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# PERSON- CENTERED REVIEW

*Special Issue:*

FIFTIETH ANNIVERSARY OF  
THE PERSON-CENTERED APPROACH

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# PERSON-CENTERED REVIEW

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**PERSON-CENTERED REVIEW**  
*Special Issue*  
**50th ANNIVERSARY OF**  
**CLIENT-CENTERED THERAPY**

**Volume 5, Number 4**

**November, 1990**

# PERSON-CENTERED REVIEW

Volume 5, Number 4

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**PERSON-CENTERED REVIEW** is founded on the system of psychotherapy developed by Carl R. Rogers. The journal's aim is to carry forward not only his work but his pioneering spirit and optimism as well. PCR will serve as the main voice of the person-centered approach, reflecting its values. The journal will be an open, receptive forum where divergent methods, varying viewpoints, and individual styles of expression all have a place.

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# CELEBRATION, REFLECTION AND RENEWAL

## 50 Years of Client-Centered Therapy and Beyond

David J. Cain

*Carlsbad, California*

In this article, I will take a brief look at the roots and the major contributions of Carl Rogers and client-centered therapy, reflect on the current scene, and offer some thoughts about the future.

On December 11, 1940, Carl Rogers gave a speech to the campus chapter of Psi Chi at the University of Minnesota entitled "Newer Concepts in Psychotherapy." To a remarkable degree Rogers identified in this speech many of the elements that gave client-centered therapy its distinctive character for the next 50 years. Initially, Rogers was surprised at the intensity of the reaction to his talk:

I was totally unprepared for the furor the talk aroused. I was criticized, I was praised, I was attacked, I was looked on with puzzlement. . . . It struck me that perhaps I was saying something new that came from *me*; that I was not just summarizing the viewpoint of therapists in general. (Kirschenbaum, 1979, p. 113)

Such reactions would be familiar ones to Rogers throughout his professional career as it repeatedly became apparent to him that ideas that seemed so basic to him would seem so radical and controversial to others. Eventually, Rogers too realized that what he was saying and doing was indeed quite radical relative to other approaches to counseling and psychotherapy.

Rogers's impact (and that of his colleagues) on the fields of psychology, psychotherapy, education, and human relations in general can be variously described as momentous, pervasive, indirect, and elusive. At a time when the fields of counseling and psychotherapy were in their early stages of development in the United States, Rogers was a pioneer. He and his colleagues led the way in

1. Emphasizing the importance of the therapeutic relationship as a healing agent in therapy
2. Articulating a view of the person as inherently resourceful and self-actualizing
3. Developing the art of listening and understanding and demonstrating its therapeutic effect on the client
4. Introducing the term *client*, as opposed to *patient*, to convey greater respect, dignity, and equality for the person seeking help
5. Initiating the sound recordings of therapeutic interviews for learning purposes and informal research
6. Initiating scientific research on the process and outcome of psychotherapy
7. Paving the way for psychologists and other nonmedical professionals to engage in the practice of psychotherapy
8. Contributing significantly to the development of the encounter group movement
9. Offering a radical alternative to the field of education
10. Applying the person-centered approach to conflict resolution and world peace

## REFLECTIONS

Many of Rogers's concepts (e.g., self-concept) have been absorbed into mainstream psychology, often without recognition of their origin. To a large degree Rogers's impact has been indirect. Consequently, the magnitude of his impact is difficult to assess. If I were to venture a guess about how Rogers's contributions might be assessed on their 100th anniversary (2040), I would predict that the most enduring and meaningful contributions for which he will be remembered are the therapeutic impact of *listening* and the quality of the *therapist-client relationship*. Although many practitioners do not find Roger's style of listening and responding congenial, most all recognize the importance of empathy and the desirability of a sound working relationship with the client.

One can only hope that the caricature of the client-centered therapist mindlessly repeating back the client's words will long be forgotten. Unfortunately, this notion of client-centered therapy is likely to persist in the foreseeable future because this constricted and mechanical way of responding is still practiced by many counselors who consider them-

selves client-centered. Although most students of client-centered therapy realize that the essence of the approach is to create a relationship that enables clients to identify and tap their resources, many rely heavily on an emphatic response mode to accomplish this end, often to the exclusion of other helpful response modes. Although careful listening and emphatic responding are basic and desirable components of client-centered therapy, they do not define its parameters. This limited view of how client-centered therapy is or should be practiced persists despite the fact that client-centered theory and values do not dictate reliance on any particular techniques or response styles. As Rogers himself commented on this issue:

The approach is paradoxical. It is rooted in a profound regard for the wisdom and the constructive capacity inherent in the human organism—a regard that is shared by those who hold to this approach. At the same time, it encourages those who incorporate these values to develop their own special and unique ways of being, their own ways of implementing this shared philosophy. (1986, p. 4)

Rogers obviously recognized that there were individual differences in therapists' personalities and styles that would affect the way they could best create a growthful environment for the client. Part of Rogers's respect for the person of the therapist is this recognition that each therapist must develop a way of working that fits him or her, just as Rogers did. As client-centered therapists recognize that client-centered theory is not constrictive and can be implemented in diverse and creative ways, it is likely that its effectiveness will increase. In addition, the client-centered approach will likely become more appealing to graduate students and other professionals who will see that they can be client-centered and also be themselves.

For years there has been debate by client-centered practitioners and persons of other therapeutic persuasion over whether the six conditions specified by Rogers (1957) are "necessary and sufficient" for therapeutic change. To my knowledge there is no definitive answer to this question. Although further research may throw more light on the issue, it may be an unanswerable question in general. This is because the personal qualities, skills, and adaptiveness of the therapist and the unique needs and personal style of the client must be factored into the equation of what contributes to the effectiveness of the therapy for a

particular client. Rogers was a virtuoso in sensing the feelings and meanings of the client and communicating them in a clear and "hearable" manner to the client. I doubt that there were few, if any, therapists who could do what he did as well as he did. Yet, I believe it is fair to say that other therapists might be as effective in assisting their clients by drawing on their individual strengths and skills, though they may well be different from those of Rogers.

One of my first graduate instructors, a person who found Rogers's therapeutic approach congenial, expressed a sentiment similar to Rogers's when he stated, "You can best be yourself and nobody else." My point is that Rogers's enormous skill and presence contributed greatly to his effectiveness. Others using similar response styles to Rogers's, but without his personal characteristics, are not likely to be nearly as effective. However, other therapists may become increasingly effective by recognizing and drawing on their unique strengths and skills rather than by attempting to imitate Rogers's way of being. Thus, whether some therapist qualities are "necessary and sufficient" for a particular client will vary enormously with the unique qualities of the therapist, the manner in which they are implemented, and the personal characteristics and needs of the client.

For some clients, the six conditions Rogers specified may be "necessary and sufficient" when they are provided by an adequately skilled therapist. For other clients, conditions not yet specified by client-centered theory may be required for therapeutic change. Rather than ask whether six conditions are *sufficient*, I believe it would be more useful to identify a range of therapist and client factors that are *optimal* in promoting therapeutic growth for a wide variety of clients. Rainer Sachse has expressed a similar sentiment:

The preservation of client-centered therapy in its present form is not reasonable because we are far from being able to offer the client an *optimal* or perfect therapy. . . . What we need is the development of an *adaptive* therapeutic . . . strategy. The therapy must be adapted to the client and not the other way around. (1989, pp. 21-22)

Although the conditions that are optimal in fostering growth may include those specified by Rogers, they probably include others as well. Given the uniqueness of each course of therapy, one might expect

that the client and therapist factors that would promote growth in one therapeutic endeavor would vary from those that would be optimally helpful in another. Only an open-ended and open-minded search for all the factors that critically affect the effectiveness of therapy will enable client-centered therapists to become maximally helpful to their clients.

However, we need more than speculation about such factors. In addition, various hypotheses about the critical elements in therapy must be tested with sound research. The facts can only be friendly because clients will be the ultimate beneficiaries of what is learned.

### RENEWAL: THE NEXT 50 YEARS

As I anticipate what the next 50 years might hold for client-centered therapy and person-centered approaches, I see reason for optimism and cause for concern. In the United States and Canada there is relatively little interest in this approach. Client-centered therapy is not being taught in graduate programs in psychology, counseling, social work, psychiatric nursing, or psychiatry, except in rare instances. Part of the problem is that there are relatively few university faculty available who have the background or interest to teach client-centered therapy. To put this in perspective, however, one should note that other "schools" (e.g., Gestalt, Jungian, Adlerian) of therapy appear to be in a similar position. Except for cognitive-behavioral therapy and to some degree psychoanalytic and systems approaches, most therapists become eclectic in their work. What this implies is that we need to be concerned about how we can reproduce ourselves.

Clearly, more graduate faculty will continue to be needed in U.S. universities. In addition, we must renew our research tradition and with it our legitimate place as one of the leaders in the field of psychotherapy. Another way to increase the visibility and impact of client-centered therapy is to address the pressing issues facing people throughout the world. Alcohol and drug abuse, physical and sexual abuse of children and women, the effect of divorce on families, conflict within and between countries, and violence against people are just some of the problems that might be addressed more systemati-

cally. Similarly, client-centered practitioners could contribute more significantly to the major issues facing psychology and other helping professions. Issues that come to mind include the training of helping professionals, the developing of new research paradigms, setting ethical standards for practitioners and researchers, and the developing more effective treatment for the severely disturbed.

By bringing their expertise and creativity to these problems and by *publishing* their findings in a variety of journals and books, client-centered therapists could increase their visibility and impact. As students and helping professionals *see* that client-centered practitioners have much to offer, they will want to know what we know and put it to use. To the degree that client-centered practitioners enter the mainstream, they will also reduce their insularity. Instead of talking primarily to each other, client-centered therapists could afford themselves the opportunity to enter into dialogue with, learn from, and influence helping professionals with other perspectives. By doing so, client-centered practitioners inevitably would increase their knowledge base and, ultimately, their effectiveness.

There is some evidence that such change is already occurring. During the 1988 International Conference on Client-Centered and Experiential Therapy, held in Leuven, Belgium, there was considerable diversity and dialogue among the participants. Papers were presented on a wide range of topics, including: process research and its implications for practice; treatment of clients with a wide range of problems (e.g., depression, mental retardation, schizophrenia); family, child, and marital therapy; dream work; comparison and/or integration of client-centered therapy with other approaches including experiential therapy; and various papers addressing theoretical issues. Most of these papers were written by persons from countries outside the United States where, in many cases, client-centered and experiential therapy has a wider and more enthusiastic following. A large number of these papers were published in a book entitled *Client-Centered and Experiential Therapy in the Nineties*, which was edited by Lietaer, Rombauts, and Van Balen (1990). This publication represents the first major book of articles published on client-centered therapy since Levant and Shlien's book in 1984. It clearly demonstrates that client-centered scholars and therapists are indeed evolving in their thinking and

practice and are addressing issues of interest to therapists of other approaches.

In 1991, there will be a Second International Conference on Client-Centered and Experiential Therapy. It will take place at the University of Stirling, Scotland. In 1992, the Fifth International Forum for the Person-Centered Approach will be held in Holland. It is clear, then, that client-centered therapy continues to be of great interest to many professionals around the world. If this interest, energy, and commitment can be sustained, client-centered therapy may take its place once again as one of the leaders in the field of psychotherapy.

### REFERENCES

- Kirschenbaum, H. (1979). *On becoming Carl Rogers*. New York: Delacorte Press.
- Levant, R. F., & Shlien, J. M. (1984). *Client-centered therapy and the person-centered approach*. New York: Praeger.
- Lietaer, G., Rombauts, J., & Van Balen, R. (Eds.). (1990). *Client-centered and experiential therapy in the nineties*. Leuven, Belgium: Catholic University of Leuven Press.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.
- Rogers, C. R. (1986). Editor's introduction. *Person-Centered Review, 1*, 3-4.
- Sachse, R. (1989). Proposals for the future of client-centered and experiential therapy. *Person-Centered Review, 4*, 21-22.

# THE FIRST 50 YEARS AND THE NEXT 10

**Nathaniel J. Raskin**

*Northwestern University Medical School*

The first 5 decades of the person-centered approach are appraised. The movement was of major importance educationally and in research while Rogers taught at Ohio State, Chicago, and Wisconsin, from 1940 to 1963. The approach broadened conceptually and in its geographical influence following Roger's move to California in 1964. Person-centered principles were applied to encounter groups, person-centered community workshops, school systems, peer counseling, parent effectiveness, and conflict resolution situations. These applications were counterbalanced by a weakening of client-centered influence on psychotherapy training and research. Two major efforts are proposed for the next 10 years. One is a national training program in the theory and practice of the person-centered approach. The other is in the conflict resolution field, where there is a tremendous need and opportunity for a distinctive contribution.

*Nathaniel J. Raskin, Ph.D.*, is a professor of psychiatry and behavioral sciences at Northwestern University Medical School, where he teaches courses on psychotherapy theory, practice, and research in the Ph.D. program in clinical psychology. He participated in the early years of client-centered therapy at Ohio State University and at the University of Chicago, and he coordinated the Ongoing Learning Program in the Person-Centered Approach in La Jolla in 1980-1981. Through the American Academy of Psychotherapists (AAP), he has had first-hand experience with other therapeutic orientations and their leaders, such as Albert Ellis, Carl Whitaker, Fritz Perls, and Bob Goulding. He was the president of the AAP from 1978 to 1980. He has been a guest speaker and workshop leader in Italy, Switzerland, Holland, and Ireland, and is looking forward to working in Eastern Europe and the Soviet Union.

## THE FIRST 50 YEARS

As I consider the first 50 years of the person-centered approach, I have a sense of its richness. I go back to the first years at Ohio State, when Carl taught us to listen to clients in their own terms, and to respect their capacity to find their own answers in their own ways. Carl put forward his hypotheses about this approach in the clearest terms. He blazed a trail with the verbatim recording of interviews. As he was engaged in these initiatives in the early 1940s, Carl stimulated a growing number of dissertations on the process and outcomes of psychotherapy. He was strong enough professionally to be elected, in

1945, to serve as president of the American Psychological Association for 1946-1947. At the same time, he moved to the University of Chicago to be professor of psychology and head of the Counseling Center. Here, until 1957, when Carl went to the University of Wisconsin, the movement was strengthened in a number of very important ways:

1. The therapist was recognized as a person in the relationship with the client, in addition to being a skilled empathic listener.
2. Client-centered play therapy, client-centered group therapy, and experiential learning in groups came into being.
3. The principle of respect for the client spread to respect for the student (student-centered learning and teaching) and to respect for staff leadership rather than top-down organization (the Counseling Center was staff-led).
4. The research base for the client-centered hypothesis was strengthened enormously by the completion and publication of the "parallel studies" project (Rogers, Raskin et al., 1949) and the Rockefeller Foundation project (Rogers & Dymond, 1954). These nationally recognized research activities were characterized by cooperative group efforts, the use of complete cases recorded verbatim, the objective measurement of self-concept, ideal self, and the relationship between the two over the course of therapy, the correlation of subjective and externally based variables, the employment of refined methodology such as an own-control group, and evaluation by outside consultants.

By 1957, then, when Carl moved from Chicago to Wisconsin, we had a beautifully clear way of working with children and adults, individually or in groups, based on a profound respect for the client's self-directing capacities, an advanced formulation of the "necessary and sufficient conditions," a comprehensive theory of personality change, a body of rationally respected research, a set of principles being applied to education and other areas of interpersonal relationships, a leader viewed as one of the giants of American psychology, and a movement recognized as one of the three major approaches to understanding human beings and how they change.

As solid a position as client-centered therapy occupied at that time, more advances were to come. The schizophrenia project (Rogers, Gendlin, Kiesler, & Truax, 1967) at Wisconsin, which produced mixed

results and interpersonal stresses, also clarified the process concept of psychotherapy and personality change and added *experiencing* to self-concept as a central client variable. Gendlin and Rogers, in their own individual ways, extended the role of therapist expressiveness in working with extremely withdrawn individuals. Audiotapes with "Loretta" and "Mr. Vac" provided striking examples of the effectiveness of the client-centered approach with individuals diagnosed as schizophrenic; and these tapes still constitute an invaluable educational resource.

Toward the end of this Wisconsin tenure, in 1963, Carl and Gene Gendlin co-led a week-long encounter group. This was a precursor of Carl's experiences with intensive groups after his move to California. The "basic encounter" group produced a client-centered theory of group process and a personal loosening of Carl's behavior as a group facilitator. He reached out physically as well as verbally to group members in distress and was more free in sharing his personal emotions.

There had been two other noteworthy developments while Carl was at Wisconsin. One was the publication of *On Becoming a Person* (1961), his most widely read book, which established a solid international following. The other was his involvement with the American Academy of Psychotherapists (AAP), whose founders asked him to be its first president. The academy was an interdisciplinary organization of highly experienced therapists who represented many different orientations, including rational-emotive, Gestalt, psychodynamic, experiential, Jungian, family, and others. The academy's summer workshops allowed for intensive professional and personal exchanges that produced conflict at times but more often promoted individual personal growth and mutual understanding, respect, and affection. This experience stimulated some academy members to offer intensive groups for their clients at home. The academy workshops clarified the conditions that made successful intensive groups more likely. The AAP also sponsored a tape library that distributed many client-centered tapes made in the 1960s.

In La Jolla, beginning in 1964, Rogers extended the principles of client-centered therapy to the person-centered approach on a large scale. With his associates at the Western Behavioral Sciences Institute and at the Center for Studies of the Person, he built communities in

person-centered workshops, sometimes numbering hundreds of people, and tried to humanize entire school systems by giving administrators, teachers, and students a chance to meet on a more personal level in open groups. He wrote new books on "freedom to learn" (1969, 1983), "becoming partners" (1972), a study of communication between partners in marriage and alternative relationships, and "personal power" (1977). He examined the inequitable power relationship that exists in most approaches to psychotherapy, in industry, and in other societal settings. He displayed more and more feeling for people disadvantaged economically and otherwise.

The last area to which Carl attempted to demonstrate the contribution of the person-centered approach was conflict resolution. While his interest, activity, and writings in this area went back many decades, his later work with Ruth Sanford in South Africa and with other colleagues on the Central-American crisis made a particularly dramatic impact and involved larger numbers of people, including some active in the diplomatic arena.

### TAKING STOCK OF THE FIRST 50 YEARS

Where are we now, 50 years after Carl's historic talk at the University of Minnesota? We have a movement definitely, but is it moving? Collectively, what kind of shape are we in? Different answers come from different vantage points. And, of course, individuals will disagree.

In relation to American academic and professional psychology, we are in a weak position. Compared to behavioral and psychoanalytic psychology, we have few adherents. We have hardly any doctoral training programs that allow a significant concentration in client-centered therapy and the person-centered approach. We have very little presence at general national meetings of psychologists. We are struggling to maintain a journal. On the positive side, we are generally included in textbooks on theories of personality and approaches to psychotherapy.

Assuming a more general vantage point, our influence has been strong. The concepts of self, self-image, and self-esteem are used

universally, and we have had a lot to do with that. On the remedial side, parent effectiveness groups, books, and so forth, stem directly from client-centered theory and practice. "Hot lines," peer counseling, and similar services stress training in and practice of empathic listening. Such activities are also extremely widespread.

Another way I try to assess the strength of this movement is in my own professional life. Over a span of 40 years, I have been a university professor and have had a part-time private practice. My orientation has been consistently person-centered. As a therapist, I am considered a purist. As a teacher, my students design each course with me; I have never given examinations, and I employ self-evaluation for grading. During two 5-year stretches, I held administrative jobs as director of research planning at the American Foundation for the Blind and as chief psychologist at the Children's Memorial Hospital in Chicago. All my teaching has been in traditional departments in traditional universities. I was recommended for fellow status in the APA by a rational-emotive and a psychoanalytic psychologist (Albert Ellis and Hans Strupp). A traditional group of psychologists passed me on my ABEPP exam. A very mixed membership elected me president of the AAP. The point is that, in spite of being in a minority position or even an ideological isolate, my person-centered orientation has not held me back. On the contrary, because this orientation has equipped me to deal effectively with a variety of interpersonal situations, especially in psychotherapy and education, and to make a professional contribution in writing and in talks, I have been accorded a great deal of respect. I see a similar pattern with many person-centered colleagues who received their training when the movement was strong professionally.

What accounts for this mixture of strength and weakness in our movement? I offer a few possible reasons:

1. *Carl Rogers's move from academia in 1964.* After 23 years at Ohio State, the University of Chicago, and the University of Wisconsin, Carl opted for the greater freedom of the Western Behavioral Sciences Institute. Suddenly, there was a cessation of students coming to work with him and his associates for degrees, of research based on dissertations, of the intellectual resources and stimulation present within a university. There was a dramatic shift in the direction of creating and participating in new experiences and away from the kind of research

that involved students. Rogers himself remained a student to the end. Characteristically, he would write up an experience soon after he had been involved in it. The article "Inside the World of the Soviet Professional" (1987) came out posthumously after his meetings in Moscow and Tbilisi in the autumn of 1986. It was his usual careful, considered, fascinating observation and interpretation of a significant experience.

2. Although Carl's students and associates were very able and played an integral role in the development of the person-centered approach, *Rogers was in a class by himself as a writer, as a leader of programs, and as an innovator of projects.* I, for example, remained in a university setting, but have not been able to develop a substantial following of students who identify primarily with a person-centered orientation.
3. Carl's spectacular impact in the 1940s and 1950s may have been based largely on the *clarity, practicality, and immediate usefulness* of his therapeutic techniques and research methodology in the academic and clinical arenas. The more general and perhaps deeper meaning of his work that is reflected in his later books may have attracted a more general following, professionally and geographically. At the same time, other psychologists have come along with new tests, new research techniques, and new treatment methods, such as short-term cognitive therapy, which are attractive to clinicians, academicians, and graduate students.
4. During these first 50 years, values have changed. *Psychotherapy, education, and societal institutions in general have become more task-oriented, more commercialized, more routinized, more mechanized, more automated, more computerized.* All this is nonhospitable to a person-centered approach, making it less attractive to students and more difficult to practice. Those of us who are already trained and have gained experience have learned to work within existing institutions and make a go of it. Younger people have encountered a more antagonistic environment with the handicap of training that is much weaker professionally.

### THE NEXT 10 YEARS

I am more comfortable trying to summarize the first 50 years, less comfortable trying to interpret them, and least comfortable trying to look into the future. In terms of planning, however, it is very important

to look ahead. I see this very much as a group enterprise; I would like to offer my ideas, my wishes, my hopes, in the spirit of encouraging a dialogue. We can make an enormous contribution—to psychotherapy, preventive mental health, the humanization of medical practice, and other professions, and to peace and conflict resolution, to name some of the areas that cry out for improvement. The more impersonal our society becomes, the more it needs a person-centered approach.

For me, there are two particular needs and opportunities that stand out as we enter the last decade of the 20th century. One is a *training program* in the United States. The other is the *conflict resolution* area.

#### TRAINING PROGRAM

Of course, training programs in the person-centered approach already exist in this country; however, it would also be wonderful to have a program that would grant a Ph.D. and be APA-approved. The present University of Georgia program directed by Jerold Bozarth represents about as much as we can achieve along those lines in the near future. Another potential and very desirable model, is the multi-year intensive community learning model that has been adopted by Charles Devonshire and Alberto Zucconi in Europe and, on a smaller scale, by Curtis Graf and Peggy Natiello in New York. Such a program could draw on the talents of many of us with decades of teaching experience who have an in-depth knowledge of client-centered therapy and the person-centered approach. I expect that if we got down to the nitty-gritty of such an enterprise, there would be many difficulties and disagreements. But it would be exciting to plan and well worth trying. It would probably require a couple of week-long meetings just to see if there were consensus for such a project, and to begin to structure it.

#### CONFLICT RESOLUTION

The opportunities in this area are huge. In addition to the everyday conflicts that arise between people, there is the ongoing tension between African-Americans and a number of specific racial, national, and religious groups. On the international scene, this extends to South

Africa, to the bitter Israeli-Palestinian hostilities, to the religious strife in Northern Ireland, and to many many other conflicts between warring factions. Whether the site is Beirut or Bensonhurst, violent "solutions" are senseless. Community justice programs are widespread in some U.S. cities but barely exist in others. Labor-management issues may go unresolved for months or even years. The economic disparities that feed into group stereotypes and prejudice are widening and therefore intensifying existing conflicts.

I have been part of a dispute resolution research and practitioners' group at Northwestern for a number of years. I am one of only two therapists in a group dominated by organizational management faculty and lawyers, but I was asked to represent the university at the 1989 North American Conference on Peace and Conflict Resolution, in Montreal. I contributed to a couple of programs and attended many more, gathering a long-awaited overview of the field. It is a large and growing field, and the work that Carl and his associates have done is not well known and is minuscule, quantitatively, in this very large area of study and work. But I came away confirmed in my impression that we can make a very significant contribution to this field. The situation reminds me of the one that Carl found in counseling and psychotherapy in 1940, in that the conflict-resolution professional assumes the role of the expert who directs the process and tries to guide the parties toward a solution. The person-centered facilitator can make at least three significant contributions:

1. Demonstrating the force of empathy in conflict resolution
2. Facing up to the emotions of the conflicting parties rather than trying to minimize them
3. Showing a basic respect for the ability of those in conflict to work out their own solutions

Our first 50 years have been a time of extraordinary achievement, led by one of the giant psychologists of the 20th century. Carl helped give a unique meaning to the lives and work of thousands of people around the world. The fields of psychotherapy and education have been especially influenced by the person-centered approach; great challenges remain that can enrich further the gratifying relationships many of us enjoy in knowing one another and working together.