An Introduction To
The Client-Centred/Person-Centred Approach

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The client-centred/person-centred approach derives primarily from the work of Carl Rogers (1902-1987). Nathaniel Raskin (in partnership with Rogers) wrote:

Its essentials were formulated by Carl R. Rogers in 1940. A clearly stated theory, accompanied by the introduction of verbatim transcriptions of psychotherapy, stimulated a vast amount of research on a revolutionary hypothesis: that a self-directed growth process would follow the provision and reception of a particular kind of relationship characterised by genuineness, non-judgmental caring, and empathy.

Rogers (in collaboration with Abraham Maslow) linked this self-directed growth process with the idea of an organic ‘actualising tendency’, believing that in parallel with a ‘formative tendency’ (syntropy, an innate universal drive to grow, become more complex; as opposed to entropy, the decaying of matter) there is a fundamental and integral characteristic of humans, given the right conditions (pp3-4), to be constructive, co-operative, social, responsible beings.

In terms of how Carl Rogers work developed, Tony Merry stated that:

... his early work was known as ‘non-directive’ psychotherapy. This was based on the hypothesis that therapists cannot decide the directions in which people should change and develop, but should help clients explore their needs from their own point of view, and discover their own internal resources. Later, Rogers and his colleagues started calling their work ‘client-centred therapy’ to emphasise that it was clients who were at the centre of the process, not techniques and methods.

Rogers wrote and spoke of his growing disillusionment with both his ‘traditional’ working practises and his theoretical training. At one stage he wrote:

It is the client who knows what hurts, what directions to go, what problems are crucial, what problems have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely on the client for the direction of movement in the process.

Carl Rogers was a leading pioneer in developing a more ‘humanistic’ approach to psychotherapy - although quite what to call this approach would seem to have stirred up considerable controversy and debate:
I smile as I think of the various labels I have given to this theme during the course of my career - nondirective counselling, client-centred therapy, student-centred teaching, group-centred leadership. Because the fields of application have grown in number and variety, the label “person-centred approach” seems the most descriptive.

However, Dr C.H. Patterson clarifies this point by stating that in a 1987 article entitled ‘Client-Centred? Person-Centred?’ Rogers wrote:

I would like a term to describe what I do when I am endeavouring to be facilitative in a group of persons who are not my clients. That term is person-centred. Client-centred is the term used with clients, in therapy.

In terms of the forming of a self concept (through which experience is perceived), client-centred theory states that in infancy basic human needs for positive regard from others (a need for love and affection, which when experienced result in feelings of warmth, liking, respect, sympathy and acceptance to and for the other person) generate needs for positive self regard (a good feeling towards the self which is no longer dependent on the attitudes of others) - and that this usually results in the actualising tendency becoming thwarted by these ‘conditions of worth’ (the positive or negative valuing of experiencing based on the values of others rather than whether the experiencing enhances or fails to enhance the person).

Clients entering therapy are likely to be in a relative state of ‘incongruence’, defined by Howard Kirschenbaum and Valerie Land Henderson as:

... a discrepancy between the actual experience of the organism and the self picture of the individual insofar as it represents that experience.

In other words, experiences which are not consistent with a person’s self concept, or self image, may be denied to awareness altogether - or the perception of it may be ‘twisted’ to such an extent that the experience can be admitted to consciousness, but in a distorted fashion.

When the individual has no awareness of such incongruence in himself, then he is merely vulnerable to the possibility of anxiety and disorganisation... If the individual dimly perceives such an incongruence in himself, then a tension state occurs which is known as anxiety.

Clients are likely to be defensive if their self concept is threatened by experiencing, and may feel low self esteem.

Genuineness, non-judgmental caring, and empathy are known within client-centred counselling as the therapist ‘core conditions’.

Carl Rogers (and others, see below) re-named and modified these core
conditions over time, eventually using the terms *congruence*, *empathy*, and *unconditional positive regard*. It is these core conditions which Rogers believed were both necessary and sufficient to ‘interface’ with the client’s conditions of worth and facilitate constructive change. Thus six client-centred core conditions emerged as:

For therapy to occur it is necessary that these conditions exist.

1. That two persons are in *contact*.
2. That the first person, whom we shall term the client, is in a state of *incongruence*, being *vulnerable*, or *anxious*.
3. That the second person, whom we shall term the therapist, is *congruent in the relationship*.
4. That the therapist is *experiencing unconditional positive regard* toward the client.
5. That the therapist is *experiencing an empathic* understanding of the client’s *internal frame of reference*.
6. That the client *perceives*, at least to a minimal degree, Conditions 4 and 5, the *unconditional positive regard* of the therapist for him, and the *empathic* understanding of the therapist.

Carl Rogers defined congruence, or genuineness, as meaning:

... the psychotherapist is what he *is*, when in the relationship with his client he is genuine and without “front” or facade, openly being the feelings and attitudes which at that moment are flowing in him... the feelings the therapist is experiencing are available to him, available to his awareness, and he is able to live these feelings, be them, and able to communicate them if appropriate.

A client-centred therapist attempts to experience unconditional positive regard for clients. Originally termed ‘acceptance’, Stanley Standal (a student studying with Rogers) coined the term ‘unconditional positive regard’ as being a deep, respectful and genuine *unconditional* caring or ‘prizing’ of clients - ‘unconditional’ in the sense that the caring is not contaminated by evaluation or judgement of the client’s feelings, thoughts and behaviour as good or bad. Therapists value and warmly accept the client without placing stipulations on the acceptance.

The therapist expresses this quality of genuine regard through *empathy*. Being empathic reflects an attitude of profound interest in the client’s world of meanings and feelings as the client is willing to share this world. The therapist receives these communications and conveys appreciation and understanding, with the effect of encouraging the client to go further or deeper. An interaction occurs in which [the therapist] is a warm, sensitive, respectful companion in the typically difficult exploration of another’s emotional world.
Summary Of A Client-Centred / Person-Centred Approach

For training purposes, I created the acronym ‘VALID’ to characterise clients, in that they are likely to be:

- **Vulnerable**,
- **Anxious**, feeling
- **Low** esteem or worth, be in a relative state of
- **Incongruence**, and
- **Defensive**.

Ideally, it is hoped that upon entering person-centred therapy, clients will meet a therapist who will be congruent and who communicates unconditional positive regard for them and empathic understanding of them. These therapist core conditions interact with the clients conditions of worth, generating a therapeutic process within which change and growth can occur, primarily through clients ‘rediscovering’ the potential of their actualising tendency.

References

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