Christopher Ross, B.A., M.Sc.

PSYCHOTHERAPY DEMYSTIFIED:
The Client-Centred Therapy of Carl Rogers.

I would like to thank Dr. D. Bannister and Mr W. Penn at the Psychology Department, Bexley Hospital, Kent, for the many conversations about psychotherapy that arose from our clinical and research work together and provided the impetus for this review.

Both psychotherapists and their critics seem committed to presenting psychotherapy as something mysterious - the former regard the relationship between the therapist and the patient as basically unfathomable and so impervious to scientific inquiry, while the latter reject it as hopelessly subjective and unworthy of serious scientific consideration. Ever since Eysenck's paper 'The Effects of Psychotherapy' appeared in 1952 a long battle has been waged between behaviourists and psychoanalysts over the efficacy of psychotherapy. Both contestants however, regard psychotherapy in the same way - on a par with other medical treatments.

Recently more attention has been paid to social factors in the definition and treatment of mental illness. Laing poses the question that as a society we do not value certain kinds of experience. A person for whom these experiences are particularly powerful is categorized as 'schizophrenic' and an explanation is sought in terms of 'underlying processes', rather than seen as a consequence of a breakdown in the process of relating between people. The struggle against being cast in the role of the sick person who is treated by an 'expert' has a long history including such groups as the Samaritans, and Alcoholics Anonymous, and more recently, People Not Psychiatry (PNP). Some of the social school take a hostile attitude towards science. What is felt intuitively, by the helper, to be right and human *must* be effective or therapeutic for the person seeking help. This widespread assumption is unfortunate in two respects. It makes it easier for the hard boiled behaviourists to pose as the only scientists in psychology. More significantly it neglects a vast corpus of research in this area of personal change: the work of Carl Rogers and his colleagues on client-centred therapy.

Carl Rogers spent his first years as a practising psychologist at a child guidance clinic in Rochester, New York. At that time the only recognized theory of psychotherapy was that of Freudian psychoanalysis. Through his experience with the children and parents who came to the clinic he soon became dissatisfied

with this approach and in his relatively isolated position, he was moved to develop his own. (Meador). This has come to be known as 'client centred' psychotherapy but a reformulation of what psychotherapy is about: it is a relationship between persons, and should be evaluated on that basis, not on the model of a medical treatment given like a pill to a passive patient. Rogers' concern with the therapy of persons estranged him from many psychologists preoccupied with assessment and diagnosis, while his rejection of interpretation in favour of empathy secured his separation from psychoanalysts. In fact it was among a group of social workers that his ideas first gained acceptance.

His work has undergone a number of stages of development. Hart has recently differentiated these into three main periods. From 1940 to 1950, the period of Nondirective Psychotherapy, Rogers emphasised the value of the therapist providing a definitely structured, but permissive and accepting relationship. This enabled the client to gradually attain insight through clarifying his own feelings, and so find his own direction. From 1950-57, the Reflective Period, greater stress was laid on the therapist's sensitive responsiveness to the client through the technique of reflecting his feelings, thereby allowing the person's self concepts to be reorganized through this mirroring process. Since 1957, The Experiential Period, client-centred therapy has taken new forms including work with schizophrenics, and the development of the Basic Encounter Group. Manifest in both is a shift from specific techniques to the expressive activity of the therapist as a person.

Whichever period is taken, Rogers' work is marked by a dramatic tension between two concerns which for both behaviourists and psychoanalysts alike are incompatible: a painstaking commitment to scientific analysis and an emphasis on subjective experiencing. This dual concern has characterised psychotherapists like John Shlien, Eugene Gendlin, and Charles Truax who have worked with him. Their common faith in research is summed up in Rogers' own statement, 'The facts are friendly.'

This long tradition of research, critical reflection, and innovation reached fruition in the early 1960's. In 1963 Bergin published a paper that took the argument about psychotherapy beyond Eysenck's crude statement of the problem of effectiveness, and the psychoanalysts avoidance of that issue. He reported that when patients receiving psychotherapy were compared to controls, then both groups showed greater *variability* of change. This means that more of those who had extensive contact with a psychotherapist improved, but more also became worse.

This finding, together with Rogers' clarification in 1957 of the effective components in psychotherapy, has given a sound basis to psychotherapy research. Rogers stated that the critical factor in psychotherapy was the quality of the relationships, which he held to be largely a function of the therapist's attitudes towards the patient. These he has described as the communication of (i) an accurate empathic understanding of the patient and his problems (accurate empathy), and (ii) acceptance and

warmth for the person himself (unconditional positive regard); (iii) the therapist must also be a congruent or genuine person in the relationship (genuineness). The implication is that those therapists who show these characteristics in high degree - who offer high levels of warmth, accurate understanding, and genuineness to their patients - will have good results, that is produce what Rogers calls 'constructive personality change', while those therapists who display few of these qualities will have a detrimental effect on others including their patients. This elucidates Bergin's finding of both greater personal improvement and deterioration with psychotherapy.

It is characteristic of the Rogerian tradition of research and therapy that careful definitions have been made of these very personal aspects of the individual, and reliable rating scales have been constructed so that even comparatively unsophisticated observers using short 3-4 minute tape-recorded excerpts from therapist/client interactions can reliably rate those therapists who show empathy, acceptance and genuineness to a high degree and those who do not.

Charles Truax and Robert Carkhuff have done specially valuable work in this area, and the following extracts from their definitions of the highest and lowest levels of these conditions clearly convey the difference between an effective therapist and an 'antitherapist'. In their scales an absence of accurate empathy is defined as follows: *'Therapist seems completely unaware of even the most conspicuous of the client's feelings; his responses are not appropriate to the mood and content of the client's statements. There is no determinable quality of empathy, and hence no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice, but he is not communicating an awareness of the client's current feelings.'* A very high degree of empathy: *'The therapist in this stage unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognises each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and voice. With sensitive accuracy, he expands the client's hints into a full-scale, though tentative, elaboration of feelings or experience.'*

Very low levels of unconditional positive regard are defined in this way: *'The therapist is actively offering advice or giving clear negative regard. He may be telling the patient what would be 'best for him', or in other ways actively approving or disapproving of his behaviour, the therapist's actions make him the locus of evaluation. He sees himself as RESPONSIBLE for the patient.'* The highest levels of warmth are defined thus: *'At stage 5, the therapist communicates a warmth without restriction. There is a deep respect for the patient's worth as a person and his rights as a free individual. At this level the patient is free to be himself even if this means that he is regressing, being defensive, or even disliking or rejecting the therapist himself. He genuinely cares for and deeply prizes the patient for his human potential, apart from evaluations of his behaviour or his thoughts.'*

An absence of genuineness is defined thus: *'The therapist is clearly defensive in*

continued on page 17

continued from page 15

the interaction, and there is explicit evidence of a very considerable discrepancy between what he says and what he experiences. There may be striking contradictions in the therapist's statements, the content of his verbalisation may contradict the voice qualities or nonverbal cues (i.e. the upset therapist stating in a strained voice that he is 'not bothered at all' by the patient's anger).' Considerable genuineness occurs when: *'The therapist is freely and deeply himself in the relationship. He is open to experiences and feelings of all types - both pleasant and hurtful - without traces of defensiveness or retreat into professionalism. Although there may be contradictory feelings, these are accepted or recognised. The therapist is clearly being himself in all of his responses, whether they are personally meaningful or trite.'*

Since the experience of a *relationship* is the agent of therapeutic change, how do these qualities of the therapist affect the client and enable him to find direction to his life where before he was at a loss? The answer was sought by comparing the performance in therapy of those clients who had favourable outcomes with those who did not. Recordings of early and late sessions revealed that successful clients changed in how they conducted themselves in therapy. Three dimensions of change have been differentiated and scales developed for them.

Manner of Problem Expression: at first the client tends to see his problems as outside himself, gradually he realises his own contribution to them and becomes engaged in resolving his problems through self-exploration and understanding. Manner of Relating: the client moves from a distrustful, closed and impersonal relationship with the therapist to a trustful, open and personal one. The vital development, however, for therapeutic change is the increase in the Depth of Self-Exploration, the client moving from polite conversation with no reference to personally relevant material, to seeking instead to understand his emotionally tinged experiences as these are recalled and their significance explored. In the presence of a warm accepting person, who is freely himself, yet capable of understanding and 'being with' him wherever his feelings lead, the client feels secure enough to focus on anxiety-producing bodily feeling and explore the hitherto veiled meanings that accompany the anxiety experience. In the following excerpt we obtain a glimpse of the 'moments of movement' in therapy where the patient, caught up in the experience, senses the meaning of what is going on within him. In this process his view of himself as 'not likeable' is changing.

'I could even conceive of it as a possibility that I could have a kind of tender concern for me - but how could I be tender, be concerned for MYSELF, when they're one and the same thing? But yet I can FEEL it so clearly. You know, like taking care of a child. You want to give it this and give it that. I can kind of clearly see the purpose for somebody else, but I can never see them for myself - that I could do this for me, you know. Is it possible that I can really want to take care of myself, and make that a major purpose of my life? That means I'd have to deal with the whole world as if I were guardian of a most cherished and wanted possession, that this I was between this precious ME that I want to take care of, and the whole

world. It's almost as if I LOVED myself - you know, that's strange - but it's true.'

This passage may appear vague and rambling to the reader, In it are contained no startling insights, no definable psychodynamic concepts. What is happening is not a sudden insight afforded by an interpretation in terms of 'low ego strength', 'depressive defences' or the projection of parental figures. Rather the person is caught in the course of a change in how he sees himself. This is accomplished through expression in his own terms, not the therapist's.This illuminates the difference between what Freud means by 'interpretation and insight' and Rogers by 'empathy and self exploration'. The process of gaining insight in psychoanalysis consists of the client coming to accept the analyst's reformulation of his difficulties usually in terms of repressed sexual or aggressive drives. The assumption is that it is the analyst who really knows. By contrast, the therapist in client-centred therapy has no such monopoly over truth. Although a psychoanalytical interpretation may make sense to the therapist, the critical consideration in respect to any offering from the therapist is 'Can the client make use of it?' 'Will it further his own efforts to explore himself?' 'Will it help him to come to new understandings, and enable him to act on this new conception in his life with others?'

The aim of client-centred therapy is to set in motion a creative cycle of self-exploration, new understanding and experimental action, which will provide the basis for recovering direction to his life. This of course can apply to anyone - to people who have just gone stale, as well as to those who have stopped completely and retreated, withdrawn from their fellows. Carkhuff has distinguished two phases in therapy which correspond to this cycle a 'downward and inward phase' where the emphasis is on establishing a secure relationship where he can venture deeply into himself and experience feelings he has never before dared to, and an 'upward and outward' phase (emergent directionality) where he attempts to incorporate this new learning about himself into the rest of his life.

As well as demystifying the process of psychotherapy this group of therapists-research workers has transformed its practice by taking it from the seclusion of the doctor's consulting room and placing it in the arena of human life as just one of the many situations for developing personal relationships. The client-centred approach has produced evidence showing that it is not necessarily the 'professionals' who are best at it. Carkhuff and Truax found that both graduate students and lay trainees, after just lOO hours of training, offered similar levels of accurate empathy to those offered by experienced therapists. Academic achievement or a thorough understanding of theoretical dynamics seemed unnecessary. A study by Bergin and Solomon of the effects on chronic schizophrenics of psychotherapy with lay group therapists showed that those lay helpers who were rated as offering high levels of warmth, empathy and genuineness produced favourable changes in the chronic patients, whereas no change was observed with those who offered low levels. Academic achievement in a study of post-graduate trainees was found if anything to correlate negatively with the therapist's effectiveness. It is scandalous that much of what is

considered important in the education of competent social workers, psychologists and psychiatrists may in fact make them less effective as helpers. Much of professional training actually encourages the development of a 'professional' image which reduces the likelihood of seeming genuine to the other person; the supervisor's warnings about 'not getting involved' with clients set limits to the expression of concern for the client as a person in his own right, while the development of specialist jargon makes it harder to communicate an empathic understanding of the client's thoughts and feelings in terms that are natural for him and further his own self-understanding. Community counselling centres where an officially recognised service would be primarily provided by selected lay people, would not have these professional barriers to overcome. When more and more problems of living are being unearthed it is important to trust and utilise the resources of ordinary people in the community, and not increase the feelings of impotence by creating new experts. It is significant that Parloff found that those psychotherapists who despite their 'professional' training obtained good results with their clients were those with the most satisfactory relationships with their family and work colleagues.

An obvious shortcoming in Rogers' work is his relative neglect of social change. Considering his theory of personal change leans so heavily on the idea of a struggle and movement within the individual, it is surprising that he has given little attention to the Marxist idea of people organising together and gaining strength in their collective struggle as an important way of securing change. In an article called 'The Year 2,000' on the problems of the American Ghetto, Rogers stresses the importance of communication between the slum dwellers and the authorities. This ignores the possibility of a real opposition of interests which efforts at communication will not alter. The client-centred approach has been criticised for being middle class in its verbal emphasis - for all its concern for experiencing, the therapeutic relationship consists predominantly in talking about feelings rather than action..

There is, however, no intrinsic reason why the theory cannot be extended to meet these shortcomings. In practice, Rogers' ideas on 'student-centred education' have had an effect ranging from a Californian high school where the nuns in charge introduced Encounter groups for staff, students, and administrators alike, to the Sorbonne where his writings were widely read by the students there and often quoted in the meetings that led up to the Paris events of May 1969.

In this sense psychotherapy is demystified: the openness of client-centred therapists to the scrutiny of research has demonstrated that a rigorous scientific approach can further our understanding of the most personal dimensions of human life. The person seeking help is not necessarily regarded as a helpless neurotic, blind to the damned up undercurrents of his unconscious (psychoanalytic approach), nor as a miscreant pupil who has learnt wrongly and needs corrective training (behaviour therapist approach). He is not seen as a patient requiring allocation to a certain category of disease - schizophrenia or endogenous depression (the traditional psychiatric approach), nor even the potential schizophrenic exhausted by the

battle of the inner truth against a desiccated, mechanical and hostile world (the approach of R.D. Laing). Instead the person emerges simply as someone struggling to create meaning and direction out of a life that seems at times only to consist of despair and restlessness.

The essence of psychotherapy is the relationship between the therapist and client. It is just one of the many situations which are entered in the expectation of some 'constructive personal change' - for example love affairs, parent-child, teacher-student, and marital relationships. Whether this expectation is fulfilled in psychotherapy will depend, as with these other encounters, on both the participants.

PRINCIPAL REFERENCES

R.R.Carkhuff and B.G.Berenson *Beyond Counselling and Psychotherapy* (New York: Holt, Rinehart and Winstone. 1967)

H.J.Eysenck *The Effects of Psychotherapy: an evaluation* (J.consult. Psychol., 16,319-324. 1952)

H.J.Eysenck *Behaviour Therapy and Psychotherapy* (New Society 208-10. 1969)

J.T.Hart and T.M.Tomlinson *New Directions in Client Centred Therapy* (Boston: Houghton Mifflin. 1970)

B.Meador *Client Centred Therapy* (in Current Psychotherapies, edited by R. Corsini. In Press.)

M.R.Parloff *Some Factors Affecting the Quality of Therapeutic Relationships* (Journal of Abnormal and Social Psychology. 52. 1956)

C.R.Rogers *On Becoming a Person: a Therapist's View of Psychotherapy* (London: Constable. 1957) D.A.Shapiro *Empathy, Warmth and Genuineness* (Br.J.soc.clin. Psychol. 8. 350-361. 1969)

C.B.Truax and R.R.Carkhuff *Towards Effective Counselling and Psychotherapy: Training and Practice.* (Chicago: Aldine. 1967)

Dennis Weston

ENCOUNTER IN THE CLASSROOM

Thirty-five or so children in a class, very little money, limited space and a school that is overcrowded - that is Monday to Friday. That kind of situation is completely different to the usual encounter experience. But the two can be integrated so that humanistic psychology techniques can be used meaningfully in the school. Needless to say - it is a mammoth task and very difficult to achieve, but very valuable in terms of what we mean by education. During the last two years I have been working along these lines in an ordinary LEA school on the east side of London, using various techniques borrowed from the human potential movement to stimulate the development of the children I work with.