Person-Centred Counselling Psychology

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Introduction

Introduction

In the opinion of Dorothea Brandt, author of the famous *Becoming a Writer* (1981), all writing is autobiographical in one way or another. Hence this book may be seen to represent not only something about its topic, person-centred counselling psychology, but also something about me, as its author. Certainly, the focus of the book evolved from the disparate strands of my own career, firstly as an academic psychologist, then, as a person-centred counsellor, and now as a counselling psychologist.

During the time I spent in these different professional domains, I grappled with many questions asking how each related to the other, and in particular, how the person-centred approach fitted within the field of contemporary psychology, a field which so often prioritises empirical methods and scientific expertise in trying to understand and attend to the human condition. Although, as a counselling psychologist I was well acquainted with difficulties in reconciling different world views, what I missed, even from within this setting, was a clear understanding of how the person-centred approach could be understood from a *psychological* point of view.

The purpose of this book is to address this shortfall by providing a clear, thorough and up-to-date appraisal of the person-centred approach as a form of *psychology*. It offers an exploration of the history, theory, practice/s and context/s of person-centred therapy from a psychological perspective, and is written for readers who have an interest in the area of contemporary counselling psychology but who are perhaps less familiar with the complexity of person-centred concepts and methods, as well as the challenges these present and the opportunities they afford.

Person-centred therapy is often misunderstood and simplified within contemporary psychology, a process that has had some very significant consequences over the years. Hence an added intention of the book is to touch upon the areas of the approach that are often ignored, misinterpreted, forgotten or neglected (e.g. its research tradition), and bring these back into focus. However, the book is not a historical narrative. Far too many developments have occurred within the person-centred framework in recent years to allow for this. Consequently, as

well as its development, the book highlights the dynamic and evolving status of the person-centred approach as a contemporary form of psychological therapy, focusing upon its unique contribution to psychological theory and practice, as well as the areas of overlap the approach shares with other psychological traditions and domains.

Undoubtedly, my account of person-centred therapy will stir a range of reactions. It is very much a personal reading of the approach which, for some, will be neglectful and for others, insightful (I prefer to think that the majority will tend toward the latter!). However, irrespective of such responses, I hope the book conveys at least some of the excitement that person-centred therapy often generates among practitioners, as well as clients, in offering a stance valuing personal experiences above all else. In the context of contemporary (Western) psychology, the person-centred approach offers a radical, even revolutionary, standpoint that, among other things, challenges the individual practitioner to offer himself to his clients, first and foremost as a *person*, rather than as a scientist or 'expert' on psychological well being. This is unlike what is often encouraged within many areas of the therapeutic domain, a domain where professional rivalries as well as the cultural pressure to demonstrate scientific status and power can also get in the way.

The person-centred approach offers an alternative point of view which, in many ways, accords with many of the values underpinning the growing discipline of counselling psychology. It is the intention of this book to demonstrate this by providing, for counselling psychologists, students, trainees and others within the area, a clear marker of how the person-centred theory and practice is situated within the contemporary psychological domain.

What is counselling psychology?

Counselling psychology is a form of applied psychology. It was formally welcomed into being in the UK by the British Psychological Society (BPS) in 1982 via the formation of its Counselling Psychology Section. Although counselling psychology is now a Division within the BPS, with equivalent status to areas such as clinical and occupational psychology, what distinguishes it from these and all other forms of applied psychology are its philosophical standpoint and emphasis on the client's subjective experiencing. This translates, in practice, to the following areas of interest (Strawbridge and Woolfe, 2003: p.9):

- The value basis of practice.
- Subjective experience, feelings and meanings.
- The empathic engagement of the psychologist with the world of the client.
- The acceptance of the subjective world of the client as meaningful and valid in its own terms.

- The need to negotiate between perceptions and world-views without assuming an objectively discoverable 'truth'.
- The qualitative description of experience.
- The development of insight and the increased capacity for choice.
- The primacy in practice in generating knowledge.

On the basis of attributes such as this, it is clear that counselling psychology assumes a stance which is highly sensitive to the experiences and values of its clients in their own terms, rather than in the form of empirically derived, 'objective' knowledge so commonplace within psychology more generally. Any reader with some prior exposure to psychology will recognise this as a somewhat humanistic standpoint (e.g. Maslow, 1954), and as such may conclude that counselling psychologists are primarily humanistic practitioners. However, this is an overly simplified view, for counselling psychology promotes a multiplicity of therapeutic 'truths' (Frankland and Walsh, 2005) and values a wide range of therapeutic approaches located within each of the main traditions or 'paradigms' in psychology: cognitive-behavioural, psychodynamic, existential-phenomenological, as well as humanistic.

Indeed it goes further than this, in actively encouraging practitioners to work in a way that recognises the impossibility of one therapeutic 'right' answer that may be applied to each client in every circumstance. Hence counselling psychologists attend to different client needs by drawing on a range of therapeutic approaches and methods in a theoretically and clinically coherent manner. While such a practice may raise a multitude of dilemmas for any therapeutic practitioner with a strong commitment to a single therapeutic approach, these are counteracted by the intention of counselling psychology as a discipline to locate itself within a social constructionist framework emphasising the contestability of psychological knowledge and the multiplicity therapeutic 'truths' (i.e. no one approach being 'right'). As a result counselling psychologists are constantly invited to reflect on their practice as inevitable series of contesting possibilities, rather than a series of rights and wrongs. This invitation is one of the features that often differentiates practitioners from counsellors and psychotherapists, who often train in, and align themselves to, a single model of therapy, be it person-centred, cognitive-behavioural or otherwise.

As counselling psychology is a discipline that embraces a multiplicity (or what is often termed a plurality: Goss and Mearns, 1997) of therapeutic perspectives and approaches, it is important to clarify what is meant by the term 'person-centred counselling psychology', which constitutes the title of this book. Person-centred counselling psychology, in this regard, refers to the rightful place of person-centred therapy as an approach to psychological therapy that is embedded within the counselling psychology domain, a domain highlighting the *psychological* basis of therapeutic theory and practice. It does not, however, imply that it is

possible to become a person-centred *counselling psychologist*. Such an identity would conflict with the pluralistic basis of counselling psychology as a discipline and thus be a contradiction in terms.

In addition to clarifying such definitions, it is also important to say a short word about terminology. Throughout the book I have attempted to represent the many different ways in which the person-centred approach is utilised by referring, interchangeably, to those applying it as 'counsellors', 'counselling psychologists', 'practitioners' and 'therapists'. In doing so I merely mean to avoid assuming a particular stance promoting any one of these identities over another. Although this book concerns person-centred therapy as a form of counselling psychology, not all readers will be counselling psychologists and hence many may not adhere to the philosophical stance on identity adopted within the counselling psychology domain. Furthermore, while counselling psychology emphasises no one approach as being 'right', person-centred therapy is not predicated in such terms and thus promotes like most other therapeutic approaches, its own theory and practice as most ideally suited to working with psychological distress. The tension between these views is not easily resolved and emerges from different philosophical standpoints on psychological knowledge. Although these standpoints will be explored in depth in Chapter 8, this tension highlights just one of the challenges faced by those wishing to work using a person-centred approach from a counselling psychology perspective.

Form and content

Any author attempting to explore person-centred therapy from a psychological perspective has available to them an infinite number of possible avenues for discussion and examination. The content of this book has therefore been guided by what I have found to be the key considerations in my own journey toward a clear appreciation of the complex relationship between person-centred therapy and the field of psychology. These are firstly the need to gain a clear understanding of the fundamentals of the theory and practice of person-centred therapy as contextualised within an appreciation of its historical development, secondly, the location of the approach within the key theoretical and practical arenas of contemporary counselling psychology, and thirdly, the identification of key processes and issues relevant to training and working as a person-centred practitioner, whether as a counselling psychologist or otherwise. These considerations provide the three different themes around which the book is organised.

The first four chapters of the book focus on person-centred therapy as an approach to counselling psychology, and explore its historical development (Chapter 1), theoretical propositions (Chapter 2) and, following on from these, its various methods of working. This latter task

is conducted in two different ways: firstly via a theoretical outline of the procedures of the approach (Chapter 3) and secondly in two example 'case studies' written to demonstrate how the approach may actually work, 'in-action' (Chapter 4). Through the combination of these perspectives, it is intended that the reader is presented with a more rounded insight than theory alone can offer.

The second theme of the book broadens our focus to locate the approach within a contemporary counselling psychology context. This includes chapters exploring where person-centred therapy is situated philosophically and practically within the four main paradigms of counselling psychology (Chapter 5); its position within the contemporary mental health context and, in particular, working with severe psychological distress (Chapter 6); its standpoint on psychological research and the contemporary emphasis on the requirement for an 'evidence-base' (Chapter 7) for psychological practice; and finally its relationship to the critiques of the theory and practice of the contemporary psychology field made by those from a social constructionist or critical perspective (Chapter 8).

The book ends with a chapter (Chapter 9) examining some of the key issues relevant to anyone with a psychological background wishing to train in, or work using, person-centred therapy. This third theme is of vital importance to readers interested in deepening their exposure to the person-centred perspective, but also one that could provide sufficient material for a book in itself. Hence the chapter offers only a whistle-stop tour of relevant considerations and procedures, assuming interested readers will further avail themselves of the comprehensive training literature already available in the person-centred, counselling, and counselling psychology arenas.

So, now I have covered some basic 'scene-setting' we shall turn to Chapter 1 and commence our exploration of the history and development of the person-centred approach as a form of psychological therapy.

ONE The History and Development of the Person-centred Approach

Introduction

The person-centred approach to counselling psychology has a long and complex history. Like any key movement in psychology, it emerged from a dynamic combination of historical circumstance with extraordinary human innovation. The circumstances were those of the USA in the early 20th century and the innovative characteristic of one man, Carl Rogers.

There has been much written about Rogers in terms of development of the person-centred therapy, often focusing on his background and personality (e.g. Thorne, 1992). Indeed, so closely identified is he with the theory and practice of the person-centred approach that many call the approach 'Rogerian' rather than use its fuller title. Yet, to understand person-centred counselling simply in terms of the work of one man is to do little justice to the diverse, and often radical, nature of the movement he brought into being. Moreover, it fails to account for the broader political circumstances and philosophical undercurrents that played a highly significant part in fuelling a drive toward a more *person-centred* form of psychology. Rogers himself disliked the term 'Rogerian', seeing it as inaccurate and overly constraining for those who wished to work in different ways to him but remain committed to the broad principles of the approach. Furthermore, he often acknowledged the role of history in helping germinate a method of psychological therapy that has become one of the most popular and influential in the Western world.

So what was it about this extraordinary man that led him to become one of the most dominant, but often unacknowledged figures in modern psychology?

Setting the scene for a new approach

Carl Rogers: a brief biography

Like many before him, Carl Rogers' journey into psychology was not straightforward. Born in 1902, Rogers spent much of his early life on a

farm helping to raise crops and find ways of harnessing what he felt were the wonders of the natural world around him. So enthused was he by his early experiences he decided to enrol at the University of Wisconsin to study agricultural science. University life was a revelation, and Rogers found himself exposed to many new ideas, areas of study and people. He developed new passions and viewpoints, none more so than the discovery of a more compassionate, thoughtful version of the Christian faith under whose evangelical, moralising wing he had been raised. As his horizons broadened so did his perspectives, and he increasingly questioned his commitment to agriculture as his future vocation, wondering if life had other things to offer him than he had originally imagined. After a long period of contemplation, and subsequently change, Rogers ended up graduating with a degree in history. However that was not all he had gained during his time at university. He had also acquired a wife, marrying his childhood sweetheart, Helen Elliot, who'd been persuaded that he was more certain about his personal aspirations than he was about his future career!

Following his graduation, Rogers again changed course to train as a Minister of Religion, enrolling at the Union Theological Seminary in New York. He spent two years at the Union, a time which he never regretted, but one which convinced him that the constraints of religious doctrine were just too great for his evolving interests. He left just before qualifying, now greatly interested in psychology, a subject with which he had become well acquainted over two years of night classes. There seemed, to Rogers, a lot of overlap between the caring work of the applied psychologist and that of the Minister he had set out to become. Hence he decided to change direction once again, this time signing up for professional training in Clinical and Educational Psychology. Following a successful period as a Fellow at the Institute of Child Guidance and the completion of his doctoral research (developing a personality test for children), he secured his first formal post. It was 1928 and at last he was a professional psychologist working in the Child Study Department of the Rochester Society for the Prevention of Cruelty to Children. It was here he was to remain for the next 12 years.

Although the position at Rochester was by no means ideal, being both under-paid and professionally isolated, it provided an opportunity to work with a diverse range of children as well as with their parents. The practical difficulties of working with many children experiencing often unimaginable levels of social deprivation required a pragmatic approach, and Rogers did what he could in the circumstances around him. During this time he encountered a range of different ideas on how best to conduct psychological work, many of which called into question the 'advice-giving' models of the time. Added to these were his own therapeutic experiences which increasingly pointed toward an approach in which the client's needs and motivations were placed centre stage. He recounted one particular episode while at the Child Study Department that typified

this learning (Rogers, 1961: pp.11–12), describing a conversation with one mother he worked with:

> The problem was clearly her early rejection of the boy, but over many interviews I could not help her to this insight ... Then she turned and asked 'do you ever take adults for counselling here?' When I replied in the affirmative she said 'well, I would like some' ... and began to pour out her despair about her marriage, her troubled relationship with her husband, her sense of failure and confusion, all very different from the sterile 'case history' she had given before. Real therapy began then, and ultimately it was very successful. This incident was one of a number which helped me to experience the fact that it is the client who knows what hurts, what directions to go, what problems are crucial and 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.

Practical experiences such as that recounted above profoundly influenced Rogers and, combined with his growing awareness of alternative psychological approaches to those in which he was trained, provided the basis for a new approach centred around the experiences of the client, and not the expertise of the therapist. His ideas were further cemented by the nature of American Psychology at that time, a discipline riven by professional rivalries but also filled with excitement at the thought of new possibilities ahead.

Psychology in 1920s and 1930s America

During Rogers' work in the Child Study Department, psychology was an enormously popular professional activity and psychologists worked in areas as diverse as improving performance in the workplace and assisting family functioning (Leahey, 1991). The focus of much psychological work at that time was often upon the application of the principles of natural science within a social context. This generally translated into the widespread application of standardised psychological 'tests' through which the human mind, and human behaviour, could be scientifically understood and managed. The utility of such tests had been fuelled by America's involvement in the First World War (1914–18), during which time psychologists had found themselves playing a pivotal role in selecting men to serve in the army. This role, and its many opportunities, had demonstrated the significant role psychology could play in matters of national importance, and highlighted the value of applying scientific principles to the realm of human behaviour.

The pre-eminence of psychological testing at that time was strongly informed by the principles of behaviourism, (e.g. Watson, 1917), which

concerned itself entirely with observable (and measurable) manifestations of human activity. This approach was attractive in both its adherence to positivist, scientific methods (i.e. searching for general 'laws' of behaviour) which accorded the discipline its much sought after scientific status, as well as the possibilities it presented for addressing a wide range of social and individual problems. The behaviourist proposition that human activity could be understood (and managed) in terms of the scientific linking of particular, extrinsic *stimuli* (e.g. the encouragement of aggression in childhood) to certain behavioural *responses* (e.g. adult violence), seemed to offer a tremendous way forward in developing a scientifically reputable, as well as socially useful, psychological discipline. Its only real competitor at that time was the psychoanalytic approach, introduced to America in the late 19th and early 20th centuries through the writings of Sigmund Freud (e.g. 1938).

The psychoanalytic approach presented intriguing notions of an 'unconscious' mind riven with repressed desire and psychological conflict. These had quickly became popular among the rebellious American youth at the turn of the century, who had eagerly (mis) interpreted Freud's prioritising of the healthy expression of biological needs as indicating a link between a lack of sexual inhibition and good mental well-being! However, the biological basis of Freud's ideas had been quickly seized upon by the medical profession, alarmed at the rise in psychology in treating mental ill health, and psychoanalysis rapidly became a psychiatric (i.e. medical) method of treatment rather than a psychological one. Not to be outdone, a large number of psychologists, alerted by the evidence presented by Freud of his therapeutic successes, also began to practice using some of his proposed techniques and by the 1930s psychoanalysis was also a force to be reckoned with in psychological domains. Despite this, mainstream psychology was still driven by behaviourist thinking and the principles of changing behaviour through 'scientifically' managing the link between stimuli and responses, (principles still only demonstrated at that time in the laboratory with rats and pigeons). Such thinking fitted well with the era, one of progress and change embedded within a philosophy of 'modernism' highlighting the importance of human evolution through scientific means. This philosophy had a number of resonances in the USA of the early 20th century.

USA: 1900–40

Since its industrial revolution in the late 1800s, America had been in the thrall of a rapid urbanisation of its social and economic fabric. As industrialised production methods had taken hold, many people had found employment in the new, 'urban', environments, which rapidly generated a more diverse, permissive society to that of the traditional American farming heartlands. Such differences produced conflict, and moral issues came to the fore as the tight Victorian values of small town rural communities were eschewed by those revelling in new

choices and city living. America's entry into the First World War (1914–18) provided further impetus to its growing industrial might and allowed for some distraction from the emerging social problems at home. However, this was short lived, and the problems of unrest in the new industrial workplaces (often due to the short-sighted imposition of 'scientific management' techniques promoting efficiency and profit at all costs), as well as in the new 'urban' society, soon emerged once again. The situation was not aided by an economy orientated around a rapidly changing manufacturing sector and almost entirely dependent upon a volatile stock market.

In 1929, the stock market crashed, propelling the nation and its citizens into an era now termed the 'Great Depression'. Unemployment became rampant and social welfare programmes (of which there were very few) seemed unable to help the many millions of people struggling to make ends meet. By 1933 the American people had had enough and grabbed, with both hands, the 'New Deal' offered to them by their new president, Franklin D. Roosevelt. This deal was to make some fundamental changes within America, healing the rifts of the past and generating a new national spirit of progress. In actual fact the New Deal was simply a massive programme of social regeneration enveloped in a climate of exploration and possibility (Barrett-Lennard, 1998).

Psychologists envisaged a clear role for themselves on the many welfare programmes to be put in place, but the conflict between behaviourist and psychoanalytic schools of thought generated competing solutions for many problems at hand. More importantly, however, was the fact that many of the tools provided by these approaches simply did not meet with the realities of psychological working in the poverty and deprivation of 1930s America. This raised a number of questions for psychology, as Kirschenbaum (1979: p.256) describes:

> A growing number of psychologists, therapists and other helping professionals were working daily with thousands of clients, in clinics, schools, consulting rooms, ministers' offices, homes and agencies. Psychoanalysis was clearly inappropriate in most of these circumstances. The learning principles derived from studying rats and pigeons seemed equally irrelevant. Work in behaviour therapy had not yet begun. Psychological tests and diagnoses were only a small part of the answer for most of the problems encountered. Where were all these non-analytic, non-laboratory-orientated professionals to turn?

The early development of a person-centred approach

During the period just prior to and during the Depression, as well as the subsequent implementation of the 'New Deal', Carl Rogers continued to

work solidly in the Child Study Department. He was deeply affected by the desperate circumstances he saw around him, and eager to help the vast numbers of people he encountered in his clinical practice. Inevitably, however, he could not help but be caught up in the struggles between psychoanalytic and behaviourist methods of therapy, regularly encountering medical and psychology colleagues committed to one or other of these very different views. While the differences between such individuals, and the views they espoused often led him to feel he was 'functioning in two different worlds' where 'never the twain shall meet' (Rogers, 1961: p. 9), the conflicts thrown up between them were highly fruitful in allowing him to consider the merits of each while avoiding evangelising for either.

The influence of Otto Rank

One of the greatest influences on Rogers during this time was the work of Otto Rank. Rank was an Austrian psychoanalyst who had originally been one of Freud's 'inner circle', but who had started to move away from a Freudian psychoanalytic approach believing it paid too little attention to the autonomy or 'will' of the individual. Following the publication of his books (e.g. *Will Therapy* in 1936), Rank had challenged some key aspects of Freud's theory, proposing that harnessing the individual's 'will' was paramount in promoting healing. He also argued that the experience of a strong, positive relationship with a therapist was the primary means of enabling psychological growth within a client. This was in stark contrast to Freud's formulation of the relationship as primarily a vehicle for understanding the unconscious conflicts at the root of clients' difficulties.

Although he met Rank only once, in 1936, Rogers became familiar with his ideas through the work of his social work colleagues, Jessie Taft and Frederick Allen, both of whom were 'Rankian' in their approach (Merry, 1998). Taft (e.g. 1937) proved a strong influence on Rogers, particularly in terms of her emphasis on a positive therapeutic relationship over and above the use of particular psychological 'techniques', such as assessment procedures and advice giving. Moreover, her openness in transcribing entire therapy sessions allowed him to examine, in detail, the nature of her work and gain an understanding of her therapeutic procedures.

Box 1.1 Will therapy and the person-centred approach

Many aspects of Rank's 'Will therapy' were reflected in Rogers' initial ideas for a person-centred therapy (Kramer, 1995). Will therapy, often

(Continued)

(Continued)

termed 'relationship therapy' is a complex blend of ideas which Raskin (1948) simplified into the following terms;

- All people experience various conflicts linked to the dangers of living and the fear of dying. We are all, thus, ambivalent in life.
- Psychological distress or 'neurosis' is created by over-concentration on the ambivalences of living.
- The aim of therapy is the acceptance, by the individual, of their own uniqueness and self-reliance in the ambivalences that are experienced. This acceptance involves the freeing of their 'positive' will.
- The patient becomes the central figure in the therapeutic process, and is encouraged in becoming self-accepting and self-reliant through releasing the positive will. By implication, the therapist should avoid any actions, such as 'interpretation', which could inhibit the positive will and arouse the counter will.
- Self acceptance and self-reliance is realised through the experience of the positive will in the *present relationship* with the therapist, not through the explanation of the past.
- The ending of therapy is a symbol of all separations in life, hence it can represent the new 'birth' of the individual.

Behaviourism and other influences

While the work of Otto Rank provided a psychoanalytically informed background for Rogers' theoretical work, the scientific, empirical principles of the behaviourist paradigm also played their part in establishing the ground for a new perspective. Despite his interest in the therapeutic relationship, Rogers shared the desire of behaviourist psychologists to utilise the principles of natural science in understanding and shaping human behaviour. However, frustrated by their lack of clear method for doing so and wary of neglecting the experiences and viewpoints of his clients, he tentatively began to piece together an alternative perspective, derived from his broadening theoretical understandings as well as his *own practical experience* of psychological work.

Rogers' first book, *The Clinical Treatment of the Problem Child* (1939) introduced, for the first time, specifically person-centred ideas on the importance of the therapist's actions in relating to the client. For Rogers, a good psychologist possessed the following qualities: objectivity, a respect for the individual, an understanding of the self and, finally, psychological knowledge (Rogers, 1939). These propositions were further elaborated in a presentation given to students and faculty at the

University of Minnesota (by now he was Professor of Psychology at the University of Ohio). In this presentation, titled provocatively 'Newer Concepts in Psychotherapy', Rogers argued that *non-directivity* on behalf of the therapist was of paramount importance in facilitating therapeutic change. In contrast to much psychological practice of the time (which relied primarily on the knowledge of the psychologist to locate a solution to a client's problems), he proposed that practitioners should instead attend to the quality of their relationship with the client, listening rather than telling, and helping the client to reach their own conclusions.

Advocating a stance in which the psychologist did not, for example, give advice or use their expertise to determine solutions, represented a wholly new approach which, inevitably, was not welcomed by some (Thorne, 1992). However, it was received warmly by others, particularly those frustrated with the constraints of existing psychological methods and looking for a method of engaging more fully with the progressive social climate that surrounded them. Rogers had set the scene for a new approach that was to all intents and purposes, the first *person-centred* therapy, *non-directive* therapy.

Non-directive therapy

In continuing to develop his ideas on a non-directive therapeutic relationship, Rogers began flesh out his vision for how such a principle could be integrated into a more general therapeutic method. In 1942, he published his next book, *Counselling and Psychotherapy*, which described a therapeutic relationship that should be warm and caring, with a focus on the present rather than the past. The psychologist, in taking such an approach, would thus only be interested in listening to, and understanding, the client's experiencing (e.g. cognitions, emotions, bodily sensations etc.) at any given moment, and not in introducing his own ideas or suggestions. Although not referenced directly by Rogers, this orientation had much in common with the ideas of phenomenology (c.f. Husserl, 1977), an influential philosophical movement emphasising the importance of subjective experience in the 'here and now'.

In addition to describing the underlying principles of a non-directive therapeutic approach, Rogers also proposed some ways in which these could be translated into a *method of working*. Highlighted within this was the process of 'reflecting back' to the client aspects of their own experiencing (Rogers, 1942) In particular, he encouraged a focus upon a primary client's *feelings*, seeing these as the most intimate dimensions of *personal* experiencing. Hence the therapist was encouraged to repeat, or paraphrase (i.e. describe in different words) to the client what he or she had previously disclosed, focusing primarily upon its emotional dimension.

Box 1.2 An example of 'reflecting back'

Psychologist: So how may I be of help to you today?
Client: Well I don't really know why I am here. I made the appointment weeks ago and feel a bit silly now, as things haven't really got as bad I as I feared they would.
Psychologist: You feel silly 'cos, as it stands at this moment, things haven't gone the way you had feared and you don't know if they are bad enough for you to be here?
Client: Yes, well, I feel quite down but don't think I am falling apart in the way I thought I would be.
Psychologist: So you feel low but are just about holding yourself together?
Client: (becoming tearful) I think so.

For Rogers, such an 'expressive-responsive' dialogue (Barrett-Lennard, 1981) had two purposes. Firstly, it allowed the therapist to ensure that he understood the client's 'frame of reference' (i.e. their perceptions, attitudes and feelings) at any given moment by *directly checking* his understanding of it with the client herself (Brodley, 1996). This avoided any possible mis-interpretation which could lead the client to feel misunderstood or judged (hence diminishing the warm, caring quality of the relationship). Secondly, Rogers saw reflecting back as encouraging the client to attend more closely to how they felt (i.e. to check with themselves whether the therapist's reflection was correct). This had the effect of deepening personal experiencing, which in turn lead to increased self-understanding, self-acceptance and, as a result, personal autonomy. These two processes, the warm, understanding relationship and the deepening of personal experiencing were, according to Rogers, the key aspects associated with psychological growth and healing. He suggested no further techniques were required, nor proposed any role for specific directions or interpretations, stating (Rogers, 1942: pp.113–114):

> The counselling relationship is one in which warmth of acceptance and absence of any coercion or personal pressure on the part of the counsellor permits the maximum expression of feelings, attitudes and problems by the counsellee. The relationship is a well-structured one, with limits of time, of dependence and of aggressive action which apply particularly to the client, and limits of responsibility and of affection which the counsellor imposes upon himself. In this unique experience of complete emotional freedom within a well-defined framework the client is free to recognise and understand his impulses and patterns, positive and negative, as in no other relationship.

The non-directive method outlined by Rogers provided a radically different approach to psychological practice to the others available at that time. It attracted a great deal of interest and, in 1945, Rogers moved to the University of Chicago to further develop his ideas. This move allowed him considerable scope in attracting like-minded faculty and graduate students to a growing 'Counselling Centre Group', many of whom worked on applying non-directive ideas to a wide range of social and therapeutic contexts.

Developing a client-centred perspective (1945–64)

In the years following the publication of *Counselling and Psychotherapy* (Rogers, 1942), as well as praise, non-directive therapy also attracted considerable criticism. A number of psychologists saw the non-directive method of reflecting back as far too simplistic a method of working. The process of, what they thought to be, one of simply parroting words back to a client was hugely limiting and offered little to all but the most insightful of clients (Kirschenbaum, 1979). Of course, this interpretation of the approach was not at all what Rogers had suggested, for his proposition was a far more complex form of interaction whereby the therapist paid attention to the moment-by-moment experiences and perceptions of the client in the context of a warm, caring and supportive relationship (Merry, 1998). However, the criticism stung and in 1951 Rogers published *Client-Centred Therapy*. This book, drew on the findings of his now well-established scientific research programme, testing and refining the propositions of non-directive therapy, to address, head-on, many of the concerns raised about his ideas. Indeed, the title 'client-centred' was picked carefully, for it was seen as a term designed to shift the approach from the simplified, mechanistic formulations of *non-directive* therapy that had all too often characterised this method of working.

Client-centred therapy

Client-Centred Therapy (1951) allowed Rogers the scope to refine his focus and discuss the rationale for his method of psychological working. In doing so, he emphasised the role of *attitude* rather than behaviour in the therapeutic context. A psychologist's non-directivity, from this stance, was described as less of a mechanistic activity of reflecting back, and more about her attitude toward the client, one of respect and warmth accompanied by the desire for the client to make their own choices on the basis of their own experiences and needs. Techniques such as 'reflecting-back' were then discussed as possible ways of 'implementing' (Patterson, 2000) this attitude, rather than as methods

in themselves. Rogers also highlighted the role of empathic understanding in such terms, arguing that this too was a central ingredient for a successful therapy.

As well as offering a comprehensive run-down of the practical basis of client-centred therapy, the volume also offered an opportunity for Rogers to describe a client-centred theory of personality development. This was of great importance, for as well as being criticised for having a limited therapeutic method, Rogers had also been criticised for failing to provide a detailed psychological analysis of personality and the causes of psychological disturbance as a grounding for his therapeutic procedures. The resulting chapter, 'A Theory of Personality and Behaviour' (Rogers, 1951) offered what he termed as 'nineteen propositions' to describe the development of personality from a client-centred perspective. Again drawing on the principles of empirical science, these propositions were organised along the lines of an empirical psychological inquiry, citing comprehensive psychological evidence for each in an if-then formulation.

Rogers' chapter on personality was generally seen as an important and insightful piece of work, and certainly provided much impetus for the growing status of the client-centred approach within the American psychological community (Evans, 1975). Indeed, the now eminent status of Rogers himself was formally confirmed in 1956 by the award of a Distinguished Scientific Contribution to him by the American Psychological Association.

Box 1.3 The scientific basis of client-centred theory

Despite its philosophy, terms and procedures being very different to behaviourist approaches to psychological therapy, Rogers' desire to situate his model of therapy within an empirical psychology framework was paramount during the evolution of his ideas. All of his initial suggestions on non-directive therapy were derived from practice and subsequently tested and refined using the techniques of empirical psychology to provide the basis for the theory of *Client-Centred Therapy* in 1951 (Rogers, 1951). Indeed, each of the 19 propositions constituting this theory were formulated in 'if-then' terms that allowed for further scientific examination and analysis. The influence of empirical psychology and the desire to find the causal relationships inherent in psychological distress and healing was central to Rogers' work, although it is often forgotten as a result of his therapeutic emphasis on the subjective meanings and experiences of the individual. We shall discuss the role of research in the development of the person-centred approach in Chapter 7.

Developing the client-centred approach

Following the publication of *Client-Centred Therapy*, Rogers and his associates at the Chicago Centre continued to expand their work. Research was a core activity and the range and focus of psychological studies into the client-centred approach continued to grow. In 1954, Rogers co-edited a book entitled *Psychotherapy and Personality Change* (Rogers and Dymond, 1954), in which a number of particular studies were presented. These mainly focused on the attributes and outcomes of the psychotherapeutic process and went far in providing an empirical basis for many of the propositions upon which the client-centred system was based. They also led Rogers to further develop his theory in two ways.

Firstly, in 1957, he produced a paper identifying for the first time six relational conditions that he viewed as necessary and sufficient (Rogers, 1957) for client-centred therapy to take place. These included familiar conditions such as empathy and warmth and acceptance (the latter two being combined into what he termed *unconditional positive regard*). Added to the mix, however, were new concepts such as *congruence* (where a counsellor is aware of his or her own feelings and experiences) and a therapeutic prerequisite that both counsellor and client are in psychological contact (Rogers, 1957). In actual fact, Rogers' most famous statement of his therapeutic approach was published subsequently, in a 1959 edited collection (Rogers, 1959), which had ironically been written before the 1957 paper, but subsequently held up in production. This 1959 chapter outlined the six necessary and sufficient conditions of therapy, albeit in an elaborated (and slightly different) form in the context of a comprehensive explanation of his theory of personality and motivation. Indeed, this chapter is still viewed today as the definitive statement of the theory and practice of client-centred therapy (Tudor and Merry, 2002).

Rogers' second theoretical development linked to the process of therapy and was spelt out by him in a presentation given to the American Psychological Association in 1957 when picking up his Distinguished Contribution award. This presentation contained a systematic description of client functioning throughout the process of psychological growth. Rogers' suggested seven stages, or distinguishable levels, of experiencing (c.f. Rogers, 1961) through which a client may pass in the process of becoming psychologically healthier; essentially moving from what Barrett-Lennard (1998) describes as 'a fixed, close, self-perpetuating mode of functioning to a state of fluid, open but integrated changing-ness' (pp.67). For many, the structured formulation of client process represented a real loss of innocence for the client-centred approach (Worsley, 2002), encouraging the development of therapeutic techniques and strategies to assist a client move from one stage of functioning to another. However, for Rogers, a scientific understanding of psychological change