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10

The Relational Foundations of Person-Centred Practice

Godfrey T. Barrett-Lennard

An emphasis on qualities of attitude and relationship, especially between therapist and client, has always been a feature of client/person-centred thought. This focus is linked to major innovations in practice and a generous associated literature. Recently it has led on to the broader question of what the phenomenon of human relationship is, an issue I will come to later in this chapter. No other therapy system has devoted such pivotal attention to the therapist–client relationship, with its long-considered theory of the critical ingredients of this relationship – a theory built largely from experience of practice and feeding back into practice and research. Some core principles have had great ‘staying power’ but there have also been evolutionary steps in thinking and application. This chapter tracks such principles and steps, albeit rather briefly and at some points in glimpsing view.

Core concepts

Otto Rank (1936/1945) believed that people have an inherent tendency to be active self-directing agents. Furthermore, just ‘as the therapist can only heal in his own way, the patient also can only become well in his own way; that is, whenever and however he wills’ (Rank, 1945: 99). Rogers’ first book includes generous illustration of this broad approach (1939: 197–209 and 340–8). Especially in the case of child therapy it seemed to him that ‘In no other type of treatment effort does the emotional situation between therapist and child occupy such a place of prominence’ (1939: 343). Encouraging the development of Rankian relationship therapy, Rogers’

basic direction was established and the advancement of his own thought and therapy accelerated through the next decade.

Client-Centered Therapy (Rogers, 1951) notably includes a long chapter (pp. 65–130) on ‘the therapeutic relationship as experienced by the client’, containing numerous and vivid illustrations of practice. Early empirical studies of the therapist–client relationship had by then been completed or were in progress (see Barrett-Lennard, 1998: 261–3). This research, including a study that emphasized personal feeling aspects of the relation between therapist and client (Bown, 1954), fed into Rogers’ thought regarding the causal conditions for therapeutic change. Studies such as that of Fiedler (1950), suggesting that expert therapists of differing orientation tended to relate similarly, also encouraged Rogers to articulate his thought as a theory of change in psychotherapy generally, not only in client-centred therapy (1957, 1959).

Chapter 3 in Part I of this volume traces the build up to the pivotal crystallization of Rogers’ thought that he first published in 1957. The (six) conditions for therapeutic change that he advanced (1957 and 1959) include the baseline feature that client and therapist must be in ‘psychological contact’, each one present in the experiential field of the other. This ‘precondition’ for the development of relationship had an importance beyond Rogers’ own expectation, as elucidated in the next chapter of this book. The broad quality of client emotional vulnerability and incongruence is singled out as a second necessary condition. This can trigger painful anxiety and works as a motivation for change. The incongruence centres on the discrepancy between the person’s primary experience and his/her acquired image of self (Rogers 1959: 203–4). Even if discrepancy is avoided in consciousness, its effects are likely to ‘leak out’ in behaviour and leave the person vulnerable to breakdown of his or her guarded idea of self.

Complementing this client quality, the therapist needs to be inwardly at ease and congruent at least *within the relation with the client*. This congruence permits a genuine quality of presence and full availability for experiential connection. A helper absorbed in the client Other, in the client’s world of experience and meaning, is naturally sharing on a different level than the self-exploring client, and the congruent therapist’s own experience is neither hidden nor a primary focus of expression in the helping context (Rogers, 1959: 214–15; Lietaer, 1993). There is a transparent quality to *the way the therapist responds* as s/he attends to and relates to the client’s experience and issues (see later illustration and further chapters).

The language of the further pivotal condition of therapist unconditional positive regard is well known, but what exactly does it mean in practice? Certainly it implies that the therapist’s warmth and regardful acceptance of the experiencing self of the client are vitally relevant. No conditions are placed on this quality of response, ideally; there are no messages of judging the other for the way *s/he feels and thinks*. Thus the client’s self-judging ‘conditions of worth’ (Rogers, 1959: 209–10) are not reinforced, and this and other qualities of the helping encounter flow into a process of increasing and more relaxed openness to self-

certain client feelings and not of others and, still less, is s/he approving of particular, possibly damaging, overt behaviours. Being deeply receptive to the other’s felt experience without evaluating that person for *having those feelings* also fits with the therapist’s focus on understanding the other in an empathic sense.

Empathy was not an explicit concept in Rogers’ original writing on therapy (1939; 1942). He moved step by incremental step to his 1957 highlighting of empathic understanding as a necessary condition of therapy: not a technique but, foremost, a deep connective awareness of felt qualities and content of the other person’s experiencing. It involves, first, an inner process of experiential recognition or ‘resonation’ in the empathic listener to what the other is feeling, meaning and going through (Barrett-Lennard, 1993; Schmid and Mearns, 2006). A necessary further step is to convey this empathic awareness in such a way that the client can become aware of its presence. The process is subtle, not simply a method or portrayal of something (Mearns, 1997) but the communication of an inner responsive arousal of empathic knowing (Barrett-Lennard, 1993; 2003: 39).

The crucial importance of client perception of the therapist’s unconditional regard and empathy led to the listing of this as a separate, sixth condition of therapy (Rogers, 1957, 1959). Later work has principally focused on the primary relational variables in conditions theory (often called the ‘core conditions’), including experienced therapist congruence as well as unconditional (and) positive regard and empathic understanding. Rogers’ breakthrough theoretical encapsulation immediately triggered new lines of research to test its main hypotheses. One approach, initiated by Halkides (1958), used judges to rate the therapist’s empathy, congruence and unconditional positive regard as heard in short audiotape interview excerpts. This method at best infers client experience from therapist verbal behaviour. It implies a transactional view of the therapeutic relationship and tends also to reinforce the idea of the therapist as literally the instrumental party, with the client as recipient.

The other line of research directly taps into the experience-based perceptions of the participants in the therapy encounter. It entailed development by this author of the Relationship Inventory, containing tested statements reflective of empathic understanding, regard and unconditionality (as two variables) and congruence (Barrett-Lennard, 1962; 2003: 93–112). This method treats relationship as a between-person encounter process with linked but distinctive reality for each participant. The resulting (second) line of research, considered closest to the theory, has largely supported it, and the trend of results using judge-rating of conditions lends some support along with method limitations (see, e.g., Barrett-Lennard, 1998: 26: 4–8, 281–5; Mitchell et al, 1977; Bozarth et al, 2002).

Conceptually, Rogers’ work grew out of the individualist orientation of his time and place, which treated relationship as a crucial traffic bridge between individuals with their own separate lives and identity. The idea that human life is an inherently relational process was not contained in any formal way in Rogers’ perspective. Later advances in this direction have been made by Schmid

(1996) and further developed by Mearns and Cooper (2005) embodies valuable exploration and moves toward greater mutuality within therapy. From his search through pertinent philosophical and developmental literature, as well as his experience of practice, Cooper notes that 'it is the encounter between the therapist and client, rather than the provision of a particular set of conditions for the client, that is conceptualized as being the key to psychotherapy' (Mearns and Cooper, 2005: 9; see also Schmid, 2002). In practice, the authors support the 'core conditions' principles when expressed in seamless combination in a therapist's whole, empathically attuned, openly present absorption in the helping engagement. The process they describe has a quality that permits more spontaneous expression by both partners than in earlier therapeutic work (Mearns and Cooper, 2005, middle chapters). This emphasis connects also with explorations of 'presence' in therapy.

A meeting in depth implies presence. Rogers himself introduced this term late in his life, in speaking of a special quality of expanded intuitive consciousness in the therapy relation when 'whatever I do seems to be full of healing' and in which 'simply my presence is releasing and helpful' (Rogers, 1986: 198). While not formally defined, presence is evocative of meaning. It implies 'being all there', absorbed in the immediate relation with one's whole, deeply attentive and connecting self. It goes beyond self-congruence in being centred on a quality of being in immediate relation (see McLeod, 2003, 174–77). New search extending to spiritual life, into 'presence and the core conditions', is highlighted in the volume by Moore and Purton (2006, pp. 116–68). In the same book, Thorne reflects from personal experience and his view of Rogers, on 'the gift and cost of being fully present' (pp. 35–47). Geller and Greenberg (2002) have delineated process features of therapist presence from a data-based study. Their model highlights therapist 'immersion' in the relational-experiential process, including the aspects of open inward attention and an altered or 'extrasensory' quality of communication. Schmid also has searched into presence in therapy, first building from Rogers' account with a focus primarily on the therapist's presence but then moving beyond this to an implied focus on mutual presence (Schmid, 2002: 190–2). His advanced thought on encounter implies two (or more) participants, but also a conjoining 'we' process.

It is not a big further step to the view that relationship is an emergent whole with its own life and influence, and thus not something that is individually generated, not basically a transaction or exchange, nor best construed as an intersubjective process. My latest thinking about the nature and pervasive working of relationship in human life (Barrett-Lennard, 2005; in press – 2007) has implications beyond those so far directly addressed in person-centred work – a topic I will eagerly, albeit briefly, return to in the final 'looking ahead' section of this chapter.

From concepts to practice

William Snyder's early *Casebook of Non-directive Counseling* (1947) was

and about the therapy relation were, at that stage, almost non-existent. Therapist congruence or transparency had not yet emerged in therapy discourse. The counsellors rarely used I-statements and clients hardly ever mentioned feelings they may have had toward the therapist.

Change toward a more person-to-person quality is very evident in illustrations in *Client-Centered Therapy* (Rogers, 1951). Perhaps the most striking material from clients appears in the third chapter (1951: 65–130). The vehicle of therapy is a distinctive conversation, at once with self and other. Some clients wrote down their afterthoughts between sessions and then shared these reflections with their therapist: reflections that eloquently express the relational impact of the therapy experience and how it seemed to clients to work (1951: 84–116). As an instance of reference to feelings toward the therapist, a client wrote: 'I remember how keenly I felt my own pleasure reflected in the eyes of the counselor whom I was looking at directly for the first time in any interview' (1951: 84).

As for how therapy worked, another client wrote that her counsellor 'would say to me things which I had stated but he would clear them for me, bring me back to earth, help me to see what I had said and what it meant to me', and he 'was almost part of me working on my problem as I wanted to work on it' (1951: 36–7). Rogers' comment and other illustrations suggest the intricate connection of awareness between the participants, but always with a focus on the client and his or her separate self. The therapy partners touch in their consciousness in such a way that the client hears him/herself freshly through another voice, not an echo but a voice with its own closely attuned reflective words. Looking back, the process seems quite often to have been potent and empowering, even implying 'relational depth', but it is unlikely to have worked this way all the time. Some of the 'necessary conditions' were yet to be identified.

Rogers believed that the core of human personality is 'both self-preserving and social' (1961: 92). A detailed example is his therapy with a client who moved from a position of bitter hatred and vengeful, almost murderous feelings through awareness of an underlying crushing hurt and, finally, on to the freedom of a largely hate-free, regardful caring outlook (1961: 92–103). Person-centred therapy provides the opportunity for deeply negative or despairing experience to be expressed, fully felt and received empathically as a reality of experience. This does not reinforce bad feelings, but defuses them. The therapist's way of being in the relationship is of a kind to bring out the more socially and emotionally positive potentialities that also are within the other's total make-up. It is in this sense selective in the direction of its influence, and the earlier designation 'non-directive' is partially true but also misleading – as dramatically illustrated in some of Rogers' own later work (see Bowen, 1996).

The further context of therapy with hospitalized schizophrenic clients poses great challenges, but ones that are due, in Rogers' view (1967: 183–4), less to psychotic symptoms and more to low motivation for change. Psychotic

way of coping they know. As for symptoms, these are sensitive to context as dramatically illustrated in the case of 'Loretta' – interviewed in hospital by three therapists of diverse approach.

With Rogers, who responded in warmly personal vein and with acute empathic perception of her immediate issues and feelings, Loretta's delusional symptoms largely disappeared and her communication was clear (transcript and commentary in Farber et al, 1996: 33–56). Albert Ellis, on the other hand, tried to help Loretta see the irrationality of her thought and how she could modify her constructions and needed to do so (I have the full interview transcript). His cognitive-analytic efforts did not bring any diminution of delusional elements and the interview became an argument in which the client was a moving target who sought to turn the tables on Ellis. With Richard Felder, who reported a dream and other subjective experience with her, she became somewhat confused. The contrasts in therapist response and client process are striking.

Long after Wisconsin, Prouty brought related work back into original strong view. Especially for regressed schizophrenic persons who are seriously impaired in their capacity for relationship and associated experiential processing, a helping process concerned with rebuilding the person's capacity for contact was developed (Prouty, 1994 and Chapter 18 on Pre-Therapy, this volume). Prouty implies that the capacity for relationship is itself a variable: a property that can be almost non-existent or be adequate or, perhaps, highly developed. A more general proposition is that there are basic qualitative differences in the ways people relate. As I would put it, people are always living in relation but have diverse coping strategies; strategies that in some cases work as barriers to communication and engagement or, from the inside, as 'shields' against the uncontrollable and disturbing flow of open contact.

Sensitive empathic perception and an honouring of the client's agenda remain vitally relevant in contemporary practice. These agendas, however, nearly always encompass troubling experience and unresolved issues in the client's life within the relationship. Thus the therapist's empathic awareness is not just responsive to self-feelings (and the immediate therapy relation) but also to felt experience and struggle anywhere in the client's theatre of relational life. This awareness does not derive only from the immediate moment but is also a cumulative and partly intuitive process. The client's passage may be lonely but always entails involvement in relationship. Close attention and attunement to experience in this encompassing domain of life is a shifting emphasis in person-centred work.

An interview of my own, with 'Lucia', helps to illustrate the mentioned relational emphasis. Lucia was a volunteer client in a half-hour demonstration/real interview that she wanted to make the most of. In mid-session she is speaking of feeling driven to put the needs and feelings of others first. Her mother is one significant instance. She is very critical of herself for this, but explains 'that I feel selfish when I give the same importance to my feelings than [as] to the other's' and mentions several other instances.

Th 54 (GBL): So when you try to assert yourself, and consider yourself, other people get confused. And they feel you are behaving strangely and being selfish. So it's hard to break out of that pattern?

Cl 55 (Lucia): Yes, yes. It's hard because I know that I try to give all this importance to the other's feelings – because I need people. I need people now, too, so if people tell me that I'm wrong that blocks me (Th: yes) even if I know it's not wrong.

Th 55: Okay. (Softly) Even if you know you're not wrong it still throws you off.

Cl 56: It's like a choice I have: sometimes it seems to me that if I do what I want I will be alone (pause). Because sometimes I like to be alone but not always.

The complications and pain around relationship and separation seemed to be most acute in Lucia's home environment. She said she loved to travel to a far-distant region, with a different climate and kind of people – where 'I feel much more respected, and I feel I respect them more than here. (Th: mmm). I don't know why, but I notice that it's much easier for me to live there.' By this time the therapist, listening both through and 'between' her words, increasingly sensed unexpressed but implied connections in her world of relationship. Th. 67 expresses one such connection:

Th 67: And so when you go [names region] – you leave – you are far away from your family aren't you?

Cl 67: That's very beautiful for me!

Th 68: Is that right! (Cl and Th: Yes)

Cl 68: I know that if I would move there my family wouldn't approve that, but they don't approve anything I do, so ...

Th 69: Oh, I see, so that would not be different.

Cl 69: Yes.

Th 70: They would not approve of you doing that, but they don't approve of things anyway, that you do.

Cl 71: Yes. (Pause)

Th 71: Yes ... So is there anyone in your life who really does approve of what you do?

Cl 72: No.

Th 72: No.

Cl 73: I mean ... (mentions her therapist – brief pause)

Th 73: That would be – that must be sometimes hard for you, to be on your own in knowing what fits you, what's good for you (Cl tearful; blows her nose).

Th. 71 is certainly a leading question, but not a probe. By that point the likely answer seemed already to be 'hanging in the air', an imminent shape in her acutely felt world. I felt that Lucia was a strong person, vulnerable but not fragile, and that she wanted to see more clearly into and beyond painful realities of

'And, so I think this is the most difficult thing: to accept that people that I love don't accept me.' At this point, she begins visibly to relax, our time is nearly up, and she remarks (Cl 89) 'What happens now is that I recognize that if I feel hurt [it] is because I have an expectation that is impossible.' Shortly, she says (Cl 91) 'It's okay for me [to stop]. I feel much quieter now.'

Lucia and I corresponded afterwards; she had been seeing a therapist but said that this brief session between us somehow marked a turning point for her. I was able to feel for and with her in her immediate world of relationship – oppressively present, dearly wanted and only found during travel – a world that mattered so much to her, outside and beyond our brief contact. She and I began (at least for me) as strangers. Yet, despite a 'careful' start, with observers surrounding us, we were drawn into not just a meaningful exchange but a quickly developing relationship and dialogical 'we', one that lasted inwardly and via occasional letters. Two or three years later Lucia turned up in my far-distant home town, on a long travel journey, not alone but accompanied in a relationship that had eluded her before – with a husband-partner, with whom she later started a family of her own.

Relationships are the central focus within family therapy, both as brought into and further discovered in the helping context. Prominent person-centred contributors to this sphere include Gaylin (2001) and O'Leary (1999). Both authors struggle, overtly (Gaylin) or by implication (O'Leary), with the ideas of personal independence or autonomy versus an emphasis on interdependence and a view that relationships are emergent living systems with properties beyond those of component members. Rogers' helping conditions remain highlighted by each author though in slightly awkward application to the family therapy context. One supplemental feature in Gaylin's work, which he calls 'interspace reflection', occurs when the therapist moves from an empathic response to each person to acknowledge a dynamic of their twosome. As example, 'Danny' and 'Joan' each feel that the other fails to understand their reaction in a third-person relationship. The therapist puts their experience together, saying: 'Whenever you two try to talk about Danny's mom's relationship with Joan there seems to be some kind of barrier between you' (Gaylin, 2001: 119). In related vein, O'Leary (1999: 36–42) discusses counsellor 'reframing' that, for example, might bring out the way that each partner is both powering and suffering from an inter-reactive process that seems to have a life of its own.

Rogers did not practise couple and family therapy, but his later documented work includes an interview with 'Sylvia', published with critiques by both Cain and O'Hara (in Farber et al, 1996: 261–300). O'Hara's analysis is distinctive in her strongly argued presentation of an alternative to the individualist stance of both therapist and client. The client experiences inner conflict and external disapproval over her strong attraction to black men and features of their subculture. Both therapy partners respond to this as a personal or intrapsychic problem from which the client could free herself by working through felt issues to the point of self-acceptance. O'Hara points out that the client's unease and

contrasting analyses, by O'Hara and Cain, are a robust example of the diversity of perspective to be found within the person-centred movement (see also Hawtin and Moore, 1998).

The emerging future: person-sensitivity within an evolving consciousness of relationship

The one-to-one therapy relationship is a special case within a much larger orbit of relationships that potentially are open to facilitation and development. One-to-one relations and process form one crucial region or node within a much larger spectrum (Barrett-Lennard, 2002, 2005). Since arriving at this view in a progression of thought over time, it is not possible for me to treat what I see as one level and kind of relationship (for example, between therapist and client) as though it was a self-contained whole with an independent existence. In ecological perspective, anything in nature, especially any living being, exists in and through relation. In person-centred therapy, the influential context includes other pivotal relationships in the lives of each participant, the institutional or other setting and climate in which the therapy takes place, and the wider culture that is host to the whole enterprise of therapy.

In a similar way, due to the great complexity in structure and process of a conscious human person, many interactive-relational processes are occurring internally. An idea that has recently become familiar in the person-centred movement is to regard the self as a plurality or 'many in one' (Rowan and Cooper, 1999). It is, therefore, meaningful to speak of relations within the self, a context-sensitive self with distinctive configurations (Mearns and Thorne, 2000: 101–43) or subselves that come into play in different major relationships (Barrett-Lennard, 2005, Ch. 1). One way of studying configured subselves is by use of a self-descriptive inventory structured to tap the respondent's sense and pictures of self within the context of different relationships: relationships with an intimate partner, an own child or parent, a special friend (or enemy), with a boss or workmates or a close group or team (2005: 13–14).

Linked to this thought is a broader observation: the human self is formed in the crucible of relationship, especially during the path to adulthood, but continuing throughout life. It is only a modest further leap to the view that humans live always in and through relation, on many levels (Barrett-Lennard, 2002, 2005; Holdstock, 1993). Persons are distinct, each of us is a whole life, but we also are interwoven with others in our consciousness, inherently interdependent, and not by nature autonomous beings. Person-centred thought is transcending the philosophy of individualism in which it was rooted, while preserving its belief in the worth and dignity of each person. Given that living means living in relation, how can we best think of the underlying or basic meaning of relationship?

First, relationship cannot credibly denote a transaction between fundamentally separated beings. It is not primarily a 'passing across' or exchange process, however elaborate. It necessarily refers to an inherent and primary modality of

As well, such understanding lends itself to a systemic way of thinking, a non-linear and truly interactive view of influence among persons, families and groups. The broader epistemology is that lives and phenomena of almost any kind have their central meaning not one by one, as separated entities, but in the ways they connect, combine and give rise to emergents with fresh qualities.

Effective person-centred therapy is a process of developmental healing through relationship. Historically, the relationship conditions of therapy are conceived as providing the safety and support for people under inner tension or torment to be able to face and inquire into their deepest disharmony, reduce involuntary conditions of worth and achieve greater inner congruency. A person-sensitive ecological stance centres on the healing of relationship in the person's life, ranging from an ease and openness of relation within the plural or multi-configured self through qualitative enhancement of bonding in close personal relationships, a recovery or deepening of relation in group and communal life, and an active engagement in larger human and natural systems. To adopt this view is to imply that health of being is not located in a bounded self but pivots on health in relationship.

Advances have been made, but the last-mentioned emerging shift in thought is awaiting full translation into practice. It is related in concept to the crucial wider sphere of potential healing of relations between groups and larger systems, especially as explored in my latest book (Barrett-Lennard, 2005). Person-centred thought and practice has always been on the move, in a generally cumulative pattern with some periodic leaps. A principal direction is that of qualitative development of the long-standing emphasis on relationship, as will be evident also in further chapters. I have spoken here to the overall path and some of the main strands and contributors to this development. I take heart from the thought that the reader, too, will sense the wide challenging potential to build on fresh envisioning, to the further enhancement of helping practice within and beyond psychotherapy.

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