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**Why Rogers is**

**still relevant**

**Catherine Jackson** explores what the person-centred approach

has to offer clients and therapists today

early 70 years ago a US psychologist came up with

a list of the factors that he

considered to be ‘necessary and sufficient’ to bring about

‘therapeutic personality change’. Over the years, that short list of six ‘conditions’ has given birth to one of the most widely available forms of psychological helping worldwide, and numerous offshoots.

Especially here in the UK, person-centred

counselling (or what its originator, Carl

Rogers, initially called ‘client-centered

counseling’) seemed to take a particular

hold and has continued to thrive and

dominate the talking therapy world since

the 1960s, although it has been challenged

of late in its dominance by CBT. A quick

scan of BACP’s therapist directory reveals

both are top of the list of members’

offers, and with 70,000-plus members,

that suggests it is practised by a lot of

therapists, in private practice at least.

Even in the NHS, person-centred therapy,

in a modified, short form, is still holding

its own, and has demonstrated its

effectiveness in randomised controlled

research and practice-based data.

So what was it, and is it still, about personcentred counselling that keeps it alive? Is it, indeed, still a living, growing thing, capable of continually actualising, in Rogerian terms?

To mark the publication of a new edition of

the classic text *The Tribes of the Person-*

*Centred Nation*1 – first issued in 2004 when

it was edited by the late Pete Sanders; now

edited by Mick Cooper in its third edition

– we asked some of the UK’s leading

theorists and practitioners for their views.

Are Rogers and his theories still relevant?

By way of context, it’s helpful to know

that the person-centred approach and the

six conditions emerged from a 12-year

period of intense theoretical creativity and

research led by Rogers at the University of

Chicago Counseling Center from 1945 to

1957. He then left the university to move

to another professorship, uniquely of

psychology and psychiatry, at the University

of Wisconsin, where he sought to test

person-centred practice with the most

challenging of patient populations – longstay

patients in a psychiatric hospital. But

while at Chicago he and his team pioneered

a vast programme of methodologically

robust research into the effectiveness of

the new, humanistic talking therapy they

were developing, testing out its hypotheses

with clients using the centre and instigating

further developments in thinking, research

and practice. Rogers didn’t just scribble

the six conditions on the back of an

envelope one afternoon; they were the

fruit of a combined team effort.

It’s also helpful to know that – put hugely

simplistically – Rogers distinguished

between *client*-centred counselling, the

one-to-one practice, and the *personcentred*

*approach*, a much wider

philosophical approach that could apply

across the helping professions and was

deliberately intended to challenge the

medical, diagnostic approach then

predominant in talking therapy in the US

and Europe. The person-centred approach

placed the person – the client – at the

centre, and looked to how to provide the

‘necessary conditions’ for that person to

thrive emotionally and psychologically to

be the best they could be. As Rogers wrote

in his 1980 bestseller, *A Way of Being*,2

which brought his ideas to a readership far

wider than psychological and counselling

practitioners: ‘The old concept of “clientcentered therapy” has been transformed into the “person-centered approach”. In other words, I am no longer talking simply about psychotherapy, but about a point of view, a philosophy, an approach to life, a way of being which fits any situation

where growth – of a person, a group or

a community – is part of the goal.’

So, in this article we are talking about

an approach, its underpinning philosophy

and how it is currently enacted as a form

of talking therapy.

**Timeless framework**

The debates around the necessity and

sufficiency of the conditions, the meanings

of the so-called core conditions (three, four

and five – see box, right), and how they are

implemented in practice are legion, often

heated and sometimes vicious. There are

also some basic tenets of good practice

that distinguish the approach from other

therapies, such as its adherence to

non-directivity, and notable beliefs and

values, such as the belief in the human

actualising tendency, the influences of the

internal and external loci of evaluation, and

‘What Rogers produced was hugely ahead of its time in terms of capturing the therapeutic process’ **SUSAN STEPHENI**

the conditions of worth, which together

encapsulate Rogers’ view of human

personality growth and development and

what hinders it. ‘What Rogers produced was hugely ahead of its time in terms of capturing the therapeutic process,’ says Susan Stephen,

a lecturer in counselling at the University

of Strathclyde and co-editor with Mick

Cooper and others of the forthcoming

third edition of *The Handbook of Person-*

*Centred Psychotherapy and Counselling*

(Bloomsbury).4 Importantly, she says,

Rogerian thinking hasn’t stood still since

he moved on to work in other realms of

practice: ‘The six conditions are extremely

elegant; subsequent developments have

elaborated them.’

Moreover, it is a therapy that needs to be

fought for in today’s quick-fix world where

time is seen as limited and costly. If we

want to inhabit a just, equal and flourishing

society, we need this kind of therapy with

all its values and belief in human growth

and potential, she argues: ‘The question

is surely, can we afford not to offer that?

And if we are working with people who

don’t have an expectation of that or a

sense of that possibility, or are caught

in circumstances in which that seems

impossible – that is also part of the picture.

Which is why we can’t think of it as just something that happens in the therapy room, it’s a real sociopolitical issue.’ For Andrew Reeves, Professor of Counselling Professions and Mental Health at the University of Chester, the six conditions create the environment for the therapeutic relationship to have its effect: ‘They made sense in terms of the core relationship, and 70 years on those

conditions are still equally important. If we can’t form a relationship with people in a respectful, equal way, what are we doing?’

He sees a particular strength in its championing of a different way of being with suffering people: ‘For me there’s a philosophical issue here. I’ve always been really proud to call myself a counsellor because, for me, counselling is rooted in

society, in community. Philosophically it sits

with the type of therapy I offer and within that humanistic approach that foregrounds the relationship. I think it’s not only relevant

to us today but also crucial in enabling us

to hold on to an identity of counselling that

I think is under threat from all sorts of forces.’

Psychotherapist Val Watson has worked

across a wide range of roles, including

heading up university counselling programmes and counselling services for

students. She currently works in private

practice and as a consultant. Throughout

**THE SIX CONDITIONS**

**First published in 1957 in a paper written for the *Journal of***

***Consulting Psychology*,3 the six conditions considered both**

**‘necessary and sufficient for therapeutic personality change’ are:**

**1.** That two persons are *in contact*

**2.** That the first person, whom we shall term the client, is in a state of

*incongruence*, being *vulnerable or anxious*

**3.** That the second person, whom we shall term the therapist, is *congruent*

in the *relationship*

**4.** That the therapist is *experiencing unconditional positive regard* toward

the client

**5.** That the therapist is experiencing an empathic understanding of the

client’s *internal frame of reference*

**6.** That the client perceives, at least to a minimal degree, conditions four

and five, the *unconditional positive regard* of the therapist for him, and

the *empathic* understanding of the therapist [original emphases].

her long career she has stayed with the

person-centred approach as providing the guiding values and principles for her practice. It is timeless, and universal, she says – like Shakespeare: ‘I’ve got interested and trained in other approaches and regularly use those ideas alongside and blended with the person-centred approach. But the person-centred

approach is the one that sits best with me,

and the more I read Rogers and the more

modalities I have studied, the more it

makes sense and reinforces his relevance.

I get excited all over again by what he has

written. It’s the same with Shakespeare.

You are taught it at school but later you

return to his plays and realise that, yes,

it has meaning in real life – this is how it’s

touching me now. I find the more I return

to Rogers’ writing and thinking, the more

profound what he has to say is, and the

more his research reveals. And I know it

works because I’ve lived it. But it’s not the

only way, and people need to practise in

the way that works for them.’

**Monocultural**

Watson is black; Carl Rogers was very

much white and middle class, and there

has been much discussion over the

decades about his apparent failure to

actively acknowledge race in his work and

thinking. The edited collection *Carl Rogers*

*Counsels a Black Client*5 offers thoughtful

critiques by several authors of a series of

videoed demonstration interviews Rogers

recorded with a young black man, in which

he glides past the man’s evident anger at

his experiences of racial injustice. Likewise,

his contribution to *Three Approaches to*

*Psychotherapy*,6 a series of demonstration

films featuring the client ‘Gloria’ that Rogers made in 1965, alongside Frederick Perls (demonstrating Gestalt) and Albert Ellis (rational emotive therapy), has been criticised for being overwhelmingly patriarchal, notably and recently in the 2022 play *The Patient Gloria*. Rogers, it is said, steers the process towards his own agenda, and away from the dilemmas of being a single mother that ‘Gloria’ herself was seeking to unravel. So, does Watson think the person-centred approach crosses cultures comfortably?

‘Well, yes and no,’ she says. ‘Rogers was a product of his time. He didn’t know what we know now; he wasn’t black, and he couldn’t articulate his own puzzlement and confusion in the way we can now

‘Rogerian philosophy doesn’t recognise that there are other people

in other cultures. That doesn’t stop it from being profound’ **VAL**

**Passive nodding**

A common criticism of classical personcentred

practice is that the therapist just sits and nods and repeats back what the client has just said, muttering an encouraging, ‘Mmm, mmm…’ from time to time – the aim being essentially to follow the client in their process of working out what the problem is and how they might

resolve it, rather than leading them in a more solution-focused way. Rogers’ friend and former colleague John Shlien was so nettled by the caricatures of this practice of reflection’ that he wrote to Rogers:8 ‘“Reflection” is unfairly damned. It was rightly criticised when you described the wooden mockery it could become in the hands of insensitive people, and you wrote beautifully on that point. But you neglected the other side. It is an instrument of artistic virtuosity in the hands of a sincere, intelligent, empathic listener. It made possible the development of clientcentered therapy, when the philosophy

alone could not have.’ Watson says it took time for her to appreciate the artistry the person-centred approach takes and the depths it opens up. ‘The person-centred approach shuts you up and makes you listen as a therapist, and listening is the most powerful thing you can do. I say to clients who ask me to be more directive, “I believe you can think best for yourself. If you want to know what I think, I might offer it, but I am not sure it will be very helpful.” It’s inviting that conversation because quite often what

brings people into therapy is they are being

directed to think and feel a certain way and

recognising that isn’t how they are thinking

and feeling.’

**Goal-setting**

McLeod has moved on from his personcentred beginnings, following the research findings that tell us that clients do better if what he had to say, from his position of understanding, and we can take it further,

and theorists and researchers are doing

exactly that.’ John McLeod, Emeritus Professor of Counselling at Abertay University, cites research by Leslie Margolin10 that subjects the transcripts of the Gloria films to close scrutiny to highlight how Rogers erases

her gender: ‘It’s not that Rogers is

reframing the client’s goals and experience

in terms of his own theory. All therapists

do that to a greater or lesser extent. For

Margolin, the problem is that Rogers –

and other person-centred practitioners –

insist that they are not doing that, and as

a result fail to be sufficiently self-critical,’

McLeod says. And indeed, as Andrew Reeves points out, there is a similar danger with the core condition of unconditional positive regard: ‘I don’t think we can be unconditional,

and the danger is, if we tell ourselves we

are, we take our eyes off the ball of our own darkest sides – those factors in our life, social upbringing, culture, our own traumas and difficulties. If we purport to be unconditional we can miss it when we are not. It’s about holding our judgments in awareness and working with them – that to me feels a more pragmatic way of interpreting it.’ And yes, he says, teaching on the core conditions does perhaps encourage practitioners to think individualistically: ‘Our clients live in a context of family, friends, employment, community, politics, spirituality, faith, harm and abuse. People often feel they have no voice and don’t

know how to advocate for themselves. There’s a danger in thinking what happens

in our room is the start and finish for clients. Carl Rogers came up with the notion of person-centred therapy in a very particular social context, and that has in many ways changed beyond recognition.’ because we have had opportunities to have that interrogated and be properly challenged. Yes, he was working from the perspective of a privileged white male, which many people are still wrestling with now. I think in terms of crossing cultures, it does, but cultural difference isn’t properly explored in Rogerian philosophy. It is very encapsulated; it doesn’t recognise that there are other people in other cultures thinking in very different ways. ‘That doesn’t stop it from being profound. It’s about how we make use of that basic philosophy and adapt it and make it relevant to the 21st century. It’s about critiquing and understanding they and the therapist agree and share the same goals.

‘The great thing about Rogers was that he was so open to learning, and

that is one of his great legacies to counselling and psychotherapy’ **JOHN**

In recent years he has been developing a pluralistic approach alongside Mick Cooper and a growing number of practitioners who see collaboration with the client and a more

goal-directed focus as a valid branch of

the person-centred tree. He says: ‘In pluralistic therapy a central element is to make decisions with the client around what would be useful and helpful for them. If I am sitting with a client I might say something like, I don’t have a sense of where we are going with this, can you say more about what you want from this session? That requires a shift

**THE HEART OF THE PERSON-CENTRED APPROACH**

**FIONA BALLANTINE DYKES is a humanistic**

**integrative practitioner, working in the third**

**sector, and lead author of *Counselling Skills and Studies* (Sage), now in its third edition:**

It seems to be there is so much polarisation now, identifying yourself as different and distinct. But Rogers offered another pathway: that our job is to enter the other person’s world and understand it. There is a kind of cultural protectionism that means people are given the message that they cannot possibly understand difference because it is not part of their own culture or background, and we as a profession need to resist that. That to me is what Rogers sought to challenge. We have to get beyond that and still seek to understand, not to bar the doors and exclude others. We need to open

ourselves to the risk of being both floored and flawed!

**DEONE CURLING is Assistant Professor in the Department of Applied Psychology and**

**Human Development, University of Toronto/**

**Ontario Institute for Studies in Education:**

I worked for 20 years as a counsellor in an inner-city community health clinic where we were required to deliver CBT. But I always took Rogers’ conditions as my starting point. Clients would say, “You are the professional, I’ll tell you what the problem is, and you tell me how to fix it. You are the one with the schooling,” but how could I do that if I didn’t understand their world view and if they hadn’t even been invited to articulate it? CBT may negate the social and political injustices

contributing to clients’ suffering; the personcentred approach creates a space for clients

to acknowledge it and put words to it. A lot of my students come from South Asia and China, from very diverse cultures. When they say that reflection is just repeating what the client says I take them through a transcript of one of Rogers’ client interviews, and I show them it isn’t just repeating, it’s moving the dialogue deeper. Once they understand that, there is an appreciation of the time it offers for the client to feel strong feelings. That to me is what person-centred therapy is about – being willing to sit there feeling those feelings, find out what we are really talking about, and only

then work out how to fix it.

‘There is so much polarisation now but Rogers offered another pathway’

away from this inner being to engaging the other person in joint action. I don’t see that that metacommunication or shared decision making is destroying or undermining the person-centred way of being – it’s an add-on to it, a development and logical consequence of it. I wonder, if he had lived for another 20 years, would Rogers have come up with it himself? But people he trained came up with it, the people who influenced Mick and I came up with it. They discovered the importance of this shared negotiation of things.’

**Future development**

And herein lies a problem – are we today

allowing Rogers’ original conception the

space to breathe and grow, or has it

become some kind of biblical dogma?

Says McLeod: ‘The great thing about

Rogers was that he was so open to

learning, and that is one of his great

legacies to the whole field of counselling

and psychotherapy. It seems utterly

contradictory to me to teach Rogers’ ideas

as formulated in 1960 as if that is it, it will

suffice for the rest of your career. He hated

that attitude during his life, and he would

have hated it even more now.’

**ASE STUDY:**

So how do these commentators see

or hope the person-centred theory and

practice will develop over the coming

years? Mick Cooper recently led a major

study of school-based counselling based

on person-centred principles, and found it

had only a modest positive effect for the verified knowledge of psychotherapy

will bring about the gradual demise of

“schools” of psychotherapy, including this

one.

‘There is something very beautiful about that tapestry of diversities and

how people have taken Rogers and articulated the growth metaphor’ **MICK**

As solid knowledge increases as to

the conditions which facilitate therapeutic

change, the nature of the therapeutic

process, the conditions which block or

inhibit therapy, the characteristic outcomes

of therapy in terms of personality or

behavioral change, then there will be less

and less emphasis upon dogmatic and

purely theoretical formulations.’11

Reeves adds: ‘Rogers was an early

advocate of pluralism, because he was

saying, what matters is the relationship;

the modality is less important. And that

is what research repeatedly tells us.’

McLeod agrees: ‘Probably the most important thing is to move on from schools of therapy. Maybe we’ve needed to be like that for the past 40 years, but there are so many points of convergence between them, it is getting in the way. Rogers was

a key player and good at what he did. He

gave us a lot, but we are in a different world

now. It’s time to move on.’ Cooper, having just completed editing the new edition of *Tribes*, says: ‘What I love about the tribes is the diversity – from classical person-centred therapy, focusing and emotion-focused therapy, through person-centred experiential counselling for depression to pluralism and creative play therapy with children. There is something about articulating these tribes and making what each does distinctive rather than

**Person-centred on the frontline**

**RICHARD WINK MBACP (Accred) is a psychological therapist for the Rough Sleeping Team in Great Yarmouth, Norfolk:**

In relation to the Rogerian core conditions, the first big battle when working with homelessness and clients affected by co-occurring conditions is to establish psychological contact. We meet people in different places – at times we talk among sand dunes or in boarded-up doorways of a once thriving high street. We talk through tent walls as coastal winds batter the town. Making psychological contact is often challenging. Almost all the people that I work with carry with them the emotional and psychological scars of trauma. Many have been rejected by their own family. I know that traumatic experiences growing up can impact a person’s biological, psychological and social development. My starting point is always to think about what this person might need, not what is wrong with them. When we first meet a service user they are usually vulnerable and anxious – as Rogers would say, in a state of incongruence. Introducing yourself as a mental health professional can provoke a fearful response and trust takes time to build. We spend a lot of time assertively engaging with people in the community so we get to know them and they get to know us. Over time we become trusted, and our intentions become transparent to the service user. How do we get people who are struggling even to establish their basic needs to consider that within them lies potential for change and growth? Many people we work with are excluded or drop out of mainstream education and often cite their first experience of homelessness being when they were a teenager. Some have been involved in the criminal justice system so not only are they labelled ‘homeless’, or an ‘addict’, they are also a ‘criminal’ in the eyes of others. All these labels further impact a person’s already fragile self-concept. That’s why as a service we tend to give people the opportunity for failure and don’t discharge for sporadic engagement. Clients often feed back to us that having a certain allowance for cancellations and no-shows makes them feel more trusting of the service. It shows that we are in this battle with them, and authentic in the care that we are trying to provide. It is an unconditional level of support. Working in a person-centred way by actively listening to our clients, being reliable in our contacts and allowing for setbacks is an approach that takes time, but many of our service users tell us it’s been the most consistent and reliable support that they have received. When I first started in this role, I was uncertain about what I could offer as a person-centred therapist and how I could apply the person-centred approach to all areas of my work, beyond the therapy room. I now know that if we can establish psychological contact and then move the relationship forward it is likely change will happen. It is the quality of the therapeutic relationship and the security that comes from belonging and being understood that makes change possible.

the same as everything else that is really

important. It gives more opportunities to

clients to find therapies that really work for them. For me there is something very beautiful about that tapestry of diversities

and how people have taken Rogers and

articulated the growth metaphor and seen what has flourished – they all have something distinct to offer, and that for our clients is deeply valuable for young people in reducing psychological distress. It also revealed that a proportion – around a third – didn’t like the silences and wanted the counsellor to be more active in engaging with them.9 He wants

to see much more research to drill down

into such findings of what works for whom,

and a readiness to ensure children have

access to a wider choice of therapies,

as adults do, to ensure it is the best fit

possible for their needs.

Likewise, the PRaCTICED randomised

controlled trial of outcomes from CBT and

person-centred experiential counselling for depression in NHS Talking Therapies services did not produce the clear-cut evidence for the person-centred approach that many had hoped for.10 Designed to establish the ‘non-inferiority’ of the two models, the trial showed that while at six months post-randomisation there was equivalence in outcomes, at 12 months CBT did better. ‘That’s a real challenge for the person-centred approach that can’t be ignored,’ Cooper says. But, looking beyond the statistical comparison, there is much more to be learned from detailed analysis of the qualitative data, Susan Stephen believes. She and colleagues

**NICOLA BLUNDEN**

**is Programme Leader for the MA in**

**Counselling and Psychotherapy at the University of the West of England, and co-author of the new edition of *Next Steps in Counselling & Psychotherapy Practice* (PCCS Books):**

I have this deep faith in the organismic valuing process of the client. So, I am not thinking about what you should or shouldn’t do as a practitioner; I am thinking about how I can get out of the way of the client’s organismic valuing

process. I am thinking about how this person’s innate flourishing is going to happen and how I, coming from a place of not knowing what is going to happen, can help this happen. And

that is what the person-centred process means to me. But I work with the client in whatever way makes sense to them, to give a vehicle for their actualising tendency. Rather than thinking

about non-directivity, we should be thinking about client direction and how we align with it. I think Rogers is pretty explicit about co-creating and working transparently with each client, starting anew every time. That way, we can bring our impact to bear with the most

helpful effect.

are designing a study to drill down further into the findings. ‘We need to know what contributes to and gets in the way of good

outcomes. We have these headline results; we can make guesses at what they tell us, but we can only really understand client outcomes by looking in detail at what happened in individual cases.’ Andrew Reeves argues that personcentred thinking has to open itself to

a more pluralistic approach. He points to a quote from Rogers himself, from *On Becoming a Person*, when he asks himself: ‘Where does this lead? To what end is all this research?’ His answer is telling: ‘Its major significance, it seems to me, is that a growing body of verified knowledge of psychotherapy

will bring about the gradual demise of “schools” of psychotherapy, including this

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the conditions which facilitate therapeutic

change, the nature of the therapeutic

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McLeod agrees: ‘Probably the most important thing is to move on from schools of therapy. Maybe we’ve needed to be like that for the past 40 years, but there are so many points of convergence between them, it is getting in the way. Rogers was a key player and good at what he did. He gave us a lot, but we are in a different world now. It’s time to move on.’

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There is something about articulating these tribes and making what each does distinctive rather than the same as everything else that is really important. It gives more opportunities to clients to find therapies that really work for them. For me there is something very beautiful about that tapestry of diversities

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e big issue

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