

# The Silent Saint

## Carl Rogers

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It would be impossible to pinpoint precisely when CCT (Client-Centred Therapy or Person-Centred Therapy as it is now termed) was born nor when it did actually become a proper therapeutic procedure. From the 1940s onwards Carl Rogers, who had come to be regarded as the founder of CCT, had slowly developed and introduced a new approach to therapy based on a previously rather unaccepted basis. Simply stated, it did away with the need for a basic diagnosis of the client's problem, maintaining that it is the client himself who is in the best position of all, and knows best, what the problem is and what s/he would like to achieve in therapy. Thus, of all the therapeutic orientations, CCT is the least interventional of all; it doesn't assume to interpret, explain, impose or otherwise direct the client into a specific direction or pattern. Some called this bold, unusual approach as going where no therapist dared go before. - and there's some degree of truth in this statement.

Client-centered therapy is, from the therapist's as well as the client's points of view, a therapy based on attitudes. Unlike other therapies, its essence involves the implementation of three therapeutic attitudes *Congruence*, *Unconditional positive regard* and *Empathic understanding*. CCT is not concerned with the diagnosis of disorders and subsequent application of treatments and as such it is not an application of techniques. The client-centered therapist's behavior is guided by a philosophy of personal attitudes and by her/him holding these therapeutic attitudes in relationship with a client. These genuine attitudes must somehow be perceived by, and in time they have a positive effect on, the client. It may be useful to try and explain each of the three main therapeutic attitudes in order to understand how they come to influence the therapeutic process.

### Congruence

Congruence can be described as a quality of "transparency", a kind of honesty that is more perceived than proven. It is when the therapist is aware of his own feelings, emotions and experiences and strives to respond to the client "material" in an authentic and honest manner that is felt by the client to be so. In that sense, whatever is felt inside is congruently offered out (when appropriate), while any discrepancy between what is felt by the therapist and what is expressed (or withheld), is sooner or later detected by the client and is detrimental to the therapeutic process. The main criterion that should guide the therapist's disclosure of his inner feelings is whether or not it will be in the client's interest to do so. (A persistent, recurring feeling is almost always better disclosed than not).

It can be appreciated from this that congruence is an attitude, a way of being; it cannot be turned on and off at will. Congruence means (the therapist) being self-aware, self-accepting, and having no mask between oneself and the client. The therapist knows himself and is willing to be known. It is truly a difficult task placed upon the therapist, one which s/he (ideally) never stops striving to achieve. Congruence as a sustained characteristic is a felt, perceived, appreciated quality; in time it stimulates a similar process in the client by which s/he may come to accept her/his own problems and feelings. It is closely coupled with

### Unconditional Positive Regard

This is a prerequisite in CCT in which a client's actions, feelings, the person itself, is positively accepted as s/he is. Save extreme cases in which the therapist finds him/herself unable to accept the client's views or actions (in which case s/he must say so and possibly refer the client elsewhere), UPR creates a climate the kind of which the client had probably had little experience previously, and the lack of which was probably one of the factors that brought him in alienation with some of his/her feelings, some of his/her self, in the first place.

As with Congruence, and working inseparably with it, sustained *Unconditional Positive Regard* for the client has in the long run the welcome effect of the client beginning to accept her/his own alienated parts of the self and eventually become a fuller, more wholesome person.

### Empathic Understanding

Empathic understanding is fundamentally a subjective experience extended by the therapist to, and felt (or not) by, the client. It is a subjective and tentative understanding of thoughts and feelings that are being expressed by a speaker (client). Empathic understanding is extended to the speaker in a genuine manner provided the content of what is said is properly understood by the listener (therapist) and confirmed by the speaker (the client) to be so.

The attentive listener (therapist) absorbs the client's communications and personal experience and at some point comes to have a feeling of understanding the client. The therapist strives to understand, as much as it is humanly possible, the client's experience through the client's eyes, as the client's experience it. Occasionally the therapist needs to articulate her/his felt understanding to find out whether or not they are accurate from the client's point of view. The client in this instance is the only possible judge concerning what s/he has been meaning or intending to express and communicate. By way of a range of means, such as metaphors, paraphrasing, declarative statements, checks, the therapist implicitly asks the client essentially "Is this what you are saying?", or "Do I understand you correctly?" Succinctly put, the therapist empathises with and strives to understand the client's point of view as if he was the client - but without ever losing sight of the *as if*.

Such "interventions" in person-centered work are almost always expressed with the sole intention to check and verify the accuracy of the listener's understanding. They are intended to give the client the opportunity to confirm, reject or qualify what s/he had been saying.

As stated above PCT is a non-directive, therapeutic approach. By directive it is meant any therapist's behavior that deliberately steers the client in some way, according to some theory or prescription. Directive behaviors include asking questions, offering treatments, and making interpretations and diagnoses. Virtually all forms of therapy other than PCT - certainly the analytical and behavioural ones - are to various degree directive.

On a theoretical level a non-directive approach is very intriguing and appealing. It allows the client to keep control over the content and pace of the therapy. There is no "evaluation" of the client by the therapist in any way and no trying to "figure them out". So how can such an approach work, without the therapist interjecting his/her "knowledge"? And on what? The answer is, whatever the client brings to it. And that is, honestly, a very good answer because the fundamental belief of PCT is that first, the client knows best what hurts and second, that all people have the innate, inborn tendency and potential to move toward growth and healing and have the capacity to find their own answers. This potential is helped along by an accepting and understanding climate, which the PC therapist seeks to provide above all else. Roger put it thus:

### *The Actualising Tendency*

"The actualizing tendency can, of course, be thwarted or warped, but it cannot be destroyed without destroying the organism. I remember that in my boyhood, the bin in which we stored our winter's supply of potatoes was in the basement, several feet below a small window. The conditions were unfavourable, but the potatoes would begin to sprout - pale white sprouts, so unlike the healthy green shoots they sent up when planted in the soil in the spring. But these sad, spindly sprouts would grow 2 or 3 feet in length as they reached toward the distant light of the window. The sprouts were, in their bizarre, futile growth, a sort of desperate expression of the directional tendency I have been describing. They would never become plants, never mature, never fulfil their real potential. But under the most adverse circumstances, they were striving to become. Life would not give up, even if it could not flourish. In dealing with clients whose lives have been terribly warped, in working with men and women on the back wards of state hospitals, I often think of those potato sprouts. So unfavourable have been the conditions in which these people have developed that their lives often seem abnormal, twisted, scarcely human. Yet, the directional tendency in them can be trusted. The clue to understanding their behaviour is that they are striving, in the only ways that they perceive as available to them, to move toward growth, toward becoming. To healthy persons, the results may seem bizarre and futile, but they are life's desperate attempt to become itself. This potent constructive tendency is an underlying basis of the person-centred approach."

On the face of it PCT may sound deceptively simple or limited, because there is no particular structure that the therapist is trying to apply during the session(s). Yet when observed in action, it becomes clear that PCT is a very rich and complex process. People unravel their own problems. They discover new things, take brave, sometime painful steps. Unlike other orientations, they don't have to cope with a therapist who is doing things to them, or for them, explaining or interpreting. The therapist strives to understand and accept the client's material as is, the person that s/he is, which is no simple feat. Over time, the client increasingly comes to understand and accept his/her own stuff too. Sumarised then, the key concepts of PCT are:

- No formal diagnosis, relying instead on client's on self report
- Understand the client from the client's internal frame of reference (empathy)
- Encourage client to speak freely about discrepancy between person he see's himself as and person he would like to be
- Create atmosphere of freedom and security
- Reflect verbalizations as revealed by client
- Demonstrate warmth and Unconditional Positive Regard for client
- Help client learn to replace Conditional Positive Regard with Unconditional Positive Regard.
- Therapy is regarded to be successful if client can view self in a more positive light

PCT's effectiveness has been amply demonstrated by decades of research and clinical practice. Furthermore, as Rogers pioneeringly suggested and as research has shown, the most significant variables in the effectiveness of (any) therapy are aspects of the quality of the client-therapist relationship and the therapist's personal development - not the particular orientation they practise or techniques they employ. PC therapists focus more attention on these variables than therapists of any other discipline. As surprising as it may seem to some, research has never shown that it is more effective to address specific problems with specific therapy techniques. Thus, without such proven results, there is possibly no justification for a therapist to make diagnoses in the first place; indeed, PCT proves that a successful therapy can be conducted and achieved without such orthodox tools.

I must confess that out of the various schools of thought and different orientations, I feel a special affinity with PCT. As I see it, PCT possibly imposes a greater challenge for personal development and growth on the therapist than any other discipline. In fact it turns its demands of attitudes, of continuous personal growth, of congruence and wholeness, into a complete way of being and way of living one's life. It is by no means an easy task to achieve, and without them one would not make a good PC therapist.

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