the relationship that develops. Marsha and

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I both experienced the excitement, motivation, and anticipation for learning. I am far more aware of the growth that occurred for me because I experienced it to a greater degree within the greater degree of freedom of this experience.

May 24, 2002: I meet with Marsha this afternoon and I feel confident we will work today to read and offer suggestions on both companion pieces then mail them to the PC Journal. Since I will share this journal with her at that time this will be my last entry. It is just today that I have a sense, a beginning understanding of what has been happening in me. I valued, accepted, and listened to Marsha when I was with her. And as I was with her, totally engaged in the experience of her being, so she was with me. I felt accepted, valued, and listened to. I felt no pretense, no walls, no inhibition, no hesitation. Our shared understanding and desire for this "way of being" freed me from the oppression of the student-instructor yoke. She accepted me as a person, and I was free within the experience. This was more than my just my understanding and commitment to the PCA. It was our fully shared experience, and at a deep level. That was the openness, the field that I experienced. That is what I was feeling that I can now express as an expansive beauty. An expansive, open state of beautiful being that we mutually unfolded. Marsha and I were being, truly being our open, genuine, and respectful selves. And in this place, this way of being, I felt the "goodness" of being. The innocence, the safety, the assuredness, the growth, the love that can be. I feel tears of joy in my heart.

References


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Pas de Deux: A Student's Journey in a Person-Centered Independent Study Experience

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Abstract

A graduate student reflects on her experience of an independent study of the Person-Centered Approach (PCA). She recounts her initial difficulties with the approach as practiced by one of her professors. She describes a subsequent episode with the professor and considers the episode in terms of her personal growth, the goals of her independent study, and implications for her professional counseling work.

Introduction

I am nearing the completion of an extraordinary learning experience. I am a graduate student in counseling, seeking to work with K-12 students in the school system. As my time of formal study draws to a close, I find within myself a desire to know one theory well and have a base from which to draw support in my professional work. I am exploring the Person-Centered Approach (PCA) as a possible theoretical and practical base for my future practice. I was drawn to the PCA through my course readings, class discussions, and my struggle adjusting to the approach as practiced by LA one of my professors. In working through my difficulties with the professor, I experienced great freedom and great excitement in the learning process. I subsequently asked the professor to work with me on an independent study. The independent study experience was far deeper and more engaging than I had hoped it could be.

My Difficulties Adjusting to the PCA as Practiced by My Professor

My academic experiences had accustomed me to viewing professors as experts. They lectured, handed out the required and necessary information, and tolerated students’ ideas. Student engagement was often professed, but not facilitated. They were in charge, set the standards, and I was to do what they said. As an eager student, I worked diligently within this system. However, my first two courses with the person-centered professor challenged my notions of academic process, structure, and responsibility. In the opening weeks of those courses, I thought that I would never be able to relate to the professor, and that I might not achieve the B grade needed to continue in the graduate program. At the end of the courses, I wrote to the professor saying that I wanted to share my transformation with her, both as a way of expressing my gratitude to her and also as a way of better understanding what had happened in me. The two courses were slightly different emotionally for me. However, the process was fundamentally the same so I will describe what transpired as a single flow of events.

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The first class was basically straightforward. I met the professor, received the course information, met the other students, and left feeling that I could handle the work. During the next several classes, I became unsettled. I experienced the professor as very much present, listening, attentive, teaching. Yet I also experienced a gap that I was not comfortable with. I did not pick up from the professor the pattern of support and encouragement that I had experienced from other professors. The gap became a chasm for me. I became very frightened of receiving a low grade. I lost sleep over this and began physically dragging.

Something kept nagging at me, however. I knew I could do the work. I felt convinced that the professor was as fully engaged in listening and teaching as she appeared to be. But I did have an answer to a basic student question, “What does the professor want?” or, more precisely, “What do I have to do to get a good grade?” I feel a bit embarrassed now, after this process has run its course, to realize that that was really my question. I squirmed in my seat over what to do. I considered dropping the courses or taking them at a later time.

After the third or fourth week, I finally decided that I would do my best, learn the most I could, and accept the professor’s decision about my grade. In other words, I took ownership of my portion of my course. The professor had a gift for creating a stimulating learning environment. My colleagues were a unique and interesting mix. The material was vital to my program and intriguing. I began thoroughly to enjoy my classes.

After I took ownership and began to enjoy the process, I suddenly realized that that was what the professor had wanted for me as a student. That experience of ownership was what the chasm had left a space for. What a gift! What a feeling of freedom, a feeling that flows over me again as I describe it.

I wrote to the professor, thanking her for having the courage to teach as she does. From my experience, she stood alone in her approach to teaching, and to teach so differently would no doubt be a challenge for her. I was deeply grateful for the opportunity to study with her, and later I asked her to work with me on an independent study of the PCA.

**My Independent Study Experience**

I began the semester with a working title: Person-Centered Therapy and Emotionally Disturbed Adolescents. The professor and I met once each week to process my experience of the readings. As I began to appreciate more deeply the trust and respect for both parties that is integral to Rogers’ (1959) thinking, the sessions themselves became an integral part of my processing. The changes I experienced can be seen in the changes I made to my study titles.

I learned that the person-centered way of being is rooted in the foundational attitudes of empathy, genuineness, and unconditional personal regard (Bozarth, 1998; Rogers, 1980). The six core conditions that Rogers (1959) described as necessary and sufficient must occur for positive change to occur (Bozarth, 1998):

1. That two persons are in contact.
2. That the first person, whom we shall term the client, is in a state of incongruence, being vulnerable, or anxious.

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3. That the second person, whom we shall term the therapist, is congruent in the relationship.
4. That the therapist is experiencing unconditional positive regard toward the client.
5. That the therapist is experiencing an empathic understanding of the client’s internal frame of reference.
6. That the client perceives, at least to a minimal degree, conditions 4 and 5, the unconditional positive regard of the therapist for him, and the empathic understanding of the therapist. (Rogers, 1959, pg. 213)

Within the first weeks, after reading Rogers (1980) and Bozarth (1998), I thought that the independent study title should be: The Person-Centered Approach with Children Who are Diagnosed as Emotionally or Behaviorally Disturbed. Certainly this was too many words for the computer format in the Registrar’s Office, but it is more reflective of my growing understanding that the PCA is a way of being engaged humanly with another human being.

The contemplated change in title for the independent study also reflects my growing understanding of the limits of diagnostic labels, the de-humanizing effect that the classifying process can have on both client and counselor. The latter may pigeonhole the former, possibly shutting down vital, open interaction (Bozarth, 1998; Rogers, 1977). As Bozarth (1998) states, the person-centered “counselor seeks to have no presuppositions about what a client might do, or be, or become. . . . Using external frames of reference are, at best, interferences that effect clients’ inclinations to find their own directions and ways at their own pace” (p. 127).

As the independent study continued even further, the question of a title for the course became moot. I began to relish the freedom to learn and the companionship of my professor as I engaged in understanding what was happening in me as I encountered the PCA readings. I began to realize that my primary study text was my professor herself. Her way of being with me as an educator facilitated my exploration (Rogers & Freiberg, 1994). Each week the readings discussion took us to new places, led by my interest as a student. I truly felt the exhilaration of learning as described by Rogers (Rogers & Freiberg, 1994), “the insatiable curiosity… to absorb everything [I] can see or hear or read about a topic that has inner meaning” (p. 35).

Ultimately I realized that the independent study was about me, about the mutuality of the person-centered learning approach, about the depth I could reach in being truly open in the presence of a genuine, empathic, prizing companion (Rogers & Freiberg, 1994).

**The Episode**

As I was leaving one meeting with my professor, she mentioned that the weekly faculty meetings have a marvelous open person-centered quality. I was so happy to think that these people who are providing such a caring atmosphere for me may be experiencing this approach with each other. I said this to my professor. As I said the words, I did feel a bit flat in emotional expression. I could sense my habitual hesitation. If time had stopped and I were to describe my sense of self at that moment, I would have said that I was being
respectful of the professor's personal space, offering my feelings, but not intruding on her personal experience.

As it was, the professor simply nodded and moved on in the conversation. I felt bereft, because she is a very expressive and responsive person. I knew that if she understood how very touched I was to hear her sense of the faculty meetings, she would have responded to me and to my feelings. I therefore decided to repeat my statement because I thought that she had not understood. Indeed, I had failed to convey my feeling. My words described my feeling but my expression and tone and body had held back the fullness of what I was feeling. The sixth condition outlined by Rogers (1959) had not been met. My professor had not perceived my intended empathic understanding.

I did know intuitively that there was something lacking in my movement towards her. I also knew that I was the one who had to make the effort to communicate my feelings, or the moment of my deeper self-giving would pass. I did not want that moment to pass. I wanted to convey what I felt and I wanted to know that she had perceived my feeling as well as my words. So, I pushed myself and restated what I had said:

M: It's important to me that you understand how glad I am that you professors have such depth in your meetings.

P (her face registering surprise and attentiveness): I did not know that.

At this point, I was startled, but really not surprised. We talked then about what had happened and had not happened between us in this interchange, looking for words to express the feelings. My professor shared her felt sense that I might be refusing to share myself with her. I could feel the truth of this. We were at the end of our session, and so closed our conversation, but the echoes continued within me.

The following day, I had a driving trip of several hours. In the solitude of the moving car, I contemplated my inner stirrings. The word “refusal” resonated within me. I sensed however that refusal was not the deepest layer, since I could feel that I had no reason, no cause for refusing to share myself with my professor. I moved through my litany of what I might be experiencing, ruling out certain patterns that had at times been dominant in me. I knew that refusal to share with the professor was not about feeling unworthy, and not about feeling I would be found insufficient (Rogers, 1977). As I drove along, struggling to release my awareness into a more conscious level, a memory surfaced.

My Learning Moments

When I was seven years old, I burst through a bedroom door from a closet and startled a man I knew very well who was in the act of sexually abusing a young child. A close-knit group had all gathered for dinner at a family home and the children were scampering about the house, playing games. I had run through a closet in the hallway that connected to the rear of the bedroom closet. I was laughing and looking for my little friend. Suddenly all that changed when the man grabbed my arm, threatening my life and that of my parents if I ever were to tell anyone what I had seen.

He was very convincing. I repressed the memory for over 30 years. The force of his threat haunted me quietly and insistently. My family, though unaware of the details, has described this in simple terms: Marsha changed when she was seven. I moved from...
being an active, adventurous child to a quiet reader and thinker who climbed trees only to get away from people. As I moved into adulthood, I carried vestiges of this man’s threat in my way of being with others. I was hesitant, calm, and reserved in personal interchanges. I had learned how to live with my fear.

As I continued my driving journey, the sun streaming through the windshield met this re-emerging memory with a deeper clarity. I refuse to share myself because I am afraid of being hurt if I intrude on someone. I hold back because I am afraid of bursting uninvited into the other’s space.

I refuse. I hold back. I express myself in words quite clearly but the emotional content—the direct link with my tender, vital center—this I reserve. I am afraid of being injured. I am afraid the other will kill the vitality and the flow of life that I feel constantly surging and swelling within me. I love who I am. I want to protect myself from the other. If I intrude on someone else’s space, I may be struck down. If I burst in uninvited, I may be violently rejected, not for whom I am, but because knowing the intimate person of the other may be a danger to the other, and to me.

As I write these words, I experience catharsis. As the words leave the tip of my pencil and land on the paper, I know the duplicity of my fear. I had reason once to be afraid. I have reason now to trust. I can trust the strength and fullness of myself. I can trust the genuineness and unconditional personal regard of my person-centered professor. I can release myself to a person-centered way of being, trusting and prizing my own genuineness, trusting and prizing my professor. A family friend had once cast a long shadow of danger over the chance intimacies of life. Now my professor bids an unconditional welcome into her office, her time, her being.

Carl Rogers (1980) once wrote that at times when he was “closest to [his] inner intuitive self” (p. 129) just his presence seemed healing (cited in Lago & MacMillan, 1999). I understand that now. The shared prizing and trusting I experienced with my professor during this independent study has led to a greater human depth of encountering. I touched an old fear that had bound me; then I realized that the fear is a distraction. The fear is a vestige of an encounter that happened only once and need have no residual power over me. I choose to let go of the protective pattern of refusing to share myself with another.

Application to the Independent Study of the PCA

My purpose in pursuing an independent study was to explore the PCA as a possible theoretical and practical base for me as a counselor. A key element of my graduate education has been the department’s emphasis on my person as the primary means of any counseling I might engage in. The work with my professor, encapsulated here in my reflections on one episode, facilitated my greater self-knowledge and genuineness in human interactions. I benefited from probing my way of being and the choices I have about my personal presence in relationships.

I experienced the power of the PCA as I moved toward a deeper understanding of my personal responses to others. I had been living largely unaware of the still active fetters linked to my memory of abuse. I did not fully know the power I possessed to be able step away from those fetters. My commitment to staying with myself through the resonance of the word “refusal” reflects what Rogers (1977) has described as the “power
of the powerless” (p. 186). My professor’s person-centeredness was facilitative in my exercising my power to choose. She met my incongruence with unconditional positive regard. She reflected my feelings and conveyed a welcoming, caring understanding of me as a person. I recognized this and gained encouragement and strength from her confidence and trust in me, as I am. Rogers’ (1959) necessary and sufficient conditions were present, living, and operative. I now experience within myself a way of being that feels more trusting of the other, more eager to move toward the other, more secure in engaging the other.

My greater clarity regarding my way of being with others may have direct significance on my practice as a counselor. I understand that I have spent decades living in fear of intruding on another’s space. The fear inhibited my full expression of feelings even with those I prize and trust, such as my professor. Quite possibly, this fear could have inhibited my freedom in responding empathically to a client. Empathy may be seen as moving respectfully into the space of the other. My fear of intruding, were I to remain unaware of it, might possibly impinge on my congruence and inhibit the fullness of my empathic reflecting.

I do recognize the protective pattern of hesitancy that delineates my fear. There is a "companionableness" to my long accepted pattern of restrained interactive behavior. It has served me well. And it has served me poorly. Understanding the influences on my ways of interacting allows me greater choice (Rogers, 1977). Feeling myself unconditionally cared for and trusted regardless of my choice encourages me (Rogers, 1980). I chose now, both personally and professionally, to welcome a way of being that places my trust in the goodness of the other and of me. I embrace the PCA as a way of being that is congruent with my inner being and with my professional desires.

References

Book Review

_The Heart of Counseling: A Guide to Developing Therapeutic Relationships_

Jeff L. Cochran and Nancy H. Cochran
$49.95 U.S. Dollars
ISBN: 0534625770
303 pages

I anticipated the arrival of the book of my dear friends and colleagues, Jeff and Nancy Cochran, much like the arrival of a new infant. Having listened to both authors discuss the meaning of their writing, I was filled with the anticipation of a new and meaningful text as I was handed their "pride and joy," _The Heart of Counseling: A Guide to Developing Therapeutic Relationships_ this past June. I have not been disappointed. It is a marvelous book that explores the essence of effective counseling: the relationship. And it is this relationship approach to training counselors that makes this book notable.

Counseling texts often stress directivity, techniques, and strategies within the context of what to do and how to do it. Few texts provide major focus on empathy, realness, and respect within the context of personhood, introspection, and relationship. Yet it is well-established in the literature that relationship is key to effective psychotherapy. A small sampling of this literature includes Bozarth (1998), Glauser and Bozarth (2001), Greenberg, Elliott, and Lietaer (1994), Kirschenbaum and Jourdan (2005), Rogers (1951, 1959), and Sommerbeck (2003). Such literature underscores the importance of this book as a foundational text with interdisciplinary application.

_The Heart of Counseling: A Guide to Developing Therapeutic Relationships_ seems ideally suited as a text for counseling/psychotherapy courses in the mental health fields. It is a highly concentrated text that details the connections between ways of being and counseling outcomes in the process of training counselors. In doing so, it navigates the ins-and-outs of the counseling process by exploring and facilitating the development of therapeutic relationship. Throughout the text, Jeff and Nancy keep the reader company by gently speaking in the first person, relating personal anecdotes, and sharing clinical stories. At the beginning of each chapter Jeff and Nancy include a summary of primary skill objectives and a focus activity. At the end of each chapter they include activities and resources for further study. It is through these shared experiences that readers can come into relation with the authors, actively learn about themselves, and grow as persons and professionals.

The introduction of Jeff and Nancy's book includes a discussion of their use of the term "heart" to express both the central core (of counseling) and the emotion (client and counselor feelings). They also include notes about themselves, their theoretical background, their case examples, and on "how to use this book." The introduction serves well as a disclosure or informed consent prior to diving into the main body of book.

In Chapter One (Eleven Concepts - Roots that Ground and Grow with the Heart of Counseling) Jeff and Nancy explore eleven concepts they feel "ground and grow"
counseling.” These include: self-actualization, blocks to self-actualization, capacity for awareness, interpretation of experience/development of self-concept, awareness of existence, self-responsibility, awareness of aloneness, emotions and growth, choice, the internal world, and locus of control/evaluation/being.

The focus of Chapter Two (The Rich and Subtle Skills of Therapeutic Listening) is therapeutic listening. Jeff and Nancy discuss tuning in and listening and levels and nuances of reflecting. The authors offer some do’s and don'ts of listening, and talk in depth about body language, questions, reflections, corrections, interruptions, and silences. Jeff and Nancy also discuss therapeutic listening versus listening outside of counseling versus non-listening. They finish this chapter with a look at common problems in listening that include interfering thoughts, the oddness of therapeutic listening, immediate fix urges, counselor desire to ask questions, problems with client storytelling, and awkward, directive re-focusing toward "important" client communications. Chapter Three (Striving for Empathy) is an in-depth look at empathy including what empathy is (and isn't), literature support for empathy, why empathy is important and powerful, and what can get in the way of empathy. The discussion continues in Chapter Four (Expressing Empathy) where Jeff and Nancy offer ways to express empathy, along with dos, don'ts, explanations, and discussion of empathy.

Chapter Five (Striving for and Communicating Unconditional Positive Regard) is an in-depth look at unconditional positive regard (UPR). This chapter has an introduction that presents empathy and UPR as a tandem "...linked, difficult to separate, and always much stronger together" (p.81). UPR is presented in this chapter parallel to empathy in Chapter Three. Discussion includes what UPR is and is not, literature support for UPR, why UPR is powerful and important, and what might get in the way of UPR.

Much like the chapters on empathy and UPR, Chapter Six (The Delicate Balance of Providing Empathy and UPR in a Genuine Manner) provides discussion on what genuineness means and does not mean, along with literature supporting genuineness and its importance. It is in this chapter that Jeff and Nancy outline how genuineness is and is not communicated, and what makes the empathy-UPR balance so difficult.

Chapter Seven (Logistics in Getting Started with New Clients) integrates the concepts discussed in previous chapters with information-gathering and session report writing. Jeff and Nancy detail initial session reports, ongoing case notes, common dilemmas, confidentiality, and goals. In Chapter Eight (Initial and Ongoing Structuring of Therapeutic Relationships) the discussion of counseling logistical concerns continues. Topics include session length, ending on time, and time exceptions. Helping clients understand counseling structure and benefits, and dealing with people significant to clients are also discussed. Chapter Nine (When Clients need Help Getting Started) provides an overview of counselor behaviors that may inhibit clients. Examples of counselor behaviors that help clients are also provided.

Chapter Ten (Managing Client Crises with Therapeutic Relationship Skills) takes on client crises within the counseling relationship. Jeff and Nancy discuss relationship skills along with lethality and violence assessment, contracting, and hospitalization. In Chapter Eleven (Ending Therapeutic Relationships) Jeff and Nancy discuss client readiness for ending counseling, arbitrary endings, seeking feedback, along with common problems counselors may face.
Chapter Twelve (Therapeutic Relationships Across Cultures) addresses diversity issues. Jeff and Nancy state that "all counseling is cross-cultural - but you have to reach out" (p. 252) and explore reaching out with your self and your skills, humility, and thinking broadly. Common problem areas for counselors are also discussed.


*The Heart of Counseling: A Guide to Developing Therapeutic Relationships* provides a thorough, in-depth look at establishing relationships in psychotherapy, thereby increasing the likelihood of counseling effectiveness. It is a cross-theoretical resource for students/practitioners in counseling, psychiatry, psychology, social work, and the health sciences. Both valuable and practical, this text facilitates the foundations of effective counseling for all mental health practitioners and could easily become a classic text.

**References**


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Book Review

*Using Technology to Improve Counseling Practice: A Primer for the 21st Century*

J. Michael Tyler and Russell Sabella
American Counseling Association www.counseling.org
$45.95 U.S. Dollars
308 Pages

*Using Technology to Improve Counseling Practice: A Primer for the 21st Century* is a comprehensive guide to using technology to improve counseling. It describes how technology has swiftly advanced in the last 20 years and claims that a significant number of counselors have not achieved technological competence. This book may be helpful to all mental health clinicians interested in using technology in research, supervision, and counseling to maximize time and resources.

The book is organized around the 12 technical competencies for counselors established by the Association for Counselor Education and Supervision (acesonline.net/competencies.htm). The first chapter gives an overview of the book. The second chapter provides technological definitions and a description of what is meant by technological literacy. It addresses the use of recording devices in therapy, recommends basic equipment for tape recording sessions, and explores an array of digital Audio/Visual technologies, including web cams and video conferencing.

Chapters Three and Four discuss how software can be useful in helping counselors improve productivity. For example, spreadsheets and word processing computer programs can be used to organize notes and data; statistical software can provide counselors with assistance in understanding and processing third party payments.

Chapter Five provides counselors with vital information on navigating computer and internet-based personality, diagnostic, and other assessments. As technology advances, assessments will be available online for both the general public and for counselors to use in their practice. Administering these measures via a computer may become both cost effective and time efficient. The chapter offers selection criteria to consider when choosing an assessment and addresses confidentiality issues.

Chapter Six discusses databases that assist counselors with research. The authors explain how journal articles and publications are accessed electronically, using PsycINFO and ERIC as examples. This information about electronic databases is helpful because it discusses how to navigate these systems and how they are organized, allowing a researcher to better direct searches and compile more focused information.

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Chapter Seven reviews issues surrounding e-mail communications with clients and the use of list serves—e.g., confidentiality, reliability, and other ethical concerns. It has an especially interesting discussion of the ethics and implications of charging for e-mail communications.

Chapters Eight and Nine address evaluating the validity of information on mental health websites and in postings and gives suggestions about how counselors can help their clients do the same.

Chapters Ten through Thirteen address online continuing education and training, provide information on how to evaluate on-line training, and explore current and future cyber-counseling trends and legal and ethical issues surrounding technology and counseling.

Tyler and Sabella provide a thorough and detailed explanation of the many ways that technology and counseling converge. They present a great deal of information in a well-organized and easily understood manner, so much information that their book sometimes reads like a reference text. Using Technology will appeal to both novice and technologically-sophisticated practitioners, supervisors, and researchers.

One specific area of concern for person-centered counselors is the authors’ stance on the role of the counselor in educating clients about technology. Tyler and Sabella posit that counselors have a duty to provide “assistance and guidance, recommendations and training where necessary, to help clients in this aspect of their growth” (p. 161). In other words, it is their belief that counselors should help clients learn how to navigate computer resources and are remiss if they don’t offer their assistance in this area. Helping clients gain technological confidence however, is not necessarily congruent with my Person-Centered stance. I suspect this may hold true for other Person-Centered practitioners. As Rogers (1983) noted in Freedom to Learn in the 80s: "As a psychological counselor, dealing with students and others in personal distress, I have found that talking to them, giving advice, explaining the facts, telling them what their behavior meant, did not help" (p. 25).

This book is, nevertheless, important to the Person-Centered Approach (PCA) community. Staying current and technologically literate is critical to all mental health professionals. Keeping abreast of technological changes and staying informed about possible changes will help us ensure that PCA voices are not lost and that the practice of PCA is not compromised as we head into the 21st century.

Tyler and Sabella do not advocate cyber-counseling but, if current trends continue, it is not unreasonable to imagine that cyber-counseling will become a challenge for the PCA. As a Person-Centered counselor, I see it as my responsibility to protect and advocate for Rogers’ core conditions for psychotherapeutic personality change and the deeply intimate counseling relationships they entail. Yet, will deeply intimate relationships be possible or potent if psychological contact is made in cyber-space instead of physical space? Is it possible to convey genuineness, empathy, and unconditional positive regard from a remote location? Is it possible to perceive incongruence or congruence through a computer? Do e-mail communications or phone calls equal in-person contact? All of these questions are central to the debate regarding how counseling will be practiced in the future. Now is the time to for Person-Centered practitioners to ponder these questions.
References


Reviewed by:
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Book Review

The Making of a Therapist: A Practical Guide for the Inner Journey
Louis Cozolino
$28.00 U.S. Dollars
ISBN: 039370426
209 pp.

At first glance, Making of a Therapist may seem out of place in a person-centered journal. It is not written from a person-centered framework and often uses psychoanalytic language. However, Cozolino’s ideas are based on non-directive counseling in which client and counselor feelings are at the center of the counseling process, counselors’ facilitation of relationships with clients, and counselor empathy and genuineness within the therapeutic relationship. Cozolino provides an excellent justification for therapists to search deeply within themselves to uncover weaknesses and biases and develop a true understanding of self. This process may be at the very core of person-centered work.

Cozolino divides his book into three main sections: Getting Through Your First Session, Getting To Know Your Clients, and Getting To Know Yourself. He begins each section with an explanation of the importance of the topic and ends with either a case example or a personal story that involves his development as a therapist.

Getting Through Your First Session discusses the problems areas and tasks that novice therapists encounter, such as not knowing what to do, attending to a client while simultaneously being aware of your thoughts and feelings, staying calm in the face of panic, and creating problems by assuming things about a client. Cozolino gives an example of the latter problem: He failed to ask a young client who came to him for a drinking problem about other substance abuse. Much to Cozolino’s amazement, the client gave therapy the credit for helping him kick his drinking habit by increasing his marijuana use. Cozolino’s message is, “Don’t ask and they won’t tell” (p.57).

In Getting To Know Your Clients, Cozolino recommends approaches by turning challenges into strategies, identifies several emotions that can be obstacles for therapists, and reviews issues such as therapist-client attraction. He recommends taping sessions for review and comparing sessions against a list of basic questions, not to second-guess a session, but to focus on how to make improvements. He advocates for the value of confusion and maintains that it is more helpful to a client when the therapist asks for clarification rather than being silent or blaming the client for not making sense.

The author normalizes supervision and continually emphasizes that therapists are human and are vulnerable to oversights or misinterpretations. He strongly believes that supervision is essential to becoming a better therapist. He gives the clear message, for example, that therapists attracted to clients should seek supervision to discover why.

Part Three, Getting To Know Yourself, Cozolino describes “shuttling” the connection that new therapists need to make between their head and their body. Shuttling involves becoming aware of and continually monitoring thoughts and feelings relative to

The Person-Centered Journal, Vol. 12, No. 1-2, 2005
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the thoughts and feelings of the client. It is here that Cozolino employs psychoanalytic concepts to illuminate the inner journey of the therapist and how that journey may impact clients. He argues that unsettled issues from a therapist’s past may surface and become a barrier to therapeutic work and harmful to clients. He makes a strong case that new and experienced therapists seek supervision to explore interpersonal issues related to countertransference. He posits that many therapists enter the field because of experiences in their childhoods and links a career in therapy to an attempt to give meaning to experiences in the past. He suggests that unresolved or unacknowledged experiences are the very issues that get counselors stuck in the therapeutic relationship. Cozolino argues that supervision is a journey of awareness and contends that once therapist issues are recognized and resolved, clients then have an emotionally healthy therapist who can effectively interact in therapy sessions.

As an advocate and practitioner of the Person-Centered Approach on the eve of completing my doctoral studies, I found two significant messages in this book. The first is that the process of educating therapists is most often focused on didactic coursework that fails to foster the personal and emotional growth necessary to competent counseling. The second message is that the process of discovering one’s self does not terminate with a degree. Consistent with the thinking of person-centered counselors, Cozolino believes that formal education, even in an experiential context, is only the beginning of a life-long, self-reflective voyage.

Cozolino wants to give practitioners permission to feel anxious or nervous about beginning their career as a therapist. He encourages beginning therapists to attend to, acknowledge, and understand their feelings in therapy sessions and connect them to their own growth. He presents many examples of how transcendence occurs when the therapist attains a deeper insight into unexplored feelings. The result is often an emotionally healthier, more competent therapist. Despite the use of psychoanalytic terms, Cozolino’s concepts are consistent with the person-centered conditions of being empathic and genuine in the counseling relationship.

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