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PERSON-CENTRED THERAPY: MYTHS AND REALITY

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1. Person-centred therapy is 'just the basics' -- everyone does it, it's just that some therapists go on to do more advanced things, like psychodynamic therapy or cognitive-behavioural therapy.

Developing one's capacity to engage with another human being at a level of interpersonal depth is a life-time's achievement. Few 'purely' person-centred therapists, even after many years, would claim that they have reached the end of that road, so the chances of getting there after a few years' study are pretty remote. Moreover, skills and ideas from other therapeutic approaches -- like psychodynamic therapy or cognitive-behavioural therapy – can not just be placed on top of a person-centred foundation, because the principles underlying these practices are often at odds with a person-centred outlook. For instance, if you start trying to find out *why* clients are the way they are, then you move away from a person-centred, 'fellow traveller' role, to one of 'psychological detective'. Finally, whilst it's true that the skills and ideas associated with person-centred therapy can be taught at a fairly basic and accessible level, the roots of the approach dig down into some far more complex ideas. Understanding the person-centred approach, then, can involve engaging with the ideas of such philosophers as Martin Buber [1] and Edmund Husserl [2], as well as the complex psychological processes that Carl Rogers, the founder of the approach, outlined in his theory of therapy, personality and interpersonal relationships [3].

2. There's no evidence that person-centred therapy works.

Rogers was one of the first people to systematically study the therapeutic process, and his hypotheses about the necessary and sufficient conditions for therapeutic personality change were firmly grounded in the empirical data [4]. Today, more than ever, there is compelling evidence that person-centred therapy is effective with a whole host of psychological difficulties [5, 6]; and that relational factors -- such as empathy, unconditional positive regard and congruence -- are central to the process of therapeutic change [7, 8].

3. Person-Centred therapy doesn't have a model of psychopathology?

It's certainly true that person-centred therapists try to see their clients, first and foremost, as unique individuals, and not as representatives of a particular label; and it's also true to say that person-centred therapists are as interested in their clients' potentialities as they are in their problems. But, in recent years, numerous therapists within the person-centred field have attempted to understand severe psychological distress from a humanistic perspective. For instance, there is the work of Margaret Warner on 'difficult' and 'fragile' psychological processes [9]; Elke Lambers' accounts of psychosis, neurosis, and personality disorders [10]; and Gary Prouty's highly influential work on 'pre-therapy' with schizophrenic and other 'contact-impaired' clients [11].

4. Person-centred therapy is one, *particular approach to therapy*.

Both within and outside of the person-centred field, many people do not realise the sheer scope of, and diversity within, this approach. At one end of the spectrum, for

instance, are those 'classical client-centred therapists' who put great emphasis on not directing the client in any way [12]; whilst there are others who put much more emphasis on entering into a dialogue with the client, and acknowledging that the client may be influenced by the therapist (and vice versa) in numerous ways [13]. Then there are those in the closely related field of the 'process-experiential therapies' [14, 15], who will actively invite their clients to process their experiences in particular ways (whilst not attempting to direct the content of those experiences). There are also arts-based approaches to person-centred therapy [16, 17] and the aforementioned person-centred approaches to working with 'contact-impaired' clients [18]. In fact, these days, some people talk about the 'family' of person-centred and experiential therapies, or of the different 'tribes' of person-centred therapy [19], to highlight the diversity of ideas and practices within this field.

5. Person-centred therapists mustn't ask questions.
Most person-centred therapists are keen for their clients to take a lead in the therapeutic work, and, for this reason, they will avoid bombarding them with questions. But there are no 'mustn't's, 'must's, 'don't's or 'should's about person-centred practice, because person-centred therapy is not about behaving in a particular way with clients, but about being a particular type of person with another human being. So, for instance, in attempting to establish an empathic understanding of a client, a person-centred therapist may ask them a question; or they may ask them a question as an expression of their interest in that client's experiences.

6. It's not person-centred to challenge clients.
Person-centred therapists are careful to avoid criticising clients and undermining their sense of self-worth, but it can also be one of the most challenging and direct forms of therapy. In being congruent with a client, for instance, a person-centred therapist may really let that client know how hurt or angry he or she feels towards him or her; or, in being unconditionally accepting of a client, a person-centred therapist may really challenge a client's feelings of low self worth.

7. Being a person-centred therapist means having to like your clients and everything that they do.
At the heart of a person-centred approach to therapy is the distinction between what a person *experiences* and the way in which they *behave*. So, whilst a person-centred therapist would want to unconditionally value everything that their client experiences – whether it's love, jealousy or rage – this doesn't mean that they would unconditionally value every way in which their clients behave. If a client physically threatened another person, for instance, a person-centred therapist might experience feelings of annoyance or anger, and might well communicate to their client that they were doing so. What they would also try and do, though, is to communicate to that client that they also valued the feelings and experiences that underlay those behaviours, and their belief that the client had the potentiality to find more constructive ways of expressing these feelings.

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