

Celebrating Carl Rogers

Motivational Interviewing and the Person-Centered Approach

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In January, 2014, the Center for Studies of the Person (<http://www.centerfortheperson.org/>) organized a 4-day conference celebrating the birthday of its co-founder, Carl Rogers (1902-1987). The Center champions applications of the person-centered approach (PCA) originally developed by Rogers, and its La Jolla program has been offering personal growth groups since 1965.

Although motivational interviewing is deeply rooted in the PCA, it has grown up in relative isolation from the mainstream person-centered community. The MINT meeting in Sheffield included a useful dialogue with Pete Sanders on MI and client-centered counseling, and he encouraged me to connect with the PCA community in the United States. So I decided it was time and enrolled in the first annual Carl Rogers Birthday conference, intending to encourage some bridging between MI and PCA.

It was a small conference, with 68 registrants in all, and quite unconventional even by MINT standards. Everything ran on relaxed “La Jolla time.” Mornings consisted of three sets of four simultaneous sessions, with the instruction to limit presentations to 10 minutes and use the remaining 50 minutes for discussion (an interesting format that we might try in the MINT Forum). The afternoons were devoted to small 4-hour leaderless encounter groups with the same members (15 or so) across days, and the evenings to large community meetings. The encounter and sensitivity training groups in which I participated in the 1960s were led by confrontational gurus definitely operating from an expert model, with the essential message that I, as an INFJ (in Jungian terminology), was not the right kind of person and should instead be an ESFP. I didn’t know enough at the time to hold my own, so I came away with a distinct distaste for encounter groups, but trusting in the spirit of the PCA I decided to take the plunge and participate fully in the small group. (By evening on most days I was wearing down and didn’t stay till the very end of the large groups.) I enjoyed the group process, which would feel very familiar to any MI practitioner. Many participants seemed hungry to be heard deeply (after all, how often does that happen in daily life?), coming back to CSP for a welcome refill. Those for whom English is a second (or third or fourth) language often struggled to keep up with what was being said, a dynamic to which I think we did not accommodate well. In any event I came away with a deeper appreciation for my regular men’s group in Albuquerque, now ongoing since 1980, as a community of men who know and listen to each other deeply as companions on life’s journey.

Beyond the personal experience and new acquaintances, I did come away with a better understanding of the state of the PCA community. There was certainly worry and grieving about the apparent decline of the PCA and the once prominent humanistic movement in psychology, along with hope for resurgence. Across four decades, Carl Rogers was

President of the American Psychological Association in 1947, Hobart Mowrer in 1954, Abraham Maslow in 1968, and Leona Tyler in 1973. In the 1970s, thousands lined up to attend the La Jolla encounter groups. Mainstream psychology has since headed off in a very different direction, largely dominated by determinist and increasingly reductionist perspectives, and while personal/spiritual growth remains a hunger in society it has been overshadowed by more material concerns. If you want to alienate a training group now, tell them that “in this workshop, we are going to be working on ourselves.” Practicing an “evidence-based” treatment has become an admission ticket and coin of the realm for public funding of services, and PCA is often castigated for lack of scientific evidence of efficacy. Although it was Carl Rogers who courageously pioneered psychotherapy outcome and process research at a time when it was anathema, outcome research has been surprisingly sparse within the PCA community over the past few decades.

Historically PCA and counseling programs were often more focused on personal growth for the healthy than on treating severe disabling conditions such as addictions, anxiety disorders and depression. To his credit, Rogers explored the usefulness of his approach in treating schizophrenia at Mendota State Hospital before pharmacotherapies were prominent, with mixed results (Rogers, 1967). The Center’s website says that “CSP is not as much concerned with preserving the purity of Rogers’ teachings as with providing a space where members can explore for themselves the richness and complexity of what it is to be fully human.” This focus on personal growth among reasonably well-functioning people may be part of the background for PCA’s perspective that all you need is love, and that the three core components (accurate empathy, genuineness, and unconditional positive regard) are not only necessary but also sufficient. I found much more receptiveness to a both-and rather than “nothing but” perspective at this conference, particularly among those treating more severe populations. There was a presentation/discussion of rapprochement between PCA and cognitive-behavior therapy. The dominant sense I gained was of PCA as a way of being, a clinical style within which other healing tools might be used.

There was an interesting presentation by psychologist Elena Kirillova from Moscow (kirillova-ei@mail.ru) on “intent analysis” of Rogers’ own therapy transcripts from three eras: the non-directive era (Herbert), the client-centered era (Gloria), and the PCA era (Jan). Only one case was analyzed from each era, so that eras were confounded with individual clients, but the approach was interesting. The coding dictionary included 30 different therapist “intentions,” and each Rogers response was assigned to one underlying intention. Coders did their ratings independently, but then met to develop a single consensus classification for each response. The results reflected increasing dominance of the core conditions in Rogers’ responses over time: unconditional attitude, congruent self-expression, and empathy (Kirillova, 2014, January). Because some elements of MI spirit such as compassion have to do primarily with therapist intentions, intent analysis might be a useful tool in process analyses. Several presentations highlighted linkages between Rogers’ phenomenological approach and the philosophy of Michael

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Polanyi (Polanyi, 1962, 1966), with whom Rogers had a published dialogue (Kirschenbaum & Henderson, 1989).

The term “ambivalence” appears in Rogers’ earliest work (Rogers, 1942), but is scarce in his later books. I realized at this meeting that ambivalence was replaced by the concept of “incongruence” as client-centered therapy emerged. Incongruence is usually understood as a conflict between the ideal self that is imposed by the social environment and one’s real or authentic self. Self-actualization in Rogers’ writings involves being one’s authentic self rather than trying to fulfill the ideals of others. In that regard, there would be one “side” of the incongruence that would be favored: whichever represents the real self, often the feeling component. One of the therapist intentions in Kirillova’s intent coding system is “drawing attention to incongruence” which involves “focusing the therapist’s attention on the client’s behavior that does not match his/her feelings.” She offered two examples of this from Rogers’ own counseling in her presentation (Kirillova, 2014):

There is a feeling you have, a certain tendency to cling to this, even though you don’t like it. (Rogers, 1942, p. 277).

I mean—that you can attract most women; you can get them interested in you, but your interest in them is pretty definitely limited to— (Rogers, 1942, pp. 326-327).

Within MI, ambivalence is a more value-neutral term. The person simultaneously both wants and does not want something. In describing double-sided reflections we have emphasized placing the conjunction “and” in the middle between the seemingly discrepant elements, emphasizing the both-and quality of ambivalence, whereas clients are

more likely to experience a “yes, but” quality, bouncing back and forth. The examples from Rogers have variations of “but” in the middle, with the apparent intent of highlighting an inconsistency. Herein is a small but interesting difference. From my perspective, ambivalence is human nature, not pathology or even problematic. Ambivalence is a normal process on the road to change, the contemplation stage in the transtheoretical model (Prochaska et al., 1994). Motivational interviewing is about helping to resolve that ambivalence in the direction of positive change, as Rogers hoped to help resolve it in the direction of authenticity.

This brings me around to my own presentation on MI at the conference (Miller, 2014, January). I spoke on the last day, with the advantage of context from the preceding presentations. There are many commonalities, and I do indeed think of MI as one evolution of PCA. The three critical conditions that form the core of PCA are all contained within the spirit of MI and the engaging process that is a foundation for all the rest (Miller & Rollnick, 2013). But what about the processes of focusing, evoking, and planning, all of which are consciously, even strategically directional? MI is also quite brief relative to the long-term counseling and personal growth perspectives of PCA. The La Jolla Program has offered anywhere from 4 to 28 days of intensive day and evening group encounters. Individual or group client-centered psychotherapy can extend across months or even years, whereas MI is often delivered in 1-4 sessions, sometimes within the brief and busy encounters of primary care, social work, dentistry, and probation. We must acknowledge that MI and PCA have differed in some important ways.

My impression is that within these acknowledged differences, the conference participants’ response to MI was quite positive, even enthusiastic. MI is a widely recognized offspring of PCA, along with Eugene Gendlin’s focusing (Gendlin, 1981) and Thomas Gordon’s

	Motivational Interviewing	Person-Centered Approach
Focus	Narrower focus on facilitating change with regard to a particular goal or problem	Broader focus on facilitating general well-being and personal growth
Mode of delivery	Most often delivered one-to-one, in the context of treatment services, though group delivery is well along (Wagner & Ingersoll, 2013)	Most often delivered in group format within a personal growth context, though also offered as individual counseling
Duration	Typically brief, though the spirit and style can be a foundation for additional treatment	Typically extended in intensive days or in sessions over weeks or months
Direction	Consciously and strategically directed toward one or more identified change goals	Historically non-directive; though there may be explicit or implicit goals
Clientele	Often used in treatment for identified problems or disorders	Often used toward personal growth for fairly well-functioning people
Discrepancies	Seeks to resolve ambivalence in the direction of change goal	Seeks to resolve incongruence in the direction of authentic self
Evidence base	Strong research focus; many randomized trials since 1990	Original psychotherapy research tradition; relatively few outcome studies since 1990
Eclecticism	Often combined with other forms of treatment	Often offered as sole treatment
Theory	No comprehensive theory of well-being, personality or psychotherapy; theory is specific to processes of MI	PCA is rooted in Rogers’ broad theory of well-being, personality, and psychotherapy
Linguistics	Particular focus on specific forms of client speech (such as change talk, sustain talk and discord)	Noncontingent attention and empathic response to client speech

effectiveness training (Gordon, 1970), both of which also developed in relative independence of mainstream PCA. A welcome aspect of MI is its extensive research base, which brings a person-centered perspective back into mainstream psychology and evidence-based treatment. Conferees acknowledged that PCA practitioners often have therapeutic goals in mind, particularly those brought by clients or obstacles to their personal growth.

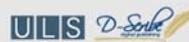
It's not clear where bridges between MI and PCA may lead. Perhaps there will be more cross-attendance at trainings and conferences. Chapters on MI have begun to find their way into books on PCA (Wagner, 2013), along with articles on their interface (Csillik, 2013). Psychotherapy texts place MI with person-centered therapies (Prochaska & Norcross, 2013). Both PCA and MI are finding applications in education, leadership and management, health care, rehabilitation, and life coaching. Beyond their commonalities, MI and PCA are in some respects complementary perspectives with differing strengths, experience, and traditions. It will be fascinating to see what evolves from here.

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