

## CLIENT-CENTERED THERAPY: THE CHALLENGES OF CLINICAL PRACTICE

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**ABSTRACT.** *From the realization that there is a great gap between the theory of client-centered therapy and its practice, the authors aim to investigate the difficulties and the challenges which arise in the client-centered therapists clinical practice. The therapist's trust in the client's actualizing tendency, indispensable to the success of the therapeutic process, is not attained only through a theoretical knowledge of client-centered therapy. Indeed, it is necessary that the therapist has herself experienced the process of therapeutic change promoted by this approach. The authors analyze the elements of change that need to be experienced by the therapist of a successful client-centered practice. Stages in the therapist's development are also considered.*

### Introduction

This paper arises from the realization that currently there is a great gap between client-centered theory and practice. The therapist's core conditions are, theoretically, very simple and easily understandable. In practice, the experiencing of such conditions is a complex challenging task for the therapist; thus we wonder, why is there such difference between the theory and the practice of client-centered therapy? This paper aims to investigate and explore this issue, pointing out the difficulties and challenges that often arise in the clinical practice of the client-centered therapist. These challenges arise not only for beginning therapists. Experienced professionals also face difficulties, as pointed out in Pörtner's (1994) research with European and American client-centered therapists. This difficulty in integrating theory and practice, according to Pörtner, has resulted in serious distortions in the identity of client-centered therapy and leads us to ask: What does it mean to practice as a client-centered therapist?

### Trust In The Actualizing Tendency

The client-centered therapist's ethical commitment resides with the promotion of the client's growth forces. Different from the usual helping relationships which aim to "diagnose" and "resolve" the individual's problems, client-centered therapy aims to promote the client's autonomy in order that it is the client who decides what are the problems and how to resolve them. The client-centered therapeutic relationship is not a tutelary relationship, that

is, it is not a relationship which aims to provide orientation or elucidation, as are the therapeutic relationships used in other approaches. The only aim of client-centered therapy is to promote the release of the client's actualizing tendency. Rogers (1942, p.29) says: "The therapy is not a matter of doing something to the individual, or of inducing him to do something about himself. It is instead a matter of freeing him for normal growth and development."

The first difficulty of the therapist arises at this point. The psychotherapist's social representation in our culture and society is that of an expert who induces psychological change. The psychotherapist is seen as an individual who has acquired knowledge that enables her to discern what is adequate, correct, mature and ideal for a person's behavior. One believes that the psychotherapist has the "power" of evaluating and directing the individuals' behavior. Thus, the first difficulty faced by the client-centered therapist is to relinquish this social representation and to not put herself in the therapeutic relationship as an expert, owner of a knowledge "superior" than the client's. One of Rogers' (1977) group participants stated with great clarity the deep impact caused by this complete inversion of power, a point which differentiates the client-centered relationship from the therapeutic relationship of any other approach:

I spent three years of graduate school learning to be an expert in clinical psychology. I learned to make accurate diagnostic judgements. I learned the various techniques of altering the subjects attitudes and behavior. I learned subtle modes of manipulation under the labels of interpretation and guidance. Then I began to read your material, which upset everything I had learned. You were saying that the power rests not in my mind but in his [the client's] organism. You completely reversed the relationship of power and control, which had built up in me over three years. (in Rogers, 1977, p.3)

Such inversion of power in the therapeutic relationship cannot be attained merely through knowledge of the theory. The inversion of power only happens when the therapist has a genuine trust in the client's capacity. The therapist's knowledge in regard to the actualizing tendency must be a certainty and not mere information. In clinical practice, this certainty is experienced by the therapist as a confident "letting go" of the direction and tempo to the client. The therapist allows the client to find his own answers, in his own tempo; and allows the client to go through the pathways which he himself has chosen. The outcome of such confident letting go is that the client, feeling fully accepted, makes the most mature and positive choices: "In person-centered therapy, the person is free to choose any direction, but actually selects positive and constructive pathways" (Rogers, 1986, p. 127).

However, if the therapist has an authoritarian personality how will she be able to relinquish the power in the relationship with the client? Bozarth (1998) states that the therapist who expects to practice person-centered therapy might ask herself if she actually believes that her clients will move in the direction of self-actualization if she provides an atmosphere of acceptance and attends fully to the client. The therapist should ask herself whether she can permit the locus of control to be with the client:

There is a central question for the person who intends to practice the person-centered approach in therapy: 'Can I allow this person to be whatever he/she is in the relationship?' Perhaps a more concrete statement of this issue is to say that a therapist's need to control is the most accurate

measure of the therapist's 'lack of faith' in the other person's ability, thus it creates a direct contradiction to the fundamentals of the person-centered approach in therapy. (Bozarth, 1998, p. 112)

The therapist's trust in the client's capacity is necessary so that the client would also trust in his movement of change. Therapeutic change is often a very painful and threatening process. Relinquishing old beliefs, attitudes, values and certainties and experiencing new possibilities beget a strong feeling of insecurity in the individual. Experiencing feelings which were denied or distorted and facing one's own reality without delusions are very often frightening. The fear of self-disintegration, the feeling of self-rejection, the confusion, the ambivalence and the uncertainties frequently make the growth process difficult to endure. In order that the therapist can allow the client to immerse himself in the process of overcoming his fears and insecurities, it is necessary that the therapist has total trust in this process. However, this trust only arises from her personal experiencing, this trust is only possible if the therapist has already experienced this process of changing. Rogers says:

It is as though both I and the client, often fearful, let ourselves slip into the stream of becoming, a stream or process which carries us along. It is the fact that the therapist has let himself float in this stream of experience or life previously, and found it rewarding, that makes him each time less fearful of taking the plunge. It is my confidence that makes it easier for the client to embark also, a little bit at a time. (Rogers, 1955, p. 268)

However, if the therapist is insecure and does not have self-confidence how will she trust the client? Therapeutic movement is blocked when the therapist does not trust the client's capacity. Often therapists think that some technique, some "trick;" is necessary in order to encourage the client towards progress. It is a very common delusion of the therapist to believe that some "special" technique will be able to do the magic when her own lack of confidence and her own fears did not allow it to happen. In these instances, no technique will be efficient. While the therapist does not have the necessary inner confidence, she will not be a facilitative presence to the client. It is primarily the genuine trust of the therapist that will help the client to face his own fears and develop confidence to a new and more authentic experience of self.

It is important to emphasize that therapist trust is not transmitted through words of encouragement; but rather, if the therapist trusts genuinely in the client's capacity, she leaves to the client the decision to "go further;" and does not attempt to encourage him with verbal stimulus. It is primarily through non-verbal channels of communication that the client actually perceives the therapist's trust. The trust reveals itself, for instance, when the therapist does not interrupt the client's silence and waits tranquilly for the client to decide when and what to speak. The trust reveals itself when the therapist respects the client's tempo and does not attempt to hurry him giving "clues" or suggesting pathways. The trust shows itself when the therapist does not try to stay ahead the client, but when she maintains herself beside the client, accompanying him in his risky journey of self-discovery. The trust reveals itself when the therapist relinquishes ownership and control over this time; and recognizes that the time and space of the session belong to the client.

## Therapeutic Change

The therapist's facilitative attitudes for therapeutic change, according to Rogers (1957), are empathic understanding, unconditional positive regard and congruence. But the therapist will attain these attitudes towards the client only if she is able to have them towards her own self as well. In this sense, says Thorne:

You can offer the conditions to the clients with some kind of integrity only if you try to offer these conditions to yourself. If you are deeply self-rejecting, how can you offer acceptance to your clients? Resisting self-knowledge, how can you offer empathy? If you are not prepared to be honest with you and be in touch with what is going on inside of you, how can you really be congruent? (In Pörtner, 1994, p. 35)

Bozarth (1998) cites Rogers' (1959 p. 88) theoretical statement extrapolating from his theory of therapy to family life as being precisely explicit about the therapist's (parent's) primary condition: "The parent must have unconditional self regard to be congruent in the relationship and, hence, to be able to experience unconditional positive regard and empathic understanding of the child's frame of reference."

In analyzing some aspects of therapeutic change in the person-centered approach; we can discover other traits that the therapist must have in order to be an effective facilitator of the client's therapeutic process.

In the first place, it is necessary that the therapist has experienced the process of therapeutic change so that she can trust the client's process. The therapist cannot be afraid of throwing herself into this unknown path of the therapeutic change. It is the therapist's certainty that the therapeutic process leads to a life of greater fluidity and authenticity which will help the client whenever he experiences the movement of change as painful and threatening. But the therapist can obtain such certainty only if she has already experienced this movement of change.

## Dropping The Masks

One of the characteristics of therapeutic change, according to Rogers, is that the individual "begins to drop the false fronts, or the masks, or the roles; with which he has faced life" (Rogers, 1961a, p.109). In the freedom and security of the therapeutic relationship, "[a]t first he lays aside masks which he is to some degree aware of using" (p. 109)" Also; "this exploration becomes even more disturbing when they find themselves involved in removing the false faces which they had not known were false faces" (p. 110). Furthermore; "To remove a mask which you had thought was part of your real self can be a deeply disturbing experience...." (Rogers, 1961a, p. 110). Thus, a therapist who has not removed his own masks and who is guided in life for what she thinks she should be and not for what she is, will probably be a minimally effective facilitator of a client's therapeutic change.

## Openness To Experience

Feeling unconditionally accepted and emphatically understood by the therapist, the client little by little replaces the rigidity of his defenses for more and more openness to experience. "The individual becomes more openly aware of his own feelings and attitudes as they exist in him at an organic level..." (Rogers, 1961a, p. 115). Whatever emotion which was emerging organismically, be it fear, anger, tenderness, grief, dependence, desire, jealousy, pride, or love, the individual strives to experience it fully with openness and awareness. According to Rogers, when it happens, the person experiences himself "in all the richness that exists within himself. He has become what he is" (Rogers, 1961a, p.113). However, if the therapist is afraid of her own feelings, how will she be able to promote the client's openness to experience? If the therapist is afraid of pain, how she will be able to help the client to face his own pain?

## Fluidness

Being open to his organismic experience, the individual perceives reality as it presents itself without needing to distort it in order to adjust it into rigid pre-conceived categories. Thus, he gets to live with fluidness in the present moment. "From construing experience in rigid ways which are perceived as external facts, the client moves toward developing changing, loosely held construing of meaning in experience, constructions which are modifiable by each new experience" (Rogers, 1961b, p. 157). However, if the therapist remains caught in the rigidity of her own defenses; how will she promote the client's fluidness?

## The Development Of Autonomy

Therapeutic change in the person-centered approach is a movement which leads the client towards increasing autonomy. Along the process, he becomes more and more able to make his own choices without being subjugated by the "look" of others: Less and less does he look to others for approval or disapproval; for standards to live by; for decisions and choices.

He recognizes that it rests within himself to choose; that the only question which matters is, "Am I living in a way which is deeply satisfying to me, and which truly expresses me?" This I think is perhaps *the* most important question for the creative individual. (Rogers, 1961a, p. 119)

Through the therapeutic process the client understands that he is the artifice of his existence, that he is responsible for his choices and for his being-in-the-world. He realizes that while he remains looking to outside in search for answers, nothing will change. Nobody will be able to make the change by him because it is in his own hands the key to open the sacred temple of his Being. However, if the therapist lives to please others and does not assume the responsibility for her being-in-the-world how will she be able to promote the development of the client's autonomy?

## **The Consciousness Of Being**

This process of looking to his own self, abandoning the masks; and undertaking the responsibility of his own choices, leads to a state of consciousness of Being. The experience of surrender in the therapeutic relationship leads the individual to a painful journey through the external layers of his consciousness until reaching his true essence, or Inner Self (Bowen, 1987). Letting go of his masks and delusions and facing his incongruences, the individual touches his center. In contact with his essence, he feels himself as a whole person, integrated within the universe that accepts him amorously like a drop in the ocean.

Few therapists have achieved this state of consciousness of Being; and therefore many consider that to be a therapist in this way is impossible;

... for wanting to be this kind of therapist would be like wanting to be God. However, to be a client-centered therapist, quite the opposite, is to be human, in its essence. This is the mystery of unveiling oneself as a human being and helping the persons, instead of searching for the control over them. (Freire & Tambara, 1999, p. 182)

## **When The Therapist Makes The Therapeutic Process Difficult**

If the therapist hasn't enough openness to experience, the therapeutic change can be made difficult by her attitudes in the relationship with the client. The therapist can perceive the client's process as personally "threatening" if there are common elements between her own experiences from which she attempts to defend herself and the client's experiences. Thus, the therapist can interfere in the client's process, obstructing his movement towards therapeutic change. There are several ways that a therapist contributes to making the client's therapeutic process difficult.

### **Through Tutelary Attitudes**

Tutelary attitudes arise when the therapist doesn't trust enough in the client's growth forces. Thus, she puts herself on a stance of authority in the relationship suggesting or indicating to the client which paths to take or which choices to make. Tutelary attitudes also appear on subtle ways, when for instance, before the client's confusion the therapist attempts to enlighten; before the client's feeling of impotence the therapist encourages; before the pain the therapist comforts; or before the feeling of fragility the therapist tries to protect.

### **Avoiding Experiences That Are Threatening To The Therapist:**

Rogers (1961c) says that the therapist can feel threatened by the client's process and "shrink away" within herself, becoming limited in the ability to help:

I would like to go with him on the fearful journey into himself, into the buried fear, and hate, and love which he has never been able to let flow in him. I recognize that this is a very human and unpredictable journey for

me, as well as for him, and that I may, without even knowing my fear, shrink away within myself, from some of the feelings he discovers. To this extent I know I will be limited in my ability to help him. (Rogers, 1961c, p. 42)

The therapist shrinks away when clients' experiences resonate with their own denied and distorted experiences. When clients bring experiences to the therapeutic relationship that threaten the therapist, the therapist blocks the client process because she is no longer able to listen nor understand. She instead proceeds to direct by focusing upon issues or feelings over which she maintains greater confidence or control: The therapist leads the client's process towards aspects of his experience about which the therapist feels more secure. In other words, the therapist becomes selective in her willingness to listen, feel and understand within the client's experience.

Being open to one's organismic experience in a congruent way is indispensable for avoiding blocking clients' therapeutic processing. Says Pörtner,

To approach the basic client-centered attitude, two things have to be trained: accurate listening and entering the world of the client on one hand, on the other the awareness of one's own impulses, feelings and reactions. Both are equally important, and the crucial thing is to learn to discern one from the other. This is the foundation of congruence. (Pörtner, 1994, p. 80)

Furthermore, Pörtner views the achievement of a congruent attitude to require a continuous effort on the part of the therapist.

Congruence, this crucial element in client-centered psychotherapy is highly demanding for therapists. Congruence is not an external way of behavior which can be learned like a technique, but an inner attitude which can only be achieved and kept alive through continually working with oneself. (Pörtner, 1994, p. 70)

## **The Development Of The Therapist**

Client-centered therapy is partly an art. The experiencing of the attitudes of congruence, unconditional positive regard and empathic understanding cannot be achieved solely through a theoretical or intellectual apprenticeship. These attitudes are not merely techniques that the therapist learns to use through training. To be sensitive and receptive to the client's feelings and experiential process, as well as to her own, is an art that cannot be learned as if it were just a technique. Says Prouty, "It is an art. I am uncomfortable with reductionistic interpretation of empathy just calling it listening technique, with calling it a skill, because it really does involve a whole person behind the technique. It is like playing a harp." (In Pörtner, 1994, p. 54).

The facilitative attitudes need to be experienced in a genuine, authentic, sincere, and spontaneous way. Bozarth states that the therapist is "the instrument" (In Pörtner, 1994, p. 34). Lee also states that the quality of the therapist's "being" is the sole instrument used in

client-centered therapy: "I use me, for example, who I truly am, as a skill" (In Pörtner, 1994, p.33). As an artist, the therapist needs to improve and develop her "talent", learning how to use her sensitivity and intuition adequately in the therapeutic relationship. Pörtner (1994) compares the therapist's apprenticeship with the way as a musician learns to play her instrument-- needing the same discipline of attention and patience. "[A] violin will only sound beautiful if the person playing it had patiently practiced handling the bow. But that which makes the music is far more than handling the bow" (Pörtner, 1994, p. 36). Thus, due the fact that the therapist is herself her instrument of work, due the fact that the techniques and the acquired knowledge are not enough to guarantee the quality of her work, self-development is the greatest requirement of a client-centered therapist. One of Rogers' students remarked that other therapies allow you to "...shape tools, pick them up for use when you will. But when genuine acceptance and permissiveness are your tools it requires nothing less than the whole complete personality. And to grow oneself is the most demanding of all" (Rogers, 1946, p. 420).

Some of the stages critical to the therapists development of sensitivity, self-knowledge, self-trust and trusting more and more fully in the client's growth forces can be identified as follows.

### **Not Blocking The Client's Process**

The first basic learning in the therapist's development is that of not making the client's process difficult. As stated above, when the therapist has not achieved enough self-knowledge, she can feel threatened by the client's feelings or experiences which mobilize her own unsymbolized experiences. So as to defend herself from this threat, the therapist is driven to block the client's process-- whether through tutelary attitudes, avoidance or denial, becoming selectively "blind and deaf" to client's experiences, or through conducting the client's process towards directions on which the therapist feels more confident. Therefore, when the therapist is in this initial developmental step, the audio-recording of sessions constitutes a worthwhile tool to help her apprenticeship. At this stage, the therapist needs to listen to the recording in order to perceive her difficulties with greater clarity. For instance, when and how she is tutelary? When does she deviate or avoid aspects of the client's process? Under what conditions or regarding what issues does she direct the client?

### **Understanding The Client's Movement And Ones Own Movement Within The Relationship**

As the therapist learns how to not block the client's process she grows in a yet deeper and more subtle ability to be therapeutic. When the therapist can allow the client the freedom and responsibility for conducting the session, deeper levels of client as well as self understanding are opened. Now, in the absence of experienced threat, the therapist can perceive the internal world of the client as if she were in his place (empathic understanding). She can simultaneously openly perceive her own feelings within the relationship. Lietaer considers that this basic attitude of "openness" towards both self and client is the proper foundation for the attitudes of acceptance and congruence:

As a matter of fact, congruence and acceptance are thought to be closely related to one another; they are parts of a more basic

attitude of 'openness': openness toward myself (congruence) and openness toward the other (unconditional acceptance). The more I accept myself and am able to be present in a comfortable way with everything that bubbles up in me, without fear or defense, the more I can be receptive to everything that lives in my client. Without this openness, without this acceptance, it is not possible to let the experience of my client unfold, to let it come to live fully. (Lietaer, 1984, p. 44)

In other words, the non-defensive therapist who is open to experience becomes receptive to everything which arises in the relationship. This openness allows her to accept and to empathically understand both the client's internal world and her own experiences in the relationship with the client.

### **Developing Her Own "Way Of Being" As Therapist**

The therapist's "way of being" can only be learned after the therapist can allow the client to direct the process and can blend with the movement of the client. As in Pörtner's violinist metaphor, the violinist first learns how to "take the sound" of the violin in order to be able to compose and create her own melodies. This apprenticeship of holding the bow, finding the notes and making them vibrate with suavity and beauty demands patient discipline and dedicated effort. Only after such basic but necessary apprenticeship is the violinist able to use her instrument with total freedom and creativity. Therefore, the therapist also needs first of all to understand herself and to be open to the experience of the relationship in order to achieve the freedom and confidence necessary to develop her own "way" of being therapist.

### **The Experience Of The "True Encounter" With The Client**

The last stage in the therapist's development is the capacity of experiencing with the client a true I-Thou relationship in the sense described by Buber (1977). It is the experience of this true Encounter, the experience of the "complete unity, singleness, fullness of experiencing in the relationship" (Rogers, 1955, p. 268) which constitutes the essence of the therapeutic relationship. This is the "healing" experience of psychotherapy. This is the apex - the culmination of the therapeutic process. Thus the therapist's development culminates with the ability for experiencing I-Thou relationships.

Rogers (1980, p.129) describes his experience of such true Encounters as moments in which it seems as though his "inner spirit has reached out and touched the inner spirit of the other...." Rogers relates that in these moments he is relaxed and in a slightly altered state of consciousness which allows him to be in contact with the transcendental core of him with his intuitive self. He considers these moments as his point of excellence as facilitator. "Our relationship transcends itself and becomes a part of something larger. Profound growth and healing energy are present" (Rogers, 1980, p. 129). Thus the therapist's development flows in the direction of increasing openness to experience of self and other in the relationship such that her mere presence becomes healing. Being a client-centered therapist therefore demands of the therapist her total person:

Here it seems to me is the crux point. 'Narrow is the gate and hard the path from here on. No one else can give satisfying answers . . . for here is demanded of you what no other person can do or point out – and that is to rigorously scrutinize yourself and your attitudes towards others. (Rogers, 1946, p. 420)

## REFERENCES

- Bowen, M. (1987). Espiritualidade e abordagem centrada na pessoa: interconexão no universo e na psicoterapia. In A. Santos, C. Rogers, & M. Bowen (Eds.), *Quando fala o coração: a essência da psicoterapia centrada na pessoa*. (pp. 86-122) Porto Alegre: Artes Médicas.
- Bozarth, J. (1998). *Person-centered therapy: A revolutionary paradigm*. Ross-on-Wye: PCCS Books.
- Buber, M. (1977). *Eu e tu*. São Paulo: Cortez & Moraes.
- Freire, E. and Tambara, N. (1999). *Terapia centrada no cliente: um caminho sem volta*. Porto Alegre: Delphos.
- Lictaer, G. (1984). Unconditional positive regard: a controversial basic attitude in client-centered therapy. In R. Levant e J. Shlien (Eds.), *Client-centered therapy and the person-centered approach: New directions in theory: research, and practice*. (pp. 41-58) New York: Praeger.
- Portner, M. (1994). *Client-centered psychotherapy: Dialogues with therapists*. English version edited by Allan Turner, Stuttgart: Klett-Cotta.
- Rogers, C.R. (1942). *Counseling and psychotherapy*. Boston: Houghton-Mifflin.
- Rogers, C.R. (1946). Significant aspects of client-centered therapy. *The American Psychologist*, 1, 415-422.
- Rogers, C.R. (1955). Persons or science? A philosophical question. *The American Psychologist*, 10, 267-278.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.
- Rogers, C. R. (1961a). What it means to become a person. In C. R. Rogers, *On becoming a person* (pp. 107-124). Boston: Houghton Mifflin.
- Rogers, C.R. (1961b). A process conception of psychotherapy. In C. R. Rogers, *On becoming a person*. (pp. 125-159) Boston: Houghton Mifflin.
- Rogers, C.R. (1961c). The process equation of psychotherapy. *American Journal of Psychotherapy*, 15, 27-45.
- Rogers, C.R. (1977). *Carl Rogers on personal power: Inner strength and its revolutionary impact*. New York: Delacorte.
- Rogers, C.R. (1980). *A way of being*. Boston: Houghton Mifflin.

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