

RENAISSANCE

QUARTERLY NEWSLETTER OF THE ASSOCIATION FOR THE DEVELOPMENT OF THE PERSON-CENTERED APPROACH



Volume 5, Numbers 3 and 4, 1988

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

RESPONSES TO PERSON-CENTERED VS CLIENT-CENTERED?

BARBARA TEMANER BRODLEY, U.S.A.: Although the basic theory of the person-centered approach emerged from Carl Rogers' theory of psychotherapy, and although the task of this panel is to clarify the definition of person-centered therapy, I am choosing to participate by aiming to define client-centered therapy (not person-centered) and by setting client-centered therapy in the context of the person-centered approach.

The Person-Centered Approach.

This is Rogers most general level of theorizing in the realm of *persons*. Under this rubric any constructive human endeavor or situation can be influenced—can be done in a person-centered way (in contrast to other ways). This level of Rogers' thinking is very general, even philosophical, and thus open to many different interpretations as it is applied, deductively and intellectually, or applied and fitted to specific areas of life or work.

The Person-Centered Theory

The *actualizing tendency* is the basic assumption or axiom of the person-centered approach and all applications. The actualizing tendency is an organismic tendency, inherent in all individuals. It is the inherent tendency of the organism/person to grow, develop, realize potentialities, recover health, preserve self—as best they can under their internal and external circumstances. (See K. Goldstein, *The Organism*, as theoretical source for self-actualizing theory).

Other major theoretical elements or values that identify the person-centered approach are:

- Commitment to attitudes of respect for and trust in persons.
- Commitment to democratic values: non-paternalistic; sharing of power with all persons who are affected by the power; devising the least possible government; devising the least possible governing hierarchy; representation; self-determination; resistance to control from outside the person/group; requirement of processes of representation—no permission or consent to another is viewed as general and permanent; persons do not give up their authority over themselves because they are seeking help, instruction or guidance.
- *Commitment to constructive interpersonal attitudes.* There are the attitudes of congruence (honesty), unconditional positive regard (acceptance) and empathic understanding of the other from his internal frame of reference.

The Applications of Person-Centered Theory and Approach

The applications are unlimited. Person-centeredness can be applied to any life situation or work or task. Areas where it has been already applied, consciously, to some extent include the following: Psychotherapy and Counseling; specific areas of counseling and guidance such as rehabilitation counseling, educational counseling, vocational counseling; the psychotechnologies, such as mediation, focusing, hypnosis, gestalt techniques, cognitive techniques, behavioral techniques, dream analysis, relaxation, biofeedback, etc.; education; research; medicine, especially nursing so far; organizations of all kinds; etc.

In all the applications, the way in which the basic axiom and the other three values/theoretical elements are applied and developed depends upon several things, pertaining to the persons involved.

- Clarity about the basic theory and having the values developed in the personality or character of the individuals involved.
- Clarity about the specific areas of application, their goals and range of means.
- The creativity of the persons involved, their ingenuity and abilities.
- The degree or extent of freedom and opportunities available in the context of the application.

The Application of the Person-Center Approach to Psychotherapy.

The Person-Centered Therapies

There are many, not one, person-centered therapies. Psychotherapy can be viewed as an application of the person-centered approach and like other applications the elements of person-centered theory are applied to the task.

The distinctive element in person-centered therapies is in the fact that the constructive interpersonal attitudes are included in the conception of the therapy—to some extent, at least as a *contributing* cause in the therapeutic change which occurs. To call a therapy a person-centered therapy does not require that *the* cause of change be attributed to the necessary and sufficient conditions as theorized by Rogers.

Examples of person-centered therapies that are now in existence are: the client-centered/experiential therapy of Laura Rice; the experiential therapy of Gendlin; the pre-therapy of Gary Prouty; person-centered gestalt therapy; person-

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centered psychodrama; N. Rogers expressive therapy; hypno-counseling; the person-centered therapy of Maria Bowen; client-centered therapy; etc. (it may become necessary to distinguish among CCTs.)

Client-Centered Therapy

This conception of the defining, elements or parameters of client-centered therapy is based on Rogers' theorizing through his writing of the article on the necessary and sufficient conditions of therapeutic personality change (1956-57) and through his major theoretical paper published in the S. Koch 1959 book, *Psychology: A Study of a Science*, Vol. 3.

The cause of change (as it is sourced in the therapist) is the relationship characterized by the therapist's attitudes:

- *The experience of congruence* (an experience, not action).
- *The experience of unconditional positive regard.*
- *The experience of empathic understanding of the client's internal frame of reference.*
- *The client perceives the therapist's attitudes of unconditional positive regard and of empathic understanding.*

This element implies that the therapist has communicated these two attitudes in some manner. It does not specify the manner. Also, note that the theory does not assert that the client perceives the congruence; thus its function is understood to be in relation to the therapist's internal, experienced condition.

The theory of therapeutic change can be filled in (in attempts to develop client-centered therapy) but not added to. No principles which are contradictory to or not contained implicitly within the conditions can be added and still call the therapy "client-centered." But there can be contradictory and additional theoretical elements and the resulting therapy be considered a person-centered therapy.

The processes or mechanisms of change are *things that happen* as the client adopts the therapeutic attitudes towards himself and towards others. (Rogers refers to this conception of the mechanisms of change in *A Way of Being*, but it is not filled in.)

The *non-directive attitude* is ubiquitous in the experience of the therapeutic attitudes and their expression. Expressed in positive terms, the therapist's intention with his client is to understand empathically. There is no other specific intention on the part of the client-centered therapist other than to understand empathically. No purposes, goals, or theories of personality, therapy or the nature of man are at work in the interaction of the therapist with his client. The therapist's personal goal is to live the therapeutic attitudes, informed by the non-directive attitude, as best he can with the particular client.

The empathic understanding response process is the most likely form of client-centered therapy, assuming the client is self-presenting to the therapist. Empathic understanding response process refers to pure empathic following of the client by the therapist such that the therapist has the experience of empathic understanding of his client. The therapist makes empathic understanding responses/reflections, asks questions only for clarification or makes summaries of his understandings in the form of tentative assertion/questions. These verbal responses, along with the therapist's presence embodying his intention to understand, his acceptance and his congruence, create the therapeutically effective conditions for personal change in the client. The reasons for making empathic responses are only to check understanding and for a vehicle of therapist expression in the relationship. On the client side of empathic understanding response process, the client self-presents and self-expresses

and responds to the therapist's empathic presence and communications with further self-exploration. The client perceives the therapist's therapeutic attitudes, feels understood and feels accepted.

The therapist responds to questions in a direct manner, never avoiding questions by assuming an attitude of authority over the client or presuming to know what the client needs or wants. If questions or requests of the client are not obliged by the therapist this is explained in a direct person-to-person manner, the authority of an expert about the client is not assumed or acted upon in client-centered therapy.

Empathic understanding emphasizes *understanding* in the sense of immediate to the client's present attempt to communicate or represent himself. Other forms of empathy are not employed unless they are intended as empathic understandings and the therapist has reason to believe they are likely to be understood in that way by the client. Guesses, "intuitions," speculations, personal disclosures of the therapist may be part of an empathic understanding response process if the therapist means them in that way and the client understands that meaning.

Client-centered therapy involves the development of the therapist's attitudes and sensibilities within these parameters, as he develops himself as a client-centered therapist.

NAT RASKIN, U.S.A.: I would begin by accepting the classic triad of "therapist-offered" conditions: empathy, congruence, and unconditional positive regard. I think Jerold Bozarth's formulation that these conditions are *sufficient but not necessary* adds to the meaningfulness of the phrases "client-centered" or "person-centered," since this recognizes that clients can grow in less than optimal conditions.

The three conditions express a profound trust in the self-directive power of the client.

It took about one decade, from 1940 to 1950, to recognize the personal importance of the therapist in the therapeutic equation. In other words, the concept of the therapist changed from one who was a skilled respondent to the client's feelings, to a participant in a person-to-person relationship. So we started with a *sensitive* therapist, expanding this to a *caring* therapist evidencing UPR, and then introduced the condition of *genuineness*.

With this fleshing out of the therapist as a person, we had not only a client who could be trusted, but a trustworthy therapist, as well.

One way to show trust in the therapist is to respect his or her way of implementing the three conditions. This might bring into play different ways of expressing empathy, the use of intuition, or self-disclosure. All this can be done while maintaining the same basic respect for the self-directive capacities of the client.

The therapist may go further and, in a spontaneous and non-systematic way, offer reactions, suggestions, ask questions, try to help the client experience feelings, share aspects of his or her own life, etc., while maintaining a basic and continuing respect for the client as architect of the process.

This may represent person-centered therapy at its optimal level, with a freely functioning therapist accepting the client as leading the way while not being bound by a set of rules.

Some therapists who designate themselves as client- or person-centered *systematically* try to help the client with particular functions, such as focusing (Gene Gendlin), dealing more effectively with characteristic interpersonal difficulties (Laura Rice), learning to be more empathic (Tom Gordon). Such approaches overlap with person-centered theory and

practice and may be quite effective but, for me, represent a departure from person-centered therapy. The difference is that these practitioners have a preconceived notion of how they wish to change the client and work at it in systematic fashion, in contrast to the person-centered therapist who starts out being open and remains open to an emerging process orchestrated by the client.

PEGGY NATIELLO, U.S.A.: I have not felt a need for this distinction. As far as I know, Carl was unwaveringly consistent in his views about the theory of client-centered therapy and the person-centered approach. The theoretical ground did not change from one to another. The populations and objectives may have changed, but the approach was always based on the belief that

Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided. (1959)

Where I believe we need a distinction is between the person-centered (or client-centered) approach and approaches that are based only on *person-centered values* (genuineness, empathy, and positive regard). In my experience as a trainer of person-centered facilitators, I find great confusion in that arena. Many persons claim to be person-centered who bring genuineness, empathy and positive regard to the facilitative relationship. They identify the necessary and sufficient conditions as the whole theory! They fail to include the basic hypothesis. Far too often, there is no deep belief in "the vast resources for self understanding and for altering their self-concepts, basic attitudes, and self directed behavior."

When that belief is missing, the facilitator falls into the role of guide, expert, helper. Non-directiveness goes out the window. The balance of power then lies with the facilitator rather than the client or other. This results in a real departure from both the theory and the practice of the person-centered approach.

ELIO NACMIAS, France: I am glad to be able to reply to your invitation for responses to questions raised at the last annual meeting of the association in New York, and I avail myself of this opportunity for presenting my general reflection on some of the issues at stake in the person-centered world, as it emerges to me after having participated last year to the the third Forum at La Jolla and, just recently, to the International Conference on Client-Centered and Experiential Therapy in Leuven, Belgium.

Beyond his having been a Therapist, a Psychologist and a Philosopher, Carl Rogers appears to me in his essence as being a great *Humanist*. What is more is that the quality of his humanism was derived from his intimate knowledge of the human condition, out of his experience as a Therapist. In other words, contrary to most other forms of speculative humanism, Carl's was a *pragmatic* one, a sort of love of the human being, rather than love of mankind.

An evidence of this quality is given by the fact that *Carl Rogers' psychology* is the only one capable of touching the general public, the man in the street in his everyday life, contrary to the other great psychological trends such as the Freudian, the Jungian etc. which only interest narrow circles of specialists.

As a consequence of that, I think that we, as therapists or as counsellors, ought to be concerned not only about the development of research in therapy within the person-

centered approach, but also about the development of person-centered approach as a general attitude, among ordinary people in their quest for a more fulfilling life.

As a direct response to question Nr.2, I would say that the Leuven Conference provide a striking illustration of the diversity of *forms* of therapy *within* the person-centered approach. To me, client-centered therapy is but *one* of these forms, and may be distinguished as such. Let us not confound the essence and the form. Research in therapy (which includes client-centered and other forms of therapy) is probably the most selective way to develop awareness and cognition of the process in becoming a person, whereas the field of application of the person-centered approach is *man* as a whole in his relationship to himself, to the others, and to the universal. Both fields are interconnected and interfostering.

CURTIS GRAF, U.S.A.: I see no advantage to broadening the definition of the person-centered approach to include the various "psychotechnologies", regardless of whether they adhere to humanistic values or not. And I do see that broadening the definition is a real danger to the integrity of the person-centered approach. I am not convinced by Barbara Temaner Brodley's arguments for there being "not one but many person-centered therapies" such as "focusing, hypnosis, gestalt, cognitive, behavioral, etc." Furthermore, I am confused about why Barbara and others even have the need to consider such thing?

In my opinion, the fundamental and unique characteristic of Rogers' client-centered/person-centered approach is his adherence to the principle of shared power and egalitarian relationships. This principle was inherently present in Rogers' work from the beginning in non-directive counseling, and explicitly present by 1977 when he published *On Personal Power*. Rogers did broaden the application of the client-centered/person-centered approach from one-to-one therapy, to small and large groups, to organizations, to cross-cultural groups, and so on. But to my knowledge, Rogers never deviated from his basic principles by advocating the use of psychotechniques as alternative forms of his methodology.

The use of a technique fundamentally involves a power differential—a manipulation—and every humanistic approach that I am aware of includes some form of technique or manipulation, other than Rogers' approach which is exclusively unique in this respect (except when people make "reflective listening" a technique and thereby destroy the integrity of the approach). I am deeply disturbed by helping professionals who seem to think that because they care about people and/or *give* people the choice to experience a particular technique, they are thus working in a client-centered/person-centered way (as Rogers defined it).

I think it is important to note, however, that I never personally experienced Rogers excluding people who use psychotechnologies from person-centered workshops or meetings. I too would not want to be a part of any group who excluded people because they chose to work with psychotechniques, but I am opposed to calling those techniques person-centered. I want to be inclusive of other people and accepting of other ways of working, without calling every way of working person-centered if it does not adhere to the principle of shared power.

In summary, my primary concern is that Rogers' principle of egalitarian power will be discarded, if we who allign ourselves with the client-centered/person-centered approach fail to recognize this principle as a crucial aspect of defining the boundaries of Rogers' approach.

MARLIS PORTNER, Switzerland:

Client Centered Therapy and Person-Centered Approach

There is a difference between client-centered therapy and person-centered approach. To be aware of it is crucial for working in a person-centered way in other fields than psychotherapy. Not to be clear about this distinction very frequently leads to disappointment and withdrawing from the person-centered approach.

Both branches are valuable and helpful in themselves, and also underestimated. They could find a more solid ground and spread out more widely if not only their common base but as well their difference would be emphasized and known better.

I will point out a few general differences between psychotherapy on one side and other professional fields on the other. This basic considerations may also give some guidelines for further differentiation between the different fields.

Where is the equality and where is the difference between client-centered therapy and person-centered approach in other professional field?

Equal is the *trust* in each individuals inherent potential to learn, to solve problems, to grow. *Equal* is also the *attitude* of the therapist/facilitator based on the three conditions: *empathy, unconditional positive regard, congruence*.

Different is the *focus* of this attitude, the *purpose* of working together and the *frame*. This implies a *different relationship* between the persons involved.

Client-Centered Psychotherapy

- the purpose is the growth-process of the client, the changes in his/her self-concept
- the focus is on this internal process of the client, on his his/her becoming aware of his/her potential to improve the self-concept

RESPONSES TO POWER, DECISION-MAKING AND RENAISSANCE

ELIO NACMIAS, France: This is why, in replying to question Nr.3, *Renaissance* seems to me as being the right place for exchanging ideas, personal experience and information related to the development of the person-centered approach in the world, which is, I believe, the aim of the Association. Isn't that the scope of a newsletter? For instance, I have been impressed by the publication of personal responses to the last annual meeting in New York, which made me feel as if I had been a participant to it. Likewise, I have been interested in reading announcements and information about what is going on in the person-centered world.

One problem however arises as to the language: can we accept that readership of *Renaissance* be confined to the English-speaking world, thus excluding for instance the French-speaking community? Would a French extension of the ADPCA with its own newsletter be a solution, I don't know. I would appreciate receiving suggestions in this respect from the Enabling Committee.

Finally, as to how we use power and how decisions are made (question Nr. 1), my response is simple: so long as we are motivated by the *essence* of the person-centered approach, we should not be fearing our individual diversity in *forms* of action or decision taking, provided it should not induce any sort of power over the rest of the community. On the other hand, considering that a specific form of application of the person-centered approach (such as, for instance, client-centered therapy) is *the* only one that does not

- the frame is the setting of the therapy session. In general the therapist is paid by the client
- the relationship within this frame is one-sided, exclusively orientated towards the needs of the client

Person-Centered Approach in Other Professional Fields

- there is an external purpose, such as learning a specific matter, solve a defined problem, fulfill a determined task, work together in a team
- the focus is on facilitating the involved persons' potential to achieve the given purpose
- the frame is defined by the organisation, the working conditions, the hierarchy etc. In general the facilitator is not paid by the other person but by the organization, or even they both (or the whole group involved) are paid by the same organisation
- the relationship is not just one-sided, there are other needs involved (or the organisation, other staff members, the facilitator).

It is obvious that working with the person-centered approach cannot mean to transform any given professional (or personal) situation into a therapeutic one. It means within the given frame to let have the involved persons as much margin as possible to develop their potentials and find their own ways to achieve the purpose. The reproach often made to the person-centered approach to manipulate, or on the other hand to foster the illusion of choices where there are none, is mainly due to a lack of this clearness. To reach it is an on-going process which should be part of the person-centered work. To deal with that process will be a major task as well in thinking about theoretical aspects as in training the practical application of the person-centered approach.

“violate” the approach, might lead to establishing a dogma and to the shaping of a sort of “leadership” over the person-centered world, following the death of its inspirator, a danger we should be aware of.

CAROL WOLTER-GUSTAFSON, U.S.A.: Who decides what for whom is a critical question if our person-centered association is to continue. I need to trust the people who make decisions effecting me. I know firsthand that distrust is alienating. Witness the past presidential election in the U.S.A.

So where are we in our trust building process? I believe that face-to-face in New York, we accomplished quite a bit of trust building. Substantial information was exchanged. I also know that two enabling committees have done serious work in articulating and refining our choices, but there is more work to do.

Say, for example, Curtis and I want to send out 3000 additional newsletters. Is that a financial choice you would approve? Money and power are linked. How we act reflects our choice of autocratic or shared power. I want the latter.

I have two proposals. 1) To support the suggestion made in New York to dedicate several days to our Georgia ADPCA meeting for grappling with these political issues. 2) In the meantime we use *Renaissance* to declare any initiative that would have impact in the larger community. We may not get consensus but at least our actions will be transparent.

REGINA STAMATIADIS-REINHARD, Switzerland: The Association for the Development of the Person-Centered Approach has a remarkable history already: a glorious first meeting in Chicago, a fascinating business meeting in La Jolla, a rich and stimulating meeting in New York, a most valuable Review and News Letter and whatever you may want to add. The Association is precious to me. And out of this feeling I am formulating the following wishes:

- may the *Association* remain *inclusive*: in the sense that people committed to whatever area of application of the person-centered approach can feel at home;
- may it remain *freeing*: in a way that we can choose to be understanding, caring and genuine with each other—that we do not have to, if we need to look after ourselves in other ways;
- may it remain *tolerant*: in the sense that we allow each other to have different priorities which for some may be experiencing, for others thinking, for others developing organizational lines, and so forth. To facilitate communication I wish for myself to be transparent as to when and what is my priority;

- may ADCPA remain a *life enhancing, professionally enhancing and spiritually enhancing* community.

(In response to the Enabling Committee's heading, Organizational Structure and Operating Procedures)

- A board of equals, no president, with one person alternately functioning as coordinator (as in Swiss government model).
- Identify tasks to be done, and persons willing to be responsible—e.g., publishing *Renaissance*. Agreed upon persons are considered, "Ministers of their department" and entrusted with decision-making power; they may consult the other agreed upon persons (multilogue). Finances are discussed at ADPCA meetings: persons responsible will know what they may spend if they need to. Persons declare for what length of time they want to assume responsibility.
- Provide space in *Renaissance* for members to formulate question, suggestions and objections concerning the association.

OPPORTUNITIES

The Carl Rogers Institute of Psychotherapy Training and Supervision

The goals of the Institute are to provide extensive training and supervision for trainees, interns, and practitioners, to offer low-cost psychotherapy for the San Diego community, and to develop a network of clinical and other scholars whose principal focus will be the study, research, and development of client-centered psychotherapy. A special feature of the Institute is to provide instruction and training designed to maximize the effectiveness of practitioners when working with persons from culturally diverse populations. The Institute will conduct four training programs each year. Regular programs, four months in duration, will be offered each January-April, May-August, and September-December. A special one month intensive program will be offered once each year, usually in January. For more information, write to Norman E. Chambers, Center for Studies of the Person, 1125 Torrey Pines Road, La Jolla, CA 92038 (619) 459-3861.

In-Depth Training Program in the Person-Centered Approach

The program is designed to bring together person-centered theory and practice in an interactive group process. The theoretical content will include the basic hypothesis, attitudinal skills, and underlying philosophy of the person-centered approach; past and present research studies; and application of the approach to institutional and social change. The format consists of ten monthly weekends per year, beginning in October and ending in June.

Carl Rogers wrote about this program: "To a surprising degree, this program provides a situation in which professional skills and personal growth are both enhanced within the same group. In my judgment, it is an excellent laboratory for producing growing professional persons."

Staff: Peggy Natiello, Curtis Graf, and guest seminar presenters. For brochure, write to either Curtis or Peggy at PO Box 271, Port Jefferson, NY 11777 or call (516) 331-2061

Fourth International Forum for the Person-Centered Approach

August 5-12, 1989, Rio de Janeiro, Brasil. For information write, Marcia Alves Tassiari, Rua Fonte da Saudade, 87 Lagoa, 22471 Rio de Janeiro—RJ Brasil.

Lower airfares to Brazil for our 4th International Forum next summer can be arranged by obtaining group rates. Ann Weiser has done some homework on group rates and is willing to do more if we provide her with some information. Drop a note to Ann Weiser, 5825 Telegraph Ave #45 Oakland, CA 94609. Tell her 1) your departure point; 2) the number of people you expect to travel with you; 3) when you wish to depart.

Thank you Ann for helping us out!

Third Annual Meeting of the Association for the Development of the Person-Centered Approach

The Association for the Development of the Person-Centered Approach will be holding its annual conference May 25th through 28th, 1989 outside of Athens, Georgia. Interested persons should contact either Jerold Bozarth or Dottie Morgan at UGA, Counseling and Human Development Services, 465 E. Clayton St., Athens, GA 30602 (404) 542-1812.

Georgia Workshop

The Person-Centered Studies Project of UGA will be holding its annual workshop at Warm Springs, GA 02/15/89-02/19/89. This will be an experiential workshop. Interested persons should contact either Jerold Bozarth or Dottie Morgan, UGA, Dept. of Counseling and Human Development Services, 465 E. Clayton St., Athens, GA 30602 (404) 542k-1812.

Second Invitational Conference

The Qualitative Interest Group at the University of Georgia is holding its Second Invitational Conference: Teaching and Learning Qualitative Research, in Athens, Georgia, January 5-7, 1989. The keynote speakers will be Stephen J. Ball, lecturer in the sociology of education at the Centre for Educational Studies at King's College, London, and Robert C. Bogdan, professor of special education and sociology at Syracuse University. Other speakers will be: Margaret Eisenhart, University of Colorado, Ivor Goodson, University of Western Ontario, Rosary Lalick, Virginia Polytechnic Institute and State University, Judith M. Meloy, Connecticut Department of Education, Leslie Roman, Louisiana State University, Rodman B. Webb and Sally Hutchinson, University of Florida, and Gail Weinstein-Shr, Temple University. For information contact Judith Preissle Goetz (phone 404-542-6489), Social Science Education, Tucker Hall 413, University of Georgia, Athens, Georgia 30602.

Family Therapy in The USSR

From May 26th until June 9th, 1989, Becky Jenkins and I will

be co-leading a small group of experienced family therapists to Moscow, Vilnius (in Lithuania) and Leningrad. This trip will be a working trip with opportunities set up in all three cities to share our approaches to family therapy and exchange ideas and expertise with Soviet colleagues. The trip is under the auspices of the Association for Humanistic Psychology which has established close relations with Soviet colleagues over the last decade. Before Carl Rogers' death, he conducted an in-depth "person-centered" training program in the Soviet Union which won the hearts and respect of many. As a result of this connection and other outreach on the part of AHP from the beginnings of the citizen diplomacy movement, there is a great receptivity in the Soviet Union to AHP delegations.

Sincerely yours,

Maryhelen Snyder, Ph.D.
Clinical Director
Relationship Enhancement Institute
422 Camino del Bosque NW
Albuquerque, NM 87114

PERSONAL NEWS

Congratulations to Dave Mearns and Brian Thorne for their recently published book entitled, *Person-centered Counseling in Action*. Positive reviews are rolling! Available through Sage Publishing.

From Elio Nacmias, France: Upon the initiative of our coordinator for France, Elio Nacmias, and with the full support of Andre de Peretti, a group was formed in October 87 with the idea of finding ways to develop the person-centered approach in that country. It was then estimated that the existing centers conveying that approach, one way or another, had no means of communication between them and thus were left without resourcing possibilities to sustain their work. It was agreed that something should be done to facilitate communication between those isolated poles, without interfering whatsoever in their specific conception and application of the person-centered approach.

To this effect, a general meeting of the French "rogerian" community was convened and held in February 88 in Paris, to coincide with Carl Rogers' death anniversary. The gathering was a success, with 130 participants from all over the country being offered to renew with the person-centered approach through presentations from eminent promoters of Carl Rogers' thinking and practice, such as Andre de Peretti and Max Pages, through encounter and topical groups, through information given about the existing activities, training possibilities and centers involved in the person-centered approach. On closing the meeting, Andre de Peretti, while encouraging all initiatives in favour of the person-centered approach, insisted again on the necessity of *avoiding whatever form of "orthodoxy"* in representing Carl Rogers' philosophy or "teaching", as being contrary to the very essence of his thinking. Let Carl's spirit spread in as many forms as could be actualized by those who have been influenced by his way of being and acting.

Some six months after that meeting, there is evidence of a renewal of interest in many French circles about what we call here the "Rogerian approach" (rather than the "person-centered approach"). Workshops, seminars, training programs are being offered and meet support. The group originally formed by Elio and Andre has attracted newcomers, will

ing to join our efforts in its ongoing action to provide information, letter networking etc. Undoubtedly, the person-centered approach is paving its way towards being more influential in many areas of the French social life, particularly in psychotherapy, education, health institutions and, to some extent, in organizations.

From Grace Chickadonz, U.S.A.: We were very pleased with our empowering workshop and have scheduled another for next summer. We're also considering offering a separate one for nursing faculty. It is exciting to see the ideas and experiences we've had with Carl Rogers working with nurses helping us to feel more confident about ourselves and our work.

From Joseph Telkes, Hungary: I would be very grateful to you if you could give me some help in one of the following problems.

1. Hungary, a 10 million East-European country, has to face a new economic crisis. Now we have more freedom and many of us just began to look for methods of some kind of reform both in our personal (mental and spiritual) and professional lives. People here will not afford themselves to go to a psychologist or to use other expensive treatments. I have decided to experiment with self-help methods but neither I nor other Hungarian professionals do not have much experiences in this line. We need very much tools to renew our own personality and relationship development, child rearing practices, community organization and networking. I would like to ask you to send us any kind of information such as self-help materials (books or tapes) or to help to get in touch with professionals, programs and organizations related to this field.

2. I have another plan about which I would like to know your opinion and have your suggestions. From January, 1989 I would like to publish an English language Newsletter entitled 'Bridge' which would be a tool for exchange of ideas about self-help, interpersonal and transcultural communication. It would be a forum for professionals and other interested people to exchange ideas about peace, moral prob-

CONVERSATIONS WITH CARL ROGERS:

In-Depth Training Program, Port Jefferson, NY, September 1981

Carl: I would not want this experience or the one in LaJolla to be a place where you are sold the person-centered approach. I would have no objection to people saying, "Here's my experience of teaching a class, or of working in therapy, and here are things that I've found effective. And the things I've found most effective are person-centered."

Questioner: It's connected with that unanswered question about dogma. When something becomes more clear, how can we keep it from being reified and from being sold.

Carl: Mmm. That's one of the deepest questions, I feel, because it applies to ideas, to institutions, and most things. You start something that is free and open, and within ten years people become rigid with it. I've often wondered what Freud was really like. As I understand it, he was always thinking new thoughts, and off in new directions. But then his thinking gets rigidified into a monolithic approach. I don't know . . . we need to be continually rediscovering the truth. It's one reason why I get scared—very much frightened—when people say, "Well, I don't think that's person-centered!" If you're talking about your experience, and what happened then that's the fact that's of value . . . not whether it's person-centered or not. Who cares?

Questioner: It strikes me that your commitment to there not being a specific way-of-being that is person-centered—that the process and way of being are very loosely defined—may be the origin of the criticisms that the pca is non-specific, anti-intellectual. "Well, they don't say anything." That openness, that flexibility, that lack of rigidity may be the very thing that people have such a hard time dealing with.

Questioner: Because that's what an expert is. An expert knows all the rules, all the facts. That's what you do when you get your degree—get to be an expert. And if you don't say, "this is the truth", then you don't know anything.

Carl: Whereas, every real scientist—*real* scientist—knows that whatever he knows is very tentative and open to disproof at any moment.

I think I said this yesterday, but if I did, I'd like to say it again. A theory is very valuable if you formulate it yourself.

Personal News *Continued*

lems, human nature and healing possibilities of personal and community suffering. I would like to publish information about our efforts, here, in Eastern Europe to develop more fruitful methods of health prevention (in broad sense). The *Bridge*' most important task will be to help to organize personal contacts between human service professionals from East and West (letters, addresses of organizations, etc.) The newsletter will be published also in Hungarian and later, perhaps, other languages.

I ask you to send me any kind of suggestion related to my ideas. Could you give us any kind of support? Would you mind to spread this information among friends and colleagues? (If you have a Journal or Newsletter, please publish this letter. If you have address lists, spare or superfluous magazines, please send it to me.) Are there any information you would like to publish in *'Bridge'*? Could you imagine some other kind of collaboration? Please write if you are interested in this project and share in the values of my personal statement. Thank you for this help in the hope of a Better Future!

And I would hope that people in this group would formulate theories for themselves as to what they're finding out theories that grow out of making sense of their experience. At the moment that somebody else's theory gets used as the "truth", then it is a real danger. It is a horrendous evil.

Questioner: I want to change the focus now. I want to talk about the blending of the cognitive and affective. I was really interested yesterday when you did a demonstration interview with Barbara to see that you focused on feelings. I was wondering in therapy, when the cognitive would come into play. Would you work in the affective and then summarize cognitively in order to give the person an understanding of what you have been doing in the process of therapy? How do you see that blending.

Carl: I don't know if I can justify this, but my reaction is that I probably wouldn't do what you have just described.

Questioner: Yet you try to do that in learning. I see therapy as a learning process.

Carl: Yes, I see therapy that way, too. My own feeling is—I'm trying to think this through and I'm not sure of my answer.

The client usually begins to formulate the cognitive aspects of what s/he has been through for herself or himself. And that constitutes the early personal theory of process. And yet I also know that sometimes reading about therapy has solidified that or helped clients to conceptualize in ways they haven't thought of before. I don't know any rationale for this answer, but I would be glad to have a client reading some books on client-centered therapy while going through it. But I'm pretty damn sure I wouldn't myself bring it into my interaction. I think it's because I believe the real blocks to living are really cognitive, but are usually experienced affectively. I've never said that before, and don't know if it's true. But it seems to me you don't usually get into a jam or a depression because of cognitive issues. Those may perplex you, or be exciting—but they don't stop your life process. Emotional hangups and such can.

CO-EDITOR'S NOTES

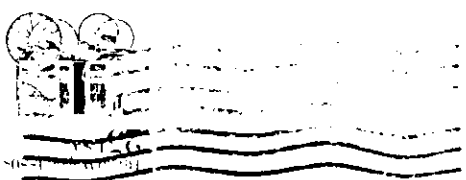
You've received a double-issue of *Renaissance*. We've decided to combine issues three and four based on the responses we raised in the last newsletter. Also, with startup wrinkles to iron out and three issues due when we took over, it seemed a logical choice. Issue three will focus on the following: 1) Questions of how we use power and how decisions are made? and 3) What visions do we have for *Renaissance*? Issue four will focus on: 2) Is it necessary to make a theoretical distinction between the person-centered approach and client-centered therapy? Thus, we are continuing the theory and practice theme developed in our New York meeting.

Please send us your responses to any or all of these questions, as well as your reactions to this edition of *Renaissance*, no later than January 31, 1989.

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