

PERFECTING THE THERAPEUTIC ATTITUDES: CLIENT-CENTERED THERAPY AS A SPIRITUAL DISCIPLINE

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The goal has to be within myself, with the way I am.
—Carl Rogers

Remember that all our failures are ultimately failures in love. Imperfect love must not be condemned and rejected, but made perfect. The way is always forward, never back.
—Iris Murdoch

INTRODUCTION

While most client-centered and person-centered therapists believe in the actualizing tendency or accept it as a working hypothesis (Bozarth & Brodley, 1991; Rogers, 1959b), a coherent rationale for the practice of client-centered therapy does not require the idea (Grant, 1986, 1990). This paper introduces the idea of client-centered therapy as a spiritual discipline: a way of looking at the personal development of the client-centered therapist based on the values and attitudes of client-centered therapy – empathy, acceptance, respect, responsiveness (Brodley, 1994), sincerity or congruence (Frankel, 1988), and nondirectiveness (Brodley 1994; Grant, 1990) – but not on the actualizing tendency. The central idea of the paper is that if one doesn't accept the concept of an actualizing tendency and if one wants to become a better client-centered therapist, then one must actively work to develop the attitudes in oneself.

THE ATTITUDE AND ORIENTATION OF THE THERAPIST

In the "Attitude and Orientation of the Counselor" chapter of *Client-Centered Therapy*, Rogers (1951) describes the fundamental attitudes and values of the client-centered therapist. These are in summary: a belief in the inherent dignity and worth of all individuals, respect for individuals, a belief in persons' rights and capacity for self-determination, and the absence of a desire to dominate others and impose one's beliefs and values on others.

Rogers argues that one cannot be an effective client-centered therapist unless these attitudes are "deeply imbedded in [one's] personal organization." He writes,

the counselor who is effective in client-centered therapy holds a coherent and developing set of attitudes deeply imbedded in his personal organization, a system of attitudes

which is implemented by techniques and methods consistent with it. . . . The development of the way of looking upon people which underlies this therapy is a continuing process, closely related to the therapist's own struggle for personal growth and integration. He can be only as "nondirective" as he has achieved respect for others in his own personality organization. (Rogers, 1951, pp. 19-21)

By "attitude" Rogers means "disposition," from *Webster's*, "the prevailing aspect of one's nature." An attitude is a deep tendency towards a certain way of thinking, feeling, acting, and perceiving that shapes one's experience and actions. One's "operative philosophy," "personality organization," "values," and beliefs constitute one's attitudes. The idea that the practice of client-centered therapy is the living out of certain attitudes, not the administration of a method or a treatment, is one of Rogers's great contributions to psychology. The idea is basic Rogers, basic client-centered therapy (cf. Brodley, 1991).

CLIENT-CENTERED THERAPY AS A SPIRITUAL DISCIPLINE

If we subscribe to the fundamental values and attitudes of client-centered therapy, and if we agree with Rogers that the practice of client-centered therapy is rooted in one's attitudes, and if we see a distance between the extent to which the client-centered attitudes are part of us and the extent to which we want them to be part of us, we may ask: How does one make the attitudes a deeper part of oneself? How does one change oneself so that one will more often respond to others with acceptance, empathy, respect, sincerity, and humility? Client-centered therapy becomes a spiritual discipline when a practitioner addresses this question.

It becomes a spiritual practice in that it has to do with self-perfection. It becomes a discipline in that it involves training and activity that develop character. Client-centered therapy as a spiritual discipline is a training and an activity that has to do with the self-perfection of the therapist in the attitudes. Of course, it also has to do with helping people, and in all other ways it is identical to client-centered therapy as described by Rogers (1951, 1959a).

ROGERS AND DISCIPLINE

Rogers would find this austere view of client-centered therapy rigid and dogmatic. Late in his life (Baldwin, 1987), he described what he considered to be the preparation needed to become a person-centered therapist. He said that training is not necessary ("I know some very good person-centered therapists who have had no training at all!" p. 51); breadth of learning, life experience, and the experience of the person-centered approach in a group or individual therapy may help; and that "the beginning therapist [should] do whatever he wants in therapy, provided that he records the sessions and listens to them afterwards" (p. 51). This latter point echoes a statement Rogers (1951) made many years earlier:

The first step in training client-centered therapists has been to drop all concern as to the orientation with which the student will emerge. The basic attitude must be genuine. If [the student's] genuine attitudes lead him in the direction of some other orientation, well and good. . . the present point of view is that no student can or should be trained to become a client-centered therapist. . . . It is far more important that he be true to his own experience than that he should coincide with any known therapeutic orientation. (pp. 432-433)

Rogers, so far as I have read him, never wanted people to become a particular kind of therapist and never advocated people disciplining themselves in the attitudes. For him, client-centered therapy is one effective way of helping people that suits some, but not all therapists. He believed in people finding their own way as therapists and as persons. Rogers wrote: "The person who is

able to *openly* be himself at that moment, as he is at the deepest level he is able to be is the effective therapist. Perhaps nothing else is of any importance" (Rogers, 1976/1967, p. 189). Twenty years later, he made a similar point "There is one best school of therapy. It is the school of therapy you develop for yourself based on a continuing critical examination of the effects of your way of being in the relationship" (Rogers 1986, p. 135).

Rogers held the seemingly paradoxical position that client-centered therapy is rooted in attitudes and beliefs (which he passionately valued and advocated for at least the last 45 years of his life) and that client-centered therapists should not be trained and that it is a matter of indifference whether anyone becomes a client-centered therapist. What makes sense of this position is of course Rogers's theory of personality development.

Rogers believed that there is a formative tendency in the universe, a creative process toward order and harmonious functioning. This positive directional process is manifested in living beings as their sole motivational force, an actualizing tendency "toward constructive fulfillment of... inherent possibilities" (Rogers 1980, p. 117). Every human organism is driven by this innate and ubiquitous actualizing force. The process of actualizing oneself is not chosen from one of many life projects. It is not a matter of choice. It is the one and only inescapable motivating force in life. The process has no particular goal, but has a character and a positive direction.

Therapists, then, learn to be therapists in the same way as clients become more self-actualized, by learning who they are. As therapists actualize themselves and become more fully-functioning persons, they creatively, openly, and empathically, find their own ways of working effectively with clients. Fully functioning persons "discover to an ever-increasing degree that if they are open to their experience, doing what 'feels right' proves to be a competent and trustworthy guide to behavior which is truly satisfying" (Rogers, 1961, p. 189). Guided by one's authentic experience and by an examination of the effects of one's actions one finds one's own orientation, which may or may not be client-centered. If one accepts Rogers theory of personality, then it makes sense to be indifferent to becoming a particular sort of therapist and person, and to trust that any practice that is genuine and critically examined will be good.

ETHICS, NOT ACTUALIZATION

If one doesn't accept Rogers's theory or his metaphysics of growth or his positive view of people, and if one values Rogers for some of the values he held and the practice he created, and not for his theory or research, then trusting oneself and doing what feels right and paying attention to the effects of one's actions is *not* an acceptable guide to doing therapy. If one believes instead that therapy is the enactment of moral values (e.g., Grant, 1985; London, 1964), and if one wants to become a better therapist, then what one ought to do is not to become oneself, but to develop a conception of who one ought to be and transform oneself. What should enrich the practice of psychotherapy is not more congenial ways of doing therapy, more powerful techniques, new theories, or more sophisticated research, but ways of deepening our appreciation and understanding of the moral core of client-centered therapy and changing ourselves so that we can better live it out. We become better therapists, in part, by becoming the sort of person who "naturally" acts rightly in a wide range of situations, who is spontaneously empathic, accepting, and responsive, and who works through problems in therapy from within the attitudes. Before one trusts one's feelings as a guide to action, one should first become the sort of person whose feelings can be trusted.

DISCIPLINE

The practice of client-centered therapy as a spiritual discipline is a self-directed process of making oneself in the image of one's personality ideal. One practices this discipline to become, not who one is, but who one thinks one ought to be. Becoming a better client-centered therapist requires: a clear picture of who one wants to be, that is, an understanding of the attitudes and of their implementation; and experience and practices that make the attitudes deeply and fundamentally part of one's being.

Developing an Understanding of the Attitudes

The development of the practice of client-centered therapy and of client-centered therapy as a spiritual discipline begins with thinking with and through the basic attitudes and orientation of client-centered therapy. One believes that everyone has dignity and worth and a right to self-determination, and one wants to bring one's nature, one's inclinations more into accord with these ideas. What does it mean to respect others? What is a right to self-determination? What does it mean that people have dignity and worth? It's necessary to acquire an intellectual understanding of these concepts.

An understanding of the values and attitudes of client-centered therapy provides a standard, model, or goal—something beyond oneself that one aspires to attain. One can use this standard or ideal to check the trustworthiness of feelings and intuitions. One asks: Am I becoming the particular sort of person I have concluded that I should be? Is my action in accord with this ideal? Not: Am I in touch with myself? Does it feel real?

The standard changes as one's practice deepens and one's development progresses. Its definition at any point is a matter of interpretation. There are many accounts of the meanings of a right to self-determination, human dignity, and the worth of persons in philosophical, religious, and of course, person-centered literature. One honestly and fearlessly takes on responsibility to reach a conclusion as best one can.

As one seeks an understanding of these ideas and of how to implement them, one looks for connections to similar ideas and broader contexts. For example, Van Belle (1980) helps us to see the therapeutic attitudes as an extension of political liberalism. Rogers himself used a phrase to sum up the attitudes and orientation of the client-centered therapist, non-possessive love. Others have spoken of client-centered therapy as essentially being about love (Brazier, 1993; Mearns & Thorne, 1988). Compassion and loving kindness live in the same territory of ideas as respect for others, an absence of a desire to dominate, and a belief in the worth of every individual. Once we have these ideas in hand, we can turn to readings in religion, philosophy, and literature that can help us deepen our understanding of them. Iris Murdoch, Simone Weil, and Buddhism have helped me most. The result of engaging these ideas is a philosophy of life and a personality ideal rooted in the attitudes Rogers described and informed by ideas from outside of person-centered literature.

Transforming Oneself

Developing and applying a standard is an intellectual process that can result in deep changes in oneself. There are also practices and experiences that have the potential for helping one become more accepting, more empathic, more attentive, more loving, more selfless.

Rogers (1951) speculated that someone who has basic feelings of self-respect and self-worth is the likely sort of person to hold a client-centered philosophy. He suggests that there may be a variety of ways of gaining self-respect, and he specifically mentions therapy. Another possibility is that one becomes a client-centered therapist or a more developed client-centered therapist by overcoming the idea that one is or has a self. One then develops the client-centered attitudes as

forms of humility, seeking to become more humble, emptier, more attentive to what is outside of us. Simone Weil (1973) writes:

The love of our neighbor in all its fullness simply means being able to say to him: "What are you going through? . . . This way of looking is first of all attentive. The soul empties itself of all its own contents in order to receive into itself the being it is looking at, just as he is, in all his truth. (p. 115)

Practices drawn from Buddhism, Christianity, and other religions, such as Zen meditation and loving-kindness meditation (KHEMA, 1987), and from modern transpersonal and transformational psychologies (e.g., Assagioli's (1965) psychosynthesis) can be borrowed or adapted to serve the student of client-centered therapy in the process of developing the attitudes.

WHAT ABOUT THE CLIENT?

Rogers based his practice on values and on the idea of actualization. He had a theory about how people become anxious and unhappy and out of sorts with themselves, and how therapy helps them to move past these feelings and actualize themselves. The idea of client-centered therapy as a spiritual discipline is not based on the idea of actualization, but on moral values. It has no explanation for why it might "work" and has hardly anything to say about what people are like (we suffer; that's one thing about us). Rogers said that in a therapy session, "The goal has to be within myself, with the way I am." This is true outside of therapy. It is only ourselves that we can have ideas about and try to change. There is almost nothing to say about clients, even the ones we know, and little (not no) reason to think about what someone is like. (The novelist Paul Auster speaks of the "the vanity of trying to say anything about anyone.") Client-centered therapy is a way of serving others that does not require assumptions about human nature and what people need.

We do therapy and try to change, for ourselves, and presumably for others, for clients. But who knows why we do it? We do it. One finds oneself in a place and goes on from there. Masson (Beneke, 1990) said that before he thought there was no good reason for doing therapy, he thought the only good reason for doing it was out of an overflow of kindness. That's one possibility.

CONCLUSION

Client-centered therapy is very hard to do. Impossible really. Simone Weil (1973) writes, "The capacity to give one's attention to a sufferer is a very rare and difficult thing. . . it is a miracle" (p. 114). It is impossible to give full attention to anyone, suffering or not, and to respond to that person to try to understand without wanting anything from the encounter. To attend, just because one faces another person, to enjoy that person, to want nothing. It's impossible. But it's what we are trying to do. The only hope we have of doing the impossible is to become someone, who, embraces, the impossible.

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