

On Becoming A Therapist

Peggy Natiello¹
Sedona, AZ

“It is a miracle that curiosity survives formal education” Albert Einstein

Introduction

The healing in client-centered therapy, according to Dr. Carl Rogers, is in direct proportion to the *quality* of the relationship between therapist and client. An academic grounding in client-centered therapy is essential for the solid preparation of client-centered therapists. The theory of the approach is grasped easily; the translation of theory to practice, however, tends often to be problematic and oversimplified. It is the *quality and integrity* of the therapeutic relationship, the therapist’s *capacity* to offer empathy, congruence, and positive regard to the client, and the *unquestioned authority* of the client that hold the promise of profound and unpredictable healing. The *practice* phase, (a lifetime undertaking), is more demanding and more radical than the academic phase.

Brian Thorne described the qualities of a mature person-centered therapist eloquently in his book, *The Mystic Power of Person-Centred Therapy* (2002).

In essence, Rogers repeatedly affirms... it is who the therapist is, how fully he or she can invest himself or herself in the moment and how secure he is in his own being that matters. Such security does not imply invulnerability. On the contrary, to be accessible to another, it is important to acknowledge imperfection and flaws, and Rogers goes so far as to say that the very ability to help at all depends on such an acknowledgement. He goes on to speak of relationship where a level of such intimacy and intensity is reached that he feels his simple presence is healing. He concludes that it is the state of his own being in such instances that immense energy is released which flows from him to the client. ...Rogers goes further. He claims unambiguously that there are times that ‘the best of therapy...leads to a dimension that is spiritual’ (Baldwin, 2000:35). At such times there comes a meeting of inner spirit with inner spirit and the experience of being part of ‘something larger’. (p. 56)

¹ Peggy Natiello is a psychotherapist in Sedona, AZ and is a member of the Going Global staff. Peggy can be contacted at ranacom2@gmail.com.

4 Natiello

In the interest of illuminating some of the promise and complication of client-centered practice, I offer a few examples from my 40 years of practicing as a client-centered therapist and guide. These interactions are among the many that took an unpredictable turn and will, hopefully, encourage therapists with less experience to welcome the exhilarating sense of wonderment that comes from letting go of the expert role and allowing the client to lead the way. Whereas some sessions with clients unfold predictably, the examples below reveal the surprises and learnings that can spring up if therapists can allow for the unexpected. The sessions occurred over a ten year period and were written up immediately following their closure.

Edith

Edith came this morning. The social worker who was working with her at the nearby hospital where she was treated had called to apprise me of two serious diagnoses. I quickly set them aside as I prefer not to use diagnoses when getting to know clients. By the end of our hour together, she insisted that I was the only person she had met that she felt comfortable working with.

The beginning was somewhat difficult. For the preceding six months Edith's psychiatrist had medicated her heavily, and she felt miserably unlike herself. She confided that she had fallen periodically into depressive episodes and developed "Restless Leg Syndrome" – both of which she attributed to psychiatric medications. "I do not feel like myself, cannot control the movements of my legs, can't sleep at night, and I know it is the meds."

One day she came for her session and told me she had gone off her meds – cold turkey. A Native American Medecine man, who she knew well, had called to tell her he had some special medicine he had obtained from out of state, and he wanted her to try it. When she came to the next session, she had already decided to take this instead of the prescribed medicines the psychiatrist had given her, and she had removed herself from his care. She would, she said, understand if I refused to continue seeing her, but she wanted to be honest with me. (I knew the herbs were medicinal doses of Peyote, because she had shared with me her strong beliefs in Native American spirituality and her membership in one of their churches. Peyote is an illegal drug, although the native people have permission to use it for their ceremonies.)

My experience had consistently taught me that, if patients resist the medicine they are given, it probably would not be helpful. On the contrary, those who followed personal beliefs about wellness, were much more likely

to be healed. I decided to trust my intuition and continue seeing her, although my ‘academic learning’ was challenged.

From that time, with diminishing doses of peyote, I watched her return to health...no more restless leg syndrome, no more dry mouth and slurred speech, fewer feelings of powerlessness, fewer sleepless nights. She eventually gathered the confidence to accept a part time position in the educational field, and continued to move into roles of growing responsibility.

Still, Edith was sometimes overwhelmed by pressures in her life, and feelings of personal inadequacy. She told me she often “ran away” from home where she cared for her husband and daughters.

“What does that look like – running away?” I asked curiously.

“I get in the car, go to a neighboring town, sometimes rent a motel room, drink coffee, smoke cigarettes, and go to movies,” she admitted with obvious humiliation and shame.

“Gosh, that sounds to me more like taking a break than running away,” I responded. She was obviously shocked at my reaction and surprised that I did not condemn her. Every time she “ran away” from that time onward, however, I listened quietly. The story was always the same. The stress of her life sometimes became unbearable. I continued to hear and speak about her ‘outing’ as a ‘break’. At the end of our session last week she left in tears, mostly around feeling trapped in her house with all her responsibilities. A few hours later, her husband called, asking anxiously, “Peggy, do you know where Edith is?”

“No, Joe, I don’t. She was a little upset when she left, and she might just be taking a bit of a break. Maybe she’s sitting in a park somewhere. I wouldn’t worry about her though. I am sure she is alright.”

I actually had no concerns at all (due to my experience with her), and trusted that she was going to take care of herself. When she came in a week later, I mentioned Joe’s call and asked where she had been. “Oh, I didn’t know he called. I went to a movie,” she said. “I decided I needed a little space and took a break.” There was no hint of judgment or shame in her voice or attitude, as there had not been in mine. I knew the healing was progressing just the way it should, and that this client’s actualizing tendency was in full swing. She was claiming the right to be the ultimate authority in her life, and there was no cause to question her.

Rebecca

Today Rebecca came in for an interview session. She was a patient of, and referred by, my physician. A very attractive woman, she did not

seem to carry the 60 years she claimed as her age. She spoke quietly, without affect, about parts of her life including marriage to an older man – a marriage in which she did not feel like much of a person, and had recently dissolved. A new primary partner, John, had recently moved into her home to be with her.

I found it difficult to engage with her because of her lack of affect. There was very little feeling in her voice, even when she said that her new partner had recently taken his own life. I, however, was stunned into attention and moved to the edge of my chair.

In the same toneless voice, she said, “I haven’t had a visitation.” I asked her what she meant by ‘a visitation’. She responded, “Like an appearance of him standing beside my bed.” I replied that ‘a visitation’ does not always come in that form, but sometimes in an event in nature, or a melody floating in the air, or a startlingly brilliant memory. We spoke about grief. She asked me how to “do grief.” I responded that I had no recipe but perhaps to let it come, if it announced itself. I now understood the absence of feeling in her voice. She was in shock.

Rebecca was sitting in front of one window of a 3 section bay window in my office. Three large windows revealing the red rock view behind our house, looked out onto a patio surrounded by an adobe wall. As Rebecca droned on about her partner, John, I became aware of what looked like a bird resting on a wooden slat outside the window behind her, veiled by the opaque shade partially drawn. I rarely interrupt a session, but surprised myself by saying, “Oh, there’s a bird outside behind your back. It must be a Quail.” She did not respond, nor did she look behind her. I tried to bite my tongue (to no avail) when I realized that the feathers seemed to be black. (Quail are a soft café au lait color.) “Oh, that’s NOT a Quail,” I muttered, astonished at my second intrusion. Suddenly the feathered creature disappeared from behind her and jumped to the patio floor in front of the unshaded middle window. “Oh my God,” I exclaimed! That’s a Road Runner! I have never seen one here before.”

The bird stood still in the patio, right outside the window. Road Runners are quite tall, with long elegant necks and spikey tails that stand out stiffly behind them. This bird fixed his eyes on the client for a long moment, then turned and walked slowly to another section of the patio. (Road Runners rarely walk slowly as their name would imply.)

Now the client gasped, and said softly, “John was a Marine, and had a huge tattoo on his left arm that went from his shoulder to his elbow. The tattoo was a Road Runner.”

My entire body knew that this was not a mere coincidence. Even my fixation on the bird had seemed beyond my control. “Rebecca,” I said reverently, “I think you are having a ‘visitation.’”

Her head dropped; she was absolutely silent; finally, the sobs came tumbling out. She only allowed herself a few minutes of unaccustomed grief before she snapped her head back and said, “That’s enough.” Her face and her body had softened, and she said quietly, “I feel much lighter”, tapping her heart gently with the palm of her hand. The bird hopped over to the window again, gave a final long look her way, and then disappeared.

I knew this was an other-worldly event. It had demanded my attention in defiance of what I believed about giving the client undivided focus. It filled my heart to the brim, and spoke unmistakably to her. The specific lesson for me: Be fully present, and make sure the climate of your meeting is filled with genuineness, empathy and positive regard. Have no agenda. Don’t waste time figuring out what you can do to help or fix this person. Be fully tuned into yourself and to the client. Simply dwell there with humility, deep caring, and faith. Accept the uncertainty and the experience of the client. Everything you both need for the work to unfold is there and will eventually reveal itself.

Maureen

I opened the door in response to Maureen’s knocking. A quick scan of the outdoors revealed that she had left her car in the middle of the street, motor running and turn signals blinking. I asked her to move the car into our driveway, even though she appeared to be on the verge of collapse.

After she had parked her car, Maureen fell into the office chair. “I’ve been in bed since last Wednesday. I’ve called my place of work and cancelled every day since then. I think I’m having a breakdown!”

We had our first meeting exactly a week before, and I knew that she was in a crisis-ridden period after having recently survived an only son’s drug addiction, a difficult divorce, an extreme drop in income, and a long distance move. Together with her desolate childhood story, shared the previous week, her feelings of exhaustion and lack of control seemed perfectly justifiable.

But that was not all. That morning, she reported, the Drug Enforcement Agency (DEA) had called her from the state of Virginia, to tell her that Customs had confiscated an order for diet pills she had placed online. They claimed it contained some cocaine, and that she had a date for a court appearance in Phoenix, AZ. The caller provided her with a case

8 Natiello

number, and when she blurted out a denial, he said he would try to help by negotiating with a Customs official. After a short delay, he returned to the phone.

“Good News!”, he cried out, “they have agreed that you can simply settle a fine, since you seem to have no previous record, and they will waive the court date.”

“What is the fine,” she asked, and began to cry upon hearing that it was \$3500.

The story unfolded. He got her a ‘great deal’ by putting her in the ‘Gateway Program’, and that cut the fine down to \$1500. When she said she could not come up with that money for a while, he told her she needed to have \$750 of it, in cash, by 1pm the same day. As she poured out her story, shaking and crying, it became more and more clear that this was a scam, a hoax, but she was too vulnerable to see that.

She talked about her easy relationship with ‘victimhood’. “It’s easy for me to be the victim,” she told me, “and I hate it!” I suggested that, this time, she could become a public advocate, a heroine, instead of a victim, if she chose to report the incident. Her face lit up, and she said she thought she could do that. I dialed the local Police Station, as a first step and handed her the phone. She told her story. They sent her forward by giving her the name and phone number of the State Attorney General. She left him a message while still in my office, promising to follow up on the call.

Later that afternoon the phone rang and it was Maureen. She wanted to give me an update. She had called The Drug Enforcement Agency in Washington, DC, and they were already on the trail of the perpetrators from Virginia. There had been a number of reports of the hoax and they were closing in on the group perpetuating the ‘crime’.

“Congratulations!,” I said, “you are not a victim, but a public advocate! And you sound much different than you did this morning.”

“Oh, my God! I feel like a completely different person – very empowered and not at all like a victim. Thank you for helping me find the courage I didn’t know I had!”

It is rare for me to give a client a suggestion, so in some way I broke my own rule. But I could see that she was feeling powerless, and that a nudge from a trusted ally might help her break through her powerlessness. My hunch was right, as hunches often are. They come out of the intuitive understanding we work so hard to acquire...sometimes called empathy.

Peter

Recently returned from a 6-day global meeting in Vermont, I had dreams of crashing for a few days. It was Saturday and the weekend stretched ahead of me with promise of open-endedness and luxurious rest. When I picked up the ringing phone and heard a stammering voice asking me for a Sunday appointment, I flirted with refusing. The urgency in the voice of a man at the other end of the phone, however, persuaded me to set up an appointment – Sunday be damned!

My husband and I were negotiating with a solar installer when I saw the car pull up. I suggested they be sensitive about trying to engage him, as this client's stammer suggested intense anxiety. He passed by them without interruption, and I led him into my office. Immediately apparent was his unusual height (6ft.7in). In addition, he was excessively thin, quite good looking, and probably in his early 40's. In our initial conversation, I found him to be articulate, bright, and self-aware. Very quickly, however, his body and voice began to shake and he admitted to being severely depressed, suffering panic attacks, and close to the end of his rope. It was clear that he was unraveling in front of me. The stammer transformed into an unmanageable stutter. He had to hug his chest area with both arms to control the shaking, and several times his legs gave way beneath him, his long frame crumpling onto the floor. At one point, he fell asleep. I let him alone.

His name was Peter. His story one of childhood desperation an authoritarian heartless father, a beloved mother who died when he was just a child, a sense of being a burden and never measuring up. Now his father had passed away, and he had no idea how to take care of himself. He was terrified!

He found a place to stay near our home and we began to work together, often. Gradually he gained self-confidence, got a good job with the Forest Service which included housing, and took off into a hopeful future. Our non-traditional relationship broke some of the rules of the therapeutic encounter, but I chose to trust its integrity and congruence. I responded from my heart rather than my head, and he kept in touch with me for years, always verifying the value and depth of our relationship.

Isaac

An elderly gentleman found his way into my practice. He was drawn to me because of my 'high spirit', he said, and he wanted to know my secret. He had been a Broadway Producer in his prime but now was quite fragile physically. One morning, shortly after we began our therapeutic relationship he stumbled into the front door muttering that he had just seen his cardiologist and "He told me I could drop dead in a minute – anywhere, anytime. I have congestive heart failure."

I had to support him walking to the office as he was very unsteady on his feet. We passed our dining room where we had entertained dinner guests the previous evening, and the table was not completely cleared. Upon taking his seat in the office, he said, "I see you had wine last night. I used to love wine with dinner. What kind did you have?" Somewhat taken aback, I told him what kind of wine we had served. He asked if he could have a taste. "Isaac," I replied with an edge of irritation, "you have just told me you could drop dead any minute and now you are asking me for wine? And in the middle of the morning!" "Just a taste," he responded meekly.

We proceeded with our session, and I began questioning my response...silently but with great discomfort. What was I doing? Why? What was wrong with Isaac asking for a taste of wine? Why was I assuming the authority to say "No", and taking on the expert role with my client?

I asked to be excused for a minute; went to the kitchen and asked my husband to get a crystal wine glass from a high cupboard. I poured a small portion of white wine into the glass, returned to the office, and put it on the table in front of him. He looked surprised, picked up the glass, and took a little sip. "Very good!," he pronounced, and drank no more.

When the session was over, he got up, and thanked me for the insights – and for the sip of wine "in such a lovely glass."

Isaac passed away within a few months, but not from the sip of wine! I am so grateful still that I could hold the 'double vision' that I think is important in client-centered therapy. I could *feel* my own reaction to his request and could see my discomfort while hearing his plea. Being congruent and self aware saved me from 'pretending' for the rest of the sessionpretending to be empathic when I was irritated. I have often wondered why he asked for the wine. I suspect he was testing my caring for him, but it doesn't matter. What mattered was that I was able to throw away the academic rule book, evaluate my reaction, and give a person I cared for deeply the human responsiveness he obviously wanted – and deserved.

Tim

Upon opening the office door, I met Tim, a young marine lieutenant, small of stature, handsome, dressed in an immaculate uniform. Exceptionally polite and deferential, he addressed me as 'Maam', and yet I felt nervous and intimidated throughout the session. I was puzzled at the feeling, but it was strong.....so much so that, before the start of the 2nd session, I programmed my office phone with the police phone #. One push of a button would contact them.

As the session unfolded, Tim shared some horrific stories about his childhood. He had a very cruel stepmother who, among other violations of his humanity, would hang him from the meat hooks in his father's butcher shop when he did anything that incurred her disapproval. As the tales of her abuse tumbled out, I realized that he was full of rage although he presented himself as if everything was 'buttoned up'. Clearly my discomfort was set off by the incongruence between his polished appearance and the depth of hurt and anger that lay close to the surface. As soon as I realized this, I felt a *rush* of relief...all my anxiety disappeared.

"What just happened here?" he asked. "Everything in the room has changed!" I knew absolutely that he had picked up on the radical shift in my attitude. He had intuited something about me just as I had sensed his unexpressed rage. I wondered how to respond. Then I recalled Carl Rogers saying (often), "The facts are friendly" and I decided to reveal the facts of my own experience. When I finished sharing what had happened to me, Tim's whole body relaxed and he thanked me for confirming his intuition.

This incident was a powerful learning about congruence. If therapists have strong feelings or intense reactions in a session, they generally need to share them. Otherwise the offering of empathy or unconditional positive regard is inauthentic and manipulative. Clients will generally 'feel' the incongruence, and that can lead to a serious breach of trust. I have had this experience enough times that I know when it is interfering with the climate. Watch out for it!

Joan

She was an exceptionally gifted client on the east coast. A dual profession creates a glimpse into her multi-talents – musician and attorney. Her presenting issue was depression. She had struggled with it all her life, and had attempted suicide at least twice. Her wit, her darkness, and her intelligence moved me immediately and our relationship was easily cemented.

One day she came and told me she felt outsmarted by life, was tired of it all, and had purchased a gun so she would have a way out of this world if she needed it. Our very close connection led to a certainty that she had the gun on her person. "Would you like me to hold the gun for you," I asked quietly.

After a long moment of silence, she reached into an inside pocket of her brown suede jacket and pulled out a small gun. She turned it over and over in her hand before she said, "If I ask for it back, will you give it to me?"

Another long silence while I carefully considered her question. What would I do if she asked for it, and I knew she was depressed? How could I turn it over to her? How could I lie about this decision? How could I betray her? I decided that I could and would return the gun if she asked, and told her so.

She took a tissue from the box on my desk and carefully removed the bullets from the gun. After placing the bullets into her purse, she handed me the gun with eyes averted. I had never held a gun before, and its cold hardness chilled me.

When she left, I pulled a large coffee maker from the closet. It was white plastic and had a canister for the water in which I placed the gun. Nobody could see inside the canister if they stumbled on it. I put it in the back of the closet, and it remained there for about 8 months while we continued to work together.

One day Joan came in, and, after some small talk, asked me for the gun. “Don’t worry, Peggy”, she said softly. “I am asking for it so I can get rid of it – not to hurt myself.” I pulled the coffee maker from the closet, and gave her the gun...and a long hug. She thanked me, and I knew we both had done the right thing.

Where does that knowing come from? It emerges from the deep commitment to another person; from the kind of listening that helps the therapist and client merge; from the congruence and honesty that marks such a relationship; from the acceptance that the client is the best expert on her or his life, and can be trusted to make the right decisions.

Janine

After three weeks of false starts in setting up an initial therapy session, the doorbell rang on a Friday morning. On the stoop stood a very short, middle-aged woman with unkempt brassy-gold long hair. She wore a chartreuse, bouffant, floor-length skirt, knotted in several places around the hemline to prevent her from tripping. The laced opening of her white embroidered peasant shirt revealed some cleavage. A quivering, hesitant smile, and furtive eyes seemed to communicate fear – or at least anxiety. Warmth and curiosity seeped into my awareness, and I felt the openness of my heart.

Her feet dangled above the floor as she settled into the leather lounge chair in my office. Her eyes darted around the room and she pulled nervously at her purse and skirt, while I waited quietly for her to begin. The story that eventually unfolded was one of severe childhood abuse resulting, she said, in dissociative (her word) behavior. She described an inability to

trust almost anyone; a harrowing fear of death; low self-esteem; and recurring symptoms of PTSD. She disclosed some contempt for therapists and therapy, and gleefully shared her propensity to play intellectual games with the ones she had seen over the years as a strategy to avoid emotional depth or connection. I listened, nodding but saying little. A half hour into the meeting, she suddenly blurted out, “Oh, I cannot believe this! I really like you!” and burst into tears.

I have been doing this kind of work for years, and often have to fight off a twinge of anxiety when meeting a new client. “What will this person present? Will I be up to the job? Will we feel reasonably comfortable with each other?” This particular encounter was devoid of any such concerns. I was utterly without agenda, and open to hearing her distrust of therapists or anything else she chose to share. I felt like a seasoned client-centered therapist – through and through.

How does this happen? Graduate students ask this question often. It is, of course, a process, but it is a process that cannot be taught, it can only be learned. The learning occurs when the therapeutic relationship is grounded in person-centered values - a deep trust in each client’s actualizing tendency, therapist courage to be authentically present, and the maturity to offer a climate pervaded with empathy, congruence and unconditional positive regard. With those values in place, one does not have to worry about the client. S/he will prosper and grow in such a climate, deepening their experience of self and moving forward in their healing. Confidence in the authority of the client and the client-centered process allows the therapist to let go of any agenda.

To underline the radical implications of that theoretical statement, I will cite one of my favorite quotes of Carl Rogers, PhD. It appears in *Client-Centered Therapy* (1951). It challenges the therapist’s belief in the absolute authority of the client, and emphasizes the deep implications of the theory for the practice.

.....when the counselor perceives and accepts the client as he is, when he lays aside all evaluation and enters into the perceptual frame of the client, he frees the client to explore his life and experience anew, frees him to perceive in that experience new meanings and new goals. But is the therapist willing to give the client full freedom as to outcomes? Is he genuinely willing for the client to organize and direct his life? Is he willing for him to choose goals that are social or antisocial, moral or immoral? If not, it seems doubtful that therapy will be a profound experience for the client. Even more difficult is he willing for the client to choose regression rather than growth and maturity? To choose neuroticism rather than

mental health? To choose to reject rather than accept it? To choose death rather than life? To me it appears that only as the therapist is completely willing that *any* outcome, *any* direction, may be chosen – only then does he realize the vital strength of the capacity and potentiality of the individual for constructive action. It is as he is willing for death to be the choice, that life is chosen; for neuroticism to be the choice, that healthy normality is chosen. The more completely he acts upon his central hypothesis, the more convincing is the evidence that the hypothesis is correct (pp.48-49).

Conclusion

“If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth and change, and personal development will occur” (Rogers, 1961, p.33).

“Providing a certain kind of relationship” is the topic of this paper. It takes a look at how startling and unpredictable a direction ‘this type of relationship’ can take. It is a reminder that any person who sets out to be a client-centered or person-centered facilitator of growth will do well to spend a lifetime honing their capacity for the three conditions – genuineness, empathy and positive regard – as well as deepening their exquisite respect for the authority and personal power of the client/student/patient. It requires that facilitators abdicate all power-over, all expertness, all conviction of being the savior/problem-solver/hero of the work in which they are engaged. In other words, it calls for a deep engrained humility, a strong commitment to egalitarian power, a profound openness to and acceptance of the life and experience of ‘the other’, and an unwavering faith in the actualizing tendency.

References

Rogers, C. (1951). *Client-Centered-Therapy: Its Current Practice, Implications, and Theory*. Boston: Houghton Mifflin.

- Rogers, C. (1961). *On Becoming a Person*. Boston: Houghton Mifflin.
- Thorne, B. (2002). *The Mystic Power of the Person-Centred Therapist: Hope Beyond Despair*. London, England, Whurr Publishers.

From Gendlin to Rogers to Brodley to Bohart: My Evolution as An Integrative Person-Centered Therapist.¹

Arthur C. Bohart²

California State University Dominguez Hills

I want to thank Marge Witty for my introduction, and I want to comment on her quoting the African proverb that I use to introduce a chapter by myself and Karen Tallman (Bohart & Tallman, 2010) on the role of the client in psychotherapy: “Until lions have their historians, all tales of hunting will glorify the hunter.” That refers to the fact that in most stories about psychotherapy, the “hero” is the therapist who slays the monster of the client’s problems (Duncan & Miller, 2000). What we argued was that research shows that it is actually clients who make therapy work. They are active self-healers who use therapy to make that happen. Therapists are more like their assistants. With that in mind, I want to mention that Karen Tallman, who’s now my wife, does research for Kaiser medical foundation. She’s planning to start doing a study. She wants to contact people who have type two diabetes who have successfully managed to self-regulate on their own so they don’t have the disease anymore, and interview them about how they did it. What she is discovering as she’s doing the literature review preparatory to proposing the study is that with all the research on diabetes—and you can imagine how much there is out there because it’s such a horrible epidemic -- there’s almost nothing on the patient. It’s all on interventions that the medical community comes up with. It’s like no one bothers to listen to the patient.

This talk is about my journey as a person-centered therapist. The first thing I want to bring up is, why should you care? My answer to that is that I don’t have the faintest idea. I hope that what I say will reinforce what you already know or maybe help sharpen and deepen it. If you disagree, as I’m sure some of you will, I hope that will also help you sharpen your thoughts as well.

¹ Based on an invited presentation at the annual conference of the Association for the Development of the Person-Centered Approach, Chicago, IL, 2017. I wish to thank Marge Witty, Susan Pildes, and Carolyn Schneider for inviting me to speak. I particularly want to thank Bruce Allen who transcribed this talk from a videotape. I then went through it and revised and edited it.

² Arthur C. Bohart has been a member of the Person-Centered Community for 35 years and can be contacted at arthurbohart@gmail.com or abohart@csudh.edu.

From Gendlin to Rogers to Brodley to Bohart: My Evolution as An Integrative Person-Centered Therapist 17

The second thing I want to bring up is my debt to Eugene Gendlin, and I have organized the talk around that for that reason. Gendlin is the single most important person in my professional life. I would not be here were it not for Gendlin's work, and since he passed away a few months ago I wanted to honor him³. That doesn't mean I entirely agree with everything he did or said, but he had a huge impact on me as you'll see. Finally, some of this talk is based on an article I wrote a year or two ago, published in the *Journal of Clinical Psychology* "From There and Back Again" (Bohart, 2015).

So, to go back a little bit in time, it is now 1968. I'm a third-year graduate student. I've been doing therapy for two years. My clinical placement is at a school for kids with learning disabilities. At this point, my orientation is existential. I had started out as a graduate student as an existential psychoanalyst. I believed what I was supposed to do was to help the client get insight into their childhood, and to be more authentic. However, after two years of my own psychoanalysis, I had grown disillusioned with psychoanalysis. I learned a lot from it, in a funny kind of way, in a negative direction. I learned the utter impotence of intellectual insight, and because of that I dropped the psychoanalyst part, and in 1968 I was just an existentialist.

The problem was that there was no method to existential therapy, and I still felt I didn't know what I was doing. In terms of the client acting as a self-healer, it's really interesting because I didn't know what I was doing for two years, and my clients got better anyway. So, starting at this placement at the school, my supervisor was a Gestalt therapist and I got enamored of Gestalt. I was told that Gestalt was existentialism with a technology. Fritz Perls came and did a demonstration at UCLA. I was really impressed. It was in the days of hippies and he came out in front of this audience of psychiatrists and psychologists with bare feet in sandals, and with a piece of rope holding up his pants. I fell in love with Gestalt, but unfortunately it was more of a fling. It didn't turn into a long term relationship.

I became disillusioned with Gestalt for two reasons. One, it was too confrontational. The second reason is that it was self-contradictory. I was told that the goal was to help clients find their own paths. However, I had gone into Gestalt therapy myself, and, although I was told it would help me find my own path, I soon discovered, in one incident, that the therapist was

³ Gendlin passed away on May 1, 2017.