THE PHILOSOPHY AND PRACTICE OF CLIENT-CENTERED THERAPY WITH OLDER PERSONS: AN INTERVIEW WITH C. H. PATTERSON

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Long recognized as a major spokesperson for Client-Centered Therapy, C. H. Patterson is currently a Distinguished Visiting Professor at the University of North Carolina at Greensboro, and Emeritus Professor at the University of Illinois at Urbana-Champaign. It does not take much research to discover why Dr. Patterson is considered a major contributor to counseling and psychology. A biographical sketch of this man's greatest accomplishments would include such highlights as the two Fulbrights he was awarded, his term as President of the APA Division of Counseling Psychology (1971-72), his term as President (he was also one of the founders) of the American Rehabilitation Counseling Association (1961-62), and his contributions to the literature (over 165 articles and 13 books and chapters).

Although he claims to have "retired" in 1977, Dr. Patterson is presently working on the fourth revision of his classic text, Theories of Counseling and Psychotherapy. He also works as the maitre d' for a restaurant in Asheville, NC, is writing a book on his views of a universal system of psychotherapy, and is teaching and supervising students.

As he enters his ninth decade of life, Dr. Patterson is in a unique position to reflect on the use of Client-Centered Therapy with older persons. This interview (edited for publication), begins with a review of the core conditions of Client-Centered Therapy, which serves as a backdrop to understanding Dr. Patterson's personal experiences of growing older and his observations on how client-centered therapy can be used effectively in counseling with older clients.

DAH: Dr. Patterson, our purpose today is to elicit your observations on how client-centered therapy can be used in counseling with older people. You have been a proponent of client-centered therapy for over 40 years, and are yourself now in your eighth decade. It might be helpful to start with a brief overview of the essential components of client-centered therapy, its philosophy and some of the core conditions, to provide a framework for applying this theory and its methods to work with older clients.

CHP: Well, the philosophy underlying client-centered therapy is really important. I think it is one of the things that brought me to accept client-centered therapy, and I think it's what brings a lot of students to accept client-centered therapy. When they first hear about it, they say "Aha, that's the way I feel. That's my philosophy." Now, the philosophy is essentially one of respecting the individual, respecting the integrity of the individual, and respecting the autonomy of the individual. You respect the ability of the individual to live his or her own life, to work through his or her own problems, and to make his or her own choices.

So, client-centered therapy says that, if you respect people, if you believe that clients are able, rather than unable, and so forth, then you will give them the opportunity to do these three things. What the client-centered therapy does is to facilitate the development of the individual in reviewing, formulating, and living, his or her own life.

There are three basic means of facilitating this process. The first one is empathic understanding. You have to understand your client. Every theorist and theory tells you that the first thing the therapist has to do is to understand his or her client. But in client-centered therapy it is an empathic understanding. Empathic understanding is different from scientific understanding. It is understanding from the internal frame of reference, rather from the external, objective, diagnostic point of view. You put yourself in the skin of your client. It is impossible to really do this completely, of course, as nobody can empathize fully with anybody else because of so many differences among people. However, the client-centered therapist, to be successful, has to be able to try and successfully come close to fully empathizing with the client. The American Indians had a phrase, "Never criticize another person until you have walked a mile in his moccasins." I would say you can never understand another person until you have walked a mile in his or her moccasins. Another example may be found in the book, To Kill a Mockingbird, where a lawyer, who is defending a Blackman accused of rape, explains to his children why he is being reviled by the townspeople. The lawyer says, "You know you can never really understand another person until you get inside his skin and walk around in it." You can't do these things literally, but that's what you try to do in empathic understanding.

The second requirement is what Rogers called unconditional positive regard. The word unconditional is very important. We should use it more. Unconditional positive regard was an awkward phrase, so it has been changed. Some people call it nonpossessive warmth, or respect. Respect is a term I use most frequently, but it's more than what we mean by respect. It's also compassion. I think the best way to say it is that you have to have compassion for your client.

And the third condition is therapeutic genuineness. I think it is important to call it therapeutic genuineness. When the concept of genuineness became popular a number of years ago, it was used by many people, including people who said they were client-centered, as an excuse to react off the top of their heads and not necessarily in the best interests of the client. So, it is better to think in terms of therapeutic genuineness. Hitler was probably a genuine person. Was he a therapist? No. There are a lot of people who are genuine who are certainly not therapeutic.

We call the three things discussed here facilitative conditions: (l) empathic understanding, (2) unconditional positive regard, and (3) therapeutic genuineness. They are attitudes. They are attitudes that you have towards people in general and also towards your clients

Now there is another, a fourth condition that probably isn't an attitude that I think is also important. I call it specificity or concreteness. There are two components here. One is that the counselor should encourage the client to be very specific in describing his or her concerns. The second is that the counselors must stick to the concrete things that the client is saying, not abstract them, and resist the tendency to generalize, to label the client and his or her actions and feelings.

In addition to these four essential conditions for therapy, there are certain conditions the client has to provide. The client has to come to counseling with two characteristics: first,

the client has to be motivated, in the sense that the client has to recognize that there is a problem and wants to do something about it. The second thing that the client has to do is to engage in the process of self-exploration. The client has to disclose and then explore him or herself. It is the core conditions created by the counselor that facilitate the process of self-exploration. These conditions are necessary and sufficient not only in client-centered therapy, but in the process of any therapy.

In summary, my work basically has not deviated from Carl Rogers' original statement in 1957 on the "necessary and sufficient conditions for therapeutic personality change". I feel that I am an expositor of client-centered therapy. I have been consistent in my beliefs and one of the things that I've been consciously aware of and am working on now is to develop the implications of Rogers' 1957 work. So, I now believe not only in the necessary and sufficient conditions of psychotherapy, but that these conditions are the basis of a universal system of psychotherapy. These are the common elements of all the major theories. If they are common, they are the basis for any so-called eclecticism, if it is a systematic eclecticism. So, I am talking now about a universal system. This puts me at odds with many of the theorists in counseling now, because they are emphasizing diversity in counseling, or multicultural counseling. These theorists advocate for a different system and theory and practice for whites, for blacks, for men, for women, for young, for old, for every culture and sub-culture, and for all possible combinations and permutations. In the field of psychotherapy now, as distinguished from what we call the field of counseling, there is a strong movement for integration and I've been involved in that, interested in it and have some articles on integration in psychotherapy. But there is no real integrative system being proposed. They are all eclectic in the common, erroneous, use of the term, a conglomeration of bringing together of things that don't relate and aren't systematic, of techniques with no theoretical foundation. What I'm proposing is that the integrative basis for psycho- therapy is the common elements, the core conditions, and that these are universal. They are not culture-bound, they are not time-bound. They are universal because they deal with the basic nature of all human beings.

JEM: Are you saying, then, that if you were to apply client-centered therapy with older persons, it would be no different than with other people?

CHP: Right. Now, there is a very important point that I think needs to be made. If you want to specialize with a particular kind of client or if you are going to deal with mostly clients from a certain population, then in addition to understanding the client as a human being, you need to know where the client is coming from, in terms of background, family, community, and culture. Now what may be forgotten in multicultural counseling is the general common nature of human beings in favor of a focus only on the differences. The danger is that differences may be magnified, and they can be presented as stereotypes. So, my effort now is to develop a universal system.

JEM: Will that system include persons of all ages, especially older people?

CHP: Yes.

JEM: It might help if you would provide a context by reflecting on your own life and how it has changed as you've grown older.

CHP: I hope I've changed. I say my theory, my philosophy, hasn't changed. My teaching methods have changed some. I started out lecturing. I was telling somebody today, I've

gone back to lecturing again. So there have been some changes there. But no basic change in theory or philosophy.

JEM: Now, how about in your feelings about yourself. Have you changed as a person?

CHP: Uh. Not fundamentally, but in one way I have changed. It will be two years ago next fall that I began to feel a little different. I was telling my students that fall, "I'm going through a change of life. I'm entering old age." And as I look back now, I think I am in old age. I think I see some physical decline, some mental decline--in my memory. It is interesting because my memory for certain things is clear. Things that relate to my life, my profession and my readings, I can still grasp. But other things, like "where did I put that book?" are different. I spend most of my time looking for things in my apartment. So I have changed. I think I am declining some and it bothers me, because my self-concept is one of being physically active, mentally active, and psychologically active.

I'm beginning to realize that when you do age and change, you might say now, I don't want to be wheel-chair bound, I don't want to go on living if I have to be in a rest-home, in bed. But you begin gradually realizing you accept the stages toward this kind of thing.

I also have begun to think my interests are narrowing. I've taught everything in the counseling curriculum: tests, measurements, occupations, all these things I've taught. But now, in the last few years, I have started to focus on only one thing, psychotherapy. That's my interest. In general, I don't have the width of interests that I used to have, and this is worrying me somewhat. I wonder if it means I may become dependent, be I'll be willing to accept it. I may say now that I can't live that kind of life, but I think it happens and older people adapt to it.

JEM: You're speaking of physical dependency, but at the same time you say you are continuing in your career, you're writing, and you have lots of goals professionally.

CHP: Well, that's all true. I was just thinking of one change I've experienced. I used to be able to write fluently. All of my writing has been in longhand, and people, secretaries, have transcribed it. Of course, my writing has needed to be good, because other people have to read it. My handwriting is deteriorating a little bit. Also, I used to be very fluent in my writing. I would visualize the book, the chapter, the section, I'd have it all organized and it would come right out. Now, it’s not quite that way. It's a little harder. I'm writing a new book and maybe it's the nature of the material or something. I'm not sure what it is. It's a little harder to write. I'm not quite so fluent. I still have my verbal fluency, which came the hard way. I could never extemporize when I first started teaching. I would have detailed notes on a lectern. My notes became books so I lost my lecture notes. I had to have new ones. But I found it very difficult to be able to extemporize and I think I do now in some situations.

JEM: So, if I were a client-centered counselor working with you, would I treat you any differently than I would have twenty or thirty years ago?

CHP: You would still respect me, I would hope. You would still try to understand me, to listen as the first step to empathic understanding. One of my three rules I have for my beginning students is to keep your mouth closed. You can't listen while your mouth is open. The second one is never ask a question except when you don't understand your client. And the third one is you are always responding to your client. A very simple test as

to whether an interview is client-centered or something else is who is responding to whom. It's very obvious. To me it's not therapy unless the therapist is responding to the client. So I hope you would want to understand me, listen to try to understand me and try to put yourself in my place. This is where it is so difficult to put yourself in the place of another person of a different culture or of a different age or of a different sex. It can't be done completely but you have to do it more or less substantially or you won't be effective as a therapist. And if you are going to work with older people then you should know all there is to know about gerontology and geriatrics.

JEM: A common comment of older persons is that younger counselors can't possibly understand them.

CHP: Well you might start out with that feeling if you see this field developing with all these thirty-year-olds going into geriatric counseling. You know, how can you do that? And I began to think how do you learn to understand older people and I go back to what I said, how do you learn, to understand people from other cultures? You go into their culture and you live in that culture. Well I think you probably ought to live in a nursing home or rest home in order to see what life is like from their point of view. And that's a very important experience as part of training for a counselor who wants to go into that field. And going in not as a professional just going in. Maybe doing what some medical schools are doing; physicians in training go into a wheelchair or become blindfolded and see what it's like to be a patient. See what it's like to be a patient in a nursing home or a rest home.

JEM: So you recommend getting to know older people as friends?

CHP: Oh. Certainly! You see there's a difference between friendship and having a therapeutic professional relationship. I think friendships can help and friendships can be therapeutic. And maybe that's all that many old people need. All old people don't need therapy or counseling. Not all of any other group does either. Some only need friendship. It's very important. I think we need to distinguish between those who need friendship, a relationship, something to keep them from feeling isolated, and those who really need counseling. Those who need and want counseling must be able to engage in self-exploration to look closely at themselves. That's what counseling and therapy is--not talking about problems but living through any problems, feeling them with a therapist. The client-centered therapist works the same way with any kind of client but has to have a background to understand those kinds of clients.

JEM: I guess I'd like to ask you if you were going to have only one or two minutes with a new professional entering the field what would you like to say to him or her?

CHP: This reminds me of an interesting experience I had recently. A young woman asked me "Can you tell me in two sentences what your theory is?" I went away and thought about it. I thought about an experience I had in Taiwan in which some students asked me a similar question. So I came back and said "I'll tell you what my theory is: "Love your client." The woman was amazed. Not two sentences--three words. That's my philosophy. You have to love your client. That's the essence of psychotherapy.

JEM: That's a beautiful way to end this interview. We thank you very much.

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