

# PERSON-CENTRED AND EXPERIENTIAL THERAPIES

CONTEMPORARY APPROACHES AND ISSUES IN PRACTICE

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# TWO Classical Client-Centred Therapy

Paul Wilkins

## Introduction

For most of its practitioners, classical client-centred therapy is an approach to being with others originally set out in Rogers' seminal works of 1951, 1957 and 1959. In these, Rogers proposes and describes a radical alternative to the prevailing psychodynamic and behavioural approaches to psychotherapy and also to psychiatry and the medicalisation of distress in which these can be seen as rooted. Rogers placed the relationship between client and therapist rather than theory or technique at the centre of the therapeutic endeavour. The practice of this stance is exemplified by the six necessary and sufficient conditions for therapeutic change (1957, 1959).

The late Tony Merry (2012: 42) summarises the 'classical' position with respect to client-centred therapy as one in which the practitioner holds that the actualising tendency is the sole motivation for human change and development and that practice is based on the six necessary and sufficient conditions - and only those. As I have written elsewhere (Wilkins, 2010: 41-42), Rogers' hypothesis was that constructive change occurs when all six conditions are present. It is not the therapist-provided conditions of congruence, unconditional positive regard and empathic understanding alone which facilitate change. Client and therapist must also be in contact (condition 1), the client must be incongruent (vulnerable or anxious) (condition 2) and must perceive the therapist's empathic understanding and unconditional positive regard at least to a minimal degree (condition 6).

Throughout his chapter, Merry (2012: 21–46) emphasises that the therapist-provided conditions do not constitute a skill-set or a repertoire of techniques but a suite of attitudes. That is to say, they are more a way of thinking about, approaching and reacting to another person than structured and prescriptive ways of behaving. Also important to classical client-centred practice is the principle of non-directivity (see Wilkins, 2010: 13–16) which too manifests as an attitude. While the meaning, plausibility and possibility of non-directivity has often been debated (see, for example, Ellingham, 2005, 2011), it really is simply just a way of naming the intent to facilitate the client's autonomy which, because of the constructive nature of human beings implicit in the actualising tendency, will guide clients in the direction of full functioning. Non-directivity is carried into practice via the therapeutic conditions and manifests as the therapist's desire to accompany the client on a journey of self-exploration rather than lead or guide it. In Evans (1975: 26), Rogers is quoted as saying (long after it had been noted that he hadn't used the word 'non-directive' in the title of any of his publications since 1947):

I still feel that the person who should guide the client's life is the client. My whole philosophy and approach is to strengthen him in a way of being, that he's in charge of his own life and nothing I do is intended to take that capacity or opportunity away from him.

In other words, the classical client-centred therapist eschews 'techniques' and has no desire (and makes no attempt) to direct the course or content of the therapy or to decide goals or a desirable outcome but seeks to understand and respond to the client's present experience. Grant (2010: 225) goes further, arguing that it is directive to respond to anything other than the client's communication. He refers to 'taking only what is given'. While I think this is an excellent yardstick and a good criterion for self-checking ('am I responding to what the client has conveyed to me or am I beginning to incorporate my guesses as to what is behind what is communicated?'), I think I probably take a wider view as to what constitutes a communication from the client than does Grant. For example, I will and do (sometimes) respond to a client's expressed emotion even when the client hasn't named it and may be conveying it in very subtle ways.

Traditionally, the main way of responding in classical client-centred therapy is through the expression of empathic understanding. Empathic understanding is different from empathy *per se* (see Shlien, 1997: 73) However, empathic understanding is only credible when accompanied by the perceptible unconditional positive regard and the congruence of the therapist. In terms of the original proposition, no one of the

necessary and sufficient conditions is more important than the others. The conditions cannot be ranked: it is only when all six are present that constructive personality change will occur (see Wilkins, 2010: 41–42). Nevertheless, Rogers (1957: 100) does consider that:

If all six conditions are present, then the greater degree to which conditions 2 to 6 exist, the more marked will be the constructive personality change in the client.

It is worth noting that in terms of the original hypothesis, and therefore the practice of classical client-centred therapy (CCT), that the therapist must be congruent in the relationship is a requirement to 'be' and not necessarily to 'do'. Congruent therapists are not necessarily *doing, saying or expressing* anything; they are *being* totally themselves and are fully present and aware of the flow of their experience. Being congruent is not the same as being 'honest', direct or self-disclosing. Strictly speaking, there is no requirement to develop and employ behaviours which would convey the therapist's congruence (see Haugh, 1998: 44–50, 2001).

To summarise, the aim of classical client-centred therapists is to understand (be empathic) and accept (hold in unconditional positive regard) how their clients experience the world while remaining genuine and in accord with their own inner experience. Rogers (1957: 101) defined empathy as the ability to sense the private world of the client as if it were your own – but without ever losing the 'as if' quality. Because empathy would be of no use to clients unless they perceived it, therapists demonstrate their understanding by making responses to the client which convey 'this is what I sense you think/feel/are going through at this time'. Rogers (see Kirschenbaum and Henderson, 1990: 127–128) stated categorically that this was not a process of 'reflecting feelings' but of 'testing understanding' or 'checking perception'. This may be a subtle difference but it is an important one. Also, as Merry (2000: 351) points out, the experiences to which a person-centred therapist responds are not confined to 'feelings', but may include, for example, thoughts, bodily sensations, fantasies and memories (see Wilkins, 2003: 108–120, for a more detailed examination of 'reflection'). It is worth reiterating that there is a school of CCT, the adherents of which would say that to respond to anything other than *intended* communication is directive and therefore, at least arguably, leads the practitioner away from classical roots (see, for example, Grant, 2010: 220–235). For me, it depends on what is meant by 'intended'. I think and practise as if what clients intend me to understand goes beyond their words. This means I will sometimes respond to how they seem to be – but always tentatively and with the implied question 'is this how it is for you?'

*For the most part, unless there is some particular reason to do otherwise, empathic reflection is the principal strategy of the classical client-centred therapist.* However, although the therapist-provided conditions are presented (and often taught as) separate and discrete, I and many other people writing about the person-centred approach take the view that congruence, unconditional positive regard and empathic understanding are so intimately interconnected that they are really best thought of and practised as one condition. Mearns (in Mearns & Cooper, 2005: 17) calls this condition 'genuine empathic acceptance'. It isn't being understood that assists constructive personality change but being seen for what and who you are and that being appreciated and accepted by a person who is consistently true to themselves. So, empathic understanding as a response should convey not only an understanding of the client's experience and way of being but also an acceptance of how it is for the client to 'be'. Also, the response is made credible by the therapist's congruence in the relationship.

So, the ideal classical client-centred therapist is, first, apparently empathic (that is, that's what a therapist's response may sound and look like but there is actually much more going on). However, being empathic is a complex, demanding, strong yet subtle and gentle way of being (see Wilkins, 2010: 65–67). According to Rogers (1975: 4), it involves a moment by moment sensing of the changing feelings of the other person without making judgements, picking up on meanings of which the client is scarcely aware (although never trespassing into feelings of which the person is totally unaware because to do so would be threatening and unhelpful). Being empathic includes communicating your sense of the client's world 'as you look with fresh and unfrightened eyes at elements of which the individual is fearful'.

## How does classical client-centred empathy work?

With the caveat that I'm really writing about 'genuine empathic acceptance' (see above), it's worth thinking briefly about how 'empathy' works. The title of Zimring's chapter is 'Empathic understanding grows the person...' (Zimring, 2001: 86–98). While I'm not entirely sure of the form of words (I'd prefer 'empathic understanding helps people to grow themselves'), I and many others believe that to be true. Freire (2007: 197) briefly considers the effects of empathy. She says that empathy:

- dissolves alienation
- leads to self-empathy and thus changes the self-concept
- enhances the capacity to empathise with others

She also reports that research evidence strongly suggests positive correlations between empathy and therapeutic outcome. Bohart (2004: 102–116) shows that empathy works not because of something the therapist does, but through the way clients use the therapist's responses.

## Illustrating practice

The following vignettes illustrate how receiving the 'genuine empathic acceptance' of the therapist enables clients to at least begin to address conditions of worth and to gain unconditional positive self-regard. In each case, it is the client (or more strictly the client's actualising tendency) who is guiding change and taking decisions about the nature of that change.

### Jack

I had been working with Jack for some time and, together, we had explored many aspects of his life, troubles, desires, hopes and joys. He worked as a middle manager in a hospital and, by and large, enjoyed his job. However, on this occasion he came to our session in some distress and almost immediately started to complain about an incident at work.

**Jack:** I'm feeling really shaky about a new set of forms I'm supposed to sign at work. I don't know why but I'm really upset.

**Me:** You seem really anxious – I can see that you're trembling as you speak. But you don't know why you're feeling like that.

**Jack:** Yeah – No, I don't. It's just a silly little form but I feel as if they are trying to catch me out. They want me to get it wrong and then I'll be in trouble.

**Me:** You're scared of being trapped into getting something wrong – and then you'll be in trouble?

**Jack:** Yes, I'll be up before the ethics committee and I won't even know why. That's unfair – I always do my best. I've always been a good boy.

The last remark was made with a self-deprecating grin.

**Me:** You'll be accused of breaking the rules – but nobody has told you what the rules are. That really is unfair – and I can see how hurt you are.

*(Continued)*

*(Continued)*

Jack looked at me with surprise and relief.

**Jack:** Yes! That's it. I'm really scared that I'll break the rules and that's unfair because nobody has told me what they are.

Tears began to gather in Jack's eyes and we sat in silence for a little while. Then Jack told me the story of being eight years old and transferring schools. On his first day at the new school, at the end of playtime, he ran to join the queue to re-enter the building and was immediately stopped by one of the teachers and told he must report to the head teacher for breaking the 'no running' rule. The pain, mystification and, above all, sense of injustice connected with the incident had stayed with Jack into middle age.

Throughout this encounter, my intention was to understand how it felt to be Jack in the moment. As well as responding to what he said – as I often do, I told him what I saw (trembling) – sometimes I will name an unspoken feeling I think I've seen or sensed (hurt). For one of my responses, my tone was slightly questioning. I wasn't asking to know more but checking that I'd understood. It was being understood (being met with empathic understanding and unconditional positive regard) in the moment that facilitated Jack's exploration of a painful time in his past. Theoretically, perhaps Jack was bringing to mind an acquisition of a 'condition of worth' (although that's likely to have been a more complex process than the result of one incident) and re-experiencing some of the feelings associated with it. It is experiencing the 'therapist-provided conditions' which counters conditions of worth.

## Clarissa

When I first met Clarissa she was in the second year of her undergraduate course. Her initial story was of insomnia and distraction. She labelled this as being 'stressed'.

I listened while Clarissa told me of what it was like to be her and responded by making empathic reflections to check my understanding. This process of getting to know something about Clarissa and how it was to be her went on for three or four weeks. Just before she left our third session, she looked at me somewhat sternly and said 'Don't touch me. I can't bear to be touched.' While it certainly isn't my habit even to place a friendly hand on the shoulder of a departing new client, that lodged with me and even when I thought we were close and knew each other well it never occurred to me to touch her.



Over the following weeks Clarissa told me many things about her life. She couldn't remember her childhood – perhaps only the merest glimmers of memories of being very young and living in Samoa – but really nothing before the age of ten or eleven. When she and her boyfriend made love her experience was of being on the ceiling watching.

'I was away with my boyfriend for the weekend. When we were in bed and making love it was as if I wasn't there.'

'You were making love but somehow it wasn't happening to you?'

'Yeah – I was on the ceiling watching.'

'You were observing – detached?'

'Detached – that's a good word – so many meanings.'

Clarissa considered herself to be emotionally cool and detached. She was friendly but had few close friends.

I mulled over these things in supervision. It wasn't really possible for me to avoid speculating about how Clarissa had come to this way of being – so I didn't. I wondered if at an early age and possibly for some time Clarissa had been sexually abused. However, what I didn't do was introduce this idea into our sessions. Of course, I was aware of and alive to the possibility that Clarissa would do so, even if very subtly, so I listened. Clarissa and I worked together for the rest of that academic year and the next. We covered a lot of ground. In many ways (and certainly to an outsider) it would have seemed that all I did was to listen and convey my understanding. However, I think that Clarissa's experience was not only of being understood but accepted, and perhaps above all not to be pressured. Sometime in our second year she came to a session in a joyful and joyous mood. She had been away with her boyfriend for the weekend and when they had made love she'd been in her body – and it was fantastic.

As our second year together drew to a close we had to end our relationship (Clarissa was leaving university and the city). Clarissa told me of her plans. She would travel to the South Seas and to Samoa – as we had worked together her memories of that place and her early childhood had become stronger and she wanted to go back there to where she was certain she had been happy. In our last session Clarissa said to me:

'I may never know what, if anything, happened to me when I was a little girl – but that's ok and I'm ok. I'm going to get on with my life.'

As I showed her to the door for the last time, she said, 'How about a hug, then?' I said something about what she'd said in our early session. Clarissa looked at me tenderly and said, 'That was then, this is now.' We hugged warmly and it seemed to me with genuine and deep mutual respect.

About six months later I had a postcard from Samoa. Clarissa was happy and doing fine.

Perhaps some would argue that where there is a possibility or suspicion of childhood sexual abuse the therapist has a responsibility to name it. There are times when I have done this but only when I have been reasonably sure that I am being invited to – perhaps the implicit question was ‘I think this has happened to me. Is it OK to talk about it here?’ When that is the case, a response along the lines of ‘You’re wondering if/know you have been sexually abused but you feel uneasy about bringing that up here’ is about empathic understanding and unconditional positive regard, not introducing something from my frame of reference. I don’t know if Clarissa had been sexually abused. She didn’t either. Yes, there were some things about her and her behaviour which were indicative of that possibility. However, in classical client-centred practice it is important to hold theory lightly – both person-centred theory *per se* and speculations as to the causes of distress. My job in working with Clarissa was to get a sense of what it was like to be her and to convey that in a non-judgemental way.

From my perspective, a major change in Clarissa was her increased unconditional positive self-regard. She became happier in her skin (in a sense quite literally). It was her exploration of her thoughts and feelings in an atmosphere in which I could be congruent and offer empathic understanding and unconditional positive regard which contributed to that – and I think the fact that these conditions extended to her *not* reaching for some occluded past was equally important.

## Cleveland

When Cleveland and I met he seemed very subdued and flat. There appeared to be little energy in or about him. He spoke slowly and rarely met my eyes. Cleveland told me about being out of work and having broken up with his long-term girlfriend. As his story was told, he reached towards words to describe how he felt.

‘It’s like there’s no point – nothing good ever happens – nothing changes. I can’t see it ever changing. I’m really fed up.’

My sense was that Cleveland was much more than fed up so I responded to what (I thought) I sensed rather than what I heard.

‘Life’s bad and really pointless and it just goes on like that – you’re really miserable and suffering.’

Cleveland didn’t raise his head or acknowledge what I’d said. After a while he said:

‘I’m so fed up. It just goes on and on.’

OK – I'd got something wrong or hadn't made myself clear. If you like, I'd checked my perception and the lack of response implied it was mistaken. Certainly Cleveland didn't perceive my empathic understanding. He was clearly distressed so I tried again.

'You're really unhappy – and there seems no end to it.'

Another period of silence occurred until, at last, Cleveland said:

'I'm just so fed up.'

This time my response was:

'You're really, really fed up about everything.'

Cleveland looked up briefly and then began to tell me more about his life in the absence of work and a partner.

Often, mostly, responding to what I sense rather than the words I hear (although these may be the same) is more effective than repeating my client's exact words. There are many reasons why this works (see Wilkins, 2010: 247–248) but there are occasions when the client's form of words is important, even though they don't appear to match my empathic understanding. Arguably, I've done something other than take what is given. At other times it works because I'm responding to what has been given shyly, tentatively, fearfully. Luckily, clients tend to be forgiving and to give me second or even third chances. I'm not sure why 'fed up' was so meaningful to Cleveland (and weeks later he told me that how I'd summarised his feelings was 'on the button'), but it was important to him that I 'heard' it. I guess for him at that time, in his terms, it expressed exactly how he felt. I think for Cleveland it was really important that he knew I'd understood him precisely. It was only when I used his form of words that he felt 'met' (understood and accepted). It is this sense of being met which often allows other thoughts and feelings to emerge. That is because there is evidence that even something (metaphorically) whispered is likely to be heard, accepted and responded to.

### Idiosyncratic empathy

Idiosyncratic empathy is a term used by Bozarth (2001: 140–142) to embrace forms of responding other than 'reflection'. Certainly, being empathic can mean different things to different people at different times. There have been attempts to understand empathy as being of different 'sorts' (for example, Neville, 1996: 439–453), and it seems that different person-centred therapists experience the world of their clients differently. For example, from my own practice:

## Chiedza

One day a bright and bouncy young woman came to see me in my student counselling practice. She was smiling and speaking quickly, vivaciously, of how good it was to be a student in a new and different culture and I could detect nothing in her voice, manner, facial expression or body language that conveyed anxiety or distress of any kind. However, almost immediately I was aware that I felt really uncomfortable. My sensation was that my back was writhing like a pit full of snakes. I wasn't aware of any reason why I should be feeling like that so I said:

'You look happy and you're smiling but my back is writhing and wriggling like snakes.'

Chiedza stopped and looked at me as if she had been stunned. She said, 'That's what I feel like all the time', and burst into tears. The whole manner of our encounter changed and she began to tell me how she felt about being in the UK, her course and her circumstances. It was all far less rosy than she had initially presented.

Now, I'm not at all sure that all classical client-centred therapists would see this as conforming to their view of practice. My experience was of something we may call somatic empathy (a visceral or physical sensing of the experience of the other). The statement I made seemingly about myself was made in the knowledge that there was nothing in my experience to cause me to feel like that at that time. I was reasonably sure that if it wasn't to do with me, it was to do with Chiedza, that is it was an empathic sensing. Chiedza's very apparent relief at having her feeling 'understood' was enough to allow her to bring to mind – and to me – much more about her life and to process this, gaining in confidence and self-acceptance as she did so.

Somatic empathy is not uncommon to me (although I'm usually circumspect about how, when and to whom I convey it); others develop an awareness of the experience of their clients in different ways. For example, Gloria who was my supervisee for some years, would sometimes tell me of strong visual images which formed part of her practice. When she conveyed these to the client in whose presence she experienced them, the client often found them meaningful and mostly deeply so. I think there is a debate to be had as to whether responding to these 'other' forms of empathic sensing is or is not taking what is given. I think that in a trusting and trusted relationship communication is much broader than words and that, sometimes, there is not a conflict with classical client-centred therapy in the way Merry defined it. So...

Another common experience for me, and I think others, is of empathising with something apparently unexpressed:

## Graham

Graham worked for a well-known charity and until very recently had been very happy in his work, but for the last two sessions his story had centred around how frustrated he was while working with one particular colleague. The story was of irritation with this woman and her petulance and spitefulness. Graham told me that the main problem was that dealing with her got in the way of him doing his own job. On one level, the story was of petty office politics, but I had a strong sense that that wasn't really what I was being asked to understand. Without much thought or consideration I said:

'You wish she'd fuck off and die.'

Graham looked at me and said with increasing vehemence and passion, 'Fuck off and die.' Fuck off and die!' 'FUCK OFF AND DIE!'

Later, Graham expressed great relief at being able to voice such violent and aggressive feelings and over the next few weeks things became better at work. Graham's experience seemed to be of having (to him, or perhaps he feared others) 'unacceptable' strong, negative feelings heard and accepted. This allowed him to go on to say more and to explore the underlying feelings underpinning his way of being in the world.

## Critical evaluation

There have been many criticisms of CCT and at least its earlier derivatives. The six conditions have been attacked as necessary but insufficient (or perhaps not even necessary), non-directivity has been said to be impossible to achieve, the lack of attention to the unconscious has been seen to be a woeful mistake, and so on. Wilkins (2003) is my attempt to address and often rebut such criticisms. Although I'm writing about the person-centred approach in a broader sense, a lot of what I say in that book applies to CCT.

## Research evidence

While there seems to be little contemporary research evidence supporting the effectiveness and efficacy of classical client-centred therapy *per se*, the work of Elliott and his students and colleagues at the University of Strathclyde can be understood to indicate that it is at least as effective as other ways in which counselling and psychotherapy are practised. This research is summarised in Sanders (2013: 22–23) and Wilkins (2015).

### Questions for reflection

1. Call to mind a time when you have experienced empathic understanding. How did you know that the other person understood you? What was said or done? What, if anything, changed for you as a result?
2. Unconditional positive regard is one of the principle 'tools' of the classical client-centred therapist (indeed, of any person-centred therapist). Each of us is limited in the extent to which we can offer unconditional positive regard to another. Theory states that change occurs only if all six necessary and sufficient conditions exist. What obligations with respect to your ability to offer unconditional positive regard does this place upon you?
3. What do you think about idiosyncratic empathy? Does it seem credible to you? Have you experienced it yourself or from another? If so, what did you make of it? Does it conform to the theory and ideals of classical client-centred therapy?

### Further reading

The seminal works of CCT are those of Rogers (1951, 1957, 1959), which are listed in the reference section to this chapter. In these works, Rogers sets out the basic theory of the client-centred approach and addresses issues of practice. Really, any self-respecting person-centred therapist of any stripe should have at least a nodding acquaintanceship with these. There have been many additions to the classical client-centred canon since these works were published and here I will consider some of the principal authors associated with classical client-centred therapy.

#### The old(er) guard

Of the students and colleagues who worked with Rogers in his Chicago days, many made significant contributions to classical CCT in their own right. Their key works include:

Barrett-Lennard, G. T. (1998) *Carl Rogers' Helping System: Journey and Substance*. London: Sage.

Raskin, N. (2004) *Contributions to Client-Centred Therapy and the Person-Centred Approach*. Ross-on-Wye: PCCS Books.

Shlien, J. M. (2003) *To Lead an Honorable Life: Invitations to Think about Client-Centered Therapy and the Person-Centered Approach*. Ross-on-Wye: PCCS Books.

### **Jerrold Bozarth**

Although Bozarth has a style of thought and practice which is all his own, he has made significant contributions to our understanding of CCT. His papers in various journals and chapters in the PCCS series on the necessary and sufficient conditions and in other works are worth reading, but perhaps his key (if idiosyncratic) work is:

Bozarth, J. D. (1998) *Person-Centred Therapy: A Revolutionary Paradigm*. Ross-on-Wye: PCCS Books.

### **Barbara Brodley**

For many years, Barbara Brodley was a stalwart of CCT. She wrote about theory and practice and also published accounts of research. Almost anything you can find written by her, or by her and others, will inform your understanding of CCT, but two places to start are:

Brodley, B. T. (1986) *CCT – What is it? What is it not?* This is available online at: [world-std-com/~mbr2/whatscct.html](http://world-std-com/~mbr2/whatscct.html).

The title of this paper speaks for itself.

Moon, K. A., Witty, M., Grant, B. & Rice, B. (2011) *Practicing Client-Centered Therapy: Selected Writings of Barbara Temaner Brodley*. Ross-on-Wye: PCCS Books.

This book comprises a collection of papers, chapters and so on written by Brodley. It is a good representation of her thought and work. The editors of the book are also classical client-centred writers and thinkers and their work is worth checking out.

### **Elizabeth Freire**

Freire is part of a new wave of classical client-centred therapists. Her writing contributes to an up-to-date understanding of the approach. It includes:

Freire, E. (2001) Unconditional positive regard: the distinctive feature of client-centred therapy. In J. D. Bozarth & P. Wilkins (eds.), *Rogers' Therapeutic Conditions: Evolution, Theory and Practice. Vol 3: Unconditional Positive Regard*. Ross-on-Wye: PCCS Books.

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Freire, E. (2009) A quiet revolution ... or swimming against the tide? *Person-Centred and Experiential Therapies*, 8(3), 224–232.

### Tony Merry

Tony Merry was a British academic and therapist who, with Irene Fairhurst and others, was responsible for doing so much to promote and foster the growth of person-centred therapy in the UK. His own inclination was towards CCT. There are many chapters and papers written by Tony and, where and when you find them, they are worth reading. Perhaps the most relevant of his books is:

Merry, T. (2002) *Learning and Being in Person-Centred Counselling* (2nd edn). Ross-on-Wye: PCCS Books.

You could also try:

Merry, T. (2000) Themes from selected editorials. In T. Merry (ed.), *Person-Centred Practice: The BAPCA Reader*. Ross-on-Wye: PCCS Books.

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