

Is Client Centered Theory Sufficient

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Anyone who speaks of and for a particular theoretical view can make several contributions to understanding: he can illuminate the current state of the theory; he can give us new insights into the strengths and weaknesses of other relevant theories; and he can bring to our attention new facets of the phenomena to which the theory is addressed. I believe that Patterson's essay is strong in clarifying the current state of client-centered theory, but weak in its treatment of the relations of this theory to other theories and to other phenomena.

Search for Parsimony

One can only agree with Patterson's emphasis on client-centered theory as a view of man's nature and of the sources of personality disturbance. I think he offers a succinct statement of self-actualization theory and its strong points. I suppose it would be too much to expect him to be equally effective in citing its limitations, chiefly that it provides little basis for differentiating persons. In its determined drive toward parsimony, client-centered theory has much to say about what all men share, but is remarkably limited in offering ways to account for and understand differences. Threat to self-esteem, he points out, is the common factor in all personality disturbance. But how can we use this proposition to account for the varied reactions of troubled persons, e.g. the self-destructiveness of the depressive, the self-glorification of the paranoid or the rigid self-regulation of the compulsive? Must we value parsimony so much that we are willing to ignore the richness and complexity of the human personality? Instead of seeking a reduction of explanatory variables to one,

should we not set our sights toward the smallest number that can provide an optimum of understanding?

When Patterson turns to questions of diagnosis and treatment, his search for parsimony takes on some of the characteristics of the cognitive style of leveling. He has come to the conclusion that "each (theory or system of psychotherapy) provides a single method of treatment for all clients." (p. 19) This is simply not so. Behavior therapists modify methods, e.g. desensitization vs. verbal reinforcement schedules vs. task setting; depending on the patient, e.g. phobia as compared to mutism. Psychoanalysts tend to treat borderline or schizophrenic patients face to face and are not likely to enforce the rule of free association. Even client-centered therapists have modified their treatment to meet exigencies of the severely regressed psychotic patient. Gendlin (1967) clearly sees himself as practicing client-centered therapy when he describes taking walks on the grounds, going to the commissary for a soft drink as part of his treatment of such patients. Such actions would seem to violate the first three of Patterson's criteria for differentiating psychotherapy from ordinary good relations, viz., 1. established at request of the client (Gendlin will return even when patient asks him not to); 2 and 3. relationship characterized by special time arrangements and limited to therapeutic hour (Gendlin makes use of sometimes brief, even fortuitous encounters).

I might add that Patterson, unintentionally I am sure, creates a closed system when he seeks to define the psychotherapeutic relationship in terms of his version of the client-centered relationship. The targets or goals of efforts to bring about change must, of course, be unequivocally defined to give substance to disagreements about methods of

psychotherapy. But the methods of treatment are not to be decided by definition; the ultimate basis for choice must be evidence that the sought for changes are achieved more fully and with less effort by one means rather than another. This attempt to solve problems by definition leads to oversimplification in differentiations between teaching and psychotherapy. It seems untenable to hold that psychotherapy does not include any acts of informing the client or that it is not a learning situation. Indeed, it has been argued that psychotherapy includes teaching the client new ways of relating to himself and others. Many would stress the acquisition of skills in relating to others. Similarly, educators have been immersed in the question of the degree to which teaching is best viewed as impersonal, content-oriented, informing or as a highly personalized process with great emphasis both on the learner's self-struggle and on the dynamics of teacher-student relationships. Against such a background the effort to establish a discontinuity between teaching and psychotherapy seems futile. Of all theorists, Rogers has, in fact, been most loathe to separate them.

Theories, Goals, Targets and Measures

I was disappointed with the discussion of the goals of therapy because it seems a regression from the contributions of Mahrer (1967) rather than a movement beyond them. A major disservice is that, in trying to explicate theory, it obscures the givens. Most theories of psychotherapy have grown out of work with persons who seek help voluntarily. These are persons in pain, given to actions which create the pain and which are seemingly out of their control. These persons want to be free of the pain and to bring their actions within their control. These are the givens: they provide psychotherapy with a target, a purpose which is intrinsically meaningful.

Theories of psychopathology and of psychotherapy seek to understand these givens, how they came about and how changes can occur. These theories are constructions designed to fit those undesired experiences and events into a conception of man. Such constructions as self-realization or ego-id integration will stimulate the development of measures designed to reflect the constructs. Ultimately, theories,

constructs, and measures must be brought face to face with the givens of behavior and experience. To put it concretely, who cares whether the client has increased on some measure of self-realization or ego-id integration, if he is experiencing just as much pain and discomfort as ever and acting to perpetuate it?

New Developments

Here, I would have liked to see more than we are given. There is too much energy devoted to showing that client-centered theory has withstood the test of time and not enough to considering the implications of changes in theory and practice within the client-centered position or of newly developed theories and practices. What is the significance of Gendlin's theory and research on experiencing (1962, 1968)? Do these contributions bring client-centered therapy and modern expressions of psychoanalysis (e.g. Greenson, 1967) closer together? What about the work of Butler, Rice and Wagstaff (1962) on expressiveness?

One of the interesting recent developments in current therapeutic thinking is the challenge to the therapeutic mask imposed by most psychodynamic approaches. It was first dictated by the psychoanalytic specification of the "blank screen" as a facilitator of transference dictated distortions. By imposing neutrality with regard to the specific issues facing the client, and by setting the therapist's task as getting inside the client's frame of reference, traditional client-centered therapy placed the therapist in a passive posture dampening self-expressiveness. The proposal that genuineness (authenticity, transparency) is a necessary ingredient in a therapeutic relationship represents a significant modification in therapeutic stance. Patterson strives to contain it, but others are converting it into a considerably more active therapeutic stance. Of particular note is the gestalt therapy (Perls, Hefferline, and Goodman, 1951) view which combines a concern with experiencing and a very active technique with an emphasis on bodily experience. This general approach is being taken up, especially in group work, from Esalen on the shores of the Pacific to confrontation (marathon)

groups spreading like wildfire over college campuses. I do not think these developments can be dismissed by reducing them to expressions of hostility or authoritarianism. They are intimately related to a new interest in the positive role of the therapist's personality in the effectiveness of his therapy,

and suggest possible major modifications in our conceptions of therapy. I view many of these radical developments with skepticism. But the conservative position, which I think Patterson shares, should not preclude a full examination of the implications of these new ideas.

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SOCIAL INTEREST: THE BASIS OF NORMALCY

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Rudolf Dreikurs was born and educated in Austria. He has been greatly influenced by the work of Alfred Adler, who was his friend and colleague. He is, in fact, founder and Director of the Alfred Adler Institute in Chicago. He is also Professor Emeritus of Psychiatry at Chicago Medical School, and has been a visiting professor at many universities here and abroad.

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Dr. Patterson, in his very thorough and comprehensive paper raises many interesting questions for discussion. I will limit myself to the presentation of the Adlerian point of view in regard to goals of therapy and the question

of normalcy.

It is most gratifying to see Dr. Patterson's familiarity with Individual Psychology, which was absent in his text book on *Theories in Counseling and Psychotherapy*. While his