

Introducing person-centred counselling

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This book is about the Person-Centred Approach (PCA) to counselling. It is for counsellors, therapists, and clinical psychologists either practising or in training, and for people who use counselling skills as part of their work, but who do not want to be full-time counsellors — nurses, teachers, social workers, personnel managers, and community workers, for example. It is based on the work of Carl Rogers (1902–1987), one of the leading counselling psychologists of the twentieth century, who was responsible for some of the most original research work ever undertaken into the factors that facilitate personal and social change (see, for example, Rogers, 1957a, 1959). Throughout a career that spanned more than fifty years as a writer, researcher, and practitioner, Rogers developed and refined an approach to counselling that is widely recognised as one of the most creative and effective ways of helping people in need.

Although this book is focused on person-centred counselling, I see it as useful for people exploring a range of different approaches before committing themselves to one in particular, and a valuable resource for counselling trainers, whether person-centred or not. It offers ideas and perspectives, perhaps even inspiration occasionally, and makes reference to some of the literature, both classical and recent.

I have tried to be careful about giving the sources for the material in this book, and I am indebted to the many authors I have referred to in writing it. The hundreds, perhaps thousands of hours spent discussing the person-centred approach to counselling with students and others, talking with practitioners and being with clients, have contributed to the content of this book.

The best-known books about the PCA were written by Carl Rogers, and perhaps the most familiar of these are *On Becoming a Person* (1961), and *A Way of Being* (1980), though the book *Client-Centered Therapy* (1951) is probably Rogers' most systematic presentation of theory and applications. In recent years, more books about the PCA have appeared in Britain and elsewhere that testify to the continuing evolution of person-centred theory and practice. The final chapter of this book lists and discusses some of the work that has appeared during the last ten years,

and directs you to some websites and organisations that are useful for further inquiry into the PCA.

Many books on counselling are good at describing a particular theory, and often give case-studies and examples of how counselling works in real life. However, it is hard to find books that help develop the attitudes, values and qualities that effective person-centred counsellors need. *Exercises in Helping Skills* (Egan, 1990) operates from a different theoretical base from the PCA and the same is true of *The Theory and Practice of Counselling* (Nelson-Jones, 1995). *First Steps in Counselling, Third Edition* (Sanders, 2002) takes a broader view than I do here, identifying common themes, skills and qualities for counselling generally, though its main inspiration is clearly person-centred. The present book concentrates more or less exclusively on person-centred counselling, but it is not an instruction manual for counsellors who have no other training or experience in counselling. In other words, I do not pretend that reading this book (or any book) will turn you into a counsellor.

About Carl Rogers

Person-centred counselling was developed by Carl Rogers, an American psychologist and counsellor, who died in 1987, aged 85. He was one of the founders of humanistic psychology, and his influence and ideas have now spread around the world.

Carl Rogers is such an important figure in the development of counselling, that it will help to know a little more about him because his life and work were so tied together. More discussion can be found in Brian Thorne's biography of Rogers (Thorne, 1992), and the new book *Carl Rogers the Quiet Revolutionary* (Rogers and Russell, 2002), so only a brief sketch is given here.

Born in 1902 in Oak Park, near Chicago, Rogers first started working as a psychologist in New York, with the Society for the Prevention of Cruelty to Children. After a while, he became disenchanted with mainstream psychology, with its emphasis on testing and treatment, and began to develop his own theories and ways of working with clients. He disliked the way psychology, at that time, seemed to treat people as objects for study rather than as individuals deserving of understanding and respect.

Rogers' own emphasis and distinctive 'non-directive counselling' became visible with the publication of his book, *Counseling and Psychotherapy: Newer Concepts in Practice* (Rogers, 1942) after receiving his Doctorate at Columbia University. By the early 1950s, non-directive counselling became known as 'client-centred therapy', particularly after the publication of *Client-Centered Therapy: Its Current Practice, Implications and Theory* (Rogers, 1951).

Later, the term 'Person-Centred Approach' was adopted when it was shown that the theory and philosophy of counselling could be transferred to other settings where people's growth and development were of central importance — in education, for example (Rogers, 1983; Merry, 1995; Barrett-Lennard, 1998).

In the 1940s and 1950s Rogers revolutionised the study of counselling and psychotherapy by making sound recordings of counselling interviews (not easy in those days), and trying to identify the significant factors contributing to successful outcomes. His book, *Counseling and Psychotherapy: Newer Concepts in Practice* (1942), contained the first ever transcript of a full therapy session. From these and other observations, he developed a theory of counselling and personal change that could be tested through further research and clinical experience.

Rogers devoted the last few years of his life mainly to writing and to peace work, for which he was nominated for the Nobel Peace Prize in 1987. He also ran workshops, gave demonstrations, and contributed to seminars in countries all round the world, including Poland, Hungary, England, South Africa, Ireland, South America and the then Soviet Union.

Cain (1990) has provided a summary of seven ways in which Rogers and his colleagues influenced the development of counselling and psychotherapy:

- Emphasising the central role and importance of the counselling relationship itself as a significant factor in promoting change.
- Describing 'the person' as resourceful and tending towards actualisation of potential.
- Emphasising and developing the central role of listening and empathy in counselling and other relationships.
- Using the term 'client' rather than 'patient' to signify respect for the person coming for help and to acknowledge his or her dignity.
- Making sound recordings of counselling interviews for the first time and using them to learn about the counselling process.
- Engaging in scientific research and encouraging others to do so.
- Making the counselling process more democratic and encouraging non-psychologists and non-medical people to become counsellors.

Rogers was not alone in his development of the person-centred approach: many people contributed to its formation and evolution, and others made significant contributions in the years following the pioneering work of Rogers and his students and colleagues. Though there are arguments about the extent to which some other workers have departed from Rogers' original philosophy, Gendlin's work on 'focusing' (e.g. Gendlin, 1981, 1984) is worthy of mention here, as is Natalie Rogers and her colleagues' development of Person-Centred Expressive Therapy, where clients are encouraged to express themselves through dance, music, painting, writing and drawing, etc. (see, for example, N. Rogers, 1993; Merry, 1997).

Julius Seeman's work on personality integration (Seeman, 1983) spanned several decades and provided much empirical research support for some of the central concepts in the PCA, and John Shlien's discussion, *A Countertheory of Transference* (Shlien, 1984, reprinted in Cain, 2002) demonstrates the novel and revolutionary nature of the PCA. Barrett-Lennard's 1998 book documents the many influential theorists who contributed to the evolution of the PCA in America and elsewhere from

the pre-war era to the present day, and the book itself carries this evolution further. Garry Prouty's development of 'Pre-Therapy' is a particularly important application of the principles of the PCA to working with seriously disturbed and uncommunicative clients. (See, for example, Prouty, 1994, and my brief discussion in chapter 5.) Recently, Ned Gaylin has shown how the principles of the PCA can be employed in family therapy (Gaylin, 2001) and Margaret Warner (2000, 2001), in the USA, has been developing her approach to working with very seriously disturbed clients. Marlis Pörtner (2000) has described how the PCA can be used in caring for people with special needs, Leslie McCulloch (2002) has discussed the PCA in relation to work with 'antisocial personality disorder', and Elisabeth Zinschitz has shown how the PCA can be used with people with learning disabilities (e.g. Zinschitz, 2002).

David Mearns and Brian Thorne (e.g. 2000), both separately and together, have made enormous contributions to the development of person-centred counselling in the UK, as have others too numerous to mention here. While I am aware that the approach to person-centred counselling discussed in this book is of the fairly traditional kind, I have incorporated some recent developments in both theory and practice. Not to do so would run the risk of presenting the PCA as if it had somehow reached its final evolutionary stage on the day of Carl Rogers' death. This is very far from the case, even though it is Rogers and his work that provide the main inspiration for this book. The important developments that have emerged in person-centred theory and practice during the last decades find their place within the pages of this book. I hope that readers will appreciate the liveliness and creativity inherent within the PCA, and understand how it has kept abreast of, and in many ways anticipated, developments and new directions within the counselling field.

Counselling and the Person-Centred Approach

Person-centred counselling is also known as client-centred counselling, and more generally as the Person-Centred Approach, and this can lead to some confusion. I take the term Person-Centred Approach (PCA) to refer to a particular set of attitudes and values, and a philosophy that can be applied to any setting where people's personal growth and development is of concern.

An 'approach' is not a formal theory or a method, or a hypothesis to test in research. An approach, in this case, is a *way of being* in situations that is based on certain attitudes and values. The application of person-centred values and attitudes to counselling is generally known as 'client-centred' or 'person-centred' counselling, which does have a theory of personality and change and has been subject to a good deal of research. It is the application of a set of values and attitudes known as the PCA to a specific situation (counselling) that this book is all about.

In this book I present person-centred counselling in its traditional or mainstream form, which means I believe person-centred counselling

to be, of itself, an effective means of promoting personal change, and one which has a specific theoretical base and discipline of its own. I have also included some of the most influential of the new developments in theory and practice that have emerged during the last decade or so.

Is it counselling or psychotherapy?

There are many points of view about the differences, if any, between psychotherapy and counselling. I use the term 'person-centred counselling' or 'client-centred counselling', but I could just as easily have used 'person-centred therapy'. Rogers did not distinguish between counselling and psychotherapy and the distinction between them, if there is one, is very difficult to make with any real precision.

At one time, counselling was thought of as short term, and psychotherapy as long term, but now there is increasing interest in brief psychotherapy, and counsellors often work with clients for 50 or 60 sessions or more, so the distinction is becoming increasingly blurred.

Another distinction is that counselling is believed to be concerned with identifiable problems, and psychotherapy with more profound psychological disturbance. But more and more counsellors are finding that they cannot confine themselves to working only with identifiable problems, which may represent only the surface layers of much more deep-seated issues.

Finally, it is thought by some that counsellors and psychotherapists have different training requirements. Psychotherapists have long periods of intensive training, which usually includes their own therapy or analysis. Counsellors, on the other hand, have much shorter training, and are not necessarily required to undergo their own counselling.

There was some truth in this, but the picture has changed a lot in recent years. Most training institutes in person-centred counselling offer training periods of three or four years of part-time study. If they do not actually require their students to be in personal counselling as part of the training process, they do advise them to enter personal counselling before starting to see clients themselves. The British Association for Counselling and Psychotherapy (BACP) requires people to have had experience of being in the client role in ways that are appropriate to their model of counselling, when they apply for Accreditation.

The term 'counselling' or 'psychotherapy' is often determined by the work context, rather than by any inherent difference between the two. What is important is that person-centred relationships with clients require the deepest commitment to understanding the unique individuality of the people with whom we work. This holds true whether we call what we do counselling or psychotherapy.

The social context of counselling

There are two areas I consider briefly here. The first is concerned with the current professional context of counselling, and the second, broader area

is concerned with the wider political and cultural context in which counselling takes place.

The professional context

Counselling has evolved, during the last thirty years or so, into an identifiable profession with its own organisations, academic journals and codes of conduct and ethical practice. In Britain, the BACP has developed an ethical framework for good practice in counselling and psychotherapy and an accreditation procedure through which people may apply for professional recognition of their training, experience and competence. To be accredited, people have to show they have had appropriate training and experience of working with clients under supervision, and they also must agree to abide by the BACP statement of ethics for counselling and psychotherapy.

At present, accreditation is voluntary, and accredited counsellors need to maintain their commitment to ongoing personal and professional development, and are expected to have an appropriate level of clinical supervision of their work. Accredited counsellors can apply to join the United Kingdom Register of Counsellors as Registered Independent Counsellors, again a voluntary scheme, though some form of statutory registration is likely in the future.

The BACP also has an accreditation procedure for courses in counselling. To be accredited, a course has to be substantial in terms of time and content, and must meet a number of exacting criteria. If you have successfully completed a BACP Accredited course, it is assumed that the training requirement for individual accreditation has been met, but you would still have to complete 450 hours of supervised practice over three years before accreditation could be given.

There is now a separate body — the UK Council for Psychotherapy, whose aim is to establish professional standards for training and qualifications in psychotherapy. Membership of this council includes representatives from the majority of training organisations in psychotherapy, and representatives of allied professions like the Royal College of Psychiatry, the British Psychological Society, and the British Association of Social Workers.

Recent developments among person-centred practitioners towards greater organisation include the formation of the British Association for the Person-Centred Approach (BAPCA) in 1989, which now has over 1000 members. Moves towards the foundation of an international association for the PCA are complete, and a new international journal will be published by December 2002. In the USA, the major organisation is the Association for the Development of the Person-Centered Approach (ADPCA), and both ADPCA and BAPCA have developed their own journals. You will find more information about both these organisations and others in the Resources section of this book.

The increasingly organised and regulated manner of the counselling profession brings with it some advantages, but also serious concerns for

some practitioners. Arguments for increased regulation and control are usually couched in terms of protection for the public against bad, incompetent or exploitative practice. Agreed standards and criteria for training, for example, are designed to ensure that all counsellors achieve a basic level of competency, and are thus less likely, wittingly or otherwise, to do damage to people who are already vulnerable. The requirements of accrediting organisations include the demand that practising counsellors receive continuing clinical supervision. Codes of ethics and practice serve to reassure the public that the profession is monitored and bad behaviour sanctioned.

Sceptics of 'professionalisation', however, argue that regulation is a covert but outwardly respectable means of self-promotion, and limits the opportunities for many unqualified but otherwise competent people to offer psychological help to people in distress. They argue that there is a difference between professionalisation (which is about the protection of interest groups and the exclusion of 'outsiders'), and professionalism (which is about skill, integrity and good practice). The case against currently proposed forms of registration for psychotherapists was made persuasively by, for example, Richard Mowbray in 1995 (see also Mowbray, 1997).

Regulations for accreditation of individual practitioners emphasise the establishment of baseline standards, but they bring with them increased bureaucracy and expense that do nothing to promote good practice. The current mood for cost-effectiveness, evidence-based practice and standardisation of treatments is leading to the setting of spurious objectives and the mechanisation of counselling into a series of skills that can be objectively evaluated. Creativity, inventiveness and experimentation become less likely in an atmosphere dogged by a complaints culture, in which professional organisations are keen to be seen as protecting the assumed public interest, rather than encouraging the active development of counselling, which is not a risk-free undertaking. This is not, however, an argument for the irresponsible experimentation by maverick practitioners at the expense of vulnerable or anxious clients. It is questionable in any case how much real protection is afforded to the public by the increasing regulation of practice. Other, older professions such as medicine and law have been subject to stringent control and regulation for many years, but incompetence and exploitation continue to exist.

Andy Rogers (2001), questions the promotion of counselling as a profession akin to the medical profession and argues that this 'medicalisation' '. . . does my work a *disservice* because it fails to acknowledge the uncertain, unscientific and existential dimensions of the encounter and the particular demands of indwelling in such territory. Paradoxically, it also *talks-up* counselling, dishonestly downplaying its imprecision, fallibility, and "might-work-sometimes-with-some-people" reality, and thereby misrepresenting it to clients' (p. 76).

The standardisation of counsellor training courses (in the UK largely

under the influence of the BACP since the Courses Recognition Scheme, as it was called then, was launched in 1988), also brings advantages and disadvantages. Without much doubt, the scheme forced training providers to think carefully about what they were doing, raise standards of delivery, and provide value for money for their students. Sceptics, however, pointed to the extra cost (passed on to students) that entering into the scheme incurred, the insistence on the teaching of a core model (not a universally admired principle — see, for example, Feltham, 1997b), and the mechanistic way that courses and their students were forced into counting up hours and minutes spent in theory sessions and skills training workshops in order to satisfy the BACP's stringent criteria. Some perfectly adequate courses which, for good reasons did not want to enter the scheme, suffered in reputation and popularity without any real justification. Other courses were tempted to fulfil BACP criteria, not because they were persuaded of their value, but because not to do so would make them uncompetitive in a very competitive market place.

To be fair, the BACP scheme is by peer evaluation, and evaluators are drawn widely from across the membership. This allows for great variety (though not infinite variety) in the interpretation of the criteria, and the BACP is keen to allow the various theoretical approaches to counselling to be represented in the material that is taught on courses and the way in which it is delivered.

Current preoccupations of the counselling field, at least as represented in the counselling literature, are with contracts and boundaries. On the surface, the issue of contracting seems sensible and uncontroversial. There is everything to be gained from ensuring that both client and counsellor are as fully aware as possible of, for example, time commitments, venues and financial arrangements. Problems occur, however, if counsellors become so afraid of being called to account at a later date for unethical or unprofessional behaviour, that they defensively place the apparent need for agreeing a contract above the need to meet a distressed, vulnerable or anxious client with a warm, open and inviting attitude from the outset.

Issues of boundaries seem to create much concern, confusion and defensiveness, particularly among training or newly trained counsellors. It is right that counsellors should have a deep appreciation for the protected nature of the counselling encounter. Very rarely is it appropriate for counsellors to become participants in the lives of clients, over and above the profound commitment they make to accompanying their clients on their unpredictable journeys into 'self' during the counselling hour. However, the formalisation of boundaries into a set of injunctions that prevent spontaneous acts of human kindness, understanding and love can only serve to place barriers between a hurting human being and one who is setting out to offer the opportunity for healing through a person-to-person encounter.

Those counsellors whose personal, moral framework is shaky or underdeveloped, or who have psychological needs for intimacy or sexual contact, of which they are largely or even wholly unaware, will continue

to exist whether or not they have signed up to a stringent code of ethics. This does not, of course, imply that the counselling profession should abandon its commitment to moral and ethical practice. The general tone of the new BACP Statement of Ethics for Counselling and Psychotherapy does recognise the uncertainties and risks that are inherent characteristics of the profession, and is to be welcomed for that. Boundary issues are likely to continue to exercise the minds of practitioners, but the new Statement offers more understanding of the complexities of the counselling encounter than did its predecessor.

The cultural and political context

Counsellors do not work in isolation from the rest of the society and culture in which they live. Our society is rich in cultural differences, and is also one in which some people enjoy more power and privilege than others. Counselling can be criticised for being available more to the relatively well and economically advantaged than to the very disturbed, poor or otherwise disadvantaged.

Seeing a counsellor often involves paying fees — there is some counselling and psychotherapy available through the National Health Service, and through Employee Assistance Programmes, but it is limited — so this fact alone means that some people who need it cannot afford to pay for it. This is not an argument against counselling, but it is a reminder to would-be counsellors that they may find it difficult to work with some clients whose need may be great, but whose capacity to pay is limited or non-existent.

The social context also includes groups who have particular needs, different from those of the majority. Such groups include members of cultural or ethnic groups whose attitudes to therapy, and what they need from it, may be very different from those of the majority. It is also likely that many such groups (if not all) will have experienced prejudice or some form of discrimination, and may therefore be justifiably suspicious of what counselling has to offer if it remains a largely white, middle-class activity, (see, for example, Patel and Fatimilehin, 1999).

Although counselling certainly is not politics, it does have a political dimension that therapists need to acknowledge and, more importantly, do something about. At the very least, counsellors should be aware of the social and cultural values they hold, and be prepared to confront the racism, sexism and other ‘isms’ they have unwittingly absorbed, in an effort to free themselves of unhelpful attitudes towards people who have very different experiences and expectations from themselves.

Counsellors will be more effective if they are aware of the social backgrounds and contexts of their clients, and knowledgeable enough to see how different people bring different experiences and expectations with them into counselling sessions. Being understanding of individuals includes being sensitive to the cultural norms and values that influence different people to see things in very different ways.

However, simply knowing about different cultural characteristics does

not necessarily lead to more effective counselling practice. The idea that the culturally sensitive or culturally aware counsellor needs to develop techniques appropriate to different cultural groups is problematic. Descriptions of various groups tend to describe the average person, something that can unwittingly lead to the development of stereotypes, and assumptions about the characteristics of particular groups can lead to a self-fulfilling prophecy. If clients from certain groups are believed to share certain patterns of behaviour, preferences and values, it is likely that 'they will be treated as if these things were true and they will respond to confirm the counsellor's beliefs' (Patterson, 1996).

There is a limit to the extent that any counsellor of whatever approach can change his or her behaviour to take into account the presumed preferences of people from different cultural groups without seriously compromising the theoretical basis of their counselling. This holds true whether we are talking about race and ethnicity, sexual orientation, class or gender, etc. The problem, then, is one of balancing the need to know and understand factors affecting discrimination and oppression with the need to remain consistent with one's theory and philosophy of counselling.

There are two levels to be considered here. Firstly, there is a need to know and understand something about the social, economic and political construction of the society in which we live and work. This includes some knowledge of the cultural groups and sub-groups from which our clients are drawn so that their concerns can be appreciated in terms of their cultural norms and values. In relation to this is a need for counsellors to understand the nature of prejudice and how discrimination, both overt and covert, is an everyday experience for some people.

The second level is the personal level in which counsellors themselves confront the nature of their own prejudice and stereotyping. I argue, along with Bernard and Goodyear (1992), that the starting point for this is with an examination of our own cultural norms and expectations as a first step to understanding others. Later in this book I explore some ways of developing greater awareness at both these levels.

Finally, there is a broader political dimension to the PCA that includes, but goes beyond, its application to the field of counselling and psychotherapy. The PCA encompasses not only a theory of counselling and human relationships, but also provides a radical critique of the theories and assumptions contained within modern discourse about human relationships, in the broadest sense of that term. For example, the rejection, by the PCA, of contemporary attitudes towards the assessment, diagnosis and labelling of people represents a radical departure from traditional forms of psychological treatment. The metaphor of therapist/counsellor as a companion on a journey into another's person's inner world, directly challenges the model of the therapist/counsellor as an expert diagnostician. The expertise of the person-centred practitioner is dedicated to gaining a deep understanding of a client's unique experience and the meanings derived from that experience. The essentially non-directive attitude of the person-centred counsellor is built on a trust in

the individual's capacity (and inherent tendency) to move further towards more constructive, pro-social and self- and other-enhancing behaviour, values and attitudes, in an environment that facilitates growth and development from within the person.

The PCA, then, is not simply an alternative model or theory of counselling. It represents a fundamentally humanistic attitude towards persons as being essentially creative in outlook and pro-social in attitude. Its 'politics' reside in the redefining of helping relationships away from the conventional medical model towards a more collaborative one where power is redistributed and clients are able to reclaim their capacity for their own psychological determination.

Ethical issues in counselling

People who enter counselling can be in a vulnerable and anxious state. They may recently, or in the more distant past, have had experiences that resulted in immense despair for them. In such states, people are more open to being exploited than when they are at peace with themselves, and it can be easier for them to fall prey to unscrupulous and unethical practices. These range from keeping clients dependent for longer than necessary in order to keep collecting fees, through to sexual exploitation. A counsellor can be a powerful figure in the lives of lonely or vulnerable people, and clients can develop strong feelings towards a counsellor who appears wise, and is giving them time, care and attention.

If a counsellor or therapist is a member of a professional body, he or she will be bound by a code of professional ethics, or, in the case of the BACP, the ethical framework referred to above. This framework, published in April 2002, is far more flexible than the Code of Ethics it replaced, and is indicative of how the BACP's thinking has evolved over the years. It replaces the former rather prescriptive list of 'do's and don'ts' with an altogether more thoughtful discussion of values, principles and moral qualities; it recognises that choices are often not clear-cut, and that sometimes difficult decisions need to be made that, even when taken in good faith, may have unpredictable and unwanted outcomes. The new spirit embodied in this framework is far more representative of the fluid, constantly changing dynamics of counselling relationships than the original Codes of Ethics and Practice. It openly confronts the reality that knowing the right course of action to take in a particular circumstance cannot be codified into a book of rules and regulations, but instead is guided by a set of principles and values that underlie the commitment counsellors make to provide relationships with clients based on a deep sense of personal integrity.

What person-centred counselling is not . . .

This book contains a lot of information about the theory, philosophy and practice of person-centred counselling, and it discusses some of the issues that face counsellors in their work, like supervision and ethics, for example.

It also contains some suggestions about how you can explore person-centred counselling for yourself, either alone or as part of a training group. What this book is not, as I have said before, is a manual or a set of instructions as to how to do person-centred counselling. Person-centred counselling is not a set of skills or techniques, nor is it synonymous with 'reflection of feelings'; it is not a group of communication skills, and it does not offer a range of strategies thought to be appropriate for different groups of clients.

Person-centred counselling is only partly about feelings; it would be more accurate to say that person-centred counselling concerns itself with clients as persons, and that includes feelings, but also thoughts, experience, ideas, fantasies and other sensations.

. . . and what it is

Person-centred counselling is a way of being with people based on a particular theory of helping relationships which, in turn, rests on a deep respect for and trust in the individual's capacity for growth, development and creativity. It has a set of theoretical ideas aimed at exploring the processes of human growth and development, and it has a sophisticated and developing theory of personality. Of most interest to readers of this book is its theory of counselling relationships based on the presence of a counsellor with certain personal qualities, attitudes and values. It has a firm foundation of careful research into the factors that promote change, and is one of the most influential models of counselling currently in use in Britain.

It is a democratic, non-authoritarian and non-directive approach to people that emphasises constructive human relationships as the key to the change process. The PCA, perhaps more than any other approach, requires the enduring commitment to encounter clients in a direct, person-to-person manner without providing a set of rules or an armoury of techniques and strategies that control the process. This can be a daunting task for the beginning counsellor as well as for the more experienced. In the modern, technological age there is a high premium placed on the abilities of expert practitioners of any profession to identify problems quickly and apply known, effective techniques for their speedy solution. The drift towards 'evidence-based practice', time-limited counselling and solution-focused therapy, finds the person-centred counsellor swimming against an increasingly powerful tide.

If person-centred counsellors do not offer techniques, strategies and interventions, what, then, do they offer? Though this is a question that I explore in the remainder of this book, it would be churlish in the extreme not to attempt some answer near the beginning. (To avoid clumsy constructions like 'he or she', 'he' here refers to people of both genders):

The counsellor attends to the whole person of his client, listening to and responding empathically to the client's experiencing process as it is lived in the therapeutic hour. He has no goals for his client, only for himself.

He sensitively and progressively becomes familiar with his client's frame of reference with its changing and fluid content, process and nuance. He becomes progressively more sensitive to and responsive to his client's ongoing, idiosyncratic struggle to allow more experience into his awareness with decreasing distortion or denial, to gain meaning from that experience, to change old, outmoded meanings, and to construct, for himself, a contemporary, more realistic picture of himself both as he now is and what he may become. The counsellor, in some measure, achieves this through his active engagement with the lived and experienced world of his client, without judgement but with respect and authenticity. The counsellor extends himself towards his client as a person, and allows his client to affect him, each making a difference to the other. He neither absorbs the client's experiencing into himself, taking ownership of it for himself, nor does he direct it. Rather, he participates in it without losing his own sense of himself as both a separate person and as someone who, however temporarily, shares in this existential moment, this hour of cooperative living. He is an alert companion and, simultaneously, an empathic and non-judgmental observer. (Adapted from Merry, 2002.)

I am aware that this answer begs a lot of questions. How does the counsellor respond empathically, and what does empathy really mean in this context? How does the counsellor achieve active engagement, and what does it mean to 'share in this existential moment, this hour of cooperative living'? What is the process through which a client goes for it to be possible to 'allow more experience into his awareness', and how does this promote lasting psychological change? I hope that some answers to these and other questions appear in the pages that follow.

The evolution of person-centred counselling

It is possible to identify three phases in the development of person-centred counselling, with one phase melding into the next rather than representing a sudden change of emphasis. Raskin (1996) describes twenty historical steps in the development of the person-centred approach, but here I offer a very general evolutionary process beginning in the 1940s:

- The first phase, from about 1940 to the early 1950s, could be called the 'non-directive' phase. It emphasised acceptance of the client and the establishment of a non-judgmental atmosphere in which the accent was on the skills of the counsellor to promote the counselling process.

The essential non-directivity of the counselling process remains in place today, but there is more emphasis on the counsellor being present as a whole person, expressing him or herself more openly than was the case during the early development of this approach.

- The second phase, from about 1950 to the early 1960s, can be thought of as the 'client-centred phase'. Here the emphasis was placed on

counsellor attitudes rather than skills, and on reflecting the client's feelings. Theoretical ideas of resolving discrepancies between the client's 'real' and 'ideal' self became incorporated, and the idea of the counsellor as a person involved subjectively in the counselling relationship began to take shape.

- The third phase, from the 1960s to the present, is the 'person-centred phase', which emphasises counsellor attitudes and values and relationship qualities. The counsellor's role is seen even less as skilled performance and more as an expression of the counsellor being responsively engaged with the client.

The evolution of the PCA continues, and I suspect that it may now be entering a fourth stage. Pete Sanders (2002, private communication) has labelled this as the 'client-centred and experiential counselling/psychotherapy stage'. This is based on his observation that there is now a genuine exploration of theoretical origins, commonalities and differences emerging among various therapeutic approaches that share many of the fundamental philosophical concepts that are characteristic of the PCA. These approaches, loosely called 'experiential approaches', have developed new ideas of their own that, in various degrees, depart from traditional person-centred counselling, but still share many of its philosophical roots. In a challenging article, Sanders (2000) suggests ways in which approaches that have emerged over the last thirty years or so could be included under a general person-centred umbrella so that differences and commonalities can be recognised and clarified.

About the exercises and checklists in this book

I hope you will find this book useful as part of a training programme, or as a means of helping you discover ways in which you can become more effective in your own professional and personal relationships. The exercises and checklists are designed to help you experience what I am describing, rather than just reading about them.

The best way to approach them is to get together with a small group and work your way through them. There should always be time at the end of each exercise for general discussion and sharing of the things you have learned. Most of them can also be done on your own as a way to check what you are reading and learning about counselling.

Before you go on to the next chapter, you may like to explore what you know and think you know about person-centred counselling at the moment by working through the checklist that follows. It may be that you have heard some things about person-centred counselling, and some of them might be accurate and some not. Every form of counselling gives rise to myths, legends and misunderstandings about itself. When you have finished the book and tried some of the exercises, come back to this checklist and see if your ideas about person-centred counselling have changed.

Checklist: True or false?

Person-centred counsellors think that people are basically good. Agree / Don't know / Disagree

Person-centred counselling is OK for relatively well people, but no good for very disturbed people. Agree / Don't know / Disagree

Person-centred counselling is where you repeat what the client has said. Agree / Don't know / Disagree

Person-centred counsellors do whatever they feel like doing. Agree / Don't know / Disagree

Person-centred counselling does not have a theory of personality. Agree / Don't know / Disagree

Person-centred counselling cannot cope with evil or destructive people. Agree / Don't know / Disagree

Person-centred counselling is good for establishing rapport with clients, but then you need other techniques to treat them. Agree / Don't know / Disagree

Person-centred counselling cannot help people with problems like fear of confined spaces, or obsessions etc. Agree / Don't know / Disagree

Person-centred counselling is too slow, and does not go 'deep enough' really to help people much. Agree / Don't know / Disagree

Person-centred counselling is best used with a mixture of other techniques and methods. Agree / Don't know / Disagree