

**Review of**

***Person-Centered and Experiential Therapies Work:  
A Review of the Research on Counseling, Psychotherapy,  
and Related Practices***

**Edited by: Mick Cooper, Jeanne C. Watson, and Dagmar  
Hölldampf**

**PCCS Books Ross-onWye. 278 pages, \$35, ISBN: 1906254257**

**Reviewed by Robert A. Culp, Psy.D.  
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*Person-Centered and Experiential Therapies Work* seeks to provide a review of evidence, literature reviews, and re-analysis of prior research conducted on person-centered and experiential (PCE) therapies. As the name suggests, the book aims to investigate the variables evident in these types of therapy and other related modalities.

Robert Elliott and Elizabeth Freire begin by explaining their perceived notion that person-centered and experiential practitioners shy away from research investigating the effectiveness of PCE therapies. Their reasons for this are that research is nearly always quantitative and may be considered by humanistic practitioners to be dehumanizing and un-person-centered or that research will show PCE therapies to be ineffective.

Elliott and Freire demonstrate that PCE therapies do have supportive evidence for effectiveness. They investigated previous meta-analyses and conducted their own more updated meta-analysis which yielded strong results in support of the therapeutic effectiveness (tracking clients change pre- to post-therapy) of person-centered and experiential therapies when compared to other therapeutic treatment modalities.

Smith, Glass, and Miller's classic meta-analysis of 475 controlled outcome studies investigated the effectiveness of counseling and psychotherapy from several different modalities with clients of various ages. Elliott and Freire found that part of the Smith, Glass, and Miller (1980) meta-analysis included studies using gestalt and person-centered therapies but did not take into account pre-therapy scores and only compared post therapy outcomes to control for effect sizes in their study. Elliot and Freire report that although this is a common practice in meta-analytic procedures it can impact outcomes. Therefore, results from Smith, Glass, and Miller's meta-analysis were less numerically favorable in the yielded effect sizes for both person-centered therapy and gestalt therapy when compared to the effect sizes for cognitive-behavioral therapies such as CBT.

Elliott and Freire also reviewed several meta-analyses that focused directly on the effectiveness of PCE therapies including those conducted by Greenberg, Elliott, and Lietaer in 1994, (134 measures, 36 studies, with 1,239 clients) which took into account pre- and post-therapy scores for more accurate effect sizes. They refined their methods and also found 26 studies which compared PCE to other

therapies (e.g., psychoeducational interventions, CBT, or psychodynamic therapy) and the results showed that the difference between effectiveness in therapeutic modalities was essentially zero, i.e., there was no significant difference between treatment modality effectiveness.

Elliott and Freire share that this 1994 meta-analysis has been expanded on four additional times since then: 1996, 2001, 2004 and 2008 (which is still ongoing). The 1996 study included additional elements such as equivalence analyses and controlling for researcher allegiance (or bias based on the theoretical orientation of the researchers). Elliot (1996) showed statistically equivalent comparisons with PCE and other therapies included in this study.

The 2001 and 2004 studies both showed that PCE therapies were statistically equivalent to CBT therapies in terms of effectiveness on client change. The 2004 study also looked specifically at client problem types (depression, anxiety, abuse and posttrauma, and couples problems). The last and still ongoing meta-analysis (ongoing at the time of the book's publication in 2010) yielded several preliminary conclusions which Elliott and Freire listed as follows:

- 1) PCE therapies are associated with large pre-post client change
- 2) Client's large post-therapy gains are maintained over early and late follow-ups
- 3) Clients in PCE therapies show large gains relative to clients who receive no therapy
- 4) PCE therapies in general are clinically and statistically equivalent to other therapies
- 5) Broadly defined, PCE therapies might be trivially worse than CBT
- 6) So called 'supportive' therapies have worse outcomes than CBT but other kinds of PCE therapy are as effective or more effective than CBT.

Studies that used 'supportive therapies' showed results in favor of CBT therapies, but a closer investigation showed that these therapies were "watered-down" versions of non-directive therapies which did not correspond to standard definitions of nondirective Rogerian client-centered therapy (1951). When these therapies were controlled for, results showed equal and some greater effectiveness

when compared to CBT therapies. Elliott and Freire advocate for continued research, and for PCE therapists to ensure that we are doing our own research and not letting other researchers decide what does and does not constitute a supportive or nondirective treatment modality, thus making for clearer research results in the future.

When considering large meta-analytic reviews, it seems that this chapter may be missing some of Bruce Wampold's work. Wampold was one of the first to review differing therapeutic modalities and asserted that treatment type and the theoretical approach of the therapist were not significant factors leading to therapeutic change. He and his colleagues found, however, that the alliance between therapist and client was a key factor (Wampold, 2001). It seems that some of these findings could have been at least included in this initial chapter.

Chapter 2 of *Person-Centered and Experiential Therapies Work* outlines a meta-analytic review of outcome based effectiveness research on PCE therapies with children and adolescents. They outline play as the medium of therapy that is typically delivered with children and cite contributors to the field of person-centered play therapy such as Axline (1947), Woltmann (1964), Landreth (1991) and several others and outline the development of PCE therapies for children and young people.

Höldampf and Behr present results gathered initially from their review of three separate meta-analytic studies (2009). The first, Bratton, Ray, Rhine, and Jones, (2005) was a review of 93 controlled outcome studies from 1953-2000 totaling 3,248 participants comprised of girls and boys with an average age of seven and various mental health concerns (72 of which studies analyzed the effectiveness of the person-centered approach). LeBlanc and Ritchie (2001) also conducted a meta-analysis which was the first to evaluate the effectiveness of play as a therapy medium and Beelman and Schneider's (2003) meta-analysis which included psychotherapy outcome with 47 compared treatment groups. Höldampf and Behr then conducted additional searches and ended with 94 studies which were included in their current meta-analytic review.

The results of their comparisons are presented as data showing how PCE therapies are efficacious with various DSM-IV and ICD-10 diagnostic categories including: mood and affective disorders, neurotic stress-related and somatoform disorders, post-traumatic stress disorder,

adjustment disorders, behavioral syndromes, mental retardation, disorders of psychological development, behavioral and emotional disorders with onset usually occurring in childhood and adolescence, attention deficit hyperactivity disorder, and other unspecified issues. Hölldampf, Behr, and Crawford conclude that their analysis shows strong evidence for the effectiveness of PCE therapies with children and adolescents. Their conclusions are drawn from the variety of studies they examined including randomized controlled trials, and studies in naturalistic settings. The authors call for future research with varied methodologies and share that they have future endeavors which they will present at a later time.

The aim of the third chapter is an attempt to explore uses of the person-centered and experiential paradigms in settings beyond therapy including education, parenting, management, and other areas such as group work, interpersonal relationships, and cross-cultural communication. Jeffery H.D. Cornelius-White and Renate Motschnig-Pitrik found empirical evidence supporting the use of these modalities across the above mentioned settings. They show evidence for benefits to these approaches especially related to improved self-efficacy and emotional and interpersonal outcomes for the populations with which these modalities were utilized. Cornelius-White and Motschnig-Pitrik share that they took a generous approach to the studies they included in their analysis yet they adhered to principles outlined by the World Association for the Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC) (<http://pce-world.org/>).

The authors conclude that principles of the PCE paradigm are supported by more than 500 studies across a diversity of disciplines. They note that although the studies related to management appear to be less explicitly related to the PCE paradigm, they still provide useful information about ways to successfully approach leadership and training in organizations. Lastly the authors call for further research in support of PCE principles that reach beyond therapeutic applications.

In chapter 4 the authors Ladislav Timulak and Mary Creaner present their results of having investigated the relevance of qualitative research methodologies as they related to gathering outcome data on person-centered and experiential therapies. The authors admit that they assume that individuals interested in the person-centered and experiential approaches would be interested in this data in addition to data from Random Controlled Trials (RCT's), assuming that those

interested in PCE approaches would also be interested in qualitative methodologies in general.

They selected nine studies and compared results across these studies to see what these data would yield. The authors describe their process of ensuring the integrity of the data and attempting to ensure integrity checks as part of the process. The authors discuss that one of the most common findings in the participants' responses to how therapy was helpful was that participants had developed a changed view of "self and others" which is a popular desirable outcome across theoretical approaches. They also found a variety of other outcomes such as clients seeming to appreciate a sense of vulnerability which the authors report supports the belief of PCE therapists that this is part of the therapeutic healing process. Overall the findings were broad and demonstrated that symptom reduction was only part of the outcomes reported by participants across these studies.

Arthur Bohart and Karen Tallman present a stimulating chapter about an individual's ability to self-right and self-heal. They clarify that "self-organizing wisdom" can be thought of as the process that allows self-righting and self-healing to happen. They present research related to these concepts which include studies that investigated self-generated change and spontaneous recovery, resilience, as well as placebo effects. A statistic that stood out to me as I read this chapter were studies by Weinter-Davis, de Shazer, and Gingerich (1987) and Lawson investigating pretreatment change. They found that 60% of clients who came to their first appointment discussed improvements related to their presenting problem since having made the initial appointment. This is personally relevant for me as I work in a University Counseling setting where we occasionally have wait lists before clients are seen initially, and I have heard this same report several times (e.g., 'things have changed since I made the appointment'). Ultimately the authors seem to want to show that all theoretical approaches are essentially equally valid, but they come at this from the angle of the client as the one who makes therapy work. They also appear to support what they refer to as "integrated person-centered practice" as a way to have flexibility in the way a person-centered therapist works with clients based on the information that clients make therapy work. I enjoyed this chapter very much, and the information which it contains could be useful in terms of dispelling

misperceptions about PCE or other approaches to therapy who view the client as the expert in a therapeutic relationship.

The next chapter, written by Jeanne C. Watson, Leslie S. Greenberg and, Germain Lietaer, focuses on research that has investigated how the quality of the therapeutic relationship and depth of a client's experiencing are related to successful therapeutic outcome. Being more traditionally trained from a Chicago-based client-centered modality, this chapter was more difficult for me to connect with. It does however present relevant and recent research about outcome data gathered by examining the utility of techniques used by process-experiential, emotion-focused, and emotion-focused trauma therapies. Individuals utilizing these modalities will find evidence based support for the efficacy of these approaches for a variety of client presentations.

Chapter seven, written by Jeanne C. Watson and Neill Watson, provides the reader with a review of measures of affect regulation which are proposed to be related to Rogers (1961) seven stages of change, as well as measures of self-discrepancy (real-ideal self-discrepancies) which are compared to the concept of congruence. The authors present several scales and their associated psychometrics, and discuss how these can provide useful information to measure client progress according to Rogers' view of clients' emotional processing from 'stasis to flow' and Gendlin's (1972) view of emotion regulation as they both relate to change across time in therapy. They also discuss how measures of client incongruence could be useful in training and teaching person-centered and process-experiential/emotion-focused therapists to implement Rogers' (1959) theory.

Elizabeth Freire and Soti Grafanki provide a comprehensive review in chapter 8 of past, present, and developing ways that Rogers' therapeutic conditions have been and are being measured in the provision of person-centered, client-centered, and experiential therapies. Reviews, research, and psychometrics are presented on several different measures aiming to detect the relationship conditions in the provision of PCE therapies. The authors question if being able to measure the conditions is in fact possible, but support the fact that several individuals past and present have pursued these efforts. I found this chapter to be enjoyable as it exposed me to several measures that I believe could be useful in my own work.

While chapter's 7 & 8 focused on Rogers' therapeutic conditions, it may have been relevant to include more studies (of which there are several) that have examined the impact and effectiveness of the necessary and sufficient conditions (e.g Bozarth, Zimring, Tausch & Reinhard, 2002 and several others). Reviews of these studies could have been included in the initial chapter, or grouped together could have constituted a chapter of their own.

Chapter's 9 & 10 are the final two chapters in Person-Centered and Experiential Therapies Work and present an explanation of researching in a person-centered way as well as a conclusion and call for continuing help producing ongoing research, respectively. Paul Wilkins provides an in-depth explanation of the collaborative nature of researching in a person-centered way, and highlights how people are at the heart of research endeavors. Wilkins provides support for a critique of person-centered research methodologies in a balanced way and presents several methods and examples of ways to conduct person-centered research. In the final chapter, the editors of the book (Mick Cooper, Jeanne C. Watson, and Dagmar Hölldampf), succinctly review the previously presented chapters. They speak of the tension that exists between the idea that PCE practitioners and researchers could help their cause by providing further 'bona-fide' random controlled research trials, and the desire to be non- pathologizing and resist urges to fit individuals and research into specified boxes. They provide suggestions of places to start and ways to get involved such as participating in PCE research studies, or considering writing case studies. Overall there is a tone of a need to further the PCE approach through continued research and support for the practices that PCE practitioners enjoy.

The book, despite it being now four years old, is a meaningful addition to the library of volumes related to research on person-centered and experiential therapies. At times the book tends to group these therapies together in a way that seems to dilute the unique differences that exist amongst person-centered and experiential therapies. However, this seems to be done for ease of reading, but also can be confusing to the reader, especially if a reader identifies strongly with one approach as opposed to another. It seems particularly important that this book be used as evidence for support of the effectiveness of PCE approaches and the book does an excellent job of presenting nearly all of the most important research in one place. I

would recommend this book to any PCE practitioner or those interested in the PCE therapies in general.

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## **Review of**

### ***Person-Centered communication: Theory skills and practice***

**by Renata Motschnig and Ladislav Nykl**

**Revised English language version translated from the German by  
Renata Motschnig (Original title: *Konstruktive Kommunikation:  
Sich und andere verstehen durch personenzentrierte Interaktion*)**

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I was quite delighted by the immersion into the person-centered approach that *Person-Centered Communication: Theory, Skills and Practice* provides its reader. Renata Motschnig and Ladislav Nykl bring to their writing many years of experience in their respective fields of computer science and psychotherapy, as well as teaching, parenting, and participating in many, many person-centered groups. The authors' long experience in assimilation and implementation of the approach shows forth on every page. Both are Czech and now residing in Austria. It is a pleasure to read the beautiful English of this translation by Motschnig.

The authors intended that this book find a wide audience; I hope that it will. They bring to the reader's consideration Carl Rogers' "overarching contribution to better interpersonal understanding" and point out that:

... [T]he quality of communication that is in the foreground of this book can also be considered as a key competence that transcends disciplines and cultures and is ever more needed by our intertwined and networked society (Motschnig & Nykl, 2014, p. 10).

While delivering what its subtitle suggests, theory, skills and practice, the book somewhat defies categorization; it appears to be an easy-reading self-help book for improving one's relationships and one's writing, but it definitely serves well as a textbook in interpersonal communication and writing, and, also, as a thoughtfully written treatise on the person-centered approach. As the latter, its delivery of person-centered theory and implementation is nuanced in a manner one might expect from experienced client-centered therapists who are fluent in empathic, respectful and transparent self-expression as well as in empathic acceptance of the other. It contains many examples from family life, therapy practice, and writing tasks, including memos and emails.

The book is formatted in textbook style with shaded, shaped and bordered text boxes and bold section headings. At first sight, I was taken aback by this presentation, which suggested to me a didactic skills and application version of person-centeredness. Now, thanks to the transparency of communication within the book and the authors' clear presentations of theory, self-development, implementation and

relatedness, I understand and appreciate the book's format as empathic, constructive and facilitative to a wide swathe of readers. It is a highly practical guidebook for implementation of the person-centered attitudes for individuals in any field of endeavor, and this therapist enjoyed and benefited from reading it.

The authors take the reader on a stroll through Rogers' (1959) landmark theory statement, including the theory of therapy, the theory of interpersonal relationship, deteriorating and improving communication, and the applications to family life, education and learning, group leadership, and group tension and conflict. The book further addresses themes of self-development that we find in *On Becoming a Person* (Rogers, 1961).

For me, the frosting on the cake was reading the sections on online communication and writing. A list of writing style guidelines complements and rivals the classics of style that most of us have on our bookshelves. These general writing guides are short and clear. A brief essay on the prose style of Carl Rogers highlights the art of the book in hand and also reminded me why I so enjoy and appreciate reading the works of our giant psychologist-visionary. He said:

We may say then that psychotherapy is good communication, within and between men. We may also turn this statement around and it will still be true. Good communication is always therapeutic (Rogers, 1961, p. 330, cited by Mutschnig & Nykl, p. 151).

I would say that the same is true of art. It facilitates communication within the person and between persons. Here we have a beautifully written book that is imbued with empathy for its reader and clarity of purpose as it illuminates its content.

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## Review of

### ***The Relationship Inventory: A Complete Resource and Guide***

**By Godfrey T. Barrett-Lennard**

**WILEY Blackwell 2015  
Paperback, 185 pages,  
ISBN 978-1-118-78882-0 (pbk.) \$59.95**

**Also published as**

***The Relationship Inventory: A Complete Resource and Guide, First Edition, Godfrey T. Barrett-Lennard. John Wiley & Sons, Ltd. Published 2015 by John Wiley & Sons, Ltd.***

Reviewed by Jerold D. Bozarth, Professor Emeritus, The University of Georgia, USA

Several eminent scholars offer observations that characterize another of Goff Barrett-Lennard's significant contributions. They say: It is a "book that provides a significant contribution to the study of human relationships" (L. S. Greenberg), it demonstrates the test itself as having "remarkable impact and staying power" (W. S. Stiles), "is an indispensable book for all of those interested in the therapeutic relationship" (A. C. Bohart), and "is a remarkable resource and a testimony to the enduring process to understand and improve life through both relationships and science" (J. H. D. Cornelius-White). (On cover page)

One would have to wonder how such praise could possibly be raised for the development of any measuring instrument. Authors of measuring instruments devote much detailed attention to activities of item selection for each variable, testing of items in relation to the conceptual definitions, determination of internal reliability, external reliability and validity, statistical studies of comparative groups, and replication and appropriate revision of the instrument. Many authors and practitioners view such activity as peripheral and, perhaps, even dull and plodding. Barrett-Lennard forges another view with a humble comment in his preface. He reveals his good will, motivation, and perhaps his legacy when he explains: "Good research is demanding but need not be dull and plodding, and certainly has not been for me in the region encompassed here. I wish for the reader interest in ideas and materials from this book and excitement in whatever systematic enquiry you undertake" (viii). Commentator accolades are well-taken and readily understood after reading the book.

The author demonstrates the importance for theory and practice as well as the impact of one instrument as a method and system. He goes on to delineate the extended importance and effect of the development of the Relationship Inventory.

The first two chapters are concise summaries of the history and development of the theory of client-centered therapy as well as the conceptual and pragmatic delineation of an empirically developed assessment instrument.

Chapter 1 describes in less than five manuscript-size pages a thorough explanation of theory development from the evolution of a world-view ("general theory") to theory through the measuring of variables that result in "empirically testing the conception in the therapy context that gave birth to that influence" (p. 7). Barrett-Lennard (1959) laid the groundwork for future inquiry in his doctoral dissertation the same year the formal theory of the growth hypothesis was published (Rogers, 1959).

Chapter 2 is an exemplary review of "The Classic Investigation of Carl R. Rogers' Core Theory" (pp 8-25). The development of the theory by Rogers and colleagues through careful observation and reflection on patterns and changes in patterns would precede the instruments that measure and allow empirical testing of "the therapeutic context" (pp. 6-7). In this instance, the therapeutic context would be the unpublished hypothesis at that time concerning the

“Conditions of the Therapeutic Process” (Rogers, 1959: 213) or, as referred to in a prior published small segment of 1959, “The Necessary and Sufficient Conditions of Therapeutic Personality Change” (ibid, 1957: 95). The context would be converted to “cause and effect” through the advent of a viable measuring instrument, The Relationship Inventory (RI). *The focus was upon the therapist responses with emphasis on client perceptions of these therapist conditions.* In essence, the conception was that “the client’s perceptions of the focused variables of therapist response would be direct, operative influences in the therapy process and that these perceptions would in turn depend on an interaction of client characteristics and therapists’ actual experience in their relation” (p. 24). The experimental hypotheses would be that of higher scores on the relationship variables (i.e., the theoretical conceptualizations of congruence, unconditional positive regard, and empathic understanding in Rogers, 1957 & 1959) related to higher scores on the outcome measures (e.g., therapist ratings and client self-inventories on anxiety-and depression related instruments). It might be noted that the author refers to the relationship variables in a slightly different way than Rogers. Namely, he refers to positive regard, non-judging acceptance, empathic understanding, congruence or genuineness, and willingness to be known (p. 24). Confirmation of the experimental hypotheses in all variables except “Willingness to be Known (WK)” provided a strong foundation for future expansion of, and implementation for further examination of, the RI.

The further expansion is reported in Chapter 3 that refers to “A Major Revision” (p. 26). This chapter focuses on “the painstaking revision of the original forms” (p. 34) and includes adaptation for schools, groups, and families. It also reflects on some of the implications of the Relationship Inventory and possible shift of meanings over the previous two decades. This revision was the beginning of a shift of the RI from being viewed as an instrument to also becoming a “system” of measures, i.e., “the BLRI [Barrett-Lennard Relationship Inventory] as an instrument species” (p. 34). Barrett-Lennard (1986) suggested twenty years after the main revision of the RI that the term “system” might be more accurate than the term “instrument”. This shift is a latent but decisive thread in Chapter 4.

Chapter 4 is laden with the accumulation of evidence refining reliability, validity, norms, application, and item content. An important

aspect of this chapter lies under the thorns of a requirement for assessing instrument development. Again, the author aptly connects instrument content within the theoretical system. He notes: “The embodied approach does not measure by counting units or judge estimates of interaction, but relies on a crafted gathering of the experience of participants around primary qualities of attitude and response in relationship” (p. 35). The author then explores the complex and tenuous relationship of response to experience. He introduces a substantial argument in Chapter 4 while providing increased evidence of reliability, validity, norm development and practical advice on administration and usage of the instrument.

Chapter 5 is summarized in the first sentence, which describes the BLRI as tapping into “perceptions in a relationship” (p. 49). It is elaborated further that this view was his fundamental way of measuring qualities of relationship in therapy and other life contexts. In addition, more recent studies are reported. Here, also, is reference to further potentials discussed in a later book chapter. Within this further development is the expanded view that the Rogerian tradition depends on larger contexts of support in institutions and milieu, and that this support “makes such applications possible” (p. 63).

Chapter 6 takes the reader through sample exercises with which the author is familiar as the book moves toward a more speculative and visionary endeavor. It serves as an introduction to the second part of the book.

Parts 2 & 3 contain three chapters and an appendix. Appendix 1 includes principle forms and adaptations of the BLRI with scoring keys. Appendix 2 reviews the “Contextual Selves Inventory” and other rating forms.

Chapters 7 & 8 present the recent direction of the author’s work. Chapter 7 centers on the measurement of significant relationships that relate to study of self. Chapter 8 discusses efforts to measure “Experiential” groups.

Chapter 9 is a nascent effort to identify an unfolding new approach. This hopeful approach is, perhaps, summarized by the author’s last sentences in this chapter. He concludes: “The approach rests on a paradigm of thought in which interdependence in relationship is seen as being at the core of human life. A broad conclusion is that secure and intelligent advance of our species as a

major partner in its lifeworld rests, in big part, on an outreaching person- and system-sensitive human science of relationships” (p. 98).

The book offers quite an amazing story of a person, process, and measuring instrument that evolves from an empirical examination to experiential interaction. The usage of an instrument to measure therapist influence is a significant contribution to the theory of client-centered therapy. Moreover, it is an empirical backbone to the postulates of the theory of Carl R. Rogers.

Another thread of the book is that it can stimulate others to think more deeply about Rogers’ theory. For example, it is a bit of a chore for this reader to follow the shift from the empirical support of Rogers’ theory (a theory founded on the growth hypothesis of personal power) to a theory that ‘places relationship and interdependence at the core of human life processes (Barrett-Lennard, 2013, p. 164)’ (p. 97).

The core of relationship and interdependence of human life processes is a dependent variable in Rogers’ theory; i.e., it is part of the developmental process of congruence for the client. Relationship and interdependence for Rogers are part and parcel of individuals living in “maximum possible harmony, because of the rewarding character of reciprocal positive regard” (Rogers, 1959: 235).

The author has established an empirical system that helps to validate the theory of therapy where the therapist follows the client in a process that leads to transparent and cooperative interactions in the life process. Ironically, the author concludes that a dependent variable of Rogers is the core of the life process. He seemingly ignores the assumption of the growth hypothesis as the foundation block of the theory of client-centered therapy (Rogers, 1980). Nevertheless, Rogers and Barrett-Lennard both arrive at a profound recognition of relationship and interdependence as key factors in human development. Simply put, Rogers calls for the individual to change society and for society to change the individual through mutual experiencing of empathy and unconditional positive regard. The author’s perception is that of “an outreaching person- and system-sensitive human science of relationships” (p. 98). It seems, however, that this human science of relationships is specifically undetermined and yet to be identified and validated.

The author believes that more is needed in Rogers theory because within “the *emergent dyadic relationship system*, the theory does not take into account client expectancy, the relational life of

clients outside therapy or the therapy relation seen in its practice context” (Barrett-Lennard, 2013, p. 153). The perception of this reader is that the speculative direction of this book is an invalid shift from Rogers’ theory. It is not clear to this reader just how client expectancy and relational life outside of therapy is to be determined. It seems a bit of a return to therapist authority and analysis. Nevertheless, the esteemed author, who is a dedicated scholar, provides a multi-faceted bundle of information, history, good intentions and stimulation.

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**Review of**

***Understanding Person-Centered Counselling:  
A Personal Journey***

**By Christine Brown**

**London: Sage, 2015, 172 Pages**

**ISBN 978-1-4462-0765-9**

**Reviewed by Ross Balcom**

*Understanding Person-Centered Counselling: A Personal Journey* is a superb basic text on person-centered psychotherapy, vital reading for both students and seasoned professionals. Combining scholarly objectivity and personal testimonial, Christine Brown, an experienced therapist and trainer, has produced an informative and insightful work that lives up to its title; this book will, indeed, deepen readers' understanding of person-centered counseling. Because the person-centered approach is so widely misunderstood and undervalued today, this book is a very timely contribution to the literature. In the chapter-by-chapter overview that follows, I hope to convey something of its scope and richness.

Chapter One presents a brief overview of Rogers' life and work, tracking his development as a person, therapist, and philosopher of life. From his early Protestant religious roots to his emergence as one of the great psycho-spiritual liberators of our era, Rogers' story is one of progressive emancipation from limiting ideologies and dehumanizing practices. Rogers' person-centered approach, with its unbounded faith in the client's ability to direct the therapeutic process, is as revolutionary (and as unthinkable to some) today as it was at the time of its original formulation decades ago. Quotes from contemporary students and therapists highlight the continuing relevance of the person-centered approach. The author also recounts her own growth from a person crippled by introjected conditions of worth to a self-directed, highly congruent individual.

In Chapter Two, Brown offers a fine presentation of Rogers' "nineteen propositions." Her interpretations of the propositions (in which Rogers articulated the basics of the person-centered approach) are succinct, clear, and thoughtful, and are accompanied by "Experiential Exercises" that invite the reader to engage more personally and vitally with these fundamental propositions. In this way, Rogers' postulations can be better understood and assimilated by the reader. I recommend that even experienced therapists read this chapter carefully and undertake these exercises. Brown has provided a great platform for enhancing one's understanding of Rogers' original theory. (I should note that Brown presents exercises and questions to readers throughout the book, making this a very interactive and engaging work.)

In Chapter Three, "The Actualising Tendency," the author deftly handles issues relating to this core concept of person-centered

theory. For example, are the actualizing tendency (“the natural and uncensored experiencing of the organism to realise itself,” p. 43) and socialization necessarily in conflict? No, answers Brown; healthy socialization (socialization that does not impose “conditions of worth”) is supportive of the actualizing tendency. Culture and nature need not conflict; only pathological socialization places restraints on the actualizing self. To read her on this point (and I have merely summarized her analysis) is to admire her mastery of the fine points of Rogerian theory, which mastery she exhibits throughout the book.

Chapter Four offers insights on the tension between lived, organismic experience and introjected “conditions of worth.” These introjected conditions of worth profoundly distort our relations with ourselves and with others. She refutes critics who charge Rogers with undervaluing the social dimension in his work. Brown sees Rogers’ original theory as needing no amendment in this regard; rather, the extension of the three “core conditions” (empathy, congruence, and unconditional positive regard) to ourselves and others is fundamental to both Rogers’ theory and authentic social existence.

Chapters Five and Six examine the concepts of the “fully functioning person” and the “dysfunctional personality,” respectively. (I must confess that I’ve always found functionalist rhetoric distasteful. Do we, as humans, “function” or do we think, feel, act, love, hate, grieve, etcetera? The term “function” sounds so mechanistic and degrading applied to people.) Brown does a fine job of presenting the human realities represented by these terms, and does note in connection with the term “dysfunctional personality” that “Rogers believed that psychopathologizing clients and/or forcing diagnostic labels on people were unhelpful in facilitating an individual’s psychological adjustment and behavior” (p. 80). I couldn’t agree more, and I wish therapists would discard such terminology.

In Chapter Seven, Rogers’ “necessary and sufficient conditions” (empathy, congruence, and unconditional positive regard) are explained. These, of course, are fundamental to the person-centered psychotherapeutic relationship, and the author stresses that this relationship is the therapy in the person-centered approach. She asserts that the authentic person-centered therapist must not limit the extension of these core conditions to the therapeutic arena; rather, the therapist must make the practice of extending these conditions to self and others an integral aspect of his or her life. Though Rogers himself

was not so uncompromising in this regard, I find Brown's position commendable.

Chapter Eight, "The Other Characteristic and Relational Depth," enters the realm of the transpersonal and paranormal, a realm also explored in Chapter Nine. Brown quotes Rogers (from *A Way of Being*):

When I am at my best, as a group facilitator or a therapist, I discover "another characteristic." I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. (Rogers, 1980, p. 29)

Rogers also noted that in such states, the therapeutic relationship "transcends itself and becomes part of something larger" (Rogers, 1980, p. 29). Brown equates this with what she has termed "relational depth," occurrences of intense, profound rapport in therapy. Needless to say, person-centered therapy can be quite conducive to such occurrences. The level of communication between therapist and client in such episodes can attain remarkable heights, and the author describes a personal session as a therapist that involved a joint out-of-body experience (OBE) in association with intense emotional communion (pp. 108-109). As the author notes, precognition ("future sight") can also operate significantly in therapeutic sessions involving relational depth (pp. 113-114). Experiences of this sort often have tremendous healing effects. This reinforces my conviction that an embrace of parapsychology and transpersonal psychology will be key to the progress of psychotherapy (and of human relations generally).

In Chapter Ten, the themes of diversity and oppression are discussed. Discrimination and oppression distort all human relationships at this time, and psychotherapeutic relationships are no exception. Racism, sexism, ageism, and other forms of oppression are all relevant to address in any discussion of the abuses and limitations of psychotherapy; but most relevant, though little mentioned in the book, is the pernicious medicalization of human problems, with its poisonous, stigmatizing rhetoric of "mental illness" (in all its "diagnostic" categories) and the brutal practice of involuntary mental "hospitalization." This form of oppression generally goes

unrecognized as such. Person-centered therapists should be at the forefront in challenging these quasi-medical strategies of radical invalidation and dehumanization.

Experiential therapies are the subject of Chapter Eleven. The person-centered approach can be productively augmented with therapeutic approaches involving heightened sensory awareness, contact with nature, and artistic expression, to yield impressive results. The parameters of Rogerian therapy are being reshaped by an ever-deepening appreciation of the needs and capacities of the human organism-in-evolution. This productive integration of new therapeutic insights and practices into the person-centered approach should not be confused with a cheap, opportunistic eclecticism.

In Chapter Twelve, "Criticisms, Controversies and an Interconnected World," Brown notes that person-centered therapy "remains one of the most misunderstood and mismanaged of all the psychological modalities offered today" (p. 153). She adeptly rebuts criticisms from various sources, including such luminaries as B. F. Skinner, Martin Buber, and Rollo May. In response to Rollo May's concern that person-centered therapy conduces to "narcissism," she quotes Rogers' observation that "self-love does not lead to narcissism but to sound action of a realistic nature" (p. 157). Later in the chapter, she asks readers to consider that "social essence and individualistic development [can] merge harmoniously together" (p. 160).

As her experiences presented throughout this book attest, Christine Brown has undertaken a profoundly transformative journey using the person-centered approach. This makes her a very capable guide for others. Readers who seriously engage with this book will be well-prepared for their own journey into Rogerian self-actualization; and they, in turn, can become capable guides for others. Read this book, and urge your students and clients to read it also. The person-centered approach has a future, and that future is now.

## **A Review of**

### ***The Human Being Fully Alive: Writings in Celebration of Brian Thorne – Sometimes This Atheist Calls it Courage***

**Edited by Jeff Leonardi**

**PCCS Books: Ross-on-Wye, UK, 2010, £13.50**

**ISBN: 978 1 906254 34 6**

**Reviewed by Kathryn A. Moon  
Chicago, Illinois, USA**

While advertised as a festschrift to Brian Thorne, Jeff Leonardi's request to contributors of essays contained in *The Human Being Fully Alive* was that they address themes in Thorne's life work that relate to the contributor's own personal development, work and thought. The result is a collection of interesting essays by eight experienced therapists. In addition to editing, Leonardi authored the book's introduction and one of its eight chapters.

In addition to being a person-centered counselor, trainer, and supervisor, Leonardi is an ordained priest in the Church of England. He met both Carl Rogers and Brian Thorne at a person-centered workshop in Spain in 1979. His relationship with Thorne developed through a variety of person-centered contexts, culminating, in part, with Thorne accompanying him as supervisor through nine years of study for his dissertation, entitled "Partners or Adversaries: Christianity and the Person-centered Approach."

Thorne, as teacher, counselor, group facilitator, trainer, supervisor, director of a counseling agency, lecturer and spiritual companion, has influenced many person-centered practitioners. He has authored or edited 19 books. Both men have many more professional, person-centered accomplishments than I have listed here.

Leonardi suggests that Thorne's most distinctive contribution to the person-centered approach is his recognition and further development of its spiritual dimension. Thorne introduced the concept of intimacy, later called "the quality of tenderness" into person-centered discussion and suggested augmenting the necessary and sufficient Rogerian conditions with this quality. Thorne describes it:

It seems as if for a space, however brief, two human beings are fully alive, because they have given themselves and each other permission to risk being fully alive. At such a moment, I have no hesitation in saying that my client and I are caught up in a stream of love. Within this stream, there comes an effortless or intuitive understanding and what is astonishing is how complex this understanding can be. It sometimes seems that I receive my client whole and thereafter possess a knowledge of him or her which does not depend on biographical data. This understanding is intensely personal and invariably it affects the self-perception of the client and can lead to marked changes in attitude and behavior. (Thorne, 1991, p. 77, quoted by Leonardi, p. 3)

Leonardi reminds his readers that Thorne's concept of the "quality of tenderness" is not unlike Rogers' (Baldwin, 1987; Rogers, 1980, p. 129; 1986) own allusions to a healing way of being, moments of unself-conscious, total engagement with the other person, moments that might be characterized as transcendent or in an altered state, that can occur in moments of significant connectedness and that can amount to a profoundly healing way of being.

Echoes of this concept, near or distant approximations, can be found in Oliver Bown's long memo cited by Rogers (1951, pp. 160-171), a poem and chapter by Jerold Bozarth (1998, p. iii, and pp. 95-101), a poem by Armin Klein (2001), an essay by Moon and Rice (2012), and Barbara Brodley's concept of "Client-Centered Therapy: An Expressive Therapy" (2011a), alongside her "Reasons for Responses Expressing the Therapist's Frame of Reference in Client-Centered Therapy" (2011b). As Bert Rice and I said:

Immersion in the other person's experience in combination with respect for the person's self-direction can lead a therapist into surprising interactions and situations as well as challenges to how a therapist thinks about the way she works. (Moon & Rice, 2012, p. 295)

In his chapter of the book, "What We are Meant to Be – Evolution as the Transformation of Consciousness," Leonardi writes:

Christianity makes the audacious claim that divinity was capable of being expressed in one human being, Jesus Christ, who is the forerunner or template of redeemed humanity... to try to understand this one human being is simultaneously to engage with understanding the divine. (p. 6)

He relates this Christian theme to the Rogerian template of "Persons of Tomorrow" (Rogers, 1980), the actualizing tendency, and the ideal of the fully functioning person. He discusses his reconciliation between science and divine design, and he invokes the concept of mystery and not-knowing in Christianity (see also Purton, Chapter 6).

Although I am an atheist, I was quite moved by Leonardi's discussion of Teilhard de Chardin's writings and also by the Eastern Orthodox tradition's extra focus upon *theosis*: "God became human so that humans may become God" (Leonardi, p. 66; Markides, 2001, p. 117).

My atheist association to this concept is expressed by Alfred North Whitehead:

...God is not to be treated as an exception to all metaphysical properties... He is their chief exemplification.... the image under which this operative growth of God's nature is best conceived, is that of a tender care that nothing be lost. (1978, pp. 343-346)

For me, the leap to *empathic understanding and unconditional positive regard* is directly at hand.

Jan Hawkins' chapter is titled "Walking the Talk: Potent Therapy is a Risky Business." This chapter helped me to think about the man, Brian Thorne, about whom this book is attendant and also helped me enter into the themes of the other chapters, themes toward which I have often felt, at best, impatience. Hawkins' description of the way she works resonates with my own therapeutic values of an essential respect and acceptance of the other, empathic understanding, and therapist self-knowing and continuous self-development. She writes of times of deep healing and discusses the therapeutic value of having the courage to experience the inevitable depth of shared

awareness and feeling that occurs in the client-centered/person-centered relationship.

She discusses her long relationship with Thorne, his trustworthiness and the esteem in which she holds him. Of interest to some will be her discussion of a controversial, clinical choice made and published by Thorne (1987). In the course of couples therapy that segued into individual therapy, Thorne and the client Sally were both naked during one session. Thorne's agreement to have the session in this manner occurred after frequent, prolonged requests by the client, much discussion, and empathic understanding by Thorne of why the client felt so intensely that such a session would be helpful to her in her healing. In part because of Hawkins' acknowledgement of the pause she feels towards Thorne's choice with Sally, the chapter is a moving defense of this case study for which many have condemned him. My own, extremely distanced, take on this matter had been "yes" to what Thorne wrote, with the caveat "but I would never do that!" Reading the chapter by Hawkins helped me to deepen the "yes" I experienced when reading Thorne and to accept our shared human frailty, vulnerability, power over each other, life under the sway of each other, mutual dependence, therapist responsibility, and the unceasing mystery as to what is best (see also Purton, chapter 6). Hawkins quotes W. H. Auden (2007, p. 105): "We must love one another or die." I ask, "Where and how does a therapist land amidst all this?"

Hawkins' insistence upon therapist self-development alongside awareness of therapist responsibility and compassion aided me in resolving the tension I feel with other readings in this book. As I gain more experience, I become more and more who I am as a practitioner. While my temperament, as well as my "attitude and orientation" (Rogers, 1951, p. 19-64) sends me in a personal direction in my work (Moon, 2005; Moon & Rice, 2012), temperament and a similar or different personal position sends another in a different direction in her work.

For purposes of this review, at issue for me is the question of whether or not the theoretical stances of the "Person-Centered" therapists in this book are in the tradition of the Rogerian conditions or not; are they *systematically* adding redundancies that detract from the essential element of Rogerian theory – *unquestioning trust in the client and respect for the self-authority of the sovereign, existential other*

*person?* What is further at issue for me is whether or not “person-centered” literature is clear as opposed to misleading in relation to the author’s basic intentions versus those of Rogers. What I personally care about in reading “person-centered” literature is whether or not it is educative or destructive of an on-going understanding of an idea that, at least at one time, was a clear as well as exquisitely enunciated theoretical statement (Rogers, 1951, 1957, 1959, 1961, 1980, 1986, 1987).

I was surprised to find chapters by Mia Leijssen, Judy Moore and Allison Shoemark, and Campbell Purton mixing focusing and/or mindfulness (and Buddhism) in with their addressing of the theme of spirituality. In conversation with Paula Newman (personal communication, March 4, 2015), I have since come to understand that this is not uncommon. Through broadening definitions of spirituality, whether more international in scope, inter-religious, psychological or anthropological, the word is sometimes used to encompass that which is inarticulate, rising or transcendent in psycho-emotional and physical experiencing (Hinterkopf, 1998).

Mia Leijssen's chapter, “Caring for the Soul as the Keystone in Health Care,” lists different paths for connecting to that which is larger than we are. Her chapter is about health care and her own life-derived beliefs. Her trajectory for healing through counseling begins with Rogers’ core conditions, and through “presence,” as described by Rogers, possibly then through spiritual experience, concludes in a holistic tendency to arrive at and into loving and caring being with others. She views focusing as a path for creating a therapeutic environment where the person can be with himself, between consciousness and soul, in dialog with self, and with openness to the divine. Focusing attends to that which is bodily felt and it serves as an anchor as well as an aid in the healing process. On the one hand, her chapter seemed to relate to the idea of Rogers’ “persons of tomorrow,” and on the other, it seemed to be communicating a belief system and agenda determined by the healer.

The chapter by Judy Moore and Alison Shoemark, “Mindfulness and the Person-Centred Approach,” draws upon the use of mindfulness and focusing. An aspect of these practices is that some therapists who appreciate them as particularly facilitative for self-knowing, implement them more upon themselves in the interest of therapist congruence on behalf of the client than necessarily

suggesting them to the client for the client. For me, while these practices make sense as described by these very experienced practitioners, I became a bit confused as to whether or not a valuing of one or some ways of a client's being or becoming is viewed as more facilitative for growth than others.

In his chapter, "Spirituality, Focusing and the Truth Beyond Concepts," Campbell Purton discusses his spiritual and mystical view of life, the world, and how we can improve upon the way we live our lives. He relates focusing to spirituality, and discusses a "truth beyond concepts" that he views as "more important than our conceptual truths" (p. 113). While addressing questions of how we think about things, he uses an example from science and then says: "It is *that which is formulated in different ways* by Aristotle, Newton, Einstein and possible future scientists. The *something* that is formulated in different ways is the reality" (p. 117). I enjoyed the clarity and exposition of Purton's writing style. If one were to choose to read further on the subject of focusing, beyond the philosophical and theoretical writings of Eugene Gendlin, based upon my reading of this chapter, I would look next to Purton.

I quite enjoyed Dave Mearns' chapter, "On Faith and Nihilism: A Considerable Relationship." Mearns chafes at the imposition of messianic religious or other presses upon the individual. He references Carlos Castaneda (1971) as he writes that in a world without anchor for meaning or reality, we are left to choose what matters to us and embark on our own "controlled fully." In relation to therapy and the person-centered approach, Mearns has previously written:

Yet, the reality for the person-centered therapist is that when we properly enter the existential Self of another we find ourselves simply admiring the tenacity and the beauty of the human's survival. At this point we have stopped being a representative of even the subtle "social control" forces within our society. We have entered the territory where nihilism and divinity meet. (Mearns & Thorne, 2006, p. 57)

In discussion of his and Mick Cooper's approach to therapy (see Mearns & Cooper, 2005), Mearns says:

There is nothing new in relational depth other than Rogers' core conditions in powerful combination, except that it demands that the therapist does not settle for a dilution of those conditions. (p. 86)

Speaking for myself, I imagine that the accuracy of this assertion lies in the fluid or systematic intentionality and ever-shifting congruence of each therapist.

Peter Schmid's chapter, "The Person and Evil," offers an overview of Western philosophical, Christian, psychiatric, existential and anthropological thought around the question of whence comes evil. He says that in person-centered thought, psychological freedom allows for evil choices, a situation that, according to Rogers, requires addressing in psychotherapy; for Schmid, within the person-centered approach, it requires addressing in the practice of encounter psychotherapy. He asserts, that at times, this requires the practice of *conditional*, as opposed to *unconditional*, positive regard (p. 145). Though he references Rogers along the way of his argument, here it is clear that Schmid is writing a theoretical change into person-centered theory, an interesting one, and in this case a clearly articulated one. I find this chapter to be the clearest exposition of his thinking that I have read.

In their respective chapters, both Schmid (p.139) and Mearns (p. 84) write somewhat disparagingly of classical client-centered practitioners who don't confront their clients. It strikes me that they are making assumptions about the motivations of a broad swathe of practitioners. This reviewer speculates that these two writers, in the years subsequent to their own respective arrivals at mature practice, have been under-exposed to the work of mature client-centered therapists who have developed an integrated necessary meld of the practiced attitudes in order to feel fluent and psychologically free within the therapeutic relationship.

I arrived at the subtitle of this review, "This Atheist Calls it Courage," in response to Hawkins' discussion of Thorne's challenging case and her discussion of therapist self-development. To my mind, in the end, at times the therapist, like any person, is alone with no armor

or defense other than personal integrity. I found myself assisted in my reading of various writings in this book by the chapters by Leonardi and Hawkins, as well as by the religious, philosophical, and person-centered thinkers to whom all of these authors refer. These essays gave me a better understanding of how different practitioners relate focusing, mindfulness, spirituality and an encounter-therapy to the person-centered approach, even though I remain a bit unclear as to the presence or absence of the intrinsic nondirective attitude of Rogerian theory in some of the essays. For me, *The Human Being Fully Alive* facilitated my empathic attitude for receiving these highly evolved and sincere practice implementations, real or attempted, of Rogers' revolutionary hypothesis.

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**Review of**

***A Person-Centered Approach and the Rogerian Tradition:  
A Handbook (Paperback)***

**By  
Adam Quinn**

**Amazon Company, Create Space, 2015  
Paperback, 272 pages \$13 (Amazon)**

**Reviewed by  
Jerald D. Bozarth, Ph.D.  
Professor Emeritus  
University of Georgia, U.S.A.**

The title of this book stimulated me to immediately think that still another rendition and sophomoric deviation of the theory and practice of Carl Rogers was about to be thrust on an already misguided readership. Is this a book about “A Person-Centered Approach” that views Rogers’ theory as comparable to similar approaches? Is this “A Handbook” that suggests a method used to change individuals?

What a surprise! The answer is one resounding “No!” Adam Quinn brings forth an in- depth scholarly inquiry into previous fracturing of Rogers’ postulates. He identifies the method and individuals who have systematically dismissed the massive research evidence supporting Rogers’ postulates from the 1940’s through the 1970’s. He does this in a most interesting and systematic way.

The book starts with a statement of his position and continues with a delineation of his systematic examination of the Rogerian position as related to three major treatments within the therapeutic community. The treatments considered are those of Multicultural Clients, Borderline Personality Disorder, and combat veterans with Posttraumatic Stress Disorder. These three chapters consist of previous publications from 2008, 2011, and 2013 in the Journal of Humanistic Psychology. The author suggests that readers might be likely to see the evolution (or devolution) of his ideas by reading these chapters in reverse order. In short, Chapter 1 offers more reasons and evidence to support his thesis in earlier journal articles.

Adam Quinn succinctly states his position:

*First, (a) if a person is to be of help to another, then no treatment planning, agenda setting, techniques, or coaching is necessary; all that is necessary is for the helper to be a genuinely congruent person, with an intention toward unconditional acceptance and understanding, possessing an ability to convey this intention to another. And second, (b) the Rogerian tradition (ca 1940-1975) provided a necessary and sufficient theoretical framework from which a helping professional could offer a growth promoting environment, with near-limitless potential to be of help. (p. 1)*

This succinct statement might be kept in mind as Chapters 2 through 4 are reviewed in reverse order as suggested by the author. The chapters also stand alone and can be read in any order.

Chapter 4 discusses the Person-Centered Approach (PCA) to the treatment of combat veterans with Posttraumatic Stress Disorder (PTSD). One specific part identifies the importance of congruence with focus on differentiation between therapeutic congruence, utilitarian congruence and genuine congruence.

Congruence is defined as “the degree to which individuals are aware of their internal, subjective experiencing and how they express this awareness to the environment” (p. 245). Utilitarian congruence is the use of congruence to obtain specific goals, a means to an end, while genuine congruence allows the conditions of unconditional positive regard and empathic understanding to exist as the facilitators of client inner facilitation.

Chapter 3 delves into the Person-Centered Approach for Borderline Personality Disorder (BPD). Research is reviewed from several mainstream modalities that are comparable in their assumptions about developmental trauma, which diminishes client capacity for dealing with experiences. In addition, four specific views of dealing with such trauma are summarized in brief but precise delineation. One of these approaches, dialectical behavior therapy, is examined in relation to differences and similarities with person-centered therapy. Person-centered therapy is summarized and research cited in relation to BPD.

Chapter 2 begins with a review of Multicultural Counseling (MC) competencies as proposed by early advocates and continues with historical and modern MC research trends. The review continues with explorations of the kind and specifics of MC modern research. The chapter includes illustrations of person-centered research as well as noting recent research in the person-centered approach that has implications for MC. The author’s summary paragraph captures the essence of his position:

*Ultimately, in the process of becoming one’s own person, or in becoming “their own family”, so to speak, the client may choose the family, and the family may chose its members, but this valuing process lies beyond the scope of the therapist’s*

*personal and clinical judgments. Rather, this process emerges from within the client. (p. 180)*

This conclusion conveys the major thrust of the book and is adeptly explicated in the first chapter.

Chapter 1, “*A Person-Centered Approach and the Structure of Scientific Revolutions*”, delves into the meaning and the research of the “Person-Centered Approach.” The chapter consists of more than half the book. The content of this chapter is a tome of inquiry that reveals the history and process that diminished Rogerian postulates through quasi-scientific “allegiance” research by Behavioral and Psychoanalytic authors. Quinn fearlessly mentions the names of the potentates of destruction (e.g. Bergin, Kiesler, Strupp) and identifies the specific method and mode of research deceit. A taste of the author’s discoveries:

*Remarkably, throughout the decade-long process of this apparent systematic dismantling of the Rogerian evidence base (ca. 1969 to 1979) these behavioral and psychoanalytic researchers failed to acknowledge their “inattention” to reliably implementing standard replication procedures and, in addition to other sources of bias, these researchers failed to account for substantial threats to the validity and reliability of their reported findings. (Quinn: 19)*

Quinn continues with an exhaustive analysis of one-sided reviews of psychotherapy outcome research in the late 1970’s that discredited research on Rogers’ postulates about the conditions necessary and sufficient for therapeutic personality change. He reaches a “conservative conclusion” after reviewing and analyzing four decades (i.e., 1945-1985) of articles and book chapters. Namely:

*...the evidence consistently suggests that PCT was effective when provided by PCT therapists and ineffective or insufficient when provided by non-PCT therapists, such as behavior and psychoanalytical therapists. This disparity has been shown to continue into the 21st century (Quinn, 2011: 2013).*

This is quite a conservative conclusion in that his examination consists of factors that are not obvious to many readers. The wide swatch of the examination might require most readers to re-read and ponder some of the revelations. A couple of the salient revelations are 1) that there was solid research from 1945 to 1975 that supported the effectiveness of client-centered therapy and the therapeutic conditions postulated by Rogers; 2) that the research shifted to dismissal and denigration of that research starting in the late 1970's; 3) that this dismissal was based upon inaccurate assumptions about the research designs and measurement procedures; 4) that the "allegiance" factor of behavioral and psychoanalytical researchers drove the negative conclusions regarding the early research; 5) that the research reviews after the late 1970's ignored the earlier studies and the reviews were founded on the basis of a few studies that were laden with methodological problems of statistical design. The author goes further with his observation that Rogers' theoretical premises were dismissed by the advent of allegiances opposed to Rogers' conceptualization of the necessary and sufficient conditions. For these critics, psychotherapy demanded more than sufficient conditions. The conclusion that more was needed than the conditions was a decision reached with no substantial empirical evidence.

Quinn extends his analysis of the diminishing of Rogers' theory with historical reference of ideas and individuals associated with Rogers and his works. Herein, he has a section that offers information about Person-Centered Therapy (PCT) and what he designates Person-Centered Therapy –plus (PCT-plus). The PCT-plus are a new wave of therapies that evolved from 1) Gendlin's experiential or focusing oriented therapy; and 2) Rice's and Greenberg's process-experiential and emotion focused therapies. The upshot of new therapist intrusion further proliferated "systematic bias . . . into all aspects of the research endeavor – from hypothesis formation to design; from provision to therapeutic treatment to the choice of statistical analysis" (Quinn: 102). This objective and analytical critique is concluded with a rather chilling conclusion that the literature is laden with bias. He asserts that:

*. . . systematic bias is introduced into all aspects of the research endeavor—from hypothesis formation to design; from provision of therapeutic treatment to the choice of statistical*

*analyses. This procession of allegiance-guided scientific inquiry in psychotherapy is suggested to have been the primary mechanism through which a systematic dismantling of the Rogerian traditions of theory, research, and practice occurred. Moreover, this systematic dismantling, as the description implies, was not by accident but was carried out by a group of social scientists who possessed substantial professional interests in doing so. (Quinn: 102)*

However, the author concludes with a positive message. Namely:

*. . . the evidence continues to suggest that if a therapist can provide Rogers's facilitative conditions . . . and the client perceives these facilitative methods, then a process is hypothesized to occur, described . . . This process is suggested to be sufficient for facilitating the client's movement toward happiness and symptom-reduction, or, as intuition suggests, toward becoming one's own person. (ibid: 102).*

Adam Quinn has opened the door demanding renewed attention to the revolutionary and powerful basic theory of Carl Rogers.

**Review of:**

***Otis Doesn't Scratch***

**(Paperback)**

**By Clare Shaw and Tasmin Walker (Illustrator)**

**PCCS Books (April 14, 2015)**

**ISBN-10: 1906254567**

**28 pages \$15.37 (Amazon)**

**Reviewed by Valerie Wiley**

Clare Shaw and Tamsin Walker have created a children's book and a companion informational guide to help children, aged 4-8, parents, friends, professionals and other care-givers understand and talk about self-injury. Shaw is a writer and poet and Walker is an artist. In addition, both are mental health professionals in the U.K. with extensive knowledge, both personal and professional, of self-injury.

The children's book is a 28-page picture book about Ted, who lives with his single mother and his orange tabby-cat, Otis. When Ted notices large purple gashes on his mother's arms, she tells him that Otis scratched her. Ted is puzzled, remembering that he has also seen bruises on his mother's legs, but he yells at the cat who runs away. Ted is so upset about the cat and his mom that he can't concentrate. His teacher notices and asks Ted to stay after class. The tears flow and Ted tells Mr. Worston how worried he is about Otis and his mom. When Ted gets home, his mom says that Mr. Worston called, and she admits that she is hurting herself. This allows Ted to ask questions about why, if she will die, and if self-injury would make Ted feel better—all of which mom answers. She reviews with Ted all the things that can help them feel happier but also says that sometimes people need to be sad. The last page pictures Otis returning through the door flap.

The story serves as a vehicle to provide the information that the authors want to convey: about it not being Ted's fault, that mom loves him and will not die, that there are activities and people they can rely on to help them feel better, that people are not always happy, that mom is not crazy, that it's okay to cry. In the process of serving the message, however, the book feels didactic. The characters function more as mouthpieces than real characters that readers can relate to. One reason for this may be that there is very little dialogue between characters. Most of the conversations are reported after-the-fact by Ted, and that means that neither of the adult characters is heard offering an empathic response to Ted's experience. This distances the reader rather than encouraging identification. Another reason is that the dramatic tension, the "action," is more about the cat than the self-injury. To wit: the last page of the book shows the cat returning home, resolving the tension of the plot.

The illustrations are a combination of photo-shopped images and super-imposed hand drawings. This combination is a bit difficult to make sense of and results in some very dark images. Although the

authors wanted to show that darkness and light are both a part of life, the book's target audience may find the pictures scary.

Other aspects of the story also raise questions. Does the fact that Mum is a single parent unintentionally suggest that single mothers are less able to cope with painful feelings and experiences in the more pro-social ways suggested? Did Mum have to initially lie to Ted? Although adults will understand her shame or desire to protect, to young readers she may seem untrustworthy.

In contrast, the companion guide to *Otis Doesn't Scratch* is an excellent compendium of basic information about self-injury, delivered in a clear and caring way. In a series of short chapters, this 46 page booklet covers: what is self-injury, why do people self-injure, self-injury and suicide, common assumptions about self-injury, self-injury and recovery, responding to self-injury, harm minimization to self, minimizing the harm for others and child-protection, how to talk to children about self-injury, mental health and the emotional impact of self-injury, and a list of resources and references. Shaw intersperses personal extracts from her own experience with self-injury in text boxes throughout the guide. Both the personal comments and the text benefit from her steady and reassuring voice and collegial tone. The authors' knowledge and experience are evident and would likely be extremely reassuring to anyone who self-injures, including parents. For example, in the section debunking the myths about self-injury, they begin by stating, "The fact that someone self-injures tells us that they are having a hard time and may need a little extra kindness or support...It is rarely helpful to assume that we know what is going on for someone." They go on to confront assumptions such as: people who self-injure are attention seeking, manipulative, mentally ill, just copycats, or that their wounds are nothing serious. But the guide is not unduly optimistic. The authors point out the realistic dangers to self and others, briefly outline how to stay safe, and offer specific web links for this and other topics.

The guide, although ostensibly geared to helping parents who self-injure talk with their children about it, seems to lose focus on this specific audience at times and address a more general one. Perhaps their intention is to target older children who might read the guide and not the book, while younger siblings might read only the book. This was somewhat confusing but in no way interferes with the useful information provided.

Ultimately, the question is whether or not mental health practitioners would be well-served in adding the book and guide to their professional libraries. A client-centered therapist might hesitate to use the storybook because Ted's feelings, reactions, behaviors and language describing his experience are not necessarily universal. A child may not even want to use words but would find another means of expressing their experience if left to self-direct. There is, however, a place for the guide if a client requested such material and the therapist felt comfortable recommending it. Despite these several caveats, Shaw and Walker have tackled a topic that is lacking in resources, and so they have not only raised awareness but have also begun to provide information and support to self-injuring parents, children, and those who love them.