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Client Centered Therapy

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ABSTRACT *Client-centered therapy, also called the person-centered approach, describes Carl Rogers' way of working with persons experiencing all types of personal disturbances or problems in living. As early as 1939, Rogers developed his theory of psychotherapy with troubled children, and went on to expand his theoretical approach to include work with couples, families, and groups. Over his long career, Rogers extrapolated client-centered values to the education, marriage, group encounter, personal power, and conflict resolution. Today, the person-centered approach is practiced in the United Kingdom, Germany, France, Greece, Portugal, Demark, Poland, Hungary, The Netherlands, Italy, Japan, Brazil,*

Mexico, Australia, and South Africa, as well as here in the United States and Canada. A world association, which can be contacted online, was founded in Lisbon in 1997 that reflects the growth and vitality of the approach entitled the World Association for Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC). The present chapter describes the basic tenets of client centered and its applications in day to day clinical practice.

Introduction

Carl Rogers developed client-centered therapy as a reaction against what he considered the basic limitations of psychoanalysis. Essentially, the client-centered approach is a specialized branch of humanistic therapy that highlights the experiencing of a client and his or her subjective and phenomenal world (Gillon, 2007). The therapist functions mainly as a facilitator of personal growth by helping the client discover his or her own capacities for solving problems. The client-centered approach puts great faith in the client's capacity to lead the way in therapy and find his or her own direction. The therapeutic relationship between the therapist and the client is the catalyst for change; the client uses the unique relationship as a means of increasing awareness and discovering latent resources that he or she can use constructively in changing his or her life (Rogers, 1942).

Critical concepts in Client Centered Therapy

The client-centered view of human nature rejects the concept of the individual's basic negative tendencies. Whereas some approaches assume that human beings are by nature irrational and destructive of self and others unless they are socialized, Rogers exhibits a deep faith in human beings. He sees people as socialized and forward-moving, as striving to become fully functioning, and as having at the deepest core a positive goodness. In short, people are to be trusted, and, as they are basically cooperative and constructive, there is no need to control their aggressive impulses (Rogers, 1951).

This positive view of human nature has significant implications for the practice of client-centered therapy. Because of the philosophical view that the individual has inherent capacity to move away from maladjustment toward a state of psychological health, the therapist places the primary responsibility for the process of therapy on the client (Rogers, 1951). The client-centered model rejects the concept of the therapist as the authority who knows best and that of the passive client who merely follows the dictates of the therapist. Therapy is thus rooted in the client's capacity for awareness and the ability to make decisions (Rogers, 1957).

Rogers has not presented the client-centered theory as a fixed and completed approach to therapy. He has hoped that others would view his theory as a set of tentative principles relating to how the therapy process develops and not as dogma. Rogers describes the characteristics that distinguish the client-centered approach from other models. An adaptation of this description follows (Rogers, 1961) :

"The client-centered approach focuses on the client's responsibility and capacity to discover ways to more fully encounter reality. The client, who knows himself or herself best, is the one to discover more appropriate behavior for himself or herself."

The client-centered approach emphasizes the phenomenal world of the client. With accurate empathy and an attempt to apprehend the client's internal frame of reference, the therapist concerns himself or herself mainly with the client's self-perception and perception of the world (Rogers, 1961). Based on the concept that the urge to move toward psychological maturity is deeply rooted in human nature, the principles of client-centered therapy apply to those who function at relatively normal levels as well as to those who experience a greater degree of psychological maladjustment (Rogers, 1961). According to the client-centered approach, psychotherapy is only one example of all constructive personal relationships. The client experiences psychotherapeutic growth in and through the relationship with another person who helps the client do what the client cannot do alone. It is the relationship with a congruent (matching external behavior and expression with internal feelings and thoughts), accepting, and empathic counselor that serves as the agent of therapeutic change for the client (Rogers, 1977).

Rogers proposes the hypothesis that there are certain attitudes on the therapist's part (genuineness, non-possessive warmth and acceptance, and accurate empathy) that constitute the necessary and sufficient conditions for therapeutic effectiveness to occur within the client. Client-centered therapy incorporates the concept that the therapist's function is to be immediately present and accessible to the client and to focus on the here-and-now experience created by the relationship between the client and the therapist (Natiello, 2001).

Perhaps more than any other single approach to psychotherapy, client-centered theory has developed through research on the process and outcomes of therapy. The theory is not a closed one but one that has grown through years of counseling observations and that continues to change as new research yields increased understanding of human nature and the therapeutic process (Mearns & Thorne, 1999). Thus

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client-centered therapy is not a set of techniques, nor is it a dogma. Rooted in a set of attitudes and beliefs that the therapist demonstrates, the client-centered approach is perhaps best characterized as a way of being and as a shared journey in which both therapist and client reveal their humanness and participate in a growth experience (Mearns & Thorne, 2000).

The Therapeutic Process in Client Centered Therapy

According to Rogers (1961), the question Who am I? brings most people into psychotherapy. They seem to ask: How can I discover my real self? How can I become what I deeply wish to become? How can I get behind my facades and become myself? A basic goal of therapy is to provide a climate conducive to helping the individual become a fully functioning person. Before one is able to work toward that goal, one must first get behind the masks one wears. One develops pretenses and facades as defenses against threat. One's games keep one from becoming fully real with others, and, in the process of attempting to deceive others, one eventually becomes a stranger to oneself (Rogers, 1977).

When the facades are worn away during the therapeutic process, what kind of person emerges from behind the pretenses? Rogers (1961) described the characteristics of the person who is moving in the direction of becoming increasingly actualized: (1) an openness to experience, (2) a trust in one's organism, (3) an internal locus of evaluation, and (4) the willingness to be a process. These characteristics constitute the basic goals of client-centered therapy.

Openness to experience entails seeing reality without distorting it to fit a preconceived self-structure. The opposite of defensiveness, openness to experience implies becoming more aware of reality as it exists outside oneself. It also means that one's beliefs are not rigid; one can remain open to further knowledge and growth and can tolerate ambiguity. One has an awareness of oneself in the present moment and the capacity to experience oneself in fresh ways (Barrett-Lennard, 1998).

One goal of therapy is to help clients establish a sense of trust in themselves. Often, in the initial stages of therapy, clients trust themselves and their own decisions very little. They typically seek advice and answers outside themselves for they basically do not trust their own capacities to direct their own lives. As clients become more open to their experiences, their sense of trust in self begins to emerge (Bozarth, 1998).

Related to self-trust, there exists an internal locus of evaluation means looking more to oneself for the answers to the problems of existence. Instead of looking outside oneself for validation of personhood, one increasingly pays attention to one's own center. One substitutes self-approval for the universal approval of others. One decides one's own standards of behavior and looks to oneself for the decisions and choices to live by (Evans, 1975). The concept of self in the *process of becoming,* as opposed to the concept of self as a *product,* is crucial. Although clients might enter therapy seeking some kind of formula for building a successful and happy state (an end product), they come to realize that growth is a continuing process. Rather than being fixed entities, clients in therapy are in a fluid process of challenging their perceptions and beliefs and opening themselves to new experiences and revisions (Mearns, 1997)

Goals of client centered therapy

The goals of therapy as just described are broad goals that provide a general framework for understanding the direction of therapeutic movement. The therapist does not choose specific goals for the client. The cornerstone of the client-centered theory is that clients in relationship with a facilitating therapist have the capacity to define and clarify their own goals. Many counselors, however, will experience difficulty in allowing clients to decide for themselves their specific goals in therapy. Although it is easy to give lip service to the concept of clients' finding their own way, it takes considerable respect for clients and courage on the therapist's part to encourage clients to listen to themselves and follow their own directions particularly when clients make choices that might not be the choices the therapist would hope for (Rogers, 1961).

The role of the client-centered therapist is rooted in his or her ways of being and attitudes, not in the implementation of techniques designed to get the client to "do something." Research on client-centered therapy seems to indicate that the attitudes of the therapist, rather than his or her knowledge, theories, or techniques, initiate personality change in the client. Basically, the therapist uses himself or herself as an instrument of change. By encountering the client on a person-to-person level, the therapist's "role" is to be without roles. The therapist's function is to establish a therapeutic climate that facilitates the client's growth along a process continuum (Patterson, 2000).

The client-centered therapist thus creates a helping relationship in which the client will experience the necessary freedom to explore areas of his or her life that are now either denied to awareness or distorted. The client becomes less defensive and more open to possibilities within himself or herself and in the world (Patterson, 2000). First and foremost, the therapist must be willing to be real in the relationship with the client. Instead of perceiving the client in preconceived diagnostic categories, the therapist meets the client on a moment-to-moment experiential basis and helps the client by entering the client's world. Through the therapist's attitudes of genuine caring, respect, acceptance, and understanding, the client is able to loosen his or her defenses and rigid perceptions and move to a higher level of personal functioning (Merry & Brodley, 2002).

The client comes to the counselor in a state of incongruence; that is, a discrepancy exists between the client's self-perception and his or her experience in reality. For example, a college student may see himself as a future physician, and yet most of his grades, which are below average, might exclude him from medical school. The discrepancy between how the client sees himself (self-concept) or how the client would *like* to view himself (ideal-self-concept) and the reality of his poor academic performance might result in anxiety and personal vulnerability, which can provide the necessary motivation to enter therapy. The client must perceive that a problem exists, or at least that he is uncomfortable enough with his present psychological adjustment to want to explore possibilities for change (Rogers, 1977).

During the beginning stages of therapy, the client's behavior and feelings might be characterized by extremely rigid beliefs and attitudes, much internal blockage, a lack of centeredness, a sense of being out of touch with his or her own feelings, an unwillingness to communicate deeper levels of the self, a fear of intimacy, a basic distrust in the self, a sense of fragmentation, and a tendency to externalize feelings and problems, just to mention a few. In the therapeutic climate created by the counselor, the client is able to explore in a safe and trusting environment the hidden aspects of his or her personal world. The therapist's own realness, unconditional acceptance of the client's feelings, and ability to assume the client's internal frame of reference allow the client gradually to peel away layers of defenses and come to terms with what is behind the facades (Rogers, 1961).

As therapy progresses, the client is able to explore a wider range of his or her feelings. Now the client is able to express fears, anxiety, guilt, shame, hatred, anger, and other feelings that he or she had deemed too negative to accept and incorporate into the self-structure. Now the client constricts less, distorts less, and moves to a greater degree of willingness to accept and integrate some conflicting and confusing feelings related to self. Gradually, the client discovers aspects,

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negative and positive, of the self that had been kept hidden. The client moves in the direction of being more open to all experience, less defensive, more in contact with what he or she feels at the present moment, less bound by the past, less determined, freer-to make decisions, and increasingly trusting in himself or herself to effectively manage his or her own life (Rogers, 1977).

Rogers (1961) summarized the basic hypothesis of client-centered therapy in one sentence: "If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth and change, and personal development will occur". Rogers (1977) hypothesized further that "significant positive personality change does not occur except in a relationship".

According to Rogers (1961), the following six conditions are necessary and sufficient for personality changes to occur:

- Two persons are in psychological contact.
- The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
- The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
- The therapist experiences unconditional positive regard for the client.
- The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
- The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

Rogers hypothesizes that no other conditions are necessary. If the six conditions exist over some period of time, then constructive personality change will occur. The conditions do not vary according to client type. Further, they are necessary and sufficient for all approaches to therapy and apply to all personal relationships, not just to psychotherapy. The therapist need not have any specialized knowledge. Accurate psychological diagnosis is not necessary and may more often than not interfere with effective psychotherapy.

Characteristics of the Client Centered Therapist

Three personal characteristics, or attitudes, of the therapist that form a central part of the therapeutic relationship, and thus of the therapeutic process, are as follows: (1) congruence, or genuineness, (2) unconditional positive regard, and (3) accurate empathic understanding.

Of the three characteristics, congruence is the most important, according to Rogers' recent writings. Congruence implies that the therapist is real; that is, the therapist is genuine, integrated, and authentic during the therapy hour. He or she is without a false front, his or her inner experience and outer expression of that experience match, and he or she can openly express feelings and attitudes that are present in the relationship with the client. The authentic therapist is spontaneous and openly being the feelings and attitudes, both negative and positive, that flow in him or her. By expressing (and accepting) any negative feelings, the therapist can facilitate honest communication with the client. The concept of therapist congruence does not imply that only a fully self-actualized therapist can be effective in counseling. Since the therapist is human, he or she cannot be expected to be fully authentic. The client-centered model assumes that, if the therapist is congruent in the relationship with the client, then the process of therapy will get under way. Congruence exists on a continuum rather than on an all-or-none basis (Rogers, 1977).

The second attitude that the therapist needs to communicate to the client is a deep and genuine caring for the client as a person. The caring is unconditional in that it is not contaminated by evaluation or judgment of the client's feelings, thoughts? and behavior as good or bad. The therapist values and warmly accepts the client without placing stipulations on the acceptance. It is not an attitude of "I'll accept you when"; rather, it is one of "I'll accept you as you are." The therapist communicates through his or her behavior that he or she values the client as the client is and teaches the client that he or she is free to have his or her own feelings and experiences without risking the loss of the therapist's acceptance. Acceptance is the recognition of the client's right to have feelings; it is not the approval of all behavior. All overt behavior need not be approved or accepted. The concept of unconditional positive regard does not imply an all-or-none characteristic. Like congruence, unconditional positive regard is a matter of degree on a continuum (Purton, 2004).

One of the main tasks of the therapist is to understand sensitively and accurately the client's experience and feelings as they are revealed during the moment-to-moment interaction during the therapy session. The therapist strives to sense the client's subjective experience, particularly the here-and-now experience. The aim of empathic understanding is to encourage the client to get closer to himself or herself, to experience feelings more deeply and intensely, and to recognize and resolve the incongruity that exists within the client. The concept implies the therapist's sensing the client's feelings as if they were his or her own without becoming lost in those feelings. By moving freely in the world as experienced by the client, the therapist not only can communicate to the client an understanding of what is already known to the client but can also voice meanings of experience of which the client is only dimly aware. It is important to understand that high levels of accurate empathy go-beyond recognition of obvious feelings to a sense of the less obvious and less clearly experienced feelings of the client. The therapist helps the client expand his or her awareness of feelings that are only partially recognized (Rennie, 1998).

Empathy is more than a mere reflection of feeling. It entails more than reflecting content to the client, and it is more than an artificial technique that the therapist routinely uses. It is not simply objective knowledge ("I understand what your problem is"), which is an evaluative understanding *about* the client from the outside. Instead, empathy is a deep and subjective understanding *of* the client *with* the client. It is a sense of personal identification with the client. The therapist is able to share the client's subjective world by tuning into his or her own feelings that might be like the client's feelings. Yet the therapist must not lose his or her own separateness. Rogers believes that, when the therapist can grasp the present experiencing of the client's private world, as the client sees and feels it, without losing the separateness of his or her own identity, then constructive change is likely to occur (Rogers & Stevens, 1967).

Other salient features of Client Centered Therapy

Client-centered therapy is based on a philosophy of human nature that holds that we have an innate striving for self-actualization. Further, Rogers' view of human nature is phenomenological; that is, one structures oneself according to one's perceptions of reality. One is motivated to actualize oneself in the reality that one perceives (Gillon, 2007).

Rogers' theory is based on the postulate that the client possesses within himself or herself the capacity to understand the factors in his or her life that are causing unhappiness. The client also has the capacity for self-direction and constructive personal change. Personal change will occur if a congruent therapist is able to establish with the client a relationship characterized by warmth, acceptance, and accurate empathic understanding. Therapeutic counseling is based on an I-thou, or person-to-person, relationship in the safety and acceptance of which the client drops his or her rigid defenses and comes to accept and integrate into his or her self-system aspects that he or she formerly denied or distorted (Rogers, 1980).

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Client-centered therapy places the primary responsibility for the direction of therapy on the client. The general goals are: becoming more open to experience, trusting in one's organism, developing an internal locus of evaluation and a willingness to become a process, and in other ways moving toward higher levels of self-actualization. The therapist does not impose specific goals and values on the client; the client decides on his or her own specific values and life goals. The client-centered model is not a fixed theory. Rogers intended to develop a set of working principles that could be stated in the form of tentative hypotheses regarding the conditions facilitating personal growth. This is an open system, one that, after 30 years, is still in evolution. Formulations continue to be revised in light of new research findings (Purton, 2004).

The client-centered approach emphasizes the personal relationship between client and therapist; the therapist's attitudes are more critical than techniques, knowledge, or theory. If the therapist demonstrates and communicates to the client that the therapist is (1) a congruent person, (2) warmly and unconditionally accepting of the feelings and personhood of the client, and (3) able to sensitively and accurately perceive the internal world as the client perceives it, then the client will use this relationship to unleash his or her growth potential and become more of the person he or she chooses to become (Rogers, 1977).

Perhaps one of the dominant modes used in counselor education is the client-centered approach. One reason for this is its built-in safety features. It emphasizes active listening, respecting the client, adopting the internal frame of reference of the client, and staying with the client as opposed to getting ahead of the client with interpretations. Client-centered therapists typically reflect content and feelings, clarify messages, help clients to muster their own resources, and encourage clients to find their own solutions. Hence, this approach is far safer than many models of therapy that put the therapist in the directive position of making interpretations, forming diagnoses, probing the unconscious, analyzing dreams, and working toward more radical personality changes. For a person with limited background in counseling psychology, personality dynamics, and psychopathology, the client-centered approach offers more realistic assurance that prospective clients will not be psychologically harmed (Thorne & Lambers, 1998).

The client-centered approach contributes in other ways to both individual and group counseling situations. It offers a humanistic base from which to understand the subjective world of clients. It provides clients the rare opportunity to be really listened to and heard. Further, if clients feel that they are heard, they most likely will express their feelings in their own ways. They can be themselves, since they know that they will not be evaluated or judged. They can feel free to experiment with new behavior. They are expected to take responsibility for themselves, and it is they who set the pace in counseling. They decide what areas they wish to explore, on the basis of their own goals for change. The client-centered approach provides the client with immediate and specific feedback of what he or she has just communicated. The counselor acts as a mirror, reflecting the deeper feelings of a client. Thus the client has the possibility of gaining sharper focus and deeper meaning to aspects of his or her self-structure that were previously only partially known to him or her. The client's attention is focused on many things that he or she has not attended to before. The client is thus able to increasingly own his or her total experiencing (Mearns & Cooper, 2005).

Another major contribution to the field of psychotherapy has been Rogers' willingness to state his formulations as testable hypotheses and to submit his hypotheses to research efforts. Even his critics give Rogers credit for having conducted and inspired others to conduct the most extensive research on counseling process and outcome of any school of psychotherapy. Rogers' theory of therapy and personality change has had tremendous heuristic effect, and, though much controversy surrounds this approach, Rogers' work has challenged practitioners and theoreticians to examine their own therapeutic styles and beliefs (Roth & Fonegy, 1996).

Caveats of Client Centered Therapy

A vulnerability of the client-centered approach lies in the manner in which some practitioners misinterpret or simplify the central attitudes of the client-centered position. Not all counselors can practice client-centered therapy for some do not really believe in the underlying philosophy Many of Rogers' followers have attempted to be carbon copies of Rogers himself and have misunderstood some of Rogers' basic concepts. They limit their own range of responses and counseling styles to reflections and empathic listening. Surely there is value in listening to and really hearing a client and in reflecting and communicating understanding to the client. But psychotherapy is, one hopes more than this. Perhaps listening and reflecting constitute a requisite for establishing a therapeutic relationship, but they should not be confused with therapy itself (Sanders, 2000).

One limitation of the approach is the way some practitioners become "client centered" and lose a sense of their own personhood and uniqueness. Paradoxically, the counselor may focus on the client to such an extent that he or she diminishes the value of his or her own power as a person and thus loses the impact and influence of his or her personality on the client. The therapist may highlight the needs and purposes of the client, and yet at the same time feel free to bring his or her own personality into the therapeutic hour (Mearns, 1994).

Thus one must be cautioned that this approach is something more than merely a listening and reflecting technique. It is based on a set of attitudes that the therapist brings to the relationship, and, more than any other quality, the therapist's genuineness determines the power of the therapeutic relationship. If the therapist submerges his or her unique identity and style in a passive and nondirective way, he or she may not be harming many clients but also may not be really affecting clients in a positive way. Therapist authenticity and congruence are so vitally related to this approach that the therapist who practices within this framework must feel natural in doing so and must find a way to express his or her own reactions to clients. If not, a real possibility is that client-centered therapy would be reduced to a bland, safe, and ineffectual mode of working with clients (Worsley, 2002).

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