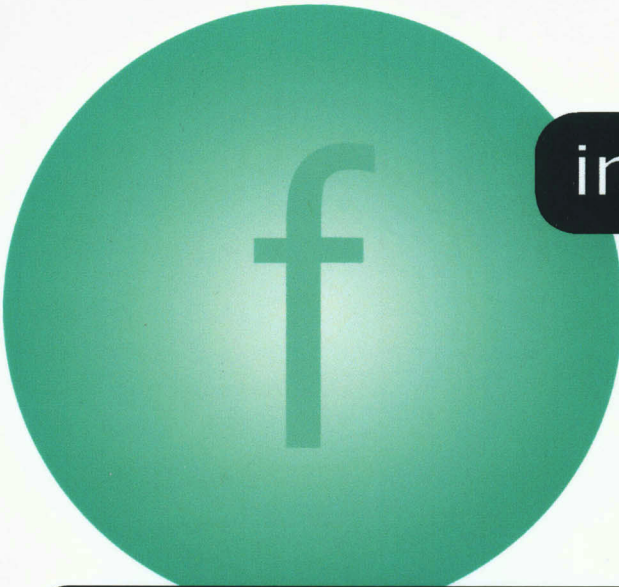


counselling &

in **f**ocus

psychotherapy



# person-centred therapy in focus

Paul Wilkins

edited by Windy Dryden

# **Person-Centred Therapy in Focus**

## **Counselling & Psychotherapy in Focus**

Series Editor: Windy Dryden, Goldsmiths College,  
University of London

Counselling & Psychotherapy in Focus is a series of books which examines the criticisms directed at different forms of counselling and psychotherapy. Each book in the series reviews the critiques of a particular approach, presents counter-arguments to the criticisms and examines the influence that the debates have had in shaping the approach in question. The books in this series are:

David Livingstone Smith  
*Psychoanalyses in Focus*

Mark Rivett and Eddy Street  
*Family Therapy in Focus*

Paul Wilkins  
*Person-Centred Therapy in Focus*

# Person-Centred Therapy in Focus

Paul Wilkins



SAGE Publications  
London • Thousand Oaks • New Delhi

© Paul Wilkins 2003

First published 2003

Apart from any fair dealing for the purposes of research or private study, or criticism or review, as permitted under the Copyright, Designs and Patents Act, 1988, this publication may be reproduced, stored or transmitted in any form, or by any means, only with the prior permission in writing of the publishers, or in the case of reprographic reproduction, in accordance with the terms of licences issued by the Copyright Licensing Agency. Inquiries concerning reproduction outside those terms should be sent to the publishers.



SAGE Publications Ltd  
6 Bonhill Street  
London EC2A 4PU

SAGE Publications Inc.  
2455 Teller Road  
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd  
B-42, Panchsheel Enclave  
Post Box 4109  
New Delhi 110 017

**British Library Cataloguing in Publication data**

A catalogue record for this book is available  
from the British Library

ISBN P 978-0-7619-6487-2  
ISBN C 978-0-7619-6486-5

**Library of Congress Control Number: 2002141272**

Typeset by C&M Digital (P) Ltd., Chennai, India

# Contents

Acknowledgements and Author's Note	vi
1 Introduction: So Just What is Person-Centred Therapy?	1
2 'More than Just a Psychotherapy': an Important Social and Political Context or Unjustified Complacency?	16
3 The Underlying Epistemology: Outmoded Twentieth-Century Modernism?	24
4 The Model of the Person: an Insufficient Base?	35
5 Self-Actualisation: a Culture-Bound, Naïve and Optimistic View of Human Nature?	50
6 The Core Conditions: Necessary but Insufficient?	64
7 'Non-Directivity': a Fiction and an Irresponsible Denial of Power?	85
8 An Absent Psychopathology: a Therapy for the Worried Well?	99
9 Reflection: a Simple Technique of Little Effect?	108
10 The Issue of Boundaries: Harmfully Sloppy Ethics?	121
References	133
Index	143

# Acknowledgements

My particular thanks go to my friend and colleague Keith Tudor for his critical reading of an early draft of my manuscript and his helpful and constructive comments. My thanks too to Dave Mearns for his encouraging feedback and his helpful suggestions as to how my manuscript could be improved. Jerold Bozarth too deserves a special mention for the way he freely offered his opinions when I asked about thorny matters of theory and practice. They and many others have been instrumental in my thinking.

## Author's Note

As with any other approach to counselling and psychotherapy, person-centred counselling has a peculiar language. Its theorists and practitioners make reference to (for example) 'necessary and sufficient conditions', 'the fully functioning person', 'actualising' and 'formative' tendencies, 'conditions of worth', and so on. In this book, I assume a certain familiarity with this language in as much as I do not always define my terms. For those wishing to know more about person-centred theory and practice, there are several accessible but comprehensive introductory texts – perhaps the most notable of these is Mearns and Thorne (1988 or 1999, 2nd edn). There is a shorter account (and therefore necessarily less thorough) in Wilkins (1999). Merry (1995) issues an Invitation to Person-Centred Psychology and in Kirschenbaum and Henderson (1990a) there is an anthology of Rogers' own writing covering a period of 45 years. More recently, Tudor and Merry (2002) have given us a Dictionary of Person-Centred Psychology which provides a comprehensive and cross-referenced work covering all aspects of the person-centred approach.

# 1

## Introduction: So Just What is Person-Centred Therapy?

Perhaps it seems strange to start by asking such an obvious question as 'What is person-centred therapy?' yet the more I think about the criticisms of the person-centred approach I commonly hear, the more it seems that many of them are rooted in misunderstandings and ignorance. For example, there appears to be a belief that being 'person-centred' involves somehow being 'nice' to people, listening to them with a sympathetic ear but doing little else. It is quite common for therapists of other orientations to say that this may be helpful in the initial stages of a therapeutic relationship (if indeed it is helpful at all) but that the serious work happens when there is a switch to some other modality.

More charitably (or perhaps indulgently – even paternalistically), it is allowed that person-centred therapy 'works' for the 'worried well' but anyone who is more seriously disturbed, 'mentally ill', in some way limited as to the 'depth' to which they can proceed or has 'deep-rooted' problems, 'needs' the stronger medicine of another approach. This is exemplified by the view of Kovel (1976: 116) who writes: 'Rogerian treatment works best where the person doesn't have to go very deep – as with the student needing to steady down – or where, practically speaking, he can't – as with chronic schizophrenics in a hospital.'

Quite why this view of person-centred therapy persists in the face of what looks to practitioners of the approach to be convincing evidence to the contrary is at first difficult to understand. But perhaps there are explanations? For example, Mearns and Thorne (2000: ix-x) who are puzzled by the widespread misunderstanding of person-centred theory and practice attribute this to the threat these are to therapists of other orientations. They write:

**I**WWe ... are baffled by the misconceptions which still abound about the theory and practice of person-centred therapy. We ask ourselves how it can be, for example, that despite the growing and impressive body of literature about the approach, despite the almost universal respect



## 2 *Person-Centred Therapy in Focus*

in which its originator, Carl Rogers, is held, despite the existence of countless person-centred therapists and their clients, there still exists the denigratory and scurrilous myth that person-centred therapists merely nod, reflect the last words of their client and can only be trusted with the most superficial concerns of middle-class clients. We have concluded that such misconceptions are not always the outcome of ignorance but in some cases, at least, have much deeper roots. It would seem that our approach has the strange capacity to threaten practitioners from other orientations so that they seek refuge in wilful ignorance or in condemnatory dismissiveness.

These strong words are echoed by my own experience and belief for how else can the impressive body of theory and the many accounts of practice (as evidenced in this book) be apparently so overlooked for so long? But perhaps we person-centred therapists bear some responsibility? Have we hidden our light under a bushel? This sense that perhaps we have preached principally to the converted seems to be behind the decision of some person-centred writers (for example, Mearns 1999; Tudor 2000; and, in a smaller way, Wilkins 1997a) to publish in widely read professional journals rather than the exclusively person-centred press or even the 'more prestigious' academic journals. The objective is to reach as wide a readership as possible. Has our resistance to conventional hierarchical organisation done us and our clients few favours? The experience of person-centred therapists who attended the First World Congress for Psychotherapy in Vienna in 1996 was that the approach was easily dismissed because we were not represented by a properly constituted professional body. This contributed to the efforts to organise both internationally and in Europe and thence to the formation of the World Association for Person-Centered and Experiential Psychotherapy and Counseling. These questions too are considered implicitly and explicitly in this text.

The view of person-centred therapy as relatively trivial leads some therapists to the belief that they must add something to it to be effective and so to making what to me are extraordinary (even impossible) claims about their orientation, such as 'I am person-centred/psychodynamic.' This implies belief in two contradictory models of the person, two radically different ways of thinking about people and how they function and possibly does profound disservice to both. Merry (1990: 17) puts it thus:

I am troubled by two things. One is the way the term 'person-centred' is becoming widely used to describe situations which do not do justice to the spirit or the original meaning of that term – 'person-centred hypnotherapy', for example. The other ... is the growing, but mistaken

view, that client-centred therapy has no distinct or unique identity, but is simply a means of providing a psychological climate in which other techniques, methods and approaches can be applied.

Maybe too the fact that many counsellor training courses in the UK are influenced by the ideas and practices underlying person-centred therapy has contributed to these misunderstandings. Hutterer (1993: 279) expresses a concern widespread in the person-centred community:

The same adage might apply to person-centred therapy which was once used about the English language: the English language is so much liked and so widely used as an international business language and conference language because it can so quickly be spoken so poorly.

In a similar way one suspects that client-centred therapy is often taught primarily, and wrongly, because it is believed to be easy to learn. In fact the idea seems to be that everyone can learn it: It just takes some friendly and understanding person. There are probably in no other therapy form so many who think so soon that they have already mastered it, even without training.

Actually, there is a big difference between being trained as a person-centred therapist and acquiring a set of skills which draw (sometimes very loosely) on the thought and practices of Carl Rogers. The former requires a great deal more theoretical knowledge than a passing acquaintance with the so-called core conditions. Also it means acquiring a thorough grounding in the practicalities of relating to clients, attention to the self-development of the practitioner, probably including extensive experience in a peer group and many hours of supervised practice. The easiest (but not the only) way to acquire these skills and experiences is to attend a training course acknowledged as person-centred by the person-centred community. A course which has person-centred counselling as a core model, even if accredited by the BACP (British Association for Counselling and Psychotherapy), does not necessarily offer a full training in person-centred therapy. Mearns (1997) writes extensively on person-centred counselling training and (p. x) points out that:

the need to explore the requirements for person-centred training is emphasised by the fact that person-centred counselling is extremely dangerous for practitioners who have insufficient training ....

Person-centred counselling probably requires more training and a greater intensity of training than most other mainstream counselling approaches because of the daunting personal development objectives which require to be met.

Mearns and Thorne (2000: 25–9) also deal with some of the complexities of training effective person-centred therapists. It is clear that,

#### 4 *Person-Centred Therapy in Focus*

to be adequately trained in person-centred therapy, practitioners need not only to understand the body of person-centred theory – which goes far beyond a knowledge of the conditions of congruence, empathic understanding and unconditional positive regard – but also to have paid considerable attention to personal development. This is because, as important as a sound grasp of theory is, personal growth is equally important because the therapist's self is central to the therapeutic endeavour.

The teaching of 'person-centred' skills on relatively short courses appears to have led to a lot of well-meant 'mislabelling' on the part of some practising counsellors who may think that they have been trained in person-centred practice but who, from my perspective, have a limited idea of what this means. Mearns (1997: 192) writes about the traditional weakness of person-centred training courses with respect to the teaching of theory. He echoes my fears (and those of many other person-centred practitioners), writing:

Perhaps the worst consequences of this state of affairs was that the person-centred approach became an easy target for those who wanted to attach themselves to an approach which felt intrinsically attractive but which did not make excessive learning demands upon them. I am astonished at the number of people I meet who call themselves 'person-centred counsellors' who have undertaken little or no training and certainly not an intensive Diploma level course.

I suspect this may be behind the (unsubstantiated and quite possibly apocryphal) assertion that more BACP members who describe themselves as 'person-centred' are complained of than members of any other orientation. Of course this may be because there are more 'person-centred' counsellors than any other kind but I wonder if a lack of clarity about theory and practice is also a factor? Mearns and Thorne (1988: 2) expressed their 'horror' at this situation. They wrote:

We are little short of horrified by the recent proliferation of counselling practitioners, both in America and Britain, who seem to believe that by sticking the label 'person-centred' on themselves they have licence to follow the most bizarre promptings of their own intuition or to create a veritable smorgasbord of therapeutic approaches which smack of eclecticism at its most irresponsible.

Of course, even well-trained practitioners thoroughly conversant with the principles of person-centred therapy are as capable of unprofessional or unethical behaviour as therapists of any other orientation – but that is just my point – as likely, not more or less likely.

## The Person-Centred Approach, Client-Centred Therapy and Person-Centred Counselling

As within many other orientations, there is within the person-centred tradition a plethora of terms which are possible sources of confusion. In the first place, there is what may be viewed as an 'umbrella' term, the person-centred *approach*. This is sometimes used (somewhat imprecisely) to refer to the various ways of practising counselling and psychotherapy which draw principally on the work of Carl Rogers and his successors. But it is much more than this. Wood (1996: 163) points out that:

The person-centered approach is not a psychology, a psychotherapy, a philosophy, a school, a movement or many other things frequently imagined. It is merely what its name suggests, an *approach*. It is a psychological posture, a way of being, from which one confronts a situation.

This 'way of being' (p. 169) has the following elements:

- a belief in a formative directional tendency
- a will to help
- an intention to be effective in one's objectives
- compassion for the individual and respect for his or her autonomy and dignity
- a flexibility in thought and action
- an openness to new discoveries
- 'an ability to intensely concentrate and clearly grasp the linear, piece by piece, appearance of reality as well as perceiving it holistically or all-at-once'
- a tolerance for uncertainty or ambiguity

Wood (p. 174) considers that:

Applying the person-centered approach ... means confronting a phenomenon (such as psychotherapy, classroom learning, encounter groups or large groups) with that certain way of being ... which may also include not only respecting others, but being able to deal with hostility and skepticism. It may mean facing both the unknown and one's own fears and doubt. It may mean fighting for one's own ideas, but giving them up for better ones. It frequently requires an active patience: to allow various perspectives to become apparent before deciding, while, at the same time, not withholding one's vital participation while data is accumulating.

I am not sure that I fully accept Wood's distinction between an 'approach' and a philosophy. At least in lay person's terms, anything

## 6 *Person-Centred Therapy in Focus*

described as 'a way of being' that is a particular way of encountering the world, amounts to a philosophy. The person-centred approach is (Wilkins 1999: 55), 'in effect, a way of being in relationship. This relationship can be with the self, another individual, a group or even a nation. It can be applied to many areas of human interaction.' The approach may be applied not only to counselling and psychotherapy but to many other areas of human endeavour, for example education (see, for example, Rogers 1983), interpersonal relationships (see, for example, Rogers 1970), political, cultural and social change (see, for example, Rogers 1977, 1980) and research (see, for example, Mearns and McLeod 1984) but perhaps most famously to counselling and psychotherapy (between which person-centred practitioners make no distinction). The important elements of the approach as I see them are the drive for 'growth' (that is the formative and actualising tendencies) and the consideration of individuals as inherently trustworthy (which has implications for the exercise of power). The person-centred approach to therapy focuses first and foremost on the relationship between counsellor and client. Mearns (1996: 306) points out that, in his very first book, Rogers used the term 'relationship therapy' to describe his approach to work with clients. By the time the classic text of person-centred therapy was published (see Rogers 1951), the term 'client-centred' was preferred because, in the words of Thorne (1991: 27), it '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 epithet 'person-centred' is of later origin and Mearns and Thorne (1988: 1–2) explain the rationale underlying its adoption. As well as pointing out its broader meaning, they write:

**It seems to us that the counselling relationships in which we engage require of us the utmost concentration on, and awareness of, our own thoughts, feelings, sensations and intuitions in the moment-to-moment interaction with our clients. If the truth be known we are not merely focused on the world of our clients. We are concerned to be in touch with ourselves as much as with them, and to monitor ceaselessly the relationship between us. Person-centred counselling therefore seems a thoroughly apt description of our work, for we are at all times in this highly concentrated way committed as persons to other persons who seek our help.**

In a later work, Mearns and Thorne (2000: 15) restate their beliefs as person-centred therapists thus:

**Essentially we continue to have confidence in the resourcefulness of the human being and in his or her ability to lead a constructive,**

positive, life-affirming and socially creative existence. We believe that human beings flourish best when they can experience acceptance and understanding rather than adverse judgement and a lack of responsiveness from others. We are profoundly committed to offering ourselves to our clients without simulation and to moving into relational depth with them when they invite and welcome us there.

This neatly synthesises the person-centred theories of the model of the person and constructive personality change and the essentials of the practice of person-centred therapy.

Sanders (2000: 67) also offers an elegant statement of the principles of person-centred therapy. These he divides into 'primary' and 'secondary' principles which (slightly adapted) are:

### **Primary Principles**

- The primacy of the actualising tendency – It is a therapeutic mistake to believe, or act upon the belief, that the therapeutic change process is *not* motivated by the client's actualising tendency.
- Assertion of the necessity of the conditions for therapeutic change set out in Rogers (1957) – It is a therapeutic mistake to *exclude* any of the conditions. *Passive* inclusion, assuming that such conditions are always present in all relationships is also insufficient. This principle requires active attention to the provision of these conditions.
- Primacy of the non-directive attitude *at least* at the level of content but not necessarily at the level of process. It is permissible for the therapist to be an expert process-director – It is a therapeutic mistake to direct the content of a client's experience either explicitly or implicitly.

### **Secondary Principles**

- Autonomy and the client's right to self-determination – It is a therapeutic mistake to violate the client's internal locus of control.
- Equality, or the non-expertness of the therapist – It is a therapeutic mistake to imply that the therapist is an expert in the direction of the content and substance of the client's life.
- The primacy of the non-directive attitude and intention in its absolute and pure form – It is a therapeutic mistake to wrest control of the change process from the client's actualising tendency in any way whatsoever.
- The sufficiency of the conditions for therapeutic change set out in Rogers (1957) – It is a therapeutic mistake to *include* other methods.
- Holism – It is a therapeutic mistake to respond to only part of the organism.

The term client-centred counselling/therapy or even 'classic' client-centred counselling/therapy (see Sanders 2000: 69) is increasingly

## 8 *Person-Centred Therapy in Focus*

reserved for an approach which adheres to the principles set out by Rogers in his publications of 1951, 1957 and 1959 and *only* those – that is which operates in a way which is in accord with both Sanders' primary and secondary principles. 'Person-centred counselling/therapy' may be understood to be an umbrella term embracing approaches which, although derived from the same key principles, allow some operational differences with respect to the secondary principles and for some flexibility with respect to theory. Sanders (2000: 68) writes:

In order to be in the 'family' of therapies identified as 'person-centred', theory and practice must be based on all of the primary principles. They are necessary. Secondary principles can be held as the basis for theory and practice as desired.

At first, this may seem to be at odds with the statement of Rogers (1987: 13) 'whether I am called upon for help in a relationship deemed to be client-centered or one that is labelled person-centered I work the same way in each' and the stated belief of Bozarth (1998: 24) that the terms 'person-centered' and 'client-centered' are essentially the same, but I think Sanders is making a useful distinction which would be acceptable to each. In this book, my use of the term 'person-centred therapy' is in accordance with the description of Mearns and Thorne and the definition of Sanders. It is questions about the theories and practices of this 'family' which I address, not those of the bizarre, irresponsible eclectics who Mearns and Thorne indicate attribute to themselves the label 'person-centred'. In a way, I am seeking to evaluate person-centred therapy according to the terms in which its practitioners define it rather than those imposed upon it from outside.

### **One Nation but Many Tribes?**

Sanders' (2000) helpful scheme for understanding who is and who is not covered by the umbrella of the person-centred approach implies that there is more than one way of being a person-centred therapist. This variety had been previously explored by Margaret Warner who asks whether the person-centred approach is one nation with many tribes. Warner (1998, reproduced in the ADPCA Reader 1999) explores the tension in the attitudes of those who claim to espouse the person-centred approach. She (p. 3) writes:

Therapists disagree passionately as to what is really 'client-centered' or 'person-centered' and whether the two are the same. Some would

include almost all therapies that have some emphasis on genuineness or empathy as client-centered. Others would define the term client-centered therapy very narrowly, in ways that would limit its application to a much smaller group of practitioners – those who follow the radically nondirective elements evident in taped versions of Rogers' psychotherapy practice.

Warner (pp. 5–6) goes on to explore the arguments of a variety of therapists describing themselves as person-centred before reaching the conclusion, 'the differences among these positions are substantial'. She (pp. 6–8) characterises psychotherapy as divided according to five 'levels of interventiveness'. These are:

**Level 1:** *The therapist is in contact with the client without bringing anything from outside the client's frame of reference. This she regards as 'a largely hypothetical category'.*

**Level 2:** *The therapist uses personal experiences and theories as a way to more fully understand the client's frame of reference, without trying to influence or alter the client's experience. This she describes as an attempt 'to walk in the client's shoes'. This is the position of classic client-centred therapists.*

**Level 3:** *The therapist brings material into the therapeutic relationship in ways that foster the client's choice as to whether and how to use such material. The therapist may bring suggestions or interpretations, etc., to the encounter but the client is free to make use of or disregard them. I see much of person-centred approaches to creative and expressive therapies as rooted here. Many would also place experiential psychotherapy in this category.*

**Level 4:** *The therapist brings material to the therapy relationship from his or her frame of reference from a position of authority or expertise. Here, the therapist is clearly 'leading' the client.*

**Level 5:** *The therapist brings material that is outside the client's frame of reference in such a way that the client is unaware of interventions and/or the therapist's actual purposes in introducing the interventions. Here an element of deception (for example paradoxical instructions) may be used.*

Warner believes there to be a major disjunction between levels 3 and 4 and that practitioners operating on levels 1, 2 or 3 may legitimately adopt the label 'person-centred'. I find Warner's ideas