

of professional counsellors but rather is something to be used by any person confronted with another human being in need.

References

- (1) *Descriptive brochure available from the author at BPAS, Guildhall Buildings, Navigation Street, Birmingham B2 4BT. Film available from Concord Films Council, Nacton, Ipswich, Suffolk IP10 0JZ*
 - (2) *Quoted in "Counselling and the Nurse" by Gaynor Nurse, HM + M Publishers, 1975 (paperback)*
 - (3) *Pamela Guiver (1973), "The Trouble Sharers". National Marriage Guidance Council (paperback).*
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Client-Centred Counselling

I. Introduction

Client-centred counselling or therapy (CCT) has been developing over the last three decades in which time it underwent considerable changes. These changes reflect new insights gained in the field. Most of these developments are pretty unknown and many people view CCT as it was in the 1940s - non-directive therapy (also referred to as 'grunting therapy' for the therapist was imagined to relate to the client mainly through 'Mhm', 'Huh', 'erhh', etc).

CCT is no longer defined in terms of specific techniques or modes of response but rather in terms of basic therapist attitudes. In particular all therapeutic exchanges should be aimed at the preservation of the self-respect of the client (as well as the therapist) and the communication of understanding should precede interventions which contain information or advice.

CCT follows the pattern of the legal profession in treating the person being helped as the 'client' rather than as a patient. The lawyer operates entirely as an adjunct to a process of which the client always remains in charge and this idea is densely encoded into the name of the orientation by calling it "client-centred".

II. Development of CCT Constructs

The advancement of CCT can be divided into three historical periods: see table

Table I

Periods in the Development of Client Centred Therapy (Hart, 1961).

| | Function of the Therapist | Resulting Change |
|--|--|---|
| Period I Non-directive therapy 1940 - 1950 | Creation of a permissive, non-interventive atmosphere; <i>acceptance</i> and <i>clarification</i> . | Gradual achievement of insight into ones self and ones situation. |
| Period II Reflective Therapy 1950 - 1957 | Reflection of feelings, avoiding threat in the relationship. | Development of congruence of self -concept and the phenomenological field. |
| Period III Experiential Therapy 1957 - | Wide range of behaviours to express basic attitudes. Focus on clients' experiencing. Expression of the therapist's experiencing. | Growth in the process continuation of inter - and intra - personal living by learning to use direct experiencing. |

1st Period: Non-directive Therapy (1940-1950)

In distinction from the more directive approaches (analytic, behaviourist), the emphasis in early CCT was on the individual's self-initiated wish to get better and change if she/he so wished. The client centred therapist viewed himself as some kind of psychological midwife helping the birth of the client's new *insights* and psychological developments. In this phase the therapeutic methods involved - acceptance - creation of a permissive, non-threatening atmosphere - with the aim of clarification of the problem and the treatment goal was insight.

2nd Period: Reflective Psychotherapy (1950 - 1957)

In this period the school became more than an antithesis to psychoanalysis. Systematic research and training started. The emphasis was on the questions:

- *which of the therapist's behaviours facilitated change?*
- *how can change be defined?*
- *what is considered as a desirable change in a client?*

In this period, three therapist variables were defined (Truax, 1967).

1. The Three Therapist's Variables as Defined in Period 2

1. 1. Congruence or Genuineness

Personal change is facilitated if the therapist is genuine and without a facade. 'By this we mean that the feelings the therapist is experiencing are available to his awareness and he is able to live these feelings, be them and able to communicate them if appropriate'. (Rogers, 1961).

1. 2. Empathetic Understanding or Accurate Empathy

'When the therapist is sensing the feelings and personal meanings which the client is experiencing each moment, when he can perceive these from 'inside' as they seem to the client, and when he can successfully communicate something of that understanding to his client, then the second condition is fulfilled'. (Rogers, 1961).

1. 3. Unconditional Positive Regard

'Change is facilitated in the patient if the therapist is experiencing a warm, positive and acceptant attitude toward what is the client' (Rogers, 1961).

Research findings on the three therapist variables showed confusing results and bearing in mind the general problems of therapy outcome research, I feel rather unconvinced of the outcome. It appears that in most of the investigations into CCT satisfactory methods of measuring and/or adequate research designs are not present. This implies that further research is required but the value of CCT has not been refuted either.

In the second period there were lots of "don'ts" -

- *don't answer the client's question (it would distract him from his feelings)*
- *don't express your opinion*
- *don't interpret*
- *if you're puzzled by something don't mention it (in order to follow the client's track, not yours)*
- *if there's something you think he ought to talk about, forget it*
- *if you didn't respond rightly to something a minute ago, the moment has passed. Don't bring it up now. You have to wait till the client brings it up again.*
- *if you have strong liking and appreciation for the client, don't mention it!*
- *if he is silent, you must remain silent also, indefinitely.*

To me all these don'ts seem to go along with empathy and unconditional positive regard if you take them literally and then they make it difficult or even sometimes impossible to be congruent. This leads to the later period of CCT: the experiential phase where the contradiction is broken up and the variables redefined.

2. The Process Concept of CCT

It is assumed that if the therapist fulfills the three conditions then certain change will occur in the client. Success in the framework of CCT is defined as the client achieving

- a more realistic and positive self-image (as opposed to a discrepancy between ideal and real self)
- a more flexible approach to life
- reduced anxiety (increased living in the 'here-and-now')
- an increased openness to experience
- an increasing trust in the own perception and feelings ('doing what feels right', (Rogers, 1961b))
- functioning more fully and creatively

Note: The growth movement started as an off-spring of Roger's ideas and so did encounter groups.

3rd Period: Experiential Psychotherapy

'The way to be is to be'. Lao Tzu

The integration of Existentialism and CCT is already clearly noticeable in Carl Rogers book 'On Becoming a Person' 1961.

According to Gendlin who is the main representative of this trend, the differences between the various therapeutic orientations have lessened. He argues that today one could classify therapeutic strategies as either experiential or non-experiential:-

"...the experiential method is not just another body of concepts and procedures. Rather, it is a certain way of using any and all of the older methods. Therefore the older orientations are now cut across by a new division between those who practice experientially whatever orientation they come from, and those who do not as yet practice their older orientation in an experiential way. . ."

*"...it matters more **how** something is done, than **what** general procedure is used. (Gendlin, 1974)*

An experiential therapist carries forward experiencing in the client in four important areas.

1. Experiencing.

It is rather the process and experiencing of feeling than thinking, knowing or verbalising. It takes place in the immediate present and is an ongoing flow of experience. According to Gendlin, therapy begins then, when the

client comes to an immediate experiencing of his present problems beyond intellectual processes. He becomes aware of things going on in him without necessarily being able to put them into words. Gendlin (1974) says:

" . . . it may seem as if language and logic are insufficient, but the trouble is merely that we are not used to talking about something which is conceptually vague, but definitely and distinctly felt".

This is often called the 'gut-feeling'. We all have inward bodily feelings and sensations. At any moment one wishes one could refer directly to inwardly felt datum. Experiencing in the mode of being directly referred to this way Gendlin terms the 'direct referent'. If the individual continues to focus his attention on this 'direct referent' he may be able to conceptualize some rough aspects of it. The individual hopefully then moves on focussing on these internal 'referents' rather than settling for explanations, accusations or apologies.

"It is a profound discovery for most people when they find it possible to continue direct reference. It comes to be deeply valued as 'I am in touch with myself'." (Gendlin, 1974).

2. Interaction (Encounter)

Man is being-in-the-world as the Existentialists put it. Feelings always refer to this, e.g. if one feels lonely it implies that there are people in the world, or one is angry *at*, disappointed *about*, etc. So human beings are in relation to people and the world and are not separate entities.

" . . . what one feels at any moment is always interactional, it is living in an infinite universe and situations, a context of other people, or words and signs, of physical surroundings, of events past, present and future. Experiencing is not subjective but interactional. . . " (Gendlin, 1973)

These two concepts imply the unity of body and mind and the unity of the person and the environment.

3. Carrying Forward

A third unity proposed is that of the past, present and future. e.g. one might be scared about a present event in view of its future implications. *Carrying forward*, a term which Gendlin uses a lot, is defined as a continuous change, not an abrupt one.

Experiencing / feedback from environment / experiencing / carrying forward.

PROCESS

4. Focaling

"Experiencing has a direction" according to Gendlin (1973). "Just some and no other steps will carry forward".

"Experiencing is no putty on which you may place any and every pattern. The process will carry forward only in some ways or not known and specific ways exists as yet, to carry the felt process forward required finding a special way. . .the preconceptual implying and indicating of the bodily felt sense is quite definite. . .nothing will do except a way that does carry forward and has the bodily releasing character! (Gendlin, 1973).

If one lets oneself sense the whole feel of now, a sense of direction emerges, if it is sought. One's own felt direction is different from some notion of what one ought to do or be.

In experiential therapy there is

1. *Emphasis on the feeling process, on the experiencing of the client and the therapist. It is the task of the therapist to help carry forward experiencing, felt meanings in the client,.*
2. *Emphasis on the encounter, the relationship with the therapist. Genuineness, therefore, is the most important requirement of the therapist for it is only possible to have a real relationship if the therapist is congruent or genuine. And major personality change according Gendlin occurs nearly always in the context of an ongoing personal relationship.*

Treatment in general - therapist strategies:

1. *Emphasis on the 'here - and now' experiencing of the client and therapist.*
2. *Help the client to refer to inwardly felt meanings; help him to listen inside himself quietly and let things come up, in other words: get the process going.*

There are particular techniques used to get in touch with one's feelings and to check whether what is said refers to that feeling process.

In general it is stressed that

". . .to let a felt sense form is not even possible except in a quiet and accepting gentle allowance, a letting, a friendly attitude toward one's insides. What comes first may at first seem negative, but will soon shift in an adaptive way, because the body will live

further, and with this live certain aspects that until then were held up and could not be lived onward.

Therefore one's allowing the inward coming of a felt sense is itself already an overcoming of every stoppage. . ."

". . .The crux of therapy is to engender a process in which what sounds bad becomes resolved and changes - most therapists lack the method for making this process happen. . ."

The experiential theory holds that change depends upon whether the ongoing living and experiencing process moves further and further, in just those respects in which previously it was held back."

Clearly there are parallels to Gestalt therapy and its 'paradoxical theory of change, to bioenergetics (unarmouring?) and other experientially orientated therapies.

3. *However just letting bad things that were held back before come up is not a guarantee of any positive change. It may even have the reverse effect. It is only therapeutic if it is in the context of an ongoing safe relationship.*

III Client-Centred Therapy In The Seventies

There now are three differing approaches:-

1. *The Truax and Carkhuff type approach (period 2) is still widely pursued. It is often viewed as the most respectable trend by academics for it allows pseudo exact research and training. Clinicians usually reject this trend as too rigid and irrelevant, if not boring. No doubt it is sterile and only applicable to articulate middle-class clients.*
2. *Clinicians not attached to Universities tend to prefer the Gendlin (period 3) approach as it allows for congruence, is applicable to a wider range of clients (in terms of social class as well as presenting problems) and it allows integration of other approaches. In other words it is the ideal baseline for an eclectic therapist.*
3. *A new and promising trend is the use of the concepts and language of information processing theory and cognitive theory (Anderson, W.; Wexler, D.; Zimring, F.; and others in: Wexler and Rice, 1974)*

". . .what information processing fundamentally provides for therapy theorists is a language of events and processes that is free from many of the problematic assumptions of traditional personality theorising, and unlike the phenomenological language of past client-centred theori-

sing, a language that is clearly rooted in empirical findings. Moreover, it is a language that is molecular, that gives a rich and detailed view of the complex internal events occurring within the individual. . ." (Wexler, D. Rice, L. 1974).

". . .Some (Anderson, Wexler, and Butler) specifically conceptualize the dynamics of client change in therapy, not in terms of change in personality structure, but rather the development of a processing style that makes enhanced use of the complexity and richness of information. Client-centred theory has always emphasised an optimistic and proactive view of man, but this view is given a firmer basis in being rooted in the context of the constructive nature of human information processing (Anderson) and the biological need for novelty and new experience (Wexler and Butler). . ." (Wexler, and Rice 1974).

The integration of information theory is a very exciting new trend which could well bridge the present split between academics and clinicians.

General Re-evaluation of CCT from a Pragmatic Point of View

Here I will again mainly refer to Gendlin's arguments. (Gendlin, 1974)

". . .I would strongly argue that the essence of client-centred therapy has not yet been learned by the field." (Gendlin, 1974)

The essence according to Gendlin is listening, which has two vital aspects.

1. Accurate empathy or 'exact specificity'. If the therapist listens actively and carefully he may grasp what is going on in the client and he then can respond as accurately as possible.
2. Inner checking by the person being listened to.

". . .we have found that not only listeners, but also people being listened to, have the terrible tendency to give up on what is inside and to settle for round words and concepts. The person is likely to agree easily, "yea, I guess so, yea that's what I said". This is instead of referring inwardly and sensing what's there, and noticing how what was said is not it. We therefore push the rule that the person being listened to must check each response inwardly. Then it can be felt quite directly and unmistakably, what wasn't right, or what just now shifted, and what must be said further. . ."

Summarising, one can say that the essence of CCT today is "stay in touch at all time with the person's directly felt concrete experiential datum -and help the person also to stay in touch with that, and get into it". (Gendlin, 1974).

If this is the baseline of therapy then it is easy to integrate other methods if appropriate - Gestalt therapy, behaviour therapy, transactional analysis etc., in one session or over a period of sessions. Gendlin (1974) argues that "the client-centred response should be regarded as the baseline of psychotherapy from which other approaches "should take off and return to".

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