Person Centred Therapy

Brian Thorne

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Historical Context and Developments in Britain

Historical Context

Dr. Carl Rogers, the American psychologist and founder of what has now become known as person-centred counselling or psychotherapy, has always claimed to be grateful that he never had one particular mentor. He has been influenced by many significant figures often holding widely differing viewpoints; but above all he claims to be the student of his own experience and of that of his clients and colleagues.

While accepting Rogers's undoubtedly honest claim about his primary sources of learning, there is much about his thought and practice which places him within a recognisable tradition. Oatley (1981) has recently described this as 'the distinguished American tradition exemplified by John Dewey: the tradition of no nonsense, of vigorous self-reliance, of exposing oneself thoughtfully to experience, practical innovation, and of careful concern for others'. In fact, in 1925, while still a student at Teachers College, Columbia, Rogers was directly exposed to Dewey's thought and to progressive education through his attendance at a course led by the famous William Heard Kilpatrick, a student of Dewey and himself a teacher of extraordinary magnetism. Not that Dewey and Kilpatrick formed the mainstream of the ideas to which Rogers was introduced during his professional training and early clinical experience; indeed, when he took up his first appointment in 1928 as a member of the child study department of the Society for the Prevention of Cruelty to Children in Rochester, New York, he joined an institution where the three fields of psychology, psychiatry and social work were combining forces in diagnosing and treating problems. This context appealed to Rogers's essentially pragmatic temperament.

Rogers's biographer, Kirschenbaum (1979), while acknowledging the variety of influences to which Rogers was subjected at the outset of his professional career, suggests nevertheless that when he went to Rochester he saw himself essentially as a diagnostician and as an interpretative therapist whose goal, very much in the analytical tradition, was to help a child or a parent gain insight into his own behaviour and motivation. Diagnosis and interpretation are far removed from the primary concerns of a contemporary person-centred therapist, and in an important sense Rogers's progressive disillusionment with both these activities during his time at Rochester marks the beginning of his own unique approach. He tells the story of how near the end of his time at Rochester he had been working with a highly intelligent mother whose son was presenting serious behavioural problems. Rogers was convinced that the root of the trouble lay in the mother's early rejection of the boy, but no amount of gentle strategy on his part could bring her to this insight. In the end he gave up and they were about to part when she asked if adults were taken for counselling on their own account. When Rogers assured her that they were, she immediately requested help for herself and launched into an impassioned outpouring of her own despair, marital difficulties, confusion and sense of failure. Real therapy, it seems, began at that moment, and it was ultimately successful. Rogers (cited in Kirschenbaum 1979) commented:

> *This incident was one of a number which helped me to experience the fact - only fully realised later - that it is the client who knows what hurts, what direction to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning I would do better to rely upon the client for the direction of movement in the process.*

The essential step from diagnosis and interpretation to listening had been taken, and from that point onwards Rogers was launched on his own path.

By 1940 Rogers was a professor of psychology at Ohio State University, and his first book, Counselling and Psychotherapy, appeared two years later. From 1945 to 1957 he was professor of psychology at Chicago and director of the university counselling centre. This was a period of intense activity, not least in the research field. Rogers's pragmatic nature has led to much research being carried out on person-centred

therapy. With the publication of Client-Centred Therapy in 1951 Rogers became a major force in the world of psychotherapy and established his position as a practitioner, theorist and researcher who warranted respect, In an address to the American Psychological Association in 1973 Rogers maintained that during this Chicago period he was for the first time giving clear expression to an idea whose time had come. The idea was the gradually formed and tested hypothesis that the individual has within himself vast resources for self-understanding, for altering his self-concept, his attitudes and his self-directed behaviour - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided. (Rogers. 1974: 116)

From this 'gradually formed and tested hypothesis' non-directive therapy was born as a protest against the diagnostic, prescriptive point of view prevalent at the time. Emphasis was placed on a relationship between counsellor and client based upon acceptance and clarification. This was a period, too, of excitement generated by the use of recorded interviews for research and training purposes and there was a focus on 'non-directive techniques'. Those coming for help were no longer referred to as patients but as clients, with the inference that they were self-responsible human beings, not objects for treatment. As experience grew and both theory-building and research developed, the term 'client-centred therapy' was adopted which put the emphasis on the internal world of the client and focused attention on the attitudes of therapists towards their clients rather than on particular techniques. The term 'person centred' won Rogers's approval in the decade before his death, because it could be applied to the many fields outside therapy where his ideas were becoming increasingly accepted and valued and because in the therapy context itself it underlined the person-to-person nature of the interaction where not only the phenomenological world of the client but also the therapist's state of being are of crucial significance. This 'I-Thou' quality of the therapeutic relationship indicates a certain kinship with the existential philosophy of Kierkegaard and Buber and the stress on personal experience recalls the work of the British philosopher/scientist Michael Polanyi (whom Rogers knew and admired). In the years before his death, Rogers also reported his own deepening respect for certain aspects of Zen teaching and became fond of quoting sayings of Lao-Tse, especially those that stress the undesirability of imposing on people instead of allowing them the space in which to find themselves.

Development in Britain

Although the influence of Rogers percolated spasmodically into Britain in the post-war years - mainly through the work of the Marriage Guidance Council (now known as Relate) and then often in an unacknowledged form - it was not until the mid-1960s that he came to be studied in British universities. Interestingly enough the reason for this development was the establishment of the first training courses in Britain for school counsellors. These programmes (initially at the Universities of Keele and Reading) were largely dependent in their first years on American Fulbright professors of psychology or counselling, many of whom were steeped in the client-centred tradition and introduced their British students to both the theory and practice of client-centred therapy. It is with the growth of counselling in Britain that the work of Rogers has become more widely known; it is probably true to say that during the 1970s the largest recognisable group of person-centred practitioners working in Britain was counsellors operating within the educational sector. It is also significant that when Rogers started working in the 1920s psychologists in the USA were not permitted to practise psychotherapy so he called his activity 'counselling'. British practitioners of person-centred therapy have tended to use the word 'counsellor' and to eschew the word 'psychotherapist' for perhaps different reasons. They have seen the word 'psycho-therapist' as somehow conducive to an aura of mystification and expertise which runs counter to the egalitarian relationship which the person-centred approach seeks to establish between the therapist and client.

In the last 20 years the person-centred approach has moved decisively beyond the educational arena and has made its impact felt more widely. The Association for Humanistic Psychology in Britain has introduced many practitioners to Rogers's ideas and its journal Self and Society has featured many articles on his work. Indeed, he himself was a contributor to the journal. The work of the Facilitator Development Institute (FDI) founded in 1974 on the initiative of Rogers's close associate, Dr. Charles Devonshire, has through its annual workshops introduced person-centred ideas to a wide variety of psychologists, social workers, psychiatrists and others. In 1985 the Institute began its first extensive training programme for person-centred counsellors, work now continued by Person-Centred Therapy (Britain) under the direction of three of FDI's original co-directors (Dave Mearns, Elke Lambers and Brian Thorne). Training courses are also offered in Britain by the Person-Centred Approach Institute International headed by Charles Devonshire which runs a number of training programmes throughout Europe. The Institute for Person-Centred Learning is a third independent training organisation which has more recently established itself in Britain. In 1980 the Norwich Centre for personal and professional development gave Britain its first independent therapy agency committed to the person-centred approach and this centre has since 1992 significantly extended its work by

establishing a nationwide workplace counselling service for the employees of one of Britain's largest insurance groups.

The influence of the person-centred approach in Britain was further enhanced by the publication in 1988 of Person-Centred Counselling in Action co-authored by Dave Mearns and Brian Thorne. This milestone book has now been reprinted on numerous occasions and has sold more than 45,000 copies (Mearns and Thorne, 1988). Significantly, too, the development of the Counselling Unit at the University of Strathclyde (directed by Mearns) and of the Centre for Counselling Studies at the University of East Anglia (directed by Thorne) has marked a resurgence of person-centred scholarship and training in British universities. These two units, together with the Centre for Counselling Studies at the University of Keele (under the direction of John McLeod) should do much to ensure that the person-centred approach is well represented in British academia in the years ahead.

Theoretical Assumptions

The Image of the Person

The person-centered therapist starts from the assumption that both he and his client are trustworthy. This trust resides in the belief that every organism, the human being included, has an underlying and instinctive movement towards the constructive accomplishment of its inherent potential. Rogers (1979) has often recalled a boyhood memory of his parents' potato bin in which they stored their winter supply of these vegetables: this bin was placed in the basement several feet below a small window, and yet despite the highly unfavourable conditions the potatoes would nevertheless begin to send our spindly shoots groping towards the distant light of the window. He has compared these pathetic potatoes in their desperate struggle to develop with clients whose lives have been warped by circumstances and experience but who continue against all the odds to strive towards growth, towards becoming. This directional (actualising) tendency in the human being can be trusted and the therapist's task is to help create the best possible conditions for its fulfilment.

In recent years the person-centred approach has been criticised by many who see the emphasis on the trustworthiness of the human organism as too optimistic even naive. Theologians amongst others have suggested that the person-centred view of man does not deal with the problem of evil or with the dark side of human nature. Rogers (1979) has attempted to counter this accusation by pointing to a formative tendency in the universe, and in support of this he draws on some of the latest advances in biology, which in no sense denies the fact of entropy, the tendency towards disorder and deterioration. The universe it seems, is always building and creating as well as deteriorating and dying. The same process, Rogers maintains is at work in the human being; and it is therefore altogether legitimate to trust the actualising tendency without thereby closing one's eyes to or attempting to obscure the fact of the life-negating forces in human development.

The elevated view of human nature which the person-centred therapist holds is paralleled by his insistence on individual uniqueness. He believes that no two persons are ever alike and that the human personality is so complex that no diagnostic labelling of persons can ever be fully justified. Indeed the person-centred therapist knows that he cannot hope to uncover fully the subjective perceptual world of the client and that the client himself can do this only with great effort. Furthermore the client's perceptual world will be determined by the experiences he has rejected or assimilated into the self-concept.

Concepts of psychological health and disturbance

The self-concept is of crucial importance in person-centred therapy and needs to be distinguished from the self. Nelson-Jones (1982) has made the helpful distinction of regarding the self as the real underlying organismic self, that is the essentially trustworthy human organism which is discernible in the psychological processes of the entire body and through the growth process by which potentialities and capacities are brought to realisation, and contrasting this with the self-concept which is a person's conceptual construction of himself (however poorly articulated) and which does not by any means always correspond with the direct and untrammelled experiencing of the organismic self.

The self-concept develops over time and is heavily dependent on the attitudes of those who constitute the individual's significant others. It follows therefore that where a person is surrounded by those who are quick to condemn or punish (however subtly) the behaviour which emanates from the experiencing of the organismic self, he or she will become rapidly confused. The need for positive regard or approval from others is overwhelming and is present from earliest infancy. If therefore behaviour arising from what is actually experienced by the individual fails to win approval, an immediate conflict is established. A baby, for example may gain considerable satisfaction or relief from howling full-throatedly but may then quickly learn

that such behaviour is condemned or punished by the mother, at this point the need to win the mother's approval is in immediate conflict with the promptings of the organismic self, which wishes to howl. The result may be a cessation of howling or a continuation of howling which is now, however, experienced increasingly as reprehensible by the howler. The organismic self which enjoyed howling is under censure and is therefore no longer fully to be trusted. Instead, the individual begins to construct a self-concept which may eventually transmit the message that howling is wrong and the desire to howl a sign of weakness or even malevolence. If the message 'I am weak and evil because I want to howl' is too intolerable it may even be converted into 'I do not wish to howl because I am a good boy (or girl). Whatever the outcome, the original promptings of the organismic self are now no longer a trustworthy guide to acceptable behaviour and may indeed gradually cease to be accessible to consciousness.

If individuals are unfortunate enough to be brought up amongst a number of significant others who are highly censorious or judgemental, a self-concept can develop which may serve to estrange them almost totally from their organismic experiencing. In such cases the self-concept, often developed after years of oppression of the organismic self, becomes the fiercest enemy of the self and must undergo radical transformation if the actualising tendency is to reassert itself.

The person-centred therapist is constantly working with clients who have all but lost touch with the actualising tendency within themselves and who have been surrounded by others who have no confidence in the innate capacity of human beings to move towards the fulfilment of their potential. Psychologically healthy persons on the other hand, are men and women who have been lucky enough to live in contexts which have been conducive to the development of self-concepts which allow them to be in touch for at least some of the time with their deepest experiences and feelings without having to censure them or distort them. Such people are well placed to achieve a level of psychological freedom which will enable them to move in the direction of becoming more fully functioning persons. 'Fully functioning' is a term used by Rogers to denote individuals who are using their talents and abilities realising their potential and moving towards a more complete knowledge of themselves. They are demonstrating what it means to have attained a high level of psychological health, and Rogers has outlined some of the major personality characteristics which they seem to have in common. The first and most striking characteristic is openness to experience. Individuals who are open to experience are able to listen to themselves and to others and to experience what is happening without feeling threatened. They demonstrate a high level of awareness, especially in the world of the feelings. Secondly, and allied to this characteristic, is the ability to live fully in each moment of one's existence. Experience is trusted rather than feared and is therefore the moulding force for the emerging personality rather than being twisted or manipulated to fit some preconceived structure of reality or some rigidly safeguarded self-concept. The third characteristic is the organismic trusting which is so clearly lacking in those who have constantly fallen victims to the adverse judgements of others. Such trusting is best displayed in the process of decision making, Whereas many people defer continually to outside sources of influence when making decisions, fully functioning persons regard their organismic experiences as the most valid sources of information for deciding what to do in any given situation. Rogers (1961) put it succinctly when he said 'doing what "feels right" proves to be a ... trustworthy guide to behaviour'. Further characteristics of the fully functioning person are concerned with the issues of personal freedom and creativity. For Rogers, a mark of psychological health is the sense of responsibility for determining one's own actions and their consequences based on a feeling of freedom and power to choose from the many options that life presents. There is no feeling within the individual of being imprisoned by circumstances or fate or genetic inheritance, although this is nor to suggest that Rogers denies the powerful influences of biological make-up, social forces or past experience. Subjectively, however, the person experiences himself as a free agent. Finally, the fully functioning person is typically creative in the sense that he or she can adjust to changing conditions and is likely to produce creative ideas or initiate creative projects and actions. Such people are unlikely to be conformists, although they will relate to society in a way which permits them to be fully involved without being imprisoned by convention or tradition.

The acquisition of psychological disturbance

In person-centred terminology, the mother's requirement that the baby cease to howl constitutes a condition of worth: 'I shall love you if you do not howl.' The concept of conditions of worth bears a striking similarity to the British therapist George Lyward's notion of contractual living (Burn 1956). Lyward believed that most of his disturbed adolescent clients had had no chance to contact their real selves because they were too busy attempting, usually in vain, to fulfil contracts in order to win approval. Lyward used to speak of usurped lives, and Rogers, in a similar vein, sees many individuals as the victims of countless internalised conditions of worth which have almost totally estranged them from their organismic experiencing. Such people will be preoccupied with a sense of strain at having to come up to the mark or with feelings of worthlessness at having failed to do so. They will be the victims of countless introjected conditions of worth so that they no

longer have any sense of their inherent value as unique persons. The proliferation of introjections is an inevitable outcome of the desperate need for positive regard. Introjection is the process whereby the beliefs, judgements, attitudes or values of another person (most often the parent) are taken into the individual and become part of his or her armamentarium for coping with experience, however alien they may have been initially. The child, it seems, will do almost anything to satisfy the need for positive regard even if this means taking on board (introjecting) attitudes and beliefs which run quite counter to its own organismic reaction to experience. Once such attitudes and beliefs have become thoroughly absorbed into the personality they are said to have become internalised. Thus it is that introjection and internalisation of conditions of worth imposed by significant others whose approval is desperately desired often constitute the gloomy road to a deeply negative self-concept as the individual discovers that he can never come up to the high demands and expectations which such conditions inevitably imply.

Once this negative self concept has taken root in an individual the likelihood is that the separation from the essential organismic self will become increasingly complete. It is as if the person becomes cut off from his own inner resources and his own sense of value and is governed by a secondary and treacherous valuing process which is based on the internalisation of other people's judgements and evaluations. Once caught in this trap the person is likely to become increasingly disturbed, for the negative self-concept induces behaviour which reinforces the image of inadequacy and worthlessness. It is a fundamental thesis of the person-centred point of view that behaviour is not only the result of what happens to us from the external world but also a function of how we feel about ourselves on the inside. In other words, we are likely to behave in accordance with our conception of ourselves. What we do is often an accurate reflection of how we evaluate ourselves, and if this evaluation is low our behaviour will be correspondingly unacceptable to ourselves and in all probability to others as well. It is likely, too, that we shall be highly conscious of a sense of inadequacy, and although we may conceal this from others the awareness that all is not well will usually be with us.

The person-centred therapist recognises, however, that psychological disturbance is not always available to awareness. It is possible for a person to establish a self-concept which, because of the overriding need to win the approval of others cannot permit highly significant sensory or 'visceral' (a favourite word with Rogers) experience into consciousness. Such a person cannot be open to the full range of his organismic experiencing because to be so would threaten the self-concept which must be maintained in order to win continuing favour. An example of such a person might be the man who has established a picture of himself as honourable, virtuous, responsible and loving. Such a man may be progressively divorced from those feelings which would threaten to undermine such a self-concept. He may arrive at a point where he no longer knows, for example, that he is angry or hostile or sexually hungry, for to admit to such feelings would be to throw his whole picture of himself into question. Disturbed people, therefore, are by no means always aware of their disturbance; nor will they necessarily be perceived as disturbed by others who may have a vested interest in maintaining what is in effect a tragic but often rigorous act of self-deception.

The perpetuation of psychological disturbance

It follows from the person-centred view of psychological disturbance that it will be perpetuated if an individual continues to be dependent to a high degree on the judgement of others. For a sense of self-worth such persons will be at pains to preserve and defend at all costs the self-concept which wins approval and esteem and will be thrown into anxiety and confusion whenever incongruity arises between the self-concept and actual experience. In the example above the 'virtuous' man would be subject to feelings of threat and confusion if he directly experienced his hostility or sexual hunger, although to do so would, of course, be a first step towards the recovery of contact with the organismic self. He will be likely, however, to avoid the threat and confusion by resorting to one or other of two basic mechanisms of defence: perceptual distortion or denial. In this way he avoids confusion and anxiety and thereby perpetuates his disturbance while mistakenly believing that he is maintaining his integrity. Perceptual distortion takes place whenever an incongruent experience is allowed into awareness but only in a form that is in harmony with the person's current self-concept. The virtuous man, for instance, might permit himself to experience hostility but would distort this as a justifiable reaction to wickedness in others: for him, his hostility would be rationalised into righteous indignation. Denial is a less common defence but is in some ways the more impregnable. In this case the individual preserves his self-concept by completely avoiding any conscious recognition of experiences or feelings which threaten him. The virtuous man would therefore be totally unaware of his constantly angry attitudes in a committee meeting and might perceive himself as simply speaking with truth and sincerity. Distortion and denial can have formidable psychological consequences and can sometimes protect a person for a lifetime from the confusion and anxiety which could herald the recovery of contact with the alienated self.

For some people it is ironical that the very concept of the fully functioning person seems indirectly to perpetuate their disturbance. It is as if they catch glimpses, in therapy or in their everyday lives of what it might mean to trust the organismic self but they almost immediately reject this possibility because the established self-concept informs them that to trust themselves in this way would be to move towards a state of total selfishness and self indulgence. It is as if at such a moment the judgemental voices of parents, teachers and others whose imposed conditions of worth have led to the self-concept in the first place are joined by the full choir of those forces in church and stare (and in psychology!) which tell the individual that he can have no confidence in his own capacity for growth.

The suggestion that the fully functioning person is no more than a selfish and self-indulgent hedonist with no sense of a caring, responsible relationship to others and to society is a travesty of the person-centred viewpoint. It is axiomatic for the person-centred therapist that the human organism, when it is trusted longs for relationship with others and for opportunities to serve and celebrate the wider community. Once again, one is reminded of the experience of George Lyward and his adolescent clients at Finchden Manor. The boys and young men who sought help from Lyward had often been abandoned by orthodox psychiatry and frequently had lengthy records of violence and disruptive behaviour. Once they were welcomed into the community and given the chance to relax and to discover their acceptability, their violent behaviour simply disappeared, sometimes within hours. Gradually it was replaced by a responsiveness to others which indicated an essential gentleness at the core of the personality that had never previously been allowed to find expression. Lyward's experience, which was constantly reinforced over a period of forty years is a striking example of the truth contained in Rogers's (1964) statement: 'I believe that when the human being is inwardly free to choose whatever he deeply values he tends to value those objects, experiences, and goals which make for his own survival, growth and development, and for the survival and development of others'. Unfortunately there are many forces in our society which operate powerfully against the acceptance of such a statement.

Practice

Goals of therapy

The person-centred therapist seeks to establish a relationship with a client in which the latter can gradually dare to face the anxiety and confusion which inevitably arise once the self-concept is challenged by the movement into awareness of experiences which do not fit into its current configuration. If such a relationship can be achieved, the client can then hope to move beyond the confusion and gradually to experience the freedom to choose a way of being which approximates more closely to his or her deepest feelings and values. The therapist will therefore focus not on problems and solutions but on communion or on what has been described as a person to person relationship (Boy and Pine 1982). The person-centred therapist does not hesitate therefore to invest himself freely and fully in the relationship with his client. He believes that he will gain entrance into the world of the client through an emotional commitment in which he is willing to involve himself as a person and to reveal himself, if appropriate, with his own strengths and weaknesses. For the person-centred therapist a primary goal is to see, feel and experience the world as the client sees, feels and experiences it, and this is not possible if he stands aloof and maintains a psychological distance in the interests of a quasi-scientic objectivity.

The theoretical end-point of person-centred therapy must be the fully functioning person, who is the embodiment of psychological health and whose primary characteristics were outlined above. It would be fairly safe to assert that no client has achieved such an end-point and that no therapist has been in a position to model such perfection. On the other hand, there is now abundant evidence, not only from America but also, for example, from the extensive research activities of Reinhard Tausch and his colleagues at Hamburg University (Tausch 1975), that clients undergoing person-centred therapy frequently demonstrate similar changes. From my own experience, I can also readily confirm the perception of client movement that Rogers and other person-centred practitioners have repeatedly noted. A listing of these perceptions will show that for many clients the achievement of any one of of the developments recorded could well constitute a 'goal' of therapy and might for the time being at least constitute a valid and satisfactory reason for terminating therapy. Clients in person-centred therapy are often perceived to move, then, in the following directions:

a.away from facades and the constant preoccupation with keeping up appearances;

b.away from 'oughts' and an internalised sense of duty springing from externally imposed obligations;

c.away from living up to the expectations of others;

d.towards valuing honesty and 'realness' in one's self and others;

e.towards valuing the capacity to direct one's own life;

f.rewards accepting and valuing one's self and one's feelings, whether they are positive or negative;

g.rewards valuing the experience of the moment and the process of growth rather than continually striving for objectives;

h.towards a greater respect for and understanding of others,

i.towards a cherishing of close relationships and a longing for more intimacy,

j.towards a valuing of all forms of experience and a willingness to risk being open to all inner and outer experiences, however uncongenial or unexpected

(Frick 1971)

In his most recent writings Rogers has spoken of a new type of person who, he believes is emerging in increasing numbers in all cultures and in all parts of the world. This person of the future bears a striking resemblance to the fully functioning person described in his earlier work, and there is little doubt that for the person-centred therapist his work with individual clients is linked to the belief that the survival of the human species may well depend on mankind's increasing ability to be open to experience and to trust the deepest promptings of the human organism For Rogers himself, this has meant in recent years a willingness to be open to, amongst other things, the world of the paranormal and to engage with the discoveries of modern-day theoretical physics which could leave room for an over-arching spiritual force. To the person-centred therapist all forms of experience warrant attention for they may have concealed within them the meaning and goal of an individual life. Increasingly, too, I myself have come to feel that the more I am able to help my clients explore and validate their own experience the more I may be co-operating with an evolutionary process where the attainment of individual uniqueness and the realisation of corporate membership of the human race are part of the same activity.

The person of the therapist

It has often been suggested that of all the various 'schools' of psychotherapy the person-centred approach makes the heaviest demands upon the therapist. Whether this is so or not I have no way of knowing. What I do know is that unless the person-centred therapist can relate in such a way that his client perceives him as trustworthy and dependable as a person, therapy cannot take place. The person-centred therapist can have no recourse to diagnostic labelling nor can he find security in a complex and detailed theory of personality which will allow him to foster 'insight' in his client through interpretation, however gently offered. In brief, he cannot win his client's confidence by demonstrating his psychological expertise, for to do so would be to place yet another obstacle in the way of the client's movement towards trusting his own innate resources. To be a trustworthy person is not something which can be simulated for very long, and in a very real sense the person-centred therapist can only be as trustworthy for another as he is for himself. The therapist's attitude to himself thus becomes of cardinal importance. If I am to be acceptant of another's feelings and experiences and to be open to the possible expression of material long since blocked off from awareness, then I must feel a deep level of acceptance for myself. If I cannot trust myself to acknowledge and accept my own feelings without adverse judgement or self-recrimination, it is unlikely that I shall appear sufficiently trustworthy to a client who may have much deeper cause to feel ashamed or worthless. If, too, I am in constant fear that I shall be overwhelmed by an upsurging of unacceptable data into my own awareness, then I am unlikely to convey to my client that I am genuinely open to the full exploration of his own doubts and fears.

The ability of the therapist to be genuine, accepting and empathic (fundamental attitudes in person-centred therapy which will be explored more fully later) is not developed overnight. It is unlikely, too, that such an ability will be present in someone who is not continually seeking to broaden his own life experience. No therapist can confidently invite his client to travel further than he himself has journeyed, but for the person-centred therapist the quality, depth and continuity of his own experiencing become the very cornerstone of the competence which he brings to his professional activity. Unless I have a sense of my own continuing development as a person I shall lose faith in the process of becoming and shall be tempted to relate to my client in a way which may well reinforce him in a past self-concept. What is more, I shall myself become stuck in a past image of myself and will no longer be in contact with that part of my organism which challenges me to go on growing as a person even if my body is beginning to show every sign of wearing out.

Therapeutic style

Person-centred therapists differ widely in therapeutic style; nevertheless they all have in common a desire to create a climate of facilitative psychological attitudes in which the client can begin to get in touch with his own wisdom and his capacity for self-understanding and for altering his self-concept and self-defeating

behaviours. For the person-centred therapist his ability to establish this climate is crucial to the whole therapeutic enterprise, for if he fails to do so there is no hope of forming the kind of relationship with his client which will bring about the desired therapeutic movement. It will become apparent, however, that the way in which he attempts to create and convey the necessary climate will depend very much on the nature of his own personality.

The first element in the creation of the climate has to do with what has variously been called the therapist's genuineness, realness, authenticity or congruence. In essence, this realness depends on the therapist's capacity for being properly in touch with the complexity of feelings, thoughts and attitudes which will be flowing through him as he seeks to track his client's thoughts and feelings. The more he can do this the more he will be perceived by his client as a person of real flesh and blood who is willing to be seen and known, and not as a clinical professional intent on concealing himself behind a metaphorical white coat. The issue of the therapist's genuineness is more complex, however, than it might initially appear. Although the client needs to experience his therapist's essential humanity and to feel his emotional involvement, he certainly does not need to have all the therapist's feelings and thoughts thrust down his throat. The therapist must therefore not only attempt to remain firmly in touch with the flow of his own experience but he must have the discrimination to know how and when to communicate what he is experiencing. It is here that to the objective observer person-centred therapists might well appear to differ widely in style. In my own attempts to be congruent, for example, I find that verbally I often communicate little. I am aware, however, that my bodily posture does convey a deep willingness to be involved with my client and that my eyes are highly expressive of a wide range of feeling, often to the point of tears. It would seem therefore that in my own case there is frequently little need for me to communicate my feelings verbally. I am transparent enough already, and I know from experience that my clients are sensitive to this transparency. Another therapist might well behave in a manner far removed from mine but with the same concern to be genuine. Therapists are just as much unique human beings as their clients and the way in which they make their humanity available by following the flow of their own experiencing and communicating it when appropriate will be an expression of their own uniqueness. Whatever the precise form of their behaviour, however, person-centred therapists will be exercising their skill in order to communicate to their clients an attitude expressive of their desire to be deeply and fully involved in the relationship without pretence and without the protection of professional impersonality.

For many clients entering therapy, the second attitude of importance in creating a facilitative climate for change, total acceptance, may seem to be the most critical. The conditions of worth which have in so many cases warped and undermined the self-concept of the client so that it bears little relation to the actualising organism are the outcome of the judgemental and conditional attitudes of those close to the client which have often been reinforced by societal or cultural norms. In contrast, the therapist seeks to offer the client an unconditional acceptance, a positive regard or caring, a non-possessive love. This acceptance is not of the person as he might become, a respect for his as yet unfulfilled potential, but a total and unconditional acceptance of the client as he seems to himself in the present. Such an attitude on the part of the therapist cannot be simulated and cannot be offered by someone who remains largely frightened or threatened by feelings in himself. Nor again can such acceptance be offered by someone who is disturbed when confronted by a person who possesses values, attitudes and feelings different from his own. Genuine acceptance is totally unaffected by differences of background or belief system between client and therapist for it is in no way dependent on moral, ethical or social criteria. As with genuineness, however, the attitude of acceptance requires great skill on the part of the therapist if it is to be communicated at the depth which will enable the client to feel safe to be whatever he is currently experiencing. After what may well be a lifetime of highly conditional acceptance, the client will not recognise unconditionality easily; when he does, he will tend to regard it as a miracle which will demand continual checking out before it can be fully trusted. The way in which a therapist conveys unconditional acceptance will again be dependent to a large extent on the nature of his or her personality. For my own part, I have found increasingly that the non-verbal aspects of my responsiveness are powerfully effective: a smile can often convey more acceptance than a statement which, however sensitive, may still run the risk of seeming patronising. I have discovered, too, that the gentle pressing of the hand or the light touch on the knee will enable a client to realise that all is well and that there will be no judgement, however confused or negative he is or however silent and hostile.

The third facilitative attitude is that of empathic understanding. Rogers (1975) himself has written extensively about empathy and has suggested that of the three 'core conditions' (as genuineness, acceptance and empathy are often known), empathy is the most trainable. The crucial importance of empathic understanding springs from the person-centred therapist's overriding concern with the client's subjective perceptual world. Only through as full an understanding as possible of the way in which the client views himself and the world can the therapist hope to encourage the subtle changes in self-concept which make for growth. Such understanding involves on the therapist's part a willingness to enter the private

perceptual world of his client and to become thoroughly conversant with it. This demands a high degree of sensitivity to the moment-to-moment experiencing of the client so that the therapist is recognised as a reliable companion even when contradictory feelings follow each other in rapid succession. In a certain sense, the therapist must lay himself aside for the time being with all his prejudices and values if he is to enter into the perceptual world of the other. Such an understanding would be foolhardy if the therapist felt insecure in the presence of a particular client, for there would be the danger of getting lost in a perhaps frightening or confusing world. The task of empathic understanding can only be accomplished by a person who is secure enough in his own identity to be able to move into another's world without the fear of being overwhelmed by it. Once there, he has to move around with extreme delicacy and with an utter absence of judgement, He will probably sense meanings of which the client is scarcely aware and might even become dimly aware of feelings of which there is no consciousness on the part of the client at all. Such moments call for extreme caution, for there is the danger that the therapist could express understanding at too deep a level and frighten the client away from therapy altogether. Rogers, on a recording made for Psychology Today in the 1970s, has described such a blunder as 'blitz therapy', contrasting this with an empathic response, which is constructive because it conveys an understanding of what is currently going on in the client and of meanings that are just below the level of awareness, but does not slip over into unconscious motivations which frighten the client.

Empathic understanding of the kind that the person-centred therapist seeks to offer is the result of the most intense concentration and requires a form of attentive listening which is remarkably rare. In my own experience, I am still startled and saddened when a client says to me 'You are the first person who has ever really listened to me' or 'You really do understand what I feel and nobody else ever has.' And yet I am forced to acknowledge that I am offering something which is infinitely precious and which may well be unique in the person's experience.

If the communication of genuineness and acceptance presents difficulties the communication of empathic understanding is even more challenging. In this domain there can, I believe, be less reliance on non-verbal signals. Often a client's inner world is complex and confusing as well as a source of pain and guilt. Sometimes he has little understanding of his own feelings. The therapist needs therefore to marshal the full range of his own emotional and cognitive abilities if he is to convey this understanding thoroughly. On the other hand if he does not succeed there is ample evidence to suggest that his very attempt to do so, however bumbling and incomplete, will be experienced by the client as supportive and validating. What is always essential is the therapist's willingness to check out the accuracy of his understanding. I find that my own struggles at communicating empathic understanding are littered with such questions as 'Am I getting it right?' and 'Is that what you mean?' When I do get a complex feeling right, the effect is often electrifying, and the sense of wonder and thankfulness in the client can be one of the most moving experiences in therapy. There can be little doubt that the rarity of empathic understanding of this kind is what endows it with such power and makes it the most reliable force for creative change in the whole of the therapeutic process.

It is Rogers's contention, and one to which he has held firm for over forty years, that if the therapist proves able to offer a facilitative climate where genuineness, acceptance and empathy are all present, then therapeutic movement will almost invariably occur. In such a climate, a client will gradually get in touch with his own resources for self-understanding and prove himself capable of changing his self concept and taking over the direction of his life. The therapist needs only to be a faithful companion, following the lead which his client provides and staying with him for as long as is necessary. Nothing in my own experience leads me to dispute Rogers's contention that the core conditions are both necessary and sufficient for therapeutic movement, although I have recently argued that when a fourth quality is present which I have defined as tenderness, then something qualitatively different may occur (Thorne 1983). This fourth quality is characterised chiefly by an ability on the part of the therapist to move between the worlds of the physical, the emotional, the cognitive and the mystical without strain and by a willingness to accept and celebrate the desire to love and to be loved if and when it appears in the therapeutic relationship. I cite my own thinking as evidence for the fact that person-centred theory and practice is in no sense a closed system and is constantly being refined and developed both by Rogers himself and by other practitioners.

Major therapeutic techniques

There are no techniques which are integral to the person-centred approach. Person-centred therapy is essentially based on the experiencing and communication of attitudes and these attitudes cannot be packaged up in techniques. At an earlier point in the history of the approach there was an understandable emphasis on the ebb and flow of the therapeutic interview, and much was gained from the microscopic study of client-therapist exchanges. To Rogers's horror, however, the tendency to focus on the therapist's responses had the effect of so debasing the approach that it became known as a technique. Even nowadays it is possible to meet people who believe that person-centred therapy is simply the technique of

reflecting the client's feelings or, worse still, that it is primarily a matter of repeating the last words spoken by the client I hope I have shown that nothing could be farther from the truth. The attitudes required of the therapist demand the highest level of self-knowledge and self acceptance, and the translation of them into communicable form requires of each therapist the most delicate skill which for the most part must spring from his or her unique personality and cannot be learned through pale imitations of Carl Rogers or anyone else.

The change process in therapy

When person-centred therapy goes well a client will move from a position where his self-concept, typically poor at the entry into therapy and finding expression in behaviour which is reinforcing of the negative evaluation of self, will shift to a position where it more closely approaches the essential worth of the organismic self. As the self-concept moves towards a more positive view so, too, does the client's behaviour begin to reflect the improvement and to enhance further his perception of himself. The therapist's ability to create a relationship in which the three facilitative attitudes are consistently present will play a large part in determining the extent to which the client is able to move towards a more positive perception of himself and to the point where he is able to be in greater contact with the promptings of the organismic self.

If therapy has been successful, the client will also have learned how to be his own therapist. It seems that when a person experiences the genuineness of another and a real attentive caring and valuing by that other person he begins to adopt the same attitude towards himself, in short, a person who is cared for begins to feel at a deep level that perhaps he is after all worth caring for. In a similar way the experience of being on the receiving end of the concentrated listening and the empathic understanding which characterise the therapist's response tends to develop a listening attitude in the client towards himself. It is as if he gradually becomes less afraid to get in touch with what is going on inside him and dares to listen attentively to his own feelings. With this growing attentiveness there comes increased self-understanding and a tentative grasp of some of his most central personal meanings. Many clients have told me that after person-centred therapy they never lose this ability to treat themselves with respect and to take the risk of listening to what they are experiencing. If they do lose it temporarily or find themselves becoming hopelessly confused they will not hesitate to return to therapy to engage once more in the process, which is in many ways an education for living.

In Rogers and Dymond (1954), one of Rogers's chapters explores in detail a client's successful process through therapy. The cast of Mrs Oak has become a rich source of learning for person-centred therapists ever since, and towards the end of the chapter Rogers attempts a summary of the therapeutic process which Mrs Oak has experienced with such obvious benefit to herself. What is described there seems to me to be so characteristic of the person-centred experience of therapy that I make no apology for providing a further summary of some of Rogers's findings.

The process begins with the therapist's providing an atmosphere of warm caring and acceptance which over the first few sessions is gradually experienced by the client, Mrs Oak, as genuinely safe. With this realisation the client finds that she changes the emphasis of her sessions from dealing with reality problems to experiencing herself. The effect of this change of emphasis is that she begins to experience her feelings in the immediate present without inhibition. She can be angry, hurt, childish, joyful, self-deprecating, self-appreciative; and as she allows this to occur she discovers many feelings bubbling through into awareness of which she was not previously conscious. With new feelings there come new thoughts and the admission of all this fresh material to awareness leads to a breakdown of the previously held self-concept. There then follows a period of disorganisation and confusion although there remains a feeling that the path is the right one and that reorganisation will ultimately take place. What is being learned during this process is that it pays to recognise an experience for what it is rather than denying it or distorting it; in this way the client becomes more open to experience and begins to realise that it is healthy to accept feelings, whether they be positive or negative for this permits a movement towards greater completeness. At this stage the client increasingly comes to realise that she can begin to define herself and does not have to accept the definition and judgements of others. There is too, a more conscious appreciation of the nature of the relationship with the therapist and the value of a love which is not possessive and makes no demands. At about this stage the client finds that she can make relationships outside therapy which enable others to be self-experiencing and self-directing, and she becomes progressively aware that at the core of her being she is not destructive but genuinely desires the well being of others. Self-responsibility continues to increase to the point where the client feels able to make her own choices, although this is not always pleasant, and to trust herself in a world which, although it may often seem to be disintegrating, yet offers many opportunities for creative activity and relating (Rogers 1954).

Case Example

Colin, a student studying history, presented himself at the university counselling service towards the end of the first term of his final year. He was small and somewhat frail in appearance, and carried himself stiffly and lopsidedly. His head was held to one side and appeared to be too heavy for his body. He had a fixed and inappropriate smile.

During the first session Colin stumbled a great deal over his words but was able to convey that some two weeks previously he had 'ground to a halt' and was now incapable of studying or even of reading a book. He felt frightened and paralysed, and confessed to a sense of desperation and helplessness. He had not experienced such a total sense of paralysis and 'frozenness' before and wondered if he were going mad. I listened attentively and reflected the fear that so clearly characterised his state of mind. It appeared that my acceptance of his deep agitation and my willingness to track him rather than probe for information gave him reassurance. The person-centred counsellor does nor seek information unless it seems crucial to an understanding of the client's inner world; and in Colin's case, although it might have been helpful amongst other things, to know something about his academic standing in the university, I posed no question. Listening, tracking and communicating my understanding of Colin's inner turmoil served to establish very quickly a climate in which my acceptance and my empathy were clearly present. Within myself I felt great warmth towards Colin and compassion for his troubled state of mind, and I have little doubt that he was directly aware of this. About two-thirds of the way through this first session of fifty minutes he appeared to relax somewhat and unexpectedly began on a new tack. He became increasingly articulate as he told me that with his inability to study there had come a flood of insight about himself. He had finally acknowledged to himself that he was homosexual and was struggling with the implications of this for his future development. He talked of his working-class home where he lived both during the term and the vacation with his parents and two sisters. He felt that his mother would be highly condemning if she knew of his sexual orientation. He saw his father as potentially more accepting, but with him there were strong differences of political viewpoint and this made for tension.

This first session was particularly rich in content but is chiefly notable for the way in which Colin, given a facilitative climate, was able to talk about a mass of new feelings and perceptions about himself which up to that point had paralysed him. it was as if his self-concept had been in turmoil when he entered the counselling room but that gradually during the session he was able to reorganise to some extent a whole host of feelings and experiences which had initially terrified him but then became more manageable as he experienced my acceptance and understanding.

When he appeared three days later (for we had agreed to meet twice a week for at least the next six weeks) he was still unable to study, but in many other respects his paralysis had loosened its grip. He reported that he had rung an acquaintance and that a third student had contacted him because he was concerned that Colin was over working. Furthermore, Colin had decided that he must leave the parental home and that he would need to gather strength for this move.

During this second session Colin was still concerned about his inability to function as a student but already there were signs that anxiety about this situational problem was giving way to a much more general preoccupation with his total life situation. The session was less emotional than the first encounter, and it seemed as if Colin was checking our that the acceptance and understanding he had received previously were authentic and continuing.

The third session was remarkable for a totally unexpected reason: within minutes of beginning Colin was expressing deep emotion about his cat. The cat was ill, and Colin had had the stressful experience of taking it to the vet. In a significant way, it seemed that as he thought of his cat he was able in my presence to get in touch with a well of sadness and compassion which had not been tapped before. Whereas he had previously told me about his feelings he was now able to experience feelings with me, and as a result our relationship became closer. This movement from talking about situations and feelings to the actual expression of feelings experienced in the moment is typical of person-centred therapy, although with Colin the movement from the one to the other was enormously rapid. Even more remarkable was the fact that in the closing minutes of the session Colin suddenly announced that he had decided (and I suspect he meant at that very minute) to intermit his studies and to ask the university to give him leave of absence for the rest of the academic year. The expression of feelings often gives rise to the emergence of new thoughts.

Colin arrived for the fourth session with an altogether more confident air. His body seemed less stiff, although the fixed smile was still very much in place. He announced that he had put in a formal application for intermission and that he would like my support for this with the university authorities. Now for the first time I learned that Colin was a very able student and was tipped to get a good degree. It seemed that the brain which was currently refusing to apply itself to academic work had more than proved its intellectual

capacities. Towards the end of the session Colin's smile vanished for a few minutes. 'I'm going to give myself time to grow up,' he said.

For Colin, the implementation of his desire to intermit his studies and to 'give himself time to grow up' was of great significance. Up to that point his life had been very much determined by events and by the educational conveyor belt. At his first session he had appeared as the victim of formidable forces which were paralysing him, and he had talked of his fear of the judgements and attitudes of his family. Nobody could have presented more graphically the image of a person trapped by forces and people outside his control. Now, only a fortnight later, he was able to see the possibility of self-direction and to realise that even the great institution of the university could be persuaded to conform to his wishes.

The following session was a mixture of powerful feeling and decision making. Colin confessed to a high level of exhaustion and then spoke of bodily tension. He was also full of foreboding about the forthcoming interview with his general practitioner, whom he both feared and to some extent despised. He needed to persuade the GP to give him a month's sick leave because this would ease his financial situation in terms of receiving social security, and yet at the same time he felt caught in his fear of authority figures. We explored together how he might best present himself to the doctor, and as he gathered courage he also announced his intention of beginning the task of finding himself new accommodation.

This session was significant for two reasons. In the first place, Colin's growing concern about his tension and his body in general was a further indication of his desire to move towards greater completeness. Secondly, his openness to the negative feelings about the interview with his doctor enabled him to work constructively on his difficulties with authority figures. The person-centred therapist, by welcoming the whole person, offers the possibility in a principally verbal encounter of exploring physiological issues, and this was to prove of great importance to Colin. Furthermore, the essentially egalitarian relationship between therapist and client allows the client to share his fears about authority figures even when these, as in this case, are also members of the helping professions. For the person-centred therapist the fear of authority is often an area of crucial importance: such fear is frequently reinforcing of the conditions of worth which underpin a damaging self-concept and the chance to work with a client on a specific relationship of this kind can have valuable outcomes for the reorganisation of a client's conception of himself.

Colin returned for his next session full of anger about his GP. He reported a bad interview, and told of the doctor's class-conscious attitudes and arrogant assumptions about university students. This was the first time I had witnessed Colin's anger, it was the first time, too, that I had received the full force of his political convictions and sensed his passionate concern for the deprived and the underprivileged. For the second time in our sessions Colin wept, and for the first time he actually commented on our relationship: 'It's nice to be able to say what I want here, I always feel safe.' In the closing minutes of the session he delighted me by admitting that despite the GP's impossible attitude he had in fact got his month's sick leave, had turned down the offer of tranquillisers and wanted my help next time to explore relaxation training!

As I reflect now on this session I am struck by the fact that in many ways Colin and I were unlikely companions. A married, middle-class, middle-aged, heterosexual, liberal Christian, person-centred therapist would not naturally seek the company of a young, homosexual, working-class Marxist, agnostic, history student. And yet I am convinced that our very differences may well have been an important ingredient in the therapeutic relationship. I sense that because I was so different Colin's experience of my acceptance and understanding was the more powerful and enabled him in the following months to cross other boundaries which had previously seemed beyond his capacity. It is significant, too, that in this sixth session he was able to allude directly to our relationship and that within a short time, as seems so often to occur in person-centred therapy, his relationships outside therapy markedly improved.

Colin continued in therapy for a further thirty-nine sessions on a fortnightly basis after the initial six-week period (his own choice, which he not infrequently extended to three weeks and on one or two occasions reduced to one week). He also joined a therapy group convened by a colleague for a period of ten weeks. I believe, however, that the essential work was done in these first six interviews. In that brief period he moved from a position where he saw himself as paralysed, hopelessly immature, weighed down with sexual conflicts and terrified of the judgements of others to one where he had discovered that it was possible to allow apparently negative feelings into awareness without catastrophic consequences that he could risk experiencing deep feelings in the presence of another person, that he did not need to be trapped by the judgements of others and that he could actually take over the direction of his own life. This he then proceeded to do, and I remained his supportive companion in the enterprise until he needed me no longer. By then he had a first class degree, a home of his own and a sexual partner. He could also smile when he wanted to and his head seemed to sit squarely on his shoulders.

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