Person-centred psychotherapy

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Abstract

This article discusses person-centred psychotherapy. Firstly, it provides a brief history of the development of person-centred psychology, and its form of psychotherapy, and summarises the contributions of the different tribes or strands of what is now generally referred to as the person-centred approach. Secondly, it considers some of the key contributions that Carl Rogers and other person-centred theorists and practitioners have made to the field of psychotherapy, as well as ways in which person-centred psychotherapy is viewed as insufficient and unnecessary. Finally, the article examines the present state of person-centred psychotherapy and its therapies in Aotearoa New Zealand, and the prospects for its future development and influence.

Whakarāpopotonga

He matapakinga i te whakaoranga hinengaro pū-whaiaro tā tēnei tuhinga. Tuatahi, ka whakaratoa he kōrero paku nei o mua o te whanaketanga o tēnei momo tirohanga hinengaro, me tōna āhua hauora hinengaro ka whakarāpopoto hoki i te hua o ngā peka rerekē o tēnei mea e kīa nei i ēnei wā ko te rato pū-whaiaro. Tuarua, ka whakaarohia ētahi o ngā huanga matua kua homai e Kara Rāpata me ētahi atu kaiwhakatakoto ariā kaiwhakaharatau hoki ki te anga o te whakaora hinengaro, ā, me te āhua whakaaro kāre i te rahi ā kāre noa iho ōna kiko. I te mutunga, ka āta matawaihia te takotoranga onāianei o tēnei āhua whakaora hinengaro me āna haumaruhanga i Aotearoa Niu Tīreni, me ngā tōnui mō tōna whanaketanga anamata tōna awenga hoki.

Keywords: person-centred; psychology; psychotherapy; counselling; research; cross-cultural communication.

Person-Centred Psychotherapy: A (Very) Brief History

> He paiaka te rākau i tū ai.
> Through the roots the tree will grow.

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The birth of what is now known as person-centred therapy is generally dated as 11 December 1940, when Rogers gave a talk at the University of Minnesota, entitled "Newer Concepts in Psychotherapy". In the talk, which was published two years later (Rogers, 1942a), Rogers described some characteristic steps in the therapeutic process of what he referred as a "newer psychotherapy" and four key elements of the character of this therapy: the individual drive towards growth; an emphais on the present, immediate, here-and-now situation, including its limits; a greater emphasis on feelings, emotions, and impulses than on thinking and intellectualisation; and viewing the (therapeutic) relationship itself as a growth experience. This last point acknowledged the influence on Rogers of Jessie Taft (1882–1960), a pioneering social worker and therapist, who first coined the term "relationship therapy" in the early 1930s (Taft 1933/1973). Much of Rogers' early thinking about relationship therapy and, later, the therapeutic relationship, came from Taft and other Rankians, including Frederick Allen and Virginia Robinson. Taft had been in analysis with Otto Rank, the Austrian psychoanalyst, writer and philosopher, following which she studied with him, translated his work, and wrote a biography of him (Taft, 1958). DeCarvalho (1999) discusses the influence on Rogers and the earliest formulations of client-centred therapy of Rank and "the Philadelphia circle" (Taft, Allen, Robinson, and others). Although Rogers himself had only one direct contact with Rank (on a three-day workshop organised by Taft), Rogers was particularly influenced by Rank regarding individual integrity, the capacity for individual choice, and a relationship therapy relying on the human qualities of the therapist. The emphasis on growth, which was later to become a hallmark of humanistic psychology and psychotherapy (from the 1960s onwards), was the subject of a session entitled "The accent in psychotherapy: Growth processes versus psychopathology" at the 1966 annual conference of the New Zealand Association of Psychotherapists (NZAP) (Manchester & Manchester, 1996).

Historically, what is now known as "the person-centred approach" has developed through a number of iterations, recognised within the approach (e.g., Ellingham, 2011; Embleton Tudor et al, 2004), each of which has, arguably, deepened and widened the approach, its psychology and therapy, and its application.

Iterations of Rogers' work and thinking

Relationship therapy

The first iteration was marked by Rogers' first book, *The Clinical Treatment of the Problem Child* (Rogers, 1939), and his talk in Minnesota (Rogers, 1942a). The book was based on Rogers' clinical experience over 12 years of what were then referred to as "maladjusted" children in Rochester, New York. Notwithstanding its references to "treatment", "problem", and "diagnosis", terms which Rogers was later to critique, the book contains the seeds of some important features of person-centred psychology, namely:

- His reference to the human organism — which a number of theorists in person-centred psychology view as its root metaphor (Neville, 2012; Spielhofer, 2003; Tudor & Worrall, 2006); indeed, in their review of Rogers' work, Hall and Lindzey (1970, 1978) categorised Rogers as an organismic theorist.

- His advocacy of changing the environment as a form of treatment — which prefigured his environmental conditions of therapy (Rogers, 1957, 1959).
- His positioning of "treatment" as relationship therapy.
- His reference to expressive therapy, specifically play techniques and drama.

Historically, Taft's and Roger's development of relationship therapy was the original "relational turn", one that sparked Rogers' subsequent work on the therapeutic relationship, its conditions (Rogers, 1957, 1959), and impact (Rogers et al., 1967) — and one which predated the psychoanalytic "relational turn" (Greenberg & Mitchell, 1983) by some 50 years. In the light of subsequent splits in the nation of person-centred and experiential therapies, some commentators have regretted Rogers' move away from this original formulation (Ellingham, 2011; Tudor, 2022).

Non-directive therapy

The second iteration, "non directive therapy", was marked by the publication of *Counseling and Psychotherapy* (Rogers, 1942a), which contains a short but significant chapter on "Directive vs non-directive approaches". It also contains Rogers' elaboration of two aspects of the therapist's role: that of responding to feelings (as distinct from content); and the acceptance, recognition and clarification of positive, negative and ambivalent feelings. The book also contains the case study of Herbert Bryan, a client of Rogers, which, according to Kirschenbaum and Henderson (1990) is "the first recorded, fully transcribed and published psychotherapy case in history" (p. 62).

Interestingly, in terms of Rogers' attitude to naming his clinical work, as well as subsequent turf wars in the profession(s), the use of the two terms "counselling" and "psychotherapy" in the title of the book is inclusive, rather than distinctive; in other words, Rogers viewed the terms and activities as synonymous. Indeed, in the index of the book, the entry for "psychotherapy" says "*See* Counseling" (Rogers, 1942a, p. 450). Whether or not there is a distinction between these two terms, activities, disciplines, and professions, and their practitioners, has been the subject of much debate — for nearly 100 years! Suffice it to say that, generally, within the person-centred world, its practitioners do not see an *inherent* difference between psychotherapy and counselling (and thus the use of the generic terms "therapy" and "therapist"), preferring instead to define any differences in terms of education/training (entry levels, length, course requirements, standards, etc.); qualification (levels); accreditation and registration; and legislative context.

Client-centred therapy

The third iteration of the person-centred approach, and what Zimring and Raskin (1992) referred to as the "second decade" of client-centred therapy, was marked by the publication in 1951 of Rogers' book, *Client-Centered Therapy*, which represented a shift of focus from the skill(s) of the therapist to the the client. Rogers outlines a number of aspects of his then current view of client-centred therapy, including the attitude and orientation of the counsellor and, significantly, a view of the therapeutic relationship as experienced by the client. He also confronts questions raised by "other viewpoints" on transference and "transference attitudes", diagnosis and the applicability of client-centred therapy. The book

also contains his first major formulation of theory — of personality and behaviour — written in the form of 19 propositions. Rogers followed this up at the end of the 1950s with the publication of a long and comprehensive chapter on “A theory of therapy, personality and interpersonal relationships, as developed in the client-centred framework” (Rogers, 1959).

Person-centred therapy

The fourth iteration was marked by the publication of another book, *On Becoming a Person: A Therapist’s View of Psychotherapy* (Rogers, 1961/1967b), which shifted the focus again, this time from the client *as client* to the client *as a whole person*. The title of the book conveys the direction of Rogers’ interest and thinking, with its emphasis on experience and experiencing, and being and becoming. It also contains important papers on the characteristics of a helping relationship, a process conception of psychotherapy, the fully functioning person, a theory of creativity, and a critique of behaviourism, as well as two papers on philosophy and three on research. The importance and the development of the concept of congruence (i.e., the genuiness or authenticity of the therapist) may also be traced to this period.

The person-centred approach

The fifth iteration was marked by Rogers’ increasing interest in the application of the principles of person-centred psychology and its therapy, including group therapy (Gordon, 1951; Rogers 1970/1973b), couple therapy (Rogers, 1973a; O’Leary, 1999), and family therapy (Gaylin, 2001), to other aspects of life, for example, education (Rogers, 1969, 1983; Rogers & Freiberg, 1994); conflict resolution (McGaw, 1973); parent education (Gordon, 1975); politics (Rogers, 1978); working in organisations (Rogers, 1980); aspects of society (Rogers, 1980); and leadership (Plas, 1996). This was reflected in the term — and the title of Rogers’ last book, *A Way of Being* (Rogers, 1980), following which the phrase “the person-centred approach” became more widely used. John K. Wood (1996), a close associate of Rogers, elaborated on this when he argued that the person-centred approach:

> is not a school ... itself, it is not a movement ... it is not a philosophy. Nor is it any number of other things frequently imagined. It is merely, as its name implies, an approach, nothing more, nothing less. It is a psychological posture, if you like, from which thought or action may arise and experience be organized. It is a “way of being”. (pp. 168-169)

A species-centred approach

A sixth iteration of this psychology was discussed by Tudor and Worrall (2006) in their book, *Person-Centred Therapy: A Clinical Philosophy*. Acknowledging that the concept of the organism lies at the heart of the person-centred approach, they argued that:

> Rogers’ use of the concept signifies both a unified concept of human motivation and a focus on all organisms, and in this sense it may be more accurate to talk about a people-centred or even species-centred approach to life and to therapy. (pp. 45–46)

However, whilst the plural ("people" and "species") is more encompassing than the singular ("person"), there is still a sense in which framing the approach in terms of human beings is (too) anthropocentric, a criticism also levelled at humanistic psychology in general, especially from perspectives informed by post-humanism and environmental philosophy and ethics (see, for instance, Rust, 2009).

Eco-centred therapy

This critique suggests a seventh iteration of the approach — that of an eco-centred therapy. Although client-centred therapists have been talking about the environment since Amatuzzi presented his paper at the first International Forum of the Person-Centered Approach in 1984, and it was represented in the work of Bernie Neville, specifically on different forms of consciousness, and the being of the whole world — as he later put it, *The Life of Things* (Neville, 2012) — it was not until 2011 that it was the subject of a special issue of the international journal *Person-centered and Experiential Psychotherapies* (Keys, 2014). In his article on the subject, Bazzano (2013) argued that this is "one more step" for person-centred therapy and therapists to take.

Factions, Groups, Tribes, and Strands

As with most, if not all, other approaches/schools/modalities of psychotherapy, the person-centred approach has developed in different directions as a result of theoretical — and sometimes personal — differences. Lietaer (1990) suggested that the termination of the Wisconsin project, a major study of psychotherapy with schizophrenics (Rogers et al., 1967), was a crucial moment in the history of the approach, subsequent to which four discernible "factions" within or associated with the approach may be traced:

1. A group around Rogers, who subsequently (from 1969) was based in the Center for the Studies of the Person, La Jolla, California, where he continued to develop the philosophy and practice of the approach.
2. A group around Eugene Gendlin, who developed focusing and experiential therapy in the European tradition of existential philosophy (Gendlin, 1962; see also Levin, 1997).
3. A group around Charles Truax and Robert Carkhuff, who developed an eclectic model of the helping relationship (see Truax & Carkhuff, 1967; Patterson, 1985), but who, in popularising the approach — it was they who coined the term "the core conditions" — also contributed to some of the misunderstandings of the original theory (see below).
4. A group around David Wexler and Laura Rice, who chose cognitive learning psychology as a theoretical framework for their development of the person-centred approach (see Wexler & Rice, 1974).

There are now a number of what Sanders (2004, 2012) has, following Warner (2000), referred to as "tribes" within the person-centred nation. In his original book on this subject, published in 2004, Sanders identified these tribes as: classical client-centred or person-centred therapy, focusing, experiential, existential, and integrative, to which, 10 years later

(in the second edition of the book) he added: emotion-focused therapy, person-centred expressive therapies, pre-therapy, and client-centred or person-centred therapy based on working at relational depth. To these, I have noted four additional strands: the cognitive-behavioural, the political, the spiritual, and the ecological (Tudor, 2021, 2022). Table 1 summarises these tribes and strands in the chronological order of their development, together with the key concepts emphasised within each tribe/strand, and key texts that represent the theory and practice of each tribe/strand.

Table 1

The tribes of the person-centred nation (based on Sanders, 2004, 2012) and strands of person-centred and experiential therapies (from Tudor, 2021)

Tribes and *Strands*	**Key concepts**	**Key texts**
Classical (from 1939)	organism, actualising tendency, formative tendency, self, locus of evaluation, non-directivity, conditions of worth, the necessary and sufficient conditions of personality change	Rogers (1939, 1942a, 1959), Patterson (1948/2000), Shlien (1960s/2003), Bozarth (1990/1998), Brodley (1990), Barrett-Lennard (1998), Warner (1990), Sommerbeck (2003), Merry (2004/2012), Kritz (2006/2008), Tudor & Worrall (2006), Ellingham (2011)
Integrative (from the late 1950s) and Pluralistic (from the 2010s)	meta-perspective(s), principled non-directivity, personal integration, common factorseclecticism, pluralism	Rogers (1957), Stubbs & Bozarth (1996), Worsley (2004/2012) Cooper and McLeod (2011)
Experiential (from the early 1960s)	experience, agential, reflexivity, process experiential, attending to process	Rogers (1961/1967b), Gendlin (1962, 1974/1981), Iberg (1984), Rennie (1998), Lietaer (2002), Worsley (2002), Baker (2004/2012)
Cognitive-behavioural (from the mid 1970s)	organism, perception, construct, self-concept, intentionality, social cognition, self-schemas	Wexler (1974), Zimring (1974), Cartwright & Graham (1984), Rice (1984)

Pre-therapy **(from the mid 1970s)**	psychological contact, contact impairment, contact function(s), contact reflection(s)	Prouty (1976), Prouty et al. (1998/2002), Sanders (2012)
Focusing/ focusing-oriented **(from the late 1970s)**	experiencing, felt sense, interactional human nature, personality change	Gendlin (1974/1981, 1996), Purton (2004/2012)
Political **(from the late 1970s)**	personal power, collaborative power	Rogers (1978), Miller O'Hara (1984), May et al. (1986), Natielo (1990/2001), Kearney (1996), Tudor (1997), Proctor & Napier (2004), Proctor et al. (2006)
Person-centred expressive therapies **(from the early 1980s)**	creativity, expressive arts modes, creative connection, arts for peace	N. Rogers (1984, 1993/2000, 2011), N. Rogers et al. (2012), Brown (2012), Ono (2018)
Spritual **(from the early 1980s)**	spirit, spirituality, presence, transcendent, faith	Arnold (1984), Bowen (1984), Thorne (1991, 1998, 2002), Leijssen (2008)
Ecological **(from the 1980s)**	ecology, ecological self, organism, formative tendency	Amatuzzi (1984), Neville (2012), Bazzano (2013), Blair (2013), Keys (2014), Tudor (2014)
Emotion-focused **(from the mid 1980s)**	present-moment emotional experience, assimilative integration, therapeutic task, task markers, end state	Greenberg et al. (1993), Elliot et al. (2004), Elliott (2012), Goldman (2017)
Working at relational depth **(from 1996)**	configurations of self, relational depth	Mearns (1996), Mearns & Cooper (2005), Schmid & Mearns (2006), Knox (2012)
Existential/ existentially-oriented **(from the late 1990s)**	existence as a process	Cooper (2004/2012), Stumm (2005), Madison (2010)

Contributions of the Person-Centred Approach

Mā tōu rourou, mā taku rourou ka ora te iwi.
With your food basket and my food basket the people will thrive.

Having established the ground that is person-centred psychotherapy, the second part of this article considers some of the contributions that Rogers and other person-centred theorists and practitioners have made to the wider field of psychotherapy, specifically, to research, to humanistic psychology and its therapies, and to education and training. In each of these discussions, I also acknowledge some of the problems posed by — and to — person-centred therapy and, more broadly, the person-centred approach, which have led to it being considered insufficient and/or irrelevant.

Research

Rogers was one of the first psychologists to undertake research into psychotherapy (see Rogers, 1942b) and, as noted above, the first to publish a complete transcript of his work with a client (Rogers, 1942a). He followed this up with numerous journal articles and two books on research: *Psychotherapy and Personality Change* (Rogers & Dymond, 1954) and *The Therapeutic Relationship and Its Impact: A Study of Psychotherapy with Schizophrenia* (Rogers et al., 1967). His theoretical formulations of the therapeutic relationship (Rogers, 1957, 1959) were derived from what would now be viewed as a form of grounded theory, based on close listening to recordings of client sessions. As he himself put it: "One of the most important characteristics of the client-centered orientation to therapy is that from the first it has not only stimulated research but has existed in a context of research thinking" (Rogers, 1960/1967a, p. 244).

In 1956, Rogers was honoured by the American Psychological Association in receiving (along with Wolfgang Köhler and Kenneth W. Spence) its first Distinguished Scientific Contribution Award; his citation included the reasons and acknowledgement for the award: "for formulating a testable theory of psychotherapy, and for extensive systematic research to exhibit the value of the method and explore and test the implications of the theory" (cited in Kirschenbaum & Henderson, 1990, p. 201). In the majority of its issues (from 1986-1990), the *Person-Centered Review* carried articles on research, and, in 1990, devoted a special issue to "Human Inquiry and the Person-Centered Approach" (Seeman, 1990). The current major international peer-reviewed journal in the field, *Person-centred & Experiential Psychotherapies*, first published in 2002, also regularly publishes research articles.

Writing in 1960 and reflecting on the large number of objective empirical investigations that client-centred therapy had already set in motion — 122 between 1942 and 1957, according to Cartwright (1957) — Rogers advanced some reasons for such stimulation of research:

1. Because "the theory of client-centered therapy has been seen from the first not as dogma or as truth but as a statement of hypotheses, as a tool for advancing our knowledge" (Rogers, 1960/1967a, p. 244), "[t]here has been a sense of commitment to the objective testing of each significant aspects of our hypotheses" (p. 244).
2. Due to the fact that this approach to scientific study can begin anywhere and at

any level of generality or refinement, "[o]ut of this attitude has come a series of instruments of increasing refinement for analyzing interview protocols, and … measuring … the self-concept, and the psychological climate of a therapeutic relationship" (p. 245).

3. Because the constructs of the theory in his formulation published the previous year — Rogers had identified 40 — had been "kept to those which can be given operational definition" (p. 245), the use of such operationally defined constructs meant that predictions based on these could be confirmed or disconfirmed, which, in turn, obviated the use of "success" and "failure" as criteria in studies of therapy.
4. Due to the fact that these constructs (such as self-concept, positive regard, and the conditions of personality change) have a generality — which meant that they have application and can be studied in a wide variety of human activities.

Because client-centred therapy has always existed in the context of a university setting, it had been exposed "to the friendly criticism of colleagues … to critical scrutiny … [and] to the eager searching of younger minds" (p. 246).

Rogers conducted most of his research between the late 1930s and the late 1960s. Following his move in 1967 from the University of Wisconsin to the Center for the Study of the Person, in La Jolla, California, he became less involved in research and more focused on developing person-centred psychology as an approach to life beyond the clinic. Nevertheless, he did promote "research thinking" in person-centred therapy and a person-centred approach to research (Elliott, 2007), which contributed not only to the development of *person-centred* therapy — which others have taken forward (for a bibliographic survey of which, see Lietaer, 2016) — but also to the wider field of psychotherapy. For instance, his research on the conditions of therapy (Rogers, 1957), which was originally an integrative statement (Stubbs & Bozarth, 1996), i.e., about all therapies, prefigured subsequent interest and more recent research in "common factors", i.e., those factors which are "in common" across therapeutic models and modalities.

I suggest a number of reasons for the lack of interest in this particular contribution of Rogers:

- The lack of knowledge across the field of psychotherapy as a whole: as practitioners tend to be educated or to train in a specific theoretical orientation or therapeutic modality, it takes openness, a specific interest, time, and some discipline to read outside and beyond one's core theoretical model.
- The lack of knowledge about or interest in research: until relatively recently, the majority of psychotherapists (myself included) were able to train and qualify without having to study any research in psychotherapy (methods, methodologies, etc.), other than case studies. This has led to what McLeod (2003) referred to as a "research gap" in psychotherapy and counselling between research and practice.
- The fact that most of the research paradigm(s) associated with psychotherapy research are not mainstream: the collective and/or individual view of human nature (ontology), the subjective nature of knowledge about self and others (epistemology), and the reflective and/or interpretive nature of how we might understand and process what

we discover or find (methodology), are all somewhat counter-cultural to the dominant paradigm of evidence-based research, i.e., *empirically*-supported evidence.

- The fact that case study research, the original form of research in psychotherapy, is viewed by significant authorities (and funders) as a low standard of evidence compared to randomised-controlled trials, which are viewed as the "gold standard" of evidence (e.g., Harbour & Miller, 2001; National Health and Medical Research Council, 2009).
- The fact that it is difficult to distinguish between psychotherapy and other forms of psychological therapies, especially counselling, counselling psychology, and clinical psychology, and also some therapy or therapies in rehabilitation psychology, psychiatry, clinical social work and clinical nursing. The lack of agreement — and, indeed, the considerable disagreement — about the distinctions between these different activities and disciplines internationally makes research and, especially, international research extremely difficult.

The fact that the majority of the education/training of psychotherapists internationally takes place in private training institutes means that students/trainees in this sector have less access to resources, including academic journals, than their counterparts educated/trained in the public sector. For many, this continues after qualification, unless a psychotherapist is a member of an organisation that produces a professional and/or academic journal.

The good news on the research front in this country is, not least, that this journal is now freely available; that Auckland University of Technology is establishing an entity (group/institute) for research in the psychological therapies; and that the NZAP has established a research committee that has identified certain priorities for research.

Humanistic psychology

The history of humanistic psychology cannot be understood or appreciated without acknowledging the influence of person-centred therapy. In November 1964, Rogers attended the founding conference of the American Association of Humanistic Psychology (AHPP) at the Wesleyan University and Old Saybrook, Connecticut (Bugental, 1965). As Elkins (2000) put it: "That conference helped clarify the vision and set the course of humanistic psychology in America. Within a few years, this movement became a 'third force' in American psychology" (p. 120). Initially, the focus of this new psychology was more in opposition to the dominant forces of psychoanalysis and behaviourism. As DeCarvalho (1990) put it: "At first … the AHPP was little more than a protest group. Its early organizational meetings were colored by a deep dissatisfaction with and rebellion against behaviourism" (p. 28). That said, Maslow, who was one of the inspirations for the founding conference, viewed humanistic psychology as "epi-behavioural" and "epi-Freudian" ("epi" meaning "building upon") (Maslow, 1962). Similarly, in his introduction to the special issue of the *Journal of Humanistic Psychology* (which had been established in 1961) devoted to papers from the Wesleyan/Saybrook conference, Bugental (1964) wrote: "Humanistic psychology generally does not see itself as competitive with the other two orientations; rather, it attempts to supplement their observations and to introduce further perspectives and insights" (p. 22). These further perspectives and insights include:

- Acknowledging the individual as a unique, truth-seeking, integrated (or integrating) and self-regulating whole, with a right to autonomy with responsibility, with capacities and potentialities.
- Conceptualising the person as being aware, creative, embodied, holistic, and responsible, having free choice, making sense and meaning, and, as primarily a social being, with a powerful need to belong.
- Viewing growth and therapy as being based on actualisation and self-awareness, including authenticity; an autonomy that acknowledges interdependence; emotional competence, completion, and creativity; and respect for wholeness, integrity, and difference.
- Asserting the centrality of the therapeutic relationship as the primary agent of therapeutic change, founded on the therapist's contactfulness and engagement, genuineness or authenticity, non-judgemental acceptance, and empathy; and as a resource for overcoming alienation (see Association of Humanistic Psychology Practitioners, 1998/2009; Bühler, 1965; Cain, 2001; Sutich, 1968).

Sixty years on, humanistic psychology encompasses many approaches, including gestalt therapy, neo-Reichian body psychotherapies, psychodrama, psychosynthesis, and transactional analysis, alongside person-centred and experiential therapies: which, I suggest, are the "big six" schools or approaches within this third force of psychology.

In Aotearoa New Zealand, there is a small Western humanistic tradition which has been expressed principally through the activities of the New Zealand Association of Rationalists and Humanists (established in 1927), whose members included Michael Savage (1872–1940), former Prime Minister of New Zealand (1935–1940). In terms of psychology and, specifically, psychotherapy, the humanistic tradition is similarly small and, currently, only represented in training courses in bioenergetics, Hakomi, psychodrama, psychosynthesis, and transactional analysis (for a description of which, see Tudor et al., 2013).

Reading the history of the NZAP, which was founded in 1947, it is clear that, initially, it was dominated by male medical professionals and positioned itself and its membership in close alliance with medicine (Manchester & Manchester, 1996). It is also clear that the primary theoretical influence — indeed, in the early days, the only theoretical influence — was psychoanalysis and psychoanalytic thinking. In 1974 the Association changed its name to The New Zealand Association of Psychotherapists, Counsellors and Behaviour Therapists, and established three divisions: analytic, general psychotherapy, and counselling. The next year, presentations at the Association's annual conference included, for the first time, some that reflected humanistic therapies (in that case, transactional analysis). Since then and, notwithstanding two further changes of name (in 1981 and 1987), the Association (now the NZAP) has embraced therapists from a number of humanistic schools, specifically, and almost entirely due to the presence of training courses in those approaches noted above as well as gestalt. However, I would question the inclusiveness of this embrace given the requirements of the Advanced Clinical Practice (ACP) pathway to full membership of the NZAP which clearly (and contradictorily) states that "This is not a training based on either curriculum or any particular modality of

psychotherapy; it is however rooted in psychodynamic theory" (NZAP, 2021, p. 4). This wording and sentiment runs the risk of alienating candidates who might consider the ACP pathway but feel or understand that they must undertake training, supervision, and personal therapy that is psychodynamic. The New Zealand Association of Child and Adolescent Psychotherapists (NZACAP) is exclusively psychoanalytic and psychodynamic in orientation, as its rules state:

The objects for which the Association is established are:

> 2.1 The fostering and advancement of the theory and practice of Child & Adolescent Psychotherapy with emphasis on the application of psychoanalytic, psychodynamic and system theory alongside developmental principles in diagnosis and treatment. (NZACAP, 2018, p. 4)

One aspect of the long and winding road to the state registration of psychotherapists in 2010 (Dillon, 2017/2020) was that this move was supported by a number of humanistic psychotherapists who thought that the relevant responsible authority, the Psychotherapists Board of Aotearoa New Zealand (PBANZ, "the Board"), would adopt a position of theoretical neutrality — which it did and still does. However, whilst this is true of the gazetted scope of practice for the child and adolescent specialisation (New Zealand Gazette, 2008, as well as subsequent revisions), the Board's (2019) additional core competencies for psychotherapists working with children and adolescents require such psychotherapist to have a knowledge base of psychoanalytic theory (competence E.1)a) and c)) and to be psychodynamic in practice (competence E.2)b). This contradicts the Board's claim to be theoretically neutral and excludes humanistic (including person-centred) child and adolescent therapists from registering as psychotherapists and contributing to the mental health and well-being of children and adolescents in this country.

Such old prejudices die hard. On one occasion (in 2009) when I introduced myself to a colleague as a humanistic psychotherapist, she replied abruptly: "Isn't that a contradiction in terms?" I appreciated her saying this as it was a useful pointer to the profession of psychotherapy in this country, and my acclimatisation to both. Nevertheless, it appears that, until all psychotherapists in this country accept what is referred to as the Dodo bird verdict (from Lewis Carroll's *Alice in Wonderland*) on psychotherapy research comparing therapeutic modalities, i.e., that all have won and all must have prizes (King et al., 2000; Luborsky et al., 2002; Rosenzweig, 1936; Wampold, 2001), psychotherapists, health practitioners, and health care providers who identify as humanistic, let alone person-centred, will not feel so prized.

Education and training

Rogers was one of very few founding fathers or mothers of a school of, or approach to therapy, to articulate and publish their ideas about education — and he did so not only about the education and training of therapists, but also about education in general. His book, *Freedom to Learn*, was originally published in 1969; a thoroughly revised version appeared in 1983; and a third edition appeared after Rogers' death (Rogers & Freiberg, 1994). Rogers identifies the aim of a more human education as, typically, being a movement towards: a climate of trust in the classroom; a participatory mode of decision-making in all aspects of

learning by all participants; helping students prize themselves; developing excitement and curiosity in intellectual and emotional discovery; and developing in teachers these attitudes when facilitating learning and helping students grow as persons. This has led the more Rogerian of person-centred therapy courses or programmes to promote and facilitate students' self-directed learning, including assessment (for one report of which, see Blomfield, 1997).

Like A. S. Neill (1960) and Paulo Freire (1967/1976; 1972), each of whom Rogers cites, Rogers made a distinction between education and schooling, and between education and training, and wrote about issues of power in training and, more broadly, the politics of education. Rogers was so committed to this freedom that he asserted that "no student can or should be trained to become a client-centered therapist … It is far most important that [the student] be true to his experience than that he should coincide with any known therapeutic orientation" (Rogers, 1983, pp. 423-424). This perspective again demonstrates Rogers' anticipation of subsequent developments in the field, in this case, research which demonstrates that the therapist's theoretical orientation is much less significant with regard to therapeutic outcome than is the therapeutic relationship or any other extra-therapeutic factors (Lambert, 1992; Wampold, 2001). Thus, research suggests that education/training course/programmes in psychotherapy (and counselling, and counselling and clinical psychology), rather than focusing on a core theoretical model, should be acknowledging the significance of extra-therapeutic factors, or the heroism of the client as Duncan, Miller and Sparks (2004) put it; and the importance of the therapeutic relationship, or, more precisely, the ability of the therapist to relate therapeutically with a range of clients. Rogers' ideas were radical at the time, and remain so some 50 years later, especially in the context of the increasing regulation of education and training in psychotherapy and other social and health professional activity.

In the light of Rogers' theoretical rigour and his ideas about education and training, it is particularly ironic that, following the end of the Wisconsin research project, two of his associates, Charles Truax and Robert Carkhuff, in their subsequent work on effective counselling and psychotherapy, focused on only three of the six necessary and sufficient conditions of therapeutic change, i.e., the therapist's accurate empathy, non-possessive warmth, and authenticity or genuineness. They also promoted the training of these as technical skills rather than being a part of a broader education about the qualities of the therapeutic relationship. In doing so, Truax and Carkhuff (1967) popularised the inaccurate and unhelpful term, "the core conditions" (a term Rogers never used); reified the role of the therapist as "offering" these conditions, and discounted the role and person of the client, thereby setting in motion a skills training approach which fundamentally misrepresented person-centred praxis. Whilst the authenticity of the therapist is crucial, as is their acceptance of and empathy for the client, these qualities are not sufficient for effective therapy — and Rogers never claimed they were. The impact of Truax and Carkhuff's work and influence, including on other practitioners and writers such as Gerald Egan, famous for his book *The Skilled Helper* (the first edition of which was published in 1980), however, was to "dumb down" Rogerian and person-centred praxis to the point that, whilst these skills were seen as fundamental, they were viewed as only foundational. Thus, "person-centred" has been considered by some as only a form of counselling and insufficient as a psychotherapy;

and, within counselling, by others, as only basic and, therefore, requiring other supplemental theory and skills. Evan Sherrard (personal communication, August 2015) offered a counterpoint to this:

> I personally think of my Rogerian foundation … as the fundamental foundation for any psychotherapeutic approach … [being able] to sit and listen effectively to people and keep yourself out of it and be focused on [the] client in front of you — the skills that Rogers encourages. You can't use any other method.

Understandably, person-centred educators and trainers have, over the years, countered this and there are now many professional and degree courses and programmes in counselling and psychotherapy all over the world that provide a thorough education/training in the person-centred approach. Reviewing the prerequisites for NZAP's Advanced Clinical Practice pathway (NZAP, 2021), and the recently published *Consultation Response [Training] Accreditation Standards* (PBANZ, 2021), and knowing the depth and breadth of the approach, it is clear that a person-centred education/training course/programme could meet all the requirements set out in both documents.

Person-Centred and Experiential Therapies in Aotearoa New Zealand

> He aha te mea nui o te ao? He tangata, he tangata, he tangata.
> What is the most important thing in the world? It is the people, it is the people, it is the people.

In some ways, one could argue that the person-centred approach has become a victim of its own success in that, while it is a well-known term, few connect or attribute "person-centred" to Rogers or to person-centred psychology. Similarly, the term and claim to be "patient-centred" is rarely based on client-centred therapy and its various developments. A recent search on these terms in New Zealand documents revealed the following:

- Encouraging person-centred care (Gee et al, 2011).
- Models of care that are person-centred (Clendon, 2011).
- Patient and family centred care (Boon, 2012).
- Patient and family/whanau-centred care framework (Taranaki District Health Board, 2013).
- Person-centred and people-directed approach (Ministry of Health, 2013).
- Person-centred care for people living with dementia in New Zealand (Gee & Scott-Multani, 2014).
- People-centred and integrated health services (World Health Organisation [WHO], 2015)
- Person-centred (Tameifuna, 2015).
- Patient centred care (Keene, 2016).
- A person-centred future in New Zealand (Tautoko Support Services, 2016).

- A person-centred care scale (Yeung et al., 2016).
- Patient and person-centred care (Health Navigator New Zealand, 2020).
- Person centred approach (Spectrum Care, 2020) (which, in the past two years, has been replaced by a "customer-centric" model).
- Person-centred approach — in a health or wellbeing setting (New Zealand Qualifications Authority, 2021).
- A person-centred approach to primary mental health and addictions support (Closing the Loop, n.d.).

In none of these documents, reviews, or articles is Rogers (or are any other person-centred writers) acknowledged, cited, or referenced. This is not unique to Aotearoa New Zealand, but this is the evidence from the New Zealand context. Indeed, this extends to two key international documents on patient-centred care, one from the Institute of Medicine (2001) and the other on a framework for integrated people-centred health services from the World Health Organisation (WHO, 2016). The one exception to this is a learning guide to the person-centred approach produced by Career Force/Te Toi Puhenga (2017) which acknowledges that:

> Person-centred is a term that originates from the works of psychologist Carl Rogers (1902-1987), who recognised there were key elements in optimising peoples' health and wellbeing. One was ensuring people were empowered to make decisions about the life they choose to live, and secondly that positive and meaningful relationships were at the very core of a person's sense of wellbeing. (p. 2)

I appreciate this acknowledgement of Rogers' work and agree with the summary, especially in the context of practice, work and life in this country. Elsewhere, Brian Rogers and I have traced the history of the person-centred approach and of person-centred therapy *in* this country (Rodgers & Tudor, 2020, Tudor & Rodgers, 2020). We emphasise the preposition "*in*" in order to acknowledge the fact that the person-centred approach and its various forms of therapy are, as with all therapeutic modalities in this country, settler therapies.

Here in Aotearoa New Zealand, those of us who are proponents of person-centred therapies face a number of historical and contextual issues with regard to identifying and organising around person-centred therapies:

- The fact that neither Carl Rogers or any of his immediate students or followers visited this country professionally:
- Rogers and his wife, Helen, did spend some days here in February 1965 on his way back from Melbourne where he had addressed a meeting of the British Psychological Society (Victorian Group) and the New Zealand College of Psychiatrists (Victorian Branch), at which he presented a paper on the therapeutic relationship (Rogers, 1965; for details of which, see Rodgers & Tudor, 2020). During his short time in New Zealand, Rogers stayed with, or visited Reverend David Williams who had trained with him in Chicago and was one of a number of clergy who were influential in developing counselling services in New Zealand, including Lifeline (which Williams founded).

To date, this is the only direct connection I have found between Carl Rogers and one of our own founding fathers, though Evan Sherrard (who was more associated with both psychodrama and transactional analysis in this country) also trained in person-centred counselling, at the Institute of Religion in Houston, Texas (1964-1965), and always acknowledged this influence in his work (as noted above).

- The fact that client- or person-centred therapy is not widely taught in Aotearoa New Zealand:

  Although a number of educators/trainers, especially in counselling education, will claim to be basically person-centred, there are no counselling courses based on person-centred psychology. One, Vision College (Active Training Centre) in Christchurch, has one core paper (i.e., a course within the programme) on person-centred counselling. Counselling education/training providers with whom I have talked about this say either that they don't teach it or that they only teach it in the foundation or first year as they then have to teach other approaches in order to satisfy the organisation, external accreditation bodies (see New Zealand Association of Counsellors, 2016), and/or funders. I know of one course, which did teach person-centred theory and skills, that was closed entirely on the basis of one manager's misunderstanding and ignorance of the approach.

- The fact that there is a strongly-held distinction between counselling and psychotherapy in this country:

  Despite — or perhaps because of — the fact that, from 1974 to 1987, psychotherapists and counsellors were part of the same professional association, for the past 30 years there have been two distinct national associations of psychotherapists and counsellors (and, from 1975, another one specifically for child and adolescent psychotherapists). One feature of this is that counselling is seen as drawing more on and reflecting humanistic psychology while psychotherapy is seen as more influenced by psychodynamic and psychoanalytic thinking; and, indeed, for many colleagues here, psychotherapy is seen as synonymous with psychodynamic, which, philosophically, represents a category error whereby a species (in this case an approach to and within psychotherapy) is conflation with the genus (that is psychotherapy). It appears that, despite the presence of some humanistic psychotherapists in the NZAP (including bioenergetic practitioners, gestaltists, Hakomi practitioners, psychodramatists, psychosynthesis practitioners, self-psychologists, and transactional analysts), the default setting and basic assumptions of the organisation is psychodynamic (see Murphy, 2017; Tudor, 2017). Clearly, for some, such distinctions, including that between psychotherapy and counselling, remain important; for others, such distinctions can appear to be expressions of the narcissism of small differences that make very little difference to improving the mental health of New Zealanders and, specifically, to increasing the number of psychological therapists, especially psychotherapists, counselling psychologists, and counsellors in the public sector.

The fact that any education/training in person-centred therapies in Aotearoa New Zealand would need to engage with biculturalism, specifically Te Tiriti o Waitangi, and, more broadly, with mātauranga Māori:

This is an important journey and one that needs to be undertaken with humility and respect and on the basis of relationship(s). On the basis of a sophisticated, comprehensive, and well-researched person-centred psychology, I would argue that we have the theory to sustain this journey regarding the organism; actualising and formative tendencies; the person and people(s); alienation; diagnosis; conditions of therapy, including contact; processes of therapy, including fluidity; a countertheory of transference; the environment; and much more. One recent step on this journey was PCE2021, the fourteenth biennial conference of the World Association of the Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC), which was held earlier this year in-person at Te Purengi, the wharenui of Ngā Wai o Horotiu, the marae at Auckland University of Technology, and online with colleagues all over the world (PCE2021, 2021). This was the culmination of a five year journey which had the aim of bringing the person-centred and experiential world to Aotearoa to see and understand what we do and are trying to do here with regard to bicultural engagement, and to let the small person-centred and experiential community here see what the international community has to offer. Part of this journey in organising the conference entailed a lot of conversations, and another part took the form of some intellectual work — including Ioane and Tudor (2017), Haenga-Collins et al. (2019), Tudor and Rodgers (2020), Rodgers and Tudor (2020), Rodgers et al. (2021), and Tudor (2021) — which, we hope, will provide some basis for further conversations and new and enhanced ways of thinking about what an approach that centres on the-person-in-context might offer.

In making these points, I am aware that they focus on a particular Western psychology and therapy in a post-colonial context. This is not to ignore the many kaupapa-based services provided by non governmental organisations throughout this country, or the many indigenous practitioners working in organisations with strong foundations in mātauranga Māori. In this sense, if they are to be relevant in this country, all Western psychology and psychotherapy/ies need to address the gaps between rich and poor; private and public provision; continuing colonisation and decolonisation (for instance, of curricula); exclusive and inclusive education/training and practice; and so on. In this sense, I think there is more to do in ensuring such relevance through deconstructing Western psychologies, psychotherapies, and narratives, a process which I suggest involves both humanising as well as resacralising psychotherapy (Samuels, 1992/1993); and decolonising and indigenising the curricula of psychotherapy education and training.

Conclusion

Although rarely sighted in this country, the person-centred species of the genus psychotherapy does exist, and, indeed, at nearly 80 years old, has longevity and wisdom,

depth and breadth. Although viewed as a poor and younger relation by some of its psychodynamic cousins, it turns out to be something of a grandparent in its own right to the practice, discipline, and profession of psychotherapy. Nevertheless, and like any other Western, settler psychology and therapy, if it is to be relevant to and in this country, it needs to deal with, as Salmond (2017) puts it: "the collision of cosmologies ... [whereby] during encounters between people who live differently, taken-for-granted assumptions may come to light and be questioned" (p. 413). I hope that this article, as well as the larger project of which it is a part, suggests that person-centred psychotherapy is not only rigorous and relevant, but also — and drawing on its own theory — both extensional and respectful enough to be open to change where the ground is different.

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