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An Overview of the Person-Centred Approach to Counselling and to Life

An introduction to the approach

When I begin my work with a new client, I usually start by giving them a simple outline of how I work as a person-centred counsellor. In order to try to begin to make my understanding of the person-centred approach more accessible to the reader, I will begin by describing some aspects of how I tell a new client about the way that I work.

Understanding the person-centred approach to counselling can only really come about through connecting the theory to counselling practice, in order to bring it to life. Throughout this book I will be using a number of examples from my client work to try to show how I work as a person-centred counsellor. These casework examples will be composites from my work with a variety of clients, with the individuals' details changed in order to protect confidentiality. None of the examples used will portray any particular individual.

The first meeting with a client

A young woman, Margaret, had been referred to me for counselling by her employer, as she was suffering from stress associated with being harassed by a colleague and was showing some symptoms of depression. When she arrived for her first meeting, I asked her to take a seat and make herself comfortable. I noticed that she sat right on the edge of her chair and was gripping her hands tightly, in a way that seemed

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rather tense and ill at ease. I introduced myself and told her that I was feeling a little nervous, which I usually do when meeting new people. I then said in a very accepting way, that she also seemed a little tense and that I suspected she might be feeling a bit nervous or anxious too, at which she nodded quietly in agreement. I asked if she knew anything about counselling, to which she cautiously replied 'No, not a thing.' So I told her that I usually begin by talking a little about the way that I work as a person-centred counsellor, saying something about me and my background and clarifying what we could expect from each other if we agreed to work together. I explained that I believed it was important to do this, so that I could make it feel safe enough for her to talk to me about anything she wanted to. She agreed that this might be helpful and so I began:

'Well, Margaret, there are several different approaches to counselling in this country and I have been trained to work as a person-centred counsellor. There are some important differences between this approach and the other major approaches to counselling.

First, I have a very strong belief in the positive nature of all human beings. We will always strive to do the best for ourselves, no matter what conditions we find ourselves in or what problems we face.

Secondly, I believe in the uniqueness and worth of every individual human being and that we all deserve respect for our capacity to choose our own directions in life and to select and choose our own values to live by.

Thirdly, I believe that you are the only expert in your own internal world and the only person who really knows how you feel. You are the only person who can decide who and how you should be, the only person who can decide what the meaning of your life is and what you should do with it.

Fourthly, I believe that the most important thing in counselling is the therapeutic relationship that will develop between us, in which I hope that you will really feel heard and understood, in a non-judgemental way, and that you will experience me as a real and genuine person in this relationship. I will often be very open with my feelings as I experience

them here, rather than playing the role of counsellor or expert whom you have come to ask for solutions to your problems.

I am not an expert: I do not have any answers to your problems and difficulties. I believe that the answers, if there are any, lie within you. I will not probe or pry into anything you tell me, I will only work with what you choose to talk about. The only questions I will ask will be to check that I have heard and understood your feelings or to clarify the meaning of what you are telling me. I am quite used to a lot of silence, tears and other strong feelings being expressed.

I will be very accepting of what you tell me and, at the same time, I will notice when the words you say seem to be at odds with how I am experiencing you. I might even notice these things out loud, as I did at the start of this session, when I saw that you seemed to be trying to look very calm and in control and yet there were lots of little signals that seemed to suggest to me that you were quite tense. I will do my best not to interpret anything you do or say with my meanings, but I will try to clarify what these things mean for you and how you are really feeling.

I will try to be sensitive in what I say to you and at the same time I would want you to experience me as being really authentic with you and not putting on any pretence. I will be very direct and honest in sharing how I experience you and the things you talk about and you may find this way of working quite challenging at times.

What I will try to do here is to create a trusting relationship between us that will provide a safe space in which I hope you will feel very accepted and understood so that you can be in touch with your feelings and talk, without fear, about anything which concerns you. I have a strong belief that we need to own and value all our feelings, even the most uncomfortable ones and to be able to say how we feel and to insist on being heard and understood. I hope that you will experience that here with me so that you will feel able to deal more effectively with the feelings that are troubling you.'

That, in a nutshell, is the person-centred approach to counselling.

These words, or something very similar, are the way that I usually start to develop a working relationship with any new client, helping

both them and me to settle down and relax and begin to relate to each other. It sounds fairly simple and even rather like common sense, yet I know that to do it well requires considerable knowledge and the expertise that comes from a lot of practice. These words also outline what I believe are the basic principles of the person-centred approach to counselling.

A brief history of the development of the person-centred approach

One of the criticisms of the person-centred approach to counselling is that it is based on very little theory and at times has even been described as 'theory thin'. However, in this book I aim to show that the approach is underpinned by a richness and depth of philosophy and theory, which it is important to understand in order to effectively practise in this way.

Carl Rogers, who was the originator of the person-centred approach to counselling, was born in 1902 in Chicago and died in California in 1987, leaving behind the legacy of what has been called the 'Third Force' in American psychology, namely, humanistic psychology. Rogers was the founder of what he originally called 'non-directive therapy' (Rogers, 1942), which later he changed to calling 'client-centred therapy'. Today it is more popularly known as the person-centred approach. In the late 1940s, at the time that he began to develop his theories, the other two forces prevalent in American psychology were Psychoanalysis and Behaviourism, whose views on human nature were strongly challenged by Rogers.

The development of the person-centred approach stemmed from Rogers' experience of being a client and his experience of working as a counsellor, which gave rise to the views he developed about the Behaviourist and Psychoanalytic approaches to counselling. Rogers felt that in general terms, the Behaviourists seemed to take the view that human beings are organisms that only react to stimuli, developing habits learned from experience; that individuals are helpless and are not responsible for their own behaviour. The Behaviourists seemed

to be saying that individuals have been taught to think and behave in ways that are unhelpful or maladaptive and that it was the counsellor's job to teach them to be different. Rogers also felt that the Psychoanalysts, particularly Freud, appeared to take the view that human beings are never free from the primitive passions originating in their childhood fixations and are solely the product of powerful biological drives. The Psychoanalysts emphasised the dark side of human nature, with its destructive impulses, over which human beings seemed to have no control.

Rogers suggested that in both of these approaches human beings were seen to have no choice and no control over themselves, that individuals are inherently bad or weak, and are likely to get 'broken' and will need the help of the counsellor as an expert who could 'mend' the broken individual. In the process of therapy the counsellor would assess and diagnose what was wrong with the client and identify the goals for change which the client needed to achieve. The counsellor would then direct how the client would achieve these goals by identifying the required strategies the client needed to use in order to resolve their problems.

In his work as a counsellor, Rogers became increasingly uncomfortable with being in the role of 'the expert' and being expected to take a very directive approach to how his clients should change. As a consequence of his experiences as a client in his own therapy and through his contact with other influential psychologists at the time, he began to develop a very different view of human nature and what clients needed to experience in counselling.

I do want to state here that I strongly respect the beliefs and value the good practice of counsellors from the psychodynamic and cognitive-behavioural approaches. I have had good personal experience of therapy from counsellors trained in those approaches. However, I do not feel able to practise those approaches myself because they do not sit well with my personal belief system about the nature of humanity, or with my nature and personality. In simple terms, the person-centred approach seems to fit me and to work well for me and the clients with whom I work.

The basic philosophical assumptions

In my view, Rogers developed the person-centred approach to therapy from three distinctive philosophical beliefs, Humanism, Existentialism and Phenomenology. I believe that in order to understand the theory he developed, it is essential to understand and accept those philosophical roots, which I would like to briefly outline below.

Humanism

This philosophy is based, first of all, on a fundamental attitude that emphasises the dignity and worth of each individual human being. Secondly, it is based on the belief that people are rational beings who possess within themselves the capacity for truth and goodness. The humanistic concept of the person is based on a model of growth, in which the person is seen as always striving to create, achieve or become. The need for self-fulfilment or self-actualisation is regarded as a fundamental human drive. From a humanistic point of view, fulfilment and growth are achieved through the search for meaning in life and not through supernatural claims. The humanistic view of the person as actively seeking meaning and fulfilment puts a strong focus on the concept of process. Self-actualisation or fulfilment is a continual challenge or journey to be experienced, not an end-state to be attained.

This view of the nature of humanity directly contrasts with the conflict model implicit in psychodynamic theory, and the problem management or coping model implicit in behaviourism. It clearly figures in Rogers' development of the concept of 'A Way of Being' and his notion of 'Becoming a Person', the titles of two of his most well-known books (Rogers, 1961,1980).

Existentialism

Existentialism, broadly defined, is a set of philosophical systems concerned with free will, choice, and personal responsibility. Because we make choices based on our experiences, beliefs, and biases, those choices are

unique to us—and made without an objective form of truth. Existentialists believe that there are no ‘universal’ guidelines for most decisions, no ‘rules’ by which we all have to live.

Despite encompassing a staggering range of philosophical, religious, and political ideologies, the underlying concepts of existentialism are simple:

- Humankind has free will.
- Life is a series of choices, creating stress.
- Few decisions are without any negative consequences.
- Some things are irrational or absurd, without explanation.
- If one makes a decision, he or she must follow through.
- The only important meaning which can be attached to my life is that which I give to it.

Existentialists conclude that human choice is subjective because individuals finally must make their own choices without help from such external standards as laws, ethical rules, or traditions. Because individuals make their own choices, they are free; but because they freely choose, they are completely responsible for their choices. The existentialists emphasise that freedom is necessarily accompanied by responsibility. Furthermore, since individuals are forced to choose for themselves, they have their freedom – and therefore their responsibility – thrust upon them. In a simple sense we are ‘condemned to be free’.

Within existentialism there are several major themes:

1 Concrete individual existence

Existentialists take the view that existence precedes essence for all things. We exist and then we develop a sense of our own essence or nature, from the way we experience ourselves and from the ways in which other people tell us that they experience us.

2 Individual vocation

Existentialists oppose the traditionally held view that there is a common good which is the same for everyone, or a set of rules for living that

everyone must abide by. Instead, they insist that the highest good for the individual is to find his or her own unique meaning for their own life, their own unique vocation. Kierkegaard wrote: 'I must find a truth that is true for me ... the idea for which I can live or die' (Dru, 1938: 15). Other existentialist writers have echoed this belief that one must choose one's own way without the aid of universal, objective standards.

3 Choice and commitment

Perhaps the most prominent theme in existentialism is that of choice and responsibility for the consequences of the choices we make. Most existentialists believe that what differentiates human beings from other creatures is the freedom and the capacity to make choices. Existentialists believe that human beings do not have a fixed nature, or essence, as other animals and plants do. Each human being makes choices that create his or her own nature. Choice is therefore central to human existence, and it is inescapable; even avoidance or the refusal to choose is a choice. That freedom to choose must also be accompanied by commitment to taking the responsibility to live with the consequences of those choices. Existentialists have argued that because individuals are free to choose their own path, they must accept the risk and responsibility of following their commitment wherever it leads.

4 Dread and anxiety

Existentialists believe there are a number of experiences of pain that are common to all human beings. These include the belief that every one experiences a feeling of general apprehension, called 'dread'. (The sense that even on the sunniest day there is a dark cloud on the horizon that will spoil it.) 'Anxiety' is also believed to be a common human experience. This stems from the fact that we can know only three things: we were born, we exist and we will die. Apart from those three, everything else is unknown or conjecture. Anxiety leads to the individual's confrontation with nothingness and with the impossibility of finding ultimate justification for the choices he or she must make. The

word 'anguish' is used for the recognition of the total freedom of choice that confronts the individual at every moment and fills them with an unknown and unknowing fear.

Phenomenology

This is a philosophical movement and a method of philosophical inquiry which was developed in the early years of the twentieth century by Edmund Husserl. He identified a set of theoretical approaches that attempt to understand the ways in which people experience the world they create and inhabit. It sets out to study human experience and consciousness in everyday life. The basis of phenomenology is that there is no such thing as a singular reality. There is only the reality that each of us experiences. As a consequence, reality is constructed by each of us and in relational situations can be co-constructed by those in the relationship. A phenomenological approach in therapy is focused on the importance of noticing phenomena occurring. That is, noticing all the events, feelings, experiences, behaviours, words, tones of voice and anything else that we see or hear, as they are in the moment and not interpreting them on the basis of our past experiences. All counsellors, whatever their theoretical approach, need to be phenomenological. We need to notice all the phenomena that are occurring in the client, in ourselves as we work with the client and in the relationship.

In being phenomenological, first, we must try to lay aside all assumptions we have and start afresh. When starting to work with a client, each time try to imagine that we have never seen this person before, and that we know nothing about them. Contemplate, notice and observe. We need to treat each experience of a client as unique.

Secondly, we must try to achieve an accurate description of what appears to our senses, describing both what we experience and the manner in which we are experiencing it. At the stage of producing verbal descriptions we do not add, subtract, distort, generalise, theorise, explain, or jump to conclusions. We try to avoid the conventional wisdom about the things we observe.

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In both existentialism and phenomenology there is an important concept of differentiating between an individual's capacity to be just 'in' their world, like an inanimate object that everything happens to, and 'with' their world, in which the individual really engages and takes responsibility for themselves.

In therapy, in order to discover just how my client is in relation to being 'in' or 'with' their world, I need to really pay attention to the practice of phenomenology and to remember that individuals respond to their world as they uniquely experience it – and not as others see it. Can I really listen to what my client is saying and how they are saying it for clues that will tell me whether they are 'in' or 'with' their world and whether I can work with them in the therapeutic relationship?

To help with being phenomenological, I need to remember that the practice of phenomenology in counselling is systematic and has three rules:

The first is: **The rule of attention**

When encountering anything in ourselves or in our client, we must turn our full attention on to it. Immediately, we are likely to start to try to understand it in terms of past experience. What we need to do instead is just to attend. To see it as if we have never seen it before and to bracket off any assumptions we may make from our own experience of our own world.

On a practice level, we need to be silent. The more we are freed up from having to talk and define or interpret, the more we can listen and be curious about what we consciously notice.

The second is: **The rule of description**

All we have to do is to describe what we *see*, what we experience from the client. We do not have to explain, attribute causation, justify, problem solve, pretend we know more than we do, hypothesise hidden meanings or analyse. On first glance this looks easy. It is not. We are so used to explaining events and fitting them into pre-formed theories in

order to make sense of the world that it is very difficult to refrain from doing that.

As a general rule the temptation for the therapist to explain is proportional to their anxiety. Explanation is invariably given to relieve the therapist's own anxiety. If I convince myself I know what is going on, I evade the anxiety of not-knowing. The most useful question to enable a client to understand their experiencing is not: 'Why...?', because that requests a distancing from present experience by attempting to establish mechanistic causal links. However, the question: 'What...?' simply requests further description, as in 'What's that like?', or 'Can you tell me a bit more about that?' Successive re-description will enable us to get nearer to the client's understanding of their experiencing of something than any explanation will. It is also important to remember that existential principle that in life (and in the universe) some things are just absurd and have no explanation.

The third is: **The rule of horizontalisation or equal value**

In applying the rule of horizontalisation we need to consider each part of the content, and of the process, to be of equal importance until we know otherwise. Our ability to horizontalise is related to our ability to identify and deal with our assumptions. Too often we have a tendency to jump to conclusions about our clients on the basis of a superficial match either with our chosen theory or our personal history. We are deciding what is important before the client has told us. We must always be vigilant in trying to avoid this. We must really be engaged not in the search for 'truth' when we are working with a client, but rather in searching for an understanding of the truth as it is for the client. This clearly explains the importance for Rogers of 'checking out' what we sense our client is experiencing, rather than merely reflecting back the words we have heard.

In therapy and in life too, I believe it is important to be phenomenological towards myself as well as towards my client. Can I pay attention to myself at the same time as paying attention to my client? Can I sense how this person and this relationship is impacting on me? What am I

feeling? What am I thinking? What am I doing while I am listening to my client? Am I really with my world, here in this moment with my client or am I merely in it? Am I really being authentic and genuine or am I merely playing the role of 'interested' or 'caring' or 'helpful' listener? If I discover that is what I am doing, can I be honest enough with myself to own up to that and stop doing it?

Philosophical principles and basic assumptions

In 1942, Rogers published *Counselling and Psychotherapy*, in which he identified what he saw as the two basic assumptions underpinning the Behaviourist and Psychoanalytic approaches. Namely, that 'the counsellor knows best' and that the job of the counsellor is to lead the client to the goal that the counsellor has chosen.

Rogers then described what he saw as a newer approach to counselling, which had a totally different character from the other approaches and was based on very different beliefs about the nature of human beings. The aim of this new approach was not to solve a particular problem or problems, but to develop a trusting relationship. This relationship would enable the individual to grow, so that they could cope with their current difficulties and with later problems in a more effective manner and thereby become more independent and able to function more effectively.

Rogers argued that human beings are, essentially, positively motivated with a natural internal drive towards growth, health and adjustment. They can be trusted to make choices that enable them to shape, direct and take responsibility for their own existence and the way they live their lives. He believed that human beings need to be enabled to free themselves from internal and external controls imposed by others in order to become fully functioning and to 'heal' themselves. He felt that the natural tendency in any human being was to develop towards becoming a fully functioning individual, with a natural drive to become who we truly are. He developed a strong humanistic belief that the counsellor who enables their client to experience the right growth-promoting conditions in the

counselling relationship will enable clients to become more fully functioning; to chose to become their true selves, rather than continuing to be as others want them to be.

For me, that means: Can I focus on really being here with my client, trying to enable them to experience that this bit of their world, with me in it in this room, is a safe enough place for them to be really with me, in our momentarily-shared world? Can I develop a shared understanding with my client of how they experience the phenomenology of their world? Can I work hard to avoid interpreting their experience through the filters of my own experiences and focus on just describing what I experience from and in them? Can I notice all the phenomena that my client brings into the counselling room and treat these as all being of equal value? It seems to me that these humanistic, existential and phenomenological principles are plainly at the root of what Rogers was clearly expressing in the development of the person-centred approach to therapy and to life.

The six necessary and sufficient conditions

In 1957, Rogers published an article that identified the following six fundamental conditions, which he regarded as both necessary and sufficient to establish a counselling relationship, in which therapeutic growth and personality change could occur (Rogers, 1957). These six conditions are:

- 1 Two persons are in *psychological contact*.
- 2 The first, whom we shall term the client, is in a state of *incongruence*, being vulnerable or anxious.
- 3 The second person, whom we shall term the therapist, is *congruent* or *integrated* in the relationship.
- 4 The therapist experiences *unconditional positive regard* for the client.
- 5 The therapist experiences an *empathic understanding* of the client's internal frame of reference and endeavours to communicate this experience to the client.
- 6 The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

Rogers had an unshakeable belief that if the client can experience these six essential conditions for therapeutic growth, then nothing else is required to enable change to take place in the client. These conditions are both necessary and sufficient in themselves.

All six are the necessary and sufficient conditions

From the very beginning, Rogers referred to all six conditions as 'the necessary and sufficient conditions' for therapeutic growth. However, as the use of the approach developed, three of the conditions (numbers three, four and five), which are perhaps seen to be attributes or attitudes to be integrated in the counsellor, began to receive more prominence and attention than the others. To some extent this still continues today, with these three often being referred to as the 'core conditions'.

This was not a term that Rogers used. I find it intriguing that the term just seemed to appear in the late 1960s. The first mention I have been able to find was the following:

From an eclectic stance we are free to research the basic core of facilitative conditions, and the selective use of techniques... there is now no need for the artificial dichotomy separating rigor and meaningfulness. ... We have attempted throughout our work to integrate the basic core of facilitative conditions with learning in a social context. (Berenson and Carkhuff, 1967: 448)

Carkhuff was only interested in the three core facilitative conditions and paid no attention to the other three conditions. Rogers himself was strongly convinced that, in therapy, all six conditions were interrelated and of equal importance.

From the late 1960s, perhaps because of Carkhuff's influence, the other three conditions (numbers one, two and six), seem to have been given less attention, perhaps because they are rather more like aspects of the relationship between counsellor and client. Rogers himself believed that condition one, psychological contact, was an absolute

prerequisite for therapy to take place. For me, of equal importance was Rogers' hypothesis that the communication to the client of conditions four (unconditional positive regard) and five (empathic understanding) is achieved to at least a minimal degree.

For the counsellors who want to commit themselves to the person-centred approach, it is important to remember that all six conditions are of equal importance. They are rather like the pieces in a jigsaw – they all need to be present in some way in the counselling relationship in order to see the full picture. This does not mean that they all have to be present to the same degree all the time. That would probably be impossible to achieve, even for Carl Rogers. It does mean that all six need to be present in some way and the communication of the three central conditions needs to be experienced by the client to at least a minimal degree during counselling.

The interrelationship between the six conditions

Retaining Rogers' concept that all six conditions are necessary and sufficient, in order to help explore and explain them, I will refer to conditions three, four and five as the 'central conditions', and conditions one, two and six as the 'further conditions'.

Because of the prominence that has been given to the three central conditions, anyone setting out to practise as a person-centred counsellor may find it difficult to understand the equal importance of all six conditions, the interrelationship between them and, in particular, the pivotal role of the first condition, around which the other five conditions seem to revolve. It can be said that in the counselling relationship the other five conditions are meaningless without the presence of the first condition. This is because the first condition, psychological contact, is about counsellor and client having a real relationship, rather than two people just being in a room together. It is also very clear that relationships do not just happen without any effort. Even in everyday life, we usually have to want a relationship to happen and to do something about making it happen and to work at maintaining it. This is no less true of

the counselling relationship and of establishing psychological contact between counsellor and client.

It is also very clear that the sixth condition (the communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved) is essential. Counselling can hardly be effective if the client doesn't actually experience the counsellor as being empathic or having unconditional positive regard for them.

Necessary and sufficient

Today, there is a growing and more general acceptance that the central conditions are important for any therapist, whatever approach they use, although other approaches do not accept that these conditions are sufficient in themselves to enable change to take place.

For Rogers, however, these conditions were more than just essential. He believed that they were entirely sufficient, on their own, to enable therapeutic growth to be possible. He argued strongly that the experiencing of those three central conditions by the client, in the therapist, creates a strongly therapeutic relationship and therefore there was no need for techniques of any sort. He also firmly believed that these conditions could not be 'turned on' in counselling as a kind of technique. Instead, they needed to be developed as an integrated part of the counsellor's personality, and to be rooted in the counsellor having those fundamental beliefs about human nature which are described above, along with the counsellor's belief in the client's capacity to achieve their own potential to become fully functioning.

The stages of becoming fully functioning in counselling

Rogers held the belief that the ideal state for any human being is to be in a state of becoming, to be always striving to become a fully functioning person. Through his interest in research into the outcomes of counselling, he developed a belief that it was important to develop

some understanding of the way in which change takes place in individuals through counselling. In particular, he wanted to find a way to describe the process which takes place in the counselling relationship. Through further research into his own practice, he developed his theory of the seven stages of process (Rogers, 1961: 125–59). He saw these stages as a flowing continuum rather than seven fixed and discrete stages. It is important to emphasise that this is not a rigid model, but is offered to explain the kind of processes that a client might experience. A brief outline of these stages is as follows:

- Stage One:** The client is very defensive and extremely resistant to change.
- Stage Two:** The client becomes slightly less rigid and will talk about external events or other people.
- Stage Three:** The client talks about him/herself, but as an object and avoids discussion of present events.
- Stage Four:** The client begins to talk about deep feelings and develops a relationship with the counsellor.
- Stage Five:** The client can express present emotions and is beginning to rely more on his/her own decision-making abilities and increasingly accepts more responsibility for his/her actions.
- Stage Six:** The client shows rapid growth towards congruence and begins to develop unconditional positive regard for others. This stage signals the end of the need for formal therapy.
- Stage Seven:** The client is a fully-functioning, self-actualising individual who is empathic and shows unconditional positive regard for others. This individual can relate their previous therapy to present-day real-life situations.

It is also important to remember that the client will flow backwards and forwards along that continuum and will not automatically progress along it as though they are discreet steps.

Rogers wrote eloquently about what he perceived as these seven stages that an individual passes through in therapy in the journey towards becoming. I will explore them in more depth in Chapter 5.

Self-actualisation

In developing his theories, Rogers was profoundly influenced by the writings of a number of other psychologists and philosophers. In particular, he was strongly influenced by the thinking of Kurt Goldstein, a Jewish-German psychiatrist who first developed the term 'self-actualisation' (Goldstein, 1939). This was a term that Rogers also used, although rather more broadly than Goldstein had defined it. Rogers referred instead to the 'actualising tendency', which he believed was the principal basic tendency in all human beings, the tendency to want to become the self that one truly is, rather than the self that others want us to be.

Goldstein also influenced Abraham Maslow, another psychologist whose thinking Rogers also drew upon, and who was developing his own theories of personality development. Maslow's most famous concept was that of a hierarchy of needs (Maslow, 1943). The inner core of human nature, argued Maslow, consists of urges and instinctive tendencies that create basic needs within the person. These needs have to be satisfied, otherwise frustration and sickness will result. The first and most basic needs are physiological and are related to survival. These include the need for food and shelter. If these physiological needs are not satisfied, all other needs are temporarily pushed aside. Once basic physiological needs are fulfilled, relatively higher needs emerge, such as those for safety, love and esteem. When safety needs are satisfied, love and esteem needs arise and the individual will focus on meeting these needs.

The self-actualising tendency and the fully functioning person

At the top of the hierarchy of needs, Maslow placed the need for self-actualisation, which arose from the emergence of a need to know, a need to satisfy our curiosity about nature, a need to understand the perplexities of life and ourselves. Maslow and Rogers both drew close parallels between Maslow's self-actualising person, whose most basic

drive was the desire to become all that one is capable of becoming, and Rogers' fully-functioning person, whose basic drive was to become the person that one truly is. Rogers believed that the actualising tendency could be inhibited but could never be destroyed, except by death, and that it was directed only towards positive objectives, to enable the individual to function to the best of their ability in whatever conditions they might find themselves. Another significant difference between Maslow and Rogers was that Maslow believed that self-actualisation was a state that could actually be achieved, while Rogers believed that self-actualisation was a process with a continuing potential for further growth.

Rogers' theory of personality and behaviour

The Policy and Planning Board of the American Psychological Association invited a number of leaders in the fields of psychology and psychotherapy to contribute to a seven-volume series entitled *Psychology: A Study of a Science* (Koch (ed.), 1959). Carl Rogers, along with the other contributors to the first three volumes, was assigned the task of describing his current theoretical formulations, which he considered to be of recent importance to psychology. His chapter was entitled 'A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework'. This was later reproduced as Chapter 11 in *Client Centred Therapy* (Rogers, 1951).

Rogers describes 19 propositions, giving his theoretical view of the nature of human personality and how it works. These propositions are written in the rather technical language of an academic writing for other academics. Although this makes them a little difficult to read, trying to translate them into more readable everyday language seems to rob them of their true meaning in the context of the time that they were written and their purpose. I will therefore present them as they were as they were written.

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- I Every individual exists in a continually changing world of experience of which he is the centre.
- II The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, 'reality'.
- III The organism reacts as an organized whole to this phenomenal field.
- IV The organism has one basic tendency and striving to actualize, maintain, and enhance the experiencing organism.
- V Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.
- VI Emotion accompanies and in general facilitates such goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of the behavior, and the intensity of the emotion being related to the perceived significance of the behavior for the maintenance and enhancement of the organism.
- VII The best vantage point for understanding behavior is from the internal frame of reference of the individual himself.
- VIII A portion of the total perceptual field gradually becomes differentiated as the self.
- IX As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed – an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the 'I' or the 'me', together with values attached to these concepts.
- X The values attached to experiences, and the values which are a part of the self structure, in some instances are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly.
- XI As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organized into some relationship to the self, (b) ignored because there is no perceived relationship to the self structure, (c) denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self.

- XII Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self.
- XIII Behavior may, in some instances, be brought about by organic experiences and needs which have not been symbolized. Such behavior may be inconsistent with the structure of the self, but in such instances the behavior is not 'owned' by the individual.
- XIV Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension.
- XV Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self.
- XVI Any experience which is inconsistent with the organization or structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain itself.
- XVII Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences.
- XVIII When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.
- XIX As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value *system* based so largely upon introjections which have been distortedly symbolized with a continuing organismic valuing process. (Rogers, 1959: 184–256)

Referring back to the section on philosophy above, there are many points within the 19 propositions where clear connections can be

made with humanistic, existential and phenomenological principles and explain various aspects of the person-centred approach. Perhaps one of the most important of these propositions is the one which states that the 'organism reacts as an organized whole to its experiencing of its phenomenological field' (Rogers, 1951: 484). This is broadly taken to mean that no one part of the personality acts entirely on its own behalf, but that parts of the self which are fragile or vulnerable and may perhaps have been damaged, will be helped, supported and even protected by other parts of the personality as they respond to their experience of life. This has led to an important aspect of the person-centred approach, which is that of attending to the 'whole' person, with the whole of the self of the therapist. This means that as counsellors we need to be accepting, empathic and genuinely present both with and for all aspects of the client's personality and not just those parts that we like or are drawn to, and to be present with the whole of ourselves. To illustrate, I will briefly describe some of my work with a client for whom it was really important that I was completely accepting of her whole person, including the part of her that wanted to deny the pain that she was experiencing.

The communication and experiencing of unconditional acceptance

I recall Patricia, a middle-aged, female client who presented with a very bubbly, cheerful personality, always smiling and talking in a positive way. She had been referred to me because she was having difficulties in all of the important relationships in her life. She seemed to have no capacity at all to express feelings of anger, frustration, disappointment, sadness, loss or fear. She seemed to continually try to convince herself that everything would be alright providing she put on a brave face and remained cheerful.

I noticed how when she talked about some of her disappointments and difficulties, she would slump down in her chair with quite a sad expression on her face and that tears would come to her

eyes, which she would rapidly wipe away. She would then, literally, give herself a shake, sit upright, grit her teeth and smile before making one of her ‘Well – it will all be alright if I stay positive, won’t it?’ statements.

I said that I had noticed this happening several times and how puzzled I was by this behaviour. I wondered what it would be like for her to stay with her feelings of sadness or disappointment. ‘I can’t do that’ she said strongly. ‘Ever since I was a little girl I’ve been taught to put a brave face on things and that if I do, they will get better.’ She paused for a moment or two and then added in a very quiet and reflective voice, ‘But I guess they don’t always do that, do they?’

I responded with ‘Well, Patricia, I’m not saying you shouldn’t do what you have been taught to do, even if you know it doesn’t always work. I guess there are times when it has been really useful. What I am saying is that here, in this room, it is OK for you to choose to be with these uncomfortable feelings, because it is safe enough to do that. I feel that it would be OK for you to experience and talk here with me about all that disappointment and sadness that you have. I won’t think any worse of you if you do. In fact, I’ll be really pleased if you can share those feelings with me. I’d feel privileged by that rather than feeling you are shutting me out.’

After some quiet thought, she replied, ‘Do you mean it is alright for me to have these feelings, you’re saying that I am allowed to have them?’

‘Dead right’, I said. ‘If I was experiencing some of the difficulties you are describing, I think I would feel pretty sad and disappointed too. Those feelings may not be comfortable or nice, but they are your feelings and I think it is pretty important to value and take care of them, rather than pretending that they don’t exist. It’s a bit like saying to yourself that your pain doesn’t matter – and I think that it does matter to you a great deal.’

‘I’ll have to think about that,’ she said. ‘Don’t know if I can do it, though.’

‘That’s OK.’ I said. ‘No hurry. I’d just like to be able to get a real sense of how it feels to be Patricia, living with all that pain and never able to share it with anyone.’

In experiencing my acceptance of all the parts of her personality, she eventually began to be able to be more accepting of that part of her which was in so much pain and much more able to choose not to defend it by pretending it did not exist.

Phenomenological observation

This extract also demonstrates another important principle in the person-centred approach which we perhaps use in a different way from the other approaches. The technical term for this is phenomenology, the observation of phenomena – things that happen. That is, the importance of careful observation of everything the client does and says in the relationship and the communication of how the counsellor experiences all these aspects of the client, in a non-judgemental way. Above, I show how I noticed the apparent conflict between the feelings Patricia was describing and how she was behaving. I fed this back in an accepting, non-judgemental manner, without interpreting it in any way. I sought to find out what this behaviour meant to her, so that both she and I could begin to understand. This, I think, gave her an opportunity to think about what she was doing and the consequences of behaving in that way. Through that, Patricia began to recognise that she could choose to behave differently, rather than continue to do as her parents had taught her and that there would be quite different and more positive consequences arising from her changed behaviour.

The avoidance of technique and developing a way of being

I referred earlier to Rogers' view that the six conditions could not and should not be used as a kind of technique but that they need to be developed from within a deeply held belief in the positive nature of human beings and their actualising tendency, as an integrated part of the counsellor's personality. If this happens in counselling, the client will experience those conditions in abundance in the relationship. In

this process, Rogers believed that the client, in experiencing these conditions in the counsellor, will experience themselves as being fully, psychologically 'received' by the counsellor (Rogers, 1961). Any attempt to use those conditions as a technique, without those strongly held beliefs, will be experienced by the client as false and lacking in genuineness and is unlikely to provide the relationship or the therapeutic climate in which change can occur.

Rogers took this further to develop the most significant difference between the person-centred approach to counselling and other approaches. This lies in the belief that the experiencing of the three central conditions is important in every relationship and in every aspect of life. The person-centred approach has become more than a way of developing a therapeutic relationship with clients. Rogers described it as 'a life-affirming way of being' (Rogers, 1980). This has led to the person-centred approach being described as a quiet revolution.

A link to the next chapter

In the next chapter, I will explore two fundamental beliefs held by Carl Rogers, his understanding of the characteristics of the actualising tendency and of the fully functioning person. I will also look at Rogers' belief in trusting that the client is the only expert in their own internal world and the importance of avoiding being an expert and doing the utmost to have a non-directive attitude.

Recommended reading

- Macmillan, Michael (2004) *The Person-centred Approach to Therapeutic Change*. Sage Therapeutic Change Series. London: Sage.
- Rogers, Carl R. (1990) 'The necessary and sufficient conditions for therapeutic personality change', in Howard Kirshenbaum and Valerie Land Henderson (eds), *The Carl Rogers Reader*. London: Constable, Chapter 16.

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Thorne, Brian (2003) *Carl Rogers. Key Figures in Counselling and Psychotherapy Series*. London: Sage.

Wilkins, Paul (2010) *Person-centred Therapy – 100 Key points*. London and New York: Routledge.

Worsley, R. (2002) *Process Work in Person-centred Therapy. Phenomenological and Existential Perspectives*. Ross-on-Wye: PCCS Books.