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THE  
PERSON-CENTERED  
JOURNAL

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*An International Journal Published by the  
Association for the Development of  
The Person-Centered Approach*

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**ADPCA**

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**Volume 15, Number 1-2**

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# THE PERSON-CENTERED JOURNAL

*The Official Journal of the Association for the Development of the Person-Centered Approach*

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# Editorial

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As the table of contents indicates, this double issue is divided into several sections. The first has two views of Rogers in dialogue: one with a famous theologian, and the second with a well-known philosopher. The second section contains two eulogies to the late Barbara Brodley, one of the most influential of the classical client-centered writers, as well as a content analysis system for therapist responses she co-authored. The next section deals with one of the seminal questions faced by the person-centered practitioner: Exactly what does it mean to be empathically nondirective? Finally, there is an article advocating for solidarity among person-centered organizations, a comprehensive index of *The Person-Centered Journal*, and reviews of two books that deal with client-centered practice.

Charles Merrill examines a 1957 dialogue between Rogers and Martin Buber. Merrill sees both conceptual similarities and differences between them. He also explores some of these concepts in the context of everyday experience, including his own. Grigoris Mouladoudis examines a 1965 discussion between Rogers and Paul Tillich. He looks at both the content of their encounter, their agreements and their disagreements, as well as its process, that is, how each related to the other.

The person-centered community lost one of our luminaries this past year when Barbara T. Brodley died. A second-generation client-centered scholar, she was a fierce and fair advocate of what has been called the classical or “Chicago School” of client-centered therapy, one that emphasized nondirectiveness. Marjorie Witty and Barry Grant spoke at her memorial service, and their remarks are published here.

Next follows a system of therapist content analysis that looks at nondirectiveness, which she co-authored with Jerome Wilczynski and Anne Brody. It is unique in that it examines therapist intentions rather than behavior alone.

The relative importance of intentions and behavior to the nondirective attitude is the subject of the next set of papers by Marvin Frankel, Lisbeth Sommerbeck, Art Bohart and Jerold Bozarth. To oversimplify, Frankel and Sommerbeck write that to look at therapist intention rather than concrete verbal behavior—specifically empathic reflections of feeling—leads to a slippery slope where any response can be classified as nondirective or empathic. The other authors, in varying ways, argue that reflections of feeling are but one way to be empathically nondirective; the client is able to discriminate many kinds of responses that are not empathic reflections of feeling as being empathic, depending upon context.

Finally, there is a short article by Andrea Uphoff and Jef Cornelius-White, introducing some person-centered organizations and advocating for organizational initiatives and cooperation for political and developmental reasons. This double issue then concludes with two book reviews, an index of the entire 16-year history of *The Person-Centered Journal*, and advertisements for ADPCA's 2009 Annual Conference in Kutztown, Pennsylvania, and PCCS Books. A quick skim of the index will review a few classics, many well-known authors, and several works and topics you may have not yet explored. You can find some of these articles in select back issues available electronically for free at <http://www.adpca.org/Journal/journalindex.htm>, by purchasing an inexpensive complete set of back issues or specific back issues in print by contacting Jef Cornelius-White at [jcornelius-white@missouristate.edu](mailto:jcornelius-white@missouristate.edu), or by finding them through interlibrary loan.

We are pleased and grateful that this year's double issue of the *Journal* is also being taken by the British Association for the Person-Centred Approach in print and the Person-Centred Therapy Scotland in electronic form, raising the number of printed and electronically subscribed and auxiliary copies to approximately 1,300. We hope there is something for everyone in this volume or in the back issues of the *Journal*.

It's easy when reading to forget that a publication like this only functions because of its organizational backing, especially the support of The Association for the Development of the Person-Centered Approach, its sponsor; and Missouri State University, its printer. Likewise, the journal depends on its editorial team, board of advisors, and especially its reviewers and contributing authors. We'd like to especially thank Dean Dennis Kear at Missouri State for the support of the College of Education. Also, we invite any readers with training and/or experience in scholarly reviewing who would like help as reviewers to contact us. The larger our pool of talent, the better this publication will be. As always, we welcome questions and manuscripts too!

# Carl Rogers and Martin Buber in Dialogue: The Meeting of Divergent Paths

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## Abstract

This paper will explore the thinking of Carl Rogers and Martin Buber as related to confirmation, acceptance and dialogue. The work of these seminal thinkers seems more closely connected than at first glance. Each valued authentic relationship and expressed their views to each other in a 1957 conversation or dialogue. I have also brought myself into the paper in a personal way, sharing my experience with dialogue and of being accepted and confirmed in relationship.

## Introduction

This paper is a reflective one in which I will share some thoughts about my experiences when considering the Martin Buber and Carl Rogers dialogue event that happened in April 1957 at the University of Michigan. The hour-and-a-half conversation was before a live audience of 400 people. Maurice Friedman moderated the dialogue, and it appears at the end of Buber's (1965) *The Knowledge of Man*. The dialogue is also published in *Carl Rogers: Dialogues* (Kirschenbaum & Henderson, 1989).

Anderson and Cissna (1997) have analyzed the dialogue in great detail from their perspectives as experts in communications analysis have analyzed the dialogue in detail. Much has been made of this seminal event where the two prominent men met for the first time.

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I wish to explore the meanings implied by the dialogue and how I have been affected by the ideas of Carl Rogers and the writings of Martin Buber. Both theorists were highly valued by their peers and developed large followings of professionals and students who studied their many writings and presentations. Rogers was open to being filmed while counseling clients and his warm and reflective style has helped many young beginning counselors build confidence to trust their own sense of what may be an effective intervention. I would like to mention that I am using *counseling* as equivalent with the more formal term *psychotherapy*. In the Rogerian approach, the person's inner experience is the central focus. His quiet facilitation helped the client to move closer to self-acceptance with a sense of freedom.

When I was completing my doctorate at the University of Florida in the late 1960s, I was casting about for a dissertation topic. Since the program's pedagogy and theoretical stance were based on existential and humanistic theory, I chose to conduct a qualitative study on Buber's idea of confirmation.

### **Confirmation**

Rogers has used such terms such as *prizing*, *acceptance* and *trusting* what he called the "organismic valuing process." I was impressed with Buber's idea of when a person feels confirmed in his or her being by another, both may be enhanced from the meeting. My dissertation research showed that when one feels confirmed (as being valued as one is) by another, mood was elevated and a new sense of purpose emerged (Merrill, 1968).

Rogers thought that the counselor's task was to establish a climate for openness and self-exploration in which the person would feel accepted rather than judged or evaluated. Judgments were suspended and the person thrived in such a climate of genuine caring and acceptance. Persons may feel not only appreciated for what they were in that moment, but also for who they are becoming which may be experienced as both freeing and empowering.

I was intrigued by Buber's idea that confirmation is more than acceptance. Buber made the following statement about the nature of

confirmation during the meeting with Rogers: “Confirmation means accepting the whole potentiality of the other and making even a decisive difference in his potentiality...I not only accept the other as he is, but I confirm him, in myself, and then in him, in relation to this potentiality that is meant to become” (Anderson and Cissna, 1997, p. 90-91).

My understanding of that statement goes to the nature of contact between one person and another. In those rare times that one feels seen, heard, and experienced in his or her fullness, one is closer to realizing the potential of who one is and may become.

I am awed by the power of the economic marketing machine and how one is influenced to believe that the latest new model of automobile or the most recent clothing style will be fulfilling. My experience has been that the meaning behind most material acquisitions that I thought I must possess was short lived. I am with myself again but perhaps driving a newer car or wearing a shirt with a designer label on it. I may soon forget why I thought the purchase was so important at the time.

In the realm of human communication and contact, my experience has been that when I fully confirm another with my full presence (and when I have experienced being accepted without judgment) I am open to being changed. Confirmation is a process of knowing one's own being and identity. Carl Rogers (1980) quotes Ronald Laing (1965), “The sense of identity requires the existence of another by whom one is known (p. 139)” (p. 155). The quote by Laing supports the idea of confirmation in that the mutuality of communication affirms the existence of both persons. Rogers (1980) continues, “Buber has also spoken of the need to have our existence confirmed by another. Empathy gives that needed confirmation that one does exist as a separate, valued person with an identity” (p. 155). We can see that Rogers is working closely with Buber's concept of confirming the person as valued in being the way he or she is. Empathic understanding facilitates the being of both persons. I know me through you and I can be with me alone knowing you have heard me and have seen me as me.

### Acceptance

I was raised in a small rural Southwestern community where there was an unspoken acceptance of the other as a person. I did not know what to call it at the time, but I strongly felt accepted with a sense of place. I experienced empathy before I had a definition of what it meant. In fact, I had never heard of empathy or confirmation until I was in graduate school and read Carl Rogers and Martin Buber. Upon reflection, I now find that fact amazing. Rogers and Buber gave me a language for what I had experienced as a child and adolescent growing up close to nature and feeling accepted by my family and community.

I can remember sitting with older adults around an outdoor fire (in a barrel) while the men played competition croquet. It was fine for me to be there, and I felt accepted as myself and also as the son of my father. Basically, I felt valued and confirmed without expectations for being different. There was a sense of being known as me as well as my father's son.

Of course there were other early developmental experiences in which I was expected to conform to the expectations of others, such as some teachers, ministers, and parents. When I did experience moments of personal clarity, there seemed to have been another person with whom I had been communicating more openly, not just talking to hear myself. In other words, I felt I was heard. Sometimes there may have been a stimulus event, and at other times it seemed to simply exist independent of an external situation. There was an element of surprise when I experienced myself as being accepted rather than judged.

### I and Thou

To return to the Buber and Rogers connection, Maurice Friedman (1994), the noted Buber scholar, stated, "Rogers clearly accepted Buber's I-Thou relationship and made it his own without plumbing the depth of the philosophical anthropologies...that Buber judges to be its necessary underpinnings" (p 46-65).

Although one could surmise that Friedman may have been critical of Rogers because of his different philosophical background, I

think he may have meant that Rogers was able to embrace the I-Thou relationship as a confirming one. Rogers based much of his tentative theorizing on his many hundreds of counseling hours with many types of clients. Development of his core conditions fit very well into the framework of a confirming experience.

As I have understood Rogers, he came from an inner-directed stance as he related to the individual person. He valued or prized the person and the potential for what that person could become. He also accepted the choice not to change or be other than who he or she is as a person. I find Rogers to be existential in his view of the human condition. The person is the final choice-maker, and authentic relationship with the other is highly valued.

Buber seems to be very interested in community (as was Rogers toward the end of his life as he worked toward bringing peace to the world), changing society, and also supporting one's spiritual as well as personal development. Both men theorized that change began with the individual and what happens in the relationship between persons. Buber's seminal work *I and Thou* (1958) and Rogers' *On Becoming A Person* (1961) both present their positions clearly and passionately. I sometimes think of Rogers as more tentative in his writings about his learning, but I have come to understand that he really was a quiet revolutionary and that he lived his passion for furthering freedom and personal choice. Buber spoke from a more theological and philosophical position, but he also held fast to his strong personal sense that humans know they exist as persons only as one is known by the other.

### Dialogue

The above points lead me to bring up a challenging concept to grasp, and that is Buber's (1965) idea of dialogue. He is not the first to explore the nature of dialogue and the meanings associated with it. His idea that "so-called dialogue with one's self is possible only because of the basic fact of men's [and women's] speaking with each other; is the 'internalization' of this capacity" (p. 112).

Much of our communication and social interaction is far from *I and Thou* and more of *I and It*. We may be objectified by the

marketing machine mentioned earlier or by a high-pressure salesperson that wants to sell us the latest product. Dialogue is something totally different. My understanding and experience with dialogue has in it the confirmation of one by the other as already mentioned.

Anderson, Cissna and Arnett (1994) define dialogue as a process that “implies more than a simple back-and-forthness of messages in interaction; it points to a particular process and quality of communication in which the participants ‘meet,’ which allows for changing and being changed” (p. 10).

When a person enters into a dialogic process, the outcome could go in more than one direction. In the relational exchange, meaning may be discovered between the two persons. When I have experienced dialogue, I have been surprised with the range of feelings and thoughts that emerge from the process. I have also been surprised by the outcome when I was willing to let go pressing for a desired outcome. I am not speaking of pushing an agenda, but communication of a different order.

As with other confirming experiences, the dialogue process grounds each person in himself or herself. It is quite different from a debate or formal argument in which there is likely not an entering into the world of the other. In dialogue there is no loser or winner, but two persons who may see each other more clearly in their shared humanity.

I accept Rogers and Buber in their formulations of acceptance and confirmation and see their work as foundational concerning the human condition. Rogers’ way of being was confirming to individual clients and later to persons in groups (small and large). He engendered honest and open trust in his clear and somewhat modest communication of “this is me with you now.” Buber was not a psychotherapist, and yet he did study psychology during his years as a young man and did have a sense of what is involved in that special relationship. From his writings, I have a greater understanding about how he communicated respect and valuing of the other person in his or her uniqueness through dialogue.

There is always risk when one enters into the dialogic realm because the process is one that may change one or both persons. Rogers (1951, 1961, 1980) has written considerably about the therapist being open to being changed by the client. Buber (1958, 1965) has also

written much about being changed by the exchange between two persons who are open to dialogue. In dialogue, people learn about a different person and a different perspective on reality that may lead to an internal shift or change. When one feels changed by a dialogue, there may be a perceptual shift in how that person sees their personal and interpersonal world.

Buber (1965) speaks to the point of change more in his view of the “in between.” When two people are in dialogue, the quality of the interaction depends on the “in between” space. In other words, the change that happens inside each person is connected to the quality of the relating between the two individuals. A notable difference between Rogers and Buber is that for Rogers (1961), the locus of value or being is within the person. For Buber (1965), the locus of value is “the between” two persons.

If one is trying to convince another to see things his or her way, the experience may be a debate, an argument, or a negotiation. Debate may be a part of dialogue and affirming in its own right. If both parties feel enhanced by their different positions or poles, the experience may be confirming for each person. If the “between” space is diminished, the debate is likely to be experienced as disconfirming. Dialogue, including debate, is derived from the “here and now” moment in which both parties feel enlivened by the process.

Experiencing the full impact of being seen in dialogue, and seeing oneself as a freely choosing person, may be quite empowering. One is able to make meaningful choices based on his or her unique perception of a human situation rather than trying to gain approval or exercising power over another.

If you have ever been with someone who wants to sell you a product or service (which most of us have), then you know that it can be a challenging negotiation. Both parties to the negotiation want to feel like it’s a win-win transaction and may experience the closure of the sale as positive and perhaps even exciting. Sometimes there is a letdown from a purchase that felt good at the time. Clearly, this is not dialogue but a two-party negotiation in which one or both persons may feel slightly objectified. Buber (1958) would say we have entered a transaction that may be closer to “*I and It*.”

Confirming “*I and Thou*” experiences may not be predictable in our interactions, but to remain open to those times when they do occur helps one to feel more human.

### Closing Remarks

In this paper I have attempted to explore how Carl Rogers and Martin Buber came to value each other and how their work and writing was complementary. Buber was a noted philosopher, theologian, and teacher, and Rogers was an innovative psychologist, psychotherapist, researcher, and educator. Both valued what may be learned from authentic relationships.

Their respective societies were very different as well. Rogers came from American Midwestern rural beginnings, while Buber came from a deeply rooted European historical past with considerable prejudice and oppression toward Jews. Their personal experiences could not have been more different, but they both valued personal freedom and authentic choice in the context of genuine relationship.

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# **Paul Tillich and Carl Rogers Conversation: Review with Commentary**

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## **Abstract**

The aim of this paper is the review of the content of the conversation—and not of the “dialogue” as I think—held in 1965 between Paul Tillich, the German existential theologian and philosopher, and Carl Rogers, the American psychologist and creator of the person-centered approach<sup>1</sup>. By using qualitative methodology and presenting their views, I would like to explore six topics all pursued by Rogers with Tillich: (1) the importance of self-affirmation, (2) the nature of man, (3) the basic alienation and estrangement of man, (4) Tillich’s theological language and terminology, (5) the acceptance in interpersonal relations, and (6) what constitutes the optimal person. Finally, I conclude with a commentary regarding their discussion, and I trace the similarities and differences between them.

## **Introduction**

The meeting between Paul Tillich (1886-1965) and Carl Rogers (1902-1987) took place in San Diego State College on March 7, 1965. It was recorded on audiotape and published in a 23-page booklet

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<sup>1</sup> Dialogue is differentiated by the discussion, because dialogue is mutuality, openness, immediacy, spontaneity, honesty, lack of pretence, good will, sharing, intensity and love, with responsibility of one to the other (Johannesen, 1971).

(Tillich & Rogers, 1966) that was reprinted in 1990 in Carl Rogers: Dialogues (Kirschenbaum & Henderson, 1990). This meeting was Tillich's last public appearance; he died on October 22, 1965. Both men enjoyed recognition in their fields. At the age of 79, Tillich was one of the most prominent figures in existential thought. After Tillich retired from the Union Theological Seminary in 1955, he became a university professor at Harvard University. In 1962, he moved again and took a post as the Nuveen professor of theology at the University of Chicago, where he stayed until his death. Rogers, at 63, four years after publication of his book *On Becoming a Person* (1961), was recognized as a prominent figure in counseling and psychotherapy. In 1956, he received the first of the awards of the American Psychology Association for his scientific contribution in psychology. One year earlier, in 1964, he left his position at the University of Wisconsin for a joint appointment at the Western Behavioral Studies Institute (WBSI) in La Jolla, California, until 1968 (Rogers, 1967; Rogers, 1974).

### **Review of the Conversation between Tillich and Rogers**

The conversation between the two men has never been analyzed and till now has only partially occupied scholars' thinking (Elkins, 1999; Hawtin & Moore, 1998; Milton, 1993; Schmid, 1998). I report and comment on their discussion by using the 10 steps of Potter and Wetherell's (1987) Discourse Analysis: (1) decide the research question, (2) select the sample of data, (3) collect records, (4) interviews, (5) transcribe, (6) coding, (7) analyze, (8) go through the data again, (9) validate, and (10) write up. Following the previous approach, the quotations from the conversation come from my review of the audiotape and are keyed to perceived turns taken by the principals. For example, (T5, 70) would indicate Tillich's fifth turn and page 70 in the published transcript of the dialogue (Kirschenbaum &

Henderson, 1990)<sup>2</sup>. To organize our discussion, I will consider the dialogue as it developed, using the six questions, all asked of Tillich by Rogers: (1) the importance of self-affirmation, (2) the nature of man, (3) human being's basic estrangement, (4) Tillich's usage of theological language and religious terminology, (5) acceptance in interpersonal relations, and (6) what constitutes the optimal person.

The conversation was 50 minutes long with an intermission. Each part lasted 25 minutes. Tillich dominated the speaking time—34 minutes compared to 16 minutes for Rogers. The philosopher spoke slowly, and he knew that some people might have trouble understanding his English (Driver, 1996), so he dominated the speaking time as such. In addition, Tillich injects humor: “But we poor theologians, in contrast to you happy psychologists...” (T10, 73). Rogers keeps a “low profile,” perhaps due to his respect for Tillich's age or his personal stance of valuing the importance of the other. He is speaking in the first person: “I like that phrase because I think it could be...” (R13, 78); “well I realized as you were talking”; “I feel we're not very far apart in our thinking about the value approach; I thought we might be further apart than we seem to be” (R14, 78). Furthermore, he asks open-ended and tentative questions, allowing more space for Tillich to express his ideas: “I don't know whether you want to comment on that...” (R5, 70); “I wonder how that sounds to you” (R6, 71); Rogers makes overtures toward communication with Tillich: “...when either of us talks about the courage to be or the tendency to become oneself...” (R6, 71); “...your thinking—which certainly is very congenial to that of a number of psychologists these days...” (R8, 72).

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<sup>2</sup>I wish to acknowledge the assistance of others on this project. Firstly, Carl Rogers' biographer Dr. Howard Kirschenbaum. In addition, his research assistant Dr. Steve Demanchick and Dr. Ralph Blair Olson from Henderson State University, Arkadelphia, who provided me with two copies of the audiotape.

Finally, he can be heard several times vocalizing indications of his focused listening to Tillich (“M-hmmm” or “Uh huh”) and checking his understandings of the philosopher’s positions: “I wonder if you feel that we’re in some agreement on issues of that sort?” (R1, 66); “...I don’t know whether this is essentially or existentially...” (R3, 68); “I wonder if your thinking about the demonic aspect...” (R4, 68). What follows is an outline of Rogers’ questions as posed to Tillich.

*Question 1: Self-affirmation*

In their conversation, Rogers introduces the significance of self-affirmation (R1, 66). By this he means the extent that one man experiences himself an acceptance of each part of his existence. This means Tillich’s response is the shortest in their conversation; he agrees, and Rogers shifts to another topic, the nature of man (T1, 66).

*Question 2: The nature of man*

Rogers asserts that man’s nature is inherently social, that he has a deep need for relations and tends to be directional (R2, 66). Tillich agrees that man has two inherent natures: (1) true nature, meaning essential nature or, theologically speaking, his created nature (“being as is good”) and (2) existential nature, meaning the opposite of man’s essential nature, or the distortion of man’s essential nature (T2, 67). Rogers moves on by stating that “in a relationship of real freedom the individual tends to move not only toward deeper self-understanding, but toward more social behavior” (R3, 68). But the philosopher poses “a question mark” (T3, 68) and raises two reservations: (1) It’s almost impossible the creation of a situation of freedom, due to the nature of man, and (2) he doesn’t believe in the power of the individuals who are in such a situation to use their freedom (T3, 68).

Although Rogers agrees on the difficulty of achieving complete freedom, he maintains his own view, introducing the concepts of acceptance and understanding: He insists that “even imperfect attempts to create a climate of freedom and acceptance and understanding seem to liberate the person toward really social goals” (R4, 68). Also, he does not comment on Tillich’s distinction between

true or essential nature and existential nature. Finally, he empathetically asks Tillich, who didn't believe in the power of the free individual to use his freedom in constructive ways (T3, 68), about the philosopher's concept of the demonic.

*Question 3: Human being's basic estrangement*

Tillich agrees on the significance of love in the earliest years of a child's development, and he poses an open question: "Where are the forces which create a situation in which the child receives that love which gives him, later on the freedom to face life and not to escape from life into neuroses and psychoses?" (T4, 69). He defines and explicates the meaning of demonic as "...a force, under a force, which is stronger than the individual good will" (T4, 69)<sup>3</sup>. Rogers approves of and connects with Tillich's definition from the point of view of power in the world. For Rogers "alienation" and "estrangement" are matters of learning in the child. He seems to equate estrangement with his own psychological terminology of "the incongruence between the self and experience" (R, 70). Rogers then asks for the philosopher's opinion on that. Tillich said that "every man, is in the process of transition from dreaming innocence to conscious self-actualization" (T5, 70)<sup>4</sup>. Estrangement and fulfilment take place simultaneously in this process—this is his concept of ambiguity (T5, 70). Rogers agrees,

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<sup>3</sup> "The mysterious character of the holy produces an ambiguity in man's ways of experiencing it. The holy can appear as creative and as destructive... One can call this ambiguity divine-demonic, whereby divine is characterized by the victory of the creative over the destructive possibility of the holy, and the demonic is characterized by the victory of the destructive over the creative possibility of the holy..." (Tillich, 1957, 4).

<sup>4</sup> Tillich explains the term "dreaming innocence" by using as an example the couple of Adam and Eve before the fall.

equating Tillich's courage to be with his tendency to become oneself (R6, 71). He also asserts that this can be achieved: "The person can only accept the unacceptable in himself when he is in a close relationship in which he experiences acceptance" (R6, 71). Then he introduces the fourth topic, the importance of acceptance.

*Question 4: Acceptance in interpersonal relations*

Tillich agrees that "acceptance of the unacceptable is a very necessary precondition for self-affirmation" (T7, 72). Also, he differentiates acceptance from the Christian term of forgiveness: "I have not used often anymore the word 'forgiveness', because this often produces a bad superiority in him who forgives and the humiliation of him who is forgiven. Therefore, I prefer the concept of acceptance" (T6, 71-72). Rogers agrees about the importance of acceptance (R7, 72) and the philosopher approves of him using religious language: "...I believe that this is really the center of what we call the 'good news' in the Christian message" (T7, 72).

At this point, the first half of the conversation comes to an end and an intermission follows. At the beginning of the second part, Tillich asserts that "the minister, who represents the ultimate meaning of life, can have much skill unconsciously, although he is unskilled, but even then he should not established himself as a second-rate psychotherapist" (T8, 72).

*Question 5: Tillich's usage of theological language and religious terminology*

Rogers asks the philosopher why he puts his thinking in theological and religious terminology and simultaneously expresses his objection toward that (R8, 72). Tillich seems to dispute this: "Now, I think that is a very large question..." (T9, 72), and Rogers interrupts him: "Yes it is" (R9, 72). Then, Tillich continues by explaining the term "vertical line" of human being as "something which is infinite, unconditional, ultimate" (T10, 73). Furthermore, he comes back to his theological language and expresses his contradiction: "We need a

translation and interpretation of this symbol, but not as you seem to indicate, a replacement” (T10, 73).

Rogers insists on the usage of humanistic language and terminology and parallels Tillich’s “vertical line” with something approximating the I-Thou relation as experienced in his psychotherapeutic practice: “I feel as though I am somehow in tune with the forces of the universe or that forces are operating through me in regard to this helping relationship” (R10, 74). In addition, his reference to the vertical dimension as “not going up, but going down” (R10, 73), provides the stimulus for the existential theologian and philosopher to talk about his ground of being as an analogy for God. Tillich emphasizes that the ground of being is down, while the creative ground is up and experienced in everything which is rooted in the creative ground<sup>5</sup>. He mentions the person to person encounters he had experienced with other human beings: For him in these “special moments” exist both the “presence of the holy” and the “scientists’ vertical line” (T11, 74-75).

Tillich’s disagreement with Rogers’s view is concrete and clear: “I could go far away with you when you use the term ‘universe’, forces of the universe...” (T11, 74). Rogers avoids commenting on the philosopher’s view, particularly about the presence of the holy, and shifts to what constitutes the optimal person, a topic that has a special interest for him. This 11th of Rogers’ turns is the longest in their discussion, occupying almost three minutes.

*Question 6: What constitutes the optimal person*

Likewise, Tillich’s answer to this question is the longest in their conversation, occupying more than six minutes. The optimal person for him is characterized by openness and aim. Socialization is part of

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<sup>5</sup>The philosopher perhaps at this point means the *ground of being*.

the greater concept of love, agape in Greek (T12, 75-77). Then, he explains two terms: (1) faith, “not in the sense of beliefs but in the sense of being related to the ultimate,” and (2) love, “in a sense of affirming the other person and even one’s own person” (T12, 77). The philosopher concludes this segment of the discussion underlining the importance of self-affirmation and self-acceptance as “one of the most difficult things to reach” (T12, 77). Rogers in his answer says that he likes the philosopher when he becomes concrete, and agrees with his notions of faith and love (R12, 77). Furthermore, the creator of the person-centered approach defines the optimal person as characterized by openness to experience and continuous valuing process (R12, 77). Tillich agrees with the personal understanding of meanings (T13, 77) and also connects his terms of agape, listening love, namely listening with love, with the “concrete situation” and not the “abstract valuations” (T13, 77-78).

Rogers adopts Tillich’s term “listening love” and defines it further as a quality both for the self and the other (R13, 78). It becomes clear here that the precondition for the acceptance of the other is the acceptance of the self. Then Rogers uses the example of the small infant as a paradigm of the continuous “organismic valuing process” of the human being (R14, 78). The philosopher replies that according to him this is not “an intellectual evaluation, but an evaluation with his whole being” (T15, 78) and concludes their discussion with his agreement.

### **Commentary**

In this section, I turn to a brief consideration of Tillich’s and Rogers’s views in order to clarify how they are similar to one another and how they differ. From my review of the conversation, both men agree about the personal understanding of meanings and about the importance of acceptance as a precondition for self-affirmation. Regarding the latter point, it is worthwhile mentioning a shift in Tillich’s thought in the last years of his life. This change concerns the differentiation of acceptance from the Christian term of forgiveness. Two years earlier in the spring 1963, Tillich had participated in a series

of discussions that took place at the University of California, Santa Barbara. When questioned by Professor Mackenzie Brown about his view regarding the problem of pride, Tillich used the two terms synonymously: “Now it has to be looked at in the light of the principle of forgiveness, or acceptance of the unacceptable” (Tillich & Mackenzie Brown, 1965).

Another point of agreement between the two men is the significance of love in human life. For Tillich (1954), “love is the tension between union and separation” (p. 25). Rogers underlines the importance of love in human life; he wrote about it in 1956 in a review of Reinhold Niebuhr’s book *The Self and the Dramas of History*: “Actually it is only in the experience of relationship in which he is loved (something very close, I believe to the theologian’s agape), that the individual can begin to feel a dawning respect for, acceptance of, and, finally, a fondness for himself” (Rogers, 1990, p. 211). He paralleled the quality of “unconditional positive regard” with the concept of love but with a meaning equivalent “to the theologian’s term agape, and not in its usual romantic or possessive meanings” (Rogers & Stevens, 1967, p. 94). Since then the significance of love is often reported in his texts: He perceives love as an element “that makes interpersonal communication enriching and enhancing” (Rogers, 1980, p. 26) and “the strongest force in our universe” (Rogers, 1980, p. 204).

The last issue of agreement between the two thinkers is the importance of empathic understanding. But this issue arises towards the closing of the conversation and is not discussed enough, possibly due to time restrictions. The eminent Norwegian person-centered scholar and therapist Leif Braaten (1963) criticized Tillich for disregard of empathic understanding. However, the existential theologian concretely values this qualitative attitude, which can happen not only between men and men, but sometimes between men and animals to a certain degree (Tillich & Mackenzie Brown, 1965).

My impression is that during their conversation, Rogers and Tillich do not seem to fulfill my own subjective need for them to address the immediacy of their meeting and what a meeting of two people of their caliber might mean for those listening to them. This leaves me with the unfulfilled wish—that they would have encountered

each other. This might be due to mutual understanding of their disparities early on and hence a mutual and unarticulated agreement not to go deeper in their interaction. In addition, and as far as I can discern, Tillich actually did not communicate with Rogers within a common understanding, even acceptance, with Rogers. It is worth mentioning Rogers' interview 20 years after this conversation in 1965, which reveals his opinion about Tillich at this event. Rogers was quite critical of him: "Tillich was a very difficult person to get to personally... I would try to really engage Tillich, but I could just see him mentally pulling out of his card file lecture number seventy-seven and giving it... I think it had to do with his personality. He was a very Germanic scholar... He had covered every point, in his thinking, and so no matter what point I raised, he could go back to something he'd done and respond in quite an academic fashion" (Rogers & Russell, 2002, 207). I agree with Rogers' perception of Tillich's participation in their communication as a scholar and not as a person. Although the philosopher mentions more than nine times that he agrees with Rogers, this agreement is rather dubious if one follows both his outwardly expressed thinking patterns and his way of treating Rogers when replying to or commenting on what has just been said. A closer study of their conversation reveals at least four significant differences, which I explore next.

*1. The use of theological (Tillich) versus humanistic (Rogers) language and terminology.*

As the discussion develops, both men persist in using their respective theological and humanistic terminologies. Tillich is an intense devotee of the idea that the ultimate Other is God. Rogers is an intense devotee of the idea that everything in psychotherapy originates from the Other. What Tillich verbally asserts as an agreement with Rogers is actually a series of subtle statements that are profoundly contrasted with Rogers' thought. Indeed, Tillich's thinking is on theological grounds and is very remote from Rogers' psychotherapeutic thinking. More specifically, in the second half of their conversation, Tillich, in using the word down, means to grasp the

heightened meaning God gave to the human existence from its roots upwards. In contrast, Rogers uses the word down to mean reaching the roots of a problem or the roots of a creative relationship with the client—the achieved depth of a heightened experience of togetherness. In contrast to Rogers’ interpretation of down, I feel that Tillich would attribute the opposite “direction” of the humble, impoverished human attempt to reach their subjective being, instead of extending themselves to the altitude of “being aware” of God’s presence.

Also, Tillich refers to key concepts of the person-centered approach, such as the optimal person, encounter, acceptance and self-actualization. However, the substance of these notions for Tillich remains essentially religious. Hence, these notions cannot be taken as acceptable by him, as they are essentially driven away from Rogers’ conceptualizations of these notions. Although Rogers’ formulations of his person-centered theory were inspired by or emerged almost directly from theological readings (Schmid, 2001), he formed a progressively independent view and renounced every religious doctrine. Two years later (1967), during an interview he said with explicitness: “I’m too religious to be religious” (Rogers & Berwick, 1969, p. 17). In the conversation with Tillich, it is clear that he prefers to use humanistic terms over Tillich’s usage of religious language.

## *2. The relation between freedom and the nature of man.*

A huge issue arises when Rogers brings up Tillich’s term demonic. This is the topic that uncovers the ultimate disparity between the thinking of these two men, exposing an unbridgeable gap between them. By demonic Tillich means all human activity that is performed under the impression or fallacy of “being possessed.” However, it seems unclear both in this conversation with Rogers and in his own writings whether any positive passion of becoming engaged in any activity might not also be, in his terms, easily characterized as a “possessed” condition. PCA, on the other hand, begins with the assumption that human nature is essentially good and emerges in a climate “of safety, absence of threat, and complete freedom to be and to choose” (Rogers, 1962, p. 93). In other words, we see its expression when the person is free of the restriction of evaluative terms used by others, namely “conditions of worth.” Rogers’ view of human nature is

quite misunderstood, and he is accused wrongly of being naïve. He responds to this accusation by asserting: “I do not have a Pollyanna view of human nature. I am quite aware that out of defensiveness and inner fear individuals can and do behave in ways which are incredibly cruel, horribly destructive, immature, regressive, anti-social, hurtful” (Rogers, 1961, p. 27). But his psychotherapeutic experiences, even in such individuals, led him “to discover the strongly positive directional tendencies which exist in them, as in all of us, at the deepest levels” (Rogers, 1961, p. 27). Barbara Brodley (2006), in studying many transcripts of Rogers, actually found that Rogers tends to over-respond to the evil, painful, and dark sides of people’s messages, further refuting the Pollyanna view.

### *3. Socialization.*

Tillich’s thinking appears subtly but consistently disparate from Rogers’ in his searches for an appropriate word to describe the process of humankind towards socialization that leads man even deeper into conflict with society. Also, Tillich found the term demonic as the most apt to reflect a rather foggy—I would say—view of the evolutionary process. According to Rogers, socialization is psychologically essential for growth—the human being tends to move toward deeper self-understanding and more social behavior. Also, for Rogers, the tendency toward experiencing constitutes the basis of the social nature of the person. While Rogers perceives contact with the other as the pathway that holds the most promise in helping the other toward self-discovery, Tillich perceives self-discovery as arising through resisting the other. Furthermore, Rogers is quite critical of the pessimism of European existentialism: “Indeed, I am not very congenial with the somewhat despairing existentialist, particularly those in France” (Evans, 1975, p. 70).

### *4. Encounter.*

While Rogers perceives encounter as the special event of contacting the unique reality of the different Other, Tillich perceives encounter as the cognitive intersection of considering the various

layers of reality until reaching the ultimate realization of the ground of all grounds, as established by holiness (Tillich, 1951, p. 18-19). Tillich seems to ignore the work and the changes that Rogers brought to the fields of counseling and psychotherapy and the major differences between psychoanalyst and client-centered psychotherapist. Although in the discussion Tillich twice mentions the term “psychoanalyst” (T6, 72) and once the term “analyst” (T11, 74), I would say that due to his ignorance, he portrays the client-centered psychotherapist as an analyst. By his words, [the psychoanalyst] “not judging him, not telling him first he should be good, otherwise I cannot accept you, but accepting him just because he is not good, but he has something within himself that wants to be good” (T6, 72). His references to “a psychoanalyst” instead of a “psychotherapist” may be due to his friendships and personal relations with “heretical” psychoanalysts (e.g. Erich Fromm, Karen Horney, Rollo May) and their influences on his views from depth psychology as the mainstream force for psychotherapy at that time in Europe.

Tillich’s death seven months after this meeting was unfortunate. Perhaps we would have seen movement in his thought due to the influence of this meeting with Rogers, as we see in Martin Buber after his encounter with Rogers. As it is known from the excellent work of Rob Anderson and Kenneth Cissna, Buber considered as almost impossible the authenticity of participants in a public conversation (Anderson & Cissna 1997; Cissna & Anderson, 1996, 193). However, he was impressed by his own dialogue with Rogers held in University of Michigan on April 18, 1957. A few years later, and as a result of this positive impression, Buber changed his opinion about the nonmutual and genuine involvement of the participants in a public dialogue. Because of this shift, he recommended his student and coordinator Maurice Friedman remove such a paragraph at the re-edition of his book *The knowledge of Man*, in which there is a transcript of his dialogue with Rogers (Buber, 1965, 184).

It is my impression that Rogers addresses Tillich’s ideas having a good grasp of his theory. The entire contact between the two men appears to offer us an opportunity to comprehend precisely the disparities between two worlds of the psychotherapeutic and the

theological. The psychotherapeutic does not necessarily contradict divinity. At the same time, the theological is not necessarily indistinguishable from the sanctified. Moreover, if one examines parts of their conversation in a comparative way, the logical conclusion is that each of these men's backgrounds is distinct in a way that cannot be understood easily as changeable, adjustable, or flexible. I bring this disparity to light in this paper, with the hope of spurring continued inquiries and future exploration.

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**In Memoriam**  
***Barbara Temaner Brodley***  
**October 4, 1932 – December 14, 2007**  
**Marjorie Witty**

I remember moments of good fortune in my life—finding a lady slipper in the Maine woods; finding a perfect brain coral on the island of Cozumel. Meeting Barbara was my greatest good fortune. I first met her in the early 1970s at the Chicago Counseling and Psychotherapy Center, where she had come to present. It didn't take her long to realize that client-centered therapy as she knew it was not much in evidence at the center. At that time, the staff was greatly influenced by the work of Eugene Gendlin and was representing it as an evolution of client-centered therapy. She perceived this as a deviation from what she understood to be real client-centered practice, so she set about educating the staff. This marked the beginning of Barbara's monumental efforts to clarify Rogers' practice and theory and to distinguish it from other humanistic therapies.

Preceding her efforts at education was her personal commitment to the practice of client-centered therapy while in her early twenties. She began her own practice under the tutelage of Dr. Rudyard Probst, whom she married. Her own grasp of the theory and her devotion to the practice led to her brilliant realization of Carl Rogers' values and theory. Barbara esteemed Carl as a theorist and as a therapist whose practice exemplified self-awareness, respect, and deep empathic understanding of the inner world of the person. Barbara was a master in the sense that her mastery of the implications of Rogers' theory was deeply explored in her work and later in her theoretical writings and teaching.

The ongoing, day-to-day work of a therapist necessarily takes place in private. It is easy to forget (unless you're doing it) how much energy and discipline and constancy are involved in this work. Barbara

Author note: Remarks delivered at the South Shore Cultural Center in Chicago, Illinois, on January 13, 2008. Due to permission restrictions, only the last two lines of the quoted poem could appear in print.

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helped hundreds upon hundreds of clients in thousands of hours of therapy. She reflected on and studied her own work, which enabled her to educate a new generation, really several generations, of client-centered therapists.

I see Barbara Brodley as chiefly responsible for restoring Rogers' legacy, a practice fundamentally grounded in the person as a trustworthy architect of the therapy process and as the ultimate authority on his or her own life. In an era that increasingly generates new categories of pathology—thereby instilling and legitimating a tyranny of mental and moral hygiene—Barbara gave clients and students the ability and courage to resist relinquishing or thieving their own or the other person's inner authority. She helped each of us to find our own ways, our own autonomous voices. She deeply resisted mysticism, religion, psychology—any system of thought and behavior that codified or diminished human possibility. Freedom, autonomy, and self-authority were critically important to her and led her to oppose all kinds of interference with persons, including circumcision, male and female. She supported the freedom of infants to breastfeed and to self-wean. She objected to theoretical constructs represented as facts; she wanted convincing evidence, but she was clear that evidence must meet the test of moral values.

Barbara did not attempt to win people to her way of thinking. She wanted arguments on merits. She angered a number people who felt she discounted their work and ideas. She simply disagreed with them. She championed engagement in debate, uncouched and unsoftened. In this Orwellian era of “spin,” Barbara's voice was a pure signal. She gave us an unparalleled example of intellectual clarity and moral courage.

I would like to dedicate to Barbara the poem titled “I Think Continually of Those Who Are Great” by Stephen Spender, which concludes

The names of those who in their lives fought for life who wore  
at their hearts the fire's centre.

Born of the sun they traveled a short while towards the sun,  
and left the vivid air signed with their honor.

# Remarks at *Barbara T. Brodley's* Memorial Service Barry Grant

I am a former client, consultee, and friend of Barbara and a student of her work. I learned from her how to do therapy. My publications on therapy are in many ways extensions of her work. As a therapist, Barbara was a wonder. She was the only person I knew who I felt loved me and didn't want anything from me. For me, she utterly lived what she taught and wrote about for years.

Barbara and Nat Raskin, in my opinion, were the greatest champions of nondirective, client-centered therapy. Barbara was greater than even Rogers, who I think did not fully understand or appreciate the profundity and implications of what he had created. I am not at all sure Barbara would agree. She was a student not just of Rogers' writings but also of his therapy work. She wrote several papers analyzing transcripts of his work, and I think she saw her work as wholly consistent with what Rogers believed and practiced.

To those not in the field, nondirectivity may appear to be mere jargon, a marketing phrase. But its significance to Barbara and those influenced by her is profoundly ethical. Nondirective, client-centered therapy is a way, perhaps the only way, of working with people that fully respects their autonomy. Barbara, like Rogers, did not believe she knew how one should live and did not have ideas about mental illness and mental health. She didn't direct or manipulate or influence clients to ends she thought good for them. She believed that by sincerely responding to clients with empathy and unconditional positive regard, clients would find their own way.

This is Rogers. But Barbara saw deeper than he did the implications of fully respecting clients' autonomy. She saw that answering questions, addressing requests for accommodations and changes in therapy, and being a resource are expressions of the nondirective attitude. Her work created possibilities for therapy relationships far beyond what Rogers imagined. If a client asks a

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therapist to see her play or art show, for example, this is not an attack on a therapy boundary or another client communication to be understood, but simply a request that the therapist accommodate or not, as inclined. There is something marvelous in being able to get answers to questions about your life or the world from someone who loves you and doesn't care that you believe or accept what she says.

What Barbara saw in the idea of nondirectivity is revolutionary. She further removed client-centered therapy from any taint of being a treatment, rather than a kind of relationship between two free persons. I said earlier that Barbara was champion of nondirective, client-centered therapy. Her championing of this practice was, I think, a part of a deep commitment to individual freedom and self-determination and her belief, with Rogers, that people left to direct themselves will create the best possible society.

Barbara's writings, on my take, focused on empathic understanding. She was the first to propose that the target of empathy is not the client's immediate experience, as Rogers argued, but rather "what the client has been expressing or attempting to express." She identified what she called the empathic understanding response process, EURP, characterized by a predominance of empathic responses. She called her way of working with clients a plain style: "It is *plain* because the therapist genuinely aims only to understand what the client immediately intends to communicate." This kind of empathy was a vehicle for the therapist's genuine unconditional acceptance of the client.

Again, to those not in the field, the difference between understanding what someone is communicating and what someone is experiencing may seem a quibble. But defending and respecting individual autonomy often rests on details. The difference is huge.

Barbara was one of the only, maybe the only, person in the field to write about how to *do* nondirective, client-centered therapy. For those of us who taught client-centered therapy, her writings are indispensable. Clearly and concretely, she offered guidelines on how to live the attitudes of empathy and unconditional positive regard.

Barbara was fierce defender of nondirectivity, attacking misrepresentations and misunderstandings in papers, presentations and meetings. She wanted to ensure that the form of therapy she loved and

lived would continue to exist in a world of directive, paternalistic, and authoritarian therapies.

Barbara's was a decidedly minority voice. Defenders of liberty are always minority voices. That, I think, was what at bottom Barbara was—a defender of human liberty. She took Rogers' work and tuned it to being a way for free people to do therapy with free people. That was what I was looking for and found in her work, and that is, I think, her most important legacy.

# A Rating System for Studying Nondirective Client-Centered Interviews—Revised

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## Abstract

This rating system for studying nondirective client-centered interviews modifies and updates preceding unpublished versions (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). It is uniquely distinguished from other client-centered rating scales (e.g., Truax & Carkhuff, 1967; Carkhuff, 1969; Lietaer, 1995; Gundrum, Lietaer & Van Hees-Matthijssen, 1999) because it is the only client-centered rating system that takes into account the therapist's nondirective intention or attitude when making category or rating distinctions.

## History of the Rating System

This nondirective client-centered rating system was initially developed by Barbara Brodley and Anne Brody for study of the

Author's Note: Barbara Brodley died on December 14, 2007. This rating scale was very important to Barbara and we are deeply honored to have worked with her so closely in order to bring it to the public. We dedicate this achievement to the memory of a very dear mentor, teacher, colleague, and friend. Words cannot express how much we loved and miss her.

Investigators wanting to accurately use this rating system for research are encouraged to contact the lead author for guidance in utilizing its criteria and rating process. Jerome Wilczynski, Psy.D., Chair, Undergraduate Studies, Argosy University, Chicago Campus, can be reached via his university e-mail account at [jwilczynski@argosy.edu](mailto:jwilczynski@argosy.edu) or his personal email at [jerome.wilczynski@sbcglobal.net](mailto:jerome.wilczynski@sbcglobal.net).

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psychotherapy interviews conducted by Carl Rogers that remain available through audio and video recordings, film, and transcripts (Brodley & Brody, 1990). The category ratings found in this revised system were derived over many years from phenomenological study of Rogers' responses to clients (Brodley, 1990, 1994, 1996, 1997a, 1997b) as well as examination of the empathic responses of students endeavoring to learn the art of the empathic understanding response process of nondirective client-centered therapy (Wilczynski, 1999, 2004). Additionally, a modification of this rating system was used by Cornelius-White (2003a, 2003b) to explore the construct of nondirectivity and its relationships to therapy process and outcome.

The two most general categories of response are, first, a category of the therapist's statements that are his or her attempt to accurately represent the meanings and feelings the client has immediately expressed. The therapist intends these statements to have no directive influence on the client's subject matter or his or her subjective process. The second general category of responses consists of statements from the therapist's frame of reference (not the client's), although they may be about the client, about the therapist, or about other people or things. These statements may be deliberately directive: for example, asking the client to explore or explain something. Or they may not be intended to influence the client. In this second category, the statements are expressed from the therapist's internal frame of reference in contrast to the first category, whose responses represent the client's frame of reference. Hence, the categories culled from the aforementioned qualitative studies that have employed this rating system primarily aim to distinguish the therapist's nondirective intentions or attitudes from the directive intentions or attitudes in the studied interview.

It is in this way that this rating system is differentiated from others that have been utilized for rating client-centered interviews (e.g., Truax & Carkhuff, 1967; Carkhuff, 1969; Hill, Thames, & Rardin, 1979; Lietaer, 1995; Hayes & Goldfried, 1996; Gundrum, Lietaer, & Van Hees-Matthijssen, 1999; Gazzola & Stalikas, 2003; Talkens, 2005). More specifically, the previous scales fail to assess and make category distinctions based upon the therapist's intentions to accurately understand the client from the client's own frame of reference in

contrast to other intentions. A review of client-centered literature yields no rating systems that assess the therapist's nondirective intentions other than that of Brodley and Brody (1990, 1991, 1993) or Brody (1991). Most relevant and important for understanding client-centered therapy, according to Brodley (1997b) and other writers (e.g., Raskin, 1947/2005; Moon, 2005; Bozarth, 2005/2001; Merry, 2004; Sommerbeck, 2004; Levitt, 2005; Wilders, 2005; Witty, 2005), is the fact that the entire client-centered approach is grounded in the nondirective attitude of the therapist. As John Shlien asserted, "client-centered is inherently nondirective" (personal communication to B. Brodley, 1990). Therefore, developing a rating system that identifies the therapist's nondirective behavior and attitudes is essential.

In the early versions of this rating system (Brodley & Brody, 1990, 1991, 1993; Brody, 1991), empathic understanding responses were not differentiated into types, but were classed into a single category. Since the writing of these earlier versions, Brodley (1994, 1995a, 1995b, 1996, 1999, 2002) has been qualitatively analyzing and differentiating types of empathic responses, and Wilczynski (1999, 2004) gave further definitions of the categories for his research. The definitions contained within the rating system operationalize these categories, thereby making it possible for researchers to systematically classify responses. Other investigators (e.g., Nelson, 1994; Bradburn, 1996; Diss, 1996; Weinstein, 2007) have used the system for research, and now Wilczynski and the original authors have revised the rating system.

### **The Rating System**

According to Brodley and Brody (1990, 1991, 1993) and Brody (1991), therapist responses to client statements other than client's questions addressed to the therapist are rated and placed into one of five major mutually exclusive categories. "A secondary system of classification rates responses into other nonexclusive and nonexhaustive categories" (Brodley & Brody, 1993, p. 2).

The rating system for empathic understanding responses, and other kinds of responses, "utilizes theoretical definitions and infers intentions behind the therapist's responses" (Brodley & Brody, 1993,

p. 1). Using inferences for rating assumes “that one can judge a [client-centered] therapist’s behavior on its face meaning and that one can rely upon common-sense interpretations of the nature of statements” (Brodley & Brody, 1993, p. 1). This practice appears justified on the basis of the high percentages of agreement by independent raters using this system (90 to 100%; see Brodley & Brody, 1990, 1991, 1993; Brody, 1991) and the ease of negotiating agreement between raters about independent nonagreement statements. Where it is possible, it is useful to listen to recordings along with the transcripts, although this is not necessary. The relation of the meanings of therapist’s statements to the meanings of client’s previous statements; the therapist’s syntax; the therapist’s expressions of tentativeness about his or her responses; the client’s subsequent remarks, including statements of agreement; and the therapist’s ease in accepting corrections – all these give strong evidence of the therapist’s nondirective intentions.

### **Criteria for a Response**

Categorizing and rating responses necessitates that one first determine criteria delineating what constitutes a distinct, articulate therapist response (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). This is because a distinct response is not necessarily identical to units of interaction between therapist and client. Prior to rating responses, if multiple raters are utilized in the conduct of research, any difference in their ratings of distinct responses must be resolved through negotiation. The criteria described below are excerpted from the version by Brodley and Brody (1993) and have been further revised as follows:

1. The therapist statement represents a distinct attitude in order to be designated as a distinct therapist response. It is an apparent intention, which is represented alone or within a sequence of therapist’s statements, that determines a separate response ... Although a series of statements may be grouped together and numbered according to the [typed] copy as a single response, for the purposes of this system they are considered separate responses if their apparent intentions are different. Sometimes within a single

sentence or paragraph of verbalizations, the presence of distinct intentions will constitute more than one response. [For instance, differing apparent therapist intentions might include representing what the client has said, getting an answer to a question, or telling the client something].

2. A fragment of utterance that is not a complete sentence but gives enough information to convey apparent intention, and thus be able to be specifically categorized, is considered a response.
3. If there is a significant pause between statements, the [intervening] response is considered distinct, even if the statements before and after the pause are rated within the same category.
4. Verbal gestures such as “I see,” “O.K.,” “Um humm,” etc., are not scored as articulate responses, but are counted into a separate category called “acknowledgements.”
5. If the client’s intervening comment is minimal and the content of the therapist’s intervening comment is continuous or repeats the same statement, this is regarded as one response. (pp. 2-3)

#### **Responses Set Aside for Separate Rating**

1. Therapist responses to client’s questions are set aside for separate rating because client’s questions addressed to the therapist require different considerations by the therapist than client’s self-disclosing narratives (see Brodley, 1989, 2004; Kemp, 2004).
2. Therapist responses to the environment (e.g., taping or the physical setting) that are not responses to requests by the client but are spontaneous utterances by the therapist are set aside for rating separately.
3. Client and therapist discussion about business pertaining to therapy or other practical matters (e.g., collecting fees, setting appointment times) are not rated as distinct responses; such interactions are deemed extratherapeutic, and are thereby omitted from the ratings (Brodley &

Brody, 1993). However, such dialogues may be rated separately depending upon the needs of the researcher.

6. "Introductions [to sessions] by the therapist, addressed to the client (e.g. "I'd be interested to hear about anything you'd like to talk about"), are not rated as distinct responses, but are omitted from the ratings on the grounds that they are not responses to client statements or other behavior" (Brodley & Brody, 1993, p. 4). These introductions may be studied, however, for their tentative and nondirective qualities.

### **The Mutually Exclusive Response Categories Rated in the System**

"Study of client-centered interviews to determine the distinguishable and apparent intentions that are present in the material produced five [major] categories. These five categories, distinguishing five different apparent intentions, account for 100% of the therapist's articulate responses in a transcript, other than those omitted as above" (Brodley & Brody, 1993, p. 4). All responses not set aside are rated into five major categories. The major categories found in Brodley and Brody (1990, 1991, 1993) and Brody (1991) have essentially been preserved and are as follows: (1) *empathic understanding response* (EUR), (2) *therapist comment* (TC), (3) *interpretation/explanation* (TI/E), (4) *therapist agreement* (TA), and (5) *leading question* (LQ). All responses in a sample interview, excluding the responses set aside for separate rating, are placed into one of the five major categories.

### **Types of Empathic Understanding Responses**

Responses are generally scored as *empathic understanding response* (EUR) when the therapist's apparent intention is to check his or her understanding of the experience, feeling, or point of view immediately expressed by the client (Rogers, 1957a, 1986a/2002; Brodley, 1997a, 1997b; Brodley & Brody, 1993). These checking responses are an expression of what the therapist perceived the client was trying to convey (Brodley & Brody, 1990, 1991, 1993; Brody, 1991) by language

or gesture.

Achieving empathic understanding of what a client conveys does not aim to discriminate the client's feelings out of the gestalt of the client's communication and self-expression. Therapists should give full respect and attention to *all* that a client communicates. Empathic understanding does not focus solely on feelings or on the apparent experiencing process of the client. However, the therapist does not achieve *true* empathic understanding until the client has expressed or implied personal meanings and his or her sense of self-agency and the therapist has understood this (Brodley, 1996, 2002).

In the rating system, if the client corrects the therapist, indicating that the therapist did not fully or adequately understand the client, the response is still designated as an *empathic understanding response* (EUR) if that appeared to be the therapist's intention (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). In other words, the empathic understanding response may or may not be totally accurate according to the client. The following therapeutic interchange cited in Brody (1991), from the work of Rogers (1983), is an example of an *empathic understanding response* (EUR):

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

Rogers: So it's really *frightening*, if people would find out what you're really like. And that you don't measure up. . . Perhaps you *don't* measure up.  
(p. 20)

Another example of an *empathic understanding response* (EUR) found in Rogers (1946) is this:

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



as the most significant informational details that provide a rationale for why the client experienced this situation in a particular manner...

*Complex true empathic understanding* responses [CTE] fulfill the criteria for an empathic understanding of the client's internal frame of reference. Instead of literally repeating the client, however, the therapist [may deliver] the response in his or her own words [and sometimes uses some of the client's words]. An example would be:

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

Therapist: You really *hate* it and feel off-kilter whenever your day starts off with so many mishaps.

In this example, the therapist communicates that he or she understands how much the client hates it whenever her or his day starts off badly. Closely related to the client's hatred for such days is not feeling quite "right" as a result of how the day began. The therapist accurately understands the two focal sources of affective meaning, along with the significant informational details that provide a rationale for why the client felt this way...

An *informational but not true empathic understanding* response [INT] "tracks" the information provided by the client, but is devoid of an expression of understanding of the [personal] significance of the information to the client. Therefore, since this type of response [either] misses the significance or essence of the client's communication [or the client has not expressed his or her personal meaning], it cannot be scored as a [complex] true empathic [understanding] response. An example is:

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

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

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

*Questions for clarification* [QFC] fall under the rubric of empathic [understanding responses] when the intention of the question asked is to explicitly check whether or not the therapist accurately understands the client. These questions do not derive from a desire for more information than that which is provided by the client... An example of a *question for clarification* [QFC] would be:

Client: My boss told me I wasn’t working hard enough today. God, you know, I got a flat tire, and, [AHH]! I really *hate* that, you know?

Therapist: Did you mean you hate the rebuke or the nuisance of a flat tire?

The therapist in this example is merely attempting to ascertain which event is hated, since the client's communication is ambiguous...

...Only responses that *expressly* check the accuracy of the therapist's understanding of the client's communication, or part of it, because the therapist is unsure of his or her understanding, are classified as *questions for clarification* [QFC]. (pp. 7-9)

The other four major categories of responses are all examples of therapist verbal behavior when their immediate intention appears to be something other than a checking of his or her understanding (Brodley & Brody, 1990, 1991, 1993; Brody, 1991).

### ***Therapist Comment (TC)***

As stated in Brodley and Brody (1990, 1991, 1993) and Brody (1991), responses are rated as *therapist comment* (TC) when the therapist's apparent intention is to offer his or her observation or opinion, or to express the therapist's own feelings about the client or a general point. An example from the work of Rogers (1985a) of a *therapist comment* (TC) is this:

Client: But not for me. No, no, yeah. I have to sort that out because I don't think I'm genuine in saying that's O.K.--you can be like that.

Rogers: It somewhat strikes me you're so much harder on yourself than you would be on a client. (cited in Brody, 1991, p. 21)

A *therapist comment* (TC) in which the comment (a therapist's

self-disclosure) relates the therapist's experience rather than being *about* the client's experience is also possible (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). Brody (1991) excerpted the following example of this type of client/therapist interchange from Rogers (1977):

Client: I don't know. I was thinking that when we, when we talked earlier about the anger. . . I've been thinking a great deal about that.

Rogers: I've thought a lot about what you had to say about that. (p. 22)

### ***Interpretation/explanation (IT/E)***

Responses are rated as *interpretation/explanation* (IT/E) when the therapist's apparent intention is to explain the client *to* the client (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). An example of an *interpretation/explanation* (IT/E) from the therapeutic work of Rogers (1977) is this:

Client: . . . I'd like to really tell him that I uh, really loved him a great deal.

Rogers: So you're telling me in place of telling him... (cited in Brody, 1991, p. 22)

Another example found in Brody (1991), taken from Rogers (1982), of an *interpretation/explanation* (IT/E) is as follows:

Client: . . . I like being told I can be more. I'd like you to give me permission just to be me. Tell me, Carl . . . I'll say, "Carl Rogers said that you can be yourself," you know, you said we can do that. I'll tell them that you're very successful.

Rogers: And the problem which you seem to have raised in the interview is can you tell *yourself* to

be you? (p. 22)

### ***Therapist agreement (TA)***

According to Brodley and Brody (1990, 1991, 1993) and Brody (1991), a *therapist agreement* (TA) is identified when the therapist's apparent intention is to verbally agree with the client. Brody (1991) cites an example from Rogers (1985b):

Client: . . . Of course, then there is a biological time clock . . . and so not everything is in my corner.

Rogers: That's right. (p. 23)

Another example of a *therapist agreement* (TA) found in Rogers' (1977) work is:

Client: . . . And at the same time, you know, I really haven't had the opportunity of letting anybody accept mine. Or maybe I haven't given it to them.

Rogers: Yeah. Maybe you haven't given it to them. (cited in Brody, 1991, p. 23)

Still another example, although not from Rogers, of a *therapist agreement* (TA) is this:

Client: I may very well have been fooling myself all along; maybe he really *does* love me?

Therapist: I think you could be right about that.

### ***Leading question (LQ)***

A *leading question* (LQ) is identifiable by the presence of the

therapist's apparent intention, in the form of a question, to direct the client's feelings, responses, thoughts, or considerations (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). An example of a *leading question* (LQ) as cited in Brody (1991), from Rogers (1977), is as follows:

Client: . . . And I really don't know how to . . . and I *really* don't know how to deal with that. I really don't. I really don't. (sighs) You know, just really giving so much of yourself and it's just really crazy. Too much. (sighs)

Rogers: If you did cry, what would some of the themes of the crying be? (p. 23)

Another possible example, also taken from Rogers (1985b), of a *leading question* (LQ) is:

Client: I'm not exactly a failure, but there's still that feeling inside me that says that something else could have been done.

Rogers: Almost a bodily feeling, isn't it? (cited in Brody, 1991, p. 24)

### **Other Descriptive Categories**

Responses may also be classified into other categories depending on the researcher's interests and goals. These additional categories, which provide a more detailed analysis of an interview, remain essentially as they appear in Brodley and Brody (1990, 1991, 1993) and Brody (1991). They are (1) first-person response (I Form), (2) tentativeness (T), (3) self-disclosure (SD), (4) response to a client's question (RCQ), and (5) client disagreement (D). The last category, client disagreement (D), is the only rating that evaluates the client's meanings rather than the therapist's.

#### ***First-person response (I Form)***

Empathic understanding responses are rated as *first-person response* (I Form) “when the therapist uses the first person, from the client’s perspective, in his response” (Brodley & Brody, 1993, p. 9). A first-person response (I Form), as exemplified in the following excerpt from Rogers (1983), cited in Brody (1991), is this:

Client: . . . I don’t have enough knowledge about it, uh.  
. . . It seems to me that, uh . . . I’ve been thinking about this lately, and it seems to me that the uh, everything seems to be filtered through this idea that I’m still not competent at what I’m doing.

Rogers: You just feel, “I’m not up to it. I don’t know enough; I’m--I might be nervous, I might be--I might fail. I’m just uh, I’m really not up to it.”(p. 25)

Another example of a *first-person response* (I Form) can be found in the therapeutic work of Rogers (1986b):

Client: I’m asking myself now about how I would be responding to this moment if no one else were here except you and I, you and me . . . I don’t know.

Rogers: But at least the questions arises, “If we were alone would I be talking . . . would I be doing something different than I’m doing now?” (cited in Brody, 1991, p. 26)

### ***Tentativeness (T)***

According to Brodley and Brody (1993, p. 10), “Responses are rated as [*tentativeness* (T) when the therapist makes reference to his [or

her] degree of certainty or tentativeness in” his or her statement of empathic understanding. Brody (1991) cites an example from Rogers (1986b) as follows:

Rogers: So you’re concerned that maybe you’re not living up to expectations.

Client: Yes

Rogers: And, *as far as I can get it*, it’s your own expectations that you’re afraid that you’re not living up to. (p. 27)

### ***Self-disclosure (SD)***

Responses are rated as *self-disclosure* (SD) when a therapist discloses something about his or her feelings to the client (Brodley & Brody, 1993). One example of a *self-disclosure* (SD) excerpted from the work of Rogers (1982) is:

Rogers: . . . I feel, to hell with those who want to say, “ah well, here’s Carl Rogers.” I’m just Carl. I would prefer to be me, to be the person I am. (cited in Brody, 1991, p. 27)

Another example of a *self-disclosure* (SD), albeit not from Rogers, is this:

Client: . . . then, in my final year of undergraduate work, I decided not to continue with my musical studies but become a psychologist.

Therapist: I made that same decision just as I was finishing my undergraduate degree as well.

### ***Response to a client’s question (RCQ)***

Properly scoring therapist responses to client’s questions is

based on a separate and sophisticated analysis involving segregating client's questions from client's self-disclosures or narratives in sessions. In a substantial sample of sessions, it became apparent that subcategories of client's questions and therapist's responses to those questions were needed (see Brodley, 2004; Kemp, 2004; Brodley, 1989).

Generally, however, responses are rated as *response to a client's question* (RCQ) "if the therapist response follows, or reacts to, the client's asking a question. Rating in this category is *not* dependent on the therapist's response *answering* the question" (Brodley & Brody, 1993, p. 8). Therapists may answer, ignore, address but not answer, make an empathic understanding response, or use a combination of these categories in response to a client's question. "A therapist response need not immediately follow the client's question in order to rate it as a [*response to a client's question* (RCQ)], if this is the case" (Brodley & Brody, 1993, p. 8). An example, from Rogers (1964), cited in Brody (1991), of a *response to a client's question* (RCQ) is:

Client: Take me for instance, how would you go about [?] . . . like I don't have a goal, like I told you a while ago. How do you go about helping me find me?

Rogers: Well, uh, let's talk about it a bit. Uh, you say you have no goal. (p. 25)

Another example found in Rogers' (1957b) therapeutic work is this:

Client: It was the combination, I think . . . If you notice my . . . I move my feet.

Rogers: Yes, I did notice. (cited in Brody, 1991, p. 25)

### ***Client disagreement (D)***

This category, as with an analysis of responses to questions (Brodley, 2004; Kemp, 2004; Brodley, 1989), rates the response of the

*client* rather than the therapist. Scoring in this category is based upon judgment of the client's narration about himself or herself *in relation to* a therapist's empathic understanding response. "Responses are rated as *client disagreement* (D) when the client explicitly disagrees with the therapist's [empathic understanding response]" (Brodley & Brody, 1993, p. 11). The following is an example of a *client disagreement* (D) excerpted from Rogers (1957b):

Rogers: You feel you were in kind of a desperate way, at those points. . . .

Client: No, I didn't feel desperate, I just didn't understand it, I didn't know why I blacked out. (cited in Brody, 1991, p. 27)

Brody (1991) cites another example from Rogers (1985b) as this:

Rogers: It's a really confusing situation isn't it? Wanting a child very much . . . wanting that miracle . . . yet, not being sure.

Client: Well, I think I am sure that I want that... (p. 28)

### **Rater Agreement**

The percent of agreement between the raters of earlier versions of this rating system (Brodley & Brody, 1990, 1991, 1993; Brody, 1991; see also Brodley, 1994, 1995b, 1997b, 2001, 2002), as well as of the types of empathic responses in subsequent studies (Wilczynski, 1999, 2004), were calculated. The percent of agreement between raters as reported in the 1993 version of this rating system "... for a response and for the [five major] mutually exclusive categories were based on judgments by two independent raters, and measured by percent of agreement between the two raters. [Agreement] ranged from ninety percent to one hundred percent for both types of judgment. Mean agreement for identification of a distinct response was ninety-four

percent and mean agreement for the five [major] mutually exclusive categories ([EUR], TC, TI/E, TA, LQ) was ninety-two percent” (Brodley & Brody, 1993, p. 11). Differences were resolved by negotiated agreement (Brodley & Brody, 1990, 1991, 1993; Brody, 1991).

Likewise, according to Wilczynski (1999, 2004), the percent of agreement between raters with respect to the types of empathic understanding responses (LTE, CTE, INT, QFC) was determined similarly, with some modifications, to the process reported in the earlier Brodley and Brody (1990, 1991, 1993) and Brody (1991) versions. Wilczynski (1999, 2004) stated that the mean percentage of agreement between raters was ninety percent.

### Conclusions

Aside from this rating system, every rating scale used to assess responses in client-centered interviews (e.g., Truax & Carkhuff, 1967; Carkhuff, 1969; Hill, Thames, & Rardin, 1979; Lietaer, 1995; Hayes & Goldfried, 1996; Gundrum, Lietaer, & Van Hees-Matthijssen, 1999; Gazzola & Stalikas, 2003; Talkens, 2005) has failed to take into account the nondirective attitude of client-centered therapy in the rating process. This revised rating system categorizes responses based upon the inference of the nondirective attitude as an operational premise. It is in this way that this system takes into account the crucial nondirective attitude of the client-centered therapist.

The writers think the system may be useful in assisting students of client-centered therapy to understand when the nondirective attitude is compromised in their therapeutic work. On the basis of our teaching experiences, we find that student ratings of their practice transcripts using the present system help students identify and understand exactly how their attitudes are expressed in their responses.

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# **Nondirectivity: Attitude or Practice?**

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## **Abstract**

The authors reconsider the rationale for the exclusive use of empathic reflections to ensure a nondirective psychotherapeutic relationship. This model of nondirective therapy is contrasted with the view that the nondirective therapist can be defined in terms of a state of mind rather than by way of specific behaviors. The authors argue that in viewing nondirectivity as an attitude it becomes difficult to exclude any kind of therapeutic exchange since all may be said to emanate from a nondirective attitude. The result is that Rogers' nondirective therapy turns into Person-Centered Anything (Merry, 1990) and can consequently be insidiously directive.

## **The Nondirective Practice**

Nondirective counselling was the product of a number of failed psychotherapy sessions of Carl Rogers. At the beginning of his career as a practicing therapist, Rogers had no reservations about giving *his* insight and interpretation to a client, and when therapy failed it was evident to Rogers that the client could not grasp the significance of his interpretation. Rogers concluded the interview and what followed was the birth of nondirective counseling. In Rogers' (1961) words:

I had been working with a highly intelligent mother whose boy was something of a hellion. The problem was clearly her early rejection of the boy, but over many interviews, I could not help

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her to this insight. I drew her out, I gently pulled together the evidence she had given, trying to help her see the pattern. But we got nowhere. Finally I gave up. I told her that it seemed we had both tried, but we had failed, and that we might as well give up our contacts. She agreed. So we concluded the interview, shook hands, and she walked to the door of the office. Then she turned and asked, "Do you ever take adults for counselling here? When I replied in the affirmative, she said, "Well then, I would like some help." She came to the chair she had left, and began to pour out her despair about her marriage, her troubled relationship with her husband, her sense of failure and confusion, all very different from the sterile "case history" she had given before. Real therapy began then, and ultimately it was very successful. This incident was one of a number which helped me to experience the fact – only fully realized later – that it is the *client* who knows what hurts, in what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to *demonstrate my own cleverness and learning*, I would do better to rely upon the client for the direction of movement in the process (p. 11-12). [emphasis ours]

In his book *Counseling and Psychotherapy*, published in 1942, Carl Rogers described nondirective counseling in considerable detail. It was called nondirective since the therapist's response concentrated entirely on his empathic understanding of the client's situation, the meaning that situation had for him, his feelings about it, and finally his behavior in light of the above, rather than in any way offering alternative constructions of the client's narrative (Frankel, 2005).

The counselor did not offer interpretations as in psychoanalysis (Wolitsky, 1995), a personal judgment of the client as a version of Rogers ("Rogers-2")<sup>1</sup> did with his client Gloria (Frankel and

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<sup>1</sup> See Frankel and Sommerbeck (2007) for a full discussion of Rogers-1 who, unlike Rogers-2, went to great pains to emphasize the need to empathically follow the internal frame of reference of the client and eschew all comments from the external frame of reference of the therapist. (See for example Rogers, 1951, pp. 208-209.) Indeed, in a section on transference, Rogers-1 (1951, p. 42) argues that the frequency of transference reactions in the client is mainly due to the therapist

Sommerbeck, 2005), communications of the therapist's feelings or personal history (Greenberg & Elliot, 1997), instructions on how to make contact with feelings (Gendlin, 1981), or discourses on the nature of the client's irrational thought patterns (Ellis, 1985). Rogers (1951) coined the phrase "attitudinal reflections" (later known as "empathic reflections") to capture this kind of empathic understanding responses. Rogers was nondirective for a number of important reasons.

First, Rogers recognized the inequality of power in the relationship between therapist and client. This inequality of power can easily result in the client adopting an attitude of compliance that would rely more on the need to get positive regard from the therapist than relying on the client's own organismic valuing process (Rogers, 1951, p. 20). In effect, Rogers did not want the therapeutic relationship to replicate the power dynamics of the parent-child relationship. Rogers viewed clients as being developmentally socialized to be sensitive to the requirements of acceptance by authority figures. In effect, clients were exceptionally sensitive to external social conditions of worth. Studies on obedience, false memory syndrome and others too numerous to require citing have shown that Rogers' concern was fully justified (Milgram, 1974; Loftus, 1995). In an educational context, how often are teachers asked for their opinions and how often are such requests turned down by the knowledgeable teacher to enable the student to struggle with developing their own power of judgment? Consider the number of women in the 20th century who came to believe they suffered from penis envy as children.

The second reason why Carl Rogers favored nondirective therapy was his finding, as indicated in the experience with the client above, that interpretations that were contrary to the body of experience of the client were likely to be rejected just as an organ given by a donor may be rejected by the body of the recipient. Once again, consider the number of women in the 20th century who rejected the penis envy interpretation of their experience.<sup>2</sup> In fact, this kind of rejection of

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offering his or her own analysis or views, thus replicating the parent-child relationship. This distinction will become elaborated upon more fully below.

<sup>2</sup> While we have previously referred to the number of women who may have accepted the truth of penis envy, we do not doubt that there are many women who

interpretations is so frequent that psychoanalysts have coined the expression “resistance” to describe the process of such interpretive rejections (Schaeffer, 1982, ch. 5). Since the nondirective therapist is earnestly trying to follow the narrative of the client, any rejection on the part of the client of the therapist’s communications simply shows the therapist’s mistaken understanding of the client.

Thirdly, the nondirective empathic reflections invite the client to sustain a concentration on their own narrative. In so doing, the client may simply continue, reconstrue, or elaborate what they have said in some way. The latter is evident in the following response of Gloria to Rogers-1’s empathic reflection of her first statement (Shostrom, 1965):  
 Gloria: “Mhm. (Nodding) And again, that’s a hopeless situation. I tried working on it, and uh, I feel it’s something I have to accept. My father just isn’t the type of man I’d really like. I’d like somebody more understanding and caring. He cares, but not in the way that we can cooperate or communicate.”

Rogers: “Mhm. You feel “nope” that, "I am permanently cheated."

In this reflection Rogers is not asking Gloria if “permanently cheated” is what she means. Instead Rogers is rather emphatic when he states his understanding of her narrative. It apparently seemed to him that those words did indeed capture the spirit of what she was describing as her relationship to her father. It is evident from Gloria’s response that Rogers was indeed right on target, and consequently she elaborates further on the implications of his empathic understanding, i.e., she elaborates further on her own narrative.

Gloria: “Mhm. That is why I like substitutes. Like I like talking to you and I like men that I can respect. Doctors, and I keep sort of maybe underneath a feeling like we’re real close, you know, and it’s sort of like a substitute father.”

Gloria has now gone beyond her relationship with her father to her relationship with men of status in general.

In sharp contrast, the Rogers-2 therapist may offer his or her own view of the client’s dilemma, thus inviting the client to deal with the narrative of the therapist in contrast to the client’s own. Indeed

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deserted psychoanalysis because they found such an interpretation of their lives unacceptable.

Rogers-2 appears in his nonempathic response mode when he tells Gloria that he doesn't feel her closeness to him is merely pretending. Another example from this same interview occurs when Rogers-2 suggests that Gloria view herself in a different light.

*Rogers:* "I guess, uh, I'm sure this will sound elusive, but it seems to me, perhaps the person you're not being fully honest with is you?"

Gloria's narrative is broken as she responds to the attempt of Rogers-2 to help her from his external frame of reference:

*Gloria:* "Right. Alright. Now I hear what you're saying ..."

This is the first time in the interview that Gloria refers to Rogers' frame of reference in order to understand herself. The nondirective therapy of Rogers-1 has shifted to a more cognitive therapeutic approach in which the client learns to depend on the therapist for insights on how to reframe the issues under consideration.

In effect, Rogers-1 could see that nondirective, empathically reflective counseling led the client to speak out of himself rather than about himself; to speak out of his anger not about his anger. From Rogers-1's perspective, more directive and less empathic approaches encourage an intellectualization of experience, which ironically is then diagnosed as a defense (Frankel, 2005).

Finally, there was a fourth justification for the nondirective perspective. The psychologist did not have any scientific justification for offering any behavioral direction.<sup>3</sup> Can a psychologist justify why a client should choose to live rather than commit suicide? To be optimistic rather than pessimistic? To be hopeful rather than resigned? Consider the research that shows that chronically depressed people have a more accurate assessment of their problem-solving ability than

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<sup>3</sup> The psychologist can offer a technology of exercises for reducing and even eliminating certain symptoms but nothing in the education of the psychologist informs him as to what behaviors are optimally rewarding or what are the proper goals of mankind. Consider the shameful period when psychologists judged certain sexual orientations as unhealthy and the immense harm these judgments did to the many who actually believed that psychologists knew what was healthy.

so-called normal people. Indeed, there are psychologists who speak of positive illusions (Taylor & Brown, 1988). Can a psychologist justify inculcating an unrealistic assessment to depressed patients so they can be as optimistic as normal people? It is not in the province of social science to dictate how a person ought to think, feel, and act just as it is not in the province of the biological sciences to dictate that life has inherent value or living a long life that is tobacco free is better than a short life that is neither tobacco or drug free. The nondirective approach does not presume to be an authoritative guide to appropriate conduct. Consequently, the nondirective therapist helps a client to arrive at his own conclusion and to realize that there is no authority that can confirm the rightness or wrongness of such a conclusion (van den Berg, 1962). As one of the authors has argued in a prior article regarding genetic counseling: "The goal of genetic counseling is to enable the client to come to a decision with the full knowledge that the decision he makes today may well be the decision he regrets tomorrow" (Frankel & Lieber, 2006). The following story may be apocryphal but it is to the point. A famous philosopher had been giving lectures in various European universities during the 1920s when he was approached by a middle-aged merchant from a small town in Poland.

Merchant: I have been listening to you on a number of occasions and I am impressed with what you know.

Philosopher: I'm glad you found my talks of interest.

Merchant: Oh yes, very interesting, but I have an important question to ask you. It is about my daughter. She knows I have come to you and will abide by your judgment. Let me explain, my daughter has two suitors who wish to marry her. The first one, A, is very wealthy, very ambitious and my daughter enjoys his company. In fact, he is her dearest friend. The second one, B, is poor, not particularly ambitious but my daughter has a passionate love for him. What weight should she give to her passion? That is the question.

Philosopher: I cannot begin to answer you.

Merchant: Sure, you are wiser than my daughter, wiser than myself? Are you not after all a philosopher?

Philosopher: I am a philosopher but I am not necessarily wise. Perhaps, if I can speak to your daughter...

Merchant: What would be the point? She would pose the same problem. She would say the same thing.

Philosopher: The answer to your question resides on the scale of her sensibility. Perhaps I can help her find her own answer.

Merchant: You believe the sculptor frees the figure from the stone then.

Philosopher: Then you are a philosopher too—

Merchant: No, I sell woollen goods. I know nothing. I know only the sculptor does not free the figure from the stone. (van den Berg, 1962).

The philosophers of the 20th century can no longer claim to be wise, to suggest resolutions that evolve from their own frame of reference. In this example, the philosopher must help the daughter find her own resolution (van den Berg, 1962). The early nondirective empathic therapy of Carl Rogers is predicated in part on that premise. Illustrative of the nonauthoritarian, client-centered approach is the following example of Rogers as a nondirective, client-centered therapist with a client contemplating suicide (Rogers, 1951, pp. 45-48).

Client: I've never said this before to anyone—but, I've thought for such a long time—This is a terrible thing to say, but if I could just—well (short, bitter laugh; pause) if I could just find some glorious cause that I could give my life for I would be happy. I cannot be the kind of a person I want to be. I guess maybe I haven't the guts—or the strength—to kill myself—and if someone else would relieve me of the responsibility—or I would be in an accident—I—I—just don't want to live.

Counselor: At the present time, things look so black to you that you can't see much point in living.

The counselor offers nothing by way of his own feelings in the matter, and if he is fully concentrating on the narrative of the client, he is not likely to have any thoughts on the matter (Rogers, 1951).

Client: Yes—I wish I'd never started this therapy. I was happy when I was living in my dream world. There I could be the kind of person I wanted to be—But now—There is such a wide, wide gap—between my ideal and what I am. I wish people hated me. I try to make

them hate me. Because then I could turn away from them and could blame them—but no—It is all in my hands—Here is my life—and I either accept the fact that I am absolutely worthless—or I fight whatever it is that holds me in this terrible conflict. And I suppose if I accepted the fact that I am worthless, then I could go away someplace—and get a little room someplace—get a mechanical job someplace—and retreat clear back to the security of my dream world where I could do things, have clever friends, be a pretty wonderful sort of person—

Counselor: It's really a tough struggle—digging into this like you are—and at times the shelter of your dream world looks more attractive and comfortable.

The counselor offers no view whatsoever whether the shelter of dreams is to be less valued than the project of self-examination. The therapist does not ask the client how it feels when she is in the dream world or the real world, and if the client shrugs her shoulders she is not “taught” how to extract nuggets of “feeling” by introspective focusing (Gendlin, 1981). Instead, the nondirective therapist shows his appreciation of the shrug. The therapist does not ask what would be so terrible if she wasn't the person she would like to be (Ellis, 1985). The therapist does not offer himself as an example of someone who has also been afraid of the real world (Bohart, 1997, see below). Instead, the therapist underlines what for him is the essential meaning of the prior narrative section, much like underlining a text.

Client: My dream world or suicide.

Counselor: Your dream world or something more permanent than dreams.

Client: yes, (a long pause. Complete change of voice.) So I don't see why I should waste your time—coming in twice a week—I'm not worth it. What do you think?

This is the original meaning of nondirective counseling. The counselor provides empathic reflections and it is difficult to imagine that he is overcoming an impulse to express his respect, affection or a counter-argument to the client's statements about suicide. But now a serious question has been posed by the client. She wants to know what the counselor thinks. Does the counselor express his own point of view, inform the client that she is a valuable person and endorse the

client's life by the authority of his position as a therapist? Anyone familiar with Rogers or, more precisely, Rogers-1 will not be surprised by the nondirective reply:

Counselor: It's up to you Gil—It isn't wasting my time—I'd be glad to see you—whenever you come—but it's how you feel about it—if you don't want to come twice a week—or if you do want to come twice a week?----once a week? It's up to you (Long pause.)

This response doesn't entirely capture the client's question since it refers literally to the twice a week appointments rather than coming twice a week or giving up the therapy, but it could be argued that the sentence "It's up to you Gil" conveys to Gil that she must decide whether therapy is a worthwhile project for her. As stated above: The therapist like the philosopher cannot be, and in fact, is not wise as to the best direction for the client, whether the client asks the therapist to point it out or not. The therapist cannot give what he doesn't possess! In any case, Gil responds and the session continues:

Client: You're not going to suggest that I come in more oftener? You're not alarmed and think I ought to come in—everyday—until I get out of this?

As we shall see below, the so-called contemporary nondirective therapists such as Bozarth may well have made such an exhortation (Bozarth, 2005, p. 211). The Rogers of this period offers the following reply:

Counselor: I believe you are able to make you own decision. I'll see you whenever you want to come.

What enables the counselor to reply this way is his deep conviction that the client is indeed the expert in the conduct of her life. Rogers writes of the "philosophical orientation of the counselor," or what he also calls the "central hypothesis" of the client-centered counselor:

How do we look upon others? Do we see each person as having worth and dignity in his own right? If we do hold this point of view at the verbal level, to what extent is it *operationally* (italics our own), evident at the behavioral level? Do we treat our patients as persons of worth, or do we *subtly* (italics our own) devalue them by our attitudes and behavior...Do we respect his capacity and

his right to self-direction, or do we basically insist that his life would be best guided by us? (Rogers, 1951, p. 20)

We shall see below that Bozarth, and other presumably nondirective therapists who also believe the client is “her own best expert about her life” can without any sense of contradiction write a few pages later that if he doubts the appropriateness of his client’s decisions, he would speak about those reservations in considerable depth and do so with the firm conviction of being nondirective. In sharp contrast, here is an excerpt of the Rogers of 1951 who would not doubt the appropriateness of his clients’ decisions (Rogers, 1951, ch. 2). In response to Rogers’ empathic response, the client replies:

Client: (Note of awe in her voice.) I don’t believe you are alarmed about—I see—I may be afraid of myself—but you aren’t afraid for me— (She stands up—a strange look on her face.)

Counselor: You say—You may be afraid of yourself—and are wondering why I don’t seem afraid for you?

Client: (Another short laugh.) You have more confidence in me than I have. (She cleans up the finger-paint mess and starts out of the room.) I’ll see you next week— (that short laugh) maybe. (Her attitude seemed tense, depressed, bitter, completely beaten. She walked slowly away.)

We have here then nondirective therapy behaviorally defined as exclusive empathic responses that reflect on the client’s understanding and feelings regarding her situation as well as the contemplated action of suicide that may well resolve her problem from her perspective. At the same time, the empathic responses convey the therapist’s full trust in the appropriateness of her experience and choices. If this client has appreciated the therapist’s respect for her autonomy and if this client has perceived the therapist’s acceptance of her freedom to choose whatever course of action that seems to her appropriate, then perhaps the client will choose to live, to enjoy a relationship that provides her with such respect and perhaps the glimmer of a hope that such relationships are possible with others. If the reader believes this is pollyannish, then we ask the reader to consider the alternatives. Shall

the therapist call the police and restrain the client, against her will, to remain alive? While the therapist of today is legally responsible for doing just that, these authors do not believe we should make a virtue of a legal necessity.

In this vein, one of the authors recently debated a well-known psychologist, A, on the subject of nondirective genetic counseling. The debate was held in the auditorium of the author's school and the audience was filled with the students of the author. After explaining the meaning of nondirective counseling in the context of early Rogers or Rogers-1, as depicted in the excerpt with Gil, A broke my presentation and took center stage and announced something to the effect: "Hell, I believe in being nondirective not just in counseling but in all relationships. I don't believe in being coercive but if I see someone about to commit suicide, by God, I'm going to do all I can to stop him!" The audience broke into a storm of approval. My students loved this statement and in applauding it were informing me that my work with them was less than satisfactory, because I exposed them to Rogers' view of Gil contemplating suicide in a favorable light. Of course, the author did not remain silent. I said: "What A has told you, is that he believes in nondirectivity in principle but not in practice. He is like a man who states that Boston is northeast of New York but then proceeds to drive southwest to get to Boston!" A reiterated that empathic reflections are too restricting, as did the students in the audience and as did, indeed, many would-be client-centered therapists (Lietaer, 1990, p. 33) .

From our perspective, the counselor with Gil is not mindlessly employing a technique but a continuous, verbal and nonverbal response mode that demonstrates respect for her autonomy and freedom, and most importantly humility with regard to his own wisdom as to how she should conduct her life. The excerpt does not resemble in any way a transaction between an authority figure and supplicant. Instead, we have a therapist who is utterly genuine and utterly congruent with the perspective of nondirective counseling when it was understood in behavioral terms. Certainly, Rogers of 1951 thought so. Indeed, he employs the above excerpt to make the following point:

This excerpt raises sharply the question as to how far the therapist (nondirective, client-centered) is going to maintain his central hypothesis. Where life, quite literally is at stake, what is the best hypothesis upon which to act? Shall his hypothesis remain a deep respect for the capacity of the person? ... Does the counselor have the right, professionally or morally to permit a client seriously to consider psychosis or suicide as a way out, without making a positive effort to prevent these choices?

One paragraph later Rogers provides the nondirective client-centered response: Unless the “therapist is willing to give the client full freedom as to outcomes...willing for him to choose goals that are social or anti-social, moral or immoral...” It is only if the therapist “is willing for death to be the choice, that life is chosen; for neuroticism to be the choice, that a healthy normality is chosen.” And Rogers makes it abundantly clear that this attitude is operationally defined in the therapist’s behavior when he writes: “The more completely he *acts* (italics our own) upon his central hypothesis the more convincing is the evidence that the hypothesis is correct” (p. 49).

The nondirective perspective was attacked by the more traditional schools of thought. It was argued that nondirective empathic reflection was no more effective as a therapeutic agent than it would be for a plastic surgeon to hold up an illuminated mirror to the burned face of a patient so that he could see the grim details of his scarred face. Empathic reflection was so ridiculed and caricatured that Rogers confesses by way of apology that quite mistakenly he “said almost nothing about empathic listening” for many years but instead put forward the vaguer notion of an empathic attitude as a critical therapeutic agent (Rogers, 1980, p. 139). Rogers was unfortunately successful in that the concept of an empathic attitude was too vague to be ridiculed. However, with Rogers retreating from criticisms of empathic reflections and substituting the importance of an empathic attitude, empathy as a therapeutic response ceased having a precise behavioral meaning but became instead a state of mind rather than the meeting of two minds, and with this loss of precise meaning, nondirective therapy was nondirective in name only. This change of view highlighted the commencement of what these authors have referred to as Rogers-2 (Frankel and Sommerbeck, 2005). Rogers-2

refers to reflection of feelings as a technique, as if the therapist with Gil was using one therapeutic trick rather than another:

... the techniques of the various therapies are relatively unimportant except to the extent that they serve as channels for fulfilling one of the conditions. In client-centered therapy, for example, the technique of “reflecting feelings” ... is by no means an essential condition of therapy. To the extent ... that it provides a channel by which the therapist communicates a sensitive empathy and an unconditional positive regard, then it may serve as a technical channel by which the essential conditions of therapy are fulfilled ... Feeling may be reflected in a way which communicates the therapist’s lack of empathy (Rogers, 1957, p. 102-103).

And of course, Rogers is correct that feelings may be mechanically reflected, as any supervisor realizes, but it will be mechanical *only if* the therapist fails to agree with the rationale for a nondirective practice as summarized at the outset of the paper and in other publications (Rogers, 1951; Frankel and Sommerbeck, 2005; Frankel, 2005).

As we shall see below, the retreat from empathic reflections opened the floodgates to calling empathy and nondirectivity just about any response a therapist with empathic and nondirective *intentions* might utter.

### **The Nondirective Attitude**

The notion of nondirectivity as a state of mind rather than particular behaviors has been defended in a number of publications (Raskin, 1947; Bozarth, 1997) and most recently by Brodley (2005) and Bozarth (2005). Brodley writes: “First, client-centered non-directivity refers to an attitude – the non-directive attitude – not to specific behavior. Further, attitudes are not defined in terms of behavior, although they affect behavior. They are defined in terms of intentions, sensibilities, feelings and values” (Brodley, 2005).

But is it the case that an attitude, intentions, values, and feelings are nonbehavioral entities? Isn’t it rather the case that an attitude refers to related series of actions that define a person’s relationship to a person, object, or event? Empathic reflections and the absence of all

other traditional therapeutic behaviors defined the behavioral attitude of the client-centered nondirective therapist in 1951. We do not know the attitude of someone by doing a scan of the brain, but instead we infer the attitude of someone from their behaviors. We call a person a racist as a result of observing certain kinds of actions. Rogers of 1951 did not infer a nondirective attitude on the part of psychoanalysts, *because* they engage in providing interpretations that are often so novel and so antithetical to the experience of the client that they give cause for resistance. The psychoanalyst may insist on their neutrality and nondirective attitude, but Rogerians believe their analytic *behavior* belies the nondirective attitude. Is there any question that Brodley would agree with this analysis and argue, as we do, on behavioral grounds that psychoanalysts fail to be nondirective?

Indeed, we realize our own attitudes from our own behaviors. For example, a person may realize how much he loves someone as a result of observing their various acts that can only be described as acts of love. In the case of love, confusion may arise when a husband beats his wife and claims he does so because he loves her. In such a case, it is not the sincerity of the husband that is at issue, but rather the recognition that there is such variability regarding the meaning of the word “love.” If the general community accepts the beating of one’s wife as an act of love, then the word “love” would cease to have a precise enough meaning to be employed in everyday language.

Such is the case with the so-called nondirective attitude of the therapist. In a recent article, Bozarth explains the basis of his nondirective approach to psychotherapy when he reasserts the Rogerian axiom that “the client is her own best expert about her life” (Bozarth, 2005, p. 205). Five pages later Bozarth then summarizes his nondirective approach with a patient, Howard: “In short, my way of being with Howard was to be involved, responsive, and willing to help him find ways to implement his decisions. I had no goals for him to get out of the hospital. I trusted his decisions at every level. I was willing to be with him on his terms” (p. 210). How many times have we read such descriptions of the nondirective attitude from the pens of client/person-centered therapists? There is scarcely an article that does not offer a paraphrase of this refrain in Brian E. Levitt’s edited *Embracing Non-Directivity* (2005). But like the man who beats his wife in

the name of love, Bozarth's next sentence belies all that has preceded it when he writes: *"If I doubted his decisions, I would have shared this with him in depth as I did with many clients"* (emphasis our own).

Thus, Bozarth is able to claim that he is nondirective because he believes that the client is the "expert" on the conduct of her life even as he expresses his doubts about his client's decisions. What allows Bozarth to be comfortable with such seeming contradictory statements that on the one hand he is able to dispute the appropriateness of his clients experience and on the other describe the client as the best expert on his life? Bozarth is convinced that his way of being, his attitude, and his commitment is nondirective and that this mental state will illuminate his exchange with a client (Bozarth, 1998; Bozarth, 2005). In effect, Bozarth says: If the therapist is convinced their attitude is nondirective, there is no reason to look at the therapist's behavior, because it will, with this conviction, automatically be nondirective. Like the man who beats his wife, Bozarth fails to see the essential difference between being convinced that one has a certain attitude and actually having it. The latter can only be behaviorally verified. In any case, in defining nondirective therapy not by the actions of the therapist but by his attitude, Bozarth fails to heed Rogers' exhortation that it is only to the extent that our stated attitude of nondirectivity is evident in our behavior that we can with confidence believe in our respect for the client to choose their own way of being (Rogers, 1951).

### **The Nondirective Attitude and Empathy**

If a nondirective therapist can claim to be nondirective when expressing his doubts about a client's decisions, i.e., when expressing his disagreement with a client, then we can ask how such clinical practitioners define empathy. Until 1957, Rogers defined empathy in client-centered therapy operationally, as empathic reflections. However, in emphasizing an empathic attitude rather than the behavioral meaning of empathy, empathy has come to mean any statement that addresses the client's experience. Here is a person-centered therapist describing their empathic response to a client, Andrea, who is wondering whether to re-establish a relationship with her former boyfriend, Lance.

“Later in the session, Andrea asked me whether I thought she should get reinvolved with Lance. I certainly did not know and disclosed my empathic sense of her confusion. ‘If I were in your shoes I think I’d feel as confused as you. The scary part for me would be the fear I might make a wrong choice. I sense that may be true for you but I’m not sure. And you don’t even know what’s holding you back or whether or not it can be trusted’” (Bohart, 1997, p. 117).

Contrast this so-called empathic response to the one offered to Gil, the suicidal client.<sup>4</sup>

Rogers-1 does not offer the authority of himself as being similar to Gil and thus validate Gil’s experience. Such an act would at best be sympathetic rather than empathic (Frankel, 2005). It is certainly directive in that it informs the client of the rightness of her fear because it is shared by her high-status therapist! It may be argued that in saying, “If I were in your shoes I think I’d feel as confused as you...” Bohart is being empathic since he is not directing the client on how to feel or what to do, but such an argument fails to recognize that Bohart is legitimatizing Andrea’s confusion and not simply appreciating that that is how *she* feels. Imagine a therapist legitimatizing a paranoid person’s view of his boss by saying he or she would feel the same way in his shoes. The question whether the therapist would feel like the client, or not, were they actually in the client’s shoes, has nothing to do with empathy and is therapeutically irrelevant for a Rogers-1 therapist. However, Rogers-2 with Gloria does much the same as Bohart upon hearing how upset she is about her fear of taking risks. Rogers-2 replies that “life is risky” thus legitimatizing her anxieties as perfectly normal. This is a very risky thing to do (no pun intended) since for all we know, Andrea’s description of her relationship with Lance may be highly distorted.

The elastic meaning of empathy can be further demonstrated in an example of so-called emergent empathy that is offered by Bozarth in an educational context (Bozarth, 1984, p. 70). Bozarth describes the acute sexual attraction that a supervisor feels for his student while the

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<sup>4</sup> Can one imagine a therapist like Bohart saying to Gil: “If I were in your shoes I don’t know whether my life would be worth living either.” Is it not evident that such a comment could indeed induce a suicide!

two of them are listening to a therapy tape of the student in a prior psychotherapy interview. It is the first time the supervisor has felt the heat of his passion for the student. The supervisor does not realize the inappropriateness of his passion. The supervisor does not appreciate the power he has over the student. Instead, the supervisor confesses his passion for the student. Bozarth does not give the reader a verbatim account of the conversation but instead explains the outcome. It turns out that the student confesses her own attraction for the client she was interviewing, and as she does so the sexual attraction of the supervisor extinguishes. Bozarth describes the supervisor as having emergent empathy toward the student! Empathy, which once referred to an empathic reflection, now can be a confession of sexual attraction. Somehow, for Bozarth the supervisor was tuning into the student's mind and mistaking her attraction to her client as his attraction for her. It does not occur to Bozarth that on hearing of the student's attraction for her client the supervisor might have realized that she was not in the least interested in him and so this blow extinguished his passion for her. In any case, the detail with the extinguished sexual attraction is utterly irrelevant to the issue of empathy. Would the confession of sexual attraction be less empathic if the attraction had continued? If a therapist is considered to have a nondirective attitude while confessing his sexual attraction for his clients, one can wonder what indeed is not nondirective.

The point is that empathy and nondirectivity have lost all behavioral specificity so that it has become meaningless as a communication. The defining qualities of nondirectivity and empathy have become so vague that it has resulted in "conflicting commentaries and study outcomes" (Biesecker, 2003). Ironically, the lack of precision has been viewed as a virtue. It would appear that the more precise our understanding of empathy and nondirectivity in the context of client-centered therapy, the more it is viewed as a technique. We suspect the wife-beater might put up the same argument if forced to define more precisely what love is and what love isn't. If he had read Brodley's final sentence in the paragraph referred to above: "It [the nondirective attitude] structures the therapist's intentions in relation to his individual clients," he may well say, "My love for my wife is an attitude that structures my intentions in relation to my wife and cannot be trivialized

by referring to particular behaviors,” or perhaps he would take a page out of Bozarth’s book and claim his wife regards his beatings as acts of love and so he is being empathic when he hits her.

Certainly, empathic reflections are but one way to be empathic. All conversation is premised on the notion of an empathic understanding between the conversational participants. When we tell a joke we expect people to laugh. We expect them to understand what it is we are trying to convey. But it is difficult to see how other empathic expressions diminish the power relationship between the participants, offer a comfortable experiential fit to the participants, inspire an evocative discourse on the part of one of the participants, and finally convey in no uncertain terms that none of the participants have the patent to the optimal way of life. Perhaps Rogers tacitly realized all of the above, because throughout his career the vast majority of his therapeutic responses were empathic reflections (Brodley & Brody, 1990; Brody, 1991; Merry, 1996).

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# Response-Centered Therapy: The Good, Bad, and Ugly

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In the article: “Non-Directivity: An Attitude or a Practice?” behaviorism once again becomes the representation of client-centered therapy in an extension of a paper presented by Frankel in 1988 and further outlined in a more recent article by Frankel and Sommerbeck (2005). The fundamental premise of the authors’ argument is that client-centered therapy consists of “rules of engagement” that are adhered to by the therapist without deviation. These rules of engagement are embedded in therapist response repertoire and referred to as *unwavering* “empathic reflections.” Any deviation from this response style is considered to be a “prod,” which is defined as “any comment made from an external frame of reference (unempathic) that is made to enable the client to either gain insight or give psychological support” (p. 48). With this bit of behavioral sophistry, the authors become the definers and evaluators as well as the dictators of what constitutes the nondirective approach of client-centered therapy.

## **The Good**

The “good” part of the response-centered model is that there is agreement with client-centered theory that the main thing for the therapist to do is to attend to the client’s frame of reference and to provide unconditional positive regard toward the client (Rogers, 1959). I suspect that the authors would agree with my statement: The essence of the approach is that

‘The therapist goes with the client—goes at the client’s pace—goes with the client in his/her own ways of thinking, of experiencing, of processing . . . To be up to other things—whatever they might be—is a ‘yes, but’ reaction to the essence of the approach” (Bozarth, 1998, p. 11).

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I doubt that the authors would consider this statement as a guideline for practice since it is only their behavioral correlates that are considered appropriate practice guidelines.

### **The Bad**

The “bad” assumptions in their discourse begin when the authors blatantly ignore client-centered theory (Rogers, 1959) while creating a “Rogers 1/Rogers 2” dichotomy. The ostensible reason for their rejection of the theory (and the notion of a different theory) is that congruence or “genuineness” became a central consideration for Rogers post-1951. By their definition, “genuineness” is comprised (exclusively, it seems) of prods. This turns out to be an additionally bad twist of reasoning in that the authors criticize a version of genuineness that has little to do with Rogers’ theoretical definition. For Rogers (1959), congruence was the revising of the “concept of self to bring it into congruence with his experience, accurately symbolized” (p. 206).

In addition, the rationale to transform client-centered theory to response-centered therapy by seeking support from Rogers’ (1951) book, “Client-Centered Therapy,” is so bad that even a cursory review of the chapter titles in the book refute their claim. Rogers refers to therapist responses with such comments as: “it is entirely possible that the simple concept of ‘an accurate reflection of feeling’ no longer fits the therapist’s behavior. . . (that). . . the therapist becomes a companion to the client” (Rogers, 1951, pp. 112-113). He goes further: “The words—of either client or counselor—are seen as having minimal importance compared with the present emotional relationship which exists between the two” (p. 172).

The argument for “Rogers-1” has gradually become relegated to the assertion that Rogers’ examples of therapy were primarily empathic reflections pre-1951 and less so post-1951. However, it turns out that the differences between Rogers’ pre- and post-1951 responses are minimal (Brodley and Brody, 1990; Brody, 1991). Rogers’ theory or response repertoire did not significantly change between 1951 and 1987.

### The Ugly

The “ugliness” in their discourse is characterized by hasty generalizations and obtuse innuendo that is manifest in their selected analysis of a couple of my written comments. The underlying message is that I *say* that the client is her own best expert but that I really don’t act that way (as the authors believe to be true of many client-centered therapists).

Frankel and Sommerbeck attempt to make their point by critiquing my scenario of a resident in a mental hospital. This is an ironic selection since the facts are that I had to convince most of the mental hospital staff not to interfere with my trust of the client’s direction. I trusted “Howard” in his decision to discontinue therapy for more than a year, later trusted him to search for a job while others smirked at trusting him, trusted him to enter a job that staff thought might endanger others, and trusted him enough to smile at his evolution from a knife-wielding “paranoid” to a professional barber (perhaps smiling is a prod). Nevertheless, they apparently think they prove my hypocrisy by selecting a statement that I make: “If I doubted his decisions, I would have shared this with him in depth as I did with many clients.” Their analysis of the statement is virtually meaningless since they have no idea of my meaning, ignore the context of the statement, and adhere only to their rigid system of analysis.

A second example that they exhume from a 1984 book chapter is a very brief example that I offered from my supervision of a supervisor’s session with a therapist. The supervision session is another curious selection by the authors since there were other examples ripe for critique that are directly related to therapy. The chosen example appears to allow more opportunity for the authors to cast innuendo about motives and meanings that go beyond their simple behavioral analysis of “unwavering empathic reflections.” As such, their characterization of the supervisor’s “confession of sexual attraction” is a sound bite that is juicier than the supervisor’s attempt to clarify his *persistent* feelings in an effort to reduce empathic barriers (a concept periodically proposed by Rogers).

### **The Truth**

The truth is that Frankel and Sommerbeck adhere to a quasi-behavioral model of therapy that dismisses “attitude” as a meaningless construct. Their discourse is primarily directed toward deconstruction of client-centered theory (Rogers, 1959) in order to provide their behavioral response model as a replacement of the theory.

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\* All other references can be found in the Frankel and Sommerbeck article.

# Response to Frankel and Sommerbeck

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Frankel and Sommerbeck's article, while providing an eloquent exposition of the rationale for nondirective client-centered therapy (NDCCT), does this at the expense of attacking other viable ways of practice that lie within the person-centered (and Carl Rogers' own) umbrella. Frankel and Sommerbeck essentially postulate a behaviorist version of empathy. They distrust attitudes and intentions because they are supposedly vague and ill-defined and argue that only precisely defined behavioral empathic reflections are empathy. To answer this fully would be to rehash 70 years of controversy over behaviorism. Suffice it to say that psychology in general has moved beyond this reductive form of behaviorism and is once again realizing that internal concepts like attitude and intention are useful.

In fact, modern literature is showing that we are naturally built to quickly and directly perceive intentions in others' behavior. Baron-Cohen (1995) has argued that we are built to "mind-read." There is a whole developmental psychology literature on "theory of mind," and it shows that the only true behaviorists are one- and two-year-olds, who outgrow it fairly quickly. Furthermore, modern findings on mirror neurons are providing a physiological basis for our perceiving intention in behavior (Knoblich & Sebanz, 2006).

Studies of clients' responses to therapy show that clients view the process of therapy more holistically and less reductively than suggested by Frankel and Sommerbeck. They see empathic intentions in many different varieties of empathic responses, not merely empathic reflections (Bohart & Boyd, 1997; also see citations in Elliott, 1986, p. 506). The reason they do is that there are different ways to express empathy.

When my daughter was in school, sometimes the most empathic thing I could do if she had a bad day would be to share a moment doing something fun with her. On other occasions, the most empathic thing would be to silently listen. On still other occasions, the

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most empathic thing might be to reflect. And, yes, on still other occasions, the most empathic response might be to give advice. Consider the following example: Someone comes up to you in a class and says he or she has to urinate and asks you where the bathroom is. What is the most empathically attuned answer: “You feel you have to go,” or, “It’s down the hall”? Of course, Frankel and Sommerbeck might answer this by ruling out “It’s down the hall” by defining only reflections as empathic. But I think most modern theorists understand empathy to be broader than that (Bohart & Greenberg, 1997). Parenthetically, the measure of empathy (and other facilitative conditions) that has shown the most predictive power in regard to therapeutic outcome is Barrett-Lennard’s (1986) Relationship Inventory (Bohart, Elliott, Greenberg, & Watson, 2002; Watson, 2002). Clients are asked to rate the overall level of how much their therapists have understood them. It generally predicts outcome better than measures that rate empathy by focusing on whether specific responses are good empathic reflections or not (such as the Accurate Empathy Scale of Truax & Carkhuff, 1967). On the Relationship Inventory, clients can give high ratings of feeling understood to therapists who do not stick exclusively to empathic following responses, suggesting that clients are going beyond therapist behaviors to infer therapists’ understanding attitudes.

Rogers’ move to an attitudinal conception of empathy was therefore far-sighted, not a case of sloppy thinking, as Frankel and Sommerbeck seem to imply. Does this introduce complexities into identifying empathic responses? Absolutely. Do we want to avoid such complexities by defining the problem out of existence? Not me.

Concerning the response of mine that Frankel and Sommerbeck term “so called” empathy—“If I were in your shoes I think I’d feel as confused as you. The scary part for me would be the fear I might make a wrong choice. I sense that may be true for you but I’m not sure. And you don’t even know what’s holding you back or whether or not it can be trusted” (Bohart, 1997, p. 117)—Frankel and Sommerbeck argue that it is authoritative and sympathetic rather than empathic. While this response is not an empathic following response—I agree with Frankel and Sommerbeck on that—it certainly is an empathic response. The response is an expression of me putting

myself into the client's shoes and is tentative. The response was me recognizing (empathically understanding) the client's experience and "testing understanding," to use Rogers' term.

In this case, I was not trying to portray myself as practicing NDCCT. Although I value NDCCT highly, it's never quite fit me as the only way for me to practice. In this case, I was asked by the editors of the book to illustrate the combination of practices that I had covered in the chapter, which was on both CCT and experiential approaches. Since this was a case in which I happened to have utilized some experiential methods, I used it as an illustration.

As far as Frankel and Sommerbeck's contention that the response is authoritative, that is *their* perception, and they don't have the right to authoritatively decide for Andrea what her experience was. Frankel and Sommerbeck might argue that the power differential in therapy means clients like Andrea will not feel safe saying no, but they don't know my clients. Furthermore, they don't know the evolving context of therapy with Andrea, either. Clients are smart enough to pick up intentions over time. They can pick up how much a therapist really is nondirective in attitude, even if the therapist is not relying solely on empathic following responses, as seen with Rogers with Gloria (Bohart & Byock, 2005). They can pick up how free they really are to say no. With regard to Rogers 2, clients can and do perceive over time whether the counselor genuinely *means* not to impose his or her point of view, even if offered. It is simplistic (and insulting to clients' strength) to assume that an empathic suggestion automatically robs a person of his or her autonomy.

The behaviorally reductive concept of empathy ignores a (potentially) huge proportion of empathic responses that involve intention of understanding. *How* someone self-discloses is every bit as important as whether they do or not. In good relationships, in which therapists have repeatedly demonstrated that they respect clients' autonomy, sharing personal perspectives can be done as a form of empathic responding. It is taken by clients as respectful and as grist for their mill, not as "the voice of authority" taking away their autonomy. They feel free to consider it, use it, use part of it, or use none of it. And they gain in freedom just because another person has been able to

convey a respect for their own self-direction while also sharing a personal perspective.

There are many unique virtues to the practice of NDCCT (one of them is that it provides an unabated and unique opportunity for clients to follow their own unfolding narrative). That does not mean there are not other ways of practicing that (a) are empathic, (b) respect clients' self-direction, and (c) support clients' own self-healing and self-righting activities in other ways.

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# **Authors' Response to Bohart and Bozarth**

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**Sarah Lawrence College, NY**

**Lisbeth Sommerbeck**

**Bornholm Psychiatric Center, Denmark**

## **The Straw-Man Charge of Behaviorism**

Bozarth and Bohart claim we are behavioristic by judging our behavior rather than our “intentions” much as Bohart claims “one-and two year olds” do. Their argument can be summed up with a syllogism:

1. Frankel&Sommerbeck are behaviorists because they require an empirical meaning of a concept.
2. Behaviorism is wrong or at least excessively simplistic.
3. Frankel&Sommerbeck are wrong or at least excessively simplistic.

We could perhaps evade the apparently inescapable logic of this simple syllogism by claiming that though we behave like behaviorists, we are actually anti-behaviorists in our internal feelings and attitude and it is surprising to us that Bohart and Bozarth who are so committed to understanding internal feelings have failed to “mind-read” our “intentions.” (See Bohart’s reference to “Theory of Mind” in his rejoinder p. 77) In any case, the caricaturing of an argument as behavioristic is not a refutation of an argument.

## **Does Rogers go beyond empathic reflectivity in 1951?**

Bozarth feels our emphasis on empathic reflections is a misunderstanding of Rogers in 1951 and offers the following quote: “it is entirely possible that the simple concept of ‘an accurate reflection of feeling’ no longer fits the therapist’s behavior. . . (that) . . . the therapist becomes a companion to the client” (Rogers, 1951, pp. 112-113). He goes further: “The words—of either client or counselor—are

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seen as having minimal importance compared with the present emotional relationship which exists between the two” (p. 172).

There is no suggestion whatsoever in the quoted portion that Rogers is urging the therapist to offer attitudes, judgments, values, or advice from his own internal frame of reference. In fact, a reading of the pages preceding that quote reveals that Rogers was concerned that empathic reflections may seem at first like a mere technique to the client-centered therapist particularly in the beginning of therapy when the client is scratching the surface of his life, but gradually it evolves into an “emotional relationship.” It is sadly ironic to us that Bohart and Bohart criticize “empathic reflection” much like Rogers-1 used to be criticized for it (Rogers, 1986: Reflections of feelings. *Person-centered review*, 1 (4) Sage.).

**Client: “Why should I care how you would feel  
if you were in my place?”**

Bohart acknowledges that he goes beyond the internal frame of reference of his client when he asserts how he would feel if he were in her place and concerned about making the wrong choice. In our paper we discussed in detail why his decision to speak from his own internal frame of reference was misguided at best and patronizing at worst. We also showed that Rogers-1 when confronted with a suicidal patient (Gil) did not offer his own view of the client’s situation and showed that Rogers-1 devotes an entire chapter explaining why he refrained from speaking out of his frame of reference. In his refutation of our article as well as in his original paper Bohart (1995, see reference in our original paper) fails to explain why he chose to inform his client how he would feel if he were in the client’s place. Instead Bohart suggests that the failure of the therapist to speak out of his own framework reveals a “simplistic”, even “insulting” perspective to a client. We do not believe that Rogers-1 was ‘simplistic’ and “insulting” to Gil when he refrained from speaking out of his own frame. For us, as we believe for Rogers-1, the interview with Gil defines the essence of non-directive therapy. Indeed, it was Rogers-1’s attitude towards Gil that made non-directive therapy infamous at worst and controversial at best, which continues to appear true today. Moreover, we continue to

wonder why Bohart's concern over making the wrong choice is a relevant consideration. It seems to us an attempt to employ his private reactions as illustrative of anything at all.

**“I doubt the wisdom of your decision”**

Bozarth claims we rigidly and shallowly misunderstand him when he writes: “If I doubted his decisions, I would have shared this with him in depth as I did with many clients.” Again, it is our belief that when a therapist voices doubts about the decisions of a client he is not being non-directive by any stretch of that term.

**Emergent empathic response or breaking down empathic barriers?**

In our article we cite Bozarth's (1984) use of a supervisor's persistent sexual attraction to his supervisee as a bizarre example of empathy. In his refutation Bozarth claims that the communication of the supervisor's sexual attraction was “an effort to reduce empathic barriers.” In other words, Bozarth claims we got it wrong. In the original chapter Bozarth describes the supervisor's sexual feelings as an example of an emergent empathic response, not an effort to reduce empathic barriers. Our paper was written to make distinctions and avoid confusion between these characterizations.

**Attitude and Actions**

Aristotle recognized that once you accept essential differences between habits of behavior and habits of thought, anything goes (Rachlin, 1994, p. 87, 102) – you're off to the races – so that sexual attraction, suggesting what you would do in the client's place, etc...can be characterized as non-directive.

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# Person-Centered Organizations: Cooperation, Competition, or Separation?

**Andrea Uphoff**

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**Jeffrey H. D. Cornelius-White**

**Chair, Board of the World Association (WAPCEPC)  
Missouri State University**

## Abstract

There are many organizations that share the philosophical underpinnings proposed by Carl Rogers, namely the conditions and attitudes conducive for constructive growth and commitment to relationships based on the concept of the actualizing and formative tendencies. Each organization has specific aims and functions that may differ. If one symbolizes the person-centered approach as an organism, the different organizations, functioning at different levels, contribute to the whole. This article aims to describe four English-language organizations and presents a case for individual and institutional memberships that support the advancement of the person-centered approach within political and institutional arenas. It also highlights ways in which readers could choose to support the person-centered “organism,” halting a current climate of decline.

Author Note: This article is based on an article published in *Person-Centered Quarterly* (2008) by Andrea Uphoff: “Punching above our weight: The importance being earnest about BAPCA....and ADPCA, NEAPCEPC and WAPCEPC!” The views presented are solely those of the authors. For more information about how you can help develop the person-centered approach through organizational involvement, please visit the websites listed at the end of this article or contact Andrea at [uphoffandrea@gmx.de](mailto:uphoffandrea@gmx.de) and Jef at [jcornelius-white@missouristate.edu](mailto:jcornelius-white@missouristate.edu).

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### **English-Language Person-Centered Organizations**

The Association for the Development of the Person-Centered Approach (ADPCA) is presently a small organization (150 members, down from a maximum membership of 300). We believe its primary contribution to the person-centered world is the creation of a community for individual growth and connection. As part of its strategy for continuing and advancing a scholarly presence in academic and training institutes, the organization produces *The Person-Centered Journal* and its newsletter, *Renaissance*. ADPCA convenes at an annual conference and funds many scholarships for membership and conference attendance. This fall, ADPCA will support a small training program in the Las Vegas area. The organization also maintains a website.

The British Association for the Person-Centred Approach (BAPCA) is also a relatively small organization (now 650 members, down from a maximum membership of 1,200) that has similar purposes as ADPCA but also punches way above its weight politically. In other words, it is involved in a large range of issues with larger committees and professional regulation groups such as Health Professions Council (HPC), National Institute for Clinical Excellence (NICE) and Improving Access to Psychological Therapies (IAPT). Because it is important that person-centered involvement is noted and respected, BAPCA endeavors to send representatives to all relevant major PCA conferences. These actions keep BAPCA noticed and on the map of the counseling and psychotherapy world, and more recently the group has been involved in stakeholder and social responsibility forums. Beyond this, BAPCA also supports 27 local groups spread throughout the U.K.

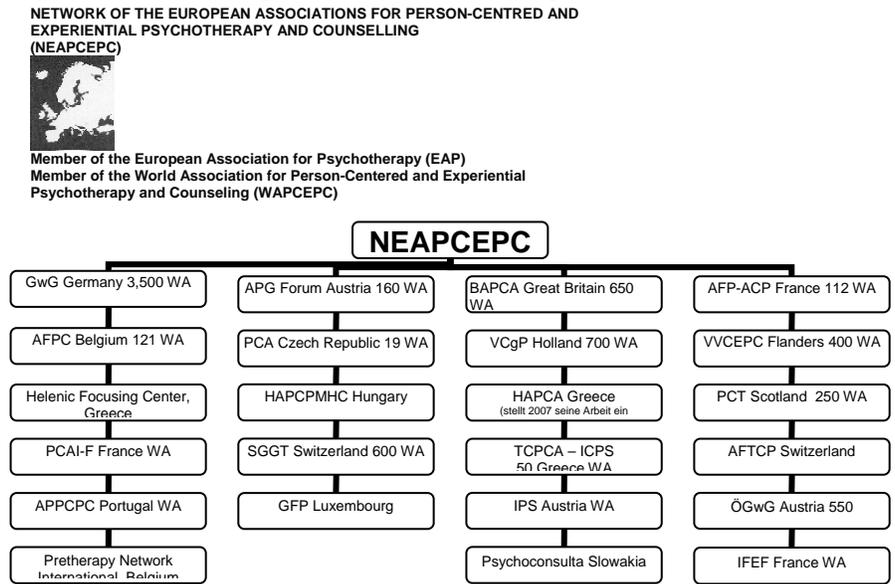
Make no mistake, however effective person-centered therapists may be individually, it is academic and political presence that will maintain our active role in the arena of psychotherapy and counseling. It is our working together on a multitude of endeavors that will make an impact in a way individual practice cannot. Such activities include: (1) having person-centered therapy represented at all elite conferences and symposia, (2) conducting research and publishing academic papers and books, and (3) lobbying and creating website presences. As an

example, BAPCA recently contributed \$40,000 to meta-analysis research on the relative effectiveness of person-centered and experiential therapies at Strathclyde University in Glasgow, the results of which made British national news several times during the July 2008 World Association conference in Norwich, England. The statement is published on the website of the WAPCEPC and will be published in prestigious academic journals. But BAPCA did not do this alone: a number of organizations worked together to accomplish this. The PCA needs many organizations to help it stretch out beyond national boundaries, and sometimes insular thinking, if we are to promote and sustain growth and expansion of the person-centered paradigm.

Over the past 10 years, the Network of European Associations for Person-Centred and Experiential Psychotherapy and Counselling (NEAPCEPC) has helped expand the person-centered paradigm. The network is made up of 23 training and umbrella organizations, BAPCA being one of the founding members. The network endeavors to maintain links across Europe and develop programs that will get the person-centered approach cemented in the midst of other more prominent organizations like the European Association of Counselling and the European Association of Psychotherapy.

The person-centered approach is well served through NEAPCEPC representation in sociopolitical processes, which ensure a continued contribution to paradigms in health, social insurance, education, academic contexts and licensure. Its most recent project has been to develop “The European Certificate for Person-Centered and Experiential Psychotherapy and Counseling” (PCE Certificate) intended to promote mobility of qualified practitioners across Europe. Figure 1 shows the organizations and countries represented in NEAPCEPC. WA signifies that this organization is also a member in WAPCEPC. The numbers at the end of each box signify approximate membership numbers where known.

Figure 1 Member organizations of the European Network



BAPCA is also a member of the World Association for Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC). WAPCEPC conferences (abbreviated to PCE) take place every two years and attract participants from all over the globe, a majority of whom are not native English speakers. The last conferences, in Potsdam in 2006 and Norwich in 2008, had 400 to 500 attendees, with about 10% from Japan. All six populated continents were represented.

An important characteristic of both WAPCEPC and NEAPCEPC is the inclusivity of all orientations and approaches of the person-centered world. The WAPCEPC's mission is to give equal priority to all schools of the PCA, asserting that we must unite to face the future together.

WAPCEPC consists of both organizational and individual members. Many of the organizational members overlap with those in the NEAPCEPC. After years of negotiation, The WAPCEPC recently approved a change to its bylaws to include applications to form

regional chapters. Membership fees vary by economies of nationalities, size of organizations, and status of membership in other organizations that have relationships to WAPCEPC. There is a reduced rate for students. One of the most important achievements of the WAPCEPC is the publication, since 2002, of an international journal, *Person-Centered and Experiential Psychotherapies (PCEP)*, available free to all members. PCEP has four issues per year and attracts submissions from authors from all parts of the PCE community and from all over the world.

WAPCEPC is also large enough and has enough clout to influence national governments. During recent attempts to discredit and reject person-centered therapy from admittance into the health insurance system in Germany, the WAPCEPC board together with WAPCEPC members with expertise in the field of research wrote a letter to German parliament, which helped stay the decision at least temporarily.

### **Democratic Unity**

We are suggesting that the real importance of all these listed organizations is political: they all help to keep the person-centered approach on the map internationally *and* locally. One of the most robust findings from humanistic education studies (Cornelius-White & Harbaugh, in press) is that sustainability of groups requires cooperation; competition and individualism promote separation and are a recipe for decline. Rogers (1951) saw the purpose of person-centered education as one aiming for “democratic unity” and forming and meeting “shared goals” (p. 386). Needs dictate that we unite with others, take an inclusive and internationalist perspective embracing, with openness, organizations throughout the world that also have their roots in the interests of respectful scientific and professional debate.

If you are not already an individual member, joining WAPCEPC, BAPCA and/or ADPCA, as an individual, can only strengthen PCA/CCT. If you are a member of ADPCA, advocating for your organization to join WAPCEPC is a political act—one that helps fund initiatives to maintain and enhance the person-centered approach worldwide. One of WAPCEPC’s roles is representation of person-centered and experiential approaches in the world of psychotherapy. The person-centered approach must seek forums

where it can have a lasting political impact as, for example, at the 5<sup>th</sup> World Congress for Psychotherapy in Beijing, China, a country where client-centered therapy has recently become an officially sanctioned modality. The congress is the most significant platform for all schools of psychotherapy, and it is crucial that person-centered therapies maintain a high-level presence at this event. The person-centered stance will be represented in a special symposium at this conference. Failure to continue this presence at future congresses would lead to person-centered therapy being ignored in many circles. Thus, eventually the person-centered approach would be unsustainable in professional and academic circles in the U.K., the U.S., or any other country.

We, the authors, believe that now is the time to unite as one cause—maintain our stance, consolidate our power, keep the person-centered approach on the map. Promote BAPCA, ADPCA, and WAPCEPC to your friends, colleagues, and students at local universities to encourage them to become members. We encourage you to participate and influence the initiatives and ongoing “development of the person-centered approach” through organizations focusing on recognizing and financing the modalities of therapy and the ongoing training and practice initiatives that introduce new people to the person-centered approach.

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**Book Review:**  
***Person-Centred Practice: Case Studies in  
Positive Psychology***  
**Edited by Richard Worsley and Stephen Joseph**

Title: *Person-Centred Practice: Case Studies in Positive Psychology*

Editors: Richard Worsley and Stephen Joseph

Publisher: Ross-on-Wye, Herefordshire, England: PCCS Books (2007).

ISBN: 978 1 898059 95 0

Cost: 20 British Pounds Sterling

Number of Pages: 232 pages

Richard Worsley and Stephen Joseph have recently published *Person-Centred Practice: Case studies in Positive Psychology* (2007). This newest Worsley and Joseph-edited book is an 18-chapter complement to their 2005 publication *Person-Centred Psychopathology: A Positive Psychology of Mental Health*. Where *Person-Centred Psychopathology* set the theoretical, practical, and research groundwork for the practice of positive psychology, *Person-Centred Practice* provides case studies from globally recognized practitioners. It is in *Person-Centred Practice* that the psychotherapeutic arts by "... senior practitioners and theorists ... are illustrated, explained, and elaborated" (Worsley & Joseph, 2007, p. i).

Worsley and Joseph preface *Person-Centred Practice* by noting that person-centered theory has depth, has application to negative and positive psychological conditions, and is foundational to positive psychology. They note their new book stands independent from, yet related to, their former *Person-Centred Psychopathology*. The editors then progress as authors to Chapter 1 (*Case Studies and Positive Psychology*), where they discuss the rationale for the book in more detail, including the importance of: (1) understanding what we do, (2) doing what we do, (3) positive psychology, and (4) case studies. Worsley and Joseph also discuss the contents of the book and confidentiality.

Chapter 2, written by Alex Payne, is titled *Coming Full-Circle: Adopting and Relinquishing the Expert Stance as a Clinical Psychologist*. The

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author provides a personal look at his professional progression with his background, through his training, and in his practice. What a great addition this chapter could be to a mandatory reading list for all mental health students! It illuminates the pressures and struggles in finding one's professional client-centered self.

Chapter 3, titled *A Person-Centred Response to Eating Disorders: A Personal Experience*, is written by Matthew Campling. This chapter offers the case study of the author in an artful use of personal experience to illustrate research, theory, and practice. Gillian Proctor and Ann Regan provide Chapter 4, titled *From Both Sides: The Experience of Therapy*. This elegantly written chapter journals the back-and-forth experiences of both client and therapist within the therapeutic experience and chronicles their thoughts and feelings at the time of therapy.

Chapter 5, *Surviving Social Disadvantage: A Testimony to Courage*, is written by Tracey Sanders and June O'Brien. This chapter provides first-person, reflective essays from the client and the therapist on the therapeutic experience. The chapter ends with a reflective conclusion by the counselor.

Elaine Catterall is the author of Chapter 6: *Loss, Love and Maternal Distress*. Catterall presents clinical experiences with her client Josie (sometimes in detail and other times in general) and adds commentary on the therapeutic process. The author illustrates the skillful interweave of her person-centered presence with the issues of maternal depression presented by her client.

*The Barney-Bag: A Tacit Variable in the Therapeutic Relationship* is the title of Chapter 7, authored by Jerold D. Bozarth and Ann Glauser. This chapter includes counseling session transcripts and reflective commentary from the therapist, along with transcripts of a post-counseling-session client interview (the same client, but a third person interviewing). This approach provides an intriguing multidimensional perspective into the complexity of all three relationships.

Six chapters present case studies dealing with individuals exhibiting extreme symptoms. Jan Hawkins is the author of Chapter 8 (*Recovering from Childhood Sexual Abuse: Dissociative Processing*). Richard Worsley's Chapter 9 discusses *Diagnosis, Stuckness and Encounter: Existential Meaning in Long-Term Depression*. Barbara Krietemeyer and Garry Prouty provide Chapter 11, *The Art of Psychological Contact: The*

*psychotherapy of a mentally retarded psychotic client*, and Dion van Werde presents Chapter 12, *The Falling Man: Pre-Therapy Applied to Somatic Hallucinating*. Chapter 13, *Luke's Process: A Positive View of Schizophrenic Thought Disorder*, is provided by Margaret S. Warner. Each of these chapters is beautifully written and outlines the intense and meaningful therapeutic alliance that is formed between client and therapist.

*The Hallucination as the Unconscious Self*, Chapter 15, is written by Garry Prouty. This chapter is a mix of historical and theoretical discussion, illustrated by vignette transcripts. Chapter 10, authored by Martin van Kalmthout, is titled *The Derailment of a Spiritual Quest: The Case of Hans Sievez*. In a creative approach to his chapter, van Kalmthout hypothetically offers person-centered therapy to the protagonist of a best-selling novel.

Brian E. Levitt is the author of Chapter 14, titled *'I want to make sure that I'm understanding you': The impact of the non-directive attitude in Carl Rogers' demonstration interview with Gina*. This chapter offers the opportunity to explore transcripts and discussion of a previously unpublished 1983 demonstration interaction between Carl Rogers and "Gina."

Chapter 16 is titled *In Place of the Medical Model: Person-Centred Alternatives to the Medicalisation of Distress* and is written by Pete Sanders. After his introduction, Sanders discusses metaphor reassignment, a person-centred social model, and psychosocial models in action. The author provides a vignette and then outlines specific actions psychotherapists can take that work against the medicalization of distress.

In Chapter 17, Thomas G. Patterson and Stephen Joseph discuss *Outcome Measurement in Person-Centred Practice*. This chapter addresses the continuing pressure on clinicians to validate the effectiveness of their practices. The authors guide the reader toward identifying therapeutic change, deciding what to measure, and reviewing numerous scales for outcome assessment.

The editors, Stephen Joseph and Richard Worsley, provide the concluding Chapter 18: *Person-Centred Practice and Positive Psychology: Crossing the Bridges Between Disciplines*. They affirm the person-centered approach as a positive psychology, stress its meta-theoretical stance, and call for continuing person-centered research and training.

This book is an outstanding testament to the editors and contributing authors. It bridges disciplines, connects theory to practice, and demonstrates the person-centered approach across a broad continuum of psychological concerns. Each chapter is an intriguing, real-life application of the person-centered approach by highly skilled practitioners. What a great book, containing the essence of what we do in a well-written and clearly presented form.

*Reviewed by:*

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**Book Review:**  
***The Handbook of Person-Centered  
Psychotherapy and Counselling***  
**Edited by Mick Cooper, Maureen O'Hara, Peter  
F. Schmid, and Gill Wyatt**

Title: *The Handbook of Person-Centered Psychotherapy and Counselling*  
Editors: Mick Cooper, Maureen O'Hara, Peter F. Schmid, and Gill  
Wyatt  
Publisher: Palgrave MacMillan: Basingstoke, UK (2007).  
ISBN-13: 978 1 4039 4512 9  
Cost: 24.99 British Pounds Sterling  
Number of Pages: 416

By training and inclination, I am a systems-oriented practitioner. So, when a co-editor of *The Person-Centered Journal* asked if I was interested in reviewing *The Handbook of Person-Centered Psychotherapy and Counselling*, I questioned whether I was really the appropriate person for the task. Sure, I have been having increasing appreciation for Rogers' original work and for the development of the person-centered approach (PCA). And sure, I had been noticing how PCA and systems theory are highly similar in ways I had not noticed previously (Cornelius-White & Kriz, 2008). For instance, implicit and explicit in PCA is the notion of humans as self-regulating, "self-righting" systems that tend to either increase in complexity (authenticity and congruence) or stagnate and deteriorate (incongruence), as was presented in Arthur C. Bohart's chapter on "The Actualized Person." However, since most of my concentrated exposure to PCA had come in the 1980s during my doctoral work, I still wasn't sure that I was the guy for this particular task. I am glad, however, that the editor was both understanding and persistent with me. What I have been treated to for my efforts in reviewing *The Handbook* has been nothing less than sublime pleasure.

Lest the reader think that this volume is simply "yet another" review and presentation on Rogers, his approach, and developments

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within the PCA over time, it is not – it is much, much more. Each author in this volume is a Rogers scholar in his or her own right and as such presents his or her own unique perspective on various aspects of person-centered theory and application. Each presents both his or her scholarly review of Rogers' concepts and theory development since then, often accompanied by relevant research and common criticisms. Reading this volume is much like hearing a piece performed by a concert master (with Rogers leading out with the first chapter), then having a wealth of premier musicians comment on, explicate, and revel in the master's work, each bringing his or her own unique perspectives, histories, understandings, contributions and talents to bear.

The structure of the book is both wide-ranging and complete, beginning with an original chapter by Carl Rogers himself on the basic conditions of the facilitative therapeutic relationships. From this launching point, the major sections of the book include various treatises on the theoretical, historical, and philosophical roots of PCA with chapters by Peter Sanders, Godfrey T. Barrett-Lennard, Peter F. Schmid (who offers an exceptional grounding in the philosophical roots of PCA), Arthur C. Bohart, Mick Cooper, and Maureen O'Hara; on therapeutic practice in general with sections by Gill Wyatt, Margaret S. Warner, Jeffrey Cornelius-White, Jerold Bozarth, Elizabeth S. Freire, Shake G. Toukmanian and Lila Z. Hakim, and Martin van Kalmthout, in addition to several of the previously mentioned authors; and on application of PCA in a variety of settings and formats, with sections by Dion Van Werde and Garry Prouty, Colin Lago, Charles J. O'Leary and Martha B. Johns, Jobst Finke and Ludwig Teusch, Lorna Carrack, and Valerie Land Henderson, Gary Leah Barfield, and Natalie Rogers; as well as professional issues related to PCA, with offerings by Robert Elliott, Richard Worsley, Suzanne Keys and Gillian Proctor, Elke Lambers, Keith Tudor, and Roelf J. Takens. Within each major section, Rogers scholars present explication of the core concepts of PCA in a cogent, thoughtful manner. In many edited volumes, it is not uncommon to see notable "unevenness" across chapters. This volume, however, does not suffer from this malady. While many "voices" are heard, they seem to blend well, creating an illuminating chorus for the reader.

As a systems-oriented academic, practitioner, and family psychologist, the singly most engaging chapter was that of Charles J. O'Leary and Martha B. Johns on couples and families. Not only do they clearly connect PCA-oriented couples-and-family work to current perspectives (e.g., Emotion-Focused Couples Therapy as practiced by Sue Johnson and supported by the research of John Gottman) but to historic systemic traditions as well (i.e., Virginia Satir and Ivan Boszormenyi-Nagy). O'Leary and Johns use a helpful vehicle early in the chapter, the "... internal and external job description for a person-centered couple and family therapist," to convey many of the central aspects of PCA-oriented work with couples and families. For me, however, it also went to the heart of my contention about this volume as a whole – that it really underscores the common basis and heritage we all share, regardless of the technical labels. For example, among their "job descriptors" is the practice at the beginning of therapy to welcome each participant into therapy, asking them to share their reasons for being there, utilizing "... multi-directional partiality" in their interactions. This concept is virtually identical to the "neutrality" and "benign curiosity" emphasized by some seminar-family-systems thinkers (Palazzoli, Boscolo, Cecchin, & Prata, 1983). Beyond this particular chapter, other examples of this phenomenon arise as well. For instance, Mick Cooper's chapter on developmental and personality theories highlight the recursive nature of development (as particularly apparent in his Figure 7.1) and through the inclusion of more recent relationally emphasizing developments within PCA. Further in this regard, Cooper presents Barrett-Lennard's (2005) nine systems of relation within human existence, which is strikingly similar to George Engle's (1977) systemic conception of the biopsycosocial model of clinical practice, which is inherently systemic in its nature (Sadler & Hulgus, 1992). Peter Schmid and Maureen O'Hara's chapter on group therapy and encounter groups also provides similar illumination. Their contention that PCA-oriented group work is not an individually oriented approach applied to groups but a group approach sometimes applied to individuals is similar to many systemically oriented therapists' beliefs that you are always working with a family, regardless of how many people are in the room. In fact, their levels of group process presented also fit very nicely for family therapy as well. Extending even

further, Jeffrey Cornelius-White in his chapter on congruence notes Seeman's (2001) notion of organismic integration, which, in systemic terms, looks like a multi-level, recursively organized homeostatic mechanism of human engagement. Thus, these are just some of the examples embedded in this volume that highlight the communality across perspectives.

Part of what this volume highlights, in my view, is the common PCA-based core to most modern psychotherapeutic approaches, even though this was not a stated goal for the book. It helps emphasize, without being overpowering, that the core conditions are central to most effective and ethical practice. Thus, even for a systems-oriented academic and practitioner like myself, this volume is both a reminder and a refreshing plunge into a familiar pool.

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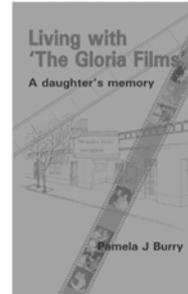
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**Living with 'The Gloria Films':  
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**Pamela J Burry** ISBN 978-1-906254-02-5 £12.99

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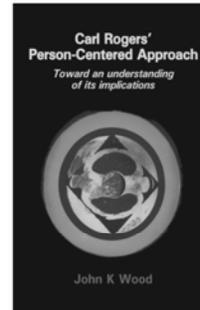


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Toward an understanding of its implications**

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# ADPCA 2009

Association For The Development Of The Person-Centered Approach



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