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The Use of Self in Therapy

Second Edition

Michèle Baldwin, MSSW, PhD
Editor



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This book is dedicated to the memory of Virginia Satir,
teacher, colleague, and friend,
with gratitude and love

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Chapter 2

Interview with Carl Rogers On the Use of the Self in Therapy

Michèle Baldwin

Carl Rogers, on account of his leading role in the field of humanistic psychology, was the first psychotherapist whom we asked to be a contributor to this volume. He felt that his busy schedule did not allow him to contribute a chapter at this time. Because of his interest in this area, however, he suggested as an alternative that he be interviewed on this topic. These words were spoken during a relaxed morning in his living room.

Over time, I think that I have become more aware of the fact that in therapy I do use my *self*.^{*} I recognize that when I am intensely focused on a client, just my presence seems to be healing, and I think this is probably true of any good therapist. I recall once I was working with a schizophrenic man in Wisconsin whom I had dealt with over a period of a year or two and there were many long pauses. The crucial turning point was when he had given up, did not care whether he lived or died, and was going to run away from the institution. And I said, "I realize that you don't care about yourself, but I want you to know that I care about you, and I care what happens to you." He broke into sobs for ten or fifteen minutes. That

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^{*}Whenever the term *self* is first employed in a chapter as part of the concept of the use of self in therapy, it is italicized to call attention to its special use.

was the turning point of the therapy. I had responded to his feelings and accepted them, but it was when I came to him as a person and expressed my feelings for him that it really got to him. That interested me, because I am inclined to think that in my writing perhaps I have stressed too much the three basic conditions (congruence, unconditional positive regard, and empathic understanding). Perhaps it is something around the edges of those conditions that is really the most important element of therapy—when my self is very clearly, obviously present.

When I am working, I know that a lot of active energy flows from me to the client, and I am now aware that it probably was present to some degree from the first. I remember a client whose case I have written up, who said toward the end of therapy: "I don't know a thing about you, and yet, I have never known anyone so well." I think that is an important element, that even though a client did not know my age or my family or other details of my life, I became well known to her as a person.

In using myself, I include my intuition and the essence of myself, whatever that is. It is something very subtle, because myself as a person has a lot of specific characteristics that do not enter in as much as just the essential elements of myself. I also include my caring, and my ability to really listen acceptantly. I used to think that was easy. It has taken me a long time to realize that for me, for most people, this is extremely hard. To listen acceptantly, no matter what is being voiced, is a rare thing and is something I try to do.

When I am with a client, I like to be aware of my feelings, and if feelings run contrary to the conditions of therapy and occur persistently, then I am sure I want to express them. But there are also other feelings. For instance, sometimes, with a woman client, I feel: "This woman is sexually attractive, I feel attracted to her." I would not express that unless it comes up as an issue in therapy. But, if I felt annoyed by the fact that she was always complaining, let us say, and I kept feeling annoyed, then I would express it.

The important thing is to be aware of this feeling, and then you can decide whether it needs to be expressed or is appropriate to express. Sometimes, it is amusing. I know in one demonstration interview, I suddenly was aware of something about the recording. I believe they had not turned on the recorder or something like that. It

was just a flash and then I was back with the client. In discussing it afterward, I said, "There was one moment when I really was not with you." And he replied, "Yes, I knew that." It is very evident when there is a break in a relationship like that. I did not express that concern because it seemed irrelevant and yet, it was relevant. It would have been better had I said, "For a moment there, I was thinking about the machine, and now I am back with you."

I think that the therapist has a right to his or her own life. One of the worst things is for a therapist to permit the client to take over, or to be a governing influence in the therapist's life. It happened to me once, and was nearly disastrous. It was with a schizophrenic client of whom I got tired, I guess. I had done some good work with her—and sometimes not—and she sort of clung to me, which I resented, but did not express. Gradually she came to know me well enough to know just how to press my buttons, and she kept me very upset. In fact, I began to feel that she knew me better than I knew myself, and that obviously is nontherapeutic and disastrous to the therapist. It helped me to realize that one of the first requirements for being a therapist is that there be a live therapist. I think it is important to realize that one has a need and a right to preserve and protect oneself. A therapist has a right to give, but not to get worn out trying to be giving. I think different therapists have different kinds of boundaries: Some can give a great deal and really not harm themselves, and others find it difficult to do that.

A number of years ago, I would have said that the therapist should not be a model to the client—that the client should develop his or her own models, and I still feel that to some degree. But, in one respect, the therapist is a model. By listening acceptantly to every aspect of the client's experience, the therapist is modeling the notion of listening to oneself. And, by being accepting and nonjudgmental of the feelings within the client, the therapist is modeling a nonjudgmental self-acceptance in the client. By being real and congruent and genuine, the therapist is modeling that kind of behavior for the client. In these ways, the therapist does serve as a useful model.

The way I am perceived by the client also makes a difference, but not in the therapeutic process. If I am seen as a father figure, for example, then that makes a difference in the therapy; it makes a

difference in the client's feelings. But, since the whole purpose of therapy, as I see it, is to hear and accept and recognize the feelings that the client is having, it does not make much fundamental difference whether the client sees me as a young person or a lover, or as a father figure, as long as the client is able to express some of those feelings. The process is the same regardless of which feelings are being experienced.

This is why I differ so fundamentally with the psychoanalysts on this business of transference. I think it is quite natural that a client might feel positive feelings toward the therapist. There is no reason to make a big deal out of it. It can be handled in the same way as the fact that the client might be afraid of the therapist, or of his or her father. Any feelings are grist for the mill as far as therapy is concerned, providing the client can express them and providing the therapist is able to listen acceptantly. I think the whole concept of transference got started because the therapist got scared when the client began to feel strong positive or negative feelings toward the therapist.

The whole process of therapy is a process of self-exploration, of getting acquainted with one's own feelings and coming to accept them as a part of the self. So, whether the feelings are in regard to the parents, or in regard to the therapist, or in regard to some situation, it really makes no difference. The client is getting better acquainted with and becoming more accepting of his or her self and that can be true with regard to the transference feelings. When the client realizes: "Yes, I do love him very much," or whatever, and accepts those as a real part of self, the process of therapy advances.

I think that therapy is most effective when the therapist's goals are limited to the process of therapy and not the outcome. I think that if the therapist feels, "I want to be as present to this person as possible. I want to really listen to what is going on. I want to be real in this relationship," then these are suitable goals for the therapist. If the therapist is feeling, "I want this person to get over this neurotic behavior, I want this person to change in such and such a way," I think that stands in the way of good therapy. The goal has to be within myself, with the way I am. Once therapy is under way, another goal of the therapist is to question: "Am I really with this person in this moment? Not where they were a little while ago, or

where are they going to be, but am I really with this client in this moment?" This is the most important thing.

Another important element is the maturity of the therapist. I recall that in Chicago, a graduate student did some research that seemed to indicate that the more psychologically mature the therapist, the more effective the therapy was likely to be. It was not a definitive research, but I suspect that there is a lot of truth in it. Not only experience in living, but what one has done with that experience in living makes a difference in therapy. It ties in with another feeling I have—that perhaps I am good at helping people to recognize their own capacities, because I have come to value and represent the notion of self-empowerment. However, somebody else may be good at helping them in another way, because they have achieved maturity in another realm. What I am saying is that different therapists have different characteristics of their mature personality and probably these different elements help clients move in those directions.

The mature person is always open to all of the evidence coming in, and that means open to continuing change. Often people ask me, "How have you changed over the years?" And I can see from the way they phrase their question that they are asking, "What have I rejected, what have I thrown away?" Well, I haven't rejected much of anything, but I have been astonished at the fact that those ideas which started in individual therapy could have such very wide implications and applications.

My career as a therapist has gone through a number of phases. One of the earliest and most important was when I gave up on a mother and her son. My staff was handling the boy and I was dealing with the mother, trying to get across to her the fact that her problem was her rejection of the boy. We went through a number of interviews and I had learned to be quite attentive and gentle. I had been trying to get this point of view across but I was not succeeding, so I said, "I think we both have tried, but this is not working, so we might as well call it quits. Do you agree?" She indicated that she thought so, too. She said "goodbye" and walked to the door. Then she turned and said, "Do you ever take adults for counseling here?" I said "yes," and with that she came back and began to pour out her story of problems with her husband, which was so different from

the nice case history I had been taking that I could hardly recognize it. I did not know quite what to do with it, and I look back at this as being the first real therapy case that I ever handled. She kept in touch with me for a long time. The problems with the boy cleared up. I felt it was successful therapy, but did not quite know how it came about.

Later, another change occurred. I had been impressed by Rankian thinking. We had him in for a two-day workshop and I liked it. So I decided to hire a social worker who was a product of the Philadelphia School of Social Work, Elizabeth Davis. It was from her that I first got the idea of responding to feelings, of respecting feelings—whether she used that terminology or not I am not sure. I don't think she learned very much from me, but I learned a lot from her.

Then, another stepping-stone. I had long been interested in recording interviews, but it was very difficult to do in those days. The equipment required that somebody be in another room, recording three minutes on the face of a record and then brushing off the shavings of glass, since we could not get metal during the war. Then, they had to turn the record over and continue. Anyway, it was really difficult. But when we began to analyze these interviews—and we gradually got better equipment—it was astounding what we learned from these microscopic examinations of the interviews. One could clearly see where an interview had been going along smoothly—the process flowing—and then one response on the part of the counselor just switched things off for a while, or perhaps for the whole interview. We also began to see that some of the people in my practicum came to be called “blitz” therapists, because they would seem to have a couple of very good interviews with their clients, and then the client never came back. It was not until we examined the recordings that we realized that the therapist had been too good, had gone too far, revealed too much of the client's inner self to them and scared the hell out of them. Another important development in my career was the writing of a very rigorous theory of the client-centered approach. I was very excited that what had gradually been developing quite experientially could be put into tight cognitive terms which could be tested. This gave me a great deal of confidence, and a great deal of satisfaction. Another change in my career occurred when I moved out to California. Having had

the opportunity to realize the power of relatively brief intensive group experiences, I directed my energy to the development of intensive encounter groups. I also developed the applications of my theories to education, and then to large groups.

Finally, early in life I acquired a strong belief in a democratic point of view, and that belief has impacted my therapy. I became convinced that the final authority lies with the individual and that there is no real external authority that can be depended upon. It comes down to one's internal choice, made with all the evidence that one can get and the best possible way that one can cope.

I have always been able to rely on the fact that if I can get through the shell, if I can get through to the person there will be a positive and constructive inner core. That is why I hold a different point of view from Rollo May. He seems to feel that there is a lot of essential evil in the individual, but I have never been able to pin him down as to whether it is genetic or not. I feel that if people were evil, I would be shocked or horrified at what I found if I was able to get through to the core of that person. I have never had that experience—just the opposite. If I can get through to a person, even those whose behavior has a lot of destructive elements, I believe he or she would want to do the right thing. So I do not believe that people are genetically evil. Something must have happened after birth to warp them. It has often been said that I could not work with psychopaths, because they have no social conscience. Well, my feeling is: yes, it would be difficult and I don't think they would come easily into one-to-one psychotherapy. But if they could be part of a group for a long period of time, then I think they could probably be gotten to.

Recently my views have broadened into a new area about which I would like to comment. A friend, who is a minister, always kids me about the fact that I am one of the most spiritual people he knows, but I won't admit it. Another time, a group of young priests were trying to pin me to the wall, saying that I must be religious. I finally said to them and it is something I still stand by—“I am too religious to be religious,” and that has quite a lot of meaning for me. I have my own definition of spirituality. I would put it that the best of therapy sometimes leads to a dimension that is spiritual, rather than saying that the spiritual is having an impact on therapy. But it depends on your definition of spiritual. There are certainly times in

therapy and in the experience I have had with groups where I feel that there is something going on that is larger than what is evident. I have described this in various ways. Sometimes I feel much as the physicists, who do not really split atoms; they simply align themselves up in accordance with the natural way in which the atoms split themselves. In the same way, I feel that sometimes in interpersonal relationships power and energy get released which transcend what we thought was involved.

As I recently said, I find that when I am the closest to my inner, intuitive self—when perhaps I am somehow in touch with the unknown in me—when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful. At those moments, it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself, and has become part of something larger. Profound growth and healing and energy are present.

To be a fully authentic therapist, I think that you have to feel entirely secure as a person. This allows you to let go of yourself, knowing confidently that you can come back. Especially when you work with a group, you have to surrender yourself to a process of which you are a part and admit you can't have a complete understanding. And then when you get to dealing with a group of 500 or 600, you surrender any hope of understanding what is going on, and yet, by surrendering yourself to the process, certain things happen.

The therapist needs to recognize very clearly the fact that he or she is an imperfect person with flaws which make him vulnerable. I think it is only as the therapist views himself as imperfect and flawed that he can see himself as helping another person. Some people who call themselves therapists are not healers, because they are too busy defending themselves.

The self I use in therapy does not include all my personal characteristics. Many people are not aware that I am a tease and that I can be very tenacious and tough, almost obstinate. I have often said that those who think I am always gentle should get into a fight with me, because they would find out quite differently. I guess that all of us have many different facets, which come into play in different situations. I am just as real when I am understanding and accepting as

when I am being tough. To me being congruent means that I am aware of and willing to represent the feelings I have at the moment. It is being real and authentic in the moment.

I am frequently asked what kind of training is necessary to become a person-centered therapist. I know some very good person-centered therapists who have had no training at all! I think that one could go to small remote villages and find out who people turn to for help—what are the characteristics of these people they turn to? I think to be a good person-centered therapist, one needs to experience a person-centered approach either in an intensive group for some period of time, or in individual therapy, or whatever. I don't, however, believe in requiring such an experience. I feel that the opportunity should be available, but not required.

Then, in addition to that, I think that breadth of learning is perhaps the most important. I'd rather have someone who read widely and deeply in literature or in physics, than to have someone who has always majored in psychology in order to become a therapist. I think that breadth of learning along with breadth of life experience are essential to becoming a good therapist. Another thing: the importance of recording interviews cannot be overestimated. Video-taping is even better, although I have not had much experience with that. But to have the opportunity to listen to what went on, be it right after the interview or one year later, to try to understand the process of what went on, should be a tremendous learning experience. I think that one should let the beginning therapist do whatever he wants in therapy, provided that he records the sessions and listens to them afterward, so that he can see the effects on the process. I think that the careful review of recorded interviews is essential.

I think that my present viewpoints are difficult to admit in academic circles. In the past, I could be understood at a purely cognitive level. However, as I became clearer as to what I was doing, academicians had to allow room for experiential learning, which is quite threatening, because then the instructor might have to become a learner, which is not popular in such circles. I think it is much easier to accept me as someone who had some ideas in the 1940s that can be described, than try to understand what has been happening since. I know very few people in major universities who have

any real or deep understanding of my work. In some of the external degree institutions, yes, and outside of institutions there are a number of such people. It is interesting that the degree of understanding does not depend on the degree of contact with me. When people are philosophically ready for that part of me, they can pick it up entirely from reading. If they are not philosophically ready, they can do an awful lot of reading and still not get the point. Basically, it is a way of being, and universities are not interested in ways of being. They are more interested in ideas and ways of thinking.

People have asked me what effect I think my work has had on other professions. I think that my most important impact has been on education. I don't feel that I have had much influence on medicine or psychiatry or even on psychology. I have had much more influence in counseling, but not on the mainstream of psychology. I think I have had some impact on nursing. Nurses don't need to defend themselves against change and new ideas. I am also intrigued with the thought that the idea of leaving a human being free to follow his own choices is gradually extending into business.

Finally, I have been interested to see an evolution in the practice of medicine, where the idea of empowering the patient has brought medicine "back" to the idea that patients can heal themselves. I am also pleased to see the development of personal responsibility in health. One of the most important things is that we have opened up psychotherapy and substituted the growth model for the medical model.

Chapter 3

Some Philosophical and Psychological Contributions to the Use of Self in Therapy

DeWitt C. Baldwin Jr.

INTRODUCTION

It is always interesting to speculate why certain ideas emerge at a particular time. It is especially intriguing to review the reasons why attention should be called at this time to the use of *self** in therapy. According to systems theory, therapists are unavoidably part of the treatment situation, both as therapists (change agents) and as themselves. They do not choose to be in or out, they can only choose to be aware or not. That this role can operate along a continuum from activity to passivity has been alluded to by a number of authors (Hollender and Szasz, 1956). Indeed, a major development of the past several decades has been the increasingly active and participatory role in such transactions accorded to the patient. In this particular evolution, the seminal work of Carl Rogers must be noted, in that he saw the potential for self-direction in patients, whom he began to refer to as clients, viewing the therapist as assisting rather than promoting the process of self-determination and development.

It is not surprising that the movement toward a more humanistic psychology which emerged after World War II was accepted by many therapists, who found the determinism and reductionism of the

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