

Contents

	<i>List of tables and figures</i>	<i>xii</i>
	<i>Notes on contributors</i>	<i>xiii</i>
	<i>Preface</i>	<i>xxi</i>
1.	The basic conditions of the facilitative therapeutic relationship <i>Carl R. Rogers</i>	1
	Part I. Theoretical, Historical and Philosophical Foundations	7
2.	Introduction to the theory of person-centred therapy <i>Pete Sanders</i>	9
	Personality, order and distress	9
	Motivation	13
	Change theory and therapy practice	14
3.	Origins and unfolding of the person-centred innovation <i>Godfrey T. Barrett-Lennard</i>	19
	Carl Rogers: personal origins and influences	19
	The incubation phase of client-centred therapy	21
	The new therapy coming to fruition: steps writ large	24
	Honing in on a theory of the causal conditions for therapeutic change	26

4.	The anthropological and ethical foundations of person-centred therapy <i>Peter F. Schmid</i>	30
	The importance of the reflection on the image of the human being	30
	The humanistic paradigm: from natural science to human science	31
	Sources of and influences on Carl Rogers' image of the human being	31
	Person: the autonomy and interrelatedness the human being	34
	Encounter: the acknowledgement of the otherness of the Other	37
	Ethics: therapy as a Thou–I relationship	42
5.	The actualizing person <i>Arthur C. Bohart</i>	47
	Actualization and self-actualization	47
	The formative tendency	49
	The actualizing tendency	49
	Self-actualization	50
	Related concepts	51
	Research evidence	57
	Implications for psychotherapy	59
6.	Experiential and phenomenological foundations <i>Mick Cooper</i>	64
	The primacy of experience	65
	The emergence of an experiential perspective	67
	Phenomenology	68
	The nature of experience	69
	Limitations	72
	Implications for practice	73
7.	Developmental and personality theory <i>Mick Cooper</i>	77
	Historical development	78
	Rogers' original model	79
	Critiques and developments of the original model	82
8.	Group therapy and encounter groups <i>Peter F. Schmid and Maureen O'Hara</i>	93
	Personality and group theory: the group as a primary social fact and as the interface of person and society	94

	History: the group as an essential factor of the person-centred approach	95
	Therapy theory: the ‘therapeutic primacy’ of the group	97
	Group process: the participants are the process	98
	Group facilitation: the art of being co-player and counterpart	101
	The chance for change beyond individual change	102
9.	The ‘family’ of person-centred and experiential therapies <i>Pete Sanders</i>	107
	Core values as seen by different authors	108
	Person-centred/client-centred therapy	111
	Experiential therapies	114
	Pre-Therapy	117
	Modalities	118
	Part II. Therapeutic Practice	123
10.	The relational foundations of person-centred practice <i>Godfrey T. Barrett-Lennard</i>	127
	Core concepts	127
	From concepts to practice	130
	The emerging future: person-sensitivity within an evolving consciousness of relationship	135
11.	Psychological contact <i>Gill Wyatt</i>	140
	The central concepts	141
	The evolving nature of psychological contact	142
	From theory to practice	145
12.	Client incongruence and psychopathology <i>Margaret S. Warner</i>	154
	Core concepts	154
	From theory to practice: person-centred models of psychopathology	157
	Psychiatry, medication and person-centred practice	162
	Research	163
	Reflections for the future	164
13.	Congruence <i>Jeffrey Cornelius-White</i>	168
	Central concepts	168
	From theory to practice	173
	Reflections for the future: becoming the change you want to see in the world	178

14.	Unconditional positive regard <i>Jerold Bozarth</i>	182
	The core concepts	182
	Research	185
	From theory to practice	187
	Critical reflections for the future	189
15.	Empathy <i>Elizabeth S. Freire</i>	194
	Core concepts	194
	From theory to practice	198
	Reflections for the future	203
16.	Client perception <i>Shaké G. Toukmanian and Lila Z. Hakim</i>	207
	Central concepts	208
	From theory to practice	211
	Future directions	215
17.	The process of person-centred therapy <i>Martin van Kalmthout</i>	221
	Core concepts	221
	From theory to practice	225
	Research	228
	Critical reflections for the future	229
	Part III. Settings and Client Groups	233
18.	Pre-Therapy <i>Dion Van Werde and Garry Prouty</i>	237
	Introduction	238
	Psychological contact	238
	Episodes of lucidity and the pre-expressive self	243
	Clinical vignette	244
19.	Counselling across difference and diversity <i>Colin Lago</i>	251
	Introduction	251
	Towards a definition of difference and diversity	252
	Diversity and difference are relational	253
	Whose is the difference anyway?	254
	The person-centred approach: tensions and criticisms (in relation to difference and diversity)	255
	Identity development	256

	The psychological impact of being labelled ‘different’ and ‘diverse’	257
	On being part of the dominant majority	260
	Key recommendations for person-centred therapists working across difference and diversity	260
20.	Couples and families <i>Charles J. O’Leary and Martha B. Johns</i>	266
	Helpful literature to consult	266
	An internal and external job description for a person-centred couple and family therapist	267
	Common problems of the novice person-centred couple and family therapist	273
	Common problems of the experienced person-centred couple and family therapist	273
	Case example: facilitating a dialogue (from O’Leary, 1999)	273
21.	Using a person-centred approach within a medical framework <i>Jobst Finke and Ludwig Teusch</i>	279
	History and research	279
	Disorder-focused therapy	281
	Key topics common for clients with panic disorders	282
	Relationship concepts	286
	The modern and the postmodern position in the PCA	288
	Future trends	289
22.	Crisis intervention <i>Lorna Carrick</i>	293
	Introduction	293
	Historical development	294
	The person-centred approach to crisis intervention	295
	Case illustration	296
	Application of the person-centred approach	299
23.	Applications beyond the therapeutic context <i>Valerie Land Henderson, Maureen O’Hara, Gay Leah Barfield and Natalie Rogers</i>	305
	Person-centred approaches to work with life-threatened people	306
	Person-centred approaches at work	309
	Person-centred approaches to peace and reducing political tension	313
	Person-centred expressive arts therapy	316

Part IV. Professional Issues	325
24. Person-centred approaches to research <i>Robert Elliott</i>	327
What does positivist outcome research tell us about person-centred therapy?	328
Anatomy of a number: a deconstruction of positivist therapy research	332
Mixed model person-centred therapy research: render unto Caesar	334
What are the possibilities for person-centred therapy research?	335
Promoting research on person-centred therapies	337
25. Setting up practice and the therapeutic framework <i>Richard Worsley</i>	341
Entering therapeutic practice	341
Practical considerations	342
Freedom to practise	343
The early pressures	343
Facing the issues	344
26. Ethics in practice in person-centred therapy <i>Suzanne Keys and Gillian Proctor</i>	353
Introduction	353
Ethics in therapy	354
Ethics of justice: principle of respect for autonomy	355
Ethics of justice: principle of doing good or beneficence	356
Ethics of justice: principle of doing no harm or non-maleficence	357
Ethics of justice: principle of justice	357
Ethic of anti-oppressive practice	358
Ethic of relational trust	358
How do I know I'm an ethical practitioner?	361
An example of ethics in practice	362
27. A person-centred perspective on supervision <i>Elke Lambers</i>	366
Supervision as a professional activity: generic models of supervision	366
Perspectives on person-centred supervision	367
Focus on the therapist's experience	370
Responsibility and ethics	372
Relationship qualities in supervision	373
Supervision or therapy?	374
Relational depth in supervision	375

28.	Training in the person-centred approach	379
	<i>Keith Tudor</i>	
	Freedom to learn	380
	Freedom to train	384
	Resources	390
	<i>Roelf J. Takens</i>	
	National organizations	390
	International cooperation	390
	Training and accreditation in European countries	396
	Internet addresses	399
	<i>Index of persons</i>	401
	<i>Subject index</i>	407

CHAPTER

1 The Basic Conditions of the Facilitative Therapeutic Relationship

Carl R. Rogers¹

The point of view that I represent has often been seriously misunderstood, and I hope to give you a clear view of what client-centred therapy or the person-centred approach really is. It is an experiential way of being. Let me indicate some of the distinctive features about client-centred therapy which perhaps sets it a little apart from some of the therapies you may be accustomed to. The client-centred point of view is distinctive because it starts from different premises than many other psychotherapies.

In the first place it relies on a constructive actualizing tendency of the human organism as the motivating force for psychotherapy. I don't find evidence of innate destructive tendencies nor a necessity of keeping human nature under control. We found instead that you can tap a positive force within the individual which is constructive and developmental in nature.

A second characteristic is that it definitely rejects the medical model which involves looking for pathology and developing a specific diagnosis, or thinking of treatment in terms of cure. That model seems to me quite inappropriate for dealing with most psychological problems. We prefer a model based on personal growth and development. In other words trying to release growth and development rather than thinking of it as a pathology to be cured – one of the distinctive features of the client-centred approach. Our theory develops

1. Condensed version of a talk, based on Rogers (1980), given to psychotherapists at the Medical Faculty of the University of Vienna, Austria, April 2nd 1981. Transcript by Aglaja Przyborski and Peter Frenzel; title and abridgement by Peter F. Schmid. First published in German translation in Frenzel, Schmid and Winkler, 1992.

on our experience with the clients, it is not an arbitrary theory which was developed and then we fit the clients to it.

Why am I talking about 'client', not 'patient'? For me that has a real significance. A patient means someone who is sick, who puts himself in the hands of the doctor, who feels that the doctor is probably the authority who will tell him what to do. A client, on the other hand, is a self-respecting person who comes to someone else for service: I go to a lawyer for help, what I want is expertise. But I am still the one in charge, I am the one to decide whether to take his advice or not, I am the one who is self-responsible. The use of the term client is to stress the fact that we regard the person coming for help as a self-responsible, autonomous individual who is seeking help, and we are trying to provide a climate from which he can find that help for himself. The use of the word client means a greater respect for the autonomy of this person.

The basic hypothesis is that if the therapist can provide a facilitative, growth-producing psychological climate the person himself can move toward greater self-understanding, toward more significant choices toward changing behaviour or a change in self-concept. All of the outcomes that we think of in regard to psychotherapy will gradually come about if the therapist can provide an affirmative facilitative climate which permits the actualizing tendency to take over and to begin to develop. One of the most important contributions we have made is trying to define what sort of a climate that is which enables the client to search within himself to develop better insight, to develop better understanding, to bring forth a constructive change in his way of coping with life.

There are three conditions which are essential: that the therapist is himself a real person, a congruent person; that the therapist cares for the client, prizes the client; and that the therapist exhibits a real empathy for what is going on in the client.

Empathy is perhaps most easily described and understood. I believe it to be a process rather than a state. The way of being with another person which is termed empathic has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in his or her life, moving about in it delicately without making judgements, sensing meanings of which he or she is scarcely aware, but not trying to uncover feelings of which the person is totally unaware, since this would be too threatening. It includes communicating your sensings of his or her world as you look with fresh and unfrightened eyes at elements of which the individual is fearful. It means frequently checking with him or her as to the accuracy of your sensing and being guided by the responses you receive. You are a confident companion to the person in his or her inner world. By pointing to the possible meanings in the flow of his or her experiencing, you help the person to focus on this useful type of referent, to experience the meanings more fully and to move forward in the experiencing.

To be with another in this way means for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some sense it means that you lay aside your self and this can only be done by a person who is secure enough in himself that he knows he will not get lost in what may turn out to be the strange or bizarre world of the other, and can comfortably return to his own world when he wishes. This description makes clear that being empathic is a complex, demanding and gentle way of being.

Teaching this kind of therapy is by trying to teach people what it means to be empathic in that sense, to be non-judgemental and yet to very subtly understand all that is available in the consciousness of this other person, and perhaps just a little bit below the layer of consciousness. In being empathic, the therapist is not trying to go back into the past, it's not trying to leap ahead into the future; it's trying to catch the meaning that is real to the client at that moment. What the client is talking about might have reference to the past or reference to the future but the meaning he is talking about is an immediate meaning, is that meaning we would like to be sensitive to, enter into and be a companion to.

The second attitude that is important is an attitude of prizing the client or caring for the client and having an unconditional positive regard for the client. It is not always easy to care for the person who comes to you. The kind of caring I am talking about is at its best when it is a non-possessive, non-judgemental caring. It is perhaps most similar to the feeling that a parent feels toward a child, where a child may misbehave at times, may do things that are wrong in the parent's eyes, but overall the parent prizes that child, regards the child as someone of worth, someone to love and care for, regardless of specific behaviours. That type of caring is most effective in therapy. It is something that the therapist cannot order within himself. But the relationship is going to be more profitable if that kind of caring exists. A term I have sometimes used for caring is 'unconditional positive regard'. It is a positive caring which has no conditions attached. If I say, 'Well I like you when you do such and such, but not when you do this other thing', that is a conditional kind of caring and we often see parents to do that kind of caring. There is no doubt that has certain values, too. But for the emotional growth, for the development of the individual, the relationship is best in our experience when the care is really unconditional. When it is a caring for the person as the person is at that moment.

The third condition that we discovered to be important is that in our experience the therapeutic relationship is most likely to be effective when the therapist in a relationship is a real person. I mean that in every sense of the word. If I am in a relationship with another individual I would like to know what it is I am experiencing inside in my gut. I would like to be aware of what I am experiencing in relationship with the client; I would like to be able to express that to the client, if it seems appropriate. It means that the client is in relationship not with a person in a white coat, not with a professional, not with a facade but with a real honest-to-God person. That takes away from something that some therapists prize a great deal, namely the professional facade

that they put on when they meet someone else. It is more effective when the therapist is himself or herself as he or she is at that moment. For that kind of genuineness we use the term ‘congruence’ to indicate a matching between what is being experienced inside and what is in awareness in the intellect and what is expressed verbally.

If all those three match in a therapist then I think the client is very fortunate, and constructive personal change is most likely to occur.

In talking about these three conditions sometimes people, in reading about them, have turned them about into shoulds: you *should* be empathic. That is not at all what I am talking about. It is that *if* in a relationship this kind of empathy or of caring exists, *then* the relationship will be constructive, but it is not as though you can tell yourself to be empathic and immediately be there. What I am saying is if these three conditions exist, then change is much more probable. But you cannot order yourself to do that.

You may ask how does change come about in a client in face of these facilitating conditions, how does this produce any effect at all. I would like to give a very simple explanation of it which may help to indicate why these attitudes seem to be effective in therapy. Let us assume for a moment that the client is a woman. If the client finds herself really listened to in this intense, sensitive and deep way, she begins to listen to herself more: ‘What is going on in me?’ In other words the empathic attitude on the part of the therapist encourages in the client a more sensitive listening to herself. As the therapist exhibits more of a positive and unconditional caring toward the client, the client begins to feel: ‘Possibly I am worthwhile, possibly I can care for myself more, possibly I can regard myself with greater respect.’ And there she begins to change the often very negative self-attitudes which are so common in clients. So it begins to develop a more positive self-concept in the client. In other words what happens in the client is a real reciprocal of what’s occurring in the therapist. As the therapist listens to the client, the client comes more to listen to himself or herself; as the therapist cares with a more unconditional caring for the client, the client’s self-worth begins to develop. As the client responds in herself in both those ways then the client is becoming more real, more congruent, more expressing of what is actually going on inside.

From the very first we have been concerned in framing our theory, which in turn is based on our practice, framing it in terms which make it possible to investigate it empirically. Back in 1957 I first began to enunciate some of these conditions of psychotherapy as necessary and sufficient conditions. That article (Rogers, 1957) has probably stimulated more research than anything I’ve ever written, and now there is a quite enormous body of research built on the effectiveness of these conditions on all different kinds of clients – so-called neurotic clients who come to a clinic, persons on the backward of the schizophrenia ward in the state hospital, normal people. These conditions describe some very important elements in therapy which have been confirmed by a great deal of research in many different countries.

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Index of Persons

Note: this index details all persons mentioned in the text, except names cited only in references or in lists of sources. While most entries are exhaustive, that for Carl Rogers is necessarily selective. Chapters by contributors are not specifically listed, although notes on contributors are indexed when (and only when) the individual is otherwise referred to in the text. Co-authors of works discussed are indexed even when not named in the text.

A

Aker, Dee, 316
Allen, Frederick, 21
Anderson, Svend, 319
Angyal, A., 70
Aquinas, Thomas, 35
Aristotle, 32
Aspy, N., 383, 385
Auckenthaler, A., 370
Augustine, St, 35
Aykroyd, M., 149

B

Baldwin, M., 172
Baljon, M., 369
Barfield, Gay Leah, xiv, 316
Barrett-Lennard, Godfrey T., xiv, 33, 34, 40, 56, 112, 359, 368, 385
Carl Rogers' Helping System (1998), 23, 26, 78
developmental issues, 85, 87, 87
student of Rogers, 27

Barrineau, P., 334
Bateson, G., 33
Beck, A. T., 198, 332
Beebe, J. III, 58
Bergin, A. E., 58
Best, K. M., 59
Biermann-Ratjen, E.-M., 33, 83–4, 158
Binder, J., 33
Binder, U., 33
Blindel, J., 251
Boëthius, 34
Bohart, Arthur C., xiv, 32, 41, 53, 58, 59, 71
Bohm, David, 98
Bond, T., 355, 358–9
Bowen, 32
Bown, Oliver, 183
Bozarth, Jerold D., xiv–xv, 32, 111–12, 175, 184–5, 197, 198, 334
recollections of client, 187–8
Brodley, Barbara T., 32, 74, 111–12, 176, 186, 199, 255
Brunswick, L., 242
Bryant-Jeffries, Richard, 157, 161
Buber, Martin, 32, 33, 36, 37, 38, 40, 112, 196, 287, 348, 386
Bugental, James, 31
Butler, John, 163

C

Cain, D. J., 134–5
Cameron, Rose, 144, 147, 148, 149
Capacchione, Lucia, 317
Caplan, G., 294, 302
Carkhuff, R. R., 195, 287

- Carroll, M., 367
Carter, R. T., 256
Cartwright, D. S., 114
Casement, Patrick, 345–6
Cassens, J., 58
Catterall, Elaine, 157
Chambers, Norman, 310
Chodoroff, B., 163
Clare, Eli, 257
Coghlan, D., 101–2
Combs, Arthur W., 67–8, 70, 317, 384
Cooper, Mick, 33, 40, 156, 359
 developmental issues, 86–9
 early relational needs, 84–5
 existential touchstones, 376
 on experiencing, 65–7, 69–72
 on multiple selves, 87
 notes on, xiii
 on phenomenology, 68–9
 on relational depth, 130, 145, 150, 202, 375
Costa, P. T., 57, 58
Coulson, William, 313
Csikszentmihalyi, Mihaly, 175
- D**
Davies, N., 149
De Vre, R., 242
Dewey, John, 22
Dhillon-Stevens, H., 259
Dinacci, A., 237, 242
Dryden, W., 113
Duns Scotus, 35
Dyer, Richard, 260
Dymond, R. F., 163, 328
- E**
Ebner, Ferdinand, 36
Eckert, J., 158
Egan, G., 195
Ellingham, Ivan, 32, 143, 144, 149, 155, 172, 178
Elliott, Robert F., xv, 32, 116, 156, 164, 202, 229, 327, 336, 337, 395
Ellis, Albert, 132
Embleton Tudor, L. E., 73, 143, 312, 360, 384
Epstein, R., 53
Erikson, E., 295
Everly, J. R., 294, 295
- F**
Fairtlough, G., 312
Faulkner, William, 23
Felder, Richard, 132
Feshbach, S., 58
Fichte, Johann Gottlieb, 36
Fiedler, F. E., 128
Finke, Jobst, xv, 33
Fisler, R. E., 284
Forgas, J. P., 258
Freire, Elizabeth Schmitt, xv, 185, 188
 session transcript, 199–201
Freire, Paolo, 380
- G**
Gabarro, J., 309
Garmazy, N., 59
Gaylin, N. L., 118, 134, 266–7, 271
Geller, Shari, 130, 145
Gendlin, Eugene T., 32, 58, 238, 369
 bibliography for, 399
 bodily felt sense, 54, 144
 on experiencing, 71, 73, 74, 114–15, 142, 239
 Focusing-Oriented Psychotherapy (1996), 12
 poem metaphor, 156
 work with Rogers, 12, 71, 221–2
Gibson, D., 370
Gill, M., 347
Goldstein, Kurt, 33, 48
Gordon, Thomas, 96, 310
Gosling, S. D., 58
Gottman, John M., 267
Grafanaki, S., 175, 178
Grant, Barry, 16, 32, 112, 355
Grawe, Klaus, 281
Greenberg, Les S., 115, 130, 143, 147, 156, 164, 175, 327
 couples therapy, 267
 emotion theory, 116
 on experiencing, 71–2
 forms of empathic responses, 202
 process research, 229
Guardini, Romano, 35, 38
- H**
Haase, R., 174
Haigh, Gerald, 163
Halkides, G., 129

- Halprin, Daria, 317
 Hart, Joseph, 107
 Haugh, S., 172
 Hawkins, Jan, 157, 347–8
 Heidegger, Martin, 35
 Hemingway, Ernest, 23
 Herron, N., 284
 Hildebrand, Dietrich von, 35
 Hinterkopf, E., 242
 Hobbs, M., 295
 Hobbs, N., 96, 118
 Hoffman, Jane, 315
 Holdstock, L., 33
 Hollon, S. D., 332
 Hostetler, A., 284
 Husserl, Edmund, 35, 68–9, 71
 Hutterer, R., 108
- J**
 Jacobi, Friedrich Heinrich, 36
 Jacobs, Michael, 370
 Jampolsky, Gerald, 306
 Jaspers, Karl, 35
 Jenal, S. T., 256
 John, O. P., 58
 Johnson, S. M., 267
 Joseph, Stephen, 157
 Jourard, Sidney, 317
- K**
 Kahane, Adam, 99
 Kant, I., 35
 Keemar, K., 73, 312, 360, 384
 Keil, S., 88
 Keil, W. W., 383
 Kennedy, John F., 295
 Khanna, Mukti, 319
 Kierkegaard, Søren, 33, 35, 37, 40
 Kilborn, M., 370
 Kirtner, W. L., 114
 Klein, M., 58
 Kohut, H., 198
 Krietemeyer, B., 241
 Kubiak, M., 240
 Kübler Ross, Elisabeth, 306
 Kugelman, R., 313
- L**
 Lago, Colin, xvi, 255, 315
 Lambers, Elke, xvi–xvii, 158, 369, 373
 Lao-tse, 32, 388
 Lawrence, D. H., 385
 Lecky, P., 82
 Lee, Robert, 310
 Leibniz, G. W., 35
 Levant, R. F., 57
 Levi, R. A., 100
 Levinas, Emmanuel, 36, 39–40, 43, 112, 196
 Levine, Ellen G., 317
 Levine, Steven K., 317
 Lewin, Kurt, 93, 208
 Lewin, P., 385
 Lietaer, Germain, 32, 73, 111, 164, 173, 185, 202, 327, 395
 first and second-order factors, 108–9
 Linehan, M. M., 198
 Locke, John, 35
 Lynch, G., 386
- M**
 MacLeish, Archibald, 23
 Madison, G., 369
 Marcel, Gabriel, 39
 Martin, 33
 Maslow, Abraham H., 33, 48, 51, 52, 79, 317
 Masten, A. S., 59
 May, Rollo, 317
 McAdams, D. P., 58
 McCrae, R. R., 57, 58
 McCulloch, Leslie, 157
 McIllduff, E., 102
 McLeod, J., 334
 McNiff, Shaun, 317
 Mearns, D., 32, 33, 40, 41, 156, 197, 296, 345, 359, 369, 383
 on actualization and development, 86, 87, 258
 early relational needs, 83–5
 existential touchstones, 302, 376
 quotes from, 10, 300, 375
 on relational depth, 112, 129–30, 145, 150, 202, 301, 375
 on requirements for therapists, 334, 342
 on training, 384
 Merleau-Ponty, Maurice, 71, 241
 Merrill, Charles, 319
 Merry, Tony, 111, 178, 346, 369
 Mitchell, J. T., 294, 295

- Moodley, R., 255
 Moon, K., 118
 Moore, J., 130, 370
 Moreno, Jacob Levi, 93
 Moustakas, Clark, 317
- N**
 Natiello, Peggy, 344, 384
 Neill, A. S., 380
 Neisser, U., 53
- O**
 O'Hara, Maureen M., 33, 34, 55, 96, 98, 101, 134–5, 255, 316
 on large groups, 96
 notes on, xiii
 on psychological contact, 144, 149
 O'Leary, Charles J., xvii, 118, 134, 267
 Oberlander, M., 58
 Olweean, Steve, 316
- P**
 Patrizi, Pierpaolo, 316
 Patterson, C. H., 186, 367, 368, 372
 Pearson, P. H., 155
 Perkins, F., 25
 Perls, F., 241
 Plessner, H., 35
 Porter, E. H., 24
 Pörtner, Marlis, 157
 Potter, J., 58
 Proctor, Gillian, xvii, 255, 361
 Prouty, Gary, xvii, 33, 73, 132, 237–8
 influence of brother, 243
 on Pre-Therapy, 117, 142, 145, 159, 203, 240, 242–3, 247
 Purton, Campbell, 115, 130, 349
- R**
 Raimy, Victor, 24
 Rank, Otto, 21, 33, 127, 239, 287
 Raskin, Nat J., 26–7, 96, 118, 141, 157, 198
 Rhyne, Janie, 317
 Rice, Laura North, 115, 202, 368, 372
 Richard of St Victor, 35
 Roebuck, F. N., 383, 385
 Roelens, Luc, 243
 Rogers, Carl
 15 patterns of group process, 99
 19 core propositions, 10, 65–6, 78
 belief system, 32
 bibliographies for, 399
 Client-Centered Therapy (1951), 10, 21, 26, 65, 66–7, 78–81, 96, 128, 131, 157, 194–5, 346, 359, 368, 384, 385
 community and social involvement, 20, 23, 305, 313–15, 327
 concept of personality, 12
 concept of (psychological) contact, 141
 Counseling and Psychotherapy (1942), 16, 25, 67, 78, 309
 early work of, 9–10, 21–7, 35, 67, 78, 95–6, 107, 127, 168–9, 372
 endorsement of Pre-Therapy, 238
 evolution as trainer, 368
 family, 19–20, 32 (*see also* Rogers, Natalie)
 formative history, 19–29, 95
 Freedom to Learn (1969), 379–82, 384, 385
 influences on, 22–8, 31–5, 40, 67–9, 127–8
 introductory piece, xxiii, 1–5
 Journey into Self (1968), 96
 late work, 36, 173, 212, 229, 314–15
 later changes in approach, 37–8, 131, 169
 model of human development, 80–2
 ‘The necessary and sufficient conditions of therapeutic personality change’ (1957), 4, 15, 128–9, 141, 154–5, 169, 170–1, 195, 238 (*see also* six necessary and sufficient conditions)
 Nobel Peace Prize nomination, 314, 315, 360
 at Ohio State University, 23
 On Becoming a Person (1961), 13, 37, 57, 66, 131, 222, 314
 On Encounter Groups (1970), 96, 99, 102
 On Personal Power (1977), 49
 other works, 23, 24, 25, 27, 28, 37, 49, 52, 73, 95–6, 107, 127, 130, 168–71, 175–7, 197, 208, 309, 314–15, 370, 382, 385, 387–8

- peace-oriented work, 313–15, 360
 Peace Project, 235, 315
 problems dealing with groups, 313
 quotes from works, 13, 16, 23, 24,
 52, 53, 57, 59, 65, 66, 69, 82,
 127, 157, 169–70, 172, 183,
 194, 195–6, 224, 282, 361–2,
 370, 382, 384
 as ‘race avoidant’, 255
 six necessary and sufficient condi-
 tions, xxiv, 15, 26, 37, 123–4,
 128–9, 141, 359
 ‘A theory of therapy, personality, and
 interpersonal relationships as
 developed in the client-centred
 framework’ (1959), 15, 65, 69,
 73, 78–81, 107, 123, 128–9,
 141, 155, 169, 171, 174, 183,
 195, 207, 209, 212, 222, 361–2
 and training of therapists, 379
 at University of Chicago, 24–6, 95,
 107–8, 312
 and Wisconsin Project, 12
 Rogers, Natalie, xvii, 96, 100, 118, 235,
 305, 316
 Rogers, R., 171
 Rogers, William, 312
 Roosevelt, Eleanor, 48
 Roosevelt, Franklin D., 22–3, 25
 Rothchild, B., 299
 Rothwell, W. J., 313
 Rowan, J., 380
- S
- Sachse, Rainer, 158, 336
 Sanders, Pete, xvii, 73, 74, 238
 primary and secondary principles,
 108–10
 Sanford, Ruth, 315
 Satir, Virginia, 269–70
 Scheler, Max, 35
 Schmid, Peter F., 32, 33, 40, 41, 42, 55,
 108, 129, 149, 177–8, 359, 395
 analysis of authentic person, 59
 criteria for identity and
 coherence, 110, 112
 on dialogue, 40–1
 on ethics, 42–3
 on empathy, 196
 on encounter, 37–40, 130, 369, 375
 on the meaning of ‘person’, 34–7
 notes on, xiii–xiv
 on presence, 41–2
 on the therapeutic primacy of the
 group, 97–8
 Schneider, C., 186
 Seeman, J., 56, 58, 157, 171–2
 Sherer, M., 171
 Shlien, John M., 32, 33, 57, 70, 118,
 199
 Skinner, B. F., 33
 Snyder, William, 130
 Snygg, Donald, 67–8, 70
 Sommerbeck, Lisbeth, 146–7, 157
 Speierer, G. W., 156, 158
 Srivastava, S., 58
 Standal, S., 27, 183
 Steckley, P., 186
 Steinbeck, John, 23
 Stiles, W., 156
 Sullivan, R., 313
 Swildens, Hans, 32, 33
 Swinden, Hans, 158
- T
- Taft, Jessie, 21, 33
 Talahite, A., 255
 Tallman, K., 58, 59
 Tannenbaum, Robert, 310
 Teilhard de Chardin, P., 36
 Tepper, D., 174
 Thich Nan Than, 145
 Thompson, C. E., 256
 Thorne, B., 32, 33, 130, 296, 345, 347,
 360
 Tillich, Paul, 32, 33, 38, 40
 Totton, N., 359
 Toukmanian, Shaké G., xviii, 215, 216
 Truax, C. B., 195, 280
 Tudor, Keith, xviii, 73, 141, 312, 359,
 360, 369, 384, 385
- V
- Valentine, J., 73, 312, 360, 384
 Van Balen, R., 71, 156
 Van der Kolk, B. A., 294
 van Werde, Dion, xviii–xix, 142,
 237
 clinical vignette, 244–7
 Vasconcellos, John, 316
 Villas-Bowen, M., 367
 Vygotsky, Lev S., 88

W

Warner, Margaret S., 84, 87, 142, 155, 201–2
 levels of therapist
 interventiveness, 108, 110–11, 115, 117
 notes on, xviii
 process-centred therapy, 150, 156–7, 159–62
 on psychological contact, 143–4, 147
Watson, J. C., 186
Watson, V., 259
Weiner, B., 58

Whelton, W. J., 143, 147
Wilkins, Paul, 51, 83, 347
Williams, K. D., 258
Wood, John K., 34, 96, 98, 101
Worrall, M., 73, 312, 359, 369, 384
Worrall, W., 360
Worsley, Richard, xix, 114
Wyatt, Gill, 172, 178, 238
 notes on, xiv

Z

Zucconi, Alberto, 316, 336, 337, 395

Subject index

A

accessibility (physical), 260–2
accountability of therapists, 354
acknowledgment, 37–42
actualizing, xxiii, 1, 47–63
 model for change, 12
 tendency, 13, 33, 35, 36, 49–51, 79,
 109, 173, 195, 222, 296
affective contact, 241–2
agency
 client, 211, 215
 human, 54–5, 116
agoraphobia, 280, 281
alcohol addiction, 280, 319
alienation, 197
alter ego, 287
‘American Dream’, 32
anger, 225, 270
anthropological foundations, 30–46
anxiety, 12, 155, 222, 270, 280, 335
 attacks, 281–3
 over separation, 282, 285
art therapy, 118, 316–20
assessment of clients, 346–7
assimilation theory, 86
Association for the Development of the
 Person-Centred Approach
 (ADPCA), 392, 394, 399
attunement, 211
 see also empathy
authenticity, 35, 36, 51, 307
autism, 117, 237, 243
autonomy, 33, 34–7, 85, 109, 134, 226
 of dissociated personas, 160–1
 and ethics, 355–6

awareness, 169
 and group work, 98
 potential availability to, 70

B

Beck Depression Inventory, 332
behaviourism, 33, 65–7
bibliographies, 399
bodily
 felt congruence, 176–7
 felt sense, 222
 nature of experience, 71, 163
body language, 174, 177, 186, 239–40
brain damage, 48, 117
British Association for Counselling and
 Psychotherapy, 252
bullying, 316

C

caring, of therapist for clients, 2–3
 see also feelings, unconditional positive regard
Carl Rogers Peace Project/Institute for
 Peace, 235, 315, 316
case studies, *see* clients, specific
catatonia, 240, 243, 244
Center for Attitudinal Healing, 306
Center for Studies of the Person, 305,
 311, 313, 315, 392, 399
change
 and level of experience, 114
 models for, 12
 process in clients, 221–31,
 336–7
 Rogers’ stages in process, 222

- theory and therapy practice, 14–16
- children
- development of, 79, 156–7
 - guidance, 37
 - needs of, 83–5
 - rearing of, ideal environment, 13–14, 83–5
 - therapy for, 21, 270, 319
 - terminally ill, 306
 - see also* infants
- citizens' juries, 315
- clarification-oriented psychotherapy, 184
- classical
- model, xxii
 - non-directive client-centred therapy, 111–14, 184
- clients
- accounts of therapy, 357
 - assessment of, 346–7
 - 'borderline', 158, 159
 - care of therapist for, 2–3
 - change process, 221–31
 - diversity of, 233, 251–65
 - drop-out tendencies, 164
 - specific, 132–4, 146–7, 176, 187–8, 199–200, 214, 225–8, 239–40, 244–7, 273–5, 296–9
 - perception, 209–20
 - put first, 110
 - schizophrenic, 239–40
 - significance of term, 2, 33
 - and the trainee therapist's needs, 344–5
 - who make therapy work, 59
- coaching, 311
- codes of practice, 354
- cognitive-behavioural therapy, 329–31
- collaborative enquiry, 369
- Common Bond Institute, 316
- communication
- communicative contact, 242
 - with diverse and minority-group clients, 262
 - in groups, 99–101
 - non-verbal, 174, 177
 - skills training, 310
 - and systems approach, 171–2
 - by therapist to client, 15, 186
- community mental health initiatives, 295
- conditions
- of worth, 11, 14, 27, 81, 128, 155, 161, 184, 225, 297, 343
 - six for therapeutic practice, xxiv, 15, 26, 37, 123–4, 128–9, 141, 359
 - that cause pressure and difficulty for clients, 272
- conflict
- and peace work, 34, 313–16
 - resolution, 295, 311
 - resolution for complaints against therapists, 354
- congruence, 4, 11, 51–3, 156, 168–81, 287
- and clients from other social groups, 253
 - in education, 387
 - Rogers' concept of, 168–70
 - in supervision, 374
 - of the therapist, 15, 128, 170–1, 359–60
 - three-process model, 169–70
- consciousness
- 'of something', 69
 - three polarities, 241
- constructivism, 33
- contact, 37
- behaviours, 242–3
 - depth of, 143
 - in education, 386
 - functions, 241–2
 - impaired relationships, 145–7
 - reflections, 159, 238–41
 - vs relationship, 141
 - theory, 238
 - three aspects of, 142, 238
 - web of, 240–1
 - see also* psychological contact
- containment, 345–6
- contracts for therapy, 345
- control, fear of loss, 285
- coping strategies, 131–2
- corrective emotional experience, 226
- couples therapy, 119, 134, 266–78
- 'creative connection', 317
- creativity, 49, 53
- crisis
- definition, 293–4
 - developmental vs accidental, 295
 - intervention, 244–7, 293–304
 - transitional, 295

critical incident debriefing, 299

cultural

- bias, 50
- context, 94–5, 148, 178
- norms, 149
- sensitivity to client, 256–7

customer service, 311

D

death

- fear of, 284
- impact on survivors, 294, 296–7
- therapy for those anticipating, 306–8

defence mechanisms, 12

defensiveness, 163

dementia, 117, 146, 237–8, 247

denial, 81

dependence, fear of, 286

Depression, the Great, 22

depression, 12, 162, 222, 280, 335

- therapy for, 159, 281

destructive tendencies, lack of, 1

developmental

- psychology, xxi, 33, 83
- theory, 77–92

diagnosis, problems with, 346–7

Diagnostic and Statistical Manual of Mental Disorders, The, 295

dialogical orientation/theory, xxii, 40–1, 112–13, 287

dialogue

- empty chair, 116
- as opportunity, 37
- two-chair, 116
- see also* communication, language

differentiation, 124

disabilities, people with, 251–65, 358

disasters, 235

disciplined spontaneity, 175–6

discrimination, 251–65, 311

disorders

- PCT related to medically diagnosed disorders, 280
- theory of, 30
- see also* anxiety, depression, neurosis, panic, schizophrenia

dissociation, 87, 117, 237, 247, 301, 356

- dissociated process, 159–60, 202
- dissociative identity disorder, 160

distinctive features (of person-centred therapy), 1

distortion, 81

distress, 10

- causes of, 10
- model of process vulnerability, 161

diversity issues, 251–65, 311

dysfunctionality, 55–6

E

Earth Charter, The, 355

echopraxia, 240

eclecticism, 113

- eclectic-experiential therapy, 184

education

- student-centred and traditional, 381
- see also* training

effectiveness of therapy, 164–5

eight stages of man, 295

emergence, concept of, 49

emotion, 241

- focused therapy, xxiii, 301
- theory, 116

empathy, 33, 36, 109, 132, 148, 187, 194–206, 210, 239, 266, 283, 307

- Brodley's empathy-only practice, 112
- client perception of, 209 (*see also* perception)
- definition, 195
- empathetic attunement, 116, 146
- empathic participation, 146
- empathic understanding responses (EURs), 146, 199
- five levels of responses, 202
- formula, 195
- framing of responses, 160
- and identification, 196
- Rogers' concept of, 2–3, 15, 26–7, 73, 129, 212

empirical phenomenology, 334

empty chair dialogue, 116

empty organism, 65

encounter, 37–42, 130, 149

- etymology of, 38
- groups, 33, 93–106, 177, 311, 329
- orientation, xxii, 112
- philosophy, 33, 36
- vs relationship, 112

environment

- influence on education and training, 382

- influence of wider, 85, 94, 150
- epiphenomena, 64
- episodes of lucidity, 243
- epistemology, xxi, 41, 143
- equivalence analysis, 330
- Essen University Clinic for Psychiatry, 280–1
- estrangement from self, 82
- ethical
 - foundations, 42–3
 - issues and intimacy in therapy, 348
 - practical issues, 342, 353–65, 372–3
- European Association for Counselling (EAC), 393
- European Association for Psychotherapy (EAP), 393–4, 396
 - training conditions, 398
- evaluation, 387
- evil behaviour, 56
- evocative reflection, 202
- existentialism/existential philosophy, 32–3, 35, 71–2
- existential touchstones, 302, 376
- experiencing, 53–4
 - limitations to, 71–2
 - nature of experience, 69–72
 - reflective, 72
 - scale, 163
 - strategies to attend to experience, 68
- experiential
 - foundations of person-centred therapy, 64–76
 - processing, 116
 - therapies, xxiv, 86, 109, 114–17, 174, 222
- expressive
 - arts therapy, 316–20
 - state, 242
- extensionality, 171
- F**
- facilitators
 - characteristics of effective, 386
 - in education and training, 385–7
 - role of, 99, 101–3, 307
 - training of, 96
- family
 - ledger, 275
 - therapy, 119, 266–78
- fear
 - key themes involving, 283
 - of others' reactions, 257
 - and panic, 281–6
- feelings
 - of a client, 128–9, 199, 273
 - divorce from, 226
 - therapist's towards clients, 148, 169, 348–9 (*see also* empathy, unconditional positive regard)
 - trust in one's, 54
- felt sense, 114
- feminist approach, 255
- field theory, 208
- first and second-order factors, 109
- flashbacks, 156
- flow concept, 175
- focusing-experiential therapy, 184
- focusing-oriented therapy, xxiii, 114–15, 116, 184, 222
- formative tendency, 49, 173, 222
 - see also* actualizing tendency
- fragile process, 159–60, 202
- frame, ontological/epistemological, 143–4
- fully functioning individuals, 12, 13, 35, 36, 51–5, 73, 96, 224
- G**
- gender issues, 272, 311
- Gesprächstherapie*, 33
- Gestalt
 - psychology, 33, 142
 - psychotherapy, 238
- goodness, human, 57
- grounded theory analysis, 334, 336
- group
 - 15 patterns of process, 99
 - definition of, 94
 - facilitation, 101–2
 - mind, 98
 - processes, 98–101
 - work/theory, 8, 33, 93–106, 112, 118, 310, 311–12
- growth, personal, *see* personal growth
- guilt, fear of, 286
- H**
- Harvard School of Public Health, 284
- Hawthorne studies, 93, 309
- health of the therapist, 177
- heuristic research, 334

- holistic
 listening, 150
 psychotherapy, 150, 208
 thinking, xxii, 109
- home situations, 237
- homeostasis, emotional, 284–5, 300
- horizontalization, 68
- human rights, 35, 355
- humanistic
 approaches, 208
 paradigm, 31
 psychology, 33, 79
 psychotherapy, 31
- humour, use of, 273
- I**
- I–Thou, 36, 38, 202
see also Thou–I
- identification, 196
- identity development (for minority group members), 256–7
- image of the human being, 30–7
- Immaculate Heart of Mary (IHM) College, 313
- immediacy, 36, 41
- implicate order, 98
- incongruence, 11, 15, 27, 35, 161, 169–70, 174, 281
 client, and psychopathology, 154–67
 dispositional, 156
- independence, personal, 34–5
see also autonomy
- Independent Practitioners Network (IPN), 354
- individual, concept of the, 35
- individualism, Western concept of, 50, 85
- infants, development and needs, 10–11
- information processing, 202, 209
- integrative therapy, 113–14, 124
- interdependence, 35–6, 134
- internal locus of evaluation, 54, 88, 258
- International Project on the Effectiveness of Psychotherapy and Psychotherapy Training (IPEPPT), 337, 395
- interpersonal orientation, xxii
- interpretive therapy, 21
- interspace reflection, 134
- intersubjective perspective, 72–3, 198
- interventiveness, five levels of, 110–11, 202
- intimacy in therapy, 347–8
- introjected values, 11
- isolation strategies, 223, 225–6
- J**
- Journal of Marriage and Family Therapy*, 267
- journals, 400
see also individual journals by name
- justice, ethics of, 356–8
- K**
- knowledge, theory of, 64–5
- L**
- La Jolla Program, 96, 311
see also Center for Studies of the Person
- language
 male-oriented, 178
 of minority groups, 252–3
 and psychological contact, 149
 of responses to clients, 160, 174–5, 240
 use of, 73
see also communication
- leadership development, 311
- learning
 disabilities, 117, 146
 from experience, 53, 382
 in groups, 103
see also education, self-actualization, training
- life cycle, individual, 295
- life-threatening conditions, 306–8
- listening
 for ambiguity, 216
 client to him/herself, 4, 53, 197
 by facilitator, 101
 in groups, 100
 holistic, 150
 therapist to client, 4, 197
- logical positivism, 32
- loneliness, 285, 335, 362
- ‘Loretta’, 132
- M**
- ‘Magna Charta’, 31
- malingering, suspicion of, 284–5

- maturity, 176
 definition of, 171
 meaning creation, 116
 medical framework, person-centred
 approach in, 162, 279–92
 medical interventions, 157, 244–7
 medical model of therapy, xxii
 person-centred rejection of, 1, 33
 medication, psychotropic, 162
 meditation, 177
 Mendota State Hospital, 114
 models
 of individual life cycle, 295
 of no model, 157
 process sensitivity, 161–2
 of truth, 67
 Rogers' of human development, 80–2
 (critiques and
 developments of, 82–9)
 moments of movement, 229
 motivation, 13–14, 30, 32
 for change, 128, 131–2
 multiple personality disorder, 160
 music therapy, 237, 316–20
- N**
 narcissistic disorders, 159
 narrative research, 337
 needs, human, 49
 Maslow's hierarchy of, 48
 nature of, 31
 not met, 84
 for positive regard, 11
 Nepal Peace Project, 316
 Network of the European Associations
 for Person-Centred and
 Experiential Psychotherapy and
 Counselling (NEAPCEPC), 383,
 384, 392–3, 396, 399
 principles for training, 397
 Network for Research on Experiential
 Psychotherapies (NREP), 395
 networks, international, 392
 neurosis, 158
 New Deal, 22–3, 32
 noema, 69
 noesis, 69
 non-directive therapy, 16, 25–6, 185,
 266, 355
 misleading term, 131
 two styles of non-directivity, 16
- O**
 objectivity, 287
 ontology, 143
 openness, 57–8
 organismic
 integration, 171–2
 thinking, xxii
 valuing process, 10
 organization
 levels of, 49
 work, 312
 organizational transformation, xxi
 organizations for person-centred
 therapy, 390–1
 Other, the, 35, 36, 38–42, 112, 196
- P**
 panic disorders, 280
 therapy to treat, 281–6
 parents, clients' attitudes to, 133–4,
 200–1, 281–2, 296–7
 participatory inquiry, 334, 337
 patient vs client, 2, 33
 peace studies/work, xxi, 34, 96, 313–16
 perception
 client, 207–20
 historical overview, 208–9
*Person-Centred and Experiential
 Psychotherapies*, xxi, xxiii, 289,
 392, 394
 person
 conception of, 34–7
 words/concepts for, 34
 personal growth/development, xxiii,
 1–2, 116, 383
 model for change, 12
 personalism, 33
 personality
 changes in, 58, 221, 223 (*see also*
 change)
 definition of, 58
 disorders, 158, 280
 process view of, 52
 Rogers' concept of, 12
 theory of, 9, 30, 77–92
 pharmaceutical therapy, 281
 phenomenology, 32, 35, 67–9, 79, 155,
 208–9
 applied, 117
 foundations of person-centred
 approach, 64–76

- research methodologies, 336
 - philosophical roots of
 - psychotherapeutic approach, 9, 32–5
 - play therapy, 319
 - poetry, metaphor of, 156
 - political
 - theory, xxi
 - validity of research, 334
 - positive regard, 27, 79–81
 - human need for, 11, 79–81, 83–4
 - see also* unconditional positive regard
 - postmodernism, 33, 287, 288–90
 - post-therapy evaluation/feedback, 213, 229
 - post-traumatic stress disorder, 295
 - power, 15–16
 - with client in therapy, 203
 - and discrimination, 255, 260
 - of facilitators, 102
 - imbalance in therapy, 357, 358
 - for workers, 309
 - practice, setting up, 341–52
 - pre-expressive
 - process, 244
 - self, 117, 143, 242–7
 - pre-reflective experiences, 81
 - presence
 - as fundamental condition, 41–2
 - in therapy, 41–2, 130, 143, 145, 150, 347
 - Pre-Therapy, xxii, 117–18, 142, 145–7, 159, 203, 237–50, 356
 - and congruence, 172–3
 - primary and secondary principles, 109
 - private nature of experience, 70
 - questioned, 72–3
 - problem-related work, 157
 - process
 - difficulties, 159–60, 202
 - orientation, 116, 229
 - scale, 52, 222
 - sensitivity model, 161–2
 - of person-centred therapy, 221–31
 - process-experiential therapy, xxiii, 115–17, 184
 - processing experience, ways of, 159
 - psychiatry, 162
 - psychoanalysis, 33, 238
 - psychodrama, 93
 - psychodynamic theory, 33
 - psychological contact, 117, 128, 140–53, 159
 - in contact-impaired relationships, 145–7
 - definitions, 142, 144
 - in person-centred relationships, 147–9
 - in Pre-Therapy, 238
 - quality of, 144
 - psychology, 9–10, 39
 - psychopathology, 154–67
 - psychosexual development, 84
 - psychosis, 117, 131, 159, 202, 237, 301, 356
 - psychosomatic disorders, 158
 - psychotherapeutic research, xxi
 - psychotherapy, 39, 48, 208, 279, 289
 - clarification-oriented, 184
 - as dialogue, 40–1
 - as an encounter, 40
 - humanistic, 31
 - Jungian, 72
 - see also* therapy
- Q**
- Q sorts, 163
 - qualitative research methods, 334–5
- R**
- race avoidance, 255–6
 - real person, therapist as a, 3–4
 - realities, multiple personal, 55
 - reality
 - contact, 241–2, 244–7
 - and perception, 66, 208–9
 - recreational therapy, 242
 - reflective
 - experience, 72
 - practitioner, 341–2
 - reframing, 134
 - relational
 - depth, 143, 144, 149, 301
 - self, 86
 - trust, 355, 358–61
 - relationship
 - alter ego, 287
 - basic differences in quality of, 132
 - client–therapist, 131, 140, 159, 183
 - (*see also* empathy,
 - presence, psychological contact,

- unconditional
 - positive regard)
- clients unable to establish, 142 (*see also* Pre-Therapy)
- concepts, 286–8
 - as foundation of practice, 127–39
 - improvement in, 223
 - inventory, 129
 - learning through, 383
 - observer/participant, 287–9
 - nine systems of, 85
 - persons as, 35–7, 55
 - positive and negative perceptions of, 83
 - therapy, 21, 30
 - see also* group, I–Thou, Thou–I
- religious
 - aspect of person-centred therapy, 230, 349
 - belief, 58
 - impact on Rogers, 20, 32
- remedial education, 237
- research, 210–11
 - areas for further, 215
 - into client incongruence, 163–4
 - into couples therapy, 267
 - into discrimination against minorities, 251, 256–7, 259
 - into empathy, 195, 210
 - into expressive arts therapies, 319
 - outcome and process, 228–9
 - person-centred approaches to, 327–40
 - positivist-scientific paradigm, 279
 - into Pre-Therapy, 242
 - qualitative methods, 334–5
 - researcher allegiance, 331
 - into unconditional positive regard, 185–7, 210
- rights of clients, xxi
- risk
 - as element in crisis, 299, 300
 - in therapy, 354
- Rochester Guidance Center, 22
- S
- schizophrenia, 86, 146, 162, 287
 - episodes of lucidity, 243
 - therapy for sufferers, 114, 131–2, 159, 238, 239–40, 242
- self
 - that one is, 51–2, 222
 - three aspects of, 258
 - see also* congruence
- self-acceptance, 56
- self-actualization, 11, 14, 35, 50–1, 109, 155
 - Rogers' concept of, 48–9
 - see also* actualizing
- self-awareness, 174
- self-concept, 11, 222, 297
 - changes in response to threats, 12
 - development of in infants, 11, 79–81, 84
 - multiple, 87
 - need to be able to modify, 50
- self-consciousness, 175
- self-consistency, 82
- self-descriptive inventory, 135
- self-determination, 35, 109, 116
- self-direction, 54, 127, 383–4
- self-disclosure, 287
- self-empathy, 197
- self-experience, 79–81
- self-harming, 297–8
- self-healing, 48, 59, 154, 295
- self-image, 225
 - incongruence with lived experience, 10
 - lack of, 226–7
- self-organization, 148
- self-perception, 208, 209
- self-plurality theory, 86–8, 135
- self-psychology, 198
- self-regard complex, 81
- self-righting, 58–9
- self–self relationships, 53
- sense-making, 156
- separation anxiety, 282
- services personnel, 24–5
- sexual awareness/attraction in therapy, 361, 362
- shared reality, 244–7
- six conditions for therapeutic practice, xxiv, 15, 26, 37, 123–4
- social mediation, 86
- socialization and the actualizing tendency, 13
- sociocentric view, 50, 55
- soft phenomena, 156

somatoform disorders, 280
 South West London College, 384
Steel Shutter, The, 99
 stress
 responses, 87
 therapy for those suffering, 159
 subceiving/subception, 70, 81–2, 141, 142
 substance, persons as, 34–7
 see also autonomy
 suicide, 259
 supervision
 breadth of focus, 371
 of therapists, 177, 261, 302, 348, 355, 366–78
 or therapy, 374–5
 of trainees, 344
 survival strategies, 223, 225, 228
 symbolization, 35, 169, 242, 294, 301
 Symptom Checklist-90-R, 332
 systems theory, 33, 171–2
 systems-wide organizational development, 312–13

T

tapes, use of, 255, 372
 task
 collaboration, 116
 completion, 116
 team building, 311–12
 see also groups
 techniques, 41–2
 terminal illness and therapy, 306–8
 theology
 influence on Rogers of, 32
 patristic, 35
 theoretical foundations, 7–122
 introduction to theory, 9–18
 therapeutic bond, 116
 therapist
 different results achieved by different, 132
 presence of, 130, 287, 347 (*see also* presence in therapy)
 problems of novice, 273
 as a real person, 3–4, 170–1, 272–3
 Roger's core requirements of, 2–4, 15, 26, 175–6
 requirements for, 173
 role of, 198

role in couple and family therapy, 267–73
 self-regard of, 189
 setting up as a, 341–52
 therapy
 as an encounter, 15, 37–42
 interpretive, *see* interpretive therapy
 non-directive, *see* non-directive therapy
 relationship, *see* relationship therapy
 structure of couple and family, 267–73
 theory of, 30
 therapeutic primacy of the group, 97–8
 see also types of therapy by name, psychotherapy
 Thou–I, 42–3
 threats
 distorted, 12
 to integrity of the self-structure, 11–12
 perceived by clients, 294 (*see also* crisis, fear)
 touching clients in therapy, 362
 training
 and accreditation in Europe, 396–8
 effectiveness of, 337
 of employees, 310
 organizations, 390–1
 of therapists, 103, 215–16, 341–4, 366, 368, 375, 379–89
 therapy during, 383
 vs education, 310
 transcendentalism, 35
 transformative moments, 336–7
 trauma, 237
 in childhood, 160
 self-righting after, 58–9
 treatment, Rogers' early concept of, 21
 trust
 in the emergent process, 307
 in one's feelings, 54
 in the organism, 35, 54
 in therapy, 355
 two-chair dialogue, 116

U

unconditional positive regard, 3, 15, 79,

112, 128–9, 182–93, 210, 239,
307, 360
client's perception of, 209
human need to express, 360
and therapist's feelings, 348–9
see also caring
unconscious forces, 72
unemployment, 22
United Kingdom Council for
Psychotherapy (UKCP), 113
United Nations, 35
Universal Declaration of Human Rights,
355

V
veterans, of services, 24–5, 95
victim/victimizer tendencies, 158
visage metaphor, 39

W
We, 43
websites, useful, 399
Weltanschauung, 31
Wertphilosophie, 35
Wisconsin Project, 12, 132
Women PeaceMakers Program,
316
work environment and person-centred
approaches, 309–13
World Association for Person-Centred
and Experiential Psychotherapy
and Counseling (WAPCEPC), xxi,
xxiii, 392–3, 399
WorldLink, 316

Z
Zen Buddhism, 32, 229