MORRIS JACKSON'S e-mail INTERVIEW WITH

C. H. PATTERSON

(Morris Jackson, American University, Washington, D. C.)

Jackson: Who has had the greatest influence on your professional development?

Patterson: It goes back to 1946. I was discharged from the Army, where I had been a clinical psychologist. I became a clinical psychologist in a Veterans Administration Hospital. I was not too happy administering Rorschachs, TATs. and other tests, which did not seem to me to be particularly helpful to patients, and which ended up in a filing cabinet. So when the VA established a new position called Personal Counselor (later changed to Counseling Psychologist), and a friend of mine at the Minneapolis VA Center suggested I apply for the position in Minneapolis, I was interested, and obtained the appointment. But I did not immediately go to Minneapolis. The VA recognized that few psychologists were prepared to engage in counseling or psychotherapy--I wasn't. So it established a short term training program (5 weeks, I believe). The program was at the University of Chicago, headed by Carl Rogers. I had heard of Rogers. While in the Air Force in 1942 I saw, but did not read, a copy of his 1942 book (C*ounseling and Psychotherapy*. Boston: Houghton Mifflin). I immediately got a copy and went off to Chicago. I was exposed to client-centered therapy (then better known as nondirective therapy) and became a client-centered counselor. I have sometimes said that I was inoculated by Rogers against directive counseling, and I have never had to have a booster shot. So for over 50 years I have practiced, taught, written about and done research on client-centered therapy. I have realized recently that there are those who have not been aware of my identification with client-centered therapy, since I have not used that term in the titles of my books. But I have never deviated from this position. I have sometimes said, somewhat facetiously, that I have tried to be to Rogers what St. Paul was to Christ: I have preached one gospel, the gospel of Carl Rogers.

Jackson: What professional contributions are you most proud of?

Patterson: Perhaps there are two main ones. (1) My many publications in the field of counseling and psychotherapy, ranging from counseling in schools--elementary, secondary and higher education--to rehabilitation counseling, vocational or career counseling to my major book, first published in 1966 as *Theories of Counseling and Psychotherapy*, (New York: Harper & Row) with the 5th edition (with Ed Watkins) published in 1996 as *Theories of Psychotherapy*. (Boston: Allyn & Bacon). And most recently my attempts to formulate a unitary or universal system of psychotherapy (See *Successful Psychotherapy: A Caring, Loving Relationship*, with Suzanne Hidore: Northvale, N. J. Jason Aronson)).

(2). The second would be the students I have taught during my years at the University of Illinois (l957-1977) and (part-time) at the University of North Carolina at Greensboro (1984-1995). I was the major advisor of 75 doctoral students at the University of Illinois, and was on the committees of

many more. In addition are the many Masters level students in my classes. Several of my former students have published books--one in Turkish, one in Israeli, another in Chinese. Others have published pop psychology books. My first doctoral student was a Turkish woman. Forty-three percent of my doctoral students were women--a proportion that I believe was unusual if not unique during that time. A former student at the University of North Carolina at Greensboro, Suzanne Hidore, is coauthor of my latest book.

Jackson: In your early writing you often used the terms "counseling" and "psychotherapy". In your recent writings you dropped the word "counseling". What is the difference?

Patterson: In my early writing I equated the words "counseling" and "psychotherapy"--perhaps following Rogers, who titled his 1942 book *Counseling and Psychotherapy*. In 1974 I published a chapter in *The Counselor's Handbook* (edited by G. F. Farwell, N. R. Gamsky and Philippa Mathieu-Coughlan. New York: Intext) titled "Distinctions and Commonalities Between Counseling and Psychotherapy". I suggested that distinctions in terms of severity of client disturbances, in goals, and in methods and techniques had not been established. The major distinction seemed to be that those working in a hospital or medical setting practiced psychotherapy, while others practiced counseling. It was Joe Samler, I believe. who suggested that the major difference was that psychotherapists wore a white coats and counselors work sport coats.

I have since modified my position. Whereas the first four editions of my Theories book were titled "*Theories of Counseling and Psychotherapy*", the 5th edition is titled "*Theories of Psychotherapy*". In the Preface of the 5th edition I wrote: "We have deleted the word counseling from the title of this edition. The reason is simple: there are no theories of counseling apart from theories of psychotherapy" (p. xvi). I might have said there are no theories of counseling--period.

In addition it appears that the word counseling has been expanded to cover so many things that it is hardly a professional term. We now have beauty counselor, bereavement counselors (aka undertakers), financial counselors (formerly known as loan sharks), etc, etc. A student once told me he had been to a store to buy some carpeting and was served by a rug counselor. I remarked that it was nice to know where I could take my rug if it needed counseling. Counseling is no longer a professional designation. Yet as the activities of counselors have gone on to other noncounseling activities, there is need for a term to cover what professional people do. Psychotherapy is perhaps too limiting--vocational or career counseling is not psychotherapy. And there is resistance to having the term psychotherapist applied to those without a doctorate in psychology or psychiatry. So I still use both terms.

Jackson: Your have written on "relationship counseling". New counseling approaches today are questioning its significance. What is your opinion?

Patterson: I think I first used the term "relationship counseling" my 1974 book (*Relationship Counseling and Psychotherapy*. New York: Harper & Row). I was attempting to find a term that might be acceptable to those counselor and psychotherapists who were resistant to the term "client-centered". But my concept of relationship therapy is identical with that of client-centered therapy. The essence of client-centered therapy is the relationship between the counselor or therapist and the client. While just about everyone accepts the relationship as being important, even necessary, many

believe that it is not sufficient, that certain techniques must also be present. Just what these techniques are is never clear, or agreed upon. Moreover there is no good research evidence for the effectiveness of any particular techniques. I should note here that psychotherapy, in my definition, is the treatment of social-psychological disorders or disturbances. Specific, discrete behavior problems or habits or symptoms are not included. They may be helped by behavior modification techniques, which in my opinion are not psychotherapy. My position is that the relationship is the essence of psychotherapy and is not only necessary but sufficient.

We are living in the age of technology, and the field of counseling and psychotherapy, indeed the field of human relations in general, is becoming technologized. The practice of psychotherapy is thus a matter of intervening in the therapist-client relationship with certain techniques or skills, operating on the client to achieve certain outcomes chosen--or considered desirable by--the counselor or therapist. Counselors or therapists are now expert technicians with a kit of tools--or skills.

I recently expressed my views on this as follows:

Skills are actions, motor or verbal. They are practiced deliberately, to obtain rather specific results. They are acquired slowly, with repeated practice. They are not spontaneous, but carefully practiced. They are apart from and do not involve a philosophy, a theory, beliefs, or attitudes. They imply doing something to something or somebody. Psychotherapy is more than the practice of a set of skills.

The core conditions are often called skills. But this is a misleading and inaccurate use of the term. The core conditions are attitudes, that are deeply held, involving beliefs and a philosophy. As such they do not require a long period of conscious practice--they are expressed and implemented spontaneously, a natural result of the philosophy--that is, a philosophy that is a part of the individual's life, not something acquired quickly.

I recall my experience while teaching at Aston University in Birmingham is 1972. After I had spent a number of weeks discussing the philosophy and theory of client-centered therapy, the tutor in the course brought out material on exercises for the students to practice--these were Carkhuff's materials. The students resisted--they felt that it was artificial--they wanted to work with real clients. Our plans were changed, and they began working with clients--successfully--with no skill training. That led me to formulate the principle that the greater the understanding of and commitment to a philosophy and theory, the less the need for skill training.

It follows that the emphasis in teaching client-centered therapy should be on the philosophy and related theory. This has been my practice for over 45 years, with the resulting claim that I can develop a client-centered therapist in one year--a semester of teaching the philosophy and theory, and a semester--sometimes two-- of supervised practice. Students of course have other courses.

The focus of teaching is on helping the student to listen to and hear what the client is saying, and to respond with empathic understanding. Respect is shown by listening, and genuineness is being real in the relationship, not a technician practicing skills. Before attempting to engage in psychotherapy one must be immersed in and committed to the philosophy and theory of client-centered therapy.

The move toward technologizing counseling or psychotherapy has not been without resistance from some leading figures in the field. Whitaker and Malone, psychiatrists, wrote in 1953 (*The Roots of Psychotherapy*, New York: Blakiston): "A concern with techniques could distract the young therapist and distort any deeper understanding of his function...Out of his inexperience and need to learn, the beginning psychotherapist tends to overemphasize techniques as such, using them to avoid the depth of relationship necessary for good therapy. " (p. 194). In his 1951 book (*Client-Centered Therapy*) Rogers moved from techniques to attitudes. Rogers in 1975 (Tape from Psychology Today) said: "I've come to realize that the techniques are definitely secondary to attitudes, that if the therapist has the attitudes we've come to regard as essential probably he or she can use a variety of techniques". And Rollo May (In *Existence*. New York: Basic Books) wrote "0ne of the chief blocks to understanding human beings in Western culture is precisely the overemphasis on techniques."

There is a paradox in the current trends in psychotherapy and medicine: while medicine is moving away from more invasive procedures to less invasive procedures in treatment, particularly in surgery, psychotherapy is moving toward more invasive procedures. For every intervention there is a risk--every form of surgery has failures. There are also risks in psychological interventions.

There is another paradox: By research we determine what it is that therapists do that is effective, but when this is reduced to and taught as techniques or skills, it is no longer effective. I am reminded of a statement by Ivan Illich (in *Deschooling Society.* Harper & Row, 1970, p. 50), who refers to "the belief that man can do what God cannot, namely, manipulate others for their own salvation."

Jackson: In which theoretical school of counseling would you place yourself? Why?

Patterson: I think it is clear that I have been committed to client-centered therapy during all of my professional life. The reason is simple: It is the most effective system of psychotherapy. It is supported by more research than any other system (Patterson: Empathy, warmth and genuineness in psychotherapy. *Psychotherapy*, (1984, 21, 431-438; Chapter 13: *Theories of Psychotherapy*. Currently, client-centered therapy is not popular in the United States (though it is more popular in Europe, Hong Kong and Japan.) While the immediate future of client-centered therapy does not appear to be promising, particularly in the current climate of emphasis on short-term. Cognitively oriented, technique based therapy, I am convinced that in the long run--not in my lifetime-- the philosophy and theory of client-centered therapy will prevail.

Jackson: What advice would you give to graduate students and beginning counselors today?

Patterson: I don't give advice in therapy, but in other situations I am tempted. Students should always ask for the evidence for any theory or practice. I think they should also be aware of and question the prevailing and currently accepted paradigm in the field. The current paradigm, as are all entrenched paradigms, is resistant to change.

Crussan wrote: "Sometimes the zeitgeist in a field so dominates scientific thinking that it precludes other viewpoints: When the characteristic line of thought is flawed or incomplete, it can obstruct progress in the field." (Review of "*The unfolding of behavioral science*." (In *Contemporary*

Psychology, 1991, 35, 137-138). The foundations for a new paradigm are in place (see Patterson & Hidore, 1997) But Max Planck, the physicist, noted that "A new paradigm does not triumph by convincing its opponents--but rather because its opponents eventually die and a new generation grows up that is familiar with it." (Quoted by Mook, D. G. The Selfish paradigm, *Contemporary Psychology*, 1988, 33, 507). So the new generations of students have the opportunity to lead the way to recognizing client-centered therapy as a universal system of psychotherapy.

Jackson: What is the role of the psychotherapist/counselor?

Patterson: The counselor/psychotherapist is not playing a role; he/she is a real person in a real relationship. He/she does not lead, guide, direct, give advice, push or pull, make recommendations, use skills or techniques, explain, interpret, offer solutions or alternatives. The counselor/therapist provides an accepting relationship that facilitates client disclosure and exploration of whatever the client is ready and willing to talk about. There are three simple rules I have emphasized in my teaching:

1. Keep your mouth shut. You can't listen if you are talking.
2. Never ask a question, unless you don't understand what the client is saying.
3. Remain in the responsive mode; the client leads, the counselor/therapist follows.

The facilitative relationship that the counselor offers consists of empathic listening and responding, showing respect--even compassion-- and being real and genuine. I have summed up the relationship as one of love or agape. Such a relationship enables the client to disclose and explore his/her feelings, behaviors, problems; to make choices and decisions; and to become a more self-actualizing person.

Jackson: What do you think about the multicultural movement in the U. S.?

Patterson: My first statement on multicultural counseling or psychotherapy was made in 1978 (Cross-cultural or intercultural counseling or psychotherapy. *International Journal for the Advancement of Counseling*, 1, 231-247.) My position has not changed since then (Multicultural Counseling: From Diversity to Universality, *Journal of Counseling and Development*, 1996, 74, 227-23; Chapter 8 in *Psychotherapy: A Caring, Loving Relationship*.). Simply stated, it is that there is only one theory or system of counseling or psychotherapy and it is appropriate for all human beings. It follows the dictum of Harry Stack Sullivan, a psychiatrist: "Simply stated, we are all much more simply human than otherwise." (*Conceptions of Modern Psychiatry*. Washington, D. C. William Alanson White Foundation, 1947, p. 16).

The standard position then (1948), and still widely held, is represented by Pedersen's statement that "each cultural group requires a different set of skills, unique areas of emphasis, and specific insights for effective counseling to occur" (The field of intercultural counseling. In P. Pedersen, W. J. Lonner & J. G. Draguns (Eds.) *Counseling across cultures* (pp. 17-41). Honolulu, HI: University Press of Hawaii. P. 26.) The ultimate result of this position would require innumerable systems and methods of counseling or psychotherapy--a separate one for each culture, subculture, ethnic group, race, color, age group, sex group, even for the poor (A. P. Goldstein. *Structured learning therapy: Toward a psychotherapy for the poor*. New York: Academic Press, 1973).

The assumption was quickly made that a form of counseling that had been developed in the United States (and other Western countries) for upper-middle-class White clients was inappropriate for other groups, even within the same general culture.

But many of the criticisms of the applicability of counseling methods to clients of other cultures are not related to cultural factors but involve questions of counselor or psychotherapist competence.

A problem in many discussions involves confusion or disagreement about the essential nature of counseling or psychotherapy. Some criticisms (often by writers who are not counselors) of so-called western approaches to counseling are criticisms of directive and controlling methods, involving the definition of the problem by the counselor and the imposing of solutions with little if any consideration of the individual client and his perceptions of his situation and problems. To do so without a thorough understanding of the culture would of course lead to all sorts of complications beyond those occurring in a situation where the counselor and the client are from the same culture. Certainly this approach would be inapplicable to clients from other cultures, whose problems are influenced by the culture, and whose solutions would also involve cultural considerations.

But such an approach to counseling would not be acceptable with clients from the same culture as the therapist. Most counselors and instructors would disagree with such an approach.

More relevant are the discussions of problems actually related to cultural differences. Of particular interest is the comparison of Western culture with other cultures, particularly Eastern cultures, as well as with subcultures or minority cultures, such as the American Indian culture. Here the concern has been with differing values and personal characteristics. Individuals in Western cultures are more independent of their families of origin than individuals in some other cultures. They do not feel the same pressures to submerge or sacrifice themselves to the family. Westerners are more independent. They are also more extrovertive, or more verbal compared to many other cultures. They are more used to introspection, more ready and able to engage in the self-disclosure and self-exploration which is necessary for progress in psychotherapy. Persons from the oriental and some other cultures, on the other hand, are more reticent, more modest about talking about themselves or personal relationships with others, including their families. They are more respectful to and dependent upon authority.

The problem posed by passive, dependent, nonverbal, nonself-disclosing clients is clear. The solution, however, is not clear. It has been suggested that self-disclosure, and its lack, are cultural values. Sue writes that counselors who "value verbal, emotional, and behavioral expressiveness as goals in counseling are transmitting their own cultural values." Thus lack of self-disclosure, it would appear, should be accepted as a cultural value, and counselors should change their methods to adapt to it, abandoning "the belief in the desirability of self-disclosure." D. W. Sue (*Counseling the Culturally Different: Theory and Practice*. New York: Wiley, 1981, p. 38) and Sue and Sue (*Counseling the Culturally Different: Theory and Practice*. 2nd ed. New York: Wiley, 1990, p. 40) refer to "the belief in the desirability of self-disclosure." But client self-disclosure is more than desirable-- it is necessary for client progress. Sue and Sue appear to recognize its importance, referring to self-disclosure as an "essential" condition, "particularly crucial to the process and goal of counseling, because it is the most direct means by which an individual makes himself/herself

known to another" (p.77). Vontress (Racial and ethnic barriers in counseling. In P, Pedersen, J. G. Draguns, &W. J. Lonner *Counseling across cultures*. Honolulu, HI: University Press of Hawaii, 1976. 1976; also 2nd ed. 1981) recognized it as "basic to the counseling process" (p.53). Ridley (Clinical treatment of the non-disclosing Black client. *American Psychologist*, 1984, 39, 1234-1244)) wrote that "nondisclosure means that a client forfeits an opportunity to engage in therapeutic self-exploration.... [T]he result will most surely be nontherapeutic" (p. 1237).

Modifying or adapting therapy to the presumed needs--actually desires--of ethnic minority clients cannot lead to abandoning the things that are essential for therapeutic progress. D. Y. F. Ho (Cultural values and professional issues in clinical psychology: The Hong Kong experience. (*American Psychologist*, (1985, 40, 1212-1218) recognized this: "There is a limit on the degree to which the fundamental psychological-therapeutic orientation [the Western model] can be compromised" (p. 1214). To attempt to apply all the techniques that have been suggested in working with ethnic-minority clients is to water down the therapy process until it is no longer effective in any meaningful sense of psychotherapy. While clients may be pleased or satisfied with such treatment, even receive some immediate, temporary relief, therapy that includes goals such as client independence, responsibility, and ability to resolve problems are not achieved.

I conclude that it is not necessary, nor desirable, that we discover or develop new theories or approaches for counseling clients from or in other cultures. The evidence from experience and research supports the effectiveness of the core conditions (empathy, respect or unconditional positive regard and genuineness) as they have been extended to new kinds of clients with different problems and in different situations. The problem is one of implementation of the conditions. There are two major categories of problems. The first consists of those relating to the functioning of the therapist, involving problems of understanding the communications of the client, and communicating this understanding to the client (empathic understanding), and communicating respect, warmth, caring and concern in a therapeutically genuine manner. The second category of problems consists of those relating to the client, which are essentially problems of preparing or adapting clients to engage in the client behaviors necessary for therapeutic progress.

Cultural differences impose barriers to empathic understanding--to communications of the client about her/himself to the therapist and to communication of therapist understanding to the client. (So, of course, do other differences, such as sex, age, socio-economic levels, race and religion.) The first barrier is of course language. It would no doubt go without saying that the therapist must be fluent in the client's native language. Besides verbal communication there is the problem of nonverbal communication. This is a difficult area in working with clients from the same culture, since we know so little about nonverbal cues, except for the most obvious. With clients from other cultures the problem is greater, since nonverbal behaviors may have different, even opposite, meaning in different cultures.

An example of cultural differences in nonverbal behavior involves eye contact, an element of attending behavior, which is an aspect of the core conditions. There is currently an emphasis in counselor education on training students in such behaviors, because they are objective and can be measured and thus serve as a goal for a competence based approach to preparing counselors. The use of such behaviors as objectives is questionable even in preparing counselors to work with standard clients in the usual setting in America (as I have noted earlier). It is an apt example of the

technologizing of human relations, reducing the qualitative to the quantitative. There is no research to indicate exactly what proportion of time a counselor should maintain eye contact with a client. Maintaining constant eye contact with a client results in staring. “Staring gives the impression of a person engaged in intensive contact, but actually it is deadend contact...” (E. Polster & M. Polster. *Gestalt therapy integrated*. New York: Brunner/Mazel)

Certainly it will depend on the client, and on the counselor, and on the quality of the eye contact. Performed by the counselor as a technique it may consist of a nontherapeutic staring at the client. And when used with clients from some other cultures it may also be nontherapeutic. In Japan and some other cultures it has been taboo for a female to look males in the eye, and custom and modesty influence eye contact in other cases. The attempt to reduce counseling or psychotherapy to such restricted techniques is detrimental to the counselor or therapist adapting to clients from differing cultures or differing social backgrounds. The greater the emphasis upon techniques, the less the generalization of an approach to other cultures. Conversely, emphasis upon philosophy and attitudes frees the therapist to discover and learn culturally appropriate methods of implementation. If eye contact is necessary, one wonders how Freud and the orthodox psychoanalysts, sitting behind the client who is on a couch, could ever be successful as therapists. It has been reported that Freud chose this position because he was unable to tolerate prolonged eye contact with clients. No doubt Freud would have failed to graduate from a competence based counselor education program.

A second barrier involves the content of the client's communications. Here it is clear that the counselor or therapist must have a thorough knowledge of the client's culture if he is to understand the content of the client's communications, including the nature of his/her problems. Culture provides the content in which the universals of human experience are clothed. In some instances--great art, literature and drama and music--the universals of human experience transcend the specific content.

The highly sensitive, experienced counselor or therapist may be able to sense this experience in some cases even when it is clothed in unfamiliar content. The therapist who intends to work in a particular culture clearly must be committed to a time consuming process of learning to know the culture by living in the culture, preferably as a nonprofessional--before engaging in counseling or psychotherapy. To be sure, once therapists begin to practice, they continue to learn from their clients.

While the problems involving the therapist are difficult, problems involving the client may be greater in certain cultures. The evidence from research indicates that certain conditions or behaviors in the client are necessary if therapy is to be successful. The major requirement in the client is that he/she be willing and able to engage in the process of self-exploration, which begins with self-disclosure. It is possible that to some extent this can occur without overt vocalization on the part of the client. But in general, clients must be able to verbalize about themselves and their experiences, to communicate to the therapist their perceptions of themselves and their problems and to engage in active exploration of these areas.

A serious problem is posed if the client is unwilling or unable to engage in this process. In fact, if clients cannot do so, then they are unlikely to be able to benefit from counseling or psychotherapy,

to achieve the desired outcome of becoming more responsible, independent and self-actualizing persons.

Psychotherapy, by definition, cannot occur without the participation of the client. It is clearly no solution as some writers have proposed, for the counselor or therapist to take the responsibility for defining and exploring what he/she conceives to be the client's problem. Even if the therapist should perceive the problem correctly, the goals of client responsibility, independence and problem solving are being abandoned. But if the client can't verbalize about himself, can't communicate his ideas, thoughts, attitudes, feelings and perceptions then the therapist has no basis for empathic understanding. It does not help for the therapist to assume responsibility, to make decisions for the client. To do so is to abandon the goals of counseling or psychotherapy.

Similarly, there is a problem if the client, as is often the case in other cultures (as well as in segments of Western cultures), expects the therapist to assume an authoritarian, expert, directive role, making suggestions and giving advice. If, as has previously been noted, such a role is not therapeutic where an objective of therapy is that clients take responsibility for themselves, then to accede to those expectations is to abandon the goals of therapy. But what is the counselor or therapist to do? It must be recognized that therapy is not effective with, or applicable to, every person who seeks help or with every problem presented to the therapist. But where client attitudes and expectations are inconsistent with the conditions necessary for effective psychotherapy an effort can be made to modify these attitudes and though they may give the client a temporary feeling of being helped, are not psychotherapy. Structuring, in which the counselor or therapist explains the requirements of therapy and the roles and activities of each participant, can be useful in many cases. Another approach is pre-therapy education or training to prepare clients for their role in the process. Instruction may be given in groups; the instructor should be someone other than the therapist. But, if the client is unable to assume the role of a client and engage in the activities necessary for successful psychotherapy, therapy cannot take place, and whatever else the therapist may do is not psychotherapy.

If the culture is not one which is conducive to the development of self-actualizing persons, then a problem arises if therapy is successful, since the client will then find her/himself in a difficult social position. He/she may be more "maladjusted" than before therapy. But, while the purpose of therapy is not to make clients better adjusted to their society, neither is it the purpose, as some have suggested (S. Halleck. *The politics of therapy*. New York: Science House, 1971), to produce revolutionaries. The client can decide, without being criticized or pressured by the therapist, to forego any change in directions which will bring him/her into conflict with society- she/he does not have to choose to be a more self-actualizing person if it is felt that the price is too great. But if, knowing the price, he does make the choice, he/she will become a source of change within the culture or society, whether as an activist or not. Self-actualizing persons facilitate the self-actualization of other persons.

I have briefly reviewed the problems in counseling or psychotherapy posed by cultural differences. It has been the general conclusion that methods of psychotherapy developed in Western culture are not applicable in other cultures. The current (over)emphasis on cultural diversity and culture specific therapy leads to (1) a focus on specific techniques (or skills as they are now called), with the therapist becoming a chameleon, changing styles, techniques, and methods to meet the

presumed characteristics of clients from varying cultures and groups, and (2) an emphasis on differences among cultures and their contrasting worldviews. This approach ignores the fact that we are rapidly becoming one world, with rapid communication and increasing interrelations among persons from varying cultures, leading to increasing homogeneity and a worldview representing the common humanity that binds all human beings together as one species.

This view is rejected on the basis that there are universals of human nature, a basic one being the common motive of self-actualization. The goal of counseling or psychotherapy is to facilitate the development of self-actualization in clients. The major conditions for the development of self-actualizing persons are known, and must be present in counseling or psychotherapy as practiced with any client, regardless of culture. These conditions are neither time-bound nor culture-bound. Psychotherapy, in some form, has existed and now exists in many if not all non-Western cultures. A study of these other cultures suggests that methods of psychological healing do include these conditions. Frank (J. D. Frank. *Persuasion and healing: A comparative study of psychotherapies.* 2nd ed. Baltimore, Md.: Johns Hopkins Press, 1973) in his survey refers to them as nonspecific conditions. It is apparent that acceptance, respect, caring, and concern characterize these methods, though they are often (as is also the case in many Western approaches) associated with other aspects of the influencing relationship. It appears that experience has led to the development of methods that share much in common across time and cultures. And Sue and Sue (1990) conceded that "qualities such as respect and acceptance of the individual, understanding the problem from the client's perspective, allowing the client to explore his or her own values, and arriving at an individual solution are the core qualities that may transcend cultures" (p. 187). The problems of practicing counseling or psychotherapy in other cultures are problems of implementing these conditions.

Every client is a member of multiple cultures and groups, all of which influence the client's perceptions, beliefs, feelings, thoughts, and behavior. All therapy is thus multicultural. The fact that there are conditions that are recognized as being therapeutic in many if not all cultures has led me to develop "A Universal System of Psychotherapy" (*The Person-Centered Journal*, 1995 2, 54-62). The process, involving the conditions, is universal. The content is unique for each client.

Jackson: Do you think that counselor educators emphasize techniques too much in training counselors?

Patterson: I have answered this already, so we can omit it here.

Jackson: In your opinion, what factors or qualities make a good counselor?

Patterson: Counselors must possess a high level of ability to empathize--putting themselves in the place of the client. In the book *To Kill a Mockingbird* by H. Lee, Atticus Finch, the lawyer defending a black man accused of raping a white girl, trying to help his children understand people's behavior toward him says: "If ...you can learn a simple trick...you'll get along better with all kinds of folks. You never really understand a person until you consider things from his point of view--until you climb into his skin and walk around it " (p. 24). Empathic understanding is of course not a trick, nor is it simple. While it is not something that can be learned in the usual way, it does take considerable education and practice to be able to experience it and to communicate it to

clients. That is a main function of the education of counselors. Our culture teaches people to be objective and to look at things as objects. Counselors must have a high respect for others and their capacity to take responsibility for themselves and their lives. And as has been noted earlier, being a counselor is not acting out a role--it is being a real human being in a real relationship.

I have often said that there are three groups of people who have difficulty becoming counselors: those who are highly extroverted, those who are highly cognitive, and men.

Jackson: How do you see yourself fitting into the larger history of counseling?

Patterson: That is a question to which I have no answer. At present I do not feel that I have had much effect on the field of counseling or psychotherapy. I have a dream that sometime in the future – 20 or 30 years from now – when a universal system of psychotherapy is accepted, someone might discover my statements of such a system--probably somewhere in an internet archive.

Jackson: As a counselor educator for over forty years, and if you were able to design a counselor training program today, what do you think would be the core ingredients of that program?

Patterson: I recently published an article titled "The education of counselors and psychotherapists: A proposal" (*Asian Journal of Counseling*, 1992, 1 (l), 1-4). I present here the essence of this paper.

The present situation in the education of counselors and psychotherapists appears to be similar to that of the education of physicians in the first decade of this century, before the Flexner report with each medical school having its own curriculum. While APA accreditation has led to some standardization of the various foundation areas to be included in programs in counseling and clinical psychology, preparation in the function of counseling and psychotherapy itself varies widely. Some programs may focus on a particular approach, such as behavior therapy, while others attempt to cover a variety of approaches or techniques, labeled (or mislabeled) eclecticism. But there is virtually no research indicating what technique is appropriate for what clients with what problems. Courses in research are separated from practice and seldom do the twain meet. Currently, in most programs, students are exposed, though often superficially, to the major theories of counseling or psychotherapy. But following this, there is little further attention to philosophies or theories. Emphasis is on techniques, or skills, as they are now commonly called, or more recently, interventions. While there is much talk (or writing) about basing practice on research, there is in fact very little research support for what students are taught. The model of specific techniques for specific clients with specific problems is widely espoused. In practicums and internships, students are taught to apply or use a variety of techniques, according to the particular preferences of their supervisors, who often do not agree with each other, leaving the student puzzled about just what to do at the end of his/her training program. The current system appears to be producing technicians rather than professionals. Technicians apply a hodge-podge of techniques, justified (without evidence) as being empirically derived, but lacking in any philosophical or theoretical bases as to why they are effective--if indeed they are effective. "What works" is based on idiosyncratic, unevaluated experience rather than reasons and research.

This approach is often justified by claiming that there is no one best way to practice counseling or psychotherapy. Practitioners are therefore free to do what seems to be required in the particular

situation, free of any limiting philosophy and theory. This approach is also described as eclectic. But it lacks the systematic integration that is necessary for a true eclecticism.

There is little agreement on the nature of psychotherapy and therefore on the education of counselors or psychotherapists. Numerous schools of psychotherapy still exist. There is no generally accepted theory or system. If it is true that there is no agreed upon single or best way to practice counseling a psychotherapy, then counseling or psychotherapy is not a profession, and should not be taught at all.

Insisting that students not commit themselves to a systematic theoretical approach, but instead use a smattering of unintegrated techniques is not acceptable. It does not produce competent professional practitioners.

I suggested that there are currently are two alternative approaches to the education of counselors or psychotherapists. Under the first alternative, the existence of differing, perhaps incompatible, theoretical systems would be accepted. Each educational institution would offer its students professional preparation in a few, probably no more than three, systems. These would be selected on the basis of the interests and expertise of the faculty. Prospective students would be informed of the systems in which training is offered, and would select the schools or Universities to which they would apply for admission on the basis of their (tentative) interests. In any case, all schools would offer--and require students to take--a basic, in-depth course covering the major existing theories. Students would then confirm their selection or make a new selection, of the system in which they desire intensive training. In the event that a student decides upon a system not offered by the school in which he/she has enrolled, the student could transfer to a school where such a system is offered.

The program of training for each system (following study of the major theories) would consist of (a) an intensive study of that system, its philosophy and theory; (2) supervised practicum experiences in that system; and (3) an internship in that system. All these phases would be taught by an experienced expert or experts in the system. This is, of course, the model that has been followed in the preparation of psychoanalysts. It is a consistent, progressive program including philosophy, theory, and application or practice.

There is a second, and to me a preferred, approach to education in counseling or psychotherapy. The objective of science is to arrive at a common theory or consensus--an agreement on the best theory and practice in terms of present knowledge. I believe psychotherapy is (slowly) approaching this stage. If we cannot agree on a single approach in all its aspects, it is nevertheless the case that there is agreement on some fundamentals of psychotherapy, on some necessary, if not sufficient, conditions for effective psychotherapy. These therapist conditions, or common elements, are well known. They were first identified and described by Rogers in 1957. He called them empathic understanding, unconditional positive regard, and congruence. The second and third conditions are more often called respect or warmth, and therapeutic genuineness. Moreover, there is considerable research evidence for the effectiveness of these conditions (Patterson, 1984).

Yet, while there is general acceptance of the importance or necessity of these conditions, they are not widely taught. It appears to be assumed that students are capable of offering or providing these conditions without being taught. In many counselor education programs it is true that there is an

effort to teach them as skills, or techniques. But they are not techniques, to be learned and applied apart from the philosophy or beliefs of the therapist. They are attitudes, and as such they are part of the personal characteristics and beliefs of the therapist. To teach them as simply skills does not lead to effective counselors or psychotherapists, but to technicians. It is inconsistent with the widely accepted assumption that it is the person of the therapist that is of basic importance in psychotherapy.

As in the preceding program, in this alternative all students would have a basic theories course. Following this, rather than an in-depth course in one of the theories, would be a course in the basic conditions, or common elements, covering philosophy, theory and implementation. Since it is true that these conditions have been developed and explicated best by writers with a client-centered point of view, the work of these writers (including Rogers and Patterson) would be the basis for such a course. Practicum and internship experiences, with supervision by instructors committed to and expert in the core conditions would follow.

The emphasis in the program would not be on skills or techniques, but upon philosophy, theory and attitudes. Attitudes, it may be objected, cannot be taught. To some extent this is true. Students must have the potential for empathy, and possess a respect and concern for others. That attitudes can be cultivated and enhanced has been demonstrated to me in some 35 years of teaching. Most recently it has occurred in a course taught at the University of North Carolina at Greensboro. (See, for example, Patterson, C. H. Outcomes in Counselor Education. (*Asian Journal of Counseling*. 1993, 2, 81-87).

Rogers proposed that these conditions are not only necessary but sufficient. There is considerable research showing that they are indeed sufficient in many cases. But it is not necessary that they be regarded as sufficient before accepting them as the basis for any education in counseling or psychotherapy. The current interest in integration in counseling or psychotherapy offers hope for the development of a common focus in the preparation of professional counselors or psychotherapists. This focus, it is suggested, should be on the common elements of all the major theories of counseling or psychotherapy.

Jackson: Who are some of the important figures in the counseling and psychotherapy field who have affected you?

Patterson: Since it is apparent that I have really been influenced by one (Rogers) I think we should omit this.

Jackson: What do you think of managed care and how do you think it affects counselor training?

Patterson: Managed care is commercializing counseling and psychotherapy. Obsession with the bottom line is often inconsistent with the best interests of the client and with the best professional practice. Emphasis is upon short term therapy (get them in and get them out). It has led to focusing the education of counselors on short term therapy and thus on techniques. There is increasing resistance to managed care among physicians, psychiatrists and psychologists.

Jackson: What do you think of the DSM-IV and its value to counselors and psychotherapists?

Patterson: In 1948 I published an article titled “Is Psychotherapy Dependent upon Diagnosis?” (*American Psychologist*, 3, 155-159). My answer then was “No”; the answer is still “No”. I made clear then what conditions I was talking about: “...it should be made clear that we are concerned with the so-called functional disorders in which psychotherapy is applicable. It is recognized that there are mental disorders of definite organic origin, involving neurological disease, physiological disturbances, toxic conditions, and traumatic injury.” Today I would say that I am concerned with social psychological, or psychosocial conditions. But the arguments in the article are still surprisingly relevant today.

The DSM (now in its fourth edition) is an attempt to label and classify all manner of psychological and neurological-genetic-physiological conditions. Psychological and the other conditions do not mix, as I noted in 1948. The number of conditions defined increases with each edition of the manual. It has attained some reliability--agreement has been reached on definitions. But there is no real evidence of validity. And there is the problem of confusing normal reactions to problems of living--social-psychological problems-- with mental disorders (see J. C. Wakefield. “DSM-IV: Are we making diagnostic progress” (Review of DSM-IV). *Contemporary Psychology*, 1996, 41, 646-652). The manual is a huge, highly complex, detailed tome--too complex to be practically useful.

Nobody really likes it, but it has become accepted as a necessary evil in the current stage of practice in HMOs. Those unfortunate enough to work in such settings and in private practice with insured clients must put up with it--even though it is irrelevant to the majority of clients, whose problems are social-psychological in nature. But these clients, to be covered by insurance, must be diagnosed with a mental condition, and thus become subject to DSM-IV.

Jackson: How has your counseling approach changed over the years?

Patterson: There has been no change in my counseling approach, either in theory or practice. Some have suggested that client-centered counseling must change with the times. I have commented that “if it ain’t broke, don’t fix it.” Although he was open to change during his 50 years of practice, Rogers never found it necessary to change his basic philosophy or theory. His changes in practice were directed to bringing practice more in line with the philosophy and theory. Over the years I hope I have done the same, and that I have improved on the basis of experience--not only my own but vicariously through the experience of the innumerable students I have supervised. (For an example of client-centered supervision see my chapter “Client-Centered Supervision” in C. E. Watkins, Ed. *Handbook of Psychotherapy Supervision*. New York: Wiley, 1997.) I am reminded of the line in a popular song (modified slightly): “Once you have found it, never let it go.”

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