WINDS OF CHANGE FOR CLIENT-CENTERED COUNSELING

C. H. PATTERSON

The winds of change they are ablowing. Client-centered counseling should be growing.

The winds of change are blowing on client-centered counseling (among others, Cain, 1986, 1989a, 1989b, 1989c, 1990; Combs, 1988; Sachse, 1989; Sebastian, 1989). In the 3 years following the death of Carl Rogers, many were expressing dissatisfaction with "traditional" or "pure" client-centered counseling and were engaged in trying to supplement it, extend it, and modify it. The basic complaint seems to be that the counselor conditions specified by Rogers (1957) are not sufficient. Tausch, at the International Conference on Client-Centered and Experiential Psychotherapy in Belgium in 1988, is quoted by Cain (1989c) as stating that client-centered therapy, in its pure form, is not effective for some clients and insufficient for others.

Cain (1989c) commented on Gendlin's (1988) plenary address at the Belgium conference, noting that "some consider Gendlin's work a creative extension of client-centered therapy, while others contend that experiential therapy is simply incompatible with the theory and practice of client-centered therapy" (pp. 5-6). Brodley (1988) belongs to the latter group, judging from her paper at the same conference "Client-Centered and Experiential-Two Different Therapies." Cain (1989c) reported that Gendlin said he "goes with the clients' approach as long as that works," but goes with focusing "when what the client is doing doesn't work." This statement represents the problem posed by many who feel that they are supported in going beyond the client-centered approach because what they do "works."

How does one know what works? That requires research; however, those who justify what they do on this basis are not referring to research, but to their clinical impression-usually the impression that it pleased the client and, thus, the counselor, suggesting that it is essentially the placebo that is operating.

I will not discuss all the innovations to client-centered therapy that have been proposed. Wood (1986) noted that "some of Rogers' closest colleagues use hypnosis, guided fantasies, paradoxical statements, dream analysis, exercises, give homework assignments and generally follow the latest fads to supply their [Rogers's necessary and sufficient conditions] missing deficiencies" (p. 351). Shlien (1986) wrote that "one reads that client-centered therapists include in their practice 'hypnosis, scream therapy, behavior modification, Gestalt, psychodrama, relaxation,' etc." (p. 347). My purpose here is to propose some requirements for accepting such innovations, as follows:

1. Any new methods or techniques should be consistent with the philosophy and theory of the client-centered approach. Currently, I am unaware of any that meet this criterion (Patterson, 1989).

2. New methods would require some evidence that the conditions proposed by Rogers (1957) as necessary and sufficient are in fact not sufficient. There is considerable research evidence demonstrating that they are sufficient for a wide variety of clients, even though the levels at which the conditions are provided are not particularly high (Patterson, 1984).

3. The traditional or pure client-centered approach should not be rejected as inadequate simply because it is not effective with all clients: (a) no approach is expected to be effective with all clients, and (b) Rogers proposed two necessary conditions in clients (that they are experiencing psychological disturbance of some kind and that they perceive the conditions offered by the therapist). Other conditions can also prevent success.

4. Research evidence must exist to support the effectiveness of any new approach that meets the preceding requirements.

5. Thorne's (1989) statement at the Belgium Conference should be taken to heart before rejecting the traditional or pure approach: "I believe that the limitations of the approach are a reflection of the personal limitations of the therapist.... We should not, I believe, be seeking to supplement the core conditions.... Instead, we should be asking ourselves what would it mean to offer the core conditions more deeply, more intensely, more consistently" (pp. 25-26). What would happen if we were more patient with our clients?

Cain (1989c), in his paper on the conference, reported that he overheard one participant "gently chide another for being 'more Catholic than the pope' " (p. 5). It was Bozarth, I believe, who once said that I was more client-centered than Rogers. I aspire to nothing more than to approach being as client-centered as Rogers. Although he was very open to change during his 50 years of practice, Rogers never found it necessary to change his basic philosophy and theory. His changes in practice were directed to bringing practice more in line with the philosophy and theory.

There seems to be some confusion or disagreement about the use of the terms person-centered therapy and client-centered therapy. Person-centered therapy refers to the extension of the person-centered relationship epitomized in client-centered therapy to nontherapy relationships-encounter groups with "normal" individuals, international relations, education (although student-centered may be used here) and parenting (although child-centered may be used here). Therapy involves clients, and the term client-centered therapy would be used here. This usage is consistent with that of Rogers (1986,) who wrote about the "person-centered approach" and "client-centered therapy."

I am not alone in my concern about some of the new directions being taken by some who call themselves client-centered. Shlien (personal communication, September 6, 1987),

referring to the 1987 Forum on Client-Centered Therapy at LaJolla, said, "I had to separate myself from the 'person-centered' position because I am only client-centered, and believe that the extensions go carelessly and mindlessly beyond the present theory." And in the aforementioned reference, Shlien (1986) said that "the person-centered approach invites extensions that sometimes outreach the theory of client-centered therapy" (p. 348). Raskin also (1987) said that "each of the neo-Rogerian methods takes something away from the thorough-going belief in the self-directive capacities that is so central to client-centered philosophy" (p. 460).

If it ain't broke don't fix it.

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THE UNCERTAIN FUTURE OF CLIENT-CENTERED COUNSELING

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Progress is our most important product--General Electric Company
Imagination is more important than knowledge--Albert Einstein

In my view, Carl Rogers contributed more to the conceptualization and practice of counseling and psychotherapy than any other person of this century. In fact, a survey of counseling and clinical psychologists in 1982 (Smith, 1982) identified Rogers as the most influential psychotherapist of any time. Yet client-centered counseling seems to be on the decline in the United States. Most surveys of counselors' theoretical orientations generally show that fewer than 10% of counselors identify themselves as client-centered (e.g., Smith, 1982; Weiner, 1991). Very few graduate programs in counseling, psychology, and related fields offer courses in the client-centered approach, in part because students show little interest. The Person-Centered Review, an academic journal based on Rogers's ideas, was published for only 5 years (1986-1990) because its subscription level was too low (just above 600) for its publisher to continue it. The Association for the Development of the Person-Centered Approach, a U.S.-based

association of persons interested in client-centered counseling and the person-centered approach, has never had more than about 250 members, despite constant attempts to increase membership.

How can this apparent decline in interest in client-centered counseling and its diminishing impact be understood? Having asked myself that question for the last 10 years, I attempt here to provide some answers and offer some proposals to revitalize client-centered counseling. I also address some of the points made by C. H. Patterson (this issue) who defends Rogers's theory of psychotherapy (Rogers,1957) and the traditional form in which it is practiced by many client-centered counselors.

Patterson concludes his defense of the traditional practice of client-centered counseling with the comment, "If it ain't broke don't fix it." Frankly, I am astonished by the short-sighted logic of this position. Such logic suggests that if something works well in its current form, it should be left as it is instead of improved. Had most creative persons embraced this mentality, we would still be riding in horse-drawn buggies, communicating by telegraph, and watching black and white television. In the realm of ideas, even our constitution has been amended 26 times. None of these creations was "broke." They simply were limited and had not yet reached their full potential. The same can be said of client-centered counseling. In the hands of a skilled practitioner, it does what it does very well. The problem is that it simply has not evolved much in the last 40 years, much less approach its full potential. The bottom line is that our clients will not receive optimal assistance from therapists who are practicing in a traditional but limited and constricted manner. Patterson's belief that "traditional or pure client-centered approach should not be rejected as inadequate simply because it is not effective with all [italics added] clients" (Patterson, 1993, p. 131) suggests that practitioners should just accept its limitations rather than surmount them. The major thesis of this article is that we owe it to our clients to critically review and continually develop the theory and practice of client-centered counseling.

THE NEED FOR EVOLUTION

The major reason that client-centered counseling has failed to thrive is its lack of evolution in theory or practice. In contrast, the rapid growth in popularity and influence of the cognitive therapies can be attributed, in part, to their increasing theoretical and technical diversity and to a strong research orientation. A recent resurgence in interest in psychoanalysis (once thought to be dead or dying) seems to be occurring because of the diversity of viewpoints and creative thinking taking place (Youngstrom, 1992). Client-centered counseling, however, has changed very little since its inception. There are numerous factors that have contributed to its stagnation and declining influence. One important factor is the enormous and continuing influence of Rogers's ideas and therapeutic style on those who model themselves after him and encourage their students and colleagues to do so.

Rogers' Influence

As the founder and primary creator of client-centered counseling, Rogers remains profoundly and pervasively influential on how it is conceived and practiced. Rogers was a quiet but charismatic and powerful person who was well loved and highly respected by his colleagues, students, and friends-and deservedly so. He had many followers who adopted his beliefs and therapeutic style. This should come as no surprise. The history of psychotherapy demonstrates that the founders of major approaches (e.g., Freud, Perls, and Ellis) typically had many adherents who embraced the beliefs and therapeutic techniques of the founder, often in a relatively uncritical way. Although this serves to preserve the integrity of the approach, it also serves to discourage its diversification and evolution. Rogers disliked and discouraged idolatry and mindless imitation, but this did not stop his many followers from trying to emulate him. He was also quite concerned that his ideas would be adopted in an uncritical manner. He wrote: "At the time of its formulation, every theory contains an unknown . . . amount of error and mistaken inference.... Unless we regard the discovery of truth as a closed and finished book, then there will be new discoveries which will contradict the best theories which we can now construct.... I am distressed at the manner in which small-caliber minds immediately accept a theory . . . as a dogma of truth. If theory could be seen for what it is-a fallible, changing attempt to construct a network of gossamer threads which will contain the solid facts-then a theory would serve as it should, as a *stimulus to further creative thinking* "[italics added]. (Rogers, 1959, pp. 190-191)

This openness to ideas and desire to discover the "facts" were genuinely characteristic of Rogers. He was well known for his statement that "the facts are friendly." Paradoxically, although Rogers strongly supported the continuing development of his ideas, he, himself, did not modify his theory of counseling in any significant way during the last 30 years of his life. Although Rogers was receptive to the ideas of his students and colleagues, none of his client-centered colleagues, or those from other schools of therapy, or those from the field of psychology in general had much influence on him. It seems that Rogers's great trust in his own experience, especially his experience with his clients, limited to a significant degree how much his ideas would be affected by the ideas of others.

It seems that Rogers, many of his most talented colleagues, and the client-centered community in general have remained rather insulated from and unaffected by the enormous advances in knowledge in the fields of human development, general and clinical psychology, psychiatry, neuroscience, psychopharmacology, psychopathology, cognitive science, related fields, and other approaches to counseling and psychotherapy. Consequently, the potential of client-centered counseling is severely limited because of the relative paucity of information that is being incorporated. The development of client-centered counseling is also limited by a strong and conservative group of persons who seem to resist any changes in theory or practice. Often, creative contributions made by persons interested in the advancement of client-centered counseling have little influence because the potential contributors are discouraged by those who wish to preserve the traditional form.

Theory

Rogers's (1959) theory of personality and psychotherapy is an elegant but rudimentary theory that barely addresses the issue of how personality develops. It provides very little help in understanding the wide varieties of disturbing and pathological behaviors (e.g. depression, obsessive-compulsive behavior, disturbed body image) that render people dysfunctional in varying degrees. Neither does it offer much help for the counselor in providing even tentative guidelines regarding how therapists might respond differentially to various forms of psychopathology.

Rogers's theory of counseling has remained essentially the same since it was formally articulated in 1957, despite the fact that research studies on the relationship between counseling empathy, unconditional positive regard, and congruence and client outcome account for only about 20%-40% of the variance in client change (e.g., Cain, 1972; Truax & Carkhuff,1967; Truax & Mitchell, 1971). Thus, approximately 60%-80% of the factors that account for successful client outcome remain unknown.

Practice

Rogers was the most talented and effective counselor I have ever seen. His capacity to immerse himself in his client's experiential world and to communicate it with clarity, accuracy, compassion, and without judgment was astounding. Yet transcripts and tapes of Rogers's therapy sessions recorded in the early 1940s look and sound remarkably similar to those recorded in the late 1980s, just before his death in 1987. Rogers, like many who emulate him, relied very heavily on the reflection of the client's cognitive and affective experience and its meaning. This most powerful response style is very effective for clients who are reflective learners-that is, persons who are reasonably skilled in processing and learning from their experiences. Many clients, however, are simply not skilled at reflective learning although they can learn effectively in other ways. It was as if Rogers used extremely well a few of the notes of the piano keyboard when a greater range of notes and chords would have been more appropriate and effective for many clients. Although Rogers had enormous respect for individual differences in people, he did not alter his therapeutic style in any significant way to respond differentially to variations in individual and learning style, differences in psychopathology, or cultural differences.

Most experienced client-centered counselors have had many clients who did not respond well to their attempts to practice therapy in the traditional mode, that is, to reflect their client's experience and meanings. At such times when counseling is not progressing well, client-centered counselors, like most other varieties, attempt to do three things:

1. Re-assert their faith in their theory

2. Improve their interpersonal skills, technical skills, or both

3. Blame their client for not responding well-for being defensive, resistant, unmotivated, or deficient in some way

Brian Thorne, whom I admire greatly as a person, scholar, and therapist, reflects the first and second points of the dilemma in the following statement, quoted by Patterson in defense of traditional practice:

"I believe that the limitations of the approach are a reflection of the personal limitations of the therapist...we should not, I believe be seeking to supplement the core conditions. Instead, we should be asking ourselves what would it mean to offer the core conditions more deeply, more intensely, more consistently."(Thorne, as cited in Patterson, 1993, p.131)

Thorne professed his faith in Rogers's theory and essentially challenged the therapist to do better. To me, this is often just the opposite of what is needed. Rather than retaining unquestioning faith in our (any) theory, we should instead critically examine it at every step and especially when it fails to help us understand and respond helpfully to our client's disturbing experience and dysfunctional behavior. Instead of trying harder to implement the core conditions more effectively, we would do well to consider alternative responses and ways of being that might better serve our clients.

There is nothing in client-centered theory that precludes or discourages diversity in practice. Although Rogers practiced in a manner compatible with his personality, he was fully aware that the practice of client-
centered counseling might take different forms. In addressing the issue of how client-centered counseling might be practiced, Rogers stated the following:

"The approach is paradoxical. It emphasizes shared values, yet encourages uniqueness. It is rooted in a profound regard for the wisdom and constructive capacity inherent in the human organism.... At the same time it encourages those who incorporate these values to develop their own special and unique ways of being, their own ways of implementing this shared philosophy." (1986, pp.4-5)

Pragmatism

Client-centered counseling seems to have lost the pragmatism that characterized Rogers's early clinical work and writings. When he was a young and beginning psychologist at the Child Study Department of the Rochester Society for the Prevention of Cruelty to Children, from 1928 to 1939, Rogers stated that his *"only concern was to be more effective with our clients* [italics added].... There was only one criterion in regard to any method of dealing with these children and their parents, and that was *'Does it work? Is it effective?' "* [italics added] (Rogers, as cited in Burton, 1972, pp. 46-47). Such an open-minded and experimental attitude toward our therapeutic work with our clients is essential if client-centered counseling is to be an effective treatment for the substantial variety of clients for whom it is marginally effective as traditionally practiced. We need to trust our clients' perceptions regarding whether what we are doing with them is

effective or not. who other than our client is in a better position to judge the helpfulness of our efforts. We need to be more receptive not only to the ideas and methods being used effectively by other approaches but also to the creative efforts being advanced by those within our ranks whose ideas are often ignored or suppressed with the rationale that what they are doing is not "client-centered."

Research

There is one thing about which Patterson and I strongly agree: the continuing need for research to help validate or disprove any proposed modifications in theory and practice. Nevertheless, we must keep in mind that modifications in practice dictated by our clients' needs will serve as an appropriate impetus for research. Rather than attempt to test further a 35-year-old hypothesis about the "necessary and sufficient conditions," we need to generate and test new hypotheses about "what works." If we keep our clients' well-being at the forefront of our concerns, it will be easier to let go of the sacred cows of theory and practice that inhibit our evolution and therapeutic effectiveness. We need only to remind ourselves that "the facts are friendly."

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RESPONSE TO PATTERSON'S "WINDS OF CHANGE FOR CLIENT-CENTERED COUNSELING"

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I share Patterson's concern about the changes being advocated for client-centered counseling in order to "supplement it, extend it, modify it" (Patterson, 1993, p. 130) on the grounds that the approach is in some way inadequate. I have been a client-centered counselor for over 35 years, have worked in many institutional settings and in private practice, and currently teach the approach to graduate students. l have worked with almost every type of client regarding age, ethnic-racial origin, socioeconomic class, intellectual-educational level, and psychiatric diagnostic category. In all of my experience, I have never found the client-centered approach to be insufficient or inadequate with any client. In those instances when I felt I was not helpful enough, or when my client expressed dissatisfaction, it was clear to me that the failure was the consequence of my limitations with that particular client, not at all the fault of the client-centered philosophy of practice. (I, too, believe that Thorne's statement should be taken to heart--see Patterson, 1993, p. 131.)

Critics often maintain that although Rogers's attitudinal conditions may be necessary, they are not sufficient to promote therapeutic change either in clients in general or with some categories of clients. This criticism ignores the extensive research evidence (Patterson, 1984) that supports the sufficiency of Rogers's therapeutic attitudes. It also dismisses the experience of those of us who have taken on the approach and stayed with it for many years (see Patterson, 1990).

My personal observation is that counselors who have tried but then moved away from, or modified, pure client-centered work because they found it inadequate either did not correctly understand the approach or did not engage in practicing it long enough to develop their capabilities to a level that could be a test of the approach.

MISUNDERSTANDINGS OF ROGERS

There are several common misunderstandings of Rogers's client-centered theory and practice (Bozarth & Brodley, 1986) that lead students and others to judge it as insufficient or inadequate. One common misconception is that client-centered counseling is reflecting feeling responses or using empathic understanding techniques in reaction to client's statements. This misconception ignores Rogers's clearly stated description of the therapeutic attitudes as attitudes, not as any particular set of behaviors (Rogers, 1957, 1959).

Obviously, the counselor must communicate the attitudes in some way for them to be perceived by the client. Nevertheless, in his writings after publication of Counseling and Psychotherapy (1942), Rogers did not advocate or even suggest any specific techniques, any particular behaviors, for communicating the therapeutic attitudes.

Rogers avoided explanations of the client-centered approach that focused on techniques and made it clear that client-centeredness results from a special kind of development of attitudes and, thus, of the counselor's personality. He said, "The counselor who is effective in client-centered therapy holds a coherent and developing set of attitudes deeply embedded in his personal organization" (Rogers, 1951). In the course of the counselor's personality development, empathic understanding, unconditional positive regard, and congruence become the counselor's functional and genuine attitudes in relation to clients. Communication of empathic responses without the counselor's experiencing empathic understanding, unconditional positive regard, and congruence is not the same behavior as that which proceeds from genuine empathic understanding, nor does it have the same influence on the client.

Working against such clear assertions that client-centered counseling is not based on techniques is the fact that a natural and vivid expression of the therapeutic attitudes to a client is often achieved by empathic understanding responses. Research on Rogers's therapy sessions has shown that the empathic understanding response was Rogers's own most frequent form of communication of the therapeutic attitudes (Brodley, 1991; Brody, 1991). Yet Rogers, as well as other experienced client-centered counselors, embodied the therapeutic attitudes in other forms of concrete responses (e.g., empathic comments, empathic guesses, and questions for clarification) as well as in empathic understanding responses (Bozarth, 1984; Brodley, 1987).

Another common misconception leading to the impression that client-centered counseling is inadequate is the notion that nondirectiveness means rigid avoidance of any responses that might communicate the counselor's frame of reference-and as such, might have a directive effect on a client. Nondirectiveness is not a technique, but an attitude; and the nondirective attitude (Raskin, 1947) must be distinguished from the false idea that client-centered work, at all costs, avoids influencing clients.

THE NONDIRECTIVE ATTITUDE

It is obvious that client-centered counseling is designed to have an effect and an influence on clients. It is a distinctive sort of influence, however, compared with all other therapies. Client-centered counseling creates a psychological climate for the client-a climate that is generally beneficial to persons and fosters personal growth and healing. The counselor-offered therapeutic attitudes create a climate that influences the client by enhancing the potency of the client's inherent actualizing tendency and by energizing capabilities of the client that are involved in personal development and change (Patterson, 1991).

There are times when the deepest expression of the nondirective attitude may be by providing responses from the counselor's frame of reference, when asked, out of respect for the client's wishes. On such occasions the counselor may be offering ideas, information, or personal reactions, and thereby be risking some unintended directive effect on the client. Such counselor responsiveness and adaptability to the client is not for the purpose of pleasing the client or being a "good guy," but is an expression of trust and respect.

The concept of the actualizing tendency is the theoretical basis (Bozarth & Brodley, 1991) for the client-centered counselor's general practice of placing extreme trust in and showing consistent respect for the client. It is the theoretical basis for the counselor's consistent inner way of being free of goals for the client and free of motivations to direct the client. It is also the theoretical basis for the counselor's consistent way of behaving in a noninterfering and nondirective manner that is protective of the client's autonomy and self-direction.

The nondirective attitude is the whole attitude in the counselor's makeup that is derived, at least in part, from the theoretical concept of the actualizing tendency. The nondirective attitude becomes developed in the counselor's makeup in a manner that structures expression of the counselor's deep feelings of trust in and respect for clients. It directly shapes and instructs the counselor's responses and manner throughout interaction with a client.

Disillusion and rejection of client-centered counseling, which have led to offshoots result, I believe, from the result, I believe, from the preceding misconceptions-identifying client-centered counseling with specific techniques and confusing the nondirective attitude with rigid avoidance of responses that might have directive effects. I urge attempts to correct these misunderstandings and efforts to provide for a true testing of the approach in counseling before any further judging that client-centered counseling is limited or inadequate.

INNOVATIONS

The innovations or developments described by Cain (1989), Gendlin (1990), Rice (1984), Sachse (1990), Tausch (1990), and others are not to be criticized because they move away from traditional or pure client-centered counseling. They can be criticized,

however, in so far as the reasoning for the deviations is not based on evidence of the traditional approach's inadequacy.

The innovations and developments can also be criticized because they revert back to the standard clinical model of the helper based on the medical model. The standard clinical model conceives of the helper as the expert about other persons and as the authority over the experience of the client or patient. In a very fundamental contrast, the client-centered approach "trusts the client as his/her own best authority" (Bozarth, 1990, p. 63). Two general categories of innovations have been put forward that reveal the clinical-medical model in different ways. One category involves ideas about essential client process-that is, the way the client must function in interaction with the counselor for therapeutic change to occur. This category, illustrated by Gendlin (1990), Rice (1984), and Sachse (1990), requires the counselor to direct or orchestrate the manner of the client's self-exploration according to process diagnoses made by the counselor while interacting with the client.

The other category of innovations that reveals the clinical-medical model is illustrated by Cain (1989) and by Tausch (1990). It involves an idea that clients have specific classes of needs that should be diagnosed by the counselor so she or he can provide differential services or styles of communication.

Innovative approaches sometimes retain the concept of the actualizing tendency, or a general growth principle, at the level of theory or philosophy. But the implications of Rogers's actualizing concept for trust in and respect for the client at the level of interaction with the client usually are replaced with a directive attitude (albeit a mild-mannered one) in which the counselor has goals for the client that influence the counselor's responses and relationship with the client.

Innovations that involve locating goals for clients in the minds and actions of counselors, regardless of whether the goals are about the client's process or contents, have abandoned the most revolutionary and most fundamental and potent therapeutic element in Rogers's approach. This most fundamental and potent therapeutic element is the functional role of the actualizing concept, which shapes the counselor's experience and expression of the specific therapeutic attitudes of congruence, unconditional positive regard, and empathic understanding. Watch out. If you think you're fixing it, be careful you don't break it.

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