

Diploma in Supervision

Linking client-centred personality theory and practise

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For this session of the Diploma in Person-Centred Supervision, we came up with the scenario of a **physically self-injuring client** and identified at least three possible client 'selves' (or 'personal constructs' or 'configurations'): -

1. The 'Victim';
2. The 'Perpetrator';
3. The 'Processor'.

The Victim is symbolised by the left wrist being cut by a razor blade. Feelings and meanings attached to the Victim include helplessness, weakness, hurt, hopelessness and despair.

The Perpetrator is symbolised by the right hand – clenched and holding the blade, doing the cutting with the razor. Attached feelings and meanings include power, anger, authority – being in control.

The Processor is looking at – somehow observing – what is going on between the left and the right, the Victim and the Perpetrator.

Historically, some psychologists (and at times this would seem to apply to Carl Rogers) have conceptualized a **self-as-object** and a **self-as-process**. As an illustration of this, one group member described a client who drew a picture of his mind, his self, presenting it to his therapist saying 'this is me – understand this and you understand me.' Thus a self is being *objectified* (in this instance into a drawing) – it is something that can then be looked at, broken down into its component parts, or structures – and so on. These structures can be identified, explored, reflected upon...

Yet what of the self that created the drawing? What of the self that is drawing, then looking at the drawing, reflecting upon the drawing? There is, kind of, a self that is being explored (*self-as-object*) and a self that is doing the exploring (*self-as-process*). (This reminds me somewhat of Jean-Paul Sartre's notion of the 'perpetually illusive self' – once we become aware of the self that is processing we can objectify and explore it – which gives rise to yet another self that is processing this newly objectified self – like never ending images in a hall of mirrors...)

In client-centred personality theory terms, we have with this scenario a **client** self-concept with symbolised personal constructs (at least Victim and Perpetrator). It may well be possible to link the derivations of these constructs to **needs for positive regard, introjected values, conditions of worth** - and so on...

We can, however, also explore the self-concept of the **therapist**...

For instance, my experience has been that in such situations as the one described it is quite common for the therapist to be 'oozing compassion and warmth' for the Victim yet experience the Perpetrator as a 'cold, heartless bastard'.

So much for unconditional positive regard, huh?

It is, understandably, so much easier to feel warmth for the Victim yet not feel warmth towards the Perpetrator. Yet if this happens, then 'parts' of the necessary and sufficient conditions are lost for 'parts' of the client...

Now let us assume, just for a moment, that I have an agenda... My agenda is that I *do not like* the Perpetrator and wish and hope that the Perpetrator would change and become more deserving of my warmth and compassion. Ha! A **meritocracy** of **unconditional** positive regard! It doesn't work, does it...

Now let us assume that I am a manipulative git and will do all that I can to promote change in the Perpetrator. Hmm... What conditions are most likely to generate a climate within which the Perpetrator might grow towards being a more responsible, constructive, social, creative, resourceful, fully-functioning being...?

You got it! **Authentic unconditional positive regard** and **empathic understanding**!

Now I fear lest anyone attempt to 'use' (rather than be) the 'core' conditions to manipulate people (or aspects of people) that they don't like. However, it would nevertheless be true to say that working out that 'the Perpetrator' was just as worthy of receiving my offering of the core conditions as was 'the Victim' was an important and significant aspect of my own development as a client-centred therapist – especially in terms of maximizing the 'unconditionality' of my positive regard. So then I simply had to work out how to **authentically experience** unconditional positive regard and empathic understanding in order that I might offer them...

If I **neglect** the Perpetrator, how can I develop empathic understanding of the **whole** person (client)? In fact (and this is my direct experience), the more I can strive to empathise with and understand the Perpetrator, the *easier* it becomes to experience authentic warmth and compassion – the more unconditional my positive regard becomes... For more often than not, this 'cold, hard-hearted bastard' has actually served some very useful purposes – like keeping the client safe and protected, or providing a feeling of power and control when all else feels helpless and out of control...

Having said that it is common for the therapist to experience (and therefore offer) less compassion and warmth (and empathy and understanding – et cetera) towards the Perpetrator, very often **the client** 'wants rid of' the Perpetrator, too. The Perpetrator is 'evil' or a 'nasty part of me' and 'I hate the Perpetrator' and 'wish the Perpetrator would die' and so on. In other words, as well as the therapist experiencing and offering less unconditional positive regard and empathic understanding towards the Perpetrator, it is quite likely in addition that the client will not be experiencing much *inner* acceptance and empathy, too.

I am reminded of something Dave Mearns said in his 'Configurations of Self' lecture...

... If we fail to experience authentic unconditional positive regard and empathic understanding for all aspects of the self – or if we focus on the actualising tendency at the expense of self-actualising...

... ***The self-concept strikes back!***

In other words, if we **neglect** certain aspects of the self then, given that client-centred personality theory states that *the organism reacts as an organized whole* (Proposition Three), at some stage the self that has been ignored or that has hidden due to non-acceptance will re-emerge – a bit like bubbles in wallpaper, I guess – or even like a dam bursting.

So... We have linked some client-centred personality theory to a particular client scenario. Now let us assume that this linking with theory took place in a supervision session... How might this affect or inform the supervisee's practise?

To begin with, let us be perfectly and absolutely clear that, if there has been an awareness of the therapist neglecting certain aspects of a client, that therapist does **NOT** begin the next counselling session with "Oy! You! Let's get in touch with your Perpetrator, then!"

None of this is around the therapist developing a directive agenda – for to do so would be to abandon **client**-centred therapy.

If I am the therapist, then what I can attempt to achieve through such processing is that I become more **sensitive to** differing aspects of my client's self-concept, more **open to** and **accepting** of different aspects of my client's self-concept, more **authentically unconditional** in my positive regard. I can strive to achieve a greater **quality of presence**, to be more **attuned**, more **empathic** and more **understanding**.

In other words, ***I will not enter the next counselling session specifically seeking to make contact with a specific aspect of a client's self-concept.*** No. However, I hopefully **will** enter the next counselling session more sensitized to and aware of the client as an organized, whole person. I will enter the next counselling session more open to experiencing authentic warmth, compassion, acceptance, respect, empathy and understanding for the part of the client that is *doing the hurting* as well as the part of the client that is *being hurt* – and I will be more open, too, to that aspect of the client which processes both the Victim and Perpetrator. I will strive, too, to be more fully present myself, offering a much enhanced quality of presence.

Thus, should the client's Perpetrator show up again in the natural course of events, then that aspect of the self will not need to run and hide, or to be defensive, or to feel ashamed (or whatever) – because I will be more open, trustworthy, accepting, empathic, understanding – more authentically and meaningfully *whole*.

Of course, having said that I will experience myself as more "fully functioning" (more self-aware), this does not mean that I will instantly be 'using' all aspects of me. Far from it! For a start, I'm not sure that I want to '**use**' any part of me – rather, I want to **be more fully the me that I know I can be** as a client-centred therapist.

This will mean that I will strive to neither deny nor distort any significant experiencing (although I can, of course - as per Proposition Eleven Subsection B - ignore experiencing which has no relevance)! Becoming more fully self-aware is not a justification for “spontaneously blurting out every passing feeling” or awareness – for to do so would be to lose sight of (that is, deny to awareness and action) my commitment to being there for and with the client. No – ***being more fully self-aware enables me to make more informed choices about when and what to communicate***. I will experience all that I can of what is flowing within me, and then communicate that which I believe is appropriate and in the therapeutic interest to do so.

If I am the supervisor of the therapist, I definitely ***will*** have an agenda. One structure I like to use is the necessary and sufficient conditions for client-centred therapy. In this instance: -

1. Two people are in contact

Well – my belief is that as a consequence of exploring the therapeutic relationship in supervision, one likely outcome is that my ***quality of presence*** will not only be maintained but also enhanced, more meaningful, more complete, more sensitized and attuned, more receptive.

2. The client is incongruent

At differing times, different aspects of the self (Victim, Perpetrator or Processor, for instance) may not have been symbolised or may have only been given a distorted symbolisation in the client’s awareness. Further – feelings and meanings ‘attached’ to these constructs may not as yet be in full awareness...

Supervision is a useful place for me to explore a client’s self-concept – I certainly don’t wish to devote my capacities to theoretical exploration of this kind when I am actually with the client – for to do so would mean that my focus would be detracted from my striving to be as much as I am able to be congruent, respectful and empathic in the here and now.

3. The therapist is congruent

I do not wish to *feign* unconditional positive regard and/or empathic understanding – either presenting a false façade altogether (pretending I empathise or respect when I don’t) or a partial façade (pretending I am more accepting than I really am). Nor do I want to ‘*kid myself*’ – I do not want to convince *myself* that I am truly accepting or empathic when at some level I know I am not (or at very least this knowledge is *available to* my conscious awareness given conducive conditions – and hopefully my person-centred supervisor will be experiencing and offering those very same conducive conditions to me) ...

4. The therapist experiences/offers unconditional positive regard

If I discover in supervision that I am neglecting certain aspects of the client because they do not ‘seduce’ me as much as the Victim does, this awareness extends to me the opportunity to really work hard at the authenticity and maximizing of my UPR...

5. The therapist experiences/offers empathic understanding

The more I can explore my client's and my own self-concept in supervision, the more open I become to empathy and understanding...

6. The client experiences the therapist's unconditional positive regard and empathic understanding

The more I am able to genuinely **be** the 'core' conditions of unconditional positive regard and empathic understanding, the more likely it is that my client will perceive this – yes?

I am aware that under necessary and sufficient condition four I wrote, "If I discover in supervision that I am neglecting certain aspects of the client because they do not 'seduce' me as much as the Victim does..." I used the word "seduce" because I became aware that, for me, client vulnerability and helplessness *felt* 'seductive'. Why might this be?

In supervision (maybe linked with my own personal therapy, too) I can explore aspects of **my** self. Do I have a personal construct around vulnerability? If so, how does my vulnerable self relate with the client's vulnerable self? How does my Victim relate with the client's Victim? (We probably get along just fine – though... Might this represent collusion with one aspect of self while another aspect gets neglected?) How does my vulnerable self relate with the client's Perpetrator? Might this relationship also result in neglect? Maybe more scary yet – how does my Perpetrator (can I bring myself to accept that I have a Perpetrator?) relate with the client's Victim – and with the client's Perpetrator? Exploring such issues in supervision can only enhance, it seems to me, my **congruence**.

I want to add something else about the 'Victim' and 'Perpetrator' personal constructs in this hypothetical scenario – and that is that it is **not** – **definitely not** - for the *therapist* to name them. I have named these personal constructs here simply to give a flavour of one way that the person-centred approach can be applied to the supervision of client-centred therapy. *In* client-centred therapy, though, it is completely and absolutely for **clients** to symbolise their own experiencing (and name their symbolisations should they so wish) – client-centred therapists do **not** introduce or impose labels. I may well as therapist or supervisor choose to explore a client's symbolisations (which might include naming) either in supervision or for reflecting upon by my own 'internal supervisor' – I will *not*, however - or under any circumstances - introduce my or my supervisor's named symbolisations to the client.

Incidentally, there was yet another example of a couple of selves – my 'internal supervisor' and the self being supervised! Ho hum – what a tangled web we weave!

It is my experience that clients can – and more often than not do – name their own symbolisations – and that's fine. Things like 'It's like there's an old me trapped inside' or there is an 'old me' and a 'new me' or 'the little child within' or – as we have seen – the left wrist and the right fist...

At other times, clients **allude** to their symbolisations (different configurations of personal constructs within the self-concept) through metaphor or analogy and the such...

... Phrases spring to mind like 'Part of me this yet another part of me that' and 'On the one hand this, on the other hand that' or 'It wasn't like me at all' (which may indicate denial and/or distortion too) or 'It was completely out of character' or 'I was beside myself with fury'. So often we hear phrases like 'I give myself permission' (implying that there is a self giving permission and a self being allowed) or 'I gave myself a thorough talking-to' (a self doing the talking and a self being talked to – or at – I wonder if that self is listening?) Frequently I hear people saying that they 'Give themselves a hard time' or 'Beat themselves up' – so there are selves giving a hard time and doing the beating and other selves being given a hard time and being beaten-up...

And so on.

I ask myself what all this means!

(A self doing the querying, a self being asked...)

I am also reminded of (and therefore now make links with) the person-centred approach as applied to **conflict transformation**. Very often, there are two seemingly irrevocably opposed 'camps' with apparently no meeting place at all between them. Let's call one of these camps 'Victim' and the other 'Perpetrator'. The Perpetrator camp is *doing the hurting* and the Victim camp is *being hurt* – however obvious, these are fairly 'surface' or 'in your face' feelings. Yet the deeper our understanding moves, the more we discover that the underlying feelings and meanings of each camp may have more in common than originally seemed to be the case – for instance, both Victim and Perpetrator might feel frustrated if we move beyond or behind the surface... To our surprise, we may even discover that the Perpetrator is vulnerable too – 'attack' being seen as the best form of 'defence' as they say...

Again – if when facilitating 'camps' I can move towards being more open to aspects of self (both within me and as exhibited by the camps) that I might 'naturally' tend to shun, avoid or neglect, I may experience greater empathy and understanding – and if I can experience deeper empathic understanding then my unconditional positive regard can become more of a natural way of being than shunning, avoiding or neglecting.

Finally, it might be worth mentioning that in supervision it can be just as worthwhile to explore the *therapist's conditions of worth* as it is to explore the *client's*.

In the client scenario we have used here, it may well be that the client's 'Victim' in part feels so bad, worthless and inadequate because a part of the self-concept is a personal construct around 'I should be able to cope' – thus if I am not coping I will not feel good about myself...

Be aware that if in supervision a *therapist* discovers that her or his unconditional positive regard was not as unconditional as she or he thought it to be or believes that it should be – or has been told that it should be – an introjected value - then the therapist might give herself or himself a hard time as a consequence. Thus the supervisor needs to be as alert and watchful of her or his *own* authentic unconditional positive regard as does the therapist who is being supervised...

... And this feels even more troublesome to me – given that as a supervisor I **do** have agendas beyond striving to maximize my experiencing and offering of the core conditions!

As a person-centred supervisor of client-centred therapy, I do have agendas: issues around counselling work *described* as client-centred *being* authentically client-centred (for me, this is important as regards both integrity and honour); issues around my own clinical responsibility for my supervisees' client work issues; an agenda around having a training function and issues around the management of supervisees' client-work – and so on. I guess that just as Carl Rogers stated that trainee-centred facilitators need to define the limits within which they can experience and offer client-centred conditions, I need to do likewise as a supervisor...

All for now,
Warm regards,
Steve