

"I have come to feel that the only learning which significantly influences behavior is self-discovered..."
 Carl R. Rogers

PERSON-CENTERED JOURNAL FOUNDED

The Network is delighted to announce that a scholarly journal of the person-centered approach will be published by SAGE Publications in February, 1986. The journal, titled the **PERSON-CENTERED REVIEW**, is the first journal published to represent the person-centered viewpoint. It will be published quarterly in the United States and abroad.

SAGE Publications, Inc. have published the works of more social scientists than any other publisher in the world. They publish close to 70 scholarly journals, over 20 annual book series and over 120 new book titles each year. SAGE's breadth of publications in the social sciences include the fields of anthropology, education, communication, criminology, family studies, international relations, psychology and sociology. Among their publications are: the Journal of Humanistic Psychology, Counseling Psychologist, American Behavioral Scientist, Family Issues and the Journal of Cross-Cultural Psychology. SAGE also serves the international scholarly community with its two affiliate companies in London and New Delhi.

The **PERSON-CENTERED REVIEW** was conceived and founded by David J. Cain, who is a clinical psychologist at the Counseling Center at California Polytechnic State University at San Luis Obispo, California. David has been a student, teacher, and practitioner of the person-centered approach for almost 15 years. He is a diplomate in clinical psychology of the American Board of Professional Psychology. David is also the founder of the Person-Centered Therapy Network and the editor of its newsletter, Renaissance.

The **PERSON-CENTERED REVIEW** will be staffed by an outstanding group of editors representing many disciplines and several foreign countries. Carl Rogers has been supportive of the founding of the journal and helpful in defining its scope and purpose. He will serve as a consultant and advising editor. Other members of the editorial staff include Nathaniel Raskin, Arthur W. Combs, John Shlien, Eugene T. Gendlin, Jerold Bozarth, Julius Seeman, Fred Zimring, Germain Lietaer, Peggy Mattello, Alice Elliot, Maurice Friedman, Alberto Segrera, Leif Braaten, Reinhard Tausch, Brian Thorne, Godfrey Barrett-Lennard, Maureen O'Hara, John K. Wood and Douglas Land.

The content of the journal will encompass counseling and psychotherapy, education, supervision and training and

CRITERIA FOR MAKING EMPATHIC UNDERSTANDING RESPONSES IN CLIENT-CENTERED THERAPY

BARBARA TEMNER BRODLEY

This paper is based on my way of functioning as a Client-Centered therapist. I offer ideas to generally like-minded therapists in hopes that they will find these ideas useful in their own work and when they teach new therapists.

As I understand it, Client-Centered therapy is a therapeutic practice based on the assumption that both the motivation for personal growth and the particular directions chosen for such growth are either within the client or arise from within the client (Rogers, 1951, Chapt. 2). It is also based on Carl Rogers' conception of the conditions for personal growth (Rogers 1957)--in particular the conditions of congruence, unconditional positive regard, empathic understanding of the client's internal frame of reference, (all of these are experiences residing in the therapist in relation to the client), and successful communication of empathic understanding to the client.

Following from these ideas and my own experience as a therapist, I view the primary goal of the Client-Centered therapist as providing, through an interpersonal relationship, the psychological conditions for personal growth, while preserving and enhancing the autonomy and self-regulation of the client. This conception of a therapist's goal emphasizes the non-directive element in the Client-Centered philosophy.

As a consequence of these general notions of the therapist's goal and its emphasis on non-directiveness, when I sit down to do therapy I give myself, in effect, (although not necessarily in an explicit way), the following instructions: (1) To experience and personally embody as much as I can the therapeutic attitudes of congruence, unconditional positive regard and empathic understanding. (2) To communicate empathic understanding to the client, for the most part through explicit empathic responses. And (3) to be willing to answer the client's questions as a person to a person without making judgements about the possible benefits or harm to the client in getting answers. These simple appearing instructions result in a very complex and often difficult



Continued from page 1

research as well as clinical and theoretical issues. The first issue of the journal will focus on the special contributions of the person-centered approach. Authors are invited to submit articles in any area of the person-centered approach for review to David Cain, Editor, at the Network address.

The journal will be available at a discount to members of the Network. Its cost will be incorporated into their 1986 membership dues.

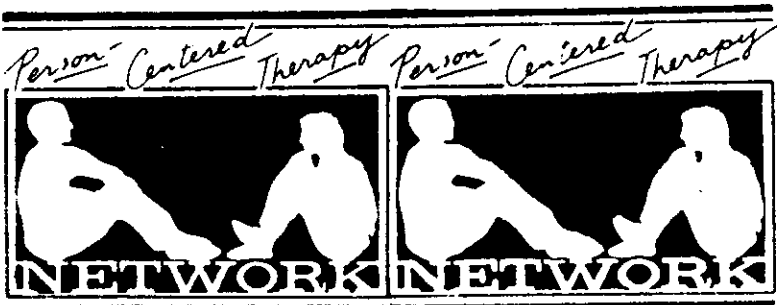
THANKS AGAIN BRUCE

On behalf of the Network, I would like to express my great appreciation to Dr. Bruce Meador for his generous personal and monetary support of the Network. He made a donation of \$200 to the Network this year, after having contributed \$100 in 1984. As I told Bruce, I can't wait for next year's donation!

EMPATHY

"Can I let myself enter fully into the world of his feelings and personal meanings and see these as he does? Can I step into his private world so completely that I lose all desire to evaluate or judge it? Can I enter it so sensitively that I can move about in it freely, without trampling on meanings which are precious to him? Can I sense it so accurately that I can catch not only the meanings of his experience which are obvious to him, but those meanings which are only implicit, which he sees only dimly or as confusion? Can I extend this understanding without limit?"

Carl R. Rogers



Continued from page 1

sequence of events and experiences for both therapist and client. Over the years I have continued to find these instructions useful, and the resulting experiences helpful to clients in fostering their growth and healing.

The question addressed by this paper arises out of one of Rogers' conditions for therapeutic change. The condition is that a successful communication of empathic understanding of the client's internal frame of reference must to some extent take place. If the therapist is to communicate empathic understanding (not only experience empathic understanding), then the therapist must, at times, make explicit empathic understanding responses. The question logically following from this, then, is -- when, or under what circumstances, or according to what criteria, should the therapist make explicit understanding responses? When should the therapist speak her understanding?

Some Client-Centered therapists believe that explicit empathic responses should evoke or stimulate the client's experiencing process (e.g., Rice, 1974). The criterion for explicit responses is based on the therapist's judgement about what is best for the client at the particular time or what the client needs.

In contrast to this criterion (involving the therapist making some judgement of the client's needs), I have developed criteria which are based on the wants or feelings of the therapist. I believe these criteria best achieve the general goal of producing therapeutic change while preserving and enhancing the autonomy and self-regulation of the client. Further, I believe that when a therapist makes judgements about the client's best interests, there is some risk or side effect that undermines the client's autonomy. I therefore believe that such judgements should be made as seldom as possible (and when made should be with the understanding of and permission of the client). The issue of the criteria for making explicit responses is one of many elements in therapeutic work where the principle of functioning in a manner that promotes client autonomy can be applied.

In order to introduce my criteria for making explicit responses, I wish to briefly review the typical events of the empathic interaction. First, the client makes a statement to the therapist expressing or describing some of his feelings, thoughts or life events. Such statements express something from the client's experience and from the client's own viewpoint that he wishes to communicate to the therapist (and often wishes also to say out loud to himself). Next, the therapist tries to receive the communication, taking it in until the therapist has it in her own experiencing process such that she feels she understands to some extent (or feels she does not understand). Finally, she may or may not, subsequently, make an explicit response to communicate her understanding back to the client.

I have come to think there are five different criteria for making explicit empathic understanding responses. I shall describe these criteria in terms of circumstances that may occur in the empathic interaction. Any one of these criteria is a sufficient reason for making an explicit response. The criteria are as follows:

1. When the therapist feels there is an ambiguity or imprecision or confusion located in the client's communication. In this case the client's statement has been experienced as somewhat unclear by the therapist, but clear or coherent enough for the therapist to attempt an explicit empathic understanding response. (If the client's statement is less than coherent to the therapist, the therapist should ask the client for a repetition or rephrasing of it). The client may or may not think or realize he is being unclear. But these criteria for explicit responses are from the therapist's point of view.



2) When the therapist feels uncertain about her understanding of the client's communication. This feeling of uncertainty is located in the therapist's reception of the communication, and it coexists with the feeling that the client's communication was clear and coherent enough for understanding.

3) When the therapist feels an impulse to express and communicate her understanding of the client's communication. This impulse, or feeling of wanting to express her understanding may have as its source the interpersonal and interactional nature of the psychotherapeutic relation. Inherent in an interpersonal interaction is an expectation of an exchange, or a back and forth character to the communication going on. Even when the interaction involves restriction to responses that express the client's frame of reference, the therapist may feel an impulse or desire to be responsive and expressive.

4) When the therapist feels she wants to help herself to establish the client's communication in her experience or memory. The therapist may feel a need to make an explicit response, even a very literal one, in order to help get the client's meanings incorporated into her own experience.

5) When the client asks the therapist if the therapist has been understanding him or asks if he (the client) has been clear in his communication to the therapist. Sometimes the client conveys, by a behavioral cue or an indirect expression, that he is wondering if the therapist understands him. In this case the therapist should first directly ask to find out if the client wants this questions answered.

All of the criteria for making explicit empathic responses, except for the fifth, have to do with the therapist. None of the five are based on any therapist judgement or assessment of the client's needs for a response. It is apparent that these criteria are non-directive in relation to the client and that the therapist's specific and concrete intention in empathic understanding is conceived as simply to communicate empathic understanding.

In presenting these criteria I would like it to be understood that I do not mean that the therapist should mentally run down the list of criteria, make sure that one of the criteria is met, identify it, and then and only then make an explicit response. Rather, my intention in presenting these criteria is to suggest that adopting these reasons for explicit responses will clarify to the therapist that she is not required to make judgements about the client or the client's needs in the empathic interaction. Adopting my criteria, before doing therapy with clients, will influence the therapist through an implicit process and should not be interpreted as a conscious decision process added to the therapist's task in doing therapy. Usually when listening to recordings of empathic interactions, the therapist can identify which of these criteria was operative for specific responses; but even then, when listening to recordings, it is not always possible to identify the operative criterion--and that does not matter.

In stating my criteria for explicit responses I have been talking about criteria that influence the specific and concrete intention of the therapist in making explicit responses. The therapist is not, specifically and concretely, intending to produce effects on or in the client when using my criteria. The therapist's specific and concrete intention is simply to communicate understanding to the client. Nevertheless, explicit empathic understanding responses, when made, may produce many different effects on clients. The point is that the therapist should not be attempting to manipulate the client's experience in any way. The therapist is, when making explicit responses, giving the client her understanding of what the client has been communicating. The impact or specific effects on or in the client are based on the power of the empathic statements themselves or on other causes in the interaction, the



situation, in the therapist or in the client, but not based on the therapist's intentions to produce such and such an impact or effect.

There are, of course, many possible effects of explicit empathic understanding responses on the experience of the clients. And these effects undoubtedly contribute to accomplishing the general purpose or goal in the situation--the healing and growth of the client. Some of the beneficial effects of explicit responses are as follows: The client may be reassured that the therapist is understanding him. The client's experiencing process may be stimulated, evoked or facilitated. The client may experience what is most important to him in what he has been saying. The client may feel less confused. The client may feel more motivations and feelings. The client may feel more coherent to himself. The client may feel more understanding of his motivations and feelings. The client may feel more self-accepting. The client may feel cared about or valued. The client may feel less alone or less alienated. The client may feel less different from other people or less strange. The client may feel supported by the therapist. And there may be many other immediate beneficial effects or impacts on clients from making empathic understanding responses. But the therapist should not intend to produce these or other beneficial effects on or in the client in her specific empathic interactions with her client. The therapist's specific and concrete intention should be only to communicate her understanding.

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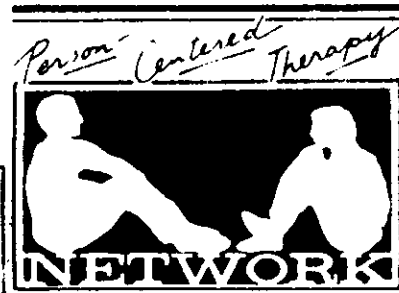
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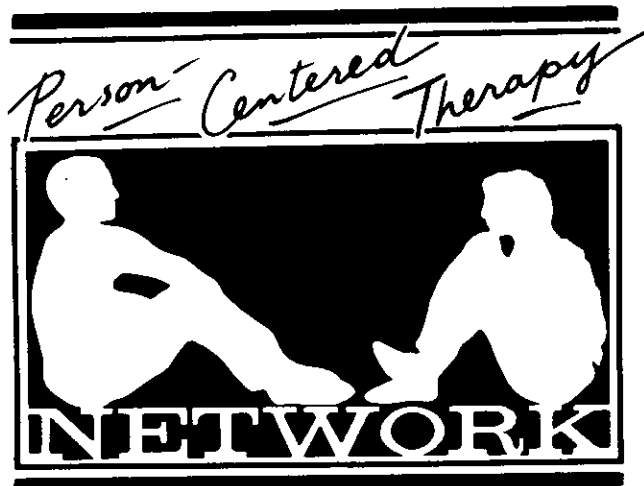
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NEWSLETTER STAFF

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CALL FOR PERSON-CENTERED TAPES

A library of audio and video tapes demonstrating person-centered approaches to therapy, supervision, consultation and teaching is being developed for distribution through the Network. We would also welcome tapes of talks or lectures you may have given. The tapes will be made available for purchase for a modest fee. Network members may purchase these tapes at a 10% discount. The client's last name, should, of course, be omitted from the tape.

Persons interested in submitting tapes for distribution should send the tape along with the following information about the client(s):

1. age, sex and brief description;
2. issue addressed or goal of the intervention;
3. a brief narrative indicating interesting aspects of the intervention including specific ways in which person-centered concepts or therapeutic styles are illustrated.

Persons submitting tapes will receive a small royalty for tapes sold. If the tape is of a lecture or talk, please indicate the topic, date, and the group addressed.

Persons submitting tapes will need to submit a release signed by the client which authorizes permission to copy and distribute the tapes to other therapists for professional use. The release must have the client's original signature.

Tapes should be submitted to:

David J. Cain, Ph.D.
 Person-Centered Therapy Network
 P.O. Box 3637
 San Luis Obispo, CA 93403

TAPE LIBRARY

1. **Dialogue with Carl Rogers**
 A dialogue between Carl Rogers and the participants in the Second International Forum for the Person-Centered Approach held in Norwich, England from July 14-21, 1984. The discussion is periodically translated into French.
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 2. **Panel Discussion of Client-Centered Therapy**
 A six member panel present their views on various aspects of client-centered/person-centered therapy during the Second International Forum for the Person-Centered Approach held in Norwich, England from July 14-21, 1984. Panel discussions include Drs. Barbara Temaner Jerold Bozarth, Nat Raskin, John Schlien, Carl Rogers and Leif Braatan.
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 Carl Rogers offers some of his thoughts regarding the distinctive aspects of the client centered/person-centered approach to therapy followed by a discussion with participants attending the La Jolla Program in July, 1984.
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 Dr. Bob Lee is a client-centered therapist, close associate of Carl Rogers and a member of the core staff of the recently founded Carl Rogers Institute of Psychotherapy, Training and Supervision. This session is with a middle-aged man attempting to modify his tendencies to be controlling. The session is followed by a discussion by Dr. Lee, the client and the participants of the La Jolla program held in July, 1984.
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 5. **Maurice Friedman on Martin Buber and Client-Centered Therapy**
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THE EVOLUTION OF PERSON-CENTERED THERAPY: "THE OHIO STATE YEARS" DAVID J. CAIN, EDITOR

On December 11, 1970, Carl Rogers gave a speech to the campus chapter of Psi Chi at the University of Minnesota entitled "Newer Concepts in Psychotherapy." During his presentation, Rogers stated "The aim of this newer therapy is not to solve one particular problem, but to assist the individual to grow, so that he can cope with the present problem and with later problems in a better integrated fashion...it relies more heavily on the individual drive toward growth, health and adjustment...In the second place, this newer therapy places greater stress on the emotional elements, the feeling aspects of the situation, than upon the intellectual aspects...In the third place, this newer therapy places greater stress upon the therapeutic relationship itself as a growth experience" (Kirschenbaum, 1979, p.113). The speech created a furor of criticism, excitement, praise and puzzlement. Rogers would later come to identify the date of the Minnesota speech as the birth of client-centered therapy. What first seemed to be a critique of the long-standing methods of the past along with some proposed advances would, in fact, form the basis of a new school of thought.

The "Ohio State" years (1940-1945) of Rogers' career were a formative and pioneering period. It was during this period that Rogers wrote Counseling and Psychotherapy (1942), a classic textbook on basic therapeutic issues, methods, the therapy relationship and the process of change. The descriptive terms "non-directive" and "client-centered" were introduced to underscore the therapist's belief that the direction and locus of control in therapy were clearly centered in the person seeking help. This was a radical shift from the interpretive and directive methods which were commonly employed at the time. As Seeman perceptively stated, "The enduring process which Rogers set in motion in 1942 was a reexamination of the nature of therapy...which continues to this day..." (In Wolman, 1965, p.1215).

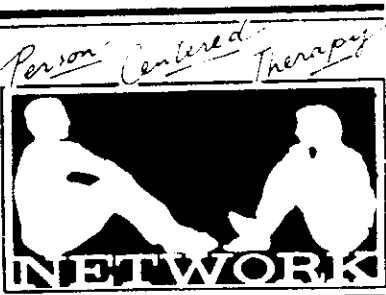
Rogers came to Ohio State University in 1940 at the age of 38. He entered as a full professor in the psychology department. In addition to teaching a full load of courses, he supervised counseling students, wrote several articles and counseled several students himself. Rogers established a practicum in counseling and psychotherapy in 1940 for graduate trainees which was apparently the first such supervised training offered in a university setting. These practicum courses were extremely popular with the many graduate students who were excited about what Rogers was doing. Their curiosity about the therapy process and desire to become effective therapists stimulated Rogers to formulate his ideas in a distinctive and original form. Many of the students Rogers attracted to him at Ohio State would become outstanding scholars in their own right. Among them were Arthur Combs, Nat Raskin, Victor Raimy, Virginia Axline, Thomas Gordon, Donald Grummon, Nicholas Hobbs, William Snyder



and others. Rogers and his students were pioneers in the early 1940's, experimenting with and refining the concepts and methods which would emerge as one of the most influential and controversial of therapeutic approaches. In his early stages of developing a "new" approach Rogers was quite critical of many of the approaches he saw at the time. A number of his proposals seemed to focus on what Rogers thought the therapist should not do or be. He was adamant in his belief that the therapist should not advise the client, interpret his behavior or attempt to direct or persuade the client to pursue a particular course of action. Rogers objected to these approaches because "they assume that the counselor is the one most competent to decide what are to be the goals of the individual, and what are the values by which the situation is to be judged" (1942, p.27). He further stated "...that the counselor cannot maintain a counseling relationship with the client and at the same time have authority over him." Rogers believed that "counselor-centered" therapy "may serve only to make the counsellee more dependent, less able to solve new problems of adjustment" (in Kirschenbaum, 1979, p.116) and more resistant to the therapist. It comes as no surprise that Rogers would introduce the terms "nondirective" and "client-centered" to describe the approach he preferred nor does it seem surprising to note that Rogers ruffled quite a few feathers by taking to task many of the respected authorities of the day for what he felt were outmoded and questionable forms of practice.

The therapeutic approach developed by Rogers in the early 1940's had many distinctive characteristics, a number of which continue to be basic to the practice of client-centered therapy. Rogers made a major shift in emphasis in therapy by focusing on the person of the client rather than on the problem expressed. Another shift was toward the feelings expressed by the client as opposed to the client's thoughts. The therapist attitudes of respect for and belief in the client's capacity for self-directed growth resulted in the therapist developing a dramatically different kind of relationship with the client. It was a relationship characterized by disciplined restraint and non-intrusiveness. The therapist as an individual stayed out of the relationship. Instead the therapist attempted to be a careful and understanding listener. To a large extent the therapist's task was technical in emphasis. While the therapist's acceptance of client was viewed as critical, the accuracy and effectiveness of the therapist's reflection and clarification of feelings was clearly the primary focus during this phase of development.

The response style of "reflection" has, for better or worse, come to be the most identifiable characteristic or perhaps caricature of client-centered therapy. Yet even in the early 1940's, the technique required as much of the therapist as a warm and sensitive human being as it required technical skill. The ability simply to reflect feelings was the most obvious, but not the most basic aspect of non-directive therapy. Kirschenbaum (1979, p. 138) states "With this kind of emphasis it should not be surprising that counselors came to think of counseling as the mere reflection of feelings. If one could learn this simple technique, he or she could be a counselor, or so it seemed...but...attitudinal elements were easily overlooked because of the preoccupation with technique. And the technique was not as easy as it seemed...One has almost to hear tapes of Rogers counseling clients to appreciate the subtle difference between reflection of feelings which convey genuine acceptance and a sincere desire to understand as opposed to those reflections of feelings which come off as rote, distant and superfluous responses."





Continued from page 5

Looking back on this period, one might ask "What was learned?" or "What were the contributions to the general field of psychotherapy and to the development of client-centered therapy, specifically?" Perhaps Rogers most enduring contribution was his demonstration of the power of listening. More than anyone before or after him, Rogers provided both clinical and research evidence that when the therapist listened to the client attentively and with genuine interest and conveyed accurate understanding of the client's world, then the client was more likely to pay more careful attention to his/her experience and develop a clearer sense of its personal meaning. The magnitude of this learning should not be underestimated as it continues to be one of the core elements of client-centered therapy. Rogers most controversial discovery was that the client had, within himself, the capacity for self-directed growth. This belief in the client's potential radically changed the nature of the therapist's relationship with the client. As Rogers stated, "The counseling relationship represents a quality of social bond which differs from any the client has heretofore experienced" (1942, p.86). The client-centered relationship was characterized by warmth, permissiveness, and acceptance of the client devoid of any attempt to mold his/her behavior. While other approaches may have recognized the desirability of a relationship which viewed the client as capable of growth, none took the extreme position that the client knows more about what needs to be changed and how to go about it than the therapist does. This basic belief in the client's potential for self-directed growth was the foundation upon which future discoveries were built.

Rogers and his students were the first to study the counseling process in depth. In 1940 the first audio readings of a therapy session were made on 78-rpm discs. These "live" and transcribed recordings provided case studies for training purposes as well as research studies. Though today we take for granted the usefulness of reviewing audio and video tapes for training purposes, Rogers was the first to demystify psychotherapy by bringing it out into the open for study. Finally, Rogers was a pioneer in carrying out and publishing research studies in counseling. Between 1940 and 1945 Rogers published approximately twenty articles while his students contributed a dozen more. More important, the research tradition established by Rogers and his students during this period has carried forward to the present to insure the continued development of client-centered therapy.

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HELP WANTED

As the Network has developed over the last two years there is more work to be done, much of it interesting and satisfying. The activities of the Network members could be better coordinated and shared if more members were actively involved. Therefore, the Network would like to involve six persons who are interested in being coordinators for the following geographical regions: Northeast, Southeast, Midwest, Central, Mountain, and Pacific.

Regional coordinators would be responsible for assisting the development of the Network in their area, reporting activities of members, contributing to the newsletter and expanding membership. In short, the regional coordinators would be involved in all aspects of the Network's functions. If you would like to help, please write to David Cain at the Network address.



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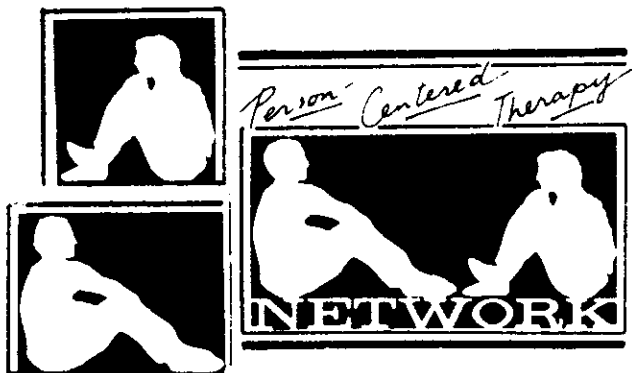
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REVIEW OF A CLASSIC

Carl Rogers' "Counseling and Psychotherapy"
Boston: Houghton Mifflin, 1942

Reviewed by Nathaniel J. Raskin, Ph.D.
Northwestern University Medical School

This book is easily underestimated because nondirective counseling, in retrospect, may be seen as emphasizing technique and as theoretically unsophisticated, compared with the detailed theories of self, experiencing and changes in personality organization which accompanied the development of client-centered therapy. The volume was written long before Carl Rogers had put forward his now classic "necessary and sufficient" therapist-offered conditions of empathy, congruence and unconditional positive regard. Even the word "empathy" is not to be found in the index, nor, I believe, in the entire book. Another factor making for an underestimation of the book may be Carl's ability to write simply about practices and processes which are in their realization, complex and difficult.

Carl's earlier book, The Clinical Treatment of the Problem Child, had provided a comprehensive survey of different methods of helping children. He had done this masterfully, and it helped win him a full professorship in psychology at Ohio State University. In "Counseling and Psychotherapy," Carl decided to present one approach, the one which made sense to him in his own experience, even though there was no clear market for the book. It actually helped blaze a trail which included new courses in counseling and psychotherapy, jobs in agencies for psychologists as personal counselors and therapists and psychologists as private practitioners. As commonplace as all these activities are today, it is difficult to believe that, at the beginning of the decade of the forties, they were non-existent.

Aside from its professional impact, this book is of major theoretical significance. It was the first systematic presentation of a counseling or psychotherapeutic orientation which relied basically, wholly and consistently on the client's capacity to be the writer, director and producer of the process of his or her own personality change. Carl had presented a bold and explicit formulation of this philosophy in his talk on "Some Newer Concepts of Psychotherapy" at the University of Minnesota on December 11, 1940. "Counseling and Psychotherapy" further differentiated and amplified the steps in the therapeutic process. It was the first example of what became a characteristic style of Rogerian presentation: "If you provide certain conditions, then this orderly pattern of change will result." In this original formulation, the therapist's input was defined mainly in terms of acceptance and clarification of feelings and the client's growth in terms of shift from negative to positive feelings, the development of insight, clarification of choices and the taking of positive actions.

While one aspect of the book was a kind of manual of practice and technique, Carl was just as clear that the attitude of respect for the individual had to be genuine, if the process were to occur. He did not believe that the therapist could function mechanically or falsely recognize and reflect feelings and attitudes. In this respect, the book foretold the therapist - offered condition of congruence which emerged in the fifties. "Counseling and Psychotherapy" also includes the core of self-theory which has to do with the admission and acceptance of "negative" aspects of self.



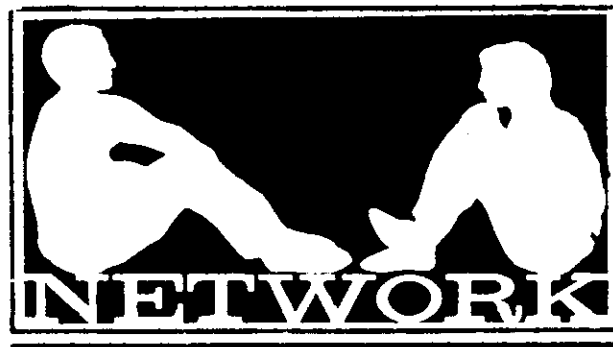
In some ways, the book reflects its closeness in time to a more traditional approach to the helping process. The objectivity of the counselor is stressed along with the importance of setting limits on client behavior, the practice of the therapist reveals the difficulty of giving up completely the gathering of information, and a significant amount of value is accorded academic psychological training and test information. On the other hand, these characteristics seem clearly vestigial in the context of what Carl regarded as most central. His method of summarizing a therapy interview was to list the feelings expressed by the client, in his or her own terms, and showed no interest in getting any kind of "diagnostic fix."

Carl applied this method to the "Case of Herbert Bryan," the verbatim account of which makes up the last 170 pages of "Counseling and Psychotherapy." This in itself gives the book a distinctive place in the history of psychotherapeutic literature. Related to this way of bringing psychotherapy "out of the closet" was the tremendous stimulus given to research on psychotherapy by laying out a kind of unretouched photograph of the therapy process along with a crystal-clear exposition of both the client and therapist elements in the process.

Ohio State became a veritable garden of research projects. The book describes Covner's demonstration of the value of phonographic recording and E.H. Porter Jr.'s doctoral dissertation project which demonstrated systematic differences between directive and nondirective counselors. This was quickly followed by the seminal investigations of Raimy, Snyder, Combs, Curran and others.

These Ohio State years included the beginning of my graduate work in clinical psychology. Being only 19 and representing my first experience living away from home in New York City, it was a terribly exciting time in general. The most exciting aspect, however, was being so close to and part of a new and practical movement which as based on a belief in positive potential and which started to overturn traditional concepts of authority, advice and leadership.

Person-Centered Therapy





PERSON-CENTERED ACTIVITIES AND EVENTS

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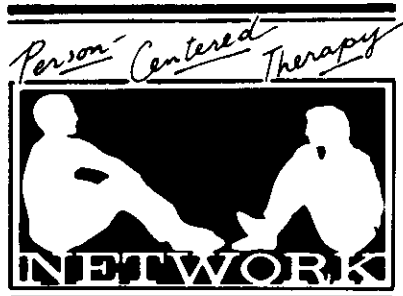
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