
A Person-Centered Approach and the Decline of a Way of Being¹

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Abstract

This article examines current and historical trends related to the decline of the person-centered approach developed by Carl Rogers and conveyed by his well-known necessary and sufficient conditions, which are thought to convey a particular therapeutic way of being.

The first half of this article reviews the trends found in the literature of the helping professions during the 1960s and 1970s which arguably resulted in the decline of the Rogerian tradition. Building upon this review of the events in the 1960s and 1970s, modern conceptualizations of the person-centered approach will be examined, including the 21st century “pluralist-practice” movement.

The main argument in this latter section focuses on problems which exist with the dissemination of integrative versions of person-centered therapy (PCT), which are suggested to continue to contribute to the general dilution of Rogers’s theory and practice of PCT which, the literature suggests, began as early as the the 1960s.

For brevity’s sake, only a brief examination of the events that led to the downfall of the Rogerian tradition (circa 1975) will be conducted; as well, the latter section focusing on modern dilution of PCT will be presented in brief. For the unabridged version of the arguments presented in this article, see Quinn (2015).

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Introduction

The Rogerian tradition suggests more than simply an intellectual pursuit in the practice of person-centered therapy (PCT); it suggests a way of being in the presence of a client, family, or group. This way of being, abstracted as Rogers's (1957; 1959) necessary and sufficient conditions, is considered by many to be the primary facilitating ingredient that results in PCT being an effective therapeutic treatment (Bozarth, 1998; Bozarth, 2012; Quinn, 2011).

A way of being, particularly one which is rooted in the Rogerian tradition, may possess certain similarities to the language of a given culture; and likewise, its decline may possess similarities to the decline of a cultural language as well. For example, the language of Ireland – typically referred to as Irish or Irish Gaelic – has largely been replaced by English as a result of many complex historical, political, and cultural reasons (Bradley, 2014). However, despite what many regard as a failed revival movement, Irish continues to predominantly survive in concentrated but isolated areas of Ireland (Edwards, 2010). Yet, Irish appears to be a hidden language, spoken at home, while English is spoken everywhere else; only two university courses in the Republic of Ireland continue to be taught in Irish, save for dedicated language courses (Bradley, 2014). Scholars have provided numerous explanations for the continued decline of Irish, especially in the last 100 years since the independence of Ireland in 1921; and remarkably since Irish Gaelic is declared the “first language” in the constitution of the Republic of Ireland (Carnie, 1996). One of the more striking explanations regarding why Irish does not survive well in modern life is “because there is nothing to do with it” (Mac Aogain, 1990, p. 32) – in Ireland there is only one Irish language television channel, and nearly all other public aspects of life are conducted in English (Bradley, 2014).

Likewise, the unique way of being rooted in the Rogerian tradition of psychotherapy has declined and nearly disappeared, except for concentrated pockets of the world (Quinn, 2013). Situated in the modern-day model of healthcare and evidence-based practice requirements, one could also suggest the same about the Rogerian tradition as Mac Aogain (1990) suggested about the

Irish language above: the Rogerian way of being does not survive well in modern life because there is nothing to do with it. That is to say, in general the literature suggests that the Rogerian tradition of PCT has receded into the background, becoming a “classical” approach, obsolete for therapeutic use.

The famous leader and historic president of the Republic of Ireland, Eamon de Valera, stated in a well-known address: “it is my opinion that Ireland with its language and without freedom is preferable to Ireland with freedom and without its language” (Akenson, 1975, p. 36). The current article attempts to address a similar problem: does the person-centered approach without its way of being remain a sufficient treatment system, or has the Rogerian tradition sung its proverbial swan song and is a dead language?

A Brief History of the Decline of the Rogerian Tradition

In the late 1950s substantial theoretical and empirical contributions to psychotherapy had accumulated from the previous decade of studies carried out by Carl Rogers and colleagues at the University of Chicago (Cartwright, 1957). John Shlien (1997) later described this period: “as the artist historian Ewa Kuryluk said, ‘sometimes history hibernates; at times it runs like a gazelle.’ This was the time of the gazelle” (p. 68). However, in 1957, the year after receiving his 1956 APA scientific contribution award and the year that Rogers departed Chicago for Wisconsin, he published his renowned “necessary and sufficient” article (Rogers, 1957), effectively removing much of the common ground between himself and the psychological professions (Rogers, 1974).

Two years later the Albert Ellis - the well-known founder of rational-emotive behavior therapy - disputed the logic behind Rogers’s (1957) premise in three pages (Ellis, 1959). Ellis’s argument contained two significant contributions, (a) Ellis reflected the general attitude toward PCT at the time: are Rogers’s facilitative conditions effective with psychotic clients?, and (b) Ellis foreshadowed the coming two decades of turmoil and uncertainty in the psychotherapy profession in his concluding paragraph:

all that seems to be necessary is that the individual *somehow* come up against significant life experiences *or* learn about others' experiences *or* sit down and think for himself *or* enter a relationship with a therapist who is *preferably* congruent, accepting, empathic, rational, forceful, etc. Either/*or* rather than this-and-that seems to be the only realistic description of necessary conditions for basic personality change that can be made at the present time (Ellis, 1959, p. 540).

Notably, Ellis's statement echoes Gordon Paul's well-known question which would be posed a decade later: "the question towards which all outcome research should ultimately be directed is the following: *What* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?" (Paul, 1967, p. 111).

Uncertainty in the 1960s can be found in person-centered theory, research, and practice. Surprisingly, circa 1964, Rogers's resolve toward the adequacy and effectiveness of his facilitative conditions may have temporarily faltered as well (Rogers, 1989; Shlien, 1992). Possibly related, Rogers's tumultuous tenure at the University of Wisconsin (ca. 1957-1963) was substantially shorter than his previous time at Chicago (ca. 1945-1957). During the "Wisconsin years," Rogers and colleagues, including Eugene Gendlin, Charles Truax, and Donald Kiesler, carried out a large-scale research project attempting to investigate relationships between the facilitative conditions, client process, and therapeutic change among schizophrenic clients at a psychiatric hospital. This well-known study marked the beginning of widespread use of the newly created therapist facilitative conditions scales and client process measurement scales (e.g., Rogers et al., 1967; Truax, 1963; van der Veen, 1965).

Later, evidence of considerable interpersonal conflict among the primary investigators of the Wisconsin project became public when Rogers's biography, *On Becoming Carl Rogers*, was published (Kirschenbaum, 1979). In the early 1970s, Rogers had given his biographer Howard Kirschenbaum full access to his notes and correspondence which Rogers had accumulated throughout his career.

Found within Kirschenbaum's (1979) well-known biography, the many problems that had arisen during the Wisconsin years were depicted in striking detail in a series of 1966 correspondence letters between Rogers, Gendlin, and a young Donald Kiesler. Initially, the mail-based correspondence was begun in order to discuss the questionable behaviors of Charles Truax during the early stages of the Wisconsin research project. However, subsequent letters were exchanged due to discrepancies between Rogers, Gendlin, and Kiesler's opinions regarding how editorship and authorship credit would be given when the group's long-awaited book, *The Therapeutic Relationship and Its Impact: A Study of Psychotherapy with Schizophrenics*, would eventually be published (Rogers et al., 1967). However, the letters, which were reprinted verbatim in Kirschenbaum (1979), suggest that the correspondence quickly degenerated into personal attacks and insults, evidenced by an excerpt of a letter that Rogers sent to Gendlin and Kiesler:

it makes me regret that one of the scales we never developed was one for self-righteousness. The correspondence we have had on this topic of authorship could then be submitted to a group of bright undergraduates for a 'blind' rating as to who is the most righteous of the three – Charlie, Gene, or Don. I had always thought Charlie would win hands down, but I have had increasing doubts. I seem to be the only one who has made mistakes, but since those are glaringly evident to both of you I do not need to go into them (Kirschenbaum, 1979, p. 286).

The beginning of the end of the Rogerian tradition

The post-Chicago research years in Wisconsin witnessed a wavering of resolve within the person-centered therapy community. Rogers's biography illustrates the seeds of a turning point in PCT theory, research, and practice traditions that had taken root in the early 1960s, related specifically to the alleged actions of Charles Truax (Gendlin, 1988; Kirschenbaum, 1979).

In brief, Truax received his doctorate in psychology in 1960 from Wisconsin, for which Rogers was Truax's doctoral committee chair (Truax, 1960). Truax, for better or worse, contributed substantially to psychotherapy research from 1963 until his death in 1974 (Quinn, 2013; Truax & Mitchell, 1971). Though Truax's alleged actions are not condoned in this article to be appropriate scholarly behavior, Truax's actions appear to have unearthed distinctly divergent personalities and agendas possessed by the leaders of the Wisconsin project: namely, Rogers, Gendlin, and Kiesler, the latter being Truax's 1963 replacement.

Kiesler, who died in 2007 (Nowicki, 2008), received his doctorate in 1963 from the University of Illinois, and was immediately recruited to fill the gap left by Truax as Research Director from 1963 to 1964 for the Wisconsin schizophrenia project (Kiesler, 1997; Rogers et al., 1967). Kiesler would later become a prominent advocate for the emerging "specific-techniques-for-specific-client-symptoms" movement, championed by his well-known and frequently cited paper, "Some Myths of Psychotherapy Research and the Search for a Paradigm" (Kiesler, 1966), and other contributions (e.g., Kiesler, 1971; Kiesler, 1996).

As suggested by the tone of the 1966 correspondence letters (Kirschenbaum, 1979), the Wisconsin years may have marked a permanent split between Rogers and his colleagues Gendlin and Kiesler; both of whom would later become influential leaders in the helping professions. Exemplifying this fissure, the Kirschenbaum (1979) biography documents actions taken by Gendlin's lawyer who wrote to Rogers in the mid-1960s, "our client may be irreparably damaged [if Gendlin's suggested changes in author and editorship of the Rogers et al. (1967) book failed to be honored (i.e., the changes included removal of Truax's name from editorship)] (Kirschenbaum, 1979, p. 284). However, a previously signed contract had protected the removal of Truax's name from editorship, and Kiesler, while not allying with Rogers, disagreed with Gendlin on other points of editor and authorship. In comparison to Gendlin's strategy of moderating his communications to Rogers through a third-party, Kiesler acted with less restraint, writing strongly worded letters to Rogers, for example: "our basic problem, as I see it, is that good men sometimes castrate

themselves by not acting at the proper time....” Kiesler continued, “...you’re squirming, sliding, and slipping again [...] I will not let [the Wisconsin book] come out, *ever*, if you change your stand on the *four* major authors”

(Kirschenbaum, 1979, pp. 284-285). In a response letter sent to both Gendlin and Kiesler, Rogers too conveyed his growing anger and frustration:

I also think of, and this is not intended as a criticism, but just as a fact of life, my enormous depression when I first read some of Don’s [Kiesler’s] chapters. They were so dull!...my own optimistic estimate is that out of every million people who might hear of the book, possibly 500 might buy it or start to read it, and five would complete the reading of Don’s chapters. I hope I am wrong but only time will tell. (Kirschenbaum, 1979, p. 286)

In reaction, Kiesler responded, “Congratulations, again! For the first time you are being congruent in our interaction. That dull, righteous Kiesler! In the moment of truth, the great White Father is able to say to himself: ‘Piss on Unconditional Positive Regard! That Kiesler is a pain in the ass!’ (Kirschenbaum, 1979, p. 287).

Rogers would later express regret for his choices during this period:

one of my serious mistakes was not firing Charlie immediately. By the time that I was really convinced that he was a scoundrel and presented the case against him through the Psychiatric Institute and stated my determination to fire him, they not only would not concur in the action but would not even permit me to take the action, which was a very humiliating situation. (Kirschenbaum, 1979, p. 283)

However, during his well-known interviews with David Russell (ca. 1985 to 1986), which were published posthumously (Rogers & Russell, 2002), Rogers elaborated upon his feelings toward his former doctoral student:

Charlie Truax was a brilliant person and one of the most brilliant researchers I've ever encountered. Very keen. But unfortunately, for a lot of deep reasons, he felt he needed to be better than he was, so he did some things that were dubiously ethical [...] at that time, I think, there was a real question in my mind: was Truax right and I wrong? But later he went from bad to worse and finally committed suicide. I feel there was only one time when I ever really knew Charlie, and that was when he was facing the matriculation exams at Wisconsin [...] I think that was the real Truax - that he was a frightened person who put up a tremendous front. If he'd been able to accept himself as he was...he had loads of ability and talent to face life very adequately, but he kept having to put up just a stiffer and stiffer shell. It was a real tragedy. (Rogers & Russell, 2002, pp. 177-178)

New allegiances emerge

By the late-1960s distinct allegiances had begun forming among various groups within the psychotherapeutic disciplines. John Shlien (1966) provides a glimpse into the state of the field midway through the 1960s: "results [of psychotherapy evaluation studies] are usually received with a great deal of skepticism and often vigorously attacked by fellow professionals [...] often based on issues which are technical, and even petty for that matter...." (p. 125). Moreover, the literature suggests that by the late-1960s these allegiances were becoming less and less in favor of Rogers's (1957; 1959) hypothesized conditions of therapeutic change.

The literature suggests that the downward turn for Rogerian research and practice may formally have begun in 1967, which was a significant year for publications in the psychotherapy profession. Three substantial works were published that arguably shaped the coming decade: (a) Rogers et al.'s (1967) book, which was belatedly published, reported positive and negative results from the Wisconsin schizophrenia project, with rather pessimistic chapters contributed by Kiesler and colleagues describing the results and limitations (Rogers et al., 1967, ch. 8-12), (b) Paul's (1967) well-known article "Strategy of Outcome

Research in Psychotherapy,” in which he posed his famous question, quoted earlier, which articulated the growing “mechanisms-of-change” movement – a movement that the eminent psychologists Allen Bergin and Hans Strupp would soon lead, and (c) Truax and Carkhuff’s (1967) widely influential book *Toward Effective Counseling and Psychotherapy* in which the authors provided substantial evidence that Rogers’s facilitative conditions were in fact effective across a range of settings and client populations.

Also by the late-1960s Allen Bergin had emerged as the primary steward of collective opinion regarding psychotherapy theory, research, and practice within the profession; Bergin’s influence continues to reverberate into the 21st century as well (e.g., Bergin, 1966; Bergin & Garfield, 1971; Garfield & Bergin, 1978; Lambert, 2013). In brief, Bergin – who had been a student at the University of Wisconsin during the years that Truax worked on the schizophrenia research project (Lambert, Bergin, & Collins, 1977) – had, along with Strupp, become a primary opponent of Rogers’s and Truax’s research foundation (Bergin & Suinn, 1975; Quinn, 2013; Strupp, 1978). Specifically, the literature strongly suggests that by the 1970s those researchers who had reason to ally against the Rogerian research and practice traditions (i.e., proponents of behavior, psychoanalytic, and eclectic therapies) consistently reported unfavorable findings relying upon the small handful of studies conducted by non-PCT researchers which has been outlined in Patterson (1984), Quinn (2013), Stubbs and Bozarth (1994) and analyzed in detail in Quinn (2015). These negative findings were particularly focused on the inadequacy of the facilitative conditions when measured using Truax’s observer-rated scales (e.g., Bergin & Jasper, 1969; Bergin & Strupp, 1970; Bergin & Suinn, 1975; Gomes-Schwartz et al., 1978; Mintz & Luborsky, 1971; Parloff, Waskow, & Wolfe, 1978).

Though subject to debate, those series of negative findings – reported by non-PCT researchers in the late-1960s and early-1970s – also paralleled a distinct paradigm shift away from the once prevailing post-WWII attitude which placed client autonomy in the forefront of ethical and effective psychotherapy treatment; an attitude such as what the Rogerian psychotherapy tradition had possessed and

promoted with an empirical evidence base begun in 1945 (Cartwright, 1957). In exchange, a new paradigm, intertwined with an increasingly technological worldview, was being constructed and disseminated by behaviorally- and psychoanalytically-oriented scholars. This latter paradigm, buttressed by behavior theory and supported by applied learning techniques, offered the young, “booming,” late-1960s space-aged generation a roadmap toward their modern-day Utopia:

the influence of behavioristic therapies has become an important phenomenon of the 1960s and cannot be overlooked in stating conclusions about the status of the field [...] the number of new journals, research studies, and young people opting for this approach is impressive [however] there are exaggerated claims and a certain zealousness or tendency to rigidify ideas and techniques; but in spite of these signs, which are held in common with most innovations, there appears to be more substance to this movement than is typical of fads.” (Bergin & Strupp, 1970, pp. 17-18)

Later in the same article, Bergin and Strupp, arguably two of the most highly influential psychologists of the latter half of the 20th-century, provide a further glimpse into this envisioned future:

we are in a phase of our history in which we are moving rapidly away from the gross, placebo-laden [...] influence of therapy. We are moving more rapidly toward an understanding of the mechanisms of change and toward a more explicit technology of behavior and personality modification [...] it seems that these efforts should be encouraged. (Bergin & Strupp, 1970, p. 19)

Remarkably, as of the second decade of the 21st century, and after more than forty years, the empirical discovery of these mechanisms-of-change in psychotherapy

continue to elude social scientists (Barlow, Bullis, Comer, & Ametaj, 2013; Kazdin, 2011).

Taken together, from within and from without, the Rogerian tradition was facing a crisis that some have naively justified by relying on Thomas Kuhn's (1962) philosophy of science ideology (Gelso & Carter, 1985). However, a Kuhnian interpretation of the decline of the Rogerian tradition has been shown to be a superficial argument at best (Quinn, 2015). A lesser-known philosopher of science provides an alternative perspective on the topic:

new subjects bring with themselves new languages. The new languages contain many terms of the original views and so they seem important, for the original views were, after all, 'great discoveries.' But the terms have been re-defined and are new idioms. The practitioners learn these idioms; they learn and absorb them to such an extent that they become incapable of understanding other ways of describing things [...] if they meet such other ways they either don't understand them (and can reject them as being 'insufficiently precise'), or they read them in their own simple-minded fashion (and, naturally, soon find faults). (Feyerabend, 1978, p. 50)

Thus, by the end of the 1960s, Gendlin's (1969) process-direction techniques (which will be examined later in this article); Kiesler's negative attitudes, particularly regarding the results related to Truax's scales (Rogers et al., 1967); and the substantial influence exerted by Allen Bergin's and Hans Strupp's blossoming leadership (e.g., Bergin & Strupp, 1970; Bergin & Garfield, 1971) may have provided the necessary scholarly momentum to jumpstart the latent behavior therapy movement, revive the floundering psychoanalytic profession, and facilitate the emergence of experiential psychotherapy. Lastly, an academic vacuum would be a necessary condition into which the behavior, psychoanalytic, and experiential paradigms could enter; at the time, the Rogerian research tradition was filling that vacuum substantially. However, the literature suggests

that the process of systematically dismantling the Rogerian research tradition would soon take root so that Gendlin, Kiesler, Bergin, and Strupp's scientific revolution could begin.

To be clear, early in the 1970s behavioral and psychoanalytic research was in its infancy and had only just begun building an empirical evidence base, composed mainly of quasi-experimental and analogue studies (Bergin & Strupp, 1970; Di Loreto, 1971; Kernberg, 1973; Luborsky & Spence, 1978; Mintz, Luborsky, & Auerbach, 1971). In particular, it would not be until 1975, when Sloane, Staples, Cristol, Yorkston, and Whipple's (1975) well-known research volume was published, that the behavior and psychoanalytic-oriented therapies would demonstrate findings sufficient for consideration as empirically-validated treatments (Quinn, 2013).

However, this article focuses on psychotherapies that emerged from the Rogerian tradition and, according to the literature, are perceived as superior to Rogerian person-centered therapy. An expanded analysis of actions taken by behavior and psychoanalytic proponents can be found in Quinn (2015). Therefore, with a brief history of the Rogerian tradition until the mid-1970s outlined above, the remainder of this article will specifically examine the experiential therapy movement, otherwise referred to as PCT-plus process direction (i.e., PCT-plus; Quinn, 2013).

The Beginning of PCT-Plus and the End of the Rogerian Tradition

Despite Charles Truax's questionable actions in Wisconsin, until his untimely death Truax had provided substantial evidence in support of Rogers's facilitative conditions and the effectiveness of a person-centered approach. In contrast, Gendlin's and Kiesler's post-Wisconsin work diverged substantially from the Rogerian tradition; Gendlin developed focusing-oriented psychotherapy (i.e., PCT-plus), and Kiesler emerged as a prominent critic of psychotherapy research methodology while developing his own theory of "interpersonal complementarity" (Kiesler, 1966; 1971; 1996; 2004). Furthermore, though debatable, the series of problems in Wisconsin between Rogers, Gendlin, Kiesler and Truax, as well as

Rogers's subsequent departure from academia, had left over twenty years of accumulated evidence perilously vulnerable to criticism - legitimate or otherwise. And while Truax continued his research in support of the Rogerian facilitative conditions, his time was cut short; and while Kiesler demonstrated strong disfavor towards the Rogerian tradition, Gendlin remained a highly influential figure in the person-centered world - and psychology in general, having founded the well-known journal *Psychotherapy* in 1963. However, the literature suggests that Gendlin (Gendlin, 1962; Gendlin & Lietaer, 1983) was in fact promoting a treatment paradigm substantially different in philosophy and practice compared to Rogers's - yet to be disproved - necessary and sufficient theory of psychotherapy (Rogers, 1957; 1959b). In addition, the literature suggests that Gendlin benefited greatly by the downfall of the Rogerian tradition.

Gendlin and Rogers

In brief, Eugene Gendlin was trained as a person-centered therapist by Rogers and his colleagues at the University of Chicago's Counseling Center in the early 1950s, and received his PhD in philosophy, rather than psychology (Gendlin, 1992). After overseeing the research project in Wisconsin (Rogers et al., 1967), Gendlin would return to the University of Chicago where his faculty tenure would extend until 1995. Gendlin is an esteemed and well-known figure in the humanistic-existential helping profession, and has won many awards and honors.

In addition, Gendlin (1988) wrote a prominent obituary for Rogers following Rogers's death in 1987, which was published in the *American Psychologist*. The obituary suggests great respect for his former mentor and clinical supervisor. However, the problems from the Wisconsin years clearly remained salient for Gendlin, as evidenced in his writing:

in Wisconsin [...] this organizational model [which was used by Rogers successfully in Chicago] could not cope with even one deliberately unethical person [i.e., Truax], (who removed the data, tried to publish it,

and then destroyed it so that much work had to be done again) [...] some said that in not expressing anger, he forced those around him to express it by fighting each other [...] in giving up control, he gave up all of it [...] but it is little to criticize, amid so many contributions and so much novelty, honesty, and courage. (Gendlin, 1988, p. 128)

Five years earlier, in 1983, Gendlin had also alluded to feelings of resentment toward Rogers. During an interview, he suggested that Rogers may have taken undue credit for Gendlin's work on the original conceptualization of the client experiencing construct which was developed in the 1950s:

my main [...] influence on Carl Rogers was during the period of the Process Scale [...] he took mostly from the work that I did together with Zimring, in the years just preceding '55, '57, '59 [...] and so he took much of our work and put it in the form of the Process Scale [...] I then also continued to take that again and developed it further and it became the Experiencing Scale [...] and in that whole period much of what Rogers was saying was taking some of my things....(Gendlin & Lietaer, 1983, p. 81)

Rogers himself corroborates Gendlin's perspective, articulated in the above excerpt. That is, the literature suggests that Rogers consistently deferred to Gendlin regarding the Experiencing construct. For example:

here I have been much stimulated and helped by the thinking of many of my colleagues, but I would like to mention my special indebtedness to Eugene Gendlin, William Kirtner, and Fred Zimring, whose demonstrated ability to think in new ways about these matters has been particularly helpful and from whom I have borrowed heavily. (Rogers, 1958, p. 142)

Moreover, in outlining the seven “strands” of his Process Scale, Rogers (1959a) gives special citation to Gendlin regarding the “Manner of Experiencing” strand:

Gendlin’s development of this concept of experiencing is one which I believe will bear significance over the next decade or two [...] for this reason the discussion by Gendlin of the relationship of subjective experiencing to the logical positivism of psychology [...] is refreshing indeed. (p. 100)

Throughout the remainder of Rogers’s career he frequently returned to Gendlin’s work when speaking of the therapeutic process (e.g., Rogers, 1975; 1980).

However, a further examination of the literature suggests a different interpretation of the facts, despite Rogers’s magnanimity. Gendlin’s assertions in 1983 (Gendlin & Lietaer, 1983) appear to contradict his earlier writings related to when and who developed the ideas for what would come to famously be known as Gendlin’s Experiencing construct (e.g., Goldman, Greenberg, & Pos, 2005; Kiesler, 1971; Wiser & Goldfried’s, 1998). In other words, the literature suggests that Rogers had finished his theory of client process at the same time a young Gendlin had arrived at the Chicago Counseling Center in the early 1950s. Despite this, in his later years, Rogers appears to have continued to considerably down-play his own work until his death in 1987.

As is widely known, in the late 1950s Rogers disseminated a complete interpersonal theory of psychotherapy, presented most fully and succinctly in a book chapter entitled “A Theory of Therapy, Personality, and Interpersonal Relationships, as Developed in the Client-Centered Framework” (Rogers, 1959b). Despite Gendlin’s assertion that much of Rogers’s process formulations had emerged following Gendlin and colleagues’ 1955 work (Gendlin & Lietaer, 1983), in 1967 Gendlin stated that Rogers’s client process conceptions had been fully formulated and subsequently written by Rogers in 1953 - the same year that Gendlin began working with Rogers and colleagues (Gendlin & Tomlinson, 1967; Gendlin & Lietaer, 1983). “From the formal theory statement written in

1953 [i.e., Rogers, 1959b] this statement represents the starting point from which our thinking about process in therapy has gone forward [...] Gendlin and Zimring (1955) took the next step” (Gendlin & Tomlinson, 1967, pp. 112-113). Rogers (1974) also alludes to this time frame in his later article, “In Retrospect: Forty-Six Years.”

To the point, although Gendlin’s work was substantial, his contributions to the process conceptualization of client experiencing was just a fraction of Rogers’s larger vision, which he had fully formulated prior to Gendlin’s contributions. Despite these discrepancies, Rogers continued to extend olive branches to Gendlin in his later writing, for example: “to formulate a current description I would want to draw on the concept of experiencing as formulated by Gendlin this concept has enriched our thinking in various ways as will be evident in this paper” (Rogers, 1975, p. 3). However, in spite of Rogers’s interest in reconciliation, Gendlin’s writings as well as his 1983 interview suggests that Rogers’s peaceful overtures were rather cold comfort for the post-Wisconsin Gendlin.

The end of the Rogerian tradition

In 1967 John Shlien moved to Boston where he became a professor at Harvard University until his retirement in 1984 (Shlien, 2003). Though debatable, Shlien’s move to Harvard in 1967 represented the departure of the last “bona fide” person-centered Rogerian influence at the University of Chicago. Moreover, following Shlien’s departure, the literature suggests that two prominent scientist-practitioners from the Rogerian lineage remained: Eugene Gendlin (ca. 1963-1995) and Laura Rice (ca. 1955-1970), respectively the “grandfather” and “grandmother” of the emerging process-direction, PCT-plus movement.

In brief, during the 1960s, Rice (Rice, 1965; Watson & Wiseman, 2010) was the director of and obtained her research data from the Counseling Center that Rogers and colleagues had built two decades earlier (Kirschenbaum, 1979). Leaving Chicago for Toronto in 1970, Rice would become a professor at York

University, as well as a mentor to a young Leslie Greenberg, the founder of emotion-focused therapy (EFT; Watson & Wiseman, 2010; Greenberg & Rice, 1981; Greenberg, & Watson, 1998). As a result, one could hypothesize that by 1975 the majority of person-centered therapists remaining at the University of Chicago, arguably charged with the responsibility of being the last, best group of Rogerian-based PCT trainers in the United States, had likely adopted a policy of relaxation or “détente,” so to speak - as was the fashion of the times (Garthoff, 1994). Encouraging this new, space-aged era of “innovation” within PCT (e.g., Wexler & Rice, 1974), Rice as well as Gendlin had ushered in a new way of thinking about therapy: the therapist as a “process expert.” The PCT-plus movement was born.

Not surprisingly, by the 1970s Rogers’s so-called “classical” PCT approach had become a diluted form of his former evidence-based “necessary and sufficient” treatment framework. Not without irony, PCT had become just that: a “classic,” antiquated and ineffective. Marge Witty (2004) provides support to the above assertions in her article on nondirectiveness. Witty (2004) provides a glimpse into the state of Rogers’s Counseling Center at the University of Chicago in the early 1970s:

if Barbara T. Brodley had not raised the issue of the distinctions between experiential and client-centered therapy [Brodley, 1990], it is unclear to me whether a genuinely non-directive school of client-centered therapy would have survived [...] at the time I took the practicum at the Chicago Counseling and Psychotherapy Center in 1972, client-centered therapy was taught in a highly oversimplified, shallow way as a kind of active listening. None of the staff at the time transmitted what I now understand to be client-centered therapy. (p. 22)

PCT versus PCT-Plus in the Coming Decades

In the early 1990s a renewal of interest arose in reappraising and clarifying the fundamental theoretical and practical components of PCT; that is, the

original “necessary and sufficient” approach. Moreover, some advocates of the necessary and sufficient person-centered approach argued that by adding directive techniques to PCT (e.g., process-experiential therapies), these latter approaches had evolved away from the original formulations of Rogers (e.g., 1951; 1959b). Alluded to in the previous section, these PCT-plus approaches have historically been grounded in two primary frameworks: (a) Eugene Gendlin’s experiential or focusing-oriented therapy, which relies upon guiding the client’s process toward discovering the inner referent, or felt sense, of his or her experiencing (Gendlin, 1962; 1969), and (b) Laura Rice and Leslie Greenberg’s process-experiential and emotion-focused therapies (i.e., EFT) that, moving beyond Gendlin’s philosophy, further asserted the therapist’s position as a process expert by attempting to shape the client’s in-session process behaviors; for example, by encouraging the resolution of “unfinished business” (Greenberg & Rice, 1981; Greenberg, Rice, & Elliott, 1993; Rice, 1965; Rice, 1974; Watson, Goldman, & Greenberg, 2011).

In particular, Barbara Brodley (1990) was largely responsible for laying the groundwork which would subsequently lead to definitive discrepancies between PCT and PCT-plus. In her 1990 chapter, “Client-Centered and Experiential: Two Different Therapies” Brodley articulated a mutual exclusivity between PCT and PCT-plus, drawing a line in the sand, as it were, between the philosophical underpinnings of the two approaches. During this period, a series of “nondirective dialogues” had begun to emerge in person-centered and humanistic-oriented journals; some scholars calling for a return to Rogers’s nondirective-oriented therapy, and others arguing that the premise - potentially, the moral imperative - of integrating “mainstream” therapeutic techniques into a Rogerian, person-centered approach was the only choice left.

In brief, these dialogues (see Patterson, 2000 for an overview), which began in the *Personal Centered Review* in the early 1990s (e.g., Cain, 1989; Grant, 1990) and carried over into the *Journal of Humanistic Psychology* early in the 21st century (e.g., Bozarth, 2002; Kahn, 1999; Merry & Brodley, 2002), suggested distinct disparities between the various “tribes” of the person-centered tradition (Warner, 2000). In the context of an emerging age of treatment plans, managed

care organizations, and technique-driven practice, for better or for worse, a general trend toward refitting the theory, research, and practice of PCT had become apparent. Later, the non-directive dialogues were given new life in the Europe-based *Person-Centered and Experiential Psychotherapies* journal (Freire, 2012).

PCT integration and pluralistic practice

Until her death in 2007 Barbara Brodley continued to defend the theory and practice of PCT as it was “originally intended,” alongside Jerold Bozarth and a small group of colleagues (e.g., Bozarth, 2002; 2012; Brodley, 2006a; 2006b; Merry & Brodley, 2002; Sommerbeck, 2002; 2012). This latter point of “originally intended” has been disputed by a number of authors who have cited Rogers’s later publications (e.g., Holdstock & Rogers, 1983) as evidence that he had come to possess an “anything goes” mentality toward PCT practice (Cooper & McLeod, 2011; Bohart, 2012). For example, Bohart (2012) cites Rogers as endorsing the premise that expertise, if not forced upon the client, is welcomed in PCT.

Briefly, the practice recommendations frequently found in modern PCT scholarship seem to suggest that the therapist should use agenda-making behaviors (e.g., “metacommunication”, formal goal-setting), rather than allowing the therapy to unfold in an environment of trusting the client’s own process. In addition, the concept of a “pluralistic practice,” marshaled forth by integrative and PCT-plus adherents such as Mick Cooper (Cooper & McLeod, 2012) and Stephen Joseph (Joseph & Murphy, 2013) directly lends to an agenda-based form of PCT. As the emphasis of pluralistic practice increasingly drowns out other perspectives, which the literature suggests is happening, a given person-centered therapist is left to follow the guidance of these technique-laden approaches; the essence of which suggests to the therapist to develop a set of replicable behaviors or wooden techniques with which to provide the client in therapy. To the point, the danger lays in what is missing in current PCT scholarship. Rarely do discussions focus on specifying a therapist’s way of being with a client. Rather, a

growth-promoting therapist way of being is presupposed, and PCT-plus techniques are seldom questioned regarding their potential to distract from the PCT therapist's primary goal, stated here: to monitor his or her provision of a congruent personality structure when in the presence of a client (Quinn, 2008).

However, the question can be asked: does therapist provision of a congruent personality structure possess relevance in the second decade of the 21st century and in the future? That is, is it worth distinguishing between genuine and utilitarian congruence as possessed by a therapist? Likewise, does the job description of the helping professional include becoming a meaningful and healthy personality who is integrated into a client's life, as experienced in the therapy session; or, is the helping professional simply a behavioral engineer with "provision of meaning" included as a checkbox amongst a list of weekly treatment plan criteria?

Self-asserted person-centered scholars (e.g., Cooper & McCleod, 2011) contend that pluralistic practice is highly consistent with the principles of a person-centered approach as originally articulated by Rogers, and these scholars provide two primary strategies in the practice of integrative PCT:

the first is to specifically orientate the therapeutic work around the client's goals, and the second is to develop the degree of negotiation, metacommunication and collaboration in the therapeutic relationship.
(Cooper & McLeod, 2011, p. 216)

The authors proceed to delineate methods that, more likely than not, will disrupt the process of therapy. For example, Cooper and McLeod (2011) suggest that "different clients are likely to benefit from different therapeutic methods at different points in time, and that therapists should work collaboratively with clients to help them identify what they want from therapy and how they might achieve it" (Cooper & McLeod, 2011, pp. 7-8 as cited in Cooper & McLeod, 2011, p. 215).

From a standpoint of PCT-as-originally-intended, the above recommendations will likely be distractions to practice, but may be necessary for use in PCT-plus frameworks where the therapist is arguably less integrated into the relationship, focusing more on what behavioral modifications that he or she will provide next (Watson, Goldman, & Greenberg, 2011). However, PCT-plus scholars have consistently failed to delineate between PCT and PCT-plus, and therefore, in the absence of a definition, Mick Cooper in particular has failed to consider the impact of pluralistic practice recommendations upon a therapist's ability to provide a congruent personality structure to the client throughout therapy. In support of Cooper, Bohart (2012) appears to be colluding with the general trend of blurring definitions by including Gendlin's focusing-oriented therapy, Greenberg's emotion-focused therapy, and Cooper's pluralistic approach in his definition of "a fuzzy circle named 'person-centered psychotherapy'" (Bohart, 2012, pp. 3-4). In this way, in the absence of definition, a general attitude is suggested in PCT literature which conveys the belief that PCT, as originally intended, is a classical approach and, by this definition, obsolete and ineffective.

Therefore, as PCT-plus scholars appear to imply, the use of a pluralistic therapeutic treatment system is subject less to debate than to a question of common sense. Somewhat incongruously, the "fuzziness," as it were, has arisen, not from Rogers's failure to describe or operationalize PCT in exhaustive detail throughout his professional career, but from a choice by the majority of person-centered and experiential therapy scholars - since the 1970s - to persistently ignore the sufficiency criterion. In short the sufficiency criterion may be defined in the following way:

the therapist wants to understand for no other reason but to understand. If the therapist is motivated to understand solely to be a change agent for the client, then the facilitative [conditions] may not be sufficient because a tendency toward unconditional acceptance will not effectively emerge. When the therapist presents an agenda (of change), already undue and ill-

needed conditions have been placed on the relationship, and trust in the client's natural tendencies toward change have been discarded. (Quinn, 2011, p. 482)

Ignoring the growth-promoting influence provided by the above way of being, PCT-plus adherents seem to be confined to a tunnel in which simple common sense suggests to them that the Rogerian therapeutic system *must* be lacking, and therefore insufficient. Meanwhile, the status of the therapist's personality structure (i.e., congruence or genuineness) continues to be overlooked, and consequently continues to remain the true "dark continent" for psychology", as Freud (1926/1978, p. 38) famously stated about another elusive psychological phenomena which was causing great threat to the status quo of the profession (i.e., being female).

From PCT to PCT-plus: Anatomy of the therapist's choice

If, as suggested by Rogers's (1957; 1959b) hypothesis, the therapist's personality structure, or degree of genuine congruence, is the factor that separates sufficient PCT treatment from insufficient treatment, then the need for a therapist to provide direction such as agenda-setting, advice-giving, or coaching becomes a question of individual therapist characteristics, rather than the particular therapeutic needs of the client. In other words: (a) why must some helping professionals assist the client in focusing on his or her inner referent or felt sense, such as in focusing-oriented psychotherapy (Gendlin, 1969)?; (b) why must other helping professionals systematically raise or lower his or her voice tone, vary his or her emotional affect in the client's presence, or systematically plan a gestalt technique in order to "change what clients attend to," such as what is consistently employed in EFT (Greenberg & Safran, 1981; Rice, 1974)?; and (c) why do other helping professionals advocate for eclectic integration and treatment plurality within the person-centered community (Joseph & Murphy, 2013)? Is it because different clients require different techniques, or has the profession lost trust in the client's process? These efforts to move PCT toward

mainstream therapy practice seems not a path toward the future, but as David Elkins (2010) stated, “a road to nowhere” (p. 262).

To be clear, when a therapist transforms a set of attitudes, for example, genuine congruence (i.e., a way of being), into a set of prescriptive and replicable behaviors (i.e., utilitarian congruence), the therapist’s attitudinal intention toward becoming “genuinely unconditional” in relating to the client will likely be diluted, and PCT will become an insufficient treatment system (Quinn, 2008; 2011). This is the therapist’s choice. Again, rather than a specific therapeutic technique or intervention, here the therapist’s personality structure is argued to be the active ingredient in the sufficiency of the Rogerian PCT approach. In this way, if the therapist does not place as highest importance a “genuinely unconditional way of being” as the primary mechanism of change in a person-centered approach, then the effectiveness of PCT will likely be lost (Quinn, 2011). The therapist must then resort to behaviors, external to his or her personality structure, in order to affect or impose client change.

Choosing, then, not to trust his or her own growth-promoting personality structure, the therapist’s trust in the client’s process deteriorates. As a result, a choice to integrate specific strategies, methods, techniques, and treatment plans will likely become necessary. Consequently as the therapist continues to choose movement away from a Rogerian way of being, his or her clinical skills will likely devolve into mechanically repeated behaviors. In this way, the more the helping professions attempt to disseminate an “individually-tailored” paradigm that views each client as different, paradoxically, the less unique will become the client and the more dissociated from the client’s experiences will become the therapist. This appears to be the general path that mainstream psychology has chosen, and the specific path that influential PCT-plus theorists such as Gendlin, Greenberg, Cooper, and Joseph appear to be following as well (Cooper, 2007; Cooper & McLeod, 2007; Gendlin, 1969; Joseph, 2006; Joseph & Murphy, 2013; Watson, Goldman, & Greenberg, 2011).

An appeal to reason and virtue

Stated earlier, a review of the literature from the first decade of the 21st century suggests that pluralistic and integrative perspectives among person-centered scholars (e.g., Cain, 2010; Cooper & McCleod, 2007; Joseph & Linley, 2006; Rennie, 2007) have increasingly become more the norm than the exception, threatening to transmute the practice of PCT into a diffuse eclecticism. A substantial threat to Rogerian PCT - as it was originally intended - is found within the seemingly benign arguments that support PCT-plus and pluralist practice.

First, the arguments have a superficially virtuous appeal. Stephen Joseph and colleagues (e.g., Joseph, 2006; Joseph & Linley, 2006; Joseph & Murphy, 2013) possess an “it’s not so much what you do, but how you do it” attitude that, at face value, appears equivalent to Rogers’s (1980) “way of being” concept. For example, “terms like coaching, counseling, and psychotherapy are interchangeable in person-centred practice because they all refer to the practice of respecting the self-determination of others” (Joseph, 2006, p. 49). Joseph continues:

the person-centred approach does not prescribe techniques of practice, but allows for a diversity of practice methods, insofar as practice is securely grounded in the metatheoretical assumption that people have an inherent tendency toward growth [...] thus, the person-centred coaching psychologist can draw on various cognitive-behavioural, multi-model, solution-focused and systems theory approaches [...] there is no prohibition of the use of techniques *per se*. (Joseph, 2006, p. 52)

Next, PCT-plus scholars tend to use a distinct rhetorical style in arguing for the integration of techniques in the person-centered approach. For instance, the literature suggests that PCT-plus scholars first blunt the debate by suggesting that their “classical” PCT counterparts are “dogmatic” (e.g., Brodley, Bozarth, and colleagues), advising their classical counterparts to take theory and practice “lightly” (Cooper & McCleod, 2011). Continuing this seemingly reasonable and

linear path of logic and altruism, Cooper and McLeod (2011), in particular, argue that a pluralistic perspective dispels:

the belief that person-centered and experiential theories or methods are in some, generic way superior to other therapeutic practices and understandings. Rather [pluralistic practice] invites members of the person-centered community [...] to be open to challenges and different viewpoints from both within, and outside of, the person-centered field. At this level, it invites us to be ‘person-centered’ about person-centered therapy: nondefensive, open to a range of experiences, and willing to be ‘in process’ rather than hold a fixed and rigid concept of self. (Cooper & McLeod, 2011, p. 220)

Likewise, other PCT-plus proponents have called for an end to the “contentious” tone between the PCT and PCT-plus groups (Bohart, 2012).

In summary, these PCT-plus adherents appear to be repeatedly staking their claim as the new stewards of the person-centered approach in the 21st century by arguing that integrating technique and directive methods into PCT, (a) is necessary, though no convincing empirical evidence has emerged (Quinn, 2013; 2015), (b) encourages the client’s “free will,” in contrast to the dogmatic, classical-PCT approach that is argued to stifle the client, (c) is at times considered a moral imperative, in spite of the client (Rennie, 2007), and (d) Rogers would have wanted it that way (Bohart, 2012). As this pluralistic PCT-plus movement continues to gain momentum, the so-called “fuzzy circle” of person-centered therapies will likely become more rather than less diffuse, threatening to engulf humanistic-existential practice in general. As a result, to identify distinct contrasts between mainstream cognitive and behavior therapies and humanistic-existential ones may become increasingly difficult in the future. Or, said another way, “twelve voices were shouting [...] and they were all alike. No question, now, what had happened [...] already it was impossible to say which was which...”

(Orwell, 1946/1996, p. 139). When this happens, humanistic-existential psychology will truly have lost its way (Elkins, 2009).

Conclusion

In conclusion, historical trends in the person-centered literature suggest that the Rogerian tradition of person-centered therapy was systematically removed from scholarly literature and consideration as an empirically-valid therapeutic treatment. Similarly, the current literature suggests that the primary foundation of the Rogerian tradition of person-centered therapy is ignored by PCT scholars in the 21st century, and directive variants of PCT have emerged to dominate the scholarly literature. Despite these trends, a way of being a therapist continues to be a choice. Whether or not the therapist considers his or her way of being as sufficient for client change may directly relate to the degree to which the client, family, or group is permitted to experience a self-directed, growth-promoting environment in the presence of a helping relationship.

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