

# Person-Centred Therapy

A European Perspective

Brian Thorne & Elke Lambers

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edited by

Brian Thorne and Elke Lambers



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# Contents

<i>Notes on Contributors</i>	vii
<i>Preface</i>	x
<i>Acknowledgements</i>	xii
1 The Person-Centred Approach in Europe: Its History and Current Significance <i>Brian Thorne</i>	1
<b>Part I Theory</b>	11
2 Person-Centred Theory as a System of Meaning <i>Martin Van Kalmthout</i>	11
3 Unconditional Positive Regard and its Spiritual Implications <i>Campbell Purton</i>	23
4 'On Becoming a Person-Centred Approach': A Person-Centred Understanding of the Person <i>Peter F. Schmid</i>	38
5 Personality Change and the Concept of the Self <i>Martin Van Kalmthout</i>	53
6 From Non-Directive to Experiential: A Paradigm Unfolding <i>Germain Lietaer</i>	62
7 'Face to Face' – The Art of Encounter <i>Peter F. Schmid</i>	74
8 Empowerment or Collusion? The Social Context of Person-Centred Therapy <i>Sarah Hawtin and Judy Moore</i>	91
9 On the Development of the Person in Relationships <i>Eva-Maria Biermann-Ratjen</i>	106
10 Incongruence and Psychopathology <i>Eva-Maria Biermann-Ratjen</i>	119

<b>Part II Practice</b>	131
11 Focusing: Interpersonal and Intrapersonal Conditions of Growth <i>Mia Leijssen</i>	131
12 Client-Centred Therapy for Adolescents: An Interactional Point of View <i>Lidwien Geertjens and Olga Waaldijk</i>	159
13 A Person-Centred Perspective on Leadership and Team-Building <i>Leif J. Braaten</i>	176
14 'Anchorage' as a Core Concept in Working with Psychotic People <i>Dion Van Werde</i>	195
15 The Relevance of a Phenomenological Attitude when Working with Psychotic People <i>Chris Deleu and Dion Van Werde</i>	206
16 Empathy and Empathy Development with Psychotic Clients <i>Ute Binder</i>	216
Postscript: Person-Centred Therapy: An International Force <i>Brian Thorne</i>	231
Appendix: European Associations, Societies and Training Institutes for the Person-Centred Approach	232
Index	240

## Notes on Contributors

### The editors

**Brian Thorne** is Professorial Fellow and Director of the Centre for Counselling Studies at the University of East Anglia, Norwich, England. He is also a Professor of Education in the College of Teachers. A founder of the Norwich Centre, the first person-centred counselling agency in Britain and a co-director of Person-Centred Therapy (Britain), Brian is a Fellow of the British Association for Counselling and a major contributor to the professional literature. He is co-author (with Dave Mearns) of *Person-centred Counselling in Action* (Sage, 1988) and author of *Carl Rogers* (Sage, 1992).

**Elke Lambers** is a Dutch clinical psychologist living and working in Scotland. She completed her training as a person-centred therapist with the Dutch Rogerian Society (now VCgP) in the early 1970s. She has worked as a therapist in adult psychiatry both in Holland and in Scotland and for 14 years she was a counsellor in higher education. She currently works in private practice as a therapist, supervisor and trainer. She was a co-founder of FDI (Britain) and as a co-director of PCT (Britain) she has been involved in the training of person-centred therapists since 1985. Her current work includes person-centred supervision training and advanced training for person-centred therapists. She has a particular interest in the development of a person-centred theory of psychopathology. Elke is a Fellow of the British Association for Counselling and plays an active part in the development of counselling in Britain.

### The contributors

**Eva-Maria Biermann-Ratjen** studied psychology at the Universities of Berlin, Munich and Hamburg. Since 1965 she has worked as a clinical psychologist and lecturer at the University Hospital of Hamburg-Eppendorf, Klinik für Psychiatrie und Psychotherapie. She is a client-centred therapist and trainer in the Gesellschaft für wissenschaftliche Gesprächstherapie and has published extensively.



**Ute Binder** is a clinical psychologist and client-centred psychotherapist who has worked since 1970 with Dr Johannes Binder in a community-based practice in Frankfurt-on-Main. The focus of her work is on psychotherapy with severely disturbed persons and she has published widely on client-centred work with psychiatric patients and on the further development of the concept of empathy and its applications.

**Leif J. Braaten** earned his PhD at the Department of Psychology in the University of Chicago in 1958 where he was sponsored by Dr Carl Rogers and his person-centred staff. After four years at Cornell University, he returned to Norway in 1964 as a Professor of Clinical Psychology at the Institute of Psychology in the University of Oslo and has taught client-centred theory and practice there ever since.

**Chris Deleu** studied psychology at the Catholic University of Leuven and since 1975 he has practised individual and group therapy at St Camillus psychiatric hospital near Ghent, Belgium. In addition to his client-centred training, he has specialized in short-term biographical therapy and in phenomenological perception-training for patients suffering from psychosis or personality disorders.

**Lidwien Geertjens** lives in Amsterdam and has a master's degree in clinical psychology. She has had both client-centred and psychoanalytical psychotherapy training. She has worked as a psychologist-psychotherapist in both inpatient and outpatient clinics for adults and adolescents and is currently employed as a psychotherapist and supervisor in the adolescent unit of a psychiatric hospital. She is also a trainer and supervisor for postgraduate courses in child and adolescent psychotherapy.

**Sarah Hawtin** works at the University of East Anglia (UEA) as a part-time educational counsellor and is also attached to a general medical practice in Norwich. In addition she is a trainer for the UEA Diploma in Counselling. Her central interests are the philosophical and spiritual implications of person-centred counselling.

**Mia Leijssen** is professor at the Catholic University of Leuven and teaches client-centred and experiential psychotherapy to students of clinical psychology at both undergraduate and postgraduate levels. She has a practice in individual and group psychotherapy at the University's Counselling Centre.

**Germain Lietaer** studied as a post-doctoral fellow with Carl Rogers at the Centre for Studies of the Person in La Jolla in 1969–70. He is a full professor at the Catholic University of Leuven and teaches client-centred/experiential psychotherapy and process research in psychotherapy. He is also a staff member of a three-year part-time postgraduate training programme in client-centred/experiential psychotherapy at the same university. Professor Lietaer has published widely; he is chief editor (with J. Rombauts and R. Van Balen) of *Client-centred and Experiential Psychotherapy in the Nineties*

(Leuven, Belgium: Leuven University Press) and co-editor (with L.S. Greenberg and J. Watson) of the *Handbook of Experiential Psychotherapy: Foundations and Differential Intervention* (New York: Guilford, 1998).

**Judy Moore** studied and taught English literature before training as a counsellor within the person-centred approach. She has counselled at the University of East Anglia since the mid-1980s and has been a trainer on the university's full-time Counselling Diploma since 1993. She has recently become Director of Counselling at UEA.

**Campbell Purton** is a counsellor at the Counselling Service of the University of East Anglia, Norwich and teaches philosophy at the Wensum Lodge Adult Education Centre in the same city. He has contributed articles to philosophical and counselling journals, together with several book chapters in the same fields. His particular interests at present include the emotions of self-assessment, such as shame, Buddhist approaches to psychotherapy and the philosophical work of Eugene Gendlin.

**Peter F. Schmid** is a person-centred psychotherapist, practical theologian and pastoral psychologist. He is an Associate Professor at the University of Graz, Styria, and teaches at several Austrian and German universities. He is a co-founder of the Austrian person-centred association IPS (APG) and of the international society PCA (Person-Centered Association in Austria). He is a person-centred psychotherapy trainer and his current interests include person-centred anthropology, encounter groups and the integration of body work into person-centred practice. He has published many books and articles on the person-centred approach and its foundations, theory and practice.

**Martin Van Kalmthout** is an Associate Professor in Clinical Psychology at Nijmegen University in Holland. He has published widely on the history and foundations of psychotherapy. In addition to his university work he maintains a private psychotherapy practice.

**Dion Van Werde** is a psychologist and person-centred psychotherapist. He is a staff member and trainer with the European Pre-Therapy Training Institute (inspired by the work of Dr Garry Prouty) which is based at the St Camillus psychiatric hospital near Ghent in Belgium. At the same hospital he has inaugurated and currently works on a person-centred ward for treating psychotic people according to pre-therapy principles.

**Olga Waaldijk** is a Dutch child-and-adolescent psychotherapist who has worked in a children's home and in the adolescent unit of a psychiatric hospital. She has been much involved in the training of child and youth psychotherapists and in the professional organization of therapeutic services for young people since 1983.

## Preface

There are still many mental health specialists in Britain who apparently believe person-centred therapy to be an essentially American import that arrived in the 1960s and, despite its initial impact, has never become firmly rooted in British soil.

We believe that, in many cases, this ignorance is feigned rather than real and springs from vested interests. Perhaps it is simply not politic for the psychiatric establishment, the analytical societies and the currently much-favoured cognitive behavioural therapists to acknowledge or to admit into full consciousness that person-centred counselling, far from being a transitory American import, is well established in Britain, has large numbers of accredited practitioners who see many hundreds of clients each week, and currently boasts three professors in British academia – more than any other therapeutic orientation.

A principal aim of this book is to demonstrate that what is true of Britain is equally true of many other European countries. What is more, there is nothing to suggest that the approach has reached the limit of its development and influence within the European continent. On the contrary, the collapse of the Soviet bloc has seen increasing interest in the approach in Eastern Europe, while in the West person-centred therapists have established themselves as a powerful force within the mainstream of therapeutic activity in several countries. The contributors to this book, drawn from six different European person-centred communities, provide ample evidence of the health of the approach and of its continuing vitality in both theory and practice. Most significantly, they also demonstrate that person-centred therapy is by no means an alien import. On the contrary, the approach to which Carl Rogers and his associates gave a new coherence and inspiringly original formulations has its roots deep in European culture and history. To read many of the chapters in this book is to realize that, in many ways, the person-centred approach has ‘come home’ and that it may now be Europe’s task to ensure that its revolutionary legacy is not lost to the world.

Many British readers will find parts of the book somewhat daunting. Person-centred practitioners in Britain are not on the whole accustomed to wrestling with some of the deeper philosophical issues the approach raises and which to a large extent determine or threaten its internal coherence.

Nor are they familiar with the application of the approach to psychopathological difficulties and to the accompaniment of persons who are institutionalized or suffering from severe mental disturbance. We have deliberately not attempted to make life easy for our readers by oversimplifying in translation contributions from German, Austrian and Belgian colleagues who are working at the cutting edge of both theory and practice. The translations retain the sense of struggle and complexity that is characteristic of the work of those who are not content to remain within the safe confines of past theory and practice, and who know that to stand still is to betray an approach whose very key is to remain open to experience, despite the confusion and challenge this engenders.

Brian Thorne  
Elke Lambers

## **Acknowledgements**

Those of us for whom English is our maternal or adopted tongue often fail to realize how frustrating it can be to endure the superior attitude that implies that nothing of importance is ever written in any other language. We wish to pay particular tribute therefore to the linguistic abilities of many of our non-British contributors who were able to produce working manuscripts that did not require Herculean editorial revision. We also gratefully acknowledge the work of Elisabeth Zinschitz, person-centred therapist and professional translator, who did so much to bring the contributions of Peter Schmid and Ute Binder to their English fruition. We know that there are other anonymous linguistic consultants who equally deserve our thanks.

There are many who have been involved in the word-processing of the various contributions to this volume, but particular thanks are due to Christine Jope and Jane Ramsbottom of the University Counselling Service of the University of East Anglia, Norwich, for their meticulous work in wrestling with the complexities of compatible discs at different stages of the book's evolution.

# **1 The Person-Centred Approach in Europe: Its History and Current Significance**

*Brian Thorne*

In the summer of 1997 the Fourth International Conference on client-centred and experiential psychotherapy took place in Lisbon, Portugal. The previous three had been in Leuven, Belgium (1988), Stirling, Scotland (1991) and Gmunden, Austria (1994). The Lisbon conference saw the birth (ten years after Carl Rogers's death) of the World Association for Person-centred Counselling and Psychotherapy and the delegates voted overwhelmingly that the next international conference should be held in Chicago as the appropriate venue both to mark the millennium and to acknowledge the 'home' of the approach.

The person-centred community in Portugal is currently not large but, as in neighbouring Spain, the influence of Rogers and person-centred ideas is growing and therapeutic practitioners with a clearly defined allegiance to the approach are increasing as training opportunities become more numerous. In Eastern Europe, too, the approach is gaining ground with the demise of the Soviet bloc and the emergence of more democratic regimes. Even in the former Yugoslavia, torn apart as it has been by hatred and violence, psychologists and others are eager to become acquainted with Rogers's writings and the application of the person-centred approach both in therapy and in other fields. When Rogers himself visited Poland in 1979 he spoke to audiences thirsting for the liberation of the individual spirit and, although there is currently no professional association committed to the person-centred approach and no formal training programme, Rogers's work is well known and contributes richly to the creative eclecticism which characterizes the present Polish psychotherapeutic scene. When he died in February 1987 Rogers was about to embark on a second trip to Russia, and a recent visit which I received in Norwich from a psychology student from the University of St Petersburg provided evidence that his ideas have not fallen on stony ground.

In the former Czechoslovakia the first reference to client-centred psychotherapy appeared in a psychology textbook written by Stanislav Kratochvil in 1966. Kratochvil subsequently studied in the USA, where he met Rogers, and on his return to his homeland spent many uncomfortable years as an

external assistant at Brno University before being fired in 1978 because of his lack of support for Marxist ideology and his informal teaching style (deCarvalho and Cermák, 1997). Since the revolution of 1989 Kratochvíl has been fully rehabilitated as Professor of Clinical Psychology, and person-centred theory and practice now flourish in both the Czech and Slovak Republics. The first formal Rogerian group was the Rogers Psychotherapeutic Association presided over by Vladimír Hlavenka who in the dying months of the old regime organized the first person-centred workshop in Czechoslovakia with Chuck Devonshire from the USA as the principal facilitator. Hlavenka now leads the Person-Centred Approach Institute – Ister in Slovakia, while in the Czech Republic there are institutes in Prague and in Brno. What is more, the person-centred approach is currently taught in both the Faculty of Letters and the Faculty of Medicine at the Charles University in Prague.

These developments demonstrate the continuing capacity of the person-centred approach to win new adherents and to respond to the needs of professionals and their clients in many European countries, both East and West. Such developments are but the latest evidence of the vitality of the approach on the European continent. This book has as its aim the presentation of some of the innovative ideas and practical applications which are the outcome of the committed work of European scholars and practitioners at a time when the growing power of insurance companies to determine potential clientele, the emergence of new and often restrictive national mental health policies and a move towards the 'manualization' of therapeutic procedures are creating both philosophical and practical difficulties for person-centred practitioners in many parts of the world, not least in the USA where the work of humanistic therapists in general is under threat from such developments.

Contributors to the present volume are drawn for the most part from those countries where the approach has been a significant force for some 20 years or more. By far the largest professional association of person-centred practitioners is to be found in Germany where the Gesellschaft für wissenschaftliche Gesprächspsychotherapie (GwG), founded in 1970, now has some 7,300 members and constitutes the largest professional body of psychotherapists and counsellors in the country. The psychologist, Reinhard Tausch, was responsible for establishing the first training programme in client-centred therapy at the University of Hamburg in the 1960s and in the 30 years since then the approach has become firmly established within the universities so that today it is represented in 76 per cent of psychology departments. The approach is in no way confined to a narrow emphasis on one-to-one psychotherapy but its relevant application to group work, social education, personal development, pastoral work and many other fields is acknowledged through training programmes and special interest groups. In Germany, too, much innovative work is taking place in the applicability of the approach to work with children and adolescents as well as with old people and those suffering from serious

psychiatric disorders. As a result person-centred practitioners are currently to be found in a wide variety of settings including schools, hospitals and churches as well as clinical units specializing in marital or family therapy, crisis intervention, and many other specialist areas. At postgraduate level, too, there are courses leading to qualifications for those wishing to be more effective supervisors or trainers. The powerful presence of the approach within the university system also ensures a solid base for both outcome and process research studies.

There are those who would claim that the very success of the approach in Germany has led to a certain rigidity or conformism – a kind of ‘respectability’ which threatens to stifle creativity. It is well known that Rogers himself viewed with some anxiety what he perceived to be an increasing ‘dirigisme’ in the GwG in the early 1980s and Reinhard Tausch, too, has had his difficulties with the direction of the Association in recent years. However justified some of these misgivings might have been, there can be no doubt that the spread of person-centred ideas and practice in Germany has been extensive and shows little sign of abating. The chapters by Eva-Maria Biermann-Ratjen and Ute Binder in this present book provide powerful evidence of the major contribution of German scholars and practitioners to the understanding of personality development and to the growing effectiveness of the approach with the seriously disturbed.

It was no accident that the First International Conference took place in Belgium. As early as 1949 Professor J.R. Nuttin of the Catholic University of Leuven was writing in one of his books of ‘non-directive therapy’. Fifteen years later it was Nuttin who was chiefly responsible for the introduction of the first formal postgraduate training in the client-centred approach within the Faculty of Psychology at Leuven. In the intervening years, J. Rombauts became the first Belgian student to complete a thesis on Carl Rogers’s theories (1957), R. Van Balen was installed as the first client-centred student counsellor (1959), Rombauts went to work with Rogers, Gendlin and Truax at Wisconsin (1962–3) and returned to Belgium equipped to launch the first training programme with Nuttin’s encouragement in 1964.

Carl Rogers himself visited Leuven in 1966 and lectured to a large audience at the university. His visit followed closely on the founding of the Centrum voor Client-centered Therapie en Counseling and served to inspire and invigorate the young staff of the centre. Three years later, Germain Lietaer went to work with Rogers at La Jolla for a year (1969–70) and in 1974 a Flemish client-centred society was founded whose influence and membership have grown constantly over the past 20 years. For French-speaking Belgians the situation has been less favourable because of a lack of regular and well-established training opportunities in the universities, but a French-speaking association has also been founded and there are notable proponents of the client-centred tradition within its ranks. For the Flemish Society recent years have been marked by close and cordial co-operation with colleagues in the Netherlands and there have



been several successful joint conferences and publications. Germain Lietaer, the long-standing Director of the Leuven Centre, has himself been a source of inspiration for many practitioners and it was thanks to his dynamic leadership that the First International Conference was launched and proved to be such a pivotal event in the development of the approach in Europe. The present book contains contributions both from Lietaer and from his close professional colleague at Leuven, Mia Leijssen, who has been a major influence in introducing the work of Gendlin and focusing to European practitioners. The rich application of person-centred theory and practice is further exemplified by chapters by Dion Van Werde and his colleague, Chris Deleu, who provide a fascinating insight into highly innovative work with psychotic persons within a conventional hospital setting. Van Werde and Deleu are close associates of Dr Garry Prouty and their work is a striking example of the European application of ideas and practices developed in more recent years in the country of the approach's origin. They also provide further evidence that person-centred therapy in Belgium is alive and well and can look forward to a balanced and creative future both within the university context and within clinical settings.

In the same year that Rogers's ideas were being introduced into Belgium by Nuttin (1949), there appeared in the Netherlands an article by Van Lennep entitled 'The Development of Clinical Psychology in the United States' in which the writer presented the main ideas posited by Rogers in his first book *Counseling and Psychotherapy* (1942). Four years later, in 1953, the psychiatrist, Kamp, gave a lecture for the Dutch Association for Psychotherapy in which he attempted to explain the main principles and implications of 'client-centredness'. Interest in the approach rapidly increased and this was much aided by training courses directed by Ella Goubitz who had studied with Rogers between 1950 and 1952. Prior to Kamp's lecture, Toine Vossen had already started a client-centred child therapy course in Nijmegen and the 1950s saw the first steps towards the creation of an association for client-centred therapy mainly thanks to the initiatives of Cremers and Jan Dijkhuis. This association was formally established in 1962 and immediately began to offer its own training programme for potential members. Radical aspects of the programme were obligatory sensitivity training and the requirement to conduct several therapeutic processes under supervision. With the passage of time, the training programme has become more complex and demanding so that today it takes some five or six years to complete the curriculum largely as part of a postgraduate psychotherapy training provided by Regional Institutes for Postgraduate Training and Education. What is highly significant is the fact that client-centred therapy stands alongside psychoanalysis, behaviour therapy and systems therapy as one of the four mainstream therapies in which trainees can choose to specialize during their basic professional training. This indicates the current secure position of the person-centred approach within the spectrum of therapeutic orientations in the Netherlands. This is crucial in a country where psychotherapy is now subject

to legal statute and where the completion of postgraduate training is a requirement for registration as a psychotherapist by the Ministry of Health.

Interestingly, in the early years client-centred therapy was applied mainly in the treatment of vulnerable and underprivileged people such as those in psychiatric hospitals and delinquent and disenchanting youth. This is no longer the case, and among the 950 or so members of the client-centred association there are many who operate outside the structures of institutional life and who provide help for those who are wrestling with a wide variety of issues both within clinical settings and outside them. Person-centred scholars are also concerned to relate the theory of the approach to wider existential questions and to an understanding of human development and personality formation. The contributions to this book from Martin van Kalmthout of the University of Nijmegen provide excellent examples of Dutch practitioners' willingness to battle with issues of meaning and personality change without losing sight of the day-to-day challenges of clinical practice. The contribution from Lidwien Geertjens and Olga Waaldijk reflects the long-standing interest of Dutch practitioners in the problems of adolescence and is also an example of a willingness to be open to other orientations.

In Great Britain the ideas of Carl Rogers first surfaced in the context of the work of the Marriage Guidance Council (now called Relate) during the late 1950s and early 1960s. In the mid-1960s client-centred therapy was first taught in British universities, mainly by visiting Fulbright professors from America, as part of the core curriculum for those training to become school counsellors at the Universities of Keele and Reading. The surge of interest in humanistic psychology in general which swept London at the end of the 1960s resulted in the emergence of a loosely knit network of persons mainly in education and social work for whom Rogers became a principal source of inspiration. In 1974 Rogers himself had been invited to Britain but his wife's grave illness at the time made him cancel the visit which had been initiated by a young psychologist from Scotland, Dave Mearns, who had studied with Rogers at La Jolla in 1971–2.

Over 200 people had signed up for the workshop at which Rogers was to appear but this number fell to a mere 90 when it became known that Rogers himself would not be coming. The event went ahead nonetheless and a key figure was Dr Charles (Chuck) Devonshire from the College of San Mateo in California, Director of the Centre for Cross-Cultural Communication and a close associate of Rogers. It was thanks to the co-operative efforts of Devonshire, Mearns, Elke Lambers, a Dutch client-centred therapist living in Scotland, and myself that the Facilitator Development Institute (British Centre) came into being in 1975, and for the following decade provided annual summer residential workshops for members of the helping professions who wished to learn more of person-centred theory and practice especially with reference to small and large group work.

In 1976 the British Association for Counselling was founded and its first executive committee contained both person-centred practitioners and others

sympathetic to the approach. The growth of the BAC in the past 20 years has been immense and its membership now totals some 15,000. Of these a significant number describe themselves as person-centred practitioners and many have held or currently hold key positions in the Association. Dave Mearns is the present Chair of the Association's Professional Committee and Elke Lambers was for many years Chair of its Accreditation Committee.

In 1985 Mearns, Lambers, Thorne and William Hallidie Smith developed the work of the Facilitator Development Institute by offering the first full-scale training for person-centred therapists, and the Institute (renamed Person-Centred Therapy, Britain in 1988) continued to offer such training until 1997. During the same period Devonshire was energetically developing training programmes throughout Europe and his Person-Centred Approach Institute International began to offer a British programme in 1987. A splinter group from Devonshire's original staff team subsequently founded the Institute for Person-Centred Learning and all three of these private institutes continue to offer professional training at a basic or advanced level.

In contrast to the American experience where client-centred work first established itself in the universities but, with Rogers's disenchantment with the university system, then moved outside, the British movement has been in the reverse direction. While other private training institutes now offer programmes in person-centred therapy (most notably Metanoia in London) there can be no doubt that the major advances in theory, training, research and practice are to be found in the Universities of Strathclyde (in Glasgow), East Anglia and Keele where Mearns, Thorne and John McLeod (a graduate of the first Facilitator Development Institute programme) all hold chairs in counselling or counselling studies. As there are currently only four such chairs in British universities, this is a significant power base for the person-centred approach in Britain. Graduates from these university-based training programmes as well as those from the private institutes now form the bulk of the membership of the British Association for the Person-Centred Approach (BAPCA) which was founded in the late 1980s in order to give the approach its own unique voice in the British therapeutic world. In Scotland, too, the Association for Person-Centred Therapy (Scotland) has a membership of about a hundred therapists and owes much of its vitality to the work of Person-Centred Therapy (Britain) and the Counselling Unit in the University of Strathclyde where opportunities for post-diploma training are now offered.

The British contributors to the present book all work in the University of East Anglia, with Purton and Moore having trained originally in the private sector, and Hawtin having received her professional training in the university of which she is now a staff member. Their backgrounds in philosophy and English literature give their contributions the freshness which often typifies the work of British authors in this field where first degrees in psychology are not a prerequisite for professional training and advancement.

Mention has already been made of the commitment of Dr Chuck Devonshire to the development of the person-centred approach throughout Europe and there needs to be a generous acknowledgement of his formidable accomplishments in this endeavour. Both through his Centre for Cross-Cultural Communication and through the creation of various facilitator development institutes, Devonshire was instrumental in introducing person-centred ideas and practice to countless European nationals in the 1970s and 1980s. The founding of the Person-Centred Approach Institute International (with its original headquarters in Lugano) was jointly undertaken by Devonshire and Rogers himself, who continued to participate in its training programmes until shortly before his death in 1987. The Institute is committed to the training both of person-centred therapists and those who wish to apply the approach in other settings – most notably education and youth work. Its influence has been crucial in those countries where there was little ‘indigenous’ knowledge of Rogers’s work or where there had previously been little or no opportunity for formal training in the approach. Italy, Greece and, to a lesser extent, France are countries where without Devonshire’s energetic contribution the approach would be far less well known than it currently is. All three countries now have thriving institutes and/or associations and in France the journal *Mouvance Rogérienne*, founded in 1994 and edited by Micheline Bezaud, is proving an excellent channel of communication. Amazingly, too, in France the former senior official in the Ministry of Education, André de Peretti, who was mainly responsible for Rogers’s controversial visit to France in 1966, remains a powerful advocate of the person-centred approach and actively contributes to the professional literature and to experiential workshops and conferences. Both de Peretti and the distinguished scholar, Max Pagès, continue in their old age to give person-centred ideas credibility in a country where psychoanalysis exercised a governing influence until comparatively recently. In Greece, a recent development has been the recognition of the training course offered by Polly Iossifides and her colleagues at the Centre for Education in the Person-Centred Approach, by the University of Strathclyde in Scotland as a graduate diploma course equivalent to the qualification received by British students studying at Strathclyde. This is perhaps the most notable example yet of cross-cultural co-operation within the European continent serving the best interests of high-quality training in the person-centred approach. Without the original enthusiasm of the indefatigable Dr Devonshire it is doubtful if such an outcome could ever have come about. It was Devonshire, too, who from the outset invited into the directorship of the Person-Centred Approach Institute International a charismatic and forceful Italian, Alberto Zucconi, and the two of them were primarily responsible for the introduction into Italy of person-centred training during the 1980s. In 1986 Professor Aldo Dinacci founded the Istituto di Psicologia della Persona et della Personalita and this institute in recent years has introduced Italian therapists to the work of Gendlin and Prouty.

In Scandinavia Rogers's ideas are widespread but there is, as yet, no formal person-centred association committed to systematic training and scholarly research. In December 1997, however, I had the pleasure of presenting a paper and leading a seminar in London for a group of Norwegian scholars and practitioners, led and inspired by Ragnvald Kvalsund of the University of Trondheim, who have a deep interest in Rogers's ideas and particularly in the relevance of person-centred practice to new forms of spiritual expression in contemporary society. Norway is also the home of Professor Leif Braaten who has held a chair in psychology in the University of Oslo since 1964 and has been the chief representative of the person-centred approach in Norway and Scandinavia throughout the whole of that time. Braaten studied with Rogers in Chicago from 1955 to 1959, having previously rejected the mainstream psychoanalytical approach in Norway as uncongenial to his temperament. After a period as an associate professor at Cornell University he returned to his native country and has continued to uphold the person-centred tradition among a group of colleagues committed to the psychodynamic approach. It says much for them that Braaten has flourished in this environment and has produced a series of books on client-centred counselling, students' emotional problems and, more specifically, on group work and its applications which have had a significant impact on the Scandinavian academic scene. Braaten's contribution to this book explores some of his more recent work on the use of groups in the development of leadership skills and team-building for managers within industrial and other settings. It is a fine example of how one person with a deep commitment to the approach can exercise considerable influence within his academic and social community.

Austria boasts no fewer than three registered person-centred associations which offer training in person-centred therapy and are recognized by the Austrian Ministry of Health. Such recognition has become a critical matter since the introduction of the Law of Psychotherapy (1990) which defines, among other things, minimum training standards and licensing requirements. This law has influenced the whole professional field profoundly and the person-centred community has not been exempt. There is now more formalism and competitiveness and the baleful effect of 'market forces' has induced a commercial orientation which often sits uncomfortably with person-centred values.

Carl Rogers himself visited Austria in 1981 and 1984 and lectured at the University of Vienna as well as participating in workshops and holding discussions with prominent representatives of the major therapeutic schools. Since that time the Reverend Doug Land, a close associate of Rogers, has frequently visited Austria and spent lengthy periods of time there. In 1990, too, the two largest training associations – the Österreichische Gesellschaft für wissenschaftliche, klientenzentrierte Psychotherapie und personorientierte Gesprächsführung (OeGWG), founded in 1974 and the Arbeitsgemeinschaft für personenzentrierte Psychotherapie und Gesprächsführung und Supervision (APG), founded in 1979 – combined to organize a joint

conference near Vienna to celebrate the fiftieth anniversary of the founding of client-centred therapy. This major event, with presentations from Hans Swildens of the Netherlands, Germain Lietaer of Belgium and myself, gave ample evidence of the health and vigour of the approach in Austria. It was therefore not surprising when it was the Austrian contingent which, the following year at the Second International Conference in Scotland, emerged as the organizers designate for the 1994 conference. The resulting event at Gmunden provided further evidence of the confidence of Austrian person-centred practitioners who now form one of the largest groups of licensed psychotherapists in the country. Peter Schmid has been a prime mover of the approach for many years and has contributed handsomely to the professional literature. His varied academic background in psychology and theology is very much in evidence in his deeply reflective chapters on the person and on encounter in the present book.

The lack of Swiss contributors to this volume is no reflection on the vitality of the approach there. The first pioneers in the early 1970s received their training from Reinhard Tausch in Hamburg and were certified by the German GwG. In 1979, however, the Swiss Association for Client-Centred Psychotherapy was founded and since that time has been highly active in offering training programmes both for aspiring psychotherapists and for others wishing to apply the approach in different professional fields. The Association has also been powerfully influential in achieving recognition of the approach within the national context. It currently has some 550 members, of whom 140 are certified client-centred psychotherapists, and it also publishes a quarterly journal *Brennpunkt* which often contains articles culled from the international person-centred community.

So rapid and dynamic is the spread of the person-centred approach throughout Europe at the present time that I am conscious of the likely incompleteness, inaccuracy and inadequacy of the above overview. It will also assuredly be out of date by the time this book is published. For British readers, however, an important purpose will have been achieved if they are disabused of the idea that the person-centred approach is a fragile sapling among the sturdy trees of the psychodynamic and cognitive behavioural traditions. The strength and vitality of the developments throughout the European continent (and the historical rootedness of many of them) demonstrate that Rogers's ideas are in no way alien to the European spirit but owe much to European philosophies and religious streams of thought. (This is particularly illuminated by Peter Schmid's contributions to the present volume.) What is more, at a time when psychotherapy and counselling have yet to achieve a paradigm for the field, there is much evidence to suggest that the person-centred framework of thought with its emphasis on relationships, the self-concept and the internal locus of evaluation may be better positioned to provide such a paradigm than most of its current rivals. As the new millennium approaches, person-centred practitioners have every reason to be proud of what has been achieved in the European context and to feel hopeful for the future.

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# PART I

## THEORY

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### **2 Person-Centred Theory as a System of Meaning**

*Martin van Kalmthout*

The central objective of this chapter is to explore whether person-centred theory has a contribution to make to resolving the old issue of life's meaning. Related questions to be addressed pertain to the advantages and disadvantages of taking person-centred theory as a system of meaning and not just a therapeutic method.

Questions about the meaning of life are no longer the exclusive domain of philosophy and religion but have become legitimate issues for empirical research and theorizing in the social sciences (Baumeister, 1991; Debats, 1996). In psychotherapeutic practice these questions are also an increasing part of the therapeutic agenda (Yalom, 1980). This state of affairs is certainly related to the decline of traditional religions, which do not seem to be able to provide modern men and women with a convincing system of beliefs. Jung was one of the first psychotherapists to suggest that psychology, and especially psychotherapy, might replace religion by offering a new system of meaning. This view of the function of modern psychotherapy is especially characteristic of humanistic psychotherapies, which provide many people with new meanings and values. Such psychotherapeutic approaches go far beyond the treatment of symptoms/conditions and offer a complete view of human nature and the good life.

Although many psychotherapists would prefer to present their approach as based on a neutral scientific method, closer scrutiny shows that psychotherapeutic systems – just like religious ones – contain either an implicit or an explicit system of values that provides an answer to the age-old question of the meaning of life (Bergin, 1980). This might even be true for the more technically oriented psychotherapies such as behaviour therapy, which have



their own worldview, rightly designated by Woolfolk and Richardson (1984) as 'the behavioural Weltanschauung'. One way of looking at the relation between psychotherapies and religious or philosophical systems is, therefore, to consider them functionally equivalent as far as the question of the meaning of life is concerned (Kilbourne and Richardson, 1984). That is to say that they serve the same function in so far as both provide a way of viewing the meaning of life for members of contemporary society.

The question of the meaning of life can be understood in different ways by different people. One meaning, which is common among psychotherapists, refers to the personal significance of life (or the lack of it). This is to say that life may take on a particular meaning or significance for a particular individual given certain values, endeavours and experiences. When these are lacking (for example, absence of a good job or a satisfying relationship), life may become meaningless for that person. For others, life may also be meaningful (or meaningless) for quite different reasons. The statement 'To me life is worthwhile for this or that reason' reflects the unique significance of the question to each individual in the search for meaning.

A second meaning, which is common among religious people, concerns the purpose of all life and the cosmos. The statement 'The meaning of all life is this or that' reflects this all-encompassing, general perspective. For example, the meaning of life is to reach point Omega, as proposed by Teilhard de Chardin.

In the present chapter, the response of person-centred theory to both these questions will be considered. By person-centred theory, I mean – for simplicity's sake – the theory developed by Carl Rogers in his main statements (Rogers, 1951, 1959, 1961, 1980a).

### **Clinical practice and the meaning of life**

Most professional clinicians today are not particularly willing to include questions about the meaning of life in a consideration of the work they are doing. They appear to limit themselves to the treatment of symptoms or to working with well-defined clinical disorders. This situation is in part the result of economic pressures and in part reflects the current intellectual *Zeitgeist* in which no-nonsense thinking and a highly technical approach to the treatment of psychological problems dominate. In such a climate, questions regarding the meaning of life are relegated to other domains and are seen as the province of other professionals including ministers of religion, gurus, shamans, and various types of healers. Nevertheless, clinicians are confronted by questions about the meaning of life, whether they like it or not. The following vignettes serve to illustrate this point.

*She was a 22-year-old girl, good looking, and intelligent. In the last three years, she had suffered several psychotic episodes for which she was treated in hospital.*

*During one of these episodes, she tried to commit suicide. During another, she went to the police station to report her parents for having tortured her. This had not in fact happened but was an expression of the way in which she had been treated emotionally as a child. She was a typical example of parentification. As the oldest daughter, she had taken care of the family while her mother (and later her father) was ill. In her present life, she was unable to undertake higher education (and eventually a job) or to develop social relationships. This was made all the more dramatic by the fact that she intensely desired both of these things. After several years of trying to do so in vain, she came to me and said that she no longer wanted to live in this way and was looking for professional help in order to terminate life.*

*She was a 60-year-old woman, very proper, referred to me by her general practitioner because of serious depressive symptoms. She was ashamed of her present state and did not like psychotherapists. She asked for some advice and did not want to go too far or 'too deep into the past'. It turned out that she had lost all purpose in life since her children had left home and her husband had retired. The latter had, with the best of intentions, taken over a lot of her housekeeping activities. She no longer saw a useful function for her life and longed to end it.*

*He was an 18-year-old boy who could not make a decision about his future education or jobs. He enjoyed life in terms of sports, friends, and other leisure activities but he did not like going to school or studying. It was nevertheless important to him to earn money and thus participate in society. He was not able to discipline himself enough, and he could not find what really interested him. He used to talk philosophically about society and life but was now quite sceptical about both. In fact, he was very uncertain about himself and felt that his future in society was very grim. He could not find a meaningful perspective for moving on and giving shape to his life.*

*At the age of 30, she lost her husband to cancer. At his instigation and although they knew his cancer was terminal, they had decided to have a child. She does not find her life together with her son very pleasant. At the same time, she feels ashamed of these feelings and condemns herself for having them. In fact, she had never aspired to become a mother. What she wanted was to live her own life and have her own profession. She is clearly not able to live such a life now and feels extremely constrained by her present situation. She also feels guilty towards her son and her deceased husband. These feelings of guilt block her from giving shape to her life according to her own standards, and depression and a lack of meaning in life are the result.*

Many more examples could be provided in which the question of the meaning of life comes up in a very concrete and urgent form. Generally speaking, psychotherapists will be guided by their own theoretical framework in approaching such existential problems, and this implies the formulation of the presenting problems in their own language, in order to treat them in familiar ways. The values and the worldview of the psychotherapist will play a role right from the beginning and will determine his or