

In the Netherlands there are quite a few person-centered practitioners, but not many person-centered scholars. In my opinion, this is because Rogers, with his humanistic and very optimistic concept of human beings and his trust in the human potential, concentrated on the conditions in the therapist that evoke and promote the innate tendency to grow and develop into a fully functioning person. He described a natural maturing process rather than a human struggle for individuation.

There is more to therapy, however, than just feeling and experiencing. Clients also have to judge their own feelings and, on the basis of that judgment, make decisions. This is not so natural and may require the courage to be on one's own, a very difficult position indeed.

In his zeal to stress his point, Rogers neglected to work out a developmental psychology and a theory of psychopathology. The result is that many warmhearted and well-meaning people with beautiful but vague ideas feel attracted to his approach. This in turn has led to an unsystematic, eclectic use of all sorts of interventions and techniques without any solid theoretical foundation. It has also led to a watering down of person-centered therapy and to a loss of ground in the professional and academic world.

What we, as person-centered therapists, have to do is to work out the theoretical foundation of our work. Therapists need a thorough knowledge of psychology in order to understand and help their clients. They must be able to recognize the different personalities of their clients and to adapt their work to their specific attitudes, motivations, and qualities. In this respect we can learn quite a lot from Rogers's forerunners in the field of humanistic therapy, Carl Jung and Otto Rank.

H. R. Wijngaarden

Being influenced and becoming an adherent are two different things. Some of the "enormous impact" Rogers has had on people's lives throughout the world doubtless has been charis-

matic. He said, with force and elegance, the right things to the right people at the right time. Even so, it is unreasonable to expect that one thus effected should necessarily take up the preoccupations or profession of the one who influenced him or her. The impact having taken effect, one goes about one's business. The great Martin Luther King had a tremendous impact on millions of people. How many of them became Christian ministers?

It is a matter of taste. Psychologists or teachers who may respect his contributions or who have even been influenced by him, may simply not take to Rogers or his ideas. Abraham Maslow, for example, did not like Rogers's personality theory. "Rogers doesn't have enough sin and psychopathology in his system," Maslow complained. "He speaks of the only drive as self-actualization, which is to imply there is only a tendency to health. Then where does all the sickness come from? He needs more theory of psychopathogenesis, fear, of resentment, of countervalues, of hostility." Maslow was not impressed by Rogers's own personality either. "On the whole," he remarked, "he also seems not deep enough, too superficial, not enough primary process in archetype or metaphysical kind of thinking that comes from the depths. Not enough unconscious, or dream psychology, or symbolic activity. . . . Also, I'd say not esthetic enough in my particular sense. (Even though he does paint, not badly, in a naturalistic way, makes mobiles, etc., he *himself* is not an esthetic person as, e. g., Norman Brown or James Joyce is.)"

There is a person-centered identity crisis. Descriptions of the person-centered approach by adherents themselves seldom make it easy to place oneself in its embrace. It is characterized as, "a major school of thought in American psychotherapy," an "influential concept," a "framework," "a model for human relations training," a "family of scholars and practitioners," "a source of status and influence," a way of "empowering the *person*," a "tradition," and, as expected, a therapeutic "response." Separately, such phrases don't offer much with which to be associated. Together, the scent of the fantastic may keep others away.

Frequently, the person-centered approach is characterized as a group of devotees expressing concern about "questions around social power, influence, and continuity in the person-centered movement." Or, if not a social movement, a utopian "way of being," a morality that "empathy, truth, unconditional love, and zest for living" that provides support for our "home activities, our continued efforts to be person-centered." Followers do not hide their enthusiasm for an ideal world in which each citizen would facilitate the other. This could be achieved, they believe, if only everyone tried harder to be more person-centered. It's not only in the rarefied culture of California or New England that this attitude surfaces: "Estamos viviendo una experiencia nueva y de gran movilidad," echoes an announcement for a person-centered encounter in Latin America.

In practice, it often appears as a *theme* capable of being combined with other philosophies; the more unlikely the pair, the better. A university professor, for example, proposes to facilitate a "variation on the person-centered approach theme" and Tai Chi Chuan. Recently, I came across excellent proposals for wedding the person-centered approach with Taoism's technique of the "microcosmic orbit" and, perhaps more astonishing, the person-centered approach with a philosophy of the human inner ear.

To confuse matters more, there is bickering in the ranks of the faithful. Some rally around the flag of *the person-centered approach* and snub their noses at client-centered therapy as indolent, ineffective, or simply irrelevant.

In contrast, another group is turning with "conviction" back to *client-centered therapy* where one presumably knows who one is and what one is doing. Others, who like to say "client-centered therapy *or* the person-centered approach" see no problems, just different labels for the same thing—whatever feels good. The more informed respect both, but feel they are exclusive. They write, "client-centered therapy *and* the person-centered approach." The political survivors cast esthetics to the wind and diplomatically print out, "client-centered/person-centered approach." This has

the advantage of including both those who think the two forms are the same, those who think they are different, and those who don't care.

No matter how it may appear, I happen to sympathize with the authors of the statements in the preceding five paragraphs for trying to express the inexpressible. All of these statements, the people who made them, the activities they describe are, at their heart, serious, constructive, creative, and have my support. They suggest the richness and diversity of person-centered practitioners. One has to admit, though, without a grasp of the unifying principles of their person-centered approaches or an understanding of the context implicit to insiders, the collection sounds pretty weird. When one pastes up such fragments to understand "What is the person-centered approach?" they may not want it known that they are "person-centered practitioners or scholars."

I sympathize with all of us who are trying to innovate and also with those of us who try to explain the person-centered approach. And I prefer to think that our clumsiness reflects plurality of perceptions and a lack of literary grace. I hope it does not merely reflect the natural decay expressed in the old dictum that *ideology* begins as an *idea*, turns into an *ideal*, penetrates the common *idiom*, falls into *idolatry*, and finally ends up as *idiocy*—though this is always a possibility and has happened to those much more enlightened than we.

An unconvincing theory. All this said, I still feel this Roundtable Question retains its value. Regardless of the pressure exerted on them by friends and enemies, more psychotherapists influenced by Rogers or client-centered therapy, and congenial to those values, *should* reasonably be expected to have become "person-centered practitioners or scholars." Why haven't they? Part of the answer may be that they did not find the theory of client-centered therapy convincing. In a recent issue of the *Person-Centered Review*, Albert Ellis expresses this tired viewpoint when he says he is opposed to Rogers's "designation of the psychotherapeutic relationship as a *necessary* and *sufficient* (instead of *desirable*) requisite for basic personality change."

A method that requires an expert to execute. Since the theory of client-centered theory has never been proved or disproved, I suspect that experience plays a part in rejecting it. Although being sensitively listened to and deeply understood is among life's most significant experiences, being "attended to," having one's statements formalistically repeated, and being patronizingly "understood" must qualify among its most *insignificant*. A poor imitation of Carl Rogers may not only be frustrating, it could even be harmful to a client. I remember a woman's violent reaction: She broke out in an ugly skin rash when confronted with a young therapist who condescendingly nodded, listened, and otherwise presented a puzzling and blank wall to her.

Beginning therapists (notably in university counselor training programs) frequently comfort themselves with the thought that client-centered therapy is a foundation to build on. Thus they let the client talk, don't interrupt, look interested, and act friendly, until they have the chance to "intervene" and stimulate the "therapeutic process." Doing therapy as Rogers did is just too difficult.

The beginning therapist who finds an effective method, names it. This might explain why, as of 1984, already 481 different psychotherapy methods were registered in the United States alone. However, the very fact that therapists using very different techniques may have success, suggests that method *itself* is not crucial to effective therapy. Indeed, research has demonstrated that some who have *no* training in a psychotherapy method can be as effective as *experienced* psychologists and psychiatrists. So, why this increase in the names of techniques?

Being the same or being different. In the United States, there is strong cultural conditioning to be *unlike* others, to be unique. Psychotherapists, like anyone else in this culture, do not wish to explain how they are the *same* as their colleagues; they want you to know how they are *different*.

A 1983 survey of members of the APA supports this hypothesis. The largest category of self-classification was "eclectic." That is, they do their own thing. In 1977, it was reported that more than

half of the psychotherapists polled for their professional orientation, refused to be labeled.

Especially therapists associated with Rogers are quick to point out two things: that they *are* associated with Rogers and how they are *not* Rogerians, never how they *are*. It may be they do not want to be associated with the caricature of client-centered therapy, or they may desire to stand on their own and not in the shadow of a great man. North American values of independence and specialness are no where stronger than within the person-centered approach itself.

The desire to be oneself and not like others may turn out to be the principal answer to our question for psychologists in the United States. However, it might not be so for those in other cultures. In many countries in Europe and South America, for example, it is very important *not* to be eclectic but to belong (usually formally) to a lineage. One may be a Rogerian, a behaviorist, a psychoanalyst, but seldom an "eclectic therapist." This might be one of the answers to the next Roundtable Question, "Why are there *so many* person-centered practitioners *outside* the United States?"

Alive and well and living in. . . . Although client-centered therapy seems to be a banner that few wish to march under, the strength of the phenomenon refuses to weaken. Ask the "eclectic therapist" for a "secondary orientation" and he or she is likely to say it is Rogerian. More impressive is the habit of more seasoned therapists (this would include Rogers himself) who speak less and less about technique and more about the essential qualities one associates with client-centered therapy. Although he had developed his own elaborate and effective method of therapy, Carl Jung insisted on advising, "We must renounce all preconceived opinions, however knowing they make us feel, and try to discover the meaning of things for the patient."

Method is doubtless less important than 481 inventors believe. On the other hand, it is probably much more important than promoters of the Rogerian relationship would allow. In fact,

recent research suggests that the *purity* with which a therapist practices, not the method itself, correlates with success. Rogers practiced therapy through a method that does not work for some, but worked superbly for him. His practice was purity itself. He practiced with an intense and devoted desire to listen and to understand, and with genuineness and acceptance he adapted to the situation and his client. Rogers was also curious, good humored, humble, believed he could help, and that it was the most important thing in the world he could do at that moment. He also exerted a steel will to make this belief a reality. If a formulation could capture this, along with all the diversity, I would sign up as a "person-centered practitioner."

John Keith Wood

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There are several reasons why there are so few person-centered practitioners or therapists. The emphasis on attitudes rather than techniques produces profound personal growth but does not give rise to techniques that can be used for routine training in social work curricula or clinical psychology training programs. To become a therapist, even with the PCA emphasis on attitudes rather than techniques, requires extensive learnings about oneself and how others communicate. These learnings can best take place in a structured environment over a period of time with facilitative people. There are very few centers in the United States in which this training can take place.

Regarding the paucity of PCA scholarly work, there is a basic mistrust of the intellect within the PCA movement. The basic attitudes of trust and acceptance are thought to be all important. Feelings and personal meanings are seen as warm, important, and real, thoughts as cold and emotionally avoidant. Also, we within the PCA framework are not comfortable with evaluation and this affects our attitude about scholarly work. We like the fact that evaluation cannot be applied to feelings and meanings and that the

feelings and meaning and experience of one person cannot be seen as any better than those of another. Theories and research have to be evaluated. Some will be found to be better than others. This seems to violate the necessary condition that we give unconditional positive regard to one another. The result is a mistrust of theory and research and so we spend less time and effort doing it.

Fred Zimring

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One needs a lot of discipline to be a practitioner and the available opportunity for good training is very, very scarce. Also, it is not fashionable to be "Rogerian," so some consideration for economic reality may play some part in how many practitioners choose the person-centered approach. Being a scholar is not fashionable either. Therefore it is hardly the best starting point for a career. Rogers' defection from academia is another factor, since his influence in the universities was diminished when he left.

Although this approach was new and "revolutionary" in the 1940s and 1950s, nowadays most other approaches have included, or pay lip service to, the importance of empathy or a good relationship between therapist and client. In other words, some central points that were clear-cut differences in the past have been incorporated into other approaches.

While Freudians, Jungians, behaviorists, and family therapists publish many important books on their approaches and practice, very few significant books have been published by client-centered practitioners and scholars other than Rogers.

We are, for many reasons, the least effective in networking and organization. We lack ways to give each other support and information. We also differ widely in some important issues: ethical and professional standards, need for discipline, for organization, training, continuing education, and so on. Furthermore, we do not discuss these issues very much nor do we discuss the issues of power or competition. The resolution of conflicts among ourselves is far