CHAPTER 1

Person-Centered Practices

An Introduction

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The English-language concept of *person-centered* services dates at least to the early 20th century and emerged first in education. In a 1911 article in *The School Review*, teachers at the Washington Irving High School for Girls in New York City proclaimed, "We are to break away from the traditional type of a study-centered high school. We are a person-centered high school. The person is the one we are teaching. We are responsible for the success of the student."[1] A concept of "student-centered instruction" emerged in contrast to "teacher-" or "subject-focused learning"[2, 3] and persists in 21st-century education.[4, 5, 6, 7]

A *patient-centered* perspective followed in health care, particularly in nursing[8, 9, 10] and mental health.[11] Among early themes associated with patient-centered care were:

- Giving priority to the patient's interests and choices, a theme also found in the ancient Hippocratic Oath[12]
- *Empowering* people to take an active role in their health and wellness rather than passively relying on providers,[13, 14] a theme more recently termed *patient activation*[15, 16]
- *Individualized* rather than standardized treatment[17, 18]
- Attending to *psychological* aspects of medical care[19, 20]
- Emphasis on the *relationship* between patient and provider[21]

Within the field of counseling and psychotherapy, a person-centered approach (PCA) arose as a "third force" in response to two then-dominant perspectives on human nature—psychoanalysis and behaviorism—both

of which had viewed people as largely predetermined by nature and nurture (Chapter 2, this volume). A PCA, instead, emphasized personal freedom and an innate human tendency toward actualization.[22, 23, 24] This need not be an either/or matter. Genetic heritage and experience clearly do influence human behavior, but a PCA highlights choice as another important factor in determining what we do.[25, 26]

As with education, a PCA in counseling and psychotherapy emphasized the relationship between therapist and client.[27] Other theories of psychotherapy had regarded the therapist's knowledge and expertise as the source of healing, sometimes with clients in a passive recipient role. In classical psychoanalysis, the patient would lie on a couch while the therapist sat out of sight taking notes and performing analysis. John Watson,[28] a founder of behaviorism in psychology, famously boasted that he could "take any [infant] at random and train him to become any type of specialist I might select—doctor, lawyer, artist, merchant-chief, and, yes, even beggarman and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors." In contrast, Carl Rogers[29] stated as the central hypothesis of a PCA that "individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided" (p. 115). In recent years, this contrast has reemerged as the "great psychotherapy debate" regarding what makes therapy work: specific expert techniques or therapeutic relationship?[30] Evidence indicates that both contribute significantly.[31, 32]

Core Characteristics of a PCA

The extensive writings of Carl Rogers[27, 29, 33] provide a good starting point for considering core features of a PCA more generally. Rogers hypothesized a set of six "necessary and sufficient" conditions to foster constructive personality change through interpersonal relationship, of which three are most familiar as counselor attributes: empathy, acceptance, and genuineness.[34] Beneath and implicit in these three core conditions is the above-mentioned trust in people's ability to understand and resolve their own problems. The counselor is not an expert "fixer" who diagnoses and repairs broken people, but rather a companion who provides the conditions under which they can understand their situation and find resolution.

Rogers's three "core conditions" of empathy, acceptance, and genuineness have been studied through decades of psychotherapy research and have indeed been associated with beneficial outcomes.[35, 36, 37, 38, 39]

These are not personality characteristics, but specifiable, measurable, and learnable skills.

Empathy

One quintessential and complex attribute of a PCA is empathy. At one level, empathy is an inherent characteristic of human beings that normally develops during childhood—an ability to at least imagine what others are experiencing, to stand in another person's shoes and perceive what is happening from their perspective. There are developmental benefits to being able to envision what others are thinking, feeling, and planning to do. In games, sports, and many spheres of life, there is obvious value in being able to anticipate another person's intentions. Such "perspective taking" or "mentalizing" is necessary for empathy but is only a prerequisite.

A second element of empathy is *caring* about what others experience. It is possible to comprehend what others are experiencing but not care. An extreme example of this would be a torturer, who knows what pain their victims are experiencing but has no concern for it. In contrast to egocentrism, empathic people are interested in and curious about others' experience. Such compassion can be a powerful motivation to alleviate others' suffering and promote their well-being and is one reason why people enter helping professions.

Another possible dimension of empathy is shared emotional response, or *co-feeling*—partially experiencing or identifying with what others are feeling. Beyond cognitive perspective taking, empathy can involve an affective and even embodied resonance.[40] People are probably distributed on this aspect of co-feeling along something like a normal curve.[41] At the very high end are *empaths*, who not only experience what others are feeling but may have difficulty shutting it off.[42] At the opposite, very low end are those with little or no compassionate feeling for others, people who may be diagnosed as "narcissists" or "psychopaths." Most of us lie somewhere in between these two extremes.

In combination, these three aspects of perspective taking, caring, and co-feeling can be accompanied by various levels of *skill* in empathic understanding.[35, 43] Rogers termed this skill *accurate empathy*, an ability to correctly, even deeply, understand another's experience.[44] Developing accurate empathy requires more than guesswork. The skill that Rogers and his students refined has also been called *active listening* and involves communicating back to people your understanding of what they mean. This allows them to concur or clarify your discernment and to say more about what they are actually experiencing. The listener is focused intently on understanding the other person's experience. This is

different both from passive hearing—just listening quietly—and many "normal" conversations, which can consist of two people firing monologues at each other, with neither really listening to the other's thoughts or experiences.

Accurate empathy is specifiable and measurable. Trained observers can rate and agree on the extent to which a person is demonstrating this skill.[35, 45, 46] As a counselor characteristic, accurate empathy is a strong predictor of client outcomes in counseling and psychotherapy.[36, 39, 47]

The skill of accurate empathy illustrates how a PCA cannot be prescripted but involves responding in the moment to whatever someone is experiencing and communicating. As in improvisational theater, you cannot plan ahead what to say. This requires paying close attention to people's in-the-moment reactions and differentially responding to them.[48, 49]

Acceptance

Also in improvisational theater, one accepts and responds to whatever someone says. Therein is a second characteristic of Rogers's PCA: *acceptance*, or *unconditional positive regard*. Here, clients need not prove that they deserve to be respected and helped. There is a "come as you are" invitation: Whatever you experience is right. This is not to say that whatever someone *does* is acceptable: Behaviors that hurt others or oneself, for Rogers, can still be challenged. But a person's inner, *phenomenological* experiences—how they feel toward and perceive things—can never be wrong or bad. What we feel is what we feel: Acceptance means recognizing and affirming the inner world of others and ourselves.

With acceptance comes treatments that are nonstandardized: They are personalized to the individual's preferences.[50] We cannot know, a priori, what others want and need: Accepting them as they are means accepting the uniqueness of their particular ways of being. Likewise, a PCA relationship is essentially egalitarian. It is a nonhierarchical partnership in which the collaborators enjoy complementary status, worth, and power. A student or client is not an object to be acted upon and improved, but a subject to be engaged with. This is Buber's[51] *I–Thou* stance as opposed to an *I–It* objectification of the other. Both partners bring expertise and personhood to the relationship.[52] In this way, a PCA is empowering to clients. One connotation of *empower* is to give someone power or authority that they previously lacked. In a PCA, however, empowerment involves helping people realize and utilize what they already have: strengths, experience, virtues, and resources. In counseling and psychotherapy, client factors contribute about 30% of the variance in outcomes—far more than any other identified factor. A PCA

recognizes that "clients, not therapists, make therapy work"[53] and that the client's motivation, involvement, and hope for therapy are vital to positive outcomes.

In practice, unconditional acceptance can be experienced as interpersonal warmth, respect, sincerity, and safety. Carl Rogers regarded such "prizing" or positive regard for clients as a necessary condition for healing.[24, 54] Again, this is not a personality characteristic but a measurable skill that predicts client outcomes.[38, 55]

Genuineness

The third of Rogers's triad of core PCA characteristics is *genuineness*, or *authenticity*. When offering services, a helping professional is present as a real person rather than being concealed behind a role. Genuineness complements professional expertise as a teacher, healer, counselor, or mentor. It can be experienced as presence, honesty, and openness; those with low authenticity may be perceived as distant, disingenuous, or phony.[56] To be genuinely present in professional interactions requires (1) being aware of what you are experiencing, (2) being emotionally present and engaged, and (3) being willing to reveal your own thoughts, feelings, and experiences when you have reason to believe that doing so will benefit your client. Like empathy and acceptance, genuineness is a specifiable and measurable aspect of professional practice[35, 37, 57] and predicts better counseling outcomes.[37, 58] A capacity and willingness to be real is a precondition for professionals to respond in natural, authentic, and spontaneous ways, and is essential for the credibility of empathy and acceptance.

These aspects are a good starting point in considering how a PCA is practiced and experienced in professions beyond counseling and psychotherapy. In the final chapter of this book, we reconsider core characteristics of a PCA with the hindsight benefit of perspectives and experience from the other fields represented in this book. Now we turn to another key aspect of a PCA from the perspective of therapy clients. How is a PCA intended to benefit clients beyond finite accomplishments of learning and behavior change?

What Is Being Actualized?

Abraham Maslow, a key figure in the history of this "third force" in psychology, posited a hierarchy of human motivations ranging upward from basic physiological needs (such as air, food, shelter, and sleep) through to safety, love, and esteem.[22, 59] Ryan and Deci have similarly hypothesized

three universal innate needs for autonomy, competence, and relatedness.[60, 61] As more basic needs are met, people are able to address other motivations, the highest of which Maslow termed *self-actualization*, a desire to fulfill one's full potential.[62, 63] Carl Rogers similarly described an "actualizing tendency" in human nature that can be facilitated or thwarted but not destroyed.[29] Indeed, he hypothesized that there is such a "formative directional tendency in the universe" more generally, an evolution toward greater complexity, order, and interrelatedness that is "a base upon which we could begin to build a theory for humanistic psychology. It definitely forms a base for the person-centered approach" (p. 133).

At the level of an individual, what is the "self" that is being actualized? Clearly it reaches beyond the person's current conceptualization; otherwise, there would be no need for change or growth. Synonyms of *actualize* include *fulfill*, *realize*, and *make actual*. Something is coming into being that was not completely present before. We propose that the PCA tradition has at least six different but overlapping ways to think about the goal toward which actualization proceeds in a person: choice, self-acceptance, self-esteem, values, potential, and telos.

Choice

Historically, PCA has been associated with a humanistic perspective that emphasizes freedom and self-determination—that people can consciously choose a new way of being.[64] Maslow wrote that "we can consider the process of health a never-ending series of free choice situations. . . . If free choice is really free and if the chooser is not too sick or frightened to choose, he will choose wisely, in a healthy and growthward direction."[65] Rogers himself struggled with the paradox that people can subjectively experience absolute freedom while their actions are also determined by nature and prior experience.[66]

The PCA tradition has often been combined with, or at least placed adjacent to, existential therapies that also emphasize freedom and choice.[67, 68, 69] We two editors met through conferences of the World Association for Person-Centered and Experiential Psychotherapy and Counseling. An existential view typically acknowledges no external order, no ultimate reality or truth, no essential human nature. The only meaning that we have is whatever we make and choose for ourselves, absolute subjectivism and relativism that is consistent with a *postmodern* perspective from the late 20th century. A PCA supports people in recognizing their agency, power, and capacity for choice. In doing so, it allows people to make and implement the choices that may be of greatest benefit in their lives.

Self-Acceptance

Carl Rogers's theory of personality centered on people's degree of self-acceptance or openness to experience.[33, 70] In the course of development, an individual forms an image of the person they *should* be ideally, which may be quite discrepant from what they actually think, feel, and do. People may then begin avoiding awareness of aspects of themselves that are incongruent with this ideal, protecting a self-image when they are not actually having those experiences. There are obvious similarities here to psychodynamic theories in Freud's writings on the unconscious and Jung's concept of the shadow. For Rogers, discrepancy between idealized self and actual experience is a primary source of suffering and psychopathology.

In person-centered counseling and psychotherapy, actualization involves helping people increasingly accept whatever they experience, becoming more aware of their own actual feelings and attitudes, as well as external reality as it is.[66, 71] This is in contrast to trying to remake people into an external ideal, which in Rogers's view is the very source of their problems. "I have not found psychotherapy or group experience effective when I have tried to create in another individual something that is not already there."[64]

Self-Esteem

As a possible goal of actualization, self-esteem is related to, yet different from, self-acceptance. Paralleling a PCA therapist's positive regard and prizing of clients, self-esteem involves a positive perception or evaluation of oneself. Beyond helping clients recognize and "own" their actual experiences, a PCA can further support them to find ways of being that are genuinely satisfying and to feel proud and affirming of who they truly are.

Feelings of shame, low self-worth, and a lack of confidence are pervasive among those seeking counseling and psychotherapy.[72] A PCA recognizes that people may have internalized others' negative views that they are shameful and wrong for experiencing particular feelings, desires, or values.[73] In our clinical experience, many people come to psychotherapy or counseling believing that, at their core, they are fundamentally and irrevocably "bad" or "broken." With the empathic acceptance of another, however, these self-evaluations may be transformed. People can come to see that how they uniquely experience the world is not only legitimate but worthy. Shame and self-loathing begin to dissolve as people reconnect with the most hidden aspects of "self," encountered through the eyes of an attentive and caring other.

Values

Values are one's enduring beliefs about what is good and desirable, and both Plato and Aristotle understood pursuit of "the good" to be inherent in human nature. Living in integrity with one's values is a fourth way of understanding actualization. Values are commonly grouped as *instrumental*, about how one should behave (e.g., fairness, forgiveness, lovingkindness), and as *terminal*, about desired goals or end states (e.g., equality, freedom, world peace).[74, 75] Values ostensibly guide one's behavior, although discrepancies are common between what people say they value and what they actually do.[76, 77]

A PCA may help people clarify their personal values[78, 79] and act in ways that are more consistent with them.[80, 81] Calling people's attention to inconsistencies between their behavior and their stated values can lead to significant and enduring change.[75, 82]

Potential

A fifth element of actualization from a PCA is discovering and developing one's potential: a person's possibilities for growth and fulfillment. A classical approach in education and career counseling is the measurement of *aptitudes*, predispositions toward certain interests or talents.[83, 84, 85] Here the *self* that is being discovered is a person's potential at the moment: a product of nature and nurture, of their DNA and whatever experiences they happen to have had. As potentialities are discovered, a further step is to help people move toward developing and fulfilling that which is possible for them. Perceiving and encouraging possibilities in people is one form of hope.[86]

Telos

Rogers maintained that, under normal circumstances, the actualizing tendency is not to develop *all* potentialities. "It is clear that the actualizing tendency is selective and directional—a constructive tendency, if you will."[29] Maslow[63] also asserted that "[w]e have, each one of us, an essential inner nature which is intrinsic, given, 'natural' and, usually, very resistant to change" (p. 34). This "self" is not invented or constructed but is there to *discover* by "uncovering and acceptance of what is 'there' beforehand" (p. 36). The idea is that each individual has a *telos*, an ancient Greek word referring to the innate or mature end-state toward which an organism naturally grows, given optimal conditions. The telos of an acorn is a mature oak tree—knots, gnarls, and all. In

some respects, a person's telos is like all other humans, like some other people, and in certain aspects is unique and unlike any other person.[87]

This, then, is yet another way in which actualization can be understood, as accepting and expressing this essential inner nature. Martin Buber observed that "every person born into this world represents something new, something that never existed before, something original and unique. [Everyone's] foremost task is the actualization of [their] unique, unprecedented and never-recurring potentialities."[88] This idea appeared early in the writings of Rogers,[27] that a person naturally "moves in the direction of greater independence or self responsibility . . . in the direction of an increasing self-government, self-regulation, and autonomy. . . . The directional trend we are endeavoring to describe is evident in the life of the individual organism from conception to maturity, at whatever level of organic complexity" (pp. 488–489). In the male pronouns of his time:

> Man appears to be an awesomely complex creature who can go very terribly awry, but whose *deepest* tendencies make for his own enhancement and that of other members of his species. I find that he can be trusted to move in this constructive direction when he lives, even briefly, in a nonthreatening climate where he is free to choose in any direction.[24]

A Comprehensive PCA

Though PCAs began in education, nursing, and counseling, this book is about how this approach has influenced many different fields of human interaction. Person-centered perspectives have emerged before and after the seminal work of Carl Rogers. Logan Fox,[89] who studied with Rogers in Chicago, noted that:

> In the group at Chicago there were ministers, teachers, social workers, writers, and many other specialties besides the clinical psychologists. . . . It was not my intention to launch a counseling movement. I was interested in applying his ideas in religion, in education, in school administration, and in the home. I think I was not unique in those interests. Somehow, each person who studied under Rogers became interested, not in becoming a professional counselor, but in trying to improve human relations wherever he might find himself. (p. 6)

In his final book, Carl Rogers[64] himself described his approach broadly as "a way of being."

In his book *Spiritual Direction and Mediation*, Trappist monk Thomas Merton[90] offered a perspective strikingly similar to that of Carl Rogers regarding "expert" psychotherapy:

> The "director" is thought to be one endowed with special, almost miraculous, authority and has the power to give the "right formula" when it is asked for. He is treated as a machine for producing answers that will work, that will clear up difficulties and make us perfect. He has a "system," or rather, he has become an expert in the working of somebody else's system. . . . Obviously, no direction at all is preferable to such direction as this. (pp. 18–20)

For Merton,[90] the telos being actualized in spiritual direction is "to arrive at the end to which God is leading" that person (p. 17).

So here is the puzzle. In many fields, professionals may be thought of (and think of themselves) as experts on their clients' needs, to which they provide answers. And, indeed, there are times when such expertise is needed. When we have an infection or a broken bone, we rightly seek the help of a physician to diagnose and treat it. When we are lost, we ask someone who knows the area to give us directions or we consult our cell phone's global positioning system. However, when what is needed is some change in a person's behavior or lifestyle, as is so often the case in the helping professions, prescription and direction are usually insufficient. What is needed is a person-to-person relationship, a guiding collaboration between the helper and the client, both of whom have important expertise.

The aim of this book is to explore how a PCA has been applied across a broad professional and interpersonal field. From psychotherapy to education to policework, we want to see how PCA values, practices, and theory have been, and can be, applied: their development, their current scope, and their future. In doing so, we hope to disseminate knowledge about the PCA, showing the reach, depth, and potential of this approach. Moreover, by drawing together these applications into a single text, we hope to develop synergy toward a more comprehensive, contemporary, and integrated understanding of what it means to be person-centered.

We think this book is particularly timely. We are in an era of *polycrisis*: multiple, highly interconnected stressors and shocks that together create growing instability and uncertainty.[91] These multiple crises include climate change, threats to democracy, growing inequalities, and the rise of artificial intelligence. While the PCA offers models of clinical and professional practice, it also offers more than that: a way of relating to others and the world around us—with humanity, respect, and

responsiveness—that holds promise for our global, collective future. In this respect, establishing and expanding networks of person-centered practices may contribute to addressing some of our most distressing contemporary problems. May we move from cultures of dehumanization, degradation, and domination toward ones of care, communication, and collaboration. It is toward this telos that we, ultimately, orient this book.

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