

Why the client knows best

THE profession of psychology has traditionally had an uneasy relationship with the profession of psychotherapy. However, times are changing and the British Psychological Society is now in the process of preparing a register of those psychologists who specialise in psychotherapy. Now seems a good time for an overview of person-centred theory – the rationale for the ‘client as expert’ and the implication this has for therapeutic practice, recent trends, and the evidence base for client-centred psychotherapy.

Most psychologists will already have briefly come across person-centred theory and client-centred psychotherapy at some point in their careers, perhaps as undergraduates studying personality or abnormal psychology. But person-centred



STEPHEN JOSEPH believes client-centred psychotherapy is a misunderstood approach with profound significance.

theory and client-centred psychotherapy are often given only superficial coverage, and the full significance of the view that it is the client who knows best is often misunderstood.

Person-centred theory

Carl Rogers (1957) proposed six necessary and sufficient conditions that when present in a relationship lead to constructive personality development (see Box 1). Constructive personality change would occur only if all six conditions were present, and the more that they were present the more marked the constructive personality change of the client. When the conditions are fully present, the client feels accepted and valued, listened to and understood, not judged or pushed.

Rogers was saying that all psychotherapies are effective if the necessary and sufficient conditions are present: the conditions were an integrative statement and not a description of client-centred psychotherapy as such. Certainly, the necessary and sufficient conditions outlined by Rogers describe the three core attitudinal qualities of the client-centred psychotherapist, their congruence, empathy and unconditional positive regard; but the fundamental idea of client-centred psychotherapy, and the aspect of theory that is most often misunderstood, is that these core attitudinal qualities are the interpersonal climate that foster what Rogers called the actualising tendency.

The actualising tendency is the foundation stone of person-centred theory and thus of client-centred psychotherapy. In person-centred theory it is thought to be the basic and sole motivation of persons, always resulting in growth, development

and autonomy of the individual. In writing about the actualising tendency, Rogers (1963) states:

We are, in short, dealing with an organism which is always motivated, is always ‘up to something’, always seeking. So I would reaffirm, perhaps even more strongly after the passage of a decade, my belief that there is one central source of energy in the human organism; that it is a function of the whole organism rather than some portion of it; and that it is best conceptualized as a tendency toward fulfillment, toward actualization, toward the maintenance and enhancement of the organism. (Rogers, 1963, p.6)

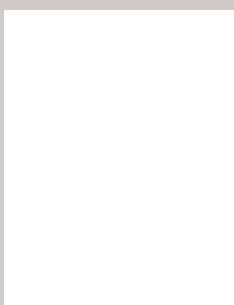
Self-actualisation in person-centred theory is not to be confused with self-actualisation as discussed by Maslow. Person-centred theory holds that we have a need for positive regard from our social environment. If the positive regard we receive is unconditional, then we self-actualise in accord with our innate actualising tendency towards becoming a fully functioning person: someone who is open to experience, exhibits no defensiveness, possesses unconditional positive self-regard, interprets experience accurately, is open to feedback and realistic in their perceptions, and is more authentic and true to themselves (Rogers, 1959). Such a person does not hide behind a façade, is seen by others as real and as genuine, and trusts and values in his or her own inner experiencing. Unlike psychoanalytic ideas that emphasise innate negativity within the human personality, person-centred theory holds that human

CARL ROGERS

Psychologist Carl Rogers (1902–1987) was the founder of client-centred psychotherapy (see, Thorne, 1992, for a biography). Today he is best remembered for his books *Client-Centred Therapy: Its Current Practice, Implications and Theory* (1951) and *On Becoming a Person* (1961). At the time, client-centred

psychotherapy emerged as an alternative to the dominant models in American psychology – behaviourism and psychoanalysis.

Rogers emphasised that it was how the individual perceives reality that was important and that the best vantage point for understanding a person is that person. In this respect his ideas resonate well with those of the cognitive therapists who were to follow, although the nature of intervention in cognitive therapy tends to be driven more by the therapist.



BOX 1 The necessary and sufficient conditions of constructive personality change (Rogers, 1957, p.96)

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.

personality will always develop in this positive direction, given unconditional positive regard from the social environment.

However, rarely do we have unconditional positive regard when growing up. Instead, the positive regard we receive is often conditional. Imagine: if love is withheld from a child when she cries, she gets the message 'in order to be loved, I mustn't cry'. Rogers referred to this as a condition of worth.

Conditions of worth are those messages we introject from society and those around us about how we should behave if we are to be accepted and valued. As a consequence we learn to distort and deny certain experiences so that they fit with our picture of self: we self-actualise in a way consistent with our conditions of worth, rather than with our innate actualising tendency towards full functionality.

Research with adolescents has shown evidence consistent with Rogers' view, with those experiencing greater conditional positive regard being less authentic and exhibiting more false-self behaviour (Harter *et al.*, 1996); that is, doing things to meet others' expectations even when they clash with one's own values and inner experiencing.

Rogers (1959) held that psychological maladjustment was the result of this

incongruence between self and experience, with the particular manifestation of psychopathology being shaped by that person's particular conditions of worth. Imagine: the girl runs to her parents in tears after falling, only to be scolded. Over time she learns to hold back her feelings. She begins to deny and distort experiences so that they are consistent with her emerging self-concept as someone who is strong and always in control of herself. As she grows up, she continues to distort and deny experiences in this way. She becomes someone who has a limited awareness and understanding of her own feelings and isn't able to be openly emotionally expressive, or to let herself be seen as someone who sometimes might be vulnerable. She has no understanding that she is like this, and it is a confusion to her that close relationships often become problematic.

Client-centred psychotherapy

Client-centred psychotherapists do not routinely take case histories, assess or diagnose their clients, as they do not make the assumption that there are specific treatments for specific problems. Psychological problems are seen as resulting from the internalisation of conditions of worth. In offering the three core conditions of empathy, congruence and unconditional positive regard to

a client the therapist is able to offer a social environment that serves to dissolve the client's conditions of worth. As the conditions of worth dissolve, incongruence between self and experience decreases, and this results in movement towards becoming more authentic and true to self (see Merry, 1999).

It is the belief in the actualising tendency that sets client-centred psychotherapy apart from other therapy traditions. It might be said that the actualising tendency is to client-centred psychotherapy what the unconscious is to psychoanalysis. It would be nonsense for a therapist to claim to practise psychoanalysis just because they used free association techniques if they did not also believe that there were unconscious conflictual forces shaping behaviour. Similarly, it would be nonsense for therapists to claim to practise client-centred psychotherapy just because they endeavour to accept their client unconditionally if they do not hold in the first place that there is an actualising tendency. Belief in the actualising tendency has profound implications for practice.

Most other therapeutic approaches take the stance that the therapist is the expert who intervenes in some way to help the client resolve their problem. But it is fundamental to the client-centred psychotherapist, because of his or her trust in the actualising tendency as the one central source of human energy, that they do not intervene and have no intention of intervening. As Bozarth (1998) put it:

The therapist goes with the client, goes at the client's pace, goes with the client in his/her own ways of thinking, of experiencing, or processing. The therapist can not be up to other things, have other intentions without violating the essence of person-centred therapy. To be up to other things – whatever they might be – is a 'yes, but' reaction to the essence of the approach. It must mean that when the therapist has intentions of treatment plans, of treatment goals, of interventive strategies to get the client somewhere or for the client to do a certain thing, the therapist violates the essence of person-centred therapy. (pp.11–12)

Rogers' view was that given the right social environmental conditions, clients will be able to find their own directions, and that these directions will always be constructive, and towards becoming more

fully functioning. Similar views have also been expressed by others. Recently Irvin Yalom has written of the profound effect on his practice of reading Karen Horney's book *Neurosis and Human Growth*. Horney expressed the view that just as an acorn will develop into an oak tree given the chance, humans will develop their intrinsic human potentialities. Yalom writes:

'Just as an acorn develops into an oak... 'What a wonderfully liberating and clarifying image! It forever changed my approach to psychotherapy by offering me a new vision of my work: My task was to remove obstacles blocking my patient's path... The rest would follow automatically, fueled by the self-actualizing forces within the patient. (Yalom, 2001, p.1)

In contrast to this approach, therapists who take on the role of 'expert' run the risk of inadvertently thwarting the actualising tendency of their client, and consequently may impede their client in becoming more able to find their own directions.

Research directions

Client-centred psychotherapy has a rich research history. Rogers himself pioneered psychotherapy research, recording his interviews and publishing the verbatim transcripts for research (Farber *et al.*, 1996). However, the central claim of person-centred theory – the idea of the actualising tendency – has received little empirical attention until recently. But positive psychologists have now begun to take up some of the questions posed by person-centred theory. Emerging evidence is supportive of the view that people do have an inherent tendency to move towards becoming more fully functioning. A series of repeated measures studies showed that people tended over time to move naturally towards more intrinsic goals, such as enjoying close relationships and helping others, and that such movement is associated with increased well-being (Sheldon *et al.*, in press).

Early research by the pioneers of client-centred psychotherapy used a variety of empirical methodologies and psychometric tools to assess the necessary and sufficient conditions as the client experiences them. One tool that remains in use today is the Barrett-Lennard Relationship Inventory (BLRI: Barrett-Lennard, 1986). The BLRI requires the respondent to rate to what extent they perceive the other person to be empathic, unconditionally regarding, and

DAVE ROBERTS

congruent in the relationship (see Box 2; see Barrett-Lennard, 1998, for a review of research). Early research throughout the 1960s provided evidence consistent with Rogers' hypothesis of the necessary and sufficient conditions (Traux & Mitchell, 1971). However, over the next two decades the research tradition in client-centred psychotherapy dwindled, in large part because the new generation of research-active psychologists tended to be interested in the new cognitive approach to psychotherapy. Client-centred psychotherapy became increasingly a marginalised approach within mainstream psychology.

As a consequence, the question of whether the six conditions posited by Rogers are necessary and sufficient remains largely unanswered, with different

BOX 2 Example items from the BLRI

- My therapist wants to understand how I see things.
- My therapist nearly always knows exactly what I mean.
- I feel that my therapist is real and genuine with me.
- My therapist is friendly and warm with me.
- I feel that my therapist really values me.
- My therapist is openly himself/herself in our relationship.

researchers interpreting the available data very differently indeed. Generally, researchers from traditions other than the client-centred one have interpreted the evidence to suggest that the conditions might be necessary, but that they are not sufficient. There is seen to be a need by therapists from other traditions to further intervene in some way, for example by using various cognitive or behavioural techniques.

However, client-centred psychotherapists have interpreted the same data to suggest that the conditions might not be necessary but that they are sufficient. Personal development and growth can come about through a variety of vehicles of change (from religious conversions to traumatic experiences), and so the conditions might not be necessary, but when they are present they are sufficient (see Bozarth, 1998, for a review). There is therefore no need for further intervention.

But whether the conditions are necessary or sufficient, most therapists from whatever orientation would agree that these relationship factors are at least important contributory factors to therapeutic personality change. There is now considerable scope for future process-oriented research to assess the experience of therapeutic conditions, and how they relate to subsequent outcome.

Process research is important if we are to understand more about how psychotherapy works. But day-to-day, therapists are often more concerned simply with whether the therapy is effective. Recent outcome research using randomised-controlled trials showed that client-centred psychotherapy was more effective than routine care from general practitioners for depression (Freidli *et al.*, 1997). More recently King *et al.* (2000) found no difference between cognitive behaviour therapy offered by clinical psychologists and client-centred psychotherapy offered by person-centred counsellors in the treatment of depression.

Recent developments

Although the approach to client-centred psychotherapy practised today remains very much that developed by Rogers, client-centred psychotherapy is not an approach stranded in the 1950s and 1960s. Over the past decade the person-centred approach has grown to become a major therapeutic orientation in the world of counselling and psychotherapy in the UK (e.g. Mearns & Thorne, 1999; 2000). There

has been much theoretical discussion around what it means to be person-centred, and understanding the nature of the therapeutic conditions (e.g. Wyatt & Sanders, 2002). There has also been discussion over the use of the approach with specific problems and settings (for example with depressed and suicidal clients, borderlines and schizophrenics), and the role of client-centred therapy with children and adolescents, with families and couples, and in health psychology contexts (e.g. Lietaer *et al.*, 1990; Thorne & Lambers, 1998).

As well as developments within what might be described as the classic approach to client-centred psychotherapy, others have proposed ways of working therapeutically that integrate other ideas. For example, Rennie (1998) has developed what he sees as a reflexive and more experiential way of working that draws on existential and interpersonal therapy, and on his extensive qualitative research into clients' subjective experiences. Rennie has played an important role in developing qualitative methodologies within psychotherapy research (Rennie, 1996).

Of practical interest have been the attempts to find ways of working within the client-centred framework with people whose psychological contact is at a very minimum level. Prouty (1990) has

developed an approach called 'pre-therapy' that involves reflecting back to the client the counsellor's awareness of the client's external world and communication with others. Pre-therapy aims to help the client develop psychological contact so that they can then enter more conventional therapy. Pre-therapy approaches have been used with some success in helping people suffering from problems of psychosis (Van Werde, 1998).

Other approaches that are sometimes considered as part of the family of person-centred approaches are the experiential focusing approach (Gendlin, 1996), and the process-experiential approach (Greenberg *et al.*, 1993). Although these approaches hold that the process of therapy can be helped on its way with the use of more directive methods than are associated with more traditional client-centred psychotherapy, they maintain the view that it is the client's own inner process that will lead them to finding solutions to their problems. This is the crux of what it means to be client-centred, and with the new century the view that it is the client and not the therapist who knows best what direction to go in

is again a powerful and revolutionary one (see Duncan & Miller, 2000).

Conclusion

The present article provides a very brief introduction to client-centred psychotherapy and the current state of the art. Rogers advocated a scientific stance, and the person-centred approach has a tradition of empirical research. There is evidence for the effectiveness of client-centred psychotherapy in primary care, and recent developments also point towards the use of client-centred psychotherapies in a wider range of clinical and healthcare settings. But client-centred psychotherapy is also an art whose practice is guided by principle, a belief in the actualising tendency as the basic and sole motivation of the human organism. Given the right social environmental conditions, it is thought that people will be able to find their own directions in life, and that these directions will always be constructive and towards becoming more fully functioning.

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WEBLINKS

The British Association for the Person-Centred Approach: www.BAPCA.org.uk

World Association for Person-Centered and Experiential Psychotherapy and Counseling: www.pce-world.org

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