

Person-centred therapy without the core-conditions.

In a recent book Jerold Bozarth (1998, p. 52) says of Carl Rogers: 'His theory of the process of personality disturbance purports that individuals develop psychological problems resulting from the introjections of conditional acceptance from parents and other significant persons. These introjections of conditional regard create incongruence between organismic experiencing and the self concept....The theory asserts that it is when the person perceives unconditional positive regard in the context of empathic understanding from a congruent individual (the therapist) that the actualizing tendency of the client is promoted (Rogers, 1959). It is from this theoretical base that the 'necessary and sufficient' conditions were posed as the therapeutic attitudes for the therapist to embody.'

This seems to me an accurate summary of Rogers' position, which I imagine would be acceptable to most person-centred therapists. Until fairly recently I would have taken a similar view, but I have come to have doubts, which I would like to share; if what I argue in the rest of this paper is wrong I would be happy to see why it is wrong! My doubts arise from reflection on whether all psychological disturbance arises from the introjection of conditional acceptance, or, as it is often put, the 'internalization of conditions of worth'. Consider the following brief sketches of some 'psychological disturbances':

Allan is 15, and was recently bitten rather badly by a dog. He is now scared of dogs in general and seeks to avoid them at all costs. He knows that very few dogs are likely to attack him, but this intellectual knowledge does not penetrate to a feeling level. His fear of dogs is significantly interfering with his life, and he wants to be rid of it.

Barbara is a young mother who, before her marriage, had begun a promising musical career. She now has a young son, and a husband whose pattern of work allows little time for child care. There is the possibility of some regular musical performing which would help her to pick up her career again, but this would mean leaving her son in the care of people she does not altogether trust. She is torn between the responsibility she feels for her son's welfare and the responsibility she feels she has to her own personal and professional development.

Cameron comes to the counselling service because he has been having recurring nightmares. He can't see any connection between these terrible images and anything in his actual life, but in the course of counselling it begins to look as if they are connected with wartime experiences of his father, who has never said much about what happened to him in the war.

Delia was involved in a horrific car accident two years ago and her thoughts keep returning to this. She now avoids traveling by car and in many ways her life has become 'shut down'. She suffers from odd physical sensations, and has been diagnosed as suffering from post-traumatic stress disorder.

Edgar as a child was spontaneous and extraverted. One day at school Edgar tossed a pen across the room to a friend, but the pen struck another pupil in the eye and unfortunately blinded him. All the significant others in Edgar's life, including the blinded boy, saw this as a tragedy that wasn't Edgar's fault.

He himself, however, was deeply impressed by how sudden spontaneous action can hurt people, and from that day lost much of his spontaneity. Now as an adult he would like to retrieve something of his young spontaneous self.

I suggest that in none of these cases is it obvious that introjections of conditional regard have played any significant role in the generation of the psychological disturbance. In some versions of these stories there *could* be such an element of introjection, but I am interested in the cases where it is not so. Further, it seems clear that cases like these are not exceptional. Person-centred therapists as much as any other therapists work with clients who come with issues such as these. I know of no empirical research which would suggest that person-centred therapy is ineffective in these kinds of case and I will assume that such a suggestion is too implausible to be taken very seriously, although the matter is of course open to empirical investigation.

It seems then that there is a whole range of cases in which person-centred therapy is effective, but in which the *reason* for its effectiveness cannot be that which is stated in Rogers' theory. In these cases there are no introjections of conditions of worth to which the therapist's attitude of empathy, acceptance and congruence would form the 'antidote'.

In thinking about this it may be helpful to go back to the early days of client-centred therapy. During the 1940's and 1950's Rogers and his colleagues developed a method of therapy which was initially characterised as 'non-directive', and later as 'client-centred' or 'person-centred'. Client-centred therapy was practised in the early days without much in the way of a theoretical base. It was only in the later 1950's that Rogers set out the well-known theoretical scheme which asserts that therapeutic movement will occur if and only if six conditions are present, briefly, that the client and therapist should be in psychological contact, that the client should be in a state of vulnerability and incongruence, that the therapist should be congruent, accepting and empathic towards the client, and that the client should perceive these attitudes in the therapist.

Let me refer to this theoretical scheme as the 'core-conditions theory' of client-centred practice (although in popular accounts of the person-centred approach the 'core conditions' are often reduced to the triad of congruence, acceptance and empathy). I want in this way to separate this familiar theory of the core conditions from the practice of client- or person-centred therapy. These two have become so intertwined that the attempt to separate them may seem perverse. Yet if I am right about there being many psychological disturbances in which person-centred therapy is effective, yet in which internalised conditions of worth play no role, then we have no choice but to separate them.

It may seem that if we take away the core-conditions theory there is little left of person-centred therapy. The core conditions are the centerpiece in the normal teaching of what person-centred therapy is. And yet, as I said, what used to be called 'client-centred therapy' flourished for almost two decades before the core conditions theory was put forward. This early client-centred therapy was for much of the time thought of (in Barrett-Lennard's (1998, p. 59) phrase) as 'nondirective-reflective' therapy. What was held to be crucial in this therapy was the general attitude which the therapist adopted towards the client. Rogers in 1942 said of this attitude: 'The counselling relationship is one in which warmth of acceptance and absence of any coercion or personal pressure on the part of the counsellor permits the maximum expression of feelings, attitudes and problems by the counsellee...

In this unique experience of complete emotional freedom within a well-defined framework the client is free to recognise and understand his impulses and patterns, positive and negative, as in no other relationship' (Rogers 1942 113-14)

Late in his life Rogers (1986) spoke of the importance of the counsellor being 'present' for the client, a view that has been re-emphasised by, for example, Dave Mearns (1994, pp. 5-8). There are different ways of putting this, but in common-sense terms we know that, when we are troubled, some kinds of interaction with another person can make things worse. If, when we begin to talk, the other person comes in with advice, with analogous experiences of their own, with moral judgement, with generalizations about what most people do in such situations, with speculations about how our problem may have originated in childhood....., and so on, then we feel ourselves closing down. The other person is blocking the process which we long to let unfold. Rather than be with someone like *that* it is better sit by the lake on one's own. Being with the natural world can help, because the natural world at least does not block the process. On the other hand if someone is able to be with us in the kind of way that Rogers is describing, then that is often *better* than being on one's own. The presence of the other person now helps the process to carry forward; what we can express in the presence of this person is more than we would have been able to express on our own.

Now if we are imbued with the core-conditions theory we will want to characterise the way the helpful person is present for us in terms of empathy, acceptance and congruence. But I suggest we pause before fixing the experience in terms of those concepts. Something like the core conditions may often be present in the way the helpful person is with us, but I suspect that what is more important is that the person is there for us in a way which empowers, or at least does not block, our experiential process. The attitude of unconditional positive regard, for example, may often help to empower a client's process, but unfortunately the more disturbed a client is the less likely they are to be able to perceive such an attitude in the therapist. Hence the more disturbed a client is the less effective person-centred therapy should be; but it is not so, as witness the work of Gary Prouty (1994) with schizophrenic clients. (Prouty refers to what he is doing as 'pre-therapy', but the rather artificial distinction between therapy and pre-therapy becomes unnecessary if we think of what the therapist is doing as facilitating the client's process).

In a recent study of client perceptions of positive episodes in person-centred therapy (Timulák and Lietaer, 2001, p.71), the most commonly reported kind of helpful episode was 'empowerment of the client's self following exact and affirmative symbolisation of client experiencing.... What seems to be important is that the counsellor meets the client in his or her momentary need for such conceptualisation that the counsellor offers. Therefore it is not so important whether the counsellor interprets or reflects, but rather whether the counsellor offers symbolisation that articulates those aspects of the client's experience that represent potential for further development.'

What we have here suggests an alternative view of how it is that Rogers' 'reflective therapy' can be so powerful. It is not so much that in reflecting the therapist 'embodies the core conditions', but rather that that he or she helps the client to an articulation of their experiencing which is itself a moving on. This alternative view of why person-centred therapy is effective has been elaborated over the last forty years in the work of Eugene Gendlin (1964, 1984, 1990, 1996), work which I think has not been given the attention it deserves. For Gendlin the articulation of the client's experiencing is not a matter of describing what is already there, but a 'carrying-forward' of the client's process. If we see person-centred therapy in this way, we will no longer be puzzled about how it can be effective in situations which are not rooted in

internalised conditions of worth. Conditions of worth are *only one cause* of blocked process; others involve, for example, conflict, misperception or trauma. However, whatever the nature of the block is, what is needed in the therapist is the ability to be with the client in helping him or her to find, or create, new ways of viewing (articulating, being in, ...) their situation, and one way of doing that that is to reflect how the client views (articulates, is in, ...) their situation now. *Then* the client, if they feel safe enough, may go a bit deeper into their experiencing and say 'No, its not that, its more like this...' or 'It's not just that, it's also ...' and the process of change is under way. If the therapist does not create the sort of safe, accepting atmosphere which comes with the core conditions, the process is less likely to move ahead, but in the end it is not the *therapist's* offering of the core conditions to the client that is crucial, but whether the *client* comes to relate to their own experiencing in the accepting way which Rogers characterised so well.

If this is correct it will make a difference to how we see the relationship between person-centred and other schools of therapy. Person-centred therapists would need to accept that the core conditions are neither necessary nor sufficient for effective therapy: not necessary, because sitting by the lake is therapeutic if it helps the lake's 'client' to be with their experiencing; not sufficient, because no amount of the core conditions will help if the client is not thereby helped to be with their own experiencing. However, person-centred therapists might well want to claim that the procedures of the other schools of therapy will only be effective only insofar as they facilitate the client's being in touch with his or her own experiencing process; insofar, that is, as they become 'client-centred'. That, as I understand it, is Gendlin's (1996) view; I think it is worthy of serious consideration.

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