Being Person-Centred

Paul Wilkins

One of the most striking things about the method of psychotherapy originating with Carl Rogers and his colleagues – and which has variously been referred to as 'non-directive therapy', 'relationship therapy', 'client-centred therapy' and 'person-centred therapy' – is that it, or rather the ideas underpinning it, gave rise to something described as an 'approach'. Thus, the 'person-centred approach' (PCA) is not only a way of doing psychotherapy but a way of being in relationship, a relationship which can be with another individual, a group, a nation, or even the planet (see Wilkins, 2003).

Characteristics of the person-centred approach

The person-centred approach is rooted in an understanding of the formative tendency, that is, the directional tendency towards increased order, complexity and inter-relatedness found throughout the natural world and postulated to be literally universal. Rogers (1980: 134) states that, for him, the formative tendency 'is a philosophical base for the person-centred approach'. From the formative tendency, it follows that all organisms are directed towards survival, maintenance and growth, where growth is understood as increasing complexity and the fulfilment of potential. This is the actualising tendency which is a biological force common to all living things. In person-centred theory, the actualising tendency is the sole motivation for development and behaviour in human beings and beings of other kinds.

In terms of 'classic' person-centred theory, the actualising tendency in human beings propels the organism – that is, the sum total of the biochemical, physiological, perceptual, cognitive and interpersonal behavioural subsystems constituting the person – in the direction of increasing independence *and* towards developing relationships. While this may at first appear to be a contradiction, in reality it is only as a person moves towards being psychologically free that there can be a corresponding movement towards open and honest encounter. Moreover, there is an increasing propensity for unfettered relating, that is, towards relationships that are mutual and equal and in which 'manipulation' plays no part. In this context it is important to note that what is under discussion is a *person*-centred approach. In terms of the philosophy and theory there is a definite implication in the choice of this word. Whereas 'individual' is rooted in the Latin word meaning 'indivisible' and is therefore unitary, existing without reference to the other, 'person', also of Latin origin (from *persona*, originally an actor's mask, later equivalent to human being) has a Greek predecessor '*prosopo*', meaning 'presented to be seen' or 'there for recognition' which implies a relational quality (Polly Iossifides, personal communication). A mask or something 'presented to be seen' is only of any use if there is viewer.

For Schmid, (1998: 81), who stresses the relational nature of the person, from a person-centred perspective 'each encounter involves *meeting reality* and *being touched* by the essence of the *opposite*.' It is in this process of 'becoming' that a person is said to be fully functioning; that is open to and trusting of organismic experiencing. It is from this acceptance of the actualising tendency that all other aspects of person-centred theory flow. For example, because the actualising tendency is trustworthy and it is directional, direction from the other is unnecessary and potentially distracting or even harmful so person-centred relationships are 'non-directive' (see Raido in this issue).

Schmid (2003: 110) emphasizes 'the fundamental We' as a basic characteristic of the person-centred approach, arguing that 'we only exist as part of a "We"' and that (2003: 111) 'we are unavoidably part of the world' and that:

> This We includes our history and our culture. It is not an undifferentiated mass, nor is it an accumulation of 'Mes'; it includes commonality *and* difference, valuing both equally. Only a common esteem for diversity constitutes and accepts a We.

Schmid's 'fundamental We' offers the context in which the person-centred principles – of trust in the human organism's tendency to actualise, the non directive

attitude, and the provision of certain necessary and sufficient conditions to support actualisation and growth – are embodied in person-centred relationships.

This view of motivation and relationships is significant because, as Rogers acknowledged, person-centred theory is derived from and modified in the light of experience and practice. The person-centred approach has a lot of theory but is not driven by it. It also draws on a number of philosophical traditions.

The philosophical underpinning of the person-centred approach

The person-centred approach can be considered as rooted in one or more of a number of philosophical or epistemological paradigms. If it is accepted that there are three dominant meta-paradigms underpinning modern thought as to the nature of human beings – Modernism, Romanticism and Postmodernism – it possible to make an argument for the person-centred approach as drawing or having drawn on each. For example, the early development of client-centred therapy was very much in accord with empiricism and positivism. It was clearly about trying to establish what constituted effective therapy and how therapy worked best through a process of constructing and testing hypotheses: the scientific method of a Modernist perspective. However, the concept of the actualising tendency and ideas about the existential freedom of the person and the valuing of experiencing are more aligned with Romanticism. Equally, there is a case for the person-centred approach as being Postmodern at least in as much as knowledge is subjectively defined, depending on the nature and approach of the knower (see Wilkins, 2003). In person-centred terms, there is no objective truth waiting to be revealed but meaning is constructed – or, more likely, co-constructed.

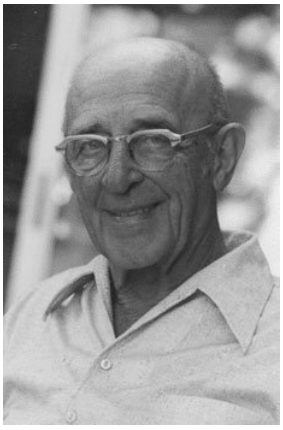
I argue that it is not possible to point to one of these major paradigms and to say categorically that the person-centred approach belongs in it. Thus, the person-centred approach is not 'humanistic' (an approach to psychology which may be considered as within the Romantic paradigm), even though it has been assigned as such and has some characteristics in common with humanistic approaches. Indeed, it seems that the principles of client-centred therapy were established *before* those of humanistic psychology (Wilkins, 2003) and possibly contributed to the development of that line of thought rather than being derived from it. Because it is concerned with subjective experiencing, 'being in the world', 'being in the world with others', and the whole person or organism, there is a case for the viewing the PCA as phenomenological. Although it pre-dates it, phenomenology shares something with postmodernism. In my view, the

PCA draws more on phenomenology than any other branch of philosophy.

Why be person-centred?

In a recently published study, measuring the outcome of psychological therapies using CORE-OM, Stiles *et al*. (2006) found that there was no significant difference between cognitive-behavioural, person-centred and psychodynamic therapies. As the authors point out, (2006: 555) their findings 'were generally consistent with previous findings that theoretically different approaches tend to have equivalent outcomes'. In a consideration of psychotherapy outcome research (in a plenary presentation at conference on research organised by the British Association for Psychotherapy & Counselling [BACP], 2006), McLeod indicated that less than 1% of the difference between outcomes was attributable to the orientation of the therapist with another 6-9% being dependent on the therapist as an individual. A further 5% of the difference depends on the therapeutic 'alliance' between client and therapist, and 10% on therapists' allegiance to their orientation. This accounts for at most a quarter of the variation in outcome, which may mean three quarters has little to do with the therapist as a person and still less their orientation.

In the context of person-centred psychotherapy, 'outcome' is a tricky concept. Who gets to decide what constitutes outcome?



Carl Rogers

How is it measured and who measures it? These are all important questions when non-directivity, equality, autonomy and a non-expert stance are at the root of the approach. Also, there are problems with the preferred criteria common in outcome measures such as CORE-OM and other instruments deriving from the medical model (see Sanders in this issue). For example, in person-centred terms, 'symptom reduction' may be far less important than 'increased sense of well-being'. In this context, Freire (at the same BACP research conference, 2006) presented her development of a measure of outcome based on terms Rogers used in defining the fully functioning person. Her assumption is that the efficacy of person-centred therapy is best

determined by evaluating it in its own terms. She has compared her instrument with CORE-OM and has (so far) found no significant difference between the two.

In the light of the increasing evidence that, at least in terms of 'outcome', the efficacy of psychotherapy has little to do with the orientation of the practitioner and that, so far, even a person-centred instrument has failed to pick up significant differences, why be person-centred? Firstly, Rogers' 1957 description of the necessary and sufficient conditions for constructive personality change was an integrative statement, not an attempt to define a particular therapeutic orientation. The statement was derived from research work setting out to establish what constituted successful and effective therapy rather than to establish a new 'school'. Rogers (1959) does represent the necessary and sufficient conditions as part of a paper defining client-centred therapy – a paper which also emphasises 'interpersonal relationships' as at the heart of client-centred theory. However, it is arguable that any effective psychotherapist must employ the therapist conditions Rogers set down. For example, without being congruent (and therefore trustworthy), accepting and empathic, there is little hope of a therapist being successful. Therefore, the hypothesis of the necessary and sufficient conditions predicts that therapeutic orientation is irrelevant as long as these conditions are provided. Whatever else a therapist does or believes does not matter as long as the conditions are not contradicted. Secondly, most, if not all the attempts to evaluate the efficacy of therapy scarcely, if at all, consider the role of the client. Such evidence as there is suggests that the client uses the interventions of the therapist in ways that suit them and that these are not necessarily in the way intended or understood by the therapist. From a person-centred perspective, it is a mistake to divorce the actions and beliefs of the therapist from those of the client. The person-centred approach is dialogic, and dependent on the space between, the co-created space, more than the space within. The second point adds strength to the first. The actualising tendency is robust and resilient: the drive for growth is difficult to thwart completely. It seems to me that people are able to select out the parts of interventions which conform to the necessary and sufficient conditions and are helpful and, given the good intentions of another, respond to these disregarding other aspects. Bohart (2004: 106) indicates that clients are 'active self-healers'. I (Wilkins, 2003) have written elsewhere about the importance of the therapist's intention in client-centred therapy, and Bohart (2006: 142) states 'person-centered therapists take the concept of intention seriously' and goes on to explain something of how and why. It is important to realise that what is being referred to here is the therapist's *intent* (in the sense of

determination and attention) to really understand the other rather than some aim or plan to do good.

However, the therapist does not have to be operating in a person-centred framework for the client to be able to make use of what is done and said in accordance with person-centred theory. For example, long ago as a student counsellor I witnessed an encounter between a senior (Jungian) therapist and one of his clients. This therapist was capable of angry and aggressive behaviour in the therapy group and appeared to directly contradict its members. One day, he said in a way that seemed almost attacking 'Stop whingeing. Has it occurred to you that your mother was mad and that the way she treated you says a lot about her but nothing about you?' I was shocked by what seemed a direct contradiction of all the 'rules' of therapy as I understood them. However, I noticed that the person on the receiving end responded very differently from the way I expected. It was as though she was received and relieved. I later had a similar experience in my own group therapy. The therapist's response to something I said was clearly not in my frame of reference, he contradicted what I had said and my view, and yet I felt deeply accepted. What I think was going on in these two examples was that the clients were responding to the bit of the intervention that did accord with Rogers' conditions, somehow disregarding the rest. This lends credence to my view that the apparent lack of difference with respect to outcome between different orientations supports Rogers' hypothesis rather than contradicts it.

Not only is the therapy dyad a special case of Schmid's 'We', but the person-centred relationship is and must be co-operative, collaborative, co-created and co-experienced. It may be that efforts to discover the effects and usefulness of person-centred therapy are using the wrong instruments, the wrong methodologies and in any case looking in the wrong direction. That the methods available to Rogers were not suitable to answer the questions he saw as most relevant and important appears to be why Rogers moved away from empirical research in the 1960s, and yet these are still those most favoured by researchers wishing to evaluate outcome. There are research methods that have come out of person-centred thinking (see Wilkins & Mitchell-Williams, 2002) and it may be that these and similar 'human science' methods concerned with exploration rather than explanation and with the co-creation of meaning would lead to a more useful understanding of what happens in therapy, who benefits from it and how and what those benefits are.

However, outside the collective wisdom of its practitioners and at least some of those who have experienced it as clients the case for person-centred therapy has yet to be made at least in terms

currently acceptable to the scientific and health care establishment. So perhaps the choice to practice in a person-centred way is based on other criteria? Certainly, when I was drawn to the approach, I was not concerned with measures of its efficacy, I was responding in an almost visceral way to an approach that felt intrinsically 'right'. Similarly, when I began to read Rogers, I had a common experience of recognition. It was as though he was offering form and articulation to my tacit knowledge. This was exciting and also a relief in that it allowed something towards which I was blindly stumbling to emerge into the lightness, and I am aware that without the expressed thought of Rogers I may have stumbled on forever, never quite getting to a point of understanding. I have more recently had a similar experience while listening to the elegant and eloquent expositions of Schmid. Clearly, I chose to be person-centred for some other reason than knowledge of its efficacy. My faith in this seems to have stemmed from recognition that it was the right way to go about things and this led me in the direction of becoming a person-centred person rather than simply a client-centred therapist. Shlien (2003: 218) writes that 'this method, client-centered, seems to me to be the only *decent* one' and, for me, there is something fundamentally attractive about this decency.

Person-centred therapy is a special case, a particular application of the person-centred approach and it may be that arguments as to its efficacy in the way this has tended to be understood apply only indirectly to reasons to be person-centred. I think that to be person-centred is to make an ethical choice, to take a moral position. At the heart of this lies the recognition of the 'fundamental We', and that (Schmid, 2003: 111) 'only a common esteem for diversity constitutes and accepts a We'. Schmid goes on to warn of the consequences of ignoring this. These include the establishment of totalitarian regimes and (2003: 111-12): 'today's terrorism…the roots of which lie in the incapability of the occident to see this We of the global world'. Schmid points out that this incapability lies in seeing sameness as positive and difference as negative. There is, from a person-centred perspective, no valuing of sameness or of difference, but respectful acceptance of the Other in its own terms. Moreover, the We implies a connectedness, an inter-relatedness that goes far beyond the self, even beyond the organism. To be more precise, it is possible to conceive of the We as a meta-organism to which we all belong. If this is true, and probably even if it is not, then to harm the We is to harm the me. Further, I postulate that We is more than an immediate community, more than humanity, more than all living things. It is our planet in its totality, and possibly, given the universality of the formative tendency, it is ALL. This has implications for not only the conduct of therapy but the conductance of life.

Implications of the person-centred approach

The person-centred approach as I have characterised it is an ethical code. Central to this ethic is a respect for the Other and a recognition of the mutuality of existence. From it flows implications for a way of being in the world. From this ethic derives a political stance, not only a political stance with respect to therapy as considered by, for example, Sanders (2006), but a political stance with reference to the whole of creation. This is more than the socialist humanism advocated by Cooper (2006) as important and revolutionary as this is. It goes beyond the traditional concerns of the old Left, although it picks up on the desire for the equality of opportunity; similarly, it is more than the new eco-politics although it incorporates elements of it. To be person-centred is to strive for a respectful and accepting attitude to the world, even the universe, and all that is in it. For different individuals, this will manifest differently. Just as to be fully functioning is a process of becoming, so is to lead an ethical life. Shlien (2003: 218) puts it thus: '[t]he main human problem is: *how to lead an honourable life*. (More than to be fully-functioning, well-adjusted, successful etc.)' This process of becoming involves an open and responsive attitude to all. It is not static, not hidebound by rules, but it does involve recognition that we are both boundaried and unbound: boundaried in the sense that we are organismic, unbound in that we are without limitation or restriction and unconfined to or by a place or situation. The organism is relational and what it relates to is We where We is the whole of which it is part. So, to adopt a person-centred way of being in the world implies a desire to lead an ethical and honourable life, but also a charitable life. Charity (from the Latin *carus* meaning dear) is in this sense to hold dear, to cherish, to act lovingly towards. Towards what? Why, everything. How? By carrying this set of values into work in social and political areas at least as much as through working with individuals.

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