



What Does it Mean to be Person- Centred?:

Researching Practitioners' Understandings

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As a former member of a religious community and a student of philosophy, I have always been interested in 'meaning'. It can be said the Church 'taught' me to think and maybe, paradoxically, to question. Thus, when someone passes a remark which arouses my curiosity, I often wonder what they mean by that. As someone who identifies as a person-centred therapist, I am particularly curious when a counsellor or therapist says that he or she is person-centred. It is then I really want to – and usually do – ask: 'What do you understand by that term?' This interest has led me to pursuing a doctoral project on this very subject: what do 'person-centred' practitioners mean, and what do they understand when they employ the term 'person-centred'?

In this article I present some of the interim findings from my research and reflect on what they mean for me as a practitioner. I myself work in a hospice where the main model in use is the medical model of illness. I often feel that my 'person-centredness' runs directly counter to this model (see Sanders' article in this issue). For instance, I do not diagnose, prescribe treatment plans, or particularly feel an 'expert' on the client or their issues. When I attempt to explain what I do as a person-centred psychotherapist – namely to build an open, trusting and accepting space to be with those who are dying and the people who they leave behind – I am met with bewilderment.

The context

In the last twenty years there have been major theoretical developments within the person-centred approach (PCA). Yet, as an approach to therapy, it is still viewed as simplistic, underestimated, and devalued.

Within counselling and psychotherapy, there are many different modalities and many practitioners operating within different settings. There are financial restrictions, and funding for these activities and services is often difficult to obtain. 'Evidence-based practice' favours one research paradigm over others, and the government currently favours forms of 'time limited therapy'. Within this context, it is argued that it is the values and identity of the profession that hold it together. Yet it is unclear what the values of counselling and psychotherapy are, and, more specifically, what the values and identity of person-centred practitioners are. Cooper (1999) has pointed out that person-centred practice is predicated on a series of fundamental epistemological assumptions about the nature of human being. In my research I wished to look at what person-centred practitioners understood as the theoretical underpinnings of the theory and how their own particular understandings translated into their practice.

The research

Following this interest, the aims of my study in this area were, therefore:

1 To identify practitioners' understandings and meanings of the term 'person-centred'.

2 To explore how practitioners translate their own unique understandings of this term into practice.

My basic research question was 'What is your understanding of the term "person-centred?"' The study is thus an attempt to unravel the complex relationship between meaning, understanding and practice. I believe that practice is informed by the particular views of the practitioner and the values he or she espouses and holds. I hope that this study may go some way towards identifying how person-centred practitioners come to believe just what they believe; how they acquired the values they hold; and how these values shape their unique identity and practice.

Research findings

From the analysis and categorisation of the data collected by means of conducting semi-structured interviews, I have identified seven core categories of meaning. These categories came from my immersion in the data; through intensive analysis in order to assimilate as much information as possible; and in cross checking with the interview notes and participant feedback. These are preliminary findings.

Personal meanings

Although it seems obvious to state that the participants had personal meanings of the term 'person-centred', such meanings

are multi-layered – and, well, personal! Personal meanings for the participants were directed related to their life, its meaning and purpose. For example, one participant explained that for them ‘person-centred’ was located in their feminist ideals; another referred to it as ‘a particular way of being’ and a related emphasis was that ‘it is a way of life, a way of being’. Participants also related this to the concept of wholeness. They reported their understanding of the person-centred approach as being about ‘using your whole person’; ‘it is a striving for wholeness’. The therapist’s use of self was also viewed as a key element and integral to their way of working: ‘use of myself is the key’.

Personally, I understand the approach to be about the whole person: body, mind and soul. Central to my view is that I be warm, accepting and above all human with my clients. Equally, my clients, through their courage, challenge me to be warm and accepting of myself. So I feel in a real sense, the therapist is the therapy. I am challenged to be open and transparent, to show how I work. My use of myself, then, is the key, as noted above.

I prefer the term ‘person’ to ‘client’ – and hence person-centred to client-centred – as the former does not allow the Other, the person, to be objectified or labelled. In this I enjoy the company of Emmanuel Levinas and Peter Schmid. I am called by this person, the client, to accompany them on their journey, I am invited by them into their life and world. Being

person-centred, then, is also about my ability to respond, my willingness to be there for another and not to get in the way of them. I am not shunning my training or expertise but, fundamentally for me as a person-centred practitioner, I am acknowledging that I do not know better than the client. This is the complete and bottom line for me: the client is the expert on their own life and on themselves. This is also the greatest challenge for me: to believe in them and their capacity to heal and to become what they wish.

Another interesting piece of data is that a considerable proportion of the participants articulated their personal meanings of person-centredness around the concept of non-directivity: ‘it is about being non-directive and it is about trust’. By espousing non-directivity as a personal meaning (see Raido’s article in this issue), the participants appear to hold this as a guiding principle in the way they live and relate both with clients and with other people in their lives. Trusting others was then viewed as a central attitude in this enterprise. Both these aspects of meaning carried considerable weight and importance and were considered central facets of person-centredness which, according to the data, is considered an embodied phenomenon, made in and wrapped within the person and personality of the participants: it is ‘how one is’, naturally.

Practice meanings

For all the participants, being person-centred had meaning for

their practice. Common themes included that:

- Practice was centred on non-directivity and trust.
- Practice was about 'persons in encounter'.
- Practice was based in 'not knowing, not controlling' the client in terms of content or process.
- Practice was focused 'on the client's experiences and their understandings' rather than on the therapist's.
- Practicing in a person-centred manner was unique to each practitioner, and creativity was a central element in this process.

Participants often cited instances from how they practiced, and presented vignettes of their practice to illustrate the points they made. For example, practice within a person-centred manner was reported as being about 'active listening, active tuning in and the ability to respond'. It was seen as essential and vital 'that the client directs the therapy'. From the participant's responses – and from my own experience – one can establish a practice meaning of person-centredness which is based on active presence, active response, and a willingness to encounter the client as an active agent. What emerges from this is a therapeutic and fundamentally deeply human relationship that is co-created between two human beings.

In my practice I try to embody the above. There is a very real sense, especially in working with clients who are dying, that the clients direct the therapy: they invite me into their world and I accompany them there. Also, I genuinely want to be there and I am interested in what they are saying and this makes me an active ingredient in this mix. So, for me, the therapeutic encounter is necessarily a reality which is co-created by two people. I do my utmost to be really present with the client and to listen to him or her. In my moments of self doubt, usually after sessions, I mull over my responses to my clients: 'Was what I said right or empathic?', 'Was it person-centred?', and so on. I have, however, come to the conclusion that my responses are not the issue; my presence is. When I am as fully present as I can allow myself to be with a client, I have felt an affinity with what Rogers says: that my presence can be therapeutic and what is said seems somehow to 'hit the spot'. I am thus learning to put my self-concept as a therapist to one side.

Professional meanings

Participants unequivocally felt that espousing person-centredness in practice was a professional affair. The participants viewed their intensive training as professionally validating their right to practice and, in terms of their current practice, that supervision enabled them to undertake this in a safe, accountable and professional manner. As being a professional

was also constituted by ethics and having a core theoretical model, they viewed it as imperative that practitioners undertake intensive professional and personal preparation to practice, and that person-centred theory was useful in supporting their own work and in being able to communicate with other colleagues.

I echo the respondents' views that, as I have undertaken an intensive training programme, I thus have professional recognition of my ability and fitness to practice. I gain more comfort and support from supervision now than at any other period since I have been practising. I feel I owe it to my clients and indeed to myself to be as 'sorted' as I possibly can be. I believe that I can only take my clients as far down the road as I have travelled myself, and that it is vital for me continually to attend to both my professional and personal development. In supporting this, I find great strength and support among my person-centred peers. My views and thoughts of what person-centredness is continue to grow and develop as I move among these peers and discuss issues and developments in theory and practice.

Political meanings

All the participants shared a common meaning of person-centredness as a political approach and felt that they were involved in a political dimension within their practice. The analysis of the data identified a number of elements to this:

- That this was an active not a passive affair, and that practice was deliberate, not arbitrary.
- That this had an ethical base: practice was about justice, equity and diversity.
- That it was about addressing the obvious issues of power and equality: practice was thus about 'deliberate empowerment'.
- Person-centredness was not prescriptive, labelling, controlling or pathologising, and that this was the point of practice.
- That it was linked to the wider community, to the environment and to the world.

It is my contention that person-centred therapy is inherently a political activity. When a human being comes into a deeper sense of their own awareness and worth, it is my experience that they do not accept the repeated assaults to their dignity that they once did. He or she is empowered. The direction of his or her empowerment is usually pro-social and constructive. An example of this is my time as a community health worker and counsellor in a large inner city area of East Leeds. My colleagues and I witnessed what person-centred therapy can facilitate with clients who had been written off by the rest of society. The clients, mostly women, turned their lives around: going back to college, ending violent relationships, taking control of their lives. Men also made changes: ending their violent behaviour, taking up study, and giving something back to their own communities.

A central feature of our feedback was that the counsellors in the project provided a space where the person was not labelled or judged, but lovingly encouraged to be him or herself, and to take control of their lives. It was hard but fulfilling work.

In my view these are as political acts as voting. At its core the person-centred approach has a political imperative: that each human being is unique and valuable, that he/she is invested with rights that are not arbitrary, and that violence, destruction and oppression are never answers. I believe that the approach is still radical and revolutionary: as person-centred therapists and facilitators we each press for peace and dialogue. As Maureen O'Hara passionately explained at the recent Person-Centred and Experiential World Conference in Potsdam, we are the new hospice workers, assisting the old, failed ways to depart; and we are the new midwives, assisting at the birth of a new era, facilitating psychological intelligence and maturity (see also Nash, 2006).

Philosophical meanings

All participants recognised the two philosophical positions inherent within the person-centred approach as phenomenology and existentialism. As one participant explained about the approach: 'it is a philosophy of regard, a philosophy of unconditional positive regard'. This base of regard and affirmation of our common human nature was perceived by many of the participants as honouring the basic philosophy of the approach which was understood by the

participants as enshrined in the principle of subjectivity: 'it is subjective - honouring what it feels like for the client'.

The participants held a conviction of the approach as a positive philosophy having a 'liberating view of human nature and human potential'. This image assisted them as practitioners especially when practice became hard. Participants talked openly about their practice and the struggle to be with and assist clients who brought 'ontological anxieties, isolation and meaninglessness' issues to therapy. I was genuinely impressed by many of the participants' views and understandings of the philosophical bases of the approach and it was really tempting in many of the interviews to get into deep debate! I am also pleased that the interviews yielded these results. Person-centred practitioners do think quite deeply about their theory and about how they proceed with clients.

My own work at the hospice is often touched by the pain of patients and that of their families. I have also been privileged to see how a person can face such pain, loneliness, desperation and fear in a positive and creative manner. My work allows me to see that the philosophical basis of the approach are not just for the lecture theatre! I have been thinking at length about person-centred therapy being a therapy facilitating human liberation in all its dimensions. At this point in my practice I have been reading more about existentialism. I have been forced to stand and grasp

the umbra nihili of Meister Eckhart: that all human life stands under the shadow of nothingness. From this I have understood that as a person-centred therapist I help shelter the 'Other' from the bleakness of nothingness and, in doing so, shelter myself. This is done in love, with presence and warmth – and it can hurt.

Spiritual meanings

A number of the participants felt very strongly that their personal meaning and understanding of person-centredness encompassed a spiritual dimension. This was not viewed as contentious but as a natural consequence of espousing the values and principles of the approach in a lived fashion, a 'way of being'. The three main areas of this meaning appeared to be:

1 Love: 'of fellow human beings', 'love is the key', 'it [person-centredness] comes from our ability to love ourselves'.

2 Healing and faith -in others and self: 'it is a healing process, person-centred is an offer', 'it is total faith, substantiated, I feel totally absorbed'.

3 It is understood as 'profound': 'not knowing is profound, it is philosophical and spiritual'.

There is also a sense of entering the mysterium: that our humanity is both known and unknown, and that this is neither contradictory or fearful. Within the participants' understandings it was relayed that the 'reception' of the client

for therapy was a humbling and deeply spiritual affair. This is not to be confused with 'religious'. The spiritual dimension and meaning is related to real presence and, therefore, transcendence.

On reflection, I have often felt a very deep spiritual side to my practice. The writings of Brian Thorne and Peter Schmid have had a huge impact upon me and upon my practice. I feel that the adoption of the person-centred approach to therapy is an extension of my time within a Roman Catholic religious community. I feel what I am doing as a psychotherapist is vocational: it is about how I want to live my life on this planet. It is also principled: I really do feel touched by the enigmas that my clients are, and humbled that these people reveal the hidden intimacies of their life to me. In the words of John O'Donohue, what I do as a person-centred psychotherapist is an act of recognition and of belonging, to understand the client, to become awake within human interaction without superficiality or functionality. It is truly being affected by my client. For me it is also deeply tender and compassionate.

Theoretical meanings

The findings from my research illustrate a diverse array of instances of person-centred theory. All the participants located personal meanings of person-centredness within aspects of theory. The main features of theory that all the participants discussed as fundamental to describing

themselves as person-centred were:

- A firm belief in and adherence to the actualising tendency.
- Non-directivity as a primary objective and principle of practice.
- The six conditions as both 'necessary and sufficient'.
- The relationship as encounter, and the importance of its quality, depth and warmth.
- The client as the 'expert', and a trust in their process.
- A way of being: living empathically, with integrity and ethics.

Centrally, the participants located and derived their understanding of person-centred theory not just from respectful and accurate commentators, but by going straight to the source itself: the writings of Rogers.

The participants confirmed a range of understanding and readings of theory from the current dialogical writings of Schmid, to Mearns and Cooper's writings on relational depth. Garry Prouty (on pre-therapy) and Margaret Warner (on fragile and dissociative process) were also mentioned frequently. Theory referred to ranged from the evolving self theory of Rogers and his associates to the more recent writings of Mearns and Thorne; and from Rogers' personality theory and theory of therapy to Mearns' concept of configurations of self.

In a very real sense this research will continue with each one of us interpreting the theories of Rogers and his associates in our own unique way. In order for the person-centred approach to continue to flourish, and to keep as radical and revolutionary as it has always been, I suggest that what is required is:

- Continued dialogue from all perspectives within the person-centred 'nation'.
- Further opportunities to present and discuss practice and theory.
- More space for invention/re-invention of theory.
- New research and the development of research paradigms consistent with the philosophical basis and principles of the approach.

As an approach to psychotherapy, the person-centred approach can be confident of its roots, its record in pioneering research, its influence and achievements. Using this as a secure base we can meet new challenges and applications with assurance.

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References

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All organisations need new blood to stay healthy. It is at this time of year that we aim to contact counselling and psychotherapy trainings for permission to supply flyers about AHP(B) and S&S to their students and tutors. Therapy students are often interested to hear about us, and some do go on to join us.

But there are so many trainings out there, that it is difficult for the small number of volunteer board members to cover them all ourselves. Fortunately, many of our members will have been on one or more of these trainings and will know the training team personally. If this applies to you, would you be able to help by making contact with your training organisation on AHP(B)'s behalf?

Our request is for permission to supply copies of the AHP(B) flyer to students and tutors, plus a few sample copies of S&S. What we need is the name of the person giving their consent (ideally the head of department), their role and organisational address. A phone number or email address is always helpful to have. And of course it is useful to know how roughly many students and tutors there are, so we can send enough flyers.

All you have to do then is just let Jacky Walker have these details, and we will arrange to send the flyers direct to the training organisation. Jacky can be contacted on jackywalker@tiscali.co.uk or 0845 456 0985.