

*"The Person-Centered approach, then is primarily a way of being which finds its expression in attitudes and behaviors that create a growth-promoting climate."*

Carl R. Rogers

## Concerning "Transference," "Countertransference," And Other Psychoanalytically-Developed Concepts from a Client/Person-Centered Perspective

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Psychologists, as well as other therapists and students, often express themselves in clinical settings using psychoanalytically derived terminology. Questions are asked such as "what about the transference?" In discussion of a family there may be casual references to the "latency-child." Supervisors make statements to student therapists such as "your 'countertransference' is stimulating the patient to 'act out' on the unit."

The terms "transference," "countertransference" and other psychoanalytic terms such as "ego-defense," "resistance," "latency-child," "self-object," etc., are used in these clinical settings as if they refer to consensually validated phenomena instead of theoretical constructs. This confusion of theoretical concepts with observable phenomena is a common intellectual mistake made by clinicians in the helping professions. It is a mistake that ill serves clients, students, or the clinicians themselves.

It seems difficult to find a good argument against requiring of oneself intellectual clarity and precision of communication when discussing psychotherapy in general or when discussing work with particular clients. It also seems difficult to deny (1) that psychoanalytically-developed terms refer not to behavior itself, but to complex interpretations of behavior, to inferred cause-effect relations among intra-psychic events and observable behaviors; (2) that these terms themselves refer to a variety of observable, sometimes contradictory, behaviors; (3) that there are many different versions of psychoanalytic theory as it has developed and therefore different definitions of many of the concepts (e.g., Epstein, 1983; Freud, 1971; Gelso & Carter, 1984; Greenson, 1974; Joseph, 1985; Kernberg, 1981; Racker, 1982; Searles, 1979; Stevens, 1986; Sullivan, 1986; Winnicott, 1949); and (4) that psychoanalytic theory is not the only accepted explanation of human behavior or the only theory of therapy (e.g., Rogers, 1959; Skinner, 1989). If these points are granted, it would seem to follow that intellectual clarity and precision in communication would be enhanced by specifying the theory and defining the concepts that are being used and by stating which observables are being referred to in discussions of any particular clients.

It would also be considerate to non-psychoanalytic colleagues if analytically-oriented people (and other clinicians) would acknowledge that some clinician (or student) participants in a discussion may not utilize any of the versions of analytic theory. When psychoanalytic terms are used without specifying the theory, the definitions or the behaviors, the non-psychoanalytic participant (e.g., client-centered, person-centered, some humanistic psychologists) is placed in an awkward and unfair position. In order to function responsibly and authentically in the situation he/she must explicitly or implicitly challenge the assumptions of the psycho-analytically-speaking person by

asking for clarification of theory, assumptions, definitions and behaviors in the specific (or generic) client. Or he/she knuckles under and adopts the psychoanalytic terminology while suffering a sense of being a coward, or the sense of being complicit in careless thinking, or the sense of self-misrepresentation.

Statements and questions that use psychoanalytic terms as if they refer to a shared reality and a shared way of conceptualizing people perpetuate fuzzy clinical thought and stimulate irresponsible work. The casual or unexplicated use of psychoanalytic terms is also a form of intellectual bullying. This is especially the case when the terms are employed by clinicians in higher authority than those to whom they are speaking. A student, for example, is unlikely to feel safe in challenging a supervisor's theoretical assumptions in the context of a clinical case discussion.

Any instance of the usage of psychoanalytic terms in discussions about clients would be wisely countered with the questions: What precisely is the theory you are employing? What are your assumptions? What exactly are the definitions of the terms you are using? What specific behaviors of the client are you referring to? Unfortunately, this kind of questioning for clarification is rare.

The mistake of using terms such as "transference" and "counter-transference" as if they refer to consensually validated phenomena is not due entirely to the carelessness of clinicians and educators. It is carelessness at times. At other times it is due to ignorance and to poor intellectual education with respect to clinical psychology. But it is also, I suggest, the legacy of the high social status attributed to psychoanalysts and to the mystique of psychoanalysis promoted by its adherents.

For reasons that have much more to do with the social history of the theory and practice of psychoanalysis than with the truth of the theory or the efficacy of the practice, terminology developed by Freud and other psychoanalysts has become the insider language of clinical psychologists and other therapists. Using terms such as "transference," etc., communicates an "insider" position to many people in the therapeutic community as well as to "outsiders." As a sign of status, the terms are used either as if they designate reality or as if the theory from which they are derived is valid. Neither is true. Psychoanalytic theory has not been proved. Nor has any other theory.

The client/person-centered viewpoint concerning the concept of "transference," in particular, has been discussed by Rogers (1951; 1987), and by Shlien (1984; 1987) and by Seeman (1987). Many of us who work from a client/person-centered framework

continued from page 1

do not find psychoanalytically developed terms useful. We do not use them ourselves and when used by others we find them obfuscating. Some of us, also, experience these terms as offensive to our sensibilities and to our feelings of humility and respect towards our clients and towards persons in general.

Whether or not a therapist or instructor subscribes to a version of psychoanalytic theory or practice, it should be obvious that sincere efforts to truly understand and to work effectively with clients or patients would be enhanced by intellectual clarity and openness of communication with colleagues and students. Deliberately avoiding psychoanalytic terms (at least until after discussion has taken place to specify behaviors, to explain theory and to define terms) would be a practice likely to lead to better communication with colleagues, to better understanding of clients and to more effective practice.

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## Pre-Therapy: A Treatment for the Dual/Diagnosed-Schizophrenic/Retarded

### Historical Background:

Pre-Therapy, as a treatment for the dual/diagnosed, is an evolution in client-centered theory and clinical method (Prouty, 1990). Rogers (1942) believed that client-centered therapy was inappropriate for mentally retarded persons. This belief was based on the assumption that retarded persons lacked the psychological autonomy and introspective skills necessary for his unique approach to psychotherapy. Scholars (Ruedrick & Menolascino, 1984) believe that Rogers' attitude greatly curtailed therapeutic developments for the retarded population. Pre-Therapy is an attempt to solve this therapeutic vacuum within the client-centered movement.

Part of the client-centered difficulty in treating the mentally retarded has been theoretical (Prouty & Cronwall, 1990). Rogers (1957) postulated "Psychological Contact" as the first necessary condition of a therapeutic relationship. Unfortunately, Rogers assumed "Psychological Contact" exists between therapist and client; also, he did not define "Psychological Contact." Finally, he did not describe any method to develop or restore "Psychological Contact" when it was impaired in the client.

Many dual/diagnosed clients, due to organic impairment, psychotic isolation and institutionalization lack the necessary "Psychological Contact" for a genuine psychotherapeutic relationship. "Pre-Therapy" is a theory and method to develop or restore psychological contact for the dual diagnosed who are too impaired to form the contact necessary for therapeutics.

This is the basis for the language "Pre-" Therapy.

### Theoretical Outline

Pre-Therapy is a theory of psychological contact. As a theory, it defines contact on three interdependent levels. First, it defines contact as a method, i.e., CONTACT REFLECTIONS (Prouty, 1976). Secondly, it defines contact as a set of functions necessary for therapeutics, i.e., the CONTACT FUNCTIONS (Leyssen & Roelens, 1988). Thirdly, it defines contact as a set of emergent behaviors for measurement (Van Werde, 1990).

### Clinical Method

Pre-Therapy has been applied in public psychiatric hospitals, state residential facilities for the mentally retarded, half-way houses and vocational/rehabilitation workshops for the retarded and mentally ill. Clients are generally referred because of psychotic-autistic features which interfere with accessibility to psychotherapy. These clients experience deficits in reality contact, affective contact or communicative contact in ways that interfere with relationship formation.

Pre-Therapy as a clinical method is an extraordinarily concrete level of "reflection." These reflections are designed to assist the client's contact with the world, Self or Other (Merleau-Ponty, 1962). These Contact Reflections aid reality contact, affective contact or communicative contact.

**Situational Reflections (SR)** are designed to help reality contact. These reflections are pointed at the client's situation,

continued to page 3

*continued from page 2*

environment or milieu. The therapist may reflect: "You are looking out the window. You are holding the ball."

**Facial Reflections (FR)** are for helping affective contact. The therapist reflects implicit or explicit feeling in the client's face. "You look sad"; "Your lips are closed"; "Your eyes look angry."

**World for Word Reflections (WWR)** facilitate the restoration of communicative contact. Many of these clients, due to organic damage and/or psychosis, are incoherent. These reflections capture the coherent language in the stream of confused language. The client may say " (incoherence), tree (incoherence), (incoherence), car (incoherence)," etc. The therapist reflects only the socially appropriate language "Word for Word" even though he may not understand the message. Occasionally, he/she may reflect sounds.

**Body Reflections (BR).** Body Reflections integrate the client's sense of his/her body. They may be done verbally, such as: "Your arm is in the air"; "Your body is stiff and straight," etc. Sometimes, the therapist may use his/her own body as a response and as a model.

**Reiterative Reflections (RR).** These responses constitute re-contact. If a particular reflection results in contact with the client, it may be fruitful to repeat it. Occasionally, material from earlier in the session may be useful.

#### CASE VIGNETTE

Prouty and Kubiak (1988) describe a case vignette in which a dual/diagnosed, mentally retarded client experienced a psychotic reaction. The client experienced this reaction while on a community visit. The concrete situation involved several clients being transported in a van. This vignette illustrates the application of Contact Reflections which results in the client working through the meaning underlying the symptomatic behavior. It also resolves the immediate crisis without emergency sedation. Additionally, it led to further self-exploration in follow-up therapy.

"The client was one of seven on an outing from a half-way house. She was seated in the rear seat of the van. As I looked in the rear view mirror, I observed the client crouched down into the seat with one arm outstretched above her head. The client's face was filled with terror and her voice began to escalate with screams.

I pulled the van off the road and asked the volunteer to take the others out of the van. I sat next to the client, sharing the same seat. The client's eyes were closed and her face was wincing with fear.

(C) In escalated voice: "It's pulling me in."

(T) (WW) "It's pulling me in."

(C) Patient continuing to slip further down into the seat, with left arm outstretched. Her eyes still closed.

(T) (BR) "Your body is slipping down into the seat. Your arm is in the air."

(T) (SR) "We are in the van. You are sitting next to me."

(C) Patient was screaming.

(T) (FR) "You are screaming, Carol."

(C) "It's pulling me in."

(T) (WW) "It's pulling you in."

(T) (SR) "Carol, we are in the van. You are sitting next to me."

(T) (FR) "Something is frightening you. You are screaming."

(C) Patient screaming: "It's sucking me in."

(T) (WW) "It's sucking you in."

(T) (SR/BR) "We are in the van, Carol. You are sitting next to me. Your arm is in the air."

(C) Patient began to sob very hard. Her arms dropped to her lap. "It was the vacuum cleaner."

(T) (WW) "It was the vacuum cleaner."

(C) Patient gave me direct eye contact and said: "She did it with the vacuum cleaner." In a normal tone of voice, patient said: "I thought it was gone. She used to turn on the vacuum cleaner when I was bad and put the hose right on my arm. I thought it sucked it in." (Less sobbing.) It should be noted that, daily, this patient would kiss her arm up to her elbow and stroke it continuously.

(T) (WW) "Your arm is still here. It didn't get sucked into the vacuum cleaner."

(C) Patient smiled and was held by therapist.

Later that afternoon, a therapy session was held and the client began to delve into her feelings regarding the punishment she received as a child. It should also be noted that the "kissing and stroking of the arm" behavior ceased.

Pre-Therapy has significance because it provides therapeutic access to dual/diagnosed clients who are generally not accessible because of reality, affective and communicative disturbances. It is an Existential-Humanistic therapeutic alternative.

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*continued to page 4*

continued from page 3

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## CLIENT-CENTERED THERAPY IN FRENCH

To those whom I know from far and near and to all others, Eighteen months ago, much to my sorrow, I had to resign from the "Groupe d'Etude Carl Rogers and subsequently from the training programme led by the "Groupe."

However painful this decision, I found a great support in an informal group, the "Groupe Rhône-Alpes," of which I had been a member for some five years. Members had been brought together through their desire of a greater "indwelling" of Carl Rogers' way of being and investigating of its influence in client-centered therapy.

From a friendly and continuous confrontation with regard to what it means to be "Rogerian" and "client-centered" therapists, it became obvious that our group wanted to extend its reflection and influence and consequently needed more formal grounds. Last October the chrysalis was shaken off and a new association was born which took the name of ASSOCIATION FRANCOPHONE CENTREE SUR LA PERSONNE (AFTCP) POUR LE DEVELOPPEMENT D'UNE PRATIQUE SELON CARL ROGERS.

Deepening, developing, extending Carl Rogers' philosophy and therapeutic principles in French and in French cultural contexts is the goal of the Association. Bringing forward the pragmatism of Carl's philosophy entails a language shift toward an ever greater openness to experiencing and continuous change, a process which is likely to be road blocked by the natural tendencies of the French language for analytical reductive abstraction. We are fully aware that translations have more often than not turned many of Rogers' "offerings" into definite abstract approximations which concurred to a still more biased interpretation of his feeling and thinking.

Reflecting on the fundamental significance of Carl's assertions, the founders of the Association have let pragmatism take over abstraction should "Frenchness" (a word concocted by Brian Thorne) suffer. New paradigms deserve new languages stemming directly from the core of the person not a simple adaptation to a reductive syntax and vocabulary. This is the why of the adjective FRANCOPHONE in the title.

In confining itself to "Therapy" does not mean that the Association wishes to ignore the other aspects of PCA. However essential these aspects may be for the outcome of PCA in a more general context, it is our view that the philosophy itself stemmed out from a therapeutic climate from which it gained its strength. Therefore, it seems important to experience the basic elements and to "talk them out" in French before opening to other contexts. In French-speaking countries PCA is more than stumbling and we feel it necessary to focus on the very aspect of our professional concern.

Moreover the Association's underlying purpose is to offer to its members a professional context where therapy can be discussed (continuing education), practices confronted (supervision), and PCA therapists "to be," trained. To this effect, a reflection group has been laying down the main lines of a training course for PCA practitioners of the helping professions and for future therapists. The course will start on the 25th of September 1992. It will be conducted in French exclusively, through residential sessions in a French setting, near the Swiss border.

Adapted to a far less experienced population the context of the course is however based on the Scottish and English ones and spread over two years for those who are concerned with the therapeutic outcome of their practice without being fully versed in therapy and counselling. One more year will be necessary for those who wish to become full fledged PCA therapists or counsellors. We hope that by then PCA international requirements for the training of therapists will have been set up by the ad hoc group which met in Sterling last July.

Information can be obtained from the AFTCP Secretary, 23, CH. DU BOIS GOURMAND; CH - 1224 VESSY-GENEVE (Switzerland).

Paraphrasing Dave Mearns I shall happily conclude saying that although it is not "a major discipline" in the French speaking countries, "the emphasis will be unashamedly client-centered."

Warm regards to all,

Francoise DUCROUX-BIASS

## Warm Springs, 1992—A workshop to remember and to look forward to.

We arrived in Warm Springs after a 4 to 5 hour drive from Knoxville, with a coffee break or two thrown in. Two of us had been to the workshop several times previously and three had not. Although we did discuss what we may be heading into, mostly we talked about ourselves, one another and our various relationships. Two of these newcomers are presently students of mine in a two-semester sequence on Group Facilitation at UTK. We were, therefore, relatively acquainted with the group process, particularly as offered by the person centered approach. We were all familiar with the unstructured nature of such a workshop.

Our first meeting, a community meeting, was gathering as we arrived. This large room seemed rather cold and sterile although the anxiety of getting started overshadowed the bleakness of the setting. The chairs were arranged in one large circle which meant that there was a pretty good distance from one end (or side of the circle) to another.

There was a sharing of niceties with those sitting close by and, as usual, difficulty in addressing the entire group. After several false starts we were able to engage most of those present at least to the extent that the person speaking was attended to and listened to by most.

Old friends were acknowledged and a start toward community building seemed apparent. However, rather than a formal cessation of the meeting, for that first meeting, people just seemed to start wandering off. It slowly became apparent to all who were not leaving that the meeting was over and we all wandered back to our cottages.

The first morning meeting (as were the remaining ones) began in the huge room with coffee, juice and sweet rolls. People stood or sat (in and out of the room) talking in small groups of 2 or 3 or at times 4, 5, or 6.

This was the process each morning, with little obvious effort made for a beginning structure or formality. For those of us who had been there before this presented no problem while some of the newer people became bored or anxious. At times some frustration was voiced and this seemed to motivate us to enter into the community.

Throughout the workshop individuals presented subjects of interest to themselves and this was received with mixed enthusiasm. These presentations would result in smaller groups of people attending than was found in our usual community meetings.

Although there were people identified on the brochure announcing the workshop who were prepared to present a particular "paper" on the subject of interest in the Person Centered Approach, this was (and is usually) sporadic and interesting.

There were several invitations for those interested to meet in one of the cottages for more intensive personal interactions. Although much smaller these groups were more personally involving and the environment was conducive to more personal interactions. This was certainly true as compared to the community groups. However, as the workshop progressed there was significant personal interactions in the community group itself.

Personally I felt more comfortable and was able to speak more freely in the larger group. I felt safe, heard and appreciated. Not always agreed with.

The "differences" between me and others in ADPCA seem more acceptable and responded too. I believe I am more open and candid than many others and offer my feelings, thoughts, and ideas more spontaneously.

I know I can be more spontaneous at Warm Springs than most any place else that I find myself. This I know is the result of feeling accepted and liked. I can be as open as I can risk and this does not get me into "trouble."

Being at Warm Springs with a like group of people, with similarities is very rewarding, and I feel, growthful and stimulating. My feelings toward myself and toward others is more accepting and risk taking as I experience my times at Warm Springs. The climate generated there is a necessary environment for me. To have a group of people who are interested in and willing to talk about their thoughts, feelings, and ideas in the manner offered by the Person Centered Approach is extremely fulfilling.

My feelings of worthwhileness, of acceptance, of having my self concept supported is very strengthening and gratifying.

More personally and less chronologically I found my experience at Warm Springs to be a very positive one for me. I came away from the workshop feeling good about myself; how I am and can be. The support as well as the challenges encountered enabled me to take risks in expressing my thoughts and feelings; I was able to talk about me and respond to others in ways which enabled me to grow in self confidences and in feelings of self worth. Thanks.

For these reasons I look forward to our annual meeting at Warm Springs in February.

--Ken Newton

This 3-1/2 day workshop on the Person-Centered Approach was sponsored by the Person-Centered Project at the University of Georgia, Atlanta, GA. Jerold D. Bozarth is, and has been, the originator of the workshop.

## Our new *Person-Centered Journal* is at the presses.

From one of the co-editors of our new *Person-Centered Journal*. The following summary is an up-date of *The Person-Centered Journal* through one of the co-editor's statements. This statement will also be in the pilot issue of the journal.

—Jerold D. Bozarth

The first issue of the association journal is considered to be a pilot issue in that the membership may want to change the nature of articles or add ideas for future issues. This first issue was laden with problems of establishing procedure and process with the publisher and, as well, with receiving the first submitted articles. I personally had some reservations about including articles written by several people associated with the journal (including one written by me). However, the importance of preparing a pilot issue along with positive reception by reviewers to the articles and due to the varied nature of the articles by Brodley, Stubbs and me was enough reason to push ahead with this first issue. It is my hope that the pilot issue could be reviewed by participants at the ADPCA in San Francisco with the idea that future issues would reflect more input from members.

The publishing process for this first issue included the following: (1) Calling for manuscripts and reviewers through a note in the *Renaissance*. (2) Determining the process with the publisher which involves the journal staff preparing the disk for printing on Wordperfect program for an IBM computer. (3) Asking at least two reviewers per manuscript for fast review. They were simply asked, "Should the article be published? and "What suggestions do you have for change?" (4) Asking authors to examine reviewers' remarks and make changes which seem appropriate to the author and (5) Preparing the articles for the pilot issue. Some thoughts I have about future issues are that we include sections for book reviews, for noting articles and

reports published in other journals that may be of interest to our readership, and a section for brief substantive reactions to articles be included. As I write this editorial comment, the estimated cost of the journal will be around \$3 per copy. This includes manuscript preparation by contract and mailing by the publisher.

I am personally pleased with the quality and range of type and topic of the articles. The articles include the description of a gay relationship, a quantitative study concerning cross-cultural views of counseling, a qualitative study of "freeing" in person-centered community workshops, considerations about psychodiagnostic work, some theoretical observations concerning the person-centered approach and psychic healing, commentary on the phenomena of feelings and empathic understanding, and considerations of "doing" and "being" in person-centered theory and practice. These articles were stimulating enough to induce several reviews to react with their own dialogue on the topic matter as well as with their view of suggestions to the authors for change. I believe that they will stimulate dialogue among readership regarding the topics and, as well, regarding the types of articles which should be included in the journal.

I will take full responsibility for this first issue since I decided to act arbitrarily when we suddenly had enough articles to consider for publication and when Fred Zimring, co-editor, was out of the country at a critical time for decision making. I also went in the direction of agreeing with reviewers who were favorable of publication rather than with a couple of reviewers who did not think particular articles were appropriate.

My view of the journal is that there will be a continuous evolution of the processes and that the membership will have in-input through association meetings, through dialogue in the *Renaissance* and dialogue with the editorial staff.

### Some Good News!

Would you believe that we have a New York chapter of ADPCA that hardly anyone knows about? We're new—but not brand new: our first meeting was in June, 1990 (right after the Connecticut meeting), at Barbara Hunter's Manhattan apartment. Our name is the ADPCA New York City Area Network.

In line with our PCA values, we have no leader, no dues, no membership list, and no meeting agenda. Consequently we have no members (in the formal sense). We're proud to say we've met on the third Sunday of every month (just about) and for about five hours per meeting.

You are cordially invited to attend a meeting or part thereof any time you're in our area—and—you're welcome to call one of us first if you'd like.

Barbara Hunter  
212/580-0580

(9-10 p.m. or weekends)

Joe Hochberg  
914/699-9393

(11-12 noon, please)

## To Bruce Allen

Bruce, I can imagine that when you read my article in the December *Renaissance* ("PCA Group Under Scrutiny"), and wrote your response, you were reminded of the various power issues that emerge in groups and in individual therapy, perhaps of how you have witnessed facilitators and therapists feeding their egos on assuring themselves of superior position, hiding behind their facades of expertise, knowing full well that they "have it" and that the participants or clients don't. I have a hunch that you know the pain, the sense of disempowerment that can come from such power games, and your response was clear in communicating your abhorrence of such stifling, strangling stuff. I was touched by your valuing of Jack Gibb's insistence that facilitator *participation* is critical to the progress of the group. Would you, *could* you believe, Bruce, that I support you, indeed I *celebrate* you, in feeling as I believe you feel about such matters?

When I read your "critique" of my report on our videotaped group experience, I wondered how my meaning could seem so deeply distorted, misinterpreted, taken out of context, judged and finally dismissed as ridiculous. One of my co-facilitators called me and said he was infuriated with your treatment of my work, and he asked if I didn't feel hurt that my ADPCA friends might read this public castigation. My other co-facilitator called and expressed her recent observations among PC people so concerned about being too nice—too warm, too understanding—that they err in the opposite direction and tend toward attacking. When my friend asked what I might do in response I thought of a number of possibilities, the first being to refuse to give credence to your attitude—to ignore it, say nothing.

As my feelings of invisibility escalated, I would not ignore it, Bruce. I thought of the multitude of people who call themselves psychologists—some even *person centered* psychologists, who seem so quick to diagnose and prescribe, with all the inherent judgment, position of superiority, lack of an attitude of celebrative support, compassion, empathy; quick to impart their *own* meaning, and offering a paucity of commitment to understanding the *other* person's meaning. I pondered over society's valuing competitive impressiveness, putting down the other fellow in order to be on top, and how awful that is for me when I feel on the bottom, invisible. I remembered how I deeply crave *men* in my life who will offer me the sensitive, gentle, and tender understanding so often available only from women.

Bruce, to disclose to group members your inner hurts, misunderstandings, judgments, or unsurednesses may not be for you a "risky" or "a courageous act," but such disclosure indeed is—always has been—for *me*. I used to dream of the day I would grow up, to never again fear others' judgments. I'm still dreaming.

—Chuck Stuart

## Facilitation or Providing the Growth for Environment

As one who has taught group processes and group facilitation for the past 15 years, I would like to add a few words of concern regarding the national and area meetings of those representing the person centered approach in this country. It seems relatively obvious that these meetings are being attended by fewer and fewer persons. It also seems obvious (to me) that there is little effort being made by those in attendance, in charge or experienced with the person centered approach to enable those attending (and who are not all that familiar with our way of being) to feel welcomed and encouraged (or informed) on or by this approach. We appear to be indifferent to those who are neonates to this way of being. We behave as if our presence is enough to assure those in attendance that they can feel safe, accepted and understood. We do not make significant and obvious efforts to educate and/or enable those attending to enter into the "way of being" of our "scheme of things." We assume that those attending are all fully functioning people who are able and willing to take risks in a new and strange environment with few, if any, signs of support or encouragement for such risk taking. We are not all equals in such situations. The person centered emphasis on self actualization can feel like rejection when behaviors are evidenced, and supported, which indicate that preestablished, strong, pervasive modes of behaving are desired.

Those of us who are familiar with group behavior, with those behaviors accepting and respecting individual differences and the need for an environment which is offered in the person centered approach—empathic understanding, genuineness or congruency and acceptance—must provide this so that those in this community can be helped to feel equal and important and safer. Those of us who are relatively comfortable with the person centered approach and are aware of the group process and have enabled others to feel comfortable, relatively safe and accepted must create the "enabling environment" for those less (or totally unfamiliar) familiar with the person centered way of being.

I would add that this "way of being" is not only to be self actualized; there must be an environment or climate which is **actively created** in which the uninitiated are enabled to experience this climate which includes empathic understanding, genuineness or congruency and acceptance. I hope that in the future we can provide this climate at our meetings and truly invite those less aware of the person centered approach to stay with us and become informed as well as have an experience which is a model of our approach.

--Ken Newton

## Beyond Scrutiny: The Roles of Rules

In response to Bruce Allen's responses to Chuck Stuart's response to his own (and others') response to the community's response to the facilitators' incongruence and subsequent (congruent) self-disclosure, I am reminded (again) of the powerful ways in which social rules (especially roles) affect our interactions with one another. The interest here seems to be on the role of "facilitator." In every (PC) group I've been a part of (including therapeutic dyads) issues of status, authority, power, control, and "rules" (including disclosure and congruence) always seem to arise. This was true for me again in (the large group meetings at) Warm Springs, Georgia this February. "There are no rules!" "Yes there are, but we say there are none!" "Who are the leaders in this group?" "Well, I'm just here to be myself!" and such seem to be heard a lot, and rightly so. They are all a part of this special variety of a group experience process.

Back to the facilitator/"mere" participant issue. There are, I think, distinctions to be made: In responsibility, experience, perceptiveness, disclosure, "contributions" and, perhaps, in "outcomes." Many have written about the "role" of facilitators, and they always prompt debate. Dick Page (I think) proposed a topic group on "leaderless groups" at the Georgia conference—but no one convened it. Armin Klein wrote a piece some years ago on Power and Authority in PC Therapy—it spoke about shared (em) power through individual (personal) authority. Bruce Allen recognized the dis-empowerment of facilitators who "courageously" self-disclose. And Nat Raskin was transformed (in one group) from a "potato" to a "flower" through a similar process (but I liked both parts of him!).

Why is it so hard (sometimes) to be "real" (in groups)? Is a PC community group not unlike a projective "test"—where all responses are possible and "ok?" I think not. We all have expectations (about ourselves and others), and I think we also need them. Roles are about expectations—sometimes confirmed, sometimes not. "I have no expectations about this group," "I only hope to be as fully 'present' as I can with you

at this moment." But, if I am a facilitator, and you are a facilitatee, how can this be? (How can I be me?)

I like Bruce Allen's reminders that group facilitators are (simply) "superior participants," that has often been my own personal experience in these groups. And, for me, they have often been nonexperts (but the status of "superior" participants re-begs the question).

Sometimes I feel that I am my own (best) facilitator. Sometimes I need someone else to help with that process or to at least point it out (a co-facilitator?). I wonder about the different experiences and meanings of words like: helping, caring, listening, clarifying, "being with," "staying with," "sharing with," not to mention prizing, empathizing and being congruent (really real).

So, in individual therapy or in a group experience, I think I need "teachers," to model caring, empathy and realness and thereby support my own self-discovery of how to "use" these attitudes towards my self.

In a therapeutic context, who is the "superior" participant? In a non-therapeutic context who is? Who facilitates self-facilitation? (and who gets the "credit?") Perhaps all social relationships involve roles; "rules" of a sort about how we might relate to each other.

In Chuck Stuart's community, it seems that some rules about roles were discarded (broken). And the result was "movement." It reminded me of Virginia Satyr's "If I had my life to live over again . . . I would . . ."

"Rules" sounds coercive, "Roles" conforming, and "Expectations" restrictive. And yet I live with them day by day. And still I grow in my own directions!

To all of you who have "been with me" or "facilitated" me in this (simple) discovery: Thanks.

I'd be interested in hearing about what other people have perceived to be facilitative to your own "unstuckness" and "forward movement" in group or personal contexts, therapeutic or otherwise.

--David Meissner

### Renaissance

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