FROM THE PERSON-CENTERED APPROACH TO CLIENT-CENTERED THERAPY: TOWARD A PSYCHOLOGY (1)

John Keith Wood, Ph.D.

Núcleo de Estudos Psicológicos
Universidade de Campinas
Caixa Postal, 11
13820 Jaguariúna
Brazil

ABSTRACT: The person-centered approach is not a psychology, a psychotherapy, a philosophy, a school, a movement nor many other things frequently imagined. It is merely what its name suggests, an **approach**. It is a psychological posture, a way of being, from which one confronts a situation.

The best known activity it has been applied to is client-centered therapy, which **is** a psychotherapy, has a psychology, a method and a body of research generally supporting its theoretical assertions.

This paper considers the some sixty years of applications of the person-centered approach which include - as well as psychotherapy - education, encounter groups, and large groups to facilitate transnational understanding, to explore intergroup conflicts, to learn the nature of culture and its process of formation.

Observations from these applications over the last thirty years have revealed inadequacies in the psychology of client-centered therapy. A direction is indicated for the formulation of an appropriate psychology for all the applications of the person-centered approach. It is also suggested that reflection on this discussion may inform the practice of client-centered therapy.

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A PERSPECTIVE

In this paper I am proposing a perspective of the person-centered approach which both sharpens distinctions *and* allows for more flexible, and hopefully more effective, practices. This perspective is not new. It was Carl Rogers's view. It was not his *only* perspective, but it was one that ran consistently through his long and productive career.

WHAT THE PERSON-CENTERED APPROACH **IS NOT**

It is neither a *psychotherapy* nor a *psychology*. It is not a *school*, as in "the behaviorist school." It is not a *movement*, as in "the labor movement." Although many have noted "existential" positions in its attitudes and others have refered to "phenomenologic" perspectives in its intentions, it is not a *philosophy*. Nor is it any number of other things frequently imagined.

WHAT THE PERSON-CENTERED APPROACH **IS**

It is merely, as the name implies, an **approach**, nothing more; nothing less. It is a psychological posture, if you like, from which thought or action may arise and experience be organized. It is a "way of being." (Rogers, 1980)

In part, it consists of:

A *belief* (or perhaps, a *faith*) in a "formative directional tendency" that Rogers (1980, p.133) has described as:

> ... an evolutionary tendency toward greater order, greater complexity, greater interrelatedness. In humankind, this tendency exhibits iself as the individual moves from a single-cell origin to complex organic functioning, to knowing and sensing below the level of consciousness, to a conscious awareness of the organism and the external world, to a transcendent awareness of the harmony and unity of the cosmic system, including humankind.

A *will* to help that includes the conviction that it is possible to help and that to do so is the most important thing in the world at this moment.

An *intention* to be effective in one's objectives. In the case of client-centered therapy, it is the intention to help another human being make constructive personality changes. It does not consist in *showing* that you are trying to help, but in actually helping. It is not trying to do "good therapy," but in doing what favors the best outcome for the client.

Having *compassion* (that would not exclude expressing kindness) for the individual and respect for his or her *autonomy* and *dignity*. In one of Rogers's early attempts to describe his approach as applied to psychotherapy, he proposed that the therapist would have "a capacity for sympathy which will not be overdone, a genuine receptive and interested attitude, or deep understanding which will find it impossible to pass moral judgements or be shocked or horrified." This therapist would have, "a deep-seated respect for the [person's] integrity. ... a willingness to accept [him] as he is on his own level of adjustment, and to give him some freedom to work out his own solutions to his problems." Rogers also thought the therapist should be expected to have "a sound understanding of himself, of his outstanding emotional patterns, and of his own limitations and shortcomings." (Kirschenbaum, 1979, p.96)

A *flexibility* in thought and action. This "way of being" is not bound by concepts or trained behaviors, not even by previous learnings.

An *openness* to new discoveries. Perhaps a "learning posture." One's interest is, "not in truth already known or formulated but in the process by which truth is dimly perceived, tested and approximated." (Rogers, 1974)

An *ability* to intensely concentrate and clearly grasp the linear, piece by piece, appearance of reality as well as perceiving it holistically or all-at-once.

A tolerance for uncertainty or ambiguity. From this approach one is able to live without being attached to a particular form or outcome. Like Keats's (1899) Shakespeare, a facilitator possesses a "*negative capability* ... capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason." (p.277)

Though certainly not the exclusive possession of this approach, a sense of *humor, humility, curiosity* doubtless play a part also.

In less precise language, but perhaps more precise description, the **approach** consists of turning the best part of oneself toward the best part of the other in order that something of lasting value may be accomplished that neither could have done alone.

THE DIFFERENCE BETWEEN CLIENT-CENTERED THERAPY AND THE PERSON-CENTERED APPROACH

Client-centered therapy and the person-centered approach belong to different categories. Client-centered therapy is a *psychotherapy*. The person-centered approach is an *approach*.

Client-centered therapy has a specific and coherent *theory*. (Rogers, 1959) The person-centered approach has no theory.

There is a *method* for conducting client-centered therapy. It is not so well specified as the theory and varies substantially between therapists. However, Rogers's own technique has been extensively documented (including many films and audio recordings) and can be precisely described. (for recent analyses, see Brodley [1994] and Ellis & Zimring [1994])

On the other hand, the approach has no specific method. Methods are developed according to the demands of each application. For example, facilitative behavior in groups is somewhat different, and at times may even be contradictory, to therapist behavior in individual therapy intended to facilitate personality change. Nevertheless, they are derived from the same **approach.** We will return shortly to the subject of method in applying the approach.

For client-centered therapy, a substantial body of *research* has accummulated that has tested hypotheses proposed from studying its theory and practice. Although the research has, in general, been unable to convince the majority of psychologists of the theory's validity, what has been most convincing and has improved psychotherapy on the whole has been client-centered therapy's success in the clinic. The person-centered approach has not been researched as such.
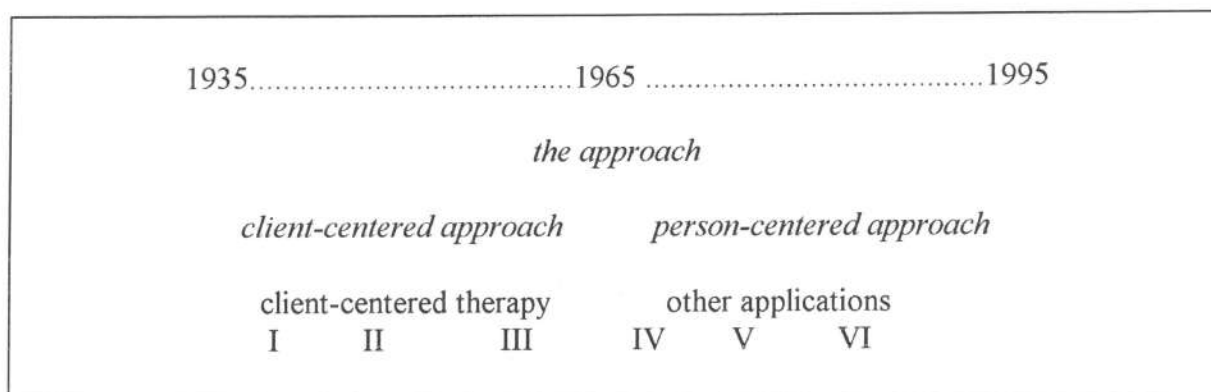

AN APPROACH BY ANY OTHER NAME

The person-centered approach is the same approach that was used to develop client-centered therapy and other activities. Of course, the **approach** has only recently been called "person-centered." In the beginning, it was merely *an* approach. (Rogers, 1939) Then as a distinctive method for practicing psychotherapy was formulated, the approach began to be known by the subsequent developments: the *non-directive approach.* (Rogers, 1942) and then the *client-centered approach.* (Rogers, 1946)

Until the early 1970's, it continued to be called the *client-centered approach*. Then, as applications of the **approach** began to be further developed in fields other than psychotherapy, it became known as the *person-centered approach*. (Rogers, 1977)

The first thirty-year client-centered **approach** period was largely concerned with the development of a system of personality change which concentrated on the individual's subjective world. The following thirty-years of the person-centered **approach** period has been concerned as well with social interactions and has concentrated on learning from doing.

The following schematic may help visualize this history.

1935.................................1965 1995

the approach

client-centered approach   *person-centered approach*

client-centered therapy   other applications

I   II   III   IV   V   VI

I. Attitudes of the therapist. Characterized by Rogers's book, *Counseling and psychotherapy* published in 1942.

II. Methods of therapy. Identified by the publication *Client-Centered Therapy* (1951).

III. Internal process or experience. Corresponds with the best-seller, *On becoming a person* (1961).

IV. The facilitation of learning. *Freedom to learn* (1969).

V. Interpersonal relationships. *On encounter groups* (1970).

VI. Social processes and cultural transformation. *On personal power* (1977) and *A way of being* (1980).

Although, client-centered *therapy* and the person-centered *approach* are different, Rogers (1987, p.13) made it clear that the **approach**, by whatever name, was the same. He insisted:

> To speak of a 'client-centered approach' and a 'person-centered approach' as though they were entities opposed to each other is, in my estimation, a sure road to futile wrangling and chaos. ... I hope I may be allowed to be one whole person, whether I am called upon for help in a relationship deemed to be client-centered or in one that is labeled person-centered. I work in the same way in each.

What did Rogers mean when he said that he worked in the same way in each situation? Did the same empathy exist in his sympathetic and caring gestures toward that poor woman sobbing in the individual therapy interview; as in his cool brashness toward that young "hippy" pointing his finger in the small group, accusing Rogers of betraying "the revolution;" as in his surprsed yawning while that smug university professor was droaning on about Sartre and philosophies of liberty in the large group meeting?

Although his apparent reaction, his manner of expression, his feelings, the circumstances may have been different in each of these situations, I believe that Rogers **approached** them in the very same way. He approached each situation with the same desire to understand, the same good humor, the same humility, the same honesty, the same non-

judgemental acceptance of the individual or the group, the same curiosity and openness to learning, the same will to help. He improvised from his knowledge and abilities in each specific case.

The development of effective client-centered therapy has resulted in the formulation of certain *principles*. Some have become part of the theory, some part of the belief system of practitioners, some part of the folklore that inevitably surrounds the activities of a group of people involved in the same endeavor. For the approach, there are no principles as such.

In the case of client-centered therapy, the approach was characteristically expressed through an intense *empathic understanding* within a *genuine* person-to-person relationship, where the therapist *accepted*, without question or judgement, the client's thoughts and feelings.

APPLYING THE APPROACH VS. APPLYING THE PRINCIPLES
OF CLIENT-CENTERED THERAPY

Applying the principles of client-centered therapy

Rogers's major descriptions of client-centered therapy (for example, 1946, 1951, 1961, 1980) always included developments in education and groups. In his book, *Client-Centered Therapy*, these subjects were put under the heading of "applications of therapy." However, it is clear from the descriptions of "student-centered teaching" and "group-centered leadership" that these activities are substantially different from client-centered therapy. Nevertheless, the attitudes and orientation (that is, the **approach**) of the educator and the group leader is the same. So, what is more likely being presented are not applications of therapy, but applications of the approach itself.

By the time he described, "A Theory of Therapy, Personality, and Interpersonal Relationships," for Koch's (1959) *Psychology: A Study of Science*, Rogers had already begun to distinguish between applications of therapy and applications of the underlying approach that the therapy was based on. In this case, he called the approach, "the Client-Centered *Framework*."

The difference between applying principles of therapy and the approach it may have been based on is noteworthy. In applying the principles of therapy one is doing what one "knows" how to do. In this case, it may be difficult to avoid therapeutic goals. Thus, in trying to demonstrate the principles of empathic understanding, congruence and non-judgemental acceptance in the classroom, one runs the risk of turning the facilitation of learning into fostering personality change.

Applying principles instead of meeting the phenomenon on its own terms may not only be ineffective in achieving one's objectives, it may even be harmful. There is evidence that two large projects based on "models" and principles derived from client-centered therapy may not have been as successful as they could have been. One project was the attempt to modify a private school system. (Coulson, 1989) The other was an attempt to resolve conflict between groups. (Wood, 1994)

An example from encounter groups:
In client-centered therapy, the therapist is said to "offer" empathic understanding to the client. (Rogers, 1980) This refers to a therapeutic method and most often occcurs by "attending" the person with "empathic responses."

However, participants in the small group for open encounter will usually not tolerate such a practice for very long. *Predictable* responses by the facilitator, especially practiced

techniques, will eventually be challenged by other group members. "Can you only repeat what someone says?" "What do you think?" "What do you feel?" "Who are you anyway?" will be demanded of the facilitator.

The group insists on frankness, honesty, congruent expressions (both verbal and non-verbal) from all members, including the facilitator. Especially distasteful are patterns of reflective statements aimed at provoking an "exploration of feelings" or "focusing" advice. This fact frequently surprises client-centered therapists who cannot believe that, with all their good intentions and conscious effort not to, they are playing a role. Even Rogers himself who adopted the completely innocent posture of "trying to understand every single thing the person was saying," has been called to task for not saying "how you really feel" in a demonstration interview within a large group workshop. The "client" remarking on his impressions of the "therapy" just concluded, related:

> I still feel that feeling of sort of a structured - I feel I'm being used. I think you follow your rule book, you know, and I'm sure that if you really let go, you'd sort of look at the heart of these things, you'd open up a bit more and wouldn't be so impassive." (Rogers, 1986; p.25)

Thus, applying the principles of client-centered therapy (in this case "empathic understanding") may not be effective in the group. In addition to confusing empathic understanding, novices in group work may also confuse the therapeutic principles of congruence and non-judgemental acceptance. Attempting to be congruent, they may be brash and impatient. Instead of accepting, they may be passive and inactive.

Naturally, when participants in the group have achieved a person-to-person relation with each other, anyone can be facilitative through "empathic understanding." Applying the person-centered approach can, and often does, result in a "facilitative environment." This may mean being sensitive to interactions between participants which may be more constructive than those between facilitator and participant. (Yalom, 1985) Even in individual therapy, empathic understanding has been shown to depend more on the client than on the therapist. (Moos & McIntosh, 1970) In the group, perhaps this knowledge may be extended. It may even make sense to facilitate the client's own "capacity for empathic understanding," as it is apparently a better indicator of success than the facilitator's. (Mente & Spittler, 1980)

An application of the person-centered approach, then, suggests that the facilitation of meaningful encounters between participants may be much more important than applying client-centered therapy to each participant.

One of its best-kept secrets is that the person-centered approach seems to function best in situations where conventional methods (including applying the principles of client-centered therapy) have failed.

Applying the person-centered approach

Applying the person-centered approach means confronting a phenomenon (such as psychotherapy, classroom learning, encounter groups or large groups) with that certain "way of being" described earlier and which may also include not only respecting others, but being able to deal with hostility and skepticism. It may mean facing both the unknown and one's own fear and doubt. It may mean fighting for one's own ideas, but giving them up for better ones. It frequently requires an active patience: to allow various perspectives to become apparent before deciding, while, at the same time, not withholding one's vital participation while data is accummulating.

An example from a public mental health project

In the late 1960's in the United States many people underwent dramatic life-transitions. Not only young people. Due to political decisions thousands of middle-aged scientists and engineers were unemployed and many were forced to make radical changes in their ways of living. Throughout the nation, some 100,000 scientists were unemployed. This example is about some 250 of this group who lived in San Diego, California.

The crisis began with the government's cancellation of contracts for the construction of a super-sonic aircraft. In one sense, it was a victory for the environment, as this vehicle was expected to cause certain ecological damage. On the other hand, it was a devastating defeat for those who lost their jobs.

Who were these people? The population consisted of technical workers, engineers and scientists, almost all men. A familiar story was the following. A young man joined the armed forces during world war II. He served his country honorably. With the war's end, he took advantage of veteren's benefits and enrolled in a university. After four years he had been awarded a degree in engineering. A couple of more years led to a master's degree. Or perhaps he went on for a doctorate in physics, biology, or an engineering speciality.

On graduating from the university, his services were in great demand. This was the time that the country was rebuilding and expanding. Job offers were abundant, especially in the growing "aerospace industry." He got a good job and began to advance within the organization. He bought a house in the suburbs, a boat, or a trailer for camping excursions, a new car every year. He made investments, provided insurance for his survivors, arranged for his children's teeth to be straightened, put away money for their university education, and, in general, became an important and contented member of his community. Some 25 years later, around age 48, he lost his job.

When I arrived in San Diego, there were some twenty or so engineers and scientists voluntarily organizing a "job bank," to help each other find employment. I joined them. At first, we thought perhaps people could find employment with other manufacturers of aircraft or aircraft components. All we had to do was to contact the companies, find out what openings they had, and put the right man in the right job.

What we quickly learned was that there were virtually no job openings in the aerospace industry.

So, we began to look into related activities: bio-medical engineering, pollution management, environmental specialties, technical marketing, small business management and so forth. Disappointingly, these industries wanted only young people trained in the technology that they dealt with.

Next, we petitioned local politicians such as the mayor and the board of supervisors of the region. We proposed that every level of community was in need of technical assistance to resolve various problems: control of air pollution, sewage disposal and treatment, crime and security. Why not hire an unemployed engineer? Yes, the problems exist. Yes, we need help. No, we do not have funds to employ your people.

Could the state give a grant for scientific research? Could the county pay for a study of its swamp lands and the ecological threat that housing developments were introducing into the area? Could scientists be hired as teachers in the city school system? We made proposals to every sector of the community: without success.

We even staged a "demonstration," a quiet march through the downtown streets to advertize our plight. The television journalists loved it, but nothing came from this effort. After a couple of weeks, the journalists were looking for what was new. Unemployed scientists quickly became an old story.

The telephone campaign continued. Engineers and scientists, themselves unemployed, worked on a voluntary basis in a small office the state loaned us. They tried to find jobs for

their colleagues who came into the office to register for unemployment insurance. Volunteers telephoned local businesses, factories, and other sources of employment on a regular basis asking for what openings existed and recommending that the enterprise consider our population.

The volunteers also listened to the stories of the recently unemployed who came to the office for help. A common pattern was repeated: At first the unemployed person was not too concerned. He was receiving a few weeks of insurance payments. Also, most received a pretty good payment from funds their previous employer had put aside for their retirement. Thus, they had income for a few months.

At first, they concentrated on looking for a job as good or better than the one they had. They certainly would not consider working for less salary. Without success, they began to apply for lower-level jobs. For example, managers of big engineering departments began applying for jobs as ordinary engineers. Still, with no success and time passing, they began to become worried and applied for jobs well beneath their training and ability. Many related that they had eventually become desperate and had even tried to get work in a gasoline filling station. They were turned down because they were "over-qualified." They were willing to work, but no matter how humble they became, nobody wanted them. This experience was not only humiliating, it left the person depressed and in a desperate state.

While we tried everything we could think of to find work for people and to help them prepare themselves in the best possible way to present themselves in job interviews and while we listened to their stories in the volunteer office, we noticed an inexplicalbe but nevertheless constructive and encouraging phenomenon: Volunteers who came to the office, worked the telephones and talked to people coming in, quickly found employment: if not a formal job, nevertheless, a satisfying new direction for their lives.

Were they to have found employment in their old line, we could suspect that they were merely privy to inside information about job openings and stepped in to claim the prize, instead of passing it on to one of their colleagues who was waiting for such an opportunity. However, this was not the case. As often as they found similar employment, they resolved their problem creatively: sometimes beginning a completely new career direction.

What was happening? What did this observation mean? Could it be that by merely sitting around the office and drinking coffee, trying to help one's colleagues (and oneself), conversing with each other more honestly than one might converse with acquaintances and casual friends, a person's life transition could be facilitated?

If it were so, we could certainly take advantage of this discovery. To test the hypothesis, a small prototype project was proposed: we would invite unemployed scientists to a group meeting where they would have a chance to do what was taking place within our office spontaneously: That is, learn what they needed to know to look for work effectively, reflect on their common life-situation, share informally their feelings regarding this crisis, explore with others practical solutions to their and other's problems. Although nobody could produce a theory to explain how this might be beneficial, the fact was that in spite of a herculean effort, no other approach had offered the slightest hope of helping, let alone success on a significant scale.

The results of the small group we convened to test this hypothesis, confirmed it. Participants in the group quickly resolved their problems. On the basis of the pilot group's success, the state government gave us a small grant to conduct a longer program that would also be researched to better understand what was going on. Unemployed people were given the opportunity to attend what we called "job clinics." There were some twenty. Each consisted of a group of around 10 unemployed scientists, one or two counselors or supervisors from the state unemployment service (who were receiving training, in a sense, which they could later use in their work), and two group facilitators (usually a male and a

female). The group met daily for a week which included a two-day intensive experience and afterwards, once a week for three hours in the evening for ten weeks. Two-hundred and fifty people participated in the "job clinics."

For the purpose of research, this group was matched with an equal number of similar persons who did not participate in the "job clinics" and did not participate in any government program of counseling or retraining. A third group was constituted from the official reports of people who receive the authorized unemployment counseling from professionals who work for the government agencies. .

At the end of six months after a person had completed the "job clinic," he was asked to evaluate his transition. The results were significant. People who participated in the "job clinic" had an **80%** chance of being engaged in a satisfying occupation. Around half of these persons were trying something they thought they would like which was different from their previous work. Almost one-third were engaged in an endeavor that they had always wanted to do. For example, one fellow became a veterinarian; another, who had invented a 2-cycle gasoline engine as a hobby, was hired by a large motor manufacturer to supervise the design and fabrication of his engine; a metalurgist whose hobby was photography became a crime photographer for the police force; an aircraft stress analyst became a successful film maker, inventing several special effects techniques.

People who "did nothing" had around an **even** chance (57% in San Diego and around 46% nationwide) of realizing these same options. Statistically, these findings are indisputable: the "job clinic" definitely helped people reconstruct their lives in a positive and creative manner. The astonishing finding was that unemployed scientists and engineers who were "helped" by the government specialists had a mere **30%** chance of achieving what the other groups achieved. Thus, it was better to "do nothing" then to let the authorities help you.

Reflections relating to the person-centered approach

Unwittingly, in developing these programs to help unemployed scientists, we had applied an approach indistinguishable from the person-centered approach. What had we done?

First of all, we did not assume that we knew what the problem was. Government officials treated the problem logically, mechanically: obsolete people need retraining; thus, let's create "re-training programs." Despite enormous expenditures, this approach yielded little. On the other hand, we applied no theories. We had discovered through practice, J.W. von Goethe's advice: "Let the facts themselves speak for their theory. Don't look for anything behind the phenomenon; they themselves are the theory."

We exhausted every alternative as it arose in the "voice" of the phenomenon; that is, instead of doing it for him, we tried to help the unemployed person formulate his own response to his necessities. In letting the phenomenon "speak for itself," we observed what conditions seemed to accompany success and tried to promote them. This approach was not efficient, but it was effective. It was a bit like nature herself, who prefers, instead of production, potential; and who rewards patience, instead of enterprise. In the end, Martin Buber's (1958) insight was once more born out: "Only when every means has collapsed does the meeting come about." (p.12)

In this case, the person-centered approach consisted in part of:

A *belief* that something can be done and that those who have a problem also have the creativite resources to overcome this problem.

A *respect* for the dignity and autonomy of the person. He or she is the one to decide about his or her life.

A *recognition* of the value of social interaction: one alone is nothing: two is a unity. The majority of persons, both in the "experimental group" and those who "did nothing," said that they found their "new direction in life" through personal relations with others.

A *tolerance* for uncertaintly. We tried things that we understood and they did not work. We did things that we did not understand and they did work.

We turned the best part of ourselves toward the best part of our colleagues in order to accomplish something of lasting value that neither could have done alone.

If a central hypothesis from observations of this project would be stated, it might be something like this: Given the appropriate environmental and psychological conditions, people possess the capacity to reorganize perceptions of themselves and of their reality and to make creative and constructive life-transitions.

Method - At first we tried to teach people how to look for work: how to write a curriculum vita, how to dress for interviews, how to present oneself. Then, when we discovered that there were psychological factors involved, we offered group experiences which were structured in a way to elicit participants to speak about and to reflect on their lives. Later, we discovered that the essential elements were already present in the *meeting*. Our task was to provide the moment and the place and the unencumbered time necessary for deep reflection to take place. This was not as difficult as it may seem because the participants themselves provided both the urgency and the creative vitality necessary.

Personal - A promising psychology is beginning to develop around concepts and findings from evolutionary biology and brain researches. One small aspect concerns the notion that the brain consists of various "modules," specialized functions developed to deal with particular necessities of the organism. Some of the difficulties an individual encounters may be the result of using a "module" or a way of thinking that is not suitable for the problem at hand.

One could notice such a phenomenon among the population of unemployed scientists and engineers. For example, many thought like a twenty-three-year-old first beginning a career: "I must find a good paying job. It must have room for advancement, so that my salary may increase to provide for my growing family: buy a good home, education, and so forth. I may wish to do something else, but I must not think of myself. My family must come first."

However, a forty-eight-year-old man whose children were grown and whose house was paid for and who, for the first time in his life, had the opportunity to do what he *really wanted to do*, and thought like a twenty-three-year-old was surely using the wrong "module."

Often, beginning to think in a more realistic way about what one really wished to do for the rest of his life put him on the road to this new life.

Social - Unemployed persons who shared their feelings, view of life, their hopes and fears with those who were facing similar problems -- that is, with those who could understand at a deep level what they were experiencing -- seemed to more quickly find the way out of their difficulties.

This was no mere catharsis. In addition to sharing feelings, they offered practical advice to each other. Not gratuitous advice, they offered suggestions which were synchronous with the person's desired direction. For example, an engineer whose lifetime desire was in art, who painted, but never showed his work, was put in touch with the brother-in-law of another group participant who had an art gallery. The contact resulted in the new artist selling several of his paintings and putting his new career on a solid basis.

There is also something to be said for the process of helping each other dream of how they wish to spend their life. This results not only in mutual support and encouragement but also in bringing the dreams more into focus, and somehow bringing them more within reach.

Ambience - The location of the group meetings seemed to have something to do with the initiation of a creative process in group participants. When meetings were conducted in a drab government warehouse where space had been alloted, participants were much more inhibited and much less likely to explore their feelings deeply. When meetings were held in the eucaliptus grove that surrounds the beautiful University of California campus, the process of self-discovery in participants seemed to be facilitated by the place alone.

THE PSYCHOLOGY OF CLIENT-CENTERED THERAPY DOES NOT ADEQUATELY EXPLAIN APPLICATIONS OF THE PERSON-CENTERED APPROACH

Although client-centered psychotherapy itself still seems to function effectively, applications of the person-centered approach to education, small groups for encounter and psychotherapy, large group workshops to improve transnational understanding, to facilitate conflict exploration, to learn the nature of culture and its formation have revealed the need to rethink client-centered therapy's psychology. As it stands it does not provide adequate explanations for these phenomena and other current preoccupations.

The psychology of client-centered therapy

William James (1890) considered psychology as, "the science of mental life, both of its phenomena and their conditions." In his classic text, he addressed among other things the subjects of stream of thoughts, consciousness of self, attention, concepts, discrimination and comparison, association, perception of time, space and of things, memory, sensation, imagination, perception of reality, reasoning, instinct, emotions, will, and exceptional mental states.

The psychology of client-centered therapy revolves around the consciousness of self. In brief, society is seen to be the cause of the individual's problems. It distorts his or her personality. The natural tendency toward self-actualization is then released in a relationship with a client-centered therapist. Through this interaction, the individual may formulate a new self-concept that is more congruent with his or her organismic experience.

Challenges to the psychology of client-centered therapy raised by applications of the person-centered approach.

As long as the psychology of client-centered therapy was confined to the consulting room, there was little to be concerned about. Even if it were wrong, it did not matter much, as long as the therapy continued to be effective.

However, when the approach was more extensively applied to groups, the psychology began to be shown to be less and less relevant.

Victim of Society

Rogers (1981) has insisted that he regarded, "members of the human species ... as *essentially* constructive in their fundamental nature, but damaged by their experience." The idea that cultural influences were to blame for a client's problems was frequently the client's own perception of reality and therefore a perfectly legitimate hypothesis for the initiation of a therapeutic process.

Nevertheless, for group applications there are serious problems with this hypothesis. First, in the group the society is no longer an abstraction. In a manner of speaking, it is the

group itself, being created moment-by-moment by participants. Sure, people may be damaged by the group-society, but there are only the participants themselves to blame. Each participant cannot be only a victim. Some must also be victimizers.

The psychology of client-centered therapy proposes that, in a relationship with a therapist, the client may revise his or her concept of self in accord with organismic experience. This revision is based in part on a reflection such as, "Am I living in a way that is deeply satisfying to me, and which truly expresses me?" (Rogers, 1961) There is nothing wrong with this. *Carpe Diem.*

There is no problem, that is, unless *your* "deep satisfaction" prevents any of your colleagues from living in this way also. Martin Buber (1960) expressed the suspicion of many by observing, "I have a lot of examples of man having become very very individual, very distinct of others, very developed in their such-and-suchness without being at all what I would like to call a man."

Indeed, although they may have become more confident individuals, people having completed client-centered therapy could not be shown to have gained more respect and acceptance for others. (Gordon & Cartwright, 1954) However, participants in encounter groups from the person-centered approach apparently could be. (Tausch, 1983)

The task in the group is not merely to reject the rules of "society" and live as one pleases. It is to create a society in which every member may live as much as possible in harmony with his or her organismic experience.

The individual controls his or her own destiny

Client-centered therapy's psychology includes the belief that people may be counted on to do the right thing and that people are always in charge of their own actions. It is clear that this is not entirely the case. In large group workshops, for example, it is common for participants to behave one way in the group meetings and later, when alone, to regret their actions. Juries and other social bodies sometimes reach decisions that each member voted for but were the individual to have acted, not as a "representative of the people" but, as a private person, he or she may have decided to the contrary.

This phenomenon also occurs slightly differently, but even more regretfully, on a global scale. Urgent ecological problems have been created by many individuals unwittingly acting in concert. A major difficulty to resolving the problem is that nobody seems to want to give up their inexpensive food (which, in order to produce on a vast scale, wastes substantial soil, a principle patrimony of the planet), their automobile (whose exhaust pollutes the air they must breathe), their refrigerators or bug sprays (whose pressurized gases destroy the ozone, the planet's radiation protection layer), their personal computers (whose fabrication byproducts are among the most toxic). Some are ready to give up these things when everyone else does. The overall effect of this phenomenon is a marvel of cooperation, a well-organized and disciplined endeavor. The problem is that no central control exists. Millions of people conspire to create situations that no single individual admits that he or she wishes and whose solitary withdrawal accounts for practically nothing in changing the system.

Not only are our behaviors coordinated in this obscure way, but also our very biological functioning seems to be tied together in various ways. For example, Lynch (1985), from his researches relating speech with the cardiovascular system, concludes that, "To be human means to live through a body that is both biologically incomplete without other human beings and utterly dependent on others for its emotional - that is, human - development and meaning."(p.276)

Placebo effect is another example of the organism reacting in certain predictable patterns while the governing mind produces all kinds of personal and, at times, fanciful explanations for what is taking place. Patients cured by placebos explain that, "When

someone cares about you, you improve." Or, "To improve you must exert effort." Or, "You have within you the power to improve." Or, "Treatment is a reminder that you are trying to change yourself."

What is the placebo effect? Nobody seems to know. Nevertheless, patients improve by digesting chemicals that have been scientifically establised as curative. (Although the drug's effectiveness may be further influenced by color. [Shapiro, 1971]) Patients improve by ingesting completely inert materials. They may also improve when reassured and given a drug that is known to cause the very symptoms they suffer. (Wolf, 1950) They improve even when they are *told* that the pills they will be given are "with no medicine, only sugar." (Park & Covi, 1965) When considering this subject, one should not forget the reports of *toxic side effects* caused by placebos (Beecher, 1955); and even more astonishing: *addiction* to placebo. (Mintz, 1977)

Individuals are rational and well-intentioned
Individuals may be rational, but they also continue to be tribal. We form into tribes of motorcyclists, football fans, rock music fanatics, professors in academic departments, religious congregations. Each has its own uniform, myths, rites of passage, jargon and so forth. (Morris & Marsh, 1988) Much of the behavior in large group workshops can be seen to be tribal.

And as far as good intentions goes, history is full of examples of well-intioned people who are quite capable of damaging others. (Milgram, 1974)

There is only one self
William James (1896) recognized that "the mind seems to embrace a confederation of psychic entities." His observations were passed over for almost a century. However, today there is much talk of interactive "mental organs" or "modules" of mind. Quite a list of supposed modules has already accummulated. It includes one for face recognition, for spatial relations, for tool-use, for fear, for social exchange, for emotion-perception, as well as a "theory of mind" module. (Barkow, Cosmides & Tooby, 1992)

The enormous variety of patterns of thought, varied emotional reactions to the same social situation in large group workshops also suggests a complexity that exceeds the limits of the concept of self proposed by the psychology of client-centered therapy.

Researches of thinking patterns confirms that we may indeed use "modules of mind" to confront certain kinds of experience. However, these studies also suggest that the wrong module may be selected to deal with a problem better suited to another. Furthermore, modules may be "triggered" by certain behaviors of others, even by the phrases they use, and even by certain words. (See Cialdini, 1985, for many examples.) This view also explains why a person may act and feel completely to the contrary when within a group meeting and when solitary; all the time feeling that he or she is a single entity.

Furthermore, there are also apparently "divided selfs," phenomena of the mind that though not in consciousness may nevertheless have enormous influence in behavior. For example, Hefferline, Keenan & Harford (1959) have shown that individuals may be "conditioned" to perform certain tasks without any conscious awareness whatever of anything at all having taken place. Perhaps more astonishing still is the "hidden observer" discovered by Hilgard (1977). There is apparently an entity that may communicate with the outside world without the governing self having any knowledge of its presence, nor its interactions.

In a small volume of lectures, James (1896) has described various "exceptional mental states." Among the subjects he has discussed are dreams, hypnotism, automatism, multiple personality, demonical possession, witchcraft, insanity and genius. James (1890) also admitted

that a person "has as many social selves as there are individuals who recognize him and carry an image of him in their minds."

Similar phenomena are readily verified in large group workshops and are not easily accounted for in the theory of client-centered therapy.

Historical psychological factors are the only significant influences on consciousness
The various "exceptional mental states," though perhaps difficult for many to accept, are not as astonishing as other subtle, though significant, influences.

For example, an ugly, crowded room can provoke "monotony, fatigue, headache, sleep, discontent, irritability, hostility and avoidance" in inhabitants. (Mintz, 1956) Not only does a beautiful room have opposite effects, Ulrich (1984) has evidence that a view of natural beauty from a hospital room may facilitate recovery from surgery.

The geometry and function of the space may also have an effect on consciousness and even determine behavior. (Barker, 1968)

Obviously, the presence of other people also have an effect on an individual's consciousness. In psychotherapy interviews conducted within a large group, the group itself may have as much influence as the therapist. (Slack, 1985; Rogers 1986)

Seasonal changes in light have been shown to effect the mood of some persons. (Rosenthal, et al, 1984) Colors, music, scents also influence consciousness. Even eating a meal may effect a person's judgement. (Razran, 1938)

Positive ions in certain weather fronts and in polluted air may provoke irritibility, migraine headaches, nausea and respitory congestion. While the inhalation of small negative ions, found near waterfalls, glacial peaks and unpolluted beaches, not only reverses these symptoms but also may provoke inspirational experiences. (Kreuger & Reed, 1976)

Low frequency magnetic fields, such as those surrounding high tension electrical lines and personal computers are suspected of effecting the memory and sense of time of those exposed. (Brodeur, 1989)

Understanding these effects is especially relevant to studying large group workshops because they may have more to do with a participant's experience than the "facilitative" methods used.

TOWARD A PSYCHOLOGY FOR APPLICATIONS OF THE PERSON-CENTERED APPROACH

Considering the broad range of questions raised by applications of the person-centered approach, it would be both appropriate to current realities and consistent with the historical trend of Rogers's thinking regarding "organismic experience" to base a psychology for these applications on evolutionary biology.

Perhaps something along the lines of "evolutionary psychology" (Cosmides, Tooby & Barkow, 1992) might be a promising starting point for developing this psychology. Thus, it would assume there is a universal human nature, not as expressed through various cultures but, at the level of evolved psychological mechanisms which are adaptations brought about by hundreds of millions of years of natural selection. Also, it would assume that our present human body and brain - and therefore, mind - adapted to the way of life of Pleistocene hunter-gatherers over some two million years.

The social adaptations also evolved over millions of years of nomadic life but may no longer be suited for the social conditions that began only a few thousand years ago and are now changing at a mind-boggling pace. There has not been enough time for evolution to

The climate

To begin with, knowing that the physical environment influences significantly a person's consciousness, it makes sense - particularly for influences on personality change - to be able to provide a physical environment with plenty of alternatives to encourage the kind of state of consciousness that might be indicated for effective therapy.

The therapist that believes that he or she has done all that is possible to create a facilitative "climate" by only assuming certain psychological attitudes, vastly overestimates his or her "personal power" and underestimates his or her actual power. The therapeutic environment consists of a therapist *approaching* his or her work in a certain way, a client with unique characteristics, and a particular situation.

Interfering in the client's process

The belief that the therapist does not interfere in the client's process of change grossly underestimates the therapist's real influence. How could he or she not interfere? The two persons are linked biologically. The real question is how to make their inevitable involvement as constructive as possible. It could be useful to learn more about placebo effect, exceptional states of mind, the functions of mind, the biological aspects of relationships, while coordinating one's efforts with the formative directional tendency.

Therapeutic relationship

The relationship between therapist and client may be given more attention. By recognizing the client's complexity and his or her contribution to the endeavor may help to make the relationship not only more realistic but more effective. By understanding tribal instincts, it may be possible to understand some otherwise perplexing behaviors of the client (and the therapist). By taking into account that the mind may function through "modules," may help to understand certain self-defeating thinking, ineffectiveness in certain situations and other "anomalies" which arise by assuming that the organism is under the constant control of a single governing entity. Even by simply realizing that the conversation between therapist and client may not be the most relevant aspect of the client's immediate experience, the therapeutic endeavor may be improved. A client may speak on one subject while carrying on an inner dialogue on other concerns. (Rennie, 1988)

Rogers's (1980) practice may still be followed. By approaching psychotherapy in a certain way, he was able to grasp the present moment and the linear piece-by-piece construction of personal reality. At the same time, he could appreciate the global or all-at-once reality. About his therapeutic work, he observed that:

> Beyond the immediate message of the person, no matter what that might be, there is the universal. ... So there is both the satisfaction of hearing this person and also the satisfaction of hearing one's self in touch with what is universally true." (p.8)

Thus, in a facilitative physical environment, respecting the various factors which may influence consciousness, the evolutionary adaptations of the client, and his or her organization of mind, his or her personality may be reorganized in "the lively attunement and emphasis of the therapist-together-with-his-client" (Barton, 1971)

work its wonders on our minds in this short time. The few thousand years since the outset of agriculture and the beginning of "modern" culture is less than 1% of evolutionary time.

Although our explanations to the contrary may be inventive, we may continue to be governed by certain, for the most part harmless (though at times destructive), adaptations from this substantial history. We can refuse to obey these tribal adaptations only with difficulty. To enter in trance in order to learn from spirits of the dead, to envision directions for a desperate people, or go to war, may be a mere step away from painting the face and throwing oneself into a frenzy for a football match. Firelight dances in the middle of the forrest and sideline theater at the Silverdome may both be the result of the same adaptation. Motorcycle gangs and high society, in choosing their uniforms, may both be motivated by the same impulse. "Movements," religious, popular, or whatever may be seen as attempts to incentivate the group to "centralize," "intensify the will," in order to "move on."

A biological basis for a psychology also would link the mysterious placebo effect (which both biology and psychology have confronted without being able to explain), as well as the various environmental influences on human consciousness: negative ions in the air, the amount of sunlight, low-frequency magnetic fields, planetary orbits. Both the geometry of the local space and the geographic place influence consciousness. This should not be difficult to explain within this theoretical framework proposed.

Finally, individual "psychological mechanisms" also fit conveniently into this orientation. "Material denied to awareness," "defenses," and so forth (Rogers, 1959), may be seen to have developed to deal with the necessities of survival in the hunter-gatherer existence. For example, "denial" may have been very useful for a people who had to cooperate for survival, had to move on quickly and had little opportunity to deal with personal differences or with living in a way that was "truly satisfying." (See Nesse & Lloyd, 1992, for discussion of this aspect.)

These speculations suggest powerful explanations for why, at the same time we are convincing ourselves to the contrary, there are forces over which we seem to have no control; for why tribal adaptations appropriate for thousands of years ago persist in marginal ways; for why we may be different people, while believing we are but one.

Nevertheless, we should not be overly impressed with these insights. We should take time to test these perspectives, to investigate, to reflect, to learn. A point of view such as this may offer powerful explanations for large blocks of phenomena. However, history suggests that the more powerful a theory is, the more care that must be taken in its use. Remember the epidemics, not only in psychology, sociology and anthropology, but also in art and literature that followed Freud's powerful psychological explanations. Mercifully, most of the more ridiculous have now been retired. Nevertheless, the danger doubtless still exists.

The complete understanding of consciousness may never yield to "biological" explanation. Although formative efforts have been made to provide strictly biological explanation, they have yet to be convincing. (See Crick, 1994, for the latest and most uncompromising.) Whatever, we should keep an open mind.

IMPLICATIONS FOR PSYCHOTHERAPY
(CLIENT-CENTERED THERAPY)

Although this was not the intention of this paper, it seems that the practice of client-centered therapy might be informed by reflecting on the preceeding discussion.

REFERENCES

Barker, R.G. (1968) *Ecological psychology*. Stanford University Press.

Barkow J.H., Cosmides, L. & Tooby, J. (1992) *The adapted mind*. Oxford University Press.

Barton, A. (1971) The client-centered transformation: A phenomenological approach. In A. Giorgi, W.F. Fischer, R.V. Eckartsberg (eds.) *Duquesne studies in phenomenological psychology, 1*. Duquesne University Press.

Beecher, H.K. (1955) The powerful placebo. *Journal of the Amercian Medical Associaton, 159* (17) p.1602-1606.

Brodeur, P. (1989) The hazards of electro-magnetic fields. *The New Yorker*, June 12-26 (three parts).

Brodley, B.T. (1994) Some observations of Carl Rogers' behavior in therapy interviews. *The Person-Centered Journal, 1* (2) p.37-47.

Brown, D.E. (1991) *Human universals*. N.Y.: McGraw Hill.

Buber, M. (1958) *I and Thou*. N.Y.: Scribner & Sons.

Buber, M. (1960) Dialogue between Martin Buber and Carl Rogers. *Psychologia, 3*. p.208-221.

Cialdini, R.B. (1985) *Influence*. Glenview, Illinois: Scott, Foresman & Co.

Coulson, W.R. (1989) Founder of "value free" education says he owes parents an apology. *AFA Journal*. April. p.20-21.

Cosmides, L., Tooby, J. & Barkow, J.H. (1992) Evolutionary psychology and conceptual integration. In J.H. Barkow, L. Cosmides & J. Tooby (Eds.) *The adapted mind*. Oxford University Press.

Crick, F. (1994) *The astonishing hypothesis: The scientific search for the soul*. N.Y.: Charles Scribner's Sons.

Ellis, J. & Zimring, F. (1994) Two therapists and a client. *The Person-Centered Review, 1* (2) p.79-92.

Gordon, T. & Cartwright, D. (1954) The effect of psychotherapy upon certain attitudes toward others. In C.R. Rogers & R.F. Dymond (Eds.) *Psychotherapy and personality change*. University of Chicago Press.

Hefferline, R.F., Keenan, B. & Harford, R.A. (1959) Escape and avoidance conditioning in human subjects without their observation of the response. *Science, 130* p.1338-1339.

Hilgard, E. (1977) *Divided consciousness: Multiple controls in human thought and action*. N.Y.: John Wiley & Sons.

James, W. (1890) *The principles of psychology*. N.Y.: Henry Holt.

James, W. (1896) *Exceptional mental states* - The Lowell Lectures. Edited by Eugene Taylor. University of Massachusetts Press.

Keats, J. (1899) *The complete poetical works of Keats*. Boston: Houghton Mifflin.

Kirschenbaum, H. (1979) *On becoming Carl Rogers*. N.Y.: Delacorte Press.

Kreuger, A.P. & Reed, E.J. (1976) Biological impact of small air ions. *Science, 193*. P.1209-1213.

Lynch, J.J. (1985) *The language of the heart*. N.Y.: Basic Books.

Mente, A. & Spittler, H.D. (1980) *Erlebnisorientierte Gruppen Psychotherapie*. Paderborn: Junfermann.

Mintz, I. (1977) A note on the addictive personality: Addiction to placebos. *American Journal of Psychiatry, 134* (3) March p.327.

Mintz, N.L. (1956) Effects of esthetic surroundings: II. Prolonged and repeated experiences of a "beautiful" and an "ugly" room. *The Journal of Psychology, 41*. p.459-466.

Milgram, S. (1974) *Obedience to authority*. N.Y.: Harper & Row.

Moos, R.H. & MacIntosh, S. (1970) Multivariate study of the patient-therapist system: A replication and extension. *Journal of Consulting and Clinical Psychology, 35* p.298-307.

Morris, D. & Marsh, P. (1988) *Tribes*. Salt Lake City: Peregrine Smith Books.

Nesse, R.M. & Lloyd, A.T. (1992) The evolution of psychodynamic mechanisms. In J.H. Barkow, L. Cosmides & J. Tooby (eds.) *The adapted Mind*. Oxford University Press.

Park, L.C. & Covi, L. (1965) Nonblind placebo trial. *Archives of General Psychiatry, 12*, April p.336-345.

Razran, G. (1938) Music, art and conditioned response. *Psychological Bulletin, 35.* p.532.

Rennie, D.L. (1988) A model of the client's experience of psychotherapy. The International Conference on Client-Centered and Experiential Therapy. University of Leuven. September.

Rogers, C.R. (1939) *The clinical treatment of the problem child*. Boston: Houghton Mifflin.

Rogers, C.R. (1942) *Counseling and psychotherapy: New concepts in practice*. Boston: Houghton Mifflin.

Rogers, C.R. (1946) Significant aspects of client-centered therapy. *The American Psychologist, 1* (10) p.415-422.

Rogers, C.R. (1951) *Client-Centered Therapy*. Boston: Houghton Mifflin.

Rogers, C.R. (1959) A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.) *Psychology: A study of a science, 3. Formulations of the person and the social context*. N.Y.: McGraw Hill. p.184-256.

Rogers, C.R. (1961) *On becoming a person*. Boston: Houghton Mifflin.

Rogers, C.R. (1974) Remarks on the future of client-centered therapy. In D.A. Wexler & L.N. Rice (eds.) *Innovations in client-centered therapy*. N.Y.: John Wiley & Sons.

Rogers, C.R. (1977) *On personal power*. N.Y.: Delacorte Press.

Rogers, C.R. (1980) *A way of being*. Boston: Houghton Mifflin.

Rogers, C.R. (1981) Notes on Rollo May. *Perspectives, 2* (1) p.16. Humanistic Psychology Institute.

Rogers, C.R. (1986) The dilemma of the South African white. *Person-Centered Review, 1* (1) p.15-35.

Rogers, C.R. (1987) Client-Centered? Person-Centered? *Person-Centered Review, 2* (1) p.11-13.

Rosenthal, N.E., Sack, D.A., Gillin, J.C. et al (1984) Seasonal affective disorder: A description of the syndrome and preliminary findings with light therapy. *Archives of General Psychiatry, 41.* p.72-80.

Shapiro, A.K. (1971) Placebo effects in medicine, psychotherapy, and psychoanalysis. In A.E. Bergin & S.L. *Garfield, Handbook of psychotherapy and behavior change*. N.Y.: John Wiley & Sons. p.439-473.

Slack, S. (1985) Reflections on a workshop with Carl Rogers. *Journal of Humanistic Psychology, 25* (2) p.35-42.

Tausch, R. (1983) Empirical examination of the theory of helpful relationships and processes in person-centered therapies. In J. Helm & A.E. Bergin (eds.) *Therapeutic behavior modifications*. Selected papers from the 12th International Congress of Psychology. Berlin, East Germany.

Ulrich, R.S. (1984) View through a window may influence recovery from surgery. *Science, 224.* p.420-421.

Wolf, S. (1950) Effects of suggestion and conditioning on the action of chemical agents in human subjects: The pharmacology of placebo. *Journal of Clinical Investigation, 29* p.100-109.

Wood, J.K. (1994) The person-centered approach's greatest weakness: Not using its strength. *The Person-Centered Journal, 1* (2) p.69-78.

Yalom, I.D. (1985) *The theory and practice of group psychotherapy.* N.Y.: Basic Books.

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