

growth-promoting climate allows clients, when ready, to address the issue of terminating therapy and how best to lead their lives afterwards.

A more poetic impression of the process of person-centred therapy can be gathered from one of Rogers' favourite sayings from Lao-Tse:

*It is as though he listened
and such listening as his enfolds us in a silence
in which at last we begin to hear
what we are meant to be.*

THE THERAPEUTIC RELATIONSHIP

The therapist in the relationship

How is a growth-promoting relationship achieved? Person-centred therapy does not rely on techniques or on doing things to clients. Rogers believed that in therapy 'it is the *quality* of the interpersonal encounter with the client which is the most significant element in determining effectiveness' (Rogers, 1962, p. 416). Person-centred therapy is a process that can intensely involve the thoughts and feelings of both clients and their therapists. There is a coherence between how person-centred therapists see the origins of clients' self-alienation and inner schisms, and how they can assist them to grow and become healed. Person-centred therapists try to provide the attitudinal conditions that are the antidote to the emotional deprivations that their clients have experienced.

What are the conditions for client growth and reintegration? In 1957, Rogers presented his six necessary and sufficient conditions for therapeutic personality change. He stated that the following conditions had to exist and continue over a period of time for constructive personality change to occur. Also, that 'No other conditions are necessary' (Rogers, 1957, p. 96). First, two people need to be in psychological contact. Second, the client is in a state of incongruence and is vulnerable or anxious. Third, the therapist 'is congruent or integrated in the relationship'. Fourth and fifth, the therapist experiences 'unconditional positive regard for the client', and 'an empathic understanding of the client's internal frame of reference and endeavours to communicate this to the client' (p. 96). Sixth, the therapist is minimally successful in communicating empathic understanding and unconditional positive regard to the client. Rogers regarded congruence, unconditional positive regard and empathy as 'the attitudinal conditions that foster therapeutic growth . . .' (Rogers and Sanford, 1985, p. 1,379). He stressed that they were not all or none conditions, but exist on continua.

Congruence

Other words for congruence are 'genuineness', 'realness', 'openness', 'transparency' and 'presence'. Congruence is the most basic of the attitudinal conditions. Therapists need to

person-to-person contact. They should avoid an intellectual approach in which clients get treated as objects. Congruent therapists are not playing roles, being polite, and putting on professional façades.

Rogers acknowledged that no one fully achieves congruence all the time. Imperfect human beings can be of assistance to clients. It is enough for therapists, in particular moments in immediate relationships with specific persons, to be completely and fully themselves with their experiences accurately symbolized into their self-concepts.

Congruence does not mean that therapists 'blurt out impulsively every passing feeling . . .' (Rogers, 1962, p. 418). Nor does it mean that they allow their sessions to become therapist-centred rather than client-centred. However, it can mean that they take the risk of sharing a feeling or giving feedback that might improve the relationship because it is expressed genuinely. An example is that of therapists sharing their experience of fatigue rather than trying to cover it up. Such openness may restore the therapist's energy level and allow the client to see that they are dealing with a real person. Another example is that Rogers thought that, if he felt persistently bored with a client, he owed it to the client and their relationship to share the feeling. He would own the bored feeling as located in himself rather than make it into an accusatory statement. Also, he would share his discomfort at sharing the feeling and communicate that he would like to be more in touch with the client. Rogers strove to overcome the barrier between them by being real, imperfect and sharing his genuine feeling. He would hope that the client could use this as a stepping-stone to speak more genuinely.

Another insight into congruence may be obtained from what Rogers says about the concept of presence. In therapy, both therapists and clients can attain altered states of consciousness in which they feel they are in touch with and grasp the meaning of the underlying evolutionary flow (Rogers, 1980, 1986a). There can be a mystical and spiritual dimension in counselling and therapy. Rogers considered he was at his best as a therapist when he was closest to his inner intuitive self and 'when perhaps I am in a slightly altered state of consciousness. Then simply my *presence* is releasing and helpful to the other' (Rogers, 1980, p. 129). In such a state, behaviours which may be strange, impulsive, and hard to justify rationally turn out to be right. Rogers wrote: 'it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present' (Rogers, 1980, p. 129).

Unconditional positive regard

Other terms used to describe this condition include 'non-possessive warmth', 'caring', 'prizing', 'acceptance' and 'respect'. Unconditional positive regard relates to Rogers' deep trust in his clients' capacity for constructive change if provided with the right nurturing conditions. Rogers stressed the importance of the therapist's attitude toward the worth and significance of each person. The therapist's own struggles for personal integration are relevant to unconditional positive regard since they can be only respectful of clients'

whatever immediate feeling is going on – confusion, resentment, fear, anger, courage, love, or pride . . .’ (Rogers, 1986a, p. 198). This respect is equivalent to the love expressed by the Christian concept of ‘agape’, without any romantic or possessive connotations. Rogers makes the analogy between the kind of love parents can feel for their children, prizing them as people regardless of their particular behaviours at any moment. Therapists do not show positive regard for their clients – *if*. If they are smarter, less defensive, less vulnerable and so on. Person-centred theory explains the need for clients to seek therapy because in their pasts they were shown positive regard – *if*.

There are boundaries to showing unconditional positive regard, for instance if a client were to physically threaten a therapist. Also, unconditional positive regard does not mean that therapists need, from their frames of reference, to approve of all their clients’ behaviours. Rather, unconditional positive regard is an attitude and philosophical orientation, reflected in therapist behaviour, that clients are more likely to move forward if they feel prized for their humanity and they experience an emotional climate of safety and freedom in which, without losing their therapist’s acceptance, they can show feelings and relate events.

Empathy

Other terms for empathy include ‘accurate empathy’, ‘empathic understanding’, ‘empathic responsiveness’, ‘an empathic way of being’, ‘an empathic stance’, and ‘an empathic attitude’. Rogers (1957) wrote: ‘To sense the client’s private world as if it were your own, but without ever losing the “as if” quality – this is empathy . . .’ (p. 99). There are various facets to an empathic way of being with clients. Therapists need to ‘get into the shoes of’ and ‘get under the skin’ of their clients to understand their private subjective worlds. They need to be sensitive to the moment-by-moment flow of experiencing that goes on both in clients and in themselves. They need the capacity to pick up nuances and sense meanings of which clients are scarcely aware. With tact, sensitivity and awareness of what clients can handle, they need to communicate their understandings of their sensings of clients’ worlds and personal meanings.

Therapists should communicate their commitment to understanding their clients’ worlds by frequently checking the accuracy of their understandings and showing their willingness to be corrected. Empathy is an active process in which therapists desire to know and reach out to receive clients’ communications and meanings (Barrett-Lennard, 1998). An empathic attitude creates an emotional climate in which clients can assist their therapists to understand them more accurately.

Responding to individual client statements is a process of listening and observing, resonating, discriminating, communicating and checking your understanding. Needless to say, the final dimension is that the client has, to some extent, perceived the therapist’s empathy. Even better is that the therapist’s empathy has enabled the client to get more in touch with the flow of her or his experiencing. Box 4.5, taken from a demonstration film with Rogers as the therapist (Rogers, 1965), illustrates this process. The client, Gloria, is

BOX 4.5

Dimensions of the empathy process

Gloria’s statement

‘I don’t know what it is. You know when I talk about it feels more flip. If I just sit still a minute, it feels like a great big hurt down there. Instead, I feel cheated.’

Rogers’ responding processes

Observing and listening: Observes and listens to the client’s verbal, vocal and bodily communication.

Resonating: Feels some of the emotion the client experiences.

Discriminating: Discriminates what is really important to the client and formulates this into a response.

Communicating: ‘It’s much easier to be a little flip because then you don’t feel that big lump inside of hurt.’

Communicates a response that attempts to show understanding of the client’s thoughts, feelings and personal meanings. Accompanies verbal with good vocal and bodily communication.

Checking: In this instance, Gloria quickly made her next statement which followed the train of her experiencing and thought. However, Rogers could either have waited and allowed Gloria space to respond or could have inquired if his response was accurate.

Gloria’s perception of Rogers’ responding

How Gloria reacted indicated she perceived that Rogers showed excellent empathy and that she was able to continue getting more in touch with her experiencing.

Though the next example of empathy comes from an encounter group (Rogers, 1975, p. 3), the empathic process it demonstrates holds true for working with individual clients. A man has been making vaguely negative statements about his father. First, the facilitator enquires whether he might be angry with his father. When the man says he doesn’t think so, the facilitator says ‘Possibly dissatisfied with him?’, to which the man rather doubtfully responds ‘Well, yes, perhaps.’ Then the facilitator enquires whether the man is disappointed in his father, to which he quickly responds ‘That’s it! I *am* disappointed that he’s not a strong person. I think I’ve always been disappointed in him ever since I was a boy.’

In the above example, the facilitator is not interpreting the client, nor would Rogers. Rather the facilitator progressively checks out his understanding to grasp exactly what the man wishes to say. Gendlin (1988) mentions how Rogers would take in each correction

A word now about what empathy is not. True empathy does not have any judgemental or diagnostic quality about it. Also, empathy is most definitely not a 'wooden technique of pseudo-understanding in which the counselor "reflects back what the client has just said"' (Rogers, 1962, p. 420). In his 1975 article on empathy, Rogers observed how at first he found it helpful to think that the best response was to 'reflect' feelings back to clients, but that later on in his career the word 'reflect' made him cringe. Still unhappy with the term 'reflection of feelings', Rogers later suggested that therapists' mirroring responses be better labelled as 'testing understanding' or 'checking perceptions' (Rogers, 1986b). To Rogers, empathy was an attitude, a very special form of companionship, a gentle and sensitive way of being with clients. However well intended, mechanical reflections form no part of offering empathy.

The client in the relationship

Here, I draw parallels between how presence of the three therapist attitudinal conditions of congruence, unconditional positive regard, and empathy can promote the growth of client congruence, unconditional positive regard, and empathy.

Congruence

Given the right growth-promoting emotional climate, clients will feel less need to be defensive and to look for external regard. Though painful at times, they may progressively take more risks in disclosing themselves to their therapists. Therapists who accept clients and prize their rights to be their true selves allow them to share parts of themselves that they may find embarrassing, abnormal or frightening. Also, they give clients the opportunity to share parts of themselves that they like, without being negatively judged for such disclosures. As the therapy relationship develops, a mutuality of congruence can develop between therapist and client, with each making it easier for the other to be real in the relationship. For some clients, the relationship can transcend itself into becoming a profound spiritual experience in which they, like their therapists, attain an altered state of consciousness. Also, an outcome of successful person-centred therapy is that clients become more congruent in their outside relationships.

Unconditional positive regard

Here I refer to clients' regard for themselves rather than for their therapists. Most often clients lack self-esteem. Rogers (1975) suggested a number of ways in which an empathic attitude may raise clients' level of regard. First, having the hidden and unacceptable parts of themselves understood and accepted dissolves clients' alienation and helps connect them to the human race. Second, being cared for and valued for their true selves allows clients to think 'this other individual trusts me, thinks I'm worthwhile. Perhaps I *am* worth something. Perhaps I could *value* myself. Perhaps I could care for myself' (p. 7). Third, not being judged by their therapists may lead clients to judge themselves less harshly, thus gradually increasing the possibility of self-acceptance. Also, as clients gain

Empathy

The three therapist attitudinal conditions make it easier for clients to be empathic to themselves both inside and outside of therapy. At varying rates, clients' self-concepts can allow more of their experiencing into awareness. Having their feelings sensitively listened to provides clients with the opportunity to experience and explore these feelings and so understand themselves better. Furthermore, clients learn the importance of listening on their own to their feelings as a guide to their actions and future directions. Also, the more empathic clients are able to be to themselves, the more likely they are to experience and show empathy to their therapists and other people, thus improving the quality of their relationships with them.

THERAPEUTIC INTERVENTIONS

Person-centred therapy is unique among the therapies covered in this book in that Rogers considered a growth-promoting relationship characterized by the attitudinal conditions necessary and sufficient for client change to occur. The same attitudinal conditions are relevant when dealing with clients' feelings towards therapists. Rogers considered that some client feelings towards their therapists were understandable responses to therapist behaviour, whereas other feelings were projections 'transferred' from previous relationships. Even in dealing with clients' transference feelings, there was no call for special interventions, such as interpreting the transference. Rogers observed, whether the feelings be therapist-caused or transference reactions, 'If the therapist is sensitively understanding and genuinely acceptant and non-judgemental, then therapy will move forward through these feelings' (Rogers, 1990, p. 130).

CASE MATERIAL

Rogers was very diligent in providing case material and researching the processes and outcomes of person-centred therapy. Readers are encouraged to explore primary sources to get a feel of how Rogers worked. Following are some suggestions about where to look. In *Counseling and Psychotherapy*, Rogers provides a transcript plus some commentary for each of his eight sessions with Herbert Bryan, a young man in his late 20s whom he regarded as definitely neurotic (Rogers, 1942). In *On Becoming a Person*, Rogers provides two excerpts from the case of Mrs Oak, a housewife in her late 30s who was experiencing difficulties in marital and family relationships (Rogers, 1961). Rogers' work with Gloria is both on film (Rogers, 1965) and written up as a case example (Raskin and Rogers, 2000). Raskin and Rogers (2000) also provided an example of the first and final thirds of a demonstration interview conducted by Rogers in 1983 illustrating the process of therapy, followed by a brief commentary. Elsewhere Rogers presented excerpts and commentary from another demonstration interview, with a woman called Jan, conducted before a workshop of 600 participants in Johannesburg, South Africa (Rogers, 1986a).