

Person-Centered Therapists Describe the Counselor's Self

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Abstract

The therapist's contribution is crucial to therapeutic progress in person-centered therapy. Although Carl Rogers (1951) established the personhood of the therapist as a central element in client change, there is a paucity of research in how person-centered therapists describe and experience the self they bring to therapy. In the research described here, person-centered therapists were interviewed and asked to describe the self they bring to therapy and how they might use this self in therapeutic work. Therapists described the self that they bring to therapy as a central entity that plays an important role in the therapeutic alliance. Rogers' view that the personhood of the therapist is a key part of the therapeutic endeavour is confirmed in this study. The various ways that therapists might use their self, particularly when building relationships and connecting with clients, is also described in the present study.

Person-Centered Therapists Describe the Counselor's Self

From the beginning of the development of person-centered therapy, Rogers recognized the importance of the person of the therapist as vital to the therapeutic process (Rogers, 1951, 1957). Rather than stress technical skills or theoretical knowledge, the emphasis within person-centered therapy was on the attitudes and qualities of the therapist, including: (a) being genuine and congruent, (b) demonstrating empathy or understanding, and finally, (c) respecting and valuing the client as a person with the ability to self-direct (Meador & Rogers, 1984). If the client is able to recognize these therapist

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qualities, the client will engage in the process of positive change (Meador & Rogers, 1984). Thus, the self or personhood of the therapist is essential to the model of change established by Rogers and is the focus of this paper.

Theoretical framework

Discussions on the self of the counselor need to take into account how the concept of self is used in person-centered therapy. Early in his career, Rogers defined the self as:

the organized, consistent conceptual gestalt composed of perceptions of the characteristics of the 'I' or 'me' and the perceptions of the relationships of the 'I' or 'me' to others and to various aspects of life, together with the values attached to these perceptions. It is a gestalt which is available to awareness though not necessarily in awareness. It is a fluid and changing gestalt, a process, but at any given moment it is a specific entity (Rogers, 1959, p.200).

This definition of self has direct implications for how therapists might perceive and experience the self in therapy. First, the self can be pinned down at any given moment, in terms of an individual's self-representations or self-concept as characterized by the *I* or *me*. Simultaneously however, the self is constantly in a process of development and full of possibilities, rather than a fixed and fully formed structure or substance. The importance of one's inter-personal environment is also highlighted as this concept of self includes an individual's interpretations of how others might perceive him or herself.

Critics of Rogers' theory of self (for example, Holdstock, 1993, 1996; Smith, 2001) argue that this model of self emphasizes internal factors and overlooks sociological elements. For instance, Holdstock (1993, 1996) argues that Rogers' view of self is focused exclusively on the individual, or what he refers to as an "individuocentric approach" (Holdstock, 1993, p.45). Holdstock (1996, p.399) clarifies his argument by stating "others are attributed a secondary and not a primary role in the life of the individual." Rogers's view of the self, like Maslow's (1971) notion of self-actualization, is essentially a westernized view of the self, which contrasts with the interdependent model of self found in many non-western cultures (Holdstock, 1996). Similarly, even though the relationship between the client and therapist is emphasized, Smith (2001) argues that the primary goal of person-centered therapy is the actualization of the lone individual, and not the individual in relationship to others.

The criticism that Rogers' (1959) original self theory is overly focused on the individual has been effectively combated by recent

developments that emphasize two points: first, the configurations of self and second, the inter-relational notion of self. In the first instance, recent developments have considered a multifaceted view of self, that is, a self made up of various “subselves” (Gaylin, 1994) or “configurations” (Mearns, 2002; Mearns & Thorne, 2000). The context and presence of others will dictate, to some extent, what aspects of self are shown or revealed. Thus, different parts of self will stand out as defining features at different times and with different people. Implicit in this argument is the influence of past and current relationships on self, further underlying the evolving nature of self that shifts with different environments and people. For a therapist, ideally, all of these various “configurations” or “subselves” will be congruent and honest whilst working with clients.

Greenberg and Rice (1997) observe a shift in emphasis from the traditional view of self as an active agent motivated by the actualizing tendency toward growth, to a greater awareness of the self as an interpersonal phenomenon. This change can be identified in Rogers’ later writing (1980) in which he acknowledges the importance of others in shaping and defining the self (as highlighted by Bohart, 1995; Schmid, 2001a, 2001b). Here the counselor’s self is characterized as being relational, and existing *person to person*. Accordingly, the self changes with each interaction, and becomes an individual’s “developing self-concept” (Rogers, 1980). In reference to therapists, this means that the self brought to therapy is formed and shaped, in part, by the client-therapist interaction.

The movement from an individualistic to a relational self is mirrored also in the way the concept of empathy has changed in the person-centered literature and demonstrates the different ways the therapist’s self might be positioned in relation to the client. In the following quote, for example, taken from an early period of his career, Rogers emphasizes a certain degree of objectivity, when describing empathy as a process in which the therapist

senses the client’s private world as if it were your own, but without ever losing the ‘as if’ quality – this is empathy, and this seems essential to therapy. To sense the client’s anger, fear, or confusion as if it were your own yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe (Rogers, 1957, p.226).

Throughout this process, the boundary between the self of the therapist and the self of the client is maintained. For instance,

where the therapist endeavours to keep himself out, as a separate person, and where his whole endeavour is to understand the other so completely that he becomes almost an alter ego of the client,

personal distortions and maladjustment are much less likely to occur (Rogers, 1951, p.42).

However, in more recent times, the concept of empathy has been considered less as “looking in from the outside” and more as a transpersonal process between two people (Cameron, 2001; Hart, 1999). Hart (1999, p.119) for instance, notes this change in Rogers’ writing on empathy over time from an “as if” quality to the therapist entering “deeply into the client’s world, [so that] he or she experiences becoming the other and forming one *merged* self” (added emphasis). Cameron (2001) has described how a therapist might experience the client’s emotions within his or her self, again illustrating a transpersonal notion of self in therapy that is neither the therapist’s nor the client’s self, but rather a merging between the two.

This positioning of the therapist’s self in relation to the client is also current when describing the concept of the therapist’s ‘personal presence’. Geller and Greenberg (2002) explored the concept of presence in an interviewbased study with seven experienced therapists. One way in which these therapists described their experience of presence was by ‘inwardly attending’ (p.79) to themselves, experienced by therapists in the form of images, visions, intuition, guiding voices, emotions and bodily sensations. Additionally, therapists described ‘extending’ their ‘selves’ and ‘boundaries’ to the client, so that they were able to become fully immersed and absorbed in the experience of the client and the moment. The duality of being grounded in one’s self, while at the same time receptively taking in the fullness of the client’s experience was reported in this study, similar to Schmid’s (2002, p.68) description of therapy as ‘the dialectic connectedness of communicative relatedness and individual development’.

Intimately related to the therapist’s presence is the concept of genuineness and congruence. Congruence refers to an individual being aware of what he or she is experiencing inside and translating this into his or her behaviour. Counselors need to be themselves, and to be aware of who they are, and how they are feeling and thinking while with a client. Person-centered therapists are encouraged to be open and accepting of their selves and their immediate experience of working with their clients, rather than blocking, denying or otherwise avoiding their internal experiences. The therapist needs to “encounter his client directly, meeting him person to person. He is being himself, not denying himself” (Rogers, 1966, p.185) as well as “freely and deeply himself, with his actual experience accurately represented by his awareness of himself” (Rogers, 1957, p. 224). This means that the therapist needs to be open, honest, genuine and accepting.

As well as the different ways a therapist might position his or her self in relation to the client, a common way that person-centered therapists have reported involving aspects of themselves during therapy is through disclosure. There appears much debate as to whether the therapist's internal experiences should be verbally expressed to the client (Brodley, 2001; Mearns & Thorne, 1996; Tudor & Worrall, 1994; Wyatt, 2001). Rogers (1959; Rogers & Stevens, 1967) suggested that counselor expression of congruence depended on the relevance and appropriateness of the experience in therapy. Wyatt (2001) argued that counselors need to do more than *practise* person-centered therapy; they need to *be* person-centered therapists. Rather than stress specific counseling techniques, Wyatt (2001) encourages a quality of relating in which guidelines for therapist self-disclosure are dependent on the counselor, the client, and the quality of the therapeutic relationship. Consequently, therapists' expression of their individuality reflects their selves and identities. This uniqueness means that the self each therapist brings to therapy will be different: thus, one approach may be appropriate for one therapist but not for another (Rogers & Stevens, 1967). What might be bizarre or unusual for one therapist is entirely appropriate and genuine for another (Wyatt, 2001).

There exist some person-centered studies on therapists' contribution to therapy. For example, as discussed previously, Geller (2001; Geller & Greenberg, 2002) asked therapists to describe their experience of presence during therapy (Geller 2001; Geller & Greenberg, 2002). Adomaitis (1992) interviewed nine experienced person-centered therapists, and reported on their experience of genuineness during therapy and behavioral correlates of genuineness. Barrett-Lennard (2003) developed a Relationship Inventory that aimed to measure the respective reactions of people within different types of relationships. Although not inclusive to the therapist-client relationship, one aspect of this inventory has been used to gauge therapists' experiences of their clients (Barrett-Lennard, 2003). In the main however, these studies investigated therapists' *experience* of the process of therapy, with less focus on what therapists bring of themselves to the therapeutic encounter and how this then becomes a part of therapy. In other words, previous studies focused predominately on what therapists did during therapy, rather than who they are. Both questions seem to me important and are interrelated, for I would argue that we cannot adequately explore what it is that therapists do in therapy, until we have some picture of what it is that they bring of themselves, as people and professionals. Consequently, given the paucity of person-centered research in this area and the concurrent theoretical emphasis on the person of the therapist, the aim of the present

study was first to identify how person-centered therapists described the self that they brought to therapy, and second, how they might then experience this self in their therapeutic work.

Methodology

Interviews were employed in this study as they have the potential to generate ideas that emerge from and are grounded in data (Strauss & Corbin, 1990). Interviewing has also been regarded as an appropriate methodology for gaining insights into nebulous and personalised concepts such as the *self* (Patton, 1990).

Participants were invited, through their professional associations, to participate in the study. Those indicating an interest were sent letters outlining some of the questions of the study. Of the sixteen therapists who elected to participate in the study, six reported person-centered therapy as their primary theoretical influence (these six are the focus of the present paper). Three of the six person-centered therapists were women and three were men; four were psychologists while two (both women) were social workers. Five had over ten years experience and the one remaining participant had more than five years experience.

Initially, each interview commenced with a short discussion about the general concept of self. Baumeister (1999) cautioned, "Most people use 'I' and 'self' many times each day, and so most people have a secure understanding of what the self is but articulating that understanding is not easy" (p.1). Overall, I wanted therapists to consider what it was that they brought with them, as *persons* to the therapeutic environment. As well as explicitly saying this I also referred to other terms found in the general literature. For instance, in addition to the terms *person* and *self*, the phrase, *who you are*, was also used at the beginning of the interview. The phrase *who you are* or *who I am* refers to the self that is known by the individual (Hattie, 1992). Furthermore, *who you are* and *what I am* are phrases used linguistically, in everyday discourse, when individuals want to describe themselves (Lakoff, 1997). The phrase, *who you are, as a counselor* was considered to be generally inviting for participants to elaborate about themselves and their personal experience as therapists. Consequently, after a general discussion on the concept of self each interview opened with the following:

This is a study about what you bring as a person to therapy. This involves who you are, as a therapist. The literature sometimes calls this concept the 'self' or 'person' of the counselor.

The interviews were open and semi-structured, and provided an opportunity for "ruminating, contradiction, resolution, revelation" (Mackay, as interviewed by Wilson, 2000, p.242). Minichiello, Aroni, Timewell and Alexander (1995) describe semi-structured interviews as a process that allows the researcher to ask questions about a central theme without being restricted by fixed wording or ordering of questions. Accordingly, questions asked were open-ended and allowed the participant to initiate topics and issues relevant to the area of the counselor's person or self. Data were then comparable between subjects because they are 'sampled by representativeness of concepts' (Strauss & Corbin, 1990, p.191), with the same sort of information being sought from each participant, even though the same questions were not asked in each interview.

The first series of questions related to describing the self that therapists brought to counseling (for example, "How would you describe the self that you bring to therapy?"), while the second series of questions focused on participants' involvement of self during therapy (for example "How is your self or person involved in counseling?"). After obtaining participant permission, each one to two hour interview was audio-taped.

Data were collected, analyzed and interpreted qualitatively. As this was an exploratory study constructs emerged directly from the data rather than being compared at this stage to other studies. Data analysis was undertaken in two parts: intra-interview analysis and then across-interview analysis. Intra-interview analysis occurred with each interview transcript, initially with codes made from different interview segments. Similar codes were then aggregated together to form a major theme or category (as outlined by Creswell, 2005). Internal validation of these categories was sought by referring back to the original statements to judge their adequacy (Lemon & Taylor, 1997). Each interview was read in this way, with each transcript forming an individual set of categories. Consequently, separate lists of categories were developed for each participant. Participants were then sent a transcript of their interview, a summary of what the researcher considered to be the central categories arising from their interview, and an invitation to clarify, change, modify, delete or otherwise change any parts of both. Based on participant feedback, changes were subsequently made to the individual lists of categories.

Across interview analysis was then undertaken by identifying categories shared across more than one participant. These categories had internal convergence as well as external divergence (Marshall & Rossman, 1999). This meant that each category had similar responses but was also distinctly differently from other categories so that significant overlap did not

occur (Guba, 1978). Differences across participants were also identified and unique themes noted. In this way shared and unique themes were grouped into broader categories.

Results

Results are considered in terms of the two research questions. How do person-centered therapists describe the self that they bring to therapy? How is the therapist's self then involved or used in therapy?

Question one:

WHAT IS THE SELF OR PERSON THAT YOU BRING TO THERAPY?

1. The self as a defining and multifaceted center
2. The self as flexible with a sense of consistency
3. The self as consisting of the therapist's inner experiences
4. The self includes the professional role

1. The self as a defining and multifaceted center

All participants described the self that they bring to therapy as central, defining, and unique. One representative comment, taken from one male participant is as follows.

. . . my self centres on my core motivating sense of who I believe I am and that's where I operate from... all of that is motivated by how I define my sense of self or what is made up of my self.

2. The self as flexible with a sense of consistency

According to participants, their core sense of self has evolved over time and with different people, and therefore, included their life experiences. Some especially emphasized this evolving aspect of self. One female therapist reported,

. . . your sense of self, it changes all the time, it alters. I mean your sense of self alters all the time. It grows and it develops and matures-- you know-- every minute of the day.

However, for these therapists, there also existed a sense of continuity and genuineness throughout each different encounter. For example, some

participants said that although they behave differently in social situations there exists a basic level of integrity or authenticity across each context. Another female therapist said,

I know the external things like how I speak, how much I disclose, how I present myself, they're certainly different, those external things are different, but at a deep down kind of psychological or spiritual level in the way I respond to people, I think that it is pretty much the same.

3. The self as consisting of the therapist's inner experiences

All participants referred to their inner experiences, including their feelings, thoughts, and physical reactions when describing the self they bring to therapy. Values and beliefs were also highlighted. One of the female therapists described this in the following way,

My feelings and my emotional and affective life are an essential part of the self that I take to my clients.

4. The self includes the professional role

All participants referred to their professional knowledge, experience and skills when describing their self. A male therapist said,

[It] includes my knowledge and theoretical basis as a professional therapist as well as my personal wisdom, values and beliefs.

In the main, participants described an ethical, professional aspect of self. Some described how they ensured that the self shown in therapy was useful and supportive. For example, one female therapist suggested, I have to be very careful because I know I have certain traits that I need to turn off when working with clients. There are bits of me I don't want the client to see. Therapists in this study were not saying that they showed only their professional knowledge and skills as they also described bringing their life experiences and affective reactions to the therapeutic environment (as outlined above). However, there is a sense that the self they presented to therapy was a useful, positive entity, even if the self outside of therapy was not always this way. For example, one female therapist said,

I know too that sometimes I feel that I give the best bits of my self to my clients... I can be kind and caring and patient... and then go home and tell my kids that I don't have time or I am too tired to help them with their reading... it's pretty crazy really.

A summary of the categories formed from participants' responses to the second research question is presented here, with subsequent representative comments. Many participants described the involvement of

self in terms of personal style and a way of doing things as well as in terms of using specific techniques. This meant that as well as using and involving the self in therapy in specific ways, their selves filtered through in many incidental ways for example, in how they communicated (their tone, non verbal communication), did things (patiently, caringly), and presented themselves (what they wore, pictures and photos on the wall, items on the desk and so on). In one way or another, all therapists described the inevitable presence of self, for example:

I'm always, you are always using the self, 'cause that's human and the way you work is you.

I suppose when it comes down to it, the person of the therapist... everything [including] our professional knowledge, has got to come through.

Question two:

HOW IS YOUR SELF USED OR INVOLVED IN THERAPY?

1. Relationship building
2. The application of theory and training into practice
3. Self disclosure
4. Providing a focus in therapy

1. Relationship building

The self that therapists brought to their clients served as an important way in which to find commonalities between client and therapist and build effective therapeutic relationships. Rather than a particular technique or strategy, most participants described a presence of self they felt while working with a client. For example, one female therapist reported,

. . . my level of empathy and compassion, I believe it comes out like through my body, through my gestures, through my face, through my voice, I think who I am comes out in many ways... however, I think that my empathy and compassion and my knowing comes out without me having to say or do anything.

This presence came through in three interrelated ways: first, when respecting clients; second, in how therapists understood and empathized with clients; and finally in the way therapists connected with clients. One female therapist said,

. . .I have an enormous amount of respect... I feel incredibly privileged to be in the position that I'm in... [and again, later in the interview] My self is important in demonstrating deep reverence, really respecting why the client is sitting here.

Using the self was an important way in which therapists understood clients and then built an effective therapeutic alliance. For example, one male therapist described his self as a point of reference when understanding and empathizing with clients.

Even, say with a pedophile, I need to be able to acknowledge and interpret his feelings of lust and drive, and I do this by acknowledging the times in the past when I too have had similar feelings... Not in relation to, say sexual deviances, but past times [when] I too have had feelings of really wanting something that I know I shouldn't... I need to use these experiences and feelings as a point of reference so that I am able to connect and work powerfully and deeply with the client.

In terms of connecting with clients, one female therapist stated,

. . .that's how you actually connect with the client too [the use of self], it's a bit of a funny thing, I don't know what it is, but it's almost like they [the client] know that you are human and you can connect and you can feel a deep connection... [say, for example] someone is describing the loss of their mother, never really acknowledging them in a way that they wanted... Of course it connects with me 'cause I had that, I mean most of us had that sort of stuff, so I've got to have those feelings too in a way.

2. The application of theory and training to practice

Three therapists described how the self was instrumental in the transformation of theory into practice. For example, one therapist said that although his training and orientation were primarily person-centered,

I think that you end up developing your own sort of framework and whether it is planned or it just happens by accident, I think for me it's more by accident, this is the way I work, that has developed over time and developed along with me.

Another male therapist said that at times his person or self were the primary motivators for the way he worked.

Sometimes [when I am working with a client] something comes out of my mouth, and I think, 'I wonder where that came from?' Certainly not from any theory... but more from me... I think that theory is important but [it] certainly does not totally dictate

everything that I do and say... sometimes I say something [to a client] that really says more about me, than any theory or strategy.

Therapists in this study did not reject the place of theory in their therapeutic work but rather stressed the primary influence of self when working with clients and how their selves might have an impact on how theory is implemented in practice.

3. Self disclosure

All six therapists talked about sharing themselves in therapy, though there were differences in what, how much, when and with whom, they might do this. Two female therapists described how they would disclose their immediate affective state to their clients, others described how they would provide factual information about themselves, including past experiences whilst one male therapist said that he would rarely disclose. Disclosure statements varied in intimacy. Some therapists describing highly personal disclosure statements, for example, one therapist reported disclosing her divorce experience with a client. Others disclosed less personally revealing information, for example saying how many children they had.

4. Providing a focus in therapy

One female therapist involved her self by directing the focus of therapy and initiating a specific topic or issue that she personally felt was important. This therapist had completed a diploma of leisure studies and was also involved in numerous leisure activities, consequently,

I think I am very much into the leisure sort of activities so I like to encourage people to look at their leisure time and value their leisure time 'cause it can have such a very positive impact. They may not consider it important but I like them to think about it, for a little while, even if they decide that it is not for them.

Discussion of Results

Participants description of the counselor's self as a defining core that emphasized each therapist's uniqueness and individuality, confirms Rogers representations (as interviewed by Baldwin, 1987) and previous research (Geller, 2001; Geller & Greenberg, 2002). The self of the counselor expressed each participant's experience and impression of his or her *me-ness*. Although a specific core was highlighted, this sense of self was not necessarily fixed as participants also described the self as flexible with the potential to change. Such a finding is consistent with Rogers's early theory

on the self (Rogers, 1951; 1959; 1961; 1971). The basic premise of Rogers's (1951) original self theory is that the organism is the locus of all experience and potentially includes everything available to awareness that is going on within it at any given moment. This and Rogers's subsequent focus (1971) on the "experiencing organism" resonates with participants' description of the self as intrapersonal and localized within the individual therapist but at the same allowing for historical and interpersonal experiences to impact on one's sense of self.

Although a singular and core sense of self is articulated, there appear to be different aspects of self to which therapists might have access. Although not specifically referring to "configurations" (Mearns, 2002) or "subselves" (Gaylin, 1994), participants express a general awareness that they have different aspects of self that they are able to access at different times and with different people. These aspects of self also incorporate therapists' inner experiences, including their thoughts, feelings, values and beliefs.

For participants in this study, their self had both professional and personal aspects, indicating that therapists acknowledge that they bring various elements of themselves to counseling, such as their life experiences and affective life, and not only what they have been taught as being appropriate as counselors. Many therapists stressed that the self they present to clients is useful and positive. Rogers (1957) had written that while it is neither possible nor necessary for a therapist to be "a paragon" of wholeness in every aspect of his or her life, it was nonetheless important that during therapy the therapist demonstrates a sense of congruency and genuineness. In a similar way, one female participant described being a better person in therapy than at home. It may be that therapists in the present study work hard at insuring that the self shown in therapy was congruent and useful, even if the self that exists outside of therapy is not always positive, robust, or even functional.

In this study, participants description of the self that they bring to therapy incorporates but is broader than the description of 'presence' as 'inward attending' articulated by the therapists interviewed by Geller (2001; Geller & Greenberg, 2002). The self that participants describe here includes their phenomenological processing but also includes values, beliefs and their professional identify. Such a finding suggests that therapists bring many and varied aspects of themselves in their work with clients and not only their moment to moment experiences.

One of the main ways in which the self was involved in therapy was when building relationships. The counselor's self was important in acknowledging respect for the client. One therapist described using his

personhood as a point of reference from which to listen and understand, a process that then enabled him to connect and work deeply with a client as another human being. Whilst he described his circumstances as being very different from that of his client (who in this case was a pedophile) he was able to find a 'point of reference' or a common meeting ground in which he was able to connect meaningfully with his client. Even in major differences he was able to find a point of commonality and a starting point from which to build a relationship. It seemed that therapists were able to use their individuality to reach out and build relationships, and to interpret and make sense of what was happening for their clients. The therapists interviewed by Geller and Greenberg (2002) reported a process of 'extending' and 'contracting' with clients, a process that is elaborated here, when therapists describe using their individuality, personal history, professional identity, values and beliefs and their resulting thoughts and feelings to demonstrate respect, connect with, understand and interpret what was happening for their clients.

One therapist described using her self, that is, her personal interests, to provide a focus in therapy. While many would argue that therapist directiveness is not an element of person-centered therapy, Leijssen (1998) suggests otherwise. Nonetheless, this therapist had her own agenda, namely for the client to pursue leisure activities, a value that she personally considered important and did not consider that this might interfere or contaminate the client's therapy.

On the whole, participants described the inevitable presence of self in therapy. The argument that the counselor's self is inevitable has been raised elsewhere (McConaughy, 1987; Reupert, 2006). While the focus of this paper is on person-centered therapists, the use of self is not necessarily a matter of theoretical orientation (McConaughy, 1987; Reupert, 2006). Additionally, Strupp (1978) suggests that not only do therapists initially choose an orientation best suited to his or her 'self' but that ultimately his or her techniques are modified and reintegrated into an individual style.

In the end, each therapist develops his or her own style and the 'theoretical orientation' fades into the background. What remains salient is a unique personality combining artistry and skill (Strupp, 1978, p. 317).

However, rather than focus on the inadvertent use of self, therapists in this study tended to concentrate on how they might *purposely* use themselves in positive and functional ways, particularly in the therapeutic alliance. They acknowledged that the self was an inevitable part of the therapeutic environment but concentrated instead on ways in which they

might conscientiously use their self to better work with clients. They are not only working at being honest, genuine and receptive, but they are also ensuring that the self that they present is useful to the client and his or her needs.

Self-disclosure was another major way in which therapists in the present study involved the counselor's self in therapy. A range of self-disclosing statements were identified from less to more intimate, similar to those found by Shadley's (1986) family therapy study. The personhood of the therapist was also important in transforming theory and training into practice for some therapists. Although these therapists did not dismiss or discredit the place of theory in their therapeutic work, they instead described how they transformed and personalized person-centered theory in their own way.

Summary and Conclusions

In summary, for the six therapists interviewed, the counselor's self was a unique and defining entity. Although common themes were identified, six unique selves were identified for each of the interviewed therapists. Accordingly, each therapist involved his or her self differently, again reflecting the individual style of each therapist. Therapists referred to their life experiences, thoughts, feelings, values and beliefs, as well as their professional role. This finding not only demonstrates their immediate presence in the therapeutic environment (Geller, 2001; Geller & Greenberg, 2002) but also indicates that they bring broader aspects of themselves, contextually and historically, in their work with clients. The functionality of self is stressed in this study, and the positive and purposeful ways in which therapists might use and involve their self, is shown, particularly when building relationships. While other studies have also highlighted the importance of the personal qualities of the therapist in the therapeutic alliance, the findings on this study elaborate on these discussions. Notions of duality are apparent throughout, for example, Geller and Greenberg (2002) describe the alliance in terms of therapist being grounded as well as open and receptive. In the present study, participants highlighted the singular and unique nature of the counselor's self and using this separateness to connect with and understand the self of the client. The self of the counselor was closely attuned with clients but was nonetheless separate and distinct.

The central role of the personhood of the therapist is confirmed in this study, indicating that a therapist's self is a valuable resource, particularly in the area of relationship building, that needs to be focused on in research,

training and supervision. Further studies are necessary to confirm this finding, with possible extensions investigating gender differences and comparing therapists across their professional careers, from novice to more experienced therapists.

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