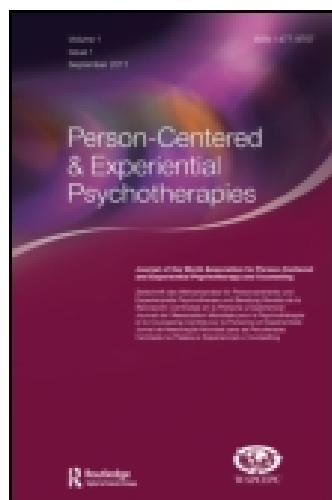


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Can you be integrative and a person-centered therapist at the same time?

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ARTICLES

Can you be integrative and a person-centered therapist at the same time?

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I argue that person-centered therapy is a “fuzzy set” with a variety of members that bear a family resemblance to one another. I suggest that some members of this fuzzy set are approaches that integrate various activities and procedures into their practice along with traditional empathic understanding responses. Based on quotations from Carl Rogers I demonstrate that these approaches deserve to be included as members of the family and that if one follows what Rogers said there is no warrant for the idea that classical nondirective practice is the only “true” person-centered therapy. I argue that one can practice person-centered therapy in an integrative way by including techniques and procedures from other approaches, by meeting at relational depth, and by focusing on experiencing and emotions. I conclude by arguing that it is important that we be open to alternative ways of actualizing person-centered principles.

Keywords: psychotherapy; integration; person-centered; experiential; psychology

Kann man integrativ und zugleich ein personzentrierter Therapeut sein?

Ich argumentiere, dass Personzentrierte Psychotherapie ein unklares Konglomerat ist mit einer Spannbreite von Mitgliedern, die familiäre Ähnlichkeit haben. Ich schlage vor, dass einige Angehörige dieses unklaren Konglomerats Ansätze sind, die verschiedene Aktivitäten und Vorgehensweisen in ihre Praxis integrieren, zusammen mit traditionellen empathischen Reaktionen des Verstehens. Basierend auf Zitaten von Carl Rogers zeige ich, dass diese Ansätze es verdienen, als Mitglieder der Familie einbezogen zu werden und dass es, wenn man dem folgt, was Rogers sagte, keine Garantie gibt, dass die klassische non-direktive Praxis die einzig “wahre” personzentrierte Therapie sei. Ich argumentiere, dass man personzentrierte Therapie auf eine integrative Weise praktizieren kann, indem man Techniken und Vorgehensweisen anderer Ansätze einbezieht, sich in relationaler Tiefe begegnet und sich auf das Erleben und die Emotionen fokussiert. Abschliessend argumentiere ich, dass es wichtig ist, dass wir offen sind für alternative Wege, personzentrierte Prinzipien zu aktualisieren.

¿Se puede ser un terapeuta integrador y centrado en la persona al mismo tiempo?

Yo sostengo que la terapia centrada en la persona es un conjunto difuso con una gran variedad de miembros que tienen un parecido familiar entre sí. Sugiero que algunos miembros de este conjunto difuso son enfoques que integran diversas actividades y procedimientos en su práctica junto con las respuestas tradicionales

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comprensión empática. Basado en citas de Carl Rogers demuestro que estos enfoques merecen ser incluidos como miembros de la familia y que si uno sigue lo que Rogers dijo no hay ninguna justificación para afirmar que la práctica no directiva clásica es la única “verdadera” terapia centrada en la persona. Yo sostengo que uno puede practicar terapia centrada en la persona de una manera integradora mediante la inclusión de técnicas y procedimientos de otros enfoques, en profundidad relacional y concentrándose en el experimentar y las emociones. Concluyo argumentando que es importante que seamos abiertos a otras formas de “actualizar” los principios centrados en la persona.

Peut-on être en même temps un thérapeute intégratif et centré sur la personne ?

Mon argumentation est que la thérapie centrée sur la personne est un “groupe flou,” dont les membres divers partagent un air de famille. Je suggère que certains membres de ce groupe flou sont des approches qui intègrent diverses activités et procédures dans leur pratique ainsi que des interventions traditionnelles de compréhension empathique. A partir de citations de Carl Rogers, je démontre que ces approches méritent d’être incluses en tant que membres de la famille et que, si l’on suit ce que Rogers dit, il n’y a pas de justification à l’idée que la pratique non-directive classique est la seule “vraie” thérapie centrée sur la personne. Je postule que l’on peut pratiquer la thérapie centrée sur la personne de manière intégrative en incluant des techniques et des procédures d’autres approches, à travers la rencontre en profondeur relationnelle et la focalisation sur l’expérimentation et les émotions. Je conclus en arguant qu’il est important que nous nous ouvrons à de manières différentes d’actualiser les principes centrés sur la personne.

Pode ser-se integrativo e, em simultâneo, terapeuta centrado na pessoa?

Pretendo que a terapia centrada na pessoa é um “conjunto confuso”, com uma diversidade de membros que apresentam parecenças familiares uns com os outros. Sugiro que alguns membros deste conjunto confuso são abordagens que integram diversas atividades e procedimentos na sua prática, em simultâneo com o recurso às tradicionais respostas de compreensão empática. Tendo por base citações de Carl Rogers, demonstro que estas abordagens merecem ser incluídas como membros da família e que, se seguirmos o que Rogers disse, não há qualquer garantia de que a prática não-diretiva clássica seja a única terapia centrada na pessoa “verdadeira”. Discuto que se pode praticar a terapia centrada na pessoa de forma integrativa, incluindo técnicas e procedimentos de outras abordagens, trabalhando ao nível da profundidade relacional e focando-nos na experiência e nas emoções. Concluo defendendo que é importante estar aberto a formas alternativas de atualizar os princípios centrados na pessoa.

同時に統合的セラピストとパーソン・センタードセラピストであることは可能なのか？

パーソン・センタードセラピーはお互いに似通ったアプローチがゆるくつながったものだとは筆者は考えている。それらのいくつかは、伝統的な共感的理解と応答に、様々な活動ややり方を統合したアプローチであると考えられる。カール・ロジャースからの引用に基づき、筆者はこれらのアプローチもパーソン・センタードアプローチの一員として迎えられるべきであり、ロジャースが言ったことに従うなら、伝統的な非指示的療法のみが「本当の」パーソン・センタードセラピーだという考えには何の保証もないということを主張する。他のアプローチの技術

やり方を取り入れ、クライアントと関係性の深さで出会い、体験過程や感情にフォーカスを当てることで、パーソン・センタードセラピーを統合的なやり方で実践することは可能であると筆者は主張する。結論としては、私たちがパーソン・センタードの原則を実現する様々な方法に開かれていることが重要なのである。

It seems to me that the norm is for human beings to disagree. This is no less true in the person-centered and experiential community than elsewhere. I have not found, over the years, that we are any more tolerant of disagreements among ourselves than anyone else. So I know that what I am going to say is going to be controversial.

I should add that I do not mind disagreement. Creativity often comes out of disagreement. Sometimes this happens because, through discussion, new syntheses of contradictory positions emerge. Other times this happens, because, as with one of my colleagues, our disagreements led to a long and productive dialogue that never changed either of our points of view, but led both of us to deepen and sharpen what we thought. I still do not agree with his point of view, but it is a respectable one and I'm glad it is in the world.

What I have minded in our community is the contentious and dismissing tone that has characterized some of the debate over the issues I consider in this paper. This has happened on both "sides" – those who are convinced that anything but traditional, classical nondirective ways of practicing are destructive distortions; and those who believe that if we do not add techniques and other things onto traditional person-centered practice we are being unscientific, irresponsible, and stubborn stick-in-the-muds. This contentiousness, while all too human, is odd because it is precisely the recognition of individual difference, of different paths, and of different ways of being that is at the core of person-centered philosophy.

I have personally struggled with these issues since I first became aware that there was debate over them in 1988 at the first world conference in Leuven, Belgium. I have struggled because, on the one hand, my "heart" is with the traditional nondirective approach. On the other hand, my experience of doing therapy has led me to believe that I had to be open to a wide variety of "tools" to help my clients. Furthermore, I became philosophically and theoretically convinced that there was nothing incompatible about incorporating techniques and procedures into person-centered therapy.

In this paper I argue that (1) integrative approaches are compatible with a person-centered framework, and (2) it is important that we be open to integrative person-centered practice. Although I also want to be scholarly, I intend to write this article from more of a personal perspective than academic papers are traditionally written.

The boundaries of person-centered therapy

So what is the core issue? It has to do with identifying the boundaries of person-centered psychotherapy. Is person-centered therapy a set with one member, identically equivalent to classical, reflection-based nondirective therapy, or is person-centered therapy a "family" or a set of related approaches? I adopt the heuristic of imagining a fuzzy circle named "person-centered psychotherapy" and asking: What belongs within that circle? In essence, I argue for the position that person-centered therapy is a "family" of related approaches.

Categories in the real world are almost always fuzzy (Lakoff, 1990). It is difficult if not impossible to draw a hard line and to be able to say that for every X, X is or is not a member of a given set or category. The idea that something belongs in a category if and only if it meets certain criteria works in mathematics but rarely in the real world. This means that often there will be pure exemplars of a given category, or paradigmatic examples of concepts, and then after that there are varying degrees of “family resemblance.” At some point we reach a fuzzy boundary where things are particularly unclear: Is something a member of the category or not? Past that boundary there are cases where we are usually able to say that X is *not* a member of the category.

This is compatible with person-centered theory. Rogers (1959, p. 103) advocated holding constructs tentatively. That implies that constructs are tools, not “truth.” Accordingly we should not be surprised that the set “person-centered therapy” is a fuzzy one.

At what point does something cross the fuzzy boundary? That is not always easy to say, but I think that in the case of person-centered therapy most of us have no problem identifying certain things as not person-centered. Cognitive-behavior therapy (CBT) as currently practiced violates too many of the person-centered assumptions to count as person-centered although there are some CBT practitioners who argue that they are “person-centered.” Similarly, despite object relations theory’s emphasis on self and relationship, most of us would not locate object relations theory within the fuzzy circle of person-centered therapies.

If we imagine this large, fuzzy circle as the set which we call “person-centered psychotherapy,” then I would locate classical, nondirective therapy in the center. That would be the most pure, paradigmatic exemplar of the approach. The debate then concerns whether there is anything else in that circle. I believe that at least the following belong within that circle: Gendlin’s focusing-oriented therapy (Gendlin, 1996); Natalie Rogers’s (1993) person-centered expressive arts therapy; the emotion-focused therapy of Leslie Greenberg and his colleagues (e.g., Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg & Watson, 2006); integrative approaches such as my own (Bohart & Tallman, 1999), the work of Tausch (1990), the pluralistic approach of Mick Cooper and John McLeod (2011), and the recent approach of David Cain (in press); and the relational depth approach (Mearns & Cooper, 2005). All of these approaches have been attacked as not person-centered at various times. There are a number of others that probably belong in the circle that I will not consider for space’s sake.

My intention in the rest of this paper is to demonstrate, using references to the works of Carl Rogers, the legitimacy of considering approaches like those above as members of the set “person-centered psychotherapy.” In so doing I do not intend to provide a review of all sides of the controversy as that would turn this paper into a book. For a succinct review I refer readers to Sanders (2007). For one thoughtful and articulate presentation of a more classical nondirective point of view that does allow the occasional use of techniques at the client’s request, see Brodley and Brody (2011).

Members of the family

My argument is that there is no warrant in the history of the approach for restricting person-centered practice to classical nondirective psychotherapy. In order to spell this out I am going to distinguish three core “groups” of person-centered therapies

(PCT): (a) eclectic integrative approaches that hold that you can incorporate or utilize procedures and techniques, particularly from other therapies, within a person-centered base (this is where I fall); (b) the use of the self in therapy, as in the relational depth approach; and (c) the experiential approaches of Gendlin and Greenberg and colleagues. The questions can therefore be mapped out as three: (a) Is it not being person-centered to utilize techniques from other approaches from within a person-centered framework? (b) Is it not being person-centered to emphasize more than just a rare or occasional therapist-frame-of-reference response such as a self-disclosure, and to actively engage in meeting at relational depth? And (c) Is it not being person-centered to try to help clients focus on experiencing and emotion?

In trying to answer these questions historically I am going to focus on Carl Rogers. There is a danger in setting up Rogers as the final arbiter of what is person-centered. First of all, he is no longer around to speak for himself. Secondly, he would have objected to using him as the arbiter in the first place. Nonetheless, as the founder of the approach, I believe his voice is particularly important, and there are quotes available. If we stick to Rogers, there is clear warrant for (a) integrative practice; (b) therapy as an emphasis on meeting, self-disclosure, and relational depth; and (c) a focus on experiencing.

Integrative practice

In a sense all three of the groups I have created could be considered “integrative” in that they go beyond classical nondirective practice to adopt a model that allows the therapist to actively incorporate the use of other techniques and procedures. Therefore the question of integrative practice is the overarching one.

What did Carl Rogers have to say about integrative practice? I start with a quote from Holdstock and Rogers (1983). Holdstock and Rogers’s chapter is one of a number of chapters in various textbooks co-written by Rogers and someone else. As I understand it these chapters were often primarily written by someone else with Rogers’s participation, approval and blessing. I mention this because in some online and informal debates quotations from such chapters have been dismissed because they came from chapters not primarily written by Rogers. However, the fact that Rogers signed on should be taken seriously. As we shall see, another quote from Rogers himself supports what the following quote says.

Holdstock and Rogers (1983), referring to the use of technological expertise, said:

A fact seldom appreciated ... is that the person-centered approach does not exclude such expertise ... as long as it is made available to and not forced on the client. The person-centered approach is not a technique but a philosophy of life ... How therapy is done is more important than what therapy consists of ... Making the contributions of various techniques, such as Gestalt, transactional analysis, and behavior modification, available to the client actually is very much in keeping with the rationale behind the person-centered approach. It acknowledges that people perceive and are differentially receptive to various symbols ... Some individuals may be particularly receptive to therapies working with the body. Others may find techniques dealing with skills in interpersonal behavior useful or may prefer to deal with situational and behavioral aspects. (p. 222)

Holdstock and Rogers went on to say that allowing therapists to utilize various techniques also allows therapists to be more personally congruent in their presence as well. Elsewhere, in an interview in 1975, Rogers said, “One thing about the client-

centered approach is that I think it can utilize many modes from other points of view and keep a basically person-centered philosophy” (Francis, 2009, p. 16).

From these two quotes it seems clear that Rogers did not see a contradiction between incorporating other therapy approaches and remaining person-centered. As Holdstock and Rogers said, it is more *how* this is done.

It is not only what Rogers said, it is also what he did. I interviewed Natalie Rogers about what her father thought about her person-centered expressive arts therapy. Natalie incorporates various activities such as drawing, painting, dance, music, and poetry into her therapeutic approach. She told me she has been criticized by some on the “traditional” side of the debate for not being “person-centered.” Natalie also told me that her father was fully supportive of her approach and even co-taught several workshops with her later on in his life (Natalie Rogers, personal communication, June, 2010). Rogers’s actively co-teaching workshops with Natalie is behavioral evidence that he accepted her approach enough to participate in workshops with her.

Use of self in therapy

There have been those who have argued that the therapist should always or almost always stay in the “client’s frame of reference.” For the therapist to come from his or her own frame of reference, except rarely, is a violation of nondirectivity, and hence, of person-centered practice. The question then becomes: To what extent is use of self compatible with being person-centered?

Once again, if we look at Carl Rogers we find an emphasis on the therapist’s use of self, on being real, and so on. Rogers talked about therapy as a meeting of persons (Cissna & Anderson, 1994). In the book on the Wisconsin Schizophrenia Project (Rogers, Gendlin, Kiesler, & Truax, 1967) there are numerous places where he focused on therapist realness as the core ingredient. In one chapter Rogers invited commentators to listen to excerpts of therapy sessions and to give their opinions. Rollo May and Carl Whitaker, among others, were critical because they thought that the person-centered therapists in the study were not spontaneously present enough as persons. Rogers said in response:

I feel a little baffled by these comments, largely because I feel so deeply in sympathy with them. For more than a decade I have been trying to state that genuineness, or congruence, and the expression of such genuineness, is probably the most important part of the therapeutic relationship . . . the therapist as a real and spontaneous person should be present in the relationship. (p. 511)

He went on to say:

It is important to me to be clear in the expression of my feelings. When my feeling is the desire to understand him, I want this to be clear. When my feeling is different from his, or springs entirely from myself, I want this also to be crystal clear . . . (p. 512)

Rogers also went on to say that the “best expression” of what he was getting at was given by one of the commentators, Paul Bergman. Rogers quoted Bergman as saying:

Some time ago I began, at first cautiously and then more boldly, to experiment with expression of my own subjective reactions to my patients . . . This seems to be the condition that to my mind emerges as the one of central position and highest values . . . (p. 513)

Rogers commented, “In these excerpts it seems to me that Bergman is describing the goal toward which most of us as therapists are striving” (p. 513).

Elsewhere, in a chapter by Rogers and Wood (1974), the authors talked about a stress on realness and give examples of self-disclosures, such as the therapist sharing with the client his boredom and sense of remoteness from the client. They talked about “daring to be real” with the client, and therapy becoming a genuine person-to-person relationship.

Thus the movement towards more “person-to-person” and here-and-now encounter between therapist and client, such as is found in the relational depth approach, is compatible with Rogers’s views.

Experiencing

In my early years in psychology I was heavily influenced by Eugene Gendlin’s work on experiencing, which I read about in books such as *New Directions in Client-Centered Therapy* (Hart & Tomlinson, 1970). Imagine my surprise in 1988 at the first world conference in Leuven to hear Barbara Brodley (1990) argue that Gendlin’s experiential therapy was different than classical client-centered therapy. At the time Brodley was arguing that there was a family of person-centered therapies and was not ruling Gendlin out of the family. However she was drawing a distinction between classical client-centered therapy and focusing-oriented therapy. I came to believe Barbara was correct about that distinction. However others have gone farther than Brodley to argue that Gendlin and focusing-oriented therapy are therefore not person-centered at all. With that I disagree.

I believe that both focusing-oriented therapy and the emotion-focused approach of Greenberg and colleagues are members of the family. However, since I am relying on the words of Carl Rogers to provide warrant for my beliefs, and Rogers was not around to comment on emotion-focused therapy, I will direct my attention to Gendlin’s experiential, focusing-oriented approach.

My first evidence comes from a personal experience with Carl Rogers. In 1985 a colleague and I drove Rogers and Ruth Sanford home to La Jolla from the American Psychological Association Convention in Los Angeles, where he had been an invited speaker. The drive was three hours and in addition we stopped for ice cream. I had a chance to investigate issues that I was puzzling over. At the time I was writing a textbook on clinical psychology. Gendlin had just come out with a chapter in another book where he called his approach “experiential psychotherapy.” I told Rogers I was planning on including Gendlin’s approach in the chapter on client-centered therapy. I wondered what Rogers thought of that. Rogers said, “And rightly so. That is where he belongs” (Carl Rogers, personal communication, August, 1985). I also asked Rogers about the focusing exercise. Did its use fit within the person-centered framework? He thought it did, although he said he personally did not like it.

I have been criticized for using these anecdotes as evidence, again, in informal discussions, by some who disagree with the idea that Gendlin belongs in the person-centered camp. They have argued that my memory is not trustworthy. However, I was writing my first-ever book. I wanted to get it correct. It was an important question to me. Besides, I have a witness.

Beyond my memory there is ample evidence from more reliable sources that Rogers was comfortable with Gendlin’s ideas on experiencing and on using them as a

guide to therapeutic practice. In a chapter by Rogers and Wood (1974), Rogers talked about responding exactly to the client's "felt meaning" (p. 227), a key concept of Gendlin's. He went on to say, "Thus, when I experience his [the client's] sense of forward movement, of getting more closely in touch with his own experiencing, I know I am on the right track It is important to me to assist my client to carry forward his own experiential process" (p. 228). And, " . . . his struggle to carry forward his search for felt meanings is the very struggle I wish to assist by my responses" (p. 228).

Rogers's chapter entitled "Empathic: An unappreciated way of being" (pp. 137–163) from *A Way of Being* (Rogers, 1980), has a section on experiencing as a useful construct. Rogers said, referring to a client checking inwardly to see if something fits or not:

Against what is the man checking these terms for their correctness? Gendlin's view, with which I concur, is that he is checking them against the ongoing psycho-physiological flow within himself to see if they fit. This flow is a very real thing, and people are able to use it as a referent. In this case "angry" doesn't match the felt meaning at all; "dissatisfied" comes closer but is not really correct: "disappointed" matches it exactly, and encourages a further flow of the experiencing as often happens. (p. 141)

Finally, in Rogers's foreword to *New Directions in Client-Centered Therapy*, he said, "Nor could we have foreseen the development of a theory of experiencing which helps to describe the way in which the relationship is used by the person to enhance and enrich and clarify the life he is living" (1970, p. ix).

These are not the only examples where Rogers approvingly cites Gendlin's ideas. Other examples can be found in the book on the Wisconsin Schizophrenia Project (Rogers et al., 1967) and in other areas of *New Directions in Client-Centered Therapy* (Hart & Tomlinson, 1970). However these suffice for me to demonstrate that Rogers did not draw the firm line between person-centered therapy and Gendlin's experiential approach that some others currently do.

Conclusions and implications

It is clear to me that if we use Carl Rogers as a yardstick, we cannot argue that integrating other techniques and procedures into person-centered practice is not person-centered, that meeting at relational depth is not person-centered, or that focusing on experiencing (and by implication, emotion) is not person-centered.

Some will object to what I have said by pointing out that Rogers did not change his personal way of practice. I think that is debatable. He certainly changed his practice towards more self-disclosure in encounter groups. Even if it were true that he did not specifically change his practice in demonstration therapy sessions, Rogers always was clear that that was his own way of practicing and he never said it should be how everyone practiced. It is not clear to me why it matters whether he personally changed his practice or not, unless someone tries to use it to dismiss what he said.

This then brings us back to the idea that, as Rogers concluded, it is the *attitudes* that matter. It is not what we do so much as *how* we do it. In my view this follows from Rogers's core idea, which comes before even the emphasis on the therapeutic conditions. That is that we should *trust the client* (see also Peter Schmid, 2004). Who do we really believe is the expert on therapy – ourselves or the client? Do we really believe that clients ultimately know best for themselves, better than any of our

theories, our research, etc.? Do we believe that even if we have expertise, that the client's wisdom always trumps our wisdom? This is the core of person-centered philosophy (Wood, 2008).

It is this idea in my opinion that distinguishes us from other approaches. It is not the relationship. Virtually everyone nowadays believes that therapists should be accepting and empathic. And congruence and genuineness have become fashionable in both cognitive-behavioral and psychodynamic circles. However, other approaches do not trust the client as we do. This is not to say that they distrust the client, nor that they do not try to utilize clients' potential and strength, nor do they not try to include them as collaborators. However they do not believe that the primary impetus for therapy comes from the client – from the client's own “self-organizing wisdom” (Bohart, in press; Wood, 2008). They do not hold as an ethical position that clients are those who decide for themselves (Grant, 2004).

Therefore, for us, all knowledge, all “expertise,” all suggestions, are offered as assists to the client's own self-healing process. It is the client who is the “decider” as to what direction to go in, what information to use, and what experiences to have. This does not dictate any specific way of practicing. Rather, as Rogers said, the person-centered approach is a “philosophy,” or elsewhere, a “way of being.” Therefore it is how we do what we do that matters. Do we *offer* techniques, for instance, as something that that intelligent other, the client, may decide is useful to them, or do we *prescribe* them as solutions offered by us, the expert?

Some traditional nondirective therapists have argued that their approach does not preclude the use of techniques. However their “rule” is that one only uses a technique if the client *asks for* or initiates it. It is off-limits for the therapist to *suggest* something. Yet if we look back at the quote from Holdstock and Rogers (1983), they said:

Making the contributions of various techniques, such as Gestalt, transactional analysis, and behavior modification, available to the client actually is very much in keeping with the rationale behind the person-centered approach. It acknowledges that people perceive and are differentially receptive to various symbols . . . (p. 222)

There is nothing there to imply that one must “[make] the contributions of various techniques” available only when the client asks for them.

The issue becomes: What does it mean to trust the client? Does it mean that we, for the most part, only empathically reflect? That is not what it means for me. For me it means that I trust that clients ultimately do know what is best for them, what will best facilitate their growth. Therefore I trust that if I suggest something they will say “yes” or “no,” and I trust that if they say yes or no, I trust myself enough to go along with them.

My views on this have evolved in part from my practice, where many clients have from time to time requested more “active” techniques than simple empathic listening. Over time I have come to the decision to not always wait for them to ask, but at times to suggest things. If they did not want to do it, fine. If we tried it and they didn't like it, fine.

My views have also been influenced by my academic work on the client's role as active self-healer (Bohart & Tallman, 1999, 2010). In a recent chapter we (Bohart & Tallman, 2010) reviewed research on the client's role in therapy. Clients were found to be active contributors to and constructors of the therapy process, as Carl Rogers had hypothesized. In addition, many studies have looked at what clients value in

therapy. While it is generally true that the number one thing they value is empathic understanding and being listened to, they *frequently* want therapists to give advice, make suggestions, give interpretations, and suggest exercises. Many want the therapist to take the lead, although most also highly prize and want to be treated as collaborators.

If we are to trust clients, should we not listen to them? Should they not have a say in what happens to them? From the research, what many want is a collaborator who shares his or her ideas and expertise with them, not just someone to empathically listen. There must be a way of collaboratively working with people where I can offer my ideas, my perspectives, and my expertise, *while* respecting their autonomy, independence, self-organizing wisdom, and growth process. It seems to me there can be an *attitude* of genuinely trusting the client to decide on what is best for him or her that can be held in such a way that therapist and client can work together, and the therapist can suggest various things that the two of them might do together.

This may be best illustrated by considering a case where the therapist suggests an exercise and the client does not want to do it. Most therapists of all persuasions would argue that you need to respect the client's wishes and not try to force them to do the exercise. But why? The difference is in the attitude. If a client does not want to do a particular cognitive-behavioral technique, the therapist may go along with the client, but not because they are respecting the client's personal expertise. Rather, it is strategic. They may assume it is resistance on the client's part. They know that what they have suggested really is best, but if you cannot get the client to do it you cannot get the client to do it, so you have to try something else. So they back off and come at it another way, or try to find some way of getting the client to "comply." In contrast, I assume that the client knows best for him- or herself, either explicitly or intuitively. At that moment it is not the organismically wise thing for the client to do. It may never be. I trust the client's ability to decide for themselves as a wise part of their self-healing process. In fact, I would see their deciding not to do it *as part* of the wisdom of their self-healing process.

There will be those who object to the idea of therapists suggesting techniques by bringing up issues of therapist power and client deference. They will argue that there is evidence that clients defer to therapists. This is true, as David Rennie's (2002) research has shown. But his research has also shown that just because clients sometimes defer publically, that does not mean they defer privately. In addition, if there is a good relationship they will be more likely to be open. It is probable that deference is more of a problem early in therapy than later. As the relationship gets established, and as it becomes clear that I do not intend to impose my agenda, and that I really mean it when I suggest something only as an idea, clients will begin to more and more trust our process together and that they have the right to make their own decisions.

It seems to me that the Rogerian approach boils down to two core sets of attitudes and beliefs. One set has to do with how the therapist sees the client's role in the process. Does the therapist see the client and the client's self-organizing wisdom, choice, and responsibility as center stage? The second set follows from this and has to do with how the therapist relates to the client. Does the therapist understand that how he or she relates to the client is primary? In particular, does he or she relate to the client in a way that respects the client as a person (Schmid, in press; Schmid, 2004)? This includes responding to the client with unconditional positive regard,

empathic understanding, and by being willing to be real and congruent. Although modern cognitive-behavioral and psychodynamic therapists believe in relating to clients in respectful ways, I would argue that neither CBT nor psychodynamic therapy genuinely hold this position that these two sets of attitudes are primary in the change process.

Neither of these fundamental person-centered sets of attitudes precludes the therapist and client engaging in activities beyond therapists responding only with empathic understanding responses. Even if it is the relationship that “grows” people, that does not preclude parents, for example, from playing baseball with their children. In fact, it may be through activities that are genuinely shared that the power of the relationship is most actualized.

Nor does it necessarily even preclude therapists adopting a somewhat more prescriptive approach, although to do so begins to risk moving the therapist into a position of expertise on the client where fundamental person-centered principles could be compromised. We have seen that Rogers had no problem with Gendlin’s focusing-oriented approach, wherein the therapist does not merely respond in an empathically understanding way but explicitly focuses clients’ attention on their felt meanings, either through specifically structured empathic responses, or through the use of the focusing technique. Gendlin does this because he believes he is being congruent with person-centered principles, in that focusing clients on their experiencing is, in his eyes, the best way to support clients’ self-organizing wisdom. Gendlin also prizes the relationship as primary.

Greenberg and colleagues similarly believe that they have learned enough about therapy through their research to be able to more efficiently provide exercises that help clients utilize their intrinsic capacities for self-generated growth. Nonetheless their goal of therapy is to facilitate clients finding their own path, not to impose one on them. They also believe the relationship is primary. Techniques are secondary.

There is a danger, however, with both focusing-oriented and emotion-focused therapy that therapists could adopt an expert-therapist stance in which procedures are applied to clients in prescriptive and mechanistic ways. However that danger is not only true of these therapies. It can also be true of classical person-centered therapy. John Wood (2008) has noted that in his encounter group work facilitators were expected to express their thoughts and feelings in the moment. Wood observed that, “This can be a problem for some client-centered therapists who are accustomed to controlling the therapeutic relationship – even though this control may be as unobtrusive as merely maintaining a certain receptive posture to allow the client the center stage” (p. 48). Wood also noted that expressing empathy in the form of empathic reflections may not work well. He went on to say, “These facts of groups frequently surprise client-centered therapists who cannot believe that, with all their good intentions and conscious effort not to, they are nevertheless applying a method or playing a role” (p. 69). In other words, classical person-centered therapists can themselves be guilty of prescriptive, mechanistic practice.

I am not arguing that all of us *should* become integrative in one or more of the various forms. To the contrary, that would be a violation of the spirit I am hoping to promote, which is that of openness. I think one of the most important things we have to offer the world is a model of diversity – that there are different ways of actualizing person-centered values in practice, each with its own unique strengths. I particularly value classical nondirective therapy as the purest exemplar of an attitude of following the client. However I also value the variations I have

mentioned in this article and there are others. It is valuable that we have these different “ways of being.” We should be providing a model to the world of how to be diverse together.

I wish to close by making a pitch for providing integrative forms of person-centered therapy to the world. If we refuse to allow there to be integrative person-centered practice, restricting person-centered practice to only classical nondirective therapy, we deny clients and the world something very valuable. We leave it to others to provide the value of deep empathic listening, truly prizing people as people, and trusting people’s self-organizing wisdom by happenstance, when they provide their techniques and procedures. We are not going to change all the world into nondirective person-centered therapists. That means many clients will not get the experience of being prized and related to in the way we prize and relate to persons. We must find a way to integrate the use of techniques together with our belief in these fundamental attitudes so that clients have the right to get everything they want and need from therapists. This will provide an expansive, inclusive frame which in my opinion is representative of the underlying thrust of person-centered thinking, which has always been towards openness and inclusivity.

Note

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