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Client

Life involves suffering. It is inherently difficult, and people are imperfect. Clients are just people who are struggling, typically overwhelmed and/or overwhelming those around them. In other words, clients are people like us. In fact, we counselors are often clients ourselves. About 85% of American therapists have themselves been clients, and rates are even higher in international or psychodynamic samples, where therapy for therapists is more normalized or a requirement (Norcross, 2005).

Clients have a tough job in therapy. They are trying to confront painful, difficult memories, feelings, and information to solve problems. However, clients are normally skilled to avoid discussing, thinking, and especially feeling the meanings of the very problems that brought them to therapy. They have developed behavior patterns that support this avoidance and may keep them stuck in a spiral of difficulty. Moreover, they sometimes do not connect with their therapist or do not want to be in therapy, adding another level of challenge for them.

Despite these truisms, research strongly confirms that clients are ultimately heroes and the engines for change (Bohart & Tallman, 2010; Duncan & Miller, 2000). Lambert's (1992) often quoted review found that 40% of the variance in therapeutic outcome is attributable to clients and extratherapeutic factors, 30% attributable to therapeutic relationship, 15% to placebo/expectancy and hope, and 15% attributable to specific therapeutic techniques (see Figure 1 in the Preface). More recently, Lambert has suggested that 86% of the variance in outcome is actually due to clients and their life circumstances, including known factors like problem severity, sources of help in clients' lives, economic, coping, and intelligence resources, psychological mindedness, motivation, and other

unknown factors (Duncan, Miller, & Sparks, 2007). Similarly, Wampold's (2001) meta-analysis found that 87% of the variance in therapy outcomes is due to client and context, including unexplained variables. From these more recent models, only a small percentage of 1% to 2% of why change happens in therapy is actually due to treatment effects of a specific model. Therapist or therapeutic relationship factors appear about 10 times larger (10%–20%) than general or specific techniques or placebo (Duncan et al., 2007). Look again at the range of those scores:

- Client: 40%–87%
- Therapist relationship: 10%–30%
- Therapist techniques: 1%–15%

It's really not all about you. It's not even about what kind of relationship you can foster. It's really about the client.

The person-centered therapist aims to sincerely and fully engage with the client's whole person, his or her vulnerable yet heroic nature. For therapists-in-training, it is hard to just *be with* someone when they suffer, to not try to "fix." Another problem is knowing "where I end and you begin," that is, boundaries and the recognition that my experience, values, and solutions are not yours no matter how similar they may seem to be. It is the person-centered therapist's goal to *learn from* more than *teach* the one who is overwhelmed. It takes courage and patience. In a sense, a person-centered therapist's main job is to model how to face the music. To courageously confront the latent, unfolding parts of the client's experience that they typically avoid or do not accept and thereby paradoxically activate the resources rather than the deterrents in the client's life. Ultimately, person-centered therapists strive to meet person-to-person in this process. It is in this humble meeting where all parties learn that the resources of the client can often see them through the worst suffering. The tools and behaviors that were utilized to survive are no longer needed and new tools and behaviors can emerge and be refined.

This chapter explores the "client" conditions of contact, incongruence, and perception as well as the foundation on which person-centered therapy rests: the actualizing tendency. The *actualizing tendency* is the drive for people to maintain and enhance themselves. The *actualizing tendency* is inferred from the motivation emerging from client suffering with contact and incongruence, and most especially their perceptions along the way. It is about how a way of being *nondirective* represents one of the most challenging yet rewarding stances for therapists to fully encounter the client. This chapter is about fostering or valuing the client's own contact, motivation, and perception.

Contact, Incongruence, and Perception

In the last chapter, you learned about the six necessary and sufficient conditions, especially the three core relational conditions of congruence, unconditional positive regard, and empathy. The other three are discussed here.

Contact

Rogers discussed contact perhaps the least of any condition. It was presumed to be a precondition in a way: a client needed to be in contact with a therapist to benefit from therapy. Prouty (1994) developed, tested, and trained people in pretherapy, a variant of the person-centered approach that focused on situations where this first condition was not consistently met, such as with persons with psychotic symptoms or severe intellectual or developmental disabilities. In these cases, people may have limited contact with self, others, or world. In other words, people out of contact may not be in touch with reality, emotions, body, language, or memory and as such may not have much contact with the therapist.

Even with the most hard-to-reach people, there is more potential for contact than you expect. One can empathize at concrete levels consistent with the worldview of the client. Responding at the level of simple reality, facial, body, word-for-word, or reiterative statements can engage difficult to reach persons (Sommerbeck, 2006). The main point is to respond to and activate latent resources that can facilitate contact (see Table 2.1).

Examples

Consider the following situation in which you are treating a client who has been diagnosed with schizophrenia. The client appears disconnected from the reality you are experiencing. The client is catatonic, not moving, and staring off into space. Maybe they say something incomprehensible or

Table 2.1 Contact Functions and Examples of Concrete Responses

Contact Functions	Examples of Responses
Reality Contact	Situational Reflection
Affective/Emotional Contact	Face or Body Reflections
Others/Communicative Contact	Word-for-Word or Reiterative Reflections

are silent. You feel stuck because you can't perceive contact and cannot think of what to accept or empathize with per se. Don't think. Just notice. Then reach out with what is concretely there, trusting that something will emerge that is meaningful. You might say,

- "You are sitting in a chair. You are looking out the window. The sun is shining." (situational reflection/reality contact)
- "Your arms are stiff and your head is tilted." (therapist moves arms and head to match client's posture) (body reflection/affective contact)
- "Your face looks sad. There are tears in your eyes." (facial reflection/affective contact)
- Client: "OWWSH, I'm sick of zoo's fingers" Therapist: "You are sick of the zoo's fingers." (word-for-word reflection/communicative contact)
- Pause. Therapist says, "You said 'OWWSH, you are sick of the zoo's fingers.'" Client says, "The soup hurt my fingers." (reiterative reflection/communicative contact)

Once contact is reached, there is often new material that can help problem solving by the therapist and client, such as treatment for the person's burned fingers, and there is a chance to build a helping relationship that can foster more expression and possibilities.

Many students began work in counseling related to people who are out of contact, especially as case managers. I worked in residential, inpatient, nursing home, and full day treatment programs at the start of my career. In these settings, though growth may be subtle, it's easy to see how facilitating contact can help release potentials for change in even the most disconnected clients. Nevertheless, many counselors do not work with people like this. Even if not, learning basic contact techniques can help by responding to what is and/or potentially what is there rather than focusing on what is not or what is a problem can help. Contact responses are a good way to focus on client resources rather than become disheartened and lose the core relational conditions.

Incongruence

Clients are self-motivated. Sometimes, this is not obvious. Perhaps easier to see is that clients are vulnerable and suffering and want to change. However, sometimes, this is not obvious either. Person-centered theory proposes that people have internal conflict, sometimes more visible externally (think substance abuse, personality disorder). Nevertheless, they have a sense that they are not figuring something out (in person-centered theoretical terms *symbolizing* their experience). There is a conflict between the way they think of themselves (their *self-concept*) and their *experience* (their feelings, meanings, or reactions).

Everyone experiences incongruences every day, often in subtle ways. You are implicitly helping clients sort through each of them nearly constantly. Sometimes, good empathic responses can help a client feel particularly understood when they make these incongruences explicit by making statements like

- Part of you feels sad about the loss, but another part feels relieved that it is finally over
- You really want it to happen, but at the same time you are kind of scared it might
- You think about the situation like this, but in another way, that just doesn't feel right
- You are laughing about it because it's ridiculous, but in another way it really hurts

In each of these situations, you would want to be more specific rather than generic (e.g., losing your mother, getting divorced, graduating, etc.) with your word choices, but I give them as examples of how sometimes empathy toward incongruent states might appear. In all instances, attention to the client's perception is key to whether a statement is experienced as empathic rather than patronizing, observational, confrontational, academic, or just plain "off."

Likewise, they have a drive to recover. Bohart and Tallman (1999) have gathered together extensive evidence of how clients "self-right."

Examples

- 70% of clients report changes that occur within a week outside of therapy (Miller, Duncan, & Hubble, 1997).
- 60% of clients improve between the time they make an appointment and when they first show up (Miller et al., 1997).
- Many clients actively think through their problems on the way to the therapist's office.
- Many clients report dreams and significant events the night or morning before an appointment.
- Lambert (1997) estimates that 40% of people appear to spontaneously recover from their problems.
- People in therapy appear to use more nonprofessional support systems, suggesting that part of therapy's effects are to activate social resources already available.
- Clients sometimes re-create suggestions, or ascribe suggestions to counselors that the counselors never remember making, often with adaptations more suitable to their actual lives.

Incongruence, or vulnerability, drives people to learn and adapt, especially when presented with a facilitative relationship (see Table 2.2).

Table 2.2 Statement on Incongruence and the Process Toward Congruence

Conflict between experiences and/or self-concept can be manifested in anxiety or vulnerability that when unconditionally, empathically confronted leads to integration or congruence.

Perception

The core relational conditions—empathy, unconditional positive regard, and congruence—have strong research support. However, they have irrefutable research support when they are measured from the client’s—not a researcher’s, supervisor’s, or therapist’s—perspective. (It is a humbling reality that the therapist’s perspective on the relationship is the worst of these to predict outcome.) In other words, whether or not the client feels or believes that you accept and understand them is what matters most. It is the client’s perception of your genuine relationship with them that is golden (Cornelius-White, 2002, see Table 2.3). Each response of the therapist is an opportunity for the client to perceive your empathy and unconditional positive regard, and each response from the client is the therapist’s opportunity to tailor their next response to fit the client perceptions. Therapeutic responses need a confident tentativeness. Speak not only with efficacy to communicate the core conditions, but also with tentativeness demonstrating that the client is the expert on their experience, including their experience of your therapeutic relationship.

Far too common, beginning and experienced therapists alike trust too much in their theory, experience, or intuition more than the client’s perceptions—to their clients’ and their own detriment. Even when presented with direct client feedback (orally or on working alliance and session rating assessments), some therapists will claim the client “was not ready to change,” “had too little self-awareness,” or “was not open to feedback.” Therapists are sometimes just too attached to their expertise to understand or remember that it is the client’s perception of the relationship that is key to therapeutic change, not their own. The best therapists actively seek feedback and change in response to client perceptions. (The same, unfortunately, is frequently a problem with counselor educators. They too forget that learning is a process fueled by the student, not the sage on the stage.) Here’s a supportive nugget from research: 90% of therapists rated themselves as being in the top 25% of providers (Dew, 2003, as cited in Cooper, 2008). The following section discusses the importance of the feedback loop of assessing client perception directly to improve therapist performance.

Table 2.3 Characteristics of Client Perception

Sixth Condition	Therapist Stance	Therapist Flexibility	Feedback Loop
Core conditions are most potent when perceived, which is fostered by	Therapist confidence tentativeness and	Smooth adaptation to what the client does or does not perceive and how they change with each perception so that	Person-centered therapy works through an interactive loop

Example

Jasmyne raises her voice while gesturing with her arms and says, “He disgusts me. I want to strangle him. He won’t talk with me at all after he does something he knows is wrong. If I could just get him to talk, then we could work it out.” You as her therapist say, “He really pisses you off with the silent treatment.” You might have focused on some other part of what she said, but your empathic attitude appears to resonate with the frustration. She starts to cry and in a few seconds says, “I’m not pissed so much as disappointed. This relationship can’t work if it’s one-sided.” You say, “Uh huh, you just wish he was in it *with* you.” She says, “*Exactly*, I truly do.”

In this example, it is difficult to tell whether Jasmyne found your first statement empathic or not. Chances are she did, and feeling understood on the anger, the hurt arose. However, your statement might have been off, and she didn’t feel pissed so much as hopeless and at her wit’s end. Either way, the feedback loop of letting her perceptions inform your empathy allowed you to adjust your next statement, whereby she clearly felt understood.

Client-Directed, Outcome Informed, Client Hero

Listening for, and at times soliciting, client feedback is central to person-centered therapy. Duncan et al. (2009) gathered evidence and implications about “the heart and soul of change.” They have also constructed a website with many useful resources for integrating their findings into practice: <https://heartandsoulofchange.com>. They summarize their approach as client-directed (that is, the therapist is responsive to, adapts, and/or designs treatment to fit with the client’s model of change) and outcome-informed (they adjust treatments when clients do not recover within the reliable change windows they have established). Central to these ideas is utilizing simple assessments like the Session Rating Scale and Outcome Rating

Scale, four-item process and outcome measures that take under 1 minute to administer but provide immediate feedback to the counselor and (if inadequate relationship or therapeutic growth is indicated) the client. From a person-centered perspective, this is a means of formalizing feedback to help a counselor better understand and value the client's perspective. It gives more potential assurance to the *perception* condition and allows for alterations in approach as needed. The use of formal feedback instruments is also discussed in Chapter 5.

There is much attention paid to what works in therapy. There is less paid to what helps clients stay in therapy. Lambert and Ogles (2004) have found that dropout rates average about 47%. Proven techniques are not effective if the client is not actually in therapy. An element that clearly prevents client deterioration and attrition is incorporating client feedback assessments. Regardless of orientation, building in client feedback on relational elements has shown effects to reduce the amount of canceled and no show rates in the range of 25% to 40% (Claud et al., 2004, cited in Bohanske & Franczak, 2010). If clients have a strong working alliance with the counselor consistently for the first 3 weeks, then retention and therapeutic change are likely, with a higher proportion of that change occurring in the first month than later. Almost three-quarters of the time when clients are not getting better within the first month, it is because of a problem within the client-therapist relationship (Duncan et al., 2010).

Common factors discussions often include the *dodo bird verdict*, the finding that all bona fide approaches to psychotherapy are effective for outcome. However, the verdict is not necessarily true for attrition. For example, in a comparison of treatments between cognitive behavioral therapy (CBT) and person-centered therapy (PCT) with 550 clients where the treatments were found to be appreciably the same on almost every outcome measure, attrition was shown to be 40% in CBT but only 9% in PCT (McDonagh et al., 2005, cited in Wampold, 2001, p. 868).

Actualizing Tendency

The six conditions of person-centered therapy are built on the actualizing tendency, which is manifested as a trust in the person and a trust that the client will try to maintain and enhance. When a person is in a facilitative environmental context, like a therapeutic relationship, they tend to develop and grow more obviously. However, even in the direst of contexts, the person-centered approach views persons as having potential, choice, and power to develop, even if it may look weak or perverted from an external view. Rogers (1980) gives a classic example of a potato in a basement,

sprouting toward the light, potentially looking pathetic in comparison to how it might thrive under better environmental circumstances, but valiantly striving to become against all odds. In earnest, whether obvious are not, people are constantly adapting to life, solving problems and self-righting from negative emotional experiences.

Another word for the actualizing tendency is *grit*. Rogers, Lyon, and Tausch (2013) identified grit as one of the most important aspects of becoming an effective helper. Grit is determination, unyielding will in the face of difficult circumstances. Identifying, valuing, and fostering grit is a goal for the person-centered therapist, both within themselves and with their clients.

Nondirective Attitude

A natural implication of the actualizing tendency is a nondirective attitude within the therapist. Rogers became fond of Zen and Taoism in the final decade of his life, often quoting Lao-tzu and the *Tao Te Ching*. Rogers (1980) wrote,

But perhaps my favorite saying, which sums up many of my deeper beliefs, is another from Lao-tse:

If I keep from meddling with people, they take care of themselves,
 If I keep from commanding people, they behave themselves,
 If I keep from preaching at people, they improve themselves,
 If I keep from imposing on people, they become themselves. (p. 42)

Brodley (2005) defines the role of the nondirective attitude in person-centered therapy thus (italics in original): “(1) It expresses *values* in the therapy relationship; (2) It is *intended to protect* the client” (p. 2). The values are trust and respect for the client and the protection is for the client’s safety, self-determination, and being an accepted, effective person and protection from the therapist’s structural power as an authority within the therapeutic context. She continues,

The non-directive attitude is psychologically profound; it is not a technique . . . with time . . . it becomes an aspect of the therapist’s character. It represents a feeling of profound respect for the constructive potential in persons and great sensitivity to their vulnerability. Therapy is an art. As an art, it involves freedom with great discipline. (p. 3)

In other words, the nondirective attitude is not a prescription or proscription to “Do” or “Do Not” do anything. It does not mean as a person-centered therapist that you cannot suggest techniques when a

request is made or implied. It does not mean that you are passive or uninvolved. It is a deep appreciation and way of being that powerfully facilitates others without imposing anything on them.

Conclusion

The client is the main engine of change within psychotherapy. The therapist's first goal is to understand, value, and foster that reality. The client's contact with reality, themselves, or their therapist is a precondition, while client incongruence and ambiguity, vulnerability or suffering provides sincere motivation for change. Client perception of empathy, warmth, and genuineness (the core relational dimensions of person-centered therapy) is of central importance. They are most demonstrably effective if successfully communicated and perceived by the client. Instruments advocated by Duncan et al. (2010) in their client-directed, outcome-informed approach formalize the feedback loop to convey client perception and suggestion adaptations counselors can make to improve care. I leave you with information about therapists themselves as clients because this can motivate you to take the plunge or value your past experiences in therapy. Therapists as clients not only improve their empathy and relational conditions as therapists themselves, but also help you improve the quality of your life (Norcross, 2005).

Example: Therapist, Heal Thyself

It is clear that therapists themselves prefer to be treated and inevitably learn through therapy in the humane fashion advocated for by common factors and the person-centered approach. Bike, Norcross, and Schatz (2009) reviewed, replicated, and expanded earlier studies on therapists' own experiences of attending therapy. Sampling from thousands of therapists, they found that the six lasting lessons learned by therapists from their experiences as a client were largely person-centered themes. These themes were

- the centrality of warmth, empathy, and the personal relationship;
- knowing what it feels like to be a patient;
- the importance of transference and countertransference;
- the need for personal treatment among therapists;
- the inevitable human-ness of the therapist; and
- the need for more patience and tolerance in psychotherapy. (Bike et al., 2009, p. 26)

Even behaviorally oriented therapists rarely chose themselves to go to behavioral therapy (<10% in four different studies by different authors) or comment on the behavioral model elements about their own treatment,

preferring and personally valuing the relational style of psychodynamic or humanistic counseling (Norcross, 2005). It is not that therapists of all orientations do not value the behaviors they have changed or transference connections they have made or other theory specific elements (indeed they do); it is that the elements of therapy that stick with them are relational. In addition to learning these lasting lessons through their own therapy, therapists tend to prefer humanistic dimensions in seeking therapy, particularly once experienced or when returning to therapy on a second or subsequent time in treatment (Bike et al., 2009). As you progress through the next chapters related to multiculturalism and developments and expansions from the person-centered model, I hope the loop between the relationship-client-relationship conditions sticks with you.

Summary

- The client is the hero of the therapeutic enterprise. Research is clear that client factors are strongest in how and how much a client improves. Humility as a therapist is a virtue.
- Contact is the first of the six conditions, which may consist of connection to the world, one's self, or others and can be fostered by concrete reflections of reality, affective, or communicative content.
- Incongruence is a client's inner conflict, not only presenting often as vulnerability or anxiety, but also as a rich resource for the therapist to empathize and thereby propel client motivation and foster integration and development.
- Perception is the crucial element that shows whether therapist congruence, UPR, and empathy were successfully communicated and serves to provide a feedback loop for the therapist to adjust their responses in a way that clients can perceive the core conditions.
- Client outcome can be fostered through more deliberate requests for feedback from clients. This feedback can be accomplished with short assessments measuring their session satisfaction and improvements or deterioration so that therapy is client-directed and outcome informed.
- Actualizing tendency is the motivational force in each of us that leads one toward maintenance and enhancement; it is the foundation on which person-centered therapy rests.
- The nondirective attitude is a natural extension of the actualizing tendency, whereby the therapist does not impose on the client but aims to offer a therapeutic climate in which the client is best fostered as the hero of the therapeutic enterprise.