

# Person-centred therapy

## A radical paradigm in a new world

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### Abstract

Taking inspiration from a paper given by Carl Rogers in 1965 to a meeting of the Australian and New Zealand College of Psychiatrists (Victorian Branch) at the University of Melbourne, this article discusses Rogers' approach to the therapeutic relationship, research, and the education/training of therapists, highlighting what we see as the radicalness of his original work and theorising. While the person-centred *approach* is still popular and, in some senses, quite mainstream in many countries including Aotearoa New Zealand, the article argues that the radicalness of person-centred *therapy* has not been fully embraced in this country, and offers some reflections on how its theory and practice might foster contactful, genuine, acceptant, and empathic relationships beyond its original horizons.

### Keywords

person-centred therapy, Carl Rogers, the therapeutic relationship, the therapist's attitudes, research, education and training

Although Carl Rogers never delivered a paper or spoke publicly in Aotearoa New Zealand, he and his wife, Helen, did visit here, in January 1965, before sailing on to Australia, where he addressed a joint meeting of the British Psychological Society (Victorian Group) and the Australian and New Zealand College of Psychiatrists (Victorian Branch) at the University of Melbourne on 6 February. Nevertheless, Rogers' ideas and, more broadly, the person-centred approach has been influential in the establishment of counselling as a practice and a profession in this country (see Tudor & Rodgers, 2020). In this article, we explore in more detail what we see as the radicalness of what Rogers, as it were, "brought over" and what we see as the contemporary location—and dislocation—of person-centred therapy (PCT) in Aotearoa New Zealand.

In presenting and reflecting on Rogers' 1965 paper, we aim to revitalise interest in what we see as radical aspects of his theory, as well as bring attention to the contribution of contemporary person-centred theorists and practitioners. As practitioners and educators trained in the person-centred approach in the UK and involved in the international person-centred community for some 20 years, we are aware of the "radical" positioning of the approach relative to "mainstream" views of mental health both historically and currently, at least in Europe and North America. By "mainstream," we mean psychoanalytic and psychodynamic approaches, cognitive behavioural therapies, and other humanistic therapies that are based on a one-person psychology that privileges the power of the practitioner.

We are also aware that PCT is but one part of the rich heritage and whakapapa of counselling in Aotearoa New Zealand, with its own radical traditions and developments, for a history of which see Hermansson (1999), Lang (2006), and Staniforth (2010). This includes the narrative approach of White and Epston (1990) which, being co-created by an Australian and a New Zealander, has local roots and a history of cross-cultural engagement in this land (Pilkington, 2018; Swann et al., 2013). As such, and inspired by Salmond's (2017) ideas about the "collision" between peoples and different ways of being, the present article is part of a larger project of offering a local reframing of the person-centred approach to the therapeutic relationship within a broader cultural encounter (see Haenga-Collins et al., 2019; Tudor & Rodgers, 2020). Salmond is, of course, exploring and representing the history of this bicultural nation, based on the acknowledgement of prior discovery and settlement of this country by Māori, dating back to the 13th century (Common Era); the declaration of independence signed by Māori rangatira (chiefs) made in 1835 (see Ministry for Culture and Heritage, 2020) and recognised by the British Crown; and the subsequent signing of Te Tiriti o Waitangi (the Treaty of Waitangi) by Māori rangatira and representatives of the British Crown five years later in 1840 (Treaty2U, 2020). Thus, we acknowledge prior healing traditions in te ao Māori (the Māori world), represented by models such as te whare tapa whā (the house with four walls; Durie, 1985), and te wheke (the octopus; Pere, 1991). We also acknowledge colleagues in the field of counselling who have explored and developed models of counselling based on concepts in te ao Māori and that acknowledge te Tiriti as the basis for bicultural engagement and relationships, i.e., between Māori as tangata whenua (people of the land) and tangata Tiriti (subsequent settlers who "sign up" to and for such engagement; e.g., Crocket, 2013; Drury, 2007; Piripi & Body, 2010).

## Terms and conditions, iterations and tribes

In this article we use the word "radical" in both senses of the word, the first being a return to the roots of something (the English word radical comes from the Latin word *radix* meaning root), and the second being a sense of being critical, socially, politically (Left and Right), and theoretically. We consider that Rogers was radical in both senses, that is, firstly, in going back to the roots of "helping" and, drawing on the work of Taft (1933), viewing therapy as being a kind and form of service; and, secondly, as part of the development of humanistic, third force psychology, offering a critique of the then mainstream forces of psychology, namely psychoanalysis and behaviourism (see Tudor, 2015).

We use the term "person-centred therapy" (PCT) to refer to the therapeutic practice that is based on the theory and practice of Carl Rogers and others who identify as Rogerian, post-Rogerian and "person-centred" or "person-centred and experiential." This also aligns with the main international organisation in the field, the World Association for Person-Centered & Experiential Psychotherapy & Counseling (<https://www.pce-world.org/>).

We use the word "therapy" as a generic term to encompass the practice of counselling, counselling psychology, and psychotherapy (as well as similar therapeutic work undertaken by some practitioners in other disciplines and professions such as nursing, psychiatry, and social work). We are aware that some theoretical orientations and therapeutic modalities as well as many professional associations distinguish between these terms, sometimes, quite fiercely so. However, from a Rogerian/person-centred perspective, such distinctions are less important than whether a practitioner *is* person-centred.

PCT is based on and in person-centred psychology (PCP) which is a branch of humanistic psychology. PCP is a complete psychology, that is, it has a theory of the person, based on the human organism; of their health (sanology), development, and functioning, as well as their illness (psychopathology based on conditionality; Bozarth, 1998); of their personality; of relationships and context (including interpersonal relationship, family life, and groups); of therapy (conditions, process, and outcome); of learning (Rogers, 1959); and much more.

However, despite the fact that PCP is comprehensive and well-known, it is also commonly viewed as incomplete and partial, and is both misunderstood and misrepresented. One common example of this is the ubiquitous reference to the so-called “core conditions” of congruence (genuineness or authenticity), unconditional positive regard (acceptance, prizing), and empathic understanding (or, more broadly, empathy). The term “core conditions” was never used by Rogers and was, in fact, coined by Truax and Carkhuff as part of popularising Rogers’ approach, especially for the market in skills training (Egan, 1980; Truax & Carkhuff, 1967). This is problematic, not only because it is inaccurate, but also because it neglects the client’s conditions (of contact, incongruence, and perception) as well as omitting the requirement of psychological contact from the therapist. For the original formulations of the (six) necessary and sufficient conditions of therapy, see Rogers (1957, 1959) and, for further discussion of them, see Tudor (2000, 2011a) and Watson (1984). Rogers himself wrote a comprehensive statement of “A theory of therapy, personality and interpersonal relationships, as developed in the client-centred framework” which was published in 1959, since which person-centred psychology has developed, expanded, deepened, and widened in the following 60 years.

This has included a number of changes in the terms used to describe its focus and scope:

- The first, “non directive therapy,” as reflected in Carl Rogers’ earliest work (Rogers, 1939), which was influenced by his experience of working with children and his disenchantment with the directiveness of psychoanalysis and behaviourism.
- The second, “relationship therapy,” a term Rogers (1942) borrowed from Jessie Taft (1933), and which guided his vision of a “newer psychotherapy” based on the therapeutic relationship.
- The third, “client-centred therapy” (CCT), represented by Rogers’ (1951) book on the subject, which focused on the client, rather than the skill(s) of the therapist.
- The fourth, “person-centred therapy” (PCT), marked by the publication of *On Becoming a Person* (Rogers, 1961/1967b), which shifted the focus again from the client as client to the client as a whole person.
- The fifth, “a way of being” (Rogers, 1980), a term that reflects a wider vision of a person-centred approach (PCA) to life, which Wood (1996) elaborated when he argued that the PCA is, “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 sixth, a “*people-centred* or even *species-centred* approach to life and to therapy,” suggested by Tudor and Worrall (2006, p. 46).

Finally, as with most, if not all therapeutic approaches or modalities, PCT has developed to the point that there are now a number of sub-modalities or what Warner (2000) referred to as “tribes” within the person-centred “nation.” According to Sanders (2004/2014), these are: classical CCT/PCT, focusing, experiential, existential, and integrative, emotion-focused therapy, person-centred expressive therapies, pre-therapy, and CCT/PCT based on working at relational depth (Mearns & Cooper, 2005; Mearns, 1996).

We present this as we are aware that, for various reasons and compared with other therapeutic modalities, PCT has not taken root in Aotearoa New Zealand in the same way it has in North America and Europe. Although Rogers’ ideas influenced the development of counselling in this country (see Tudor & Rodgers, 2020), little has been written from a local perspective on the approach. The first article to appear in the forerunner to the *New Zealand Journal of Counselling* on one aspect of person-centred theory—“Listening, hearing and power relations: The problem of delivering unconditional positive regard”—by Wendy Drewery, didn’t appear until 1990, and the next article that was principally informed by the PCA appeared 20 years after that (Wright, 2010).

Having established our terms, we now turn to Rogers’ (1965) talk and paper which, for us, forms part of the intellectual whakapapa or genealogy of the PCT in this land.

## Rogers' talk and paper on the therapeutic relationship

Building on his previous work on the therapeutic relationship (Rogers, 1942, 1951, 1957, 1959, 1961/1967b), in his lecture Rogers focused on the essential attitudes or conditions in the therapist, i.e., “congruence or genuineness in the relationship; acceptance or prizing of the client; [and] an accurate [empathic] understanding of the client’s phenomenal world” (Rogers, 1965, p. 95). He also reflected on some empirical studies of his hypothesis of the necessary and sufficient conditions of the therapeutic relationship—by Halkides (1958), Barrett-Lennard (1962), and Rogers, Gendlin, Kiesler and Truax (in press at the time of the lecture but published two years later in 1967)—and made some points about the significance of these studies for the training of therapists and counsellors.

An article on the therapeutic relationship, based on that lecture, was published later that same year in the *Australian Journal of Psychology* (Rogers, 1965). At that time and, indeed, for the previous 20 years, what Rogers had been articulating was “radical” in that his “newer” psychotherapy (Rogers, 1942) represented a “collision point” with what were then the dominant views of and in psychotherapy, i.e., psychoanalysis and behavioural psychology.

Unfortunately, Rogers’ original radical ideas—about the PCA being client-centred and non-directive (Rogers, 1942), enhancing personal power (Rogers, 1978), and being fundamentally a “way of being” (Rogers 1980), together with his development of encounter (Rogers, 1970/1973; see also Schmid, 1998), and his commitment to cross-cultural communication (Rogers, 1991; see also McIlduff & Coghlan, 1991, 1993; Moodley et al., 2004)—have, we think, got somewhat lost in translation and emigration. What we are arguing for in this and other work (Tudor & Rodgers, 2020) is a reclaiming of the radicalness of Rogers’ original work as he “turned away” from traditional Western views of counselling and psychotherapy; and a further “turn towards” a culturally-informed articulation of the approach.

We think that Rogers’ (1965) article, and the talk on which it was based, remains important for four reasons—the therapist’s attitudes, the personal and integrative nature of these attitudes, research, and education and training—which we elaborate and discuss and which form the structure of this article.

### The therapist’s attitudes

Firstly, Rogers focused on “the three essential attitudes in the therapist,” that is: “congruence or genuineness in the relationship; acceptance or prizing of the client; [and] an accurate [empathic] understanding of the client’s phenomenal world” (Rogers, 1965, p. 95) in a talk about psychotherapy to a group of psychologists and psychiatrists. We think it is significant—and even radical—that he was talking about these “attitudinal characteristics in the relationship” (Rogers, 1965, p. 96) as facilitating personality change in clients or patients to an audience comprising predominantly medical practitioners and psychologists. In line with the movement in Europe and North America, this was counter to the trend of the time, and formed a radical departure from the “expert” practitioner. Indeed, it is this departure that appears to have facilitated the person-centred approach “settling” in Aotearoa New Zealand largely as a community initiative rather than as a professional discipline (Bowden, 2019; Penny et al., 2008; Tudor & Rodgers, 2020).

In his 1965 talk and paper, while Rogers focused predominantly on the attitudes in (and of) the therapist, he did refer to “a fourth condition in the client” (p. 99), that is: “When the client perceives to a minimal degree the genuineness of the therapist and the acceptance and empathy which the therapist experiences for him, then change in personality and behaviour is predicted” (p. 99).

This is a clear statement about the importance of perception and phenomenology. As such, the emphasis on the relational context of such attitudes, with its antecedence in Rogers' earlier work (Rogers, 1942, 1951, 1961/1967b) and its debt to Taft's (1933) concept of "relationship therapy," marks what has subsequently come to be referred to as the "relational turn," that is a turn away from an emphasis on knowledge and technique on the part of the therapist and towards engagement in a healing relationship.

Interestingly, Rogers did not explicitly refer to the condition of contact or psychological contact in his 1965 talk, even though this was central to and the primary condition of his statement of the necessary and sufficient conditions of therapeutic change (Rogers, 1957, 1959). Rogers (1957, p. 96) states, "The first condition specifies that a minimal relationship, a psychological contact, must exist. I am hypothesizing that significant positive personality change does not occur except in a relationship." Though at first this may seem trivial or obvious, it marks the shift from a "one person" psychology where the focus is primarily on the skills and expertise of the counsellor, towards a "two person" psychology where the importance of the "other" is of primary significance (see Stark, 1999, for the original articulation of this taxonomy, and Tudor, 2011b, for a fuller discussion of this distinction). This is fundamental to the development of a more nuanced understanding of the essential relational nature of the PCA. For example, Rogers (1975) documented the development of his own thinking about empathy from being a "state" of the counsellor to being a "process." In doing this he clarified that along with the empathic sensing of the client, empathy involves the counsellor "communicating your sensings of his/her world ... [and] frequently checking with him/her as to the accuracy of your sensings, and being guided by the responses you receive." (p. 4)

We see this realisation of the essential relational nature of the attitudinal characteristics as being particularly significant in the context of Aotearoa New Zealand, as, without this, the approach becomes more "therapist-centred" than "person-centred." Moreover, we see the danger of the counsellor colonising the client by dominating the therapeutic encounter with unchecked cultural assumptions and projections (Crocket, 2013; Flintoff & Rivers, 2012; Lang, 2006). Here, we argue that to reclaim Rogers' full radicalness, we need to reposition the approach as an encounter with a radically different "other" along the lines theorised by contemporary person-centred theorist Peter Schmid (who, sadly, died in 2020).

Schmid has argued that "encounter" has profound existential meaning (Schmid, 2003, 2019; Schmid & Mearns, 2006). Rather than meeting through the illusions of what makes us alike, he argues:

In contradiction, the person-centered image of the human being rests on the conviction that nobody can understand somebody else without acknowledging him or her as being different and unique—resulting in the expert position of 'not knowing' ('docta ignorantia', 'sophisticated naïveté'; Schmid, 2001a) and thus accepting the other person as truly being an 'Other' and as such being open, even surprised by what the other person discloses and intimates. (Schmid, 2003, p. 204)

What Schmid is articulating here is that we come to know of the self by being counter to "other," and that it is in the moment of encounter that possibilities for transformation arise. We see this as particularly significant in the bicultural context of this country where there is an opportunity to see past the illusion of sameness and to come to know self and other in new ways. This is similar to Salmond's (2017) "collision of cosmologies" whereby "during encounters between people who live differently, taken-for-granted assumptions may come to light and be questioned. Different kinds of encounters become possible; and new kinds of questions, in a spiralling process of critical, searching exchanges" (p. 413).

## The personal and integrative nature of these attitudes

Secondly, in his article, Rogers (1965) emphasised that the attitudinal characteristics derive from the personal qualities of the counsellor, as well as a certain amount of education and training, and not from professional qualifications, “special medical or psychological knowledge” (p. 96), or ideological or theoretical orientation. In this, Rogers was echoing a point he made in his 1957 paper: that these qualities are found in practitioners across schools, orientations, or modalities of therapy. Indeed, Stubbs and Bohart (1996) referred to Rogers’ seminal 1957 paper on the necessary and sufficient conditions of therapy as an “integrative statement.” In a conversation with the second author of this article, and in response to a comment about linking the person-centred approach with indigenous wisdom traditions, Evan Sherrard put it thus:

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. (E. Sherrard, personal communication, August 2015)

Sherrard’s point about keeping yourself out of it is well made and possibly not something that many would associate with the person-centred approach, and again reveals what can be lost in an over-simplification of the approach. In his discussion of a number of characteristics of a helping relationship (formulated as a series of questions), Rogers (1958) asked:

Can I be strong enough as a person to be separate from the other?... Am I strong enough in my own separateness that I will not be downcast by his depression, frightened by his fear, nor engulfed by his dependency? (p. 13)

Similarly, in his later discussion of the process of empathy, Rogers (1975) writes:

To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another’s world without prejudice. In some sense it means that you lay aside yourself and this can only be done by a person who is secure enough in himself that he knows he will not get lost in what may turn out to be a strange or bizarre world of the other, and can comfortably return to his own world when he wishes. (p. 4)

The point of this for Rogers (1958) was that, as he put it, “When I can freely feel the strength of being a separate person, then I find that I can let myself go much more deeply in understanding and accepting [the client] because I am not fearful of losing myself” (p. 13). This gives some insight into the radically personal nature of the person-centred attitudes and the necessity for self-awareness and disciplined training.

We wonder here if, from a (bi)cultural perspective, Rogers underestimated the challenge to the self of the counsellor of encountering an “other” from a radically different world view? Like others, Rogers was a product of his place and time, and developed his ideas in the Romantic era of theorising (see also Fay, 2013), where cultural contexts and colonial history were unseen, ignored, or marginalised within the wider academic community. One example of this was his advocacy of the student/trainee therapist having “a broad experiential knowledge of the human being in his cultural setting” (Rogers, 1951, p. 437). While at first glance this appears admirable, given his references to reading or course work in cultural anthropology or sociology, it is clear that Rogers is talking about “experiential knowledge” of the cultural other and, thereby, falling into the fallacy of cultural neutrality.

Here, we argue that “selves” are always historically located in deep cultural narratives that make it impossible to “lay aside the views and values you hold” and “enter another’s world without prejudice.” Rather, we would argue that it is essential for therapists to know where they have come from, to have a sense of the multiple strands and threads of their lives that have brought them into relationship with a client. As Salmond (2017) states:

In this way, a person is always relationally connected. Self and identity are understood as a knot (here tangata) in the cloak of relationships, which is constantly being woven. As a person turns from one strand in their whakapapa to another, different taha, or sides, of themselves may be activated, each in its own way... Here a person is the ‘living face’ of all their ancestors, who remain distinct and active within them. (p. 407)

What we are indicating here is that when a therapist is secure enough in themselves and where they have come from, then they can be more available to fully encounter the other without needing to hold on to rigid or unitary constructs of self. Within this encounter, it is the “response-ability” (Schmid, 2003, p. 115) of the counsellor to be genuinely present and able to respond from all their various parts of self in the service of the client. From this perspective, rather than competence being something that a counsellor “has,” it is more about how and who the counsellor is and how they can be of service to the client in a way that is experienced as creating new opportunities.

## Research

Thirdly, in articulating his approach, Rogers (1965) stated that his theory originated in a “decidedly unorthodox cluster of hypotheses” (p. 95) with the hope that these would stimulate further research. For Rogers, his unorthodoxy was his focus on the attitudes or qualities of the therapist, and the radicalness of his hypothesis was in what he omitted:

I hypothesized that personality change in the client or patient in psychotherapy came about not because of the professional qualifications and training of the therapist, not because of his special medical or psychological knowledge, not because of his ideological orientation to psychotherapy-psychoanalytic, Jungian, client-centred, Adlerian, Gestalt, etc., not because of his techniques in the interview, not because of his skill in making interpretations, but primarily or solely because of certain attitudinal characteristics in the relationship. (p. 96)

In formulating his theory, Rogers was intently aware that “Individuals come to psychotherapy with a bewildering diversity of problems and an enormous range of personal characteristics” (p. 96) and that “They are met by therapists who show an almost equally wide range of diversity of views as to what will be helpful in therapy, and these therapists exhibit also very diverse personality characteristics in meeting their clients” (p. 96). While these ideas may have been considered “radical” at the time, finding that no therapeutic approach is more effective than another (Wampold, 2001) is now seen as “mainstream” and in line with a common factors approach to therapy (Duncan et al., 2010; Hubble et al., 1999). However, this mainstream perspective misses the point of Rogers’ hypothesis; thus, if it is the therapist’s attitudinal characteristics in the relationship that are the primary facilitators of client change, then, rather than investigate the efficacy of different interventions, our efforts would be better placed engaging in a detailed enquiry into these relational characteristics.

Here, we are not arguing against researching various modalities, interventions, or other client or therapeutic factors, but, rather, we are inviting a renewed interest in revisiting the centrality of the relationship or therapeutic relating. From a person-centred perspective *everything* is in or part of the relationship. As Rogers (1955/1967c) stated:

Science exists only in people. Each scientific project has its creative inception, its process, and its tentative conclusions, in a person or persons. Knowledge—even scientific knowledge—is that which is subjectively acceptable. Scientific knowledge can be communicated only to those who are subjectively ready to receive its communication. The utilization of science also occurs only through people who are in pursuit of values which have meaning for them. (p. 216)

From this perspective, all research is inherently based upon “the immediate, subjective experience of a person. It springs from the inner, total organismic experiencing which is only partially and imperfectly communicable” (Rogers, 1955/1967c, p. 222). Here, scientific knowledge is seen as essentially subjective and relational in nature, arising out of a desire to “know,” and to communicate this knowing. Every act of research is a deeply relational endeavour, and we can never separate ourselves from this. We unavoidably bring into this space ideas of personhood and relationality, both in terms of what we study (e.g., how we conceptualise the therapeutic relationship) and also who and how we study it (e.g., how we conceptualise the researcher–participant relationship).

What we are arguing here is that many of the espoused theories, techniques and methods employed by therapists and researchers in therapy have underlying Western assumptions about people and relationships that are usually implicit and untested. This leads us to wonder how we might re-search, re-view or “look again” at the therapeutic relationship with a fresh perspective on persons and relationality informed by Southern rather than Western theory (Burns, 2008; Connell, 2007). There would seem to be opportunities for new understandings, different questions, and different ways of questioning to emerge. For example, what might a genuinely respectful contact and encounter look like that is grounded in the shared histories of our peoples, and that has at its heart an authentic, accepting, loving, and “prizing” attitude that aims to uphold and uplift the mana of all, and that is open and empathic to the impacts of the various “collisions” of our past and present? Following Salmond (2017), we see this approach to research as allowing and, indeed, enabling a refocusing on what we don’t know rather than attempting to confirm what we already know—or think we know—and that in moments of collision we get to see more clearly what may not have been visible before. It is in the places of collision that we see the potential for new “seeings” to arise which offer the opportunity, as Smith (2012) put it, to “look again” while acknowledging the “different conceptualisations of such things as time, space and subjectivity, different and competing theories of knowledge, highly specialized forms of language and structures of power” (p. 92).

## Education and training

The fourth and final point Rogers made in his 1965 paper was about the training of therapists, about which he says:

if we wish workers to be effective in their helping relationship, we would focus less on courses in abnormal psychology and psychopathology, theories of different therapeutic orientations, theories of personality, training in psychiatric and psychological diagnosis, and would concentrate more on two elements. (pp. 105–106)



These two elements were:

1. Selecting people for training who already have a high degree of these qualities of warmth, spontaneity, realness, and understanding—which has implications for the recruitment to and entry criteria for such programmes; and
2. Planning the educational programme such that students would increasingly experience these qualities of empathy and liking towards self and other, with the result that “they would find it increasingly easier to be themselves, to be real, to be spontaneous and expressive.” (p. 106)

Rogers also goes on to comment that most of the professional training programmes he was aware of, i.e., those in psychology and psychiatry at the time, made it more difficult for students to be themselves, and more likely for them to play a professional role. With the increasing trend towards the professionalisation of the therapeutic professions, both in Aotearoa New Zealand and internationally (Tudor, 2013), we again argue for revisiting the radicalness of Rogers’ approach (Rogers, 1973). While his call for selecting people who have a high degree of desirable relational qualities could be read as being “exclusive” or hiring for homogeneity, we see this rather as challenging the typical criteria of academic institutions to select via suitable previous qualifications and/or grades. Professional bodies that accredit education/training programmes generally require those programmes to interview applicants, but many potential applicants are selected out by the institution’s admission criteria systems prior to application. Similarly, the typical structure of contemporary academic programmes imposes a requirement for students to achieve a passing grade in each module in order to progress—and within a specified timeframe. How realistic is it to expect students to learn “a way of being” in this artificially linear and time-bounded structure?

In other writing, Rogers and other colleagues have discussed the principles of a person-centred approach to education and training (see, for example, Rogers, 1969; Mearns, 1997; Merry, 1999; Tudor, 2007). At the heart of this approach is the stance that the development of personal attitudes is more important than learning specific techniques or skills. As Schmid (2003) pointed out, this is often criticised as being unrealistic, that “a personal attitude as such cannot be learned and therefore a training of special skills...is needed” (p. 117). Alongside Schmid, we would counter this criticism with the view that, in our experience, the development of personal attitudes is primary, with skills developing from this. Here, we are not arguing against training in therapeutic skills, but, rather, that these be considered secondary to the cultivation of an overarching “attitude” of relationality and, indeed, a way of being.

In the context of Aotearoa New Zealand, we see this as being particularly significant. As stated earlier, we see that most therapeutic approaches have underlying Western assumptions, and that privileging the teaching of these becomes an enactment of the colonisation of the minds of future generations of therapists (Tudor & Rodgers, 2020). We also consider that, by adopting only certain aspects of Rogers’ theory (for instance, the so-called “core conditions”), person-centred therapy has been dislocated from the integrity of its complete framework (Rogers, 1959), and from its radical roots. By (re)locating the education of person-centred therapists within a pedagogy—or, better, andragogy—of discovery, the opportunity arises for learning to take place “in” the various relationships of education/training. Similar to Salmond (2017), we see the opportunity for students to engage in “experiments across worlds” to help make visible implicit assumptions and to reveal new understandings, in which:

experiments in philosophical reciprocity, in which assumptions about what is real, ways of describing and ideas about desirable purposes are genuinely up for grabs. In the process, a field of play may emerge that opens up the possibility of ontological creativity, as well as collisions and clashes. (p. 304)

Drawing on the tradition of interpersonal encounter within person-centred education, we see the opportunity to expand this to encompass the broader “collisions” discussed by Salmond (2017). Not only might a programme facilitate safe collisions between students, and between students and staff, but also between institutional expectations and requirements, and students’ family/whānau expectations and requirements. Further, the “place” of training might facilitate collisions between cultures, such as extended education/teaching on marae (a Māori communal and sacred meeting ground), and within Pasifika community settings. Additionally, the content of education/training could facilitate seeing the collisions between ways of understanding health and wellbeing, as well as ethics, especially disparities between Western and Māori perspectives. Assessments could also be framed as points of collision, allowing implicit knowledges to be made explicit. The key here is that education/training could be focused on facilitating students’ safe, respectful and skilful navigation of moments of collision, and support their learning from such experiences. Within this space we see the potential for students “drawing upon divergent strands from different philosophical legacies to confront current challenges and dilemmas, generating new kinds of insights and outcomes on the way” (Salmond, 2017, p. 314).

## **Conclusion: Extending extensionality**

In his 1959 paper, in which he outlined his client-centred framework, Rogers (1959) referred to the concept of extensionality (taken from general semantics), describing it as follows:

If the person is reacting or perceiving in an extensional manner he tends to see experience in limited, differentiated terms, to be aware of the space–time anchorage of facts, to be dominated by facts, not by concepts, to evaluate in multiple ways, to be aware of different levels of abstraction, to test his inferences and abstractions against reality. (p. 206)

While extensionality is part of a cluster of concepts that includes congruence, openness to experience, psychological adjustment, and maturity, its opposite, intensionality, is part of a cluster of defence and defensiveness, distortion in awareness, and, in effect, incongruence, closedness to experience, psychological maladjustment, immaturity, and, in terms of Rogers’ (1958/1967a) process conception of therapy, rigidity and fixity. However, as Smith (2012) has pointed out, te ao Māori offers a different view of space and time, and, therefore, of space–time anchorage, and thus offers an extension of Rogers’ use of the concept of extensionality.

Notwithstanding this, our argument in this article is that Rogers’ (1965) paper, which forms a key aspect of the intellectual whakapapa of PCT in this country, poses an initial extensionality and, thereby, invites us to think and act in a (more) open, engaged, and engaging manner; and that this include—or should include—a radical encounter or en-counter with tangata whenua and te ao Māori. Again, we find inspiration (and echo) for this project in Salmond’s (2017) work:

The process of juxtaposition and exchange has generative effects. It makes it possible to deal creatively with competing and shifting universalisms without feeling the need for a “theory of everything” in which only one set of assumptions about the world can prevail. (p. 310)

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## References

- Barrett-Lennard, G. T. (1962). Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs*, 76(43), 1–36. <https://doi.org/10.1037/h0093918>
- Bowden, A. R. (2019). *Client-centred therapy as introduced to Aotearoa by D. O. Williams*. Privately circulated manuscript.
- In R. Hutterer, G. Pawlowsky, P. F. Schmid & R. Stipsits (eds) *Client-Centered and Experiential Psychotherapy: A Paradigm in Motion* (pp. 163-81). Frankfurt am Main: Peter Lang.
- Bozarth, J. D. (1998). Playing the probabilities in psychotherapy. *Person-Centred Practice*, 6(1), 9–21.
- Burns, E. (2008). How can a “Southern Theory” perspective contribute to New Zealand counselling? *New Zealand Journal of Counselling*, 28(2), 10–24.
- Connell, R. (2007). *Southern theory: The global dynamics of knowledge in social science*. Taylor & Francis.
- Crocket, A. (2013). Exploring the meaning of the Treaty of Waitangi for counselling. *New Zealand Journal of Counselling*, 33(1), 54–67.
- Drewery, W. (1990). Listening, hearing and power relations: The problem of delivering unconditional positive regard. *New Zealand Counselling & Guidance Association Journal*, 12(1), 27–37.
- Drury, N. (2007). A pōwhiri poutama approach to therapy. *New Zealand Journal of Counselling*, 27(1), 9–20.
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.). (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). American Psychological Association. <https://doi.org/10.1037/12075-000>
- Durie, M. (1985). A Maori perspective of health. *Social Science and Medicine*, 20(5), 483–486. [https://doi.org/10.1016/0277-9536\(85\)90363-6](https://doi.org/10.1016/0277-9536(85)90363-6)
- Egan, G. (1980). *The skilled helper*. Cengage Learning.
- Fay, J. (2013). “The struggle to live and let live...”: A review. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 17(2), 173–181. <https://doi.org/10.9791/ajpanz.2013.16>
- Flintoff, V. J., & Rivers, S. (2012). A reshaping of counselling curriculum: Responding to the changing (bi)cultural context. *British Journal of Guidance & Counselling*, 40(3), 235–246. <https://doi.org/10.1080/03069885.2012.678290>

- Haenga-Collins, M., Rodgers, B., Soloman, M., Tudor, K., & Woodard, W. (2019). Bicultural encounter. *Person-Centered & Experiential Psychotherapies*, 18(3), 255–273. <https://doi.org/10.1080/14779757.2019.1650806>
- Halkides, G. (1958). *An experimental study of four conditions necessary for therapeutic change*. Unpublished doctoral dissertation, University of Chicago.
- Hermansson, G. (1999). *Pieces of silver: Twenty-five years of the New Zealand Counselling and Guidance Association/New Zealand Association of Counsellors. 1974–1999*. New Zealand Association of Counsellors.
- Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy*. American Psychological Association. <https://doi.org/10.1037/11132-000>
- Lang, S. K. W. (2006). ‘Decolonialism’ and the counselling profession: The Aotearoa/New Zealand experience. *International Journal for the Advancement of Counselling*, 27(4), 557–572. <https://doi.org/10.1007/s10447-005-8491-2>
- McIllduff, E., & Coghlan, D. (1991). Dublin, 1985: Perceptions of a cross-cultural communications workshop. *The Person-Centred Approach and Cross-Cultural Communication*, 1(1), 43–59.
- McIllduff, E., & Coghlan, D. (1993). The cross-cultural communication workshops in Europe: Reflections and review. *The Person-Centred Approach and Cross-Cultural Communication*, 2(1), 21–34.
- Mearns, D. (1996). Working at relational depth with clients in person-centred therapy. *Counselling*, 7(4), 306–311.
- Mearns, D. (1997). *Person-centred counselling training*. Sage.
- Mearns, D., & Cooper, M. (2005). *Working at relational depth*. Sage.
- Merry, T. (1999). *Learning and being in person-centred counselling*. PCCS Books.
- Ministry for Culture and Heritage. (2020). *He whakaputanga—Declaration of independence*. <https://nzhistory.govt.nz/culture/declaration-of-independence-taming-the-frontier>
- Moodley, R., Lago, C., & Talahite, A. (Eds.). (2004). *Carl Rogers counsels a Black client: Race and culture in person-centred counselling*. PCCS Books.
- Penny, R, with Epston, D., & Agee, M. (2008). A history of marriage guidance in New Zealand. *New Zealand Journal of Counselling*, 28(2), 1–9.
- Pere, R. R. (1991). *Te wheke: A celebration of infinite wisdom*. Ao Ako Global Learning.
- Pilkington, S. M. (2018). A story illustrating narrative therapy in a cross-cultural conversation with someone approaching death. *New Zealand Journal of Counselling*, 38(1), 39–49.
- Piripi, T., & Body, V. (2010). Tihei-wa mauri ora. *New Zealand Journal of Counselling*, 30(1), 34–46.
- Rogers, C. R. (1939). *The clinical treatment of the problem child*. Houghton Mifflin.

- Rogers, C. R. (1942). *Counseling and psychotherapy: Newer concepts in practice*. Houghton Mifflin.
- Rogers, C. R. (1951). *Client-centered therapy*. Constable.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103.
- Rogers, C. R. (1958). The characteristics of a helping relationship. *Personnel and Guidance Journal*, 37(1), 6–16. <https://doi.org/10.1002/j.2164-4918.1958.tb01147.x>
- Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centred framework. In S. Koch (Ed.), *Psychology: A study of a science. Vol. 3: Formulation of the person and the social context* (pp. 184–256). McGraw-Hill.
- Rogers, C. R. (1965). The therapeutic relationship: Recent theory and research. *Australian Journal of Psychology*, 17(2), 95–108.
- Rogers, C. R. (1967a). A process conception of psychotherapy. In *On becoming a person* (pp. 125–159). Constable. (Original work published in 1958.)
- Rogers, C. R. (1967b). *On becoming a person: A therapist's view of psychotherapy*. Constable. (Original work published 1961.)
- Rogers, C. R. (1967c). Persons or science? A philosophical question. In *On becoming a person: A therapist's view of psychotherapy* (pp. 199–224). Constable. (Original work published 1955.)
- Rogers, C. R. (1969). *Freedom to learn*. Charles E. Merrill.
- Rogers, C. R. (1973). *Carl Rogers on encounter groups*. Harper and Row. (Original work published 1970.)
- Rogers, C. R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, 5(2), 2–10. <https://doi.org/10.1177/001100007500500202>
- Rogers, C. R. (1978). *Carl Rogers on personal power*. Constable.
- Rogers, C. R. (1980). *A way of being*. Houghton Mifflin.
- Rogers, C. R. (1991). An open letter to participants of European workshops. In E. McIllduff & D. Coghlan (Eds.), *The person-centered approach and cross-cultural communication: An international review, Volume 1* (pp. 11–13). Center for Cross-Cultural Communication.
- Rogers, C. R., Gendlin, E. T., Kiesler, D. J., & Truax, C. B. (Eds.). (1967). *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. University of Wisconsin Press.
- Salmond, A. (2017). *Tears of Rangi: Experiments across worlds*. Auckland University Press.
- Sanders, P. (2004). *The tribes of the person-centred nation*. PCSS Books.
- Schmid, P. (1998). On becoming a person-centred approach: A person-centred understanding of the person. In B. Thorne & E. Lambers (Eds.), *Person-centred therapy: A European perspective* (pp. 38–52). Sage.

- Schmid, P. F. (2003). The characteristics of a person-centered approach to therapy and counseling: Criteria for identity and coherence. *Person-Centered and Experiential Psychotherapies*, 2(2), 104–120. <https://doi.org/10.1080/14779757.2003.9688301>
- Schmid, P. F. (2019). “All real life is encounter”: On the sustainable relevance to be surprised and affected. *Person-Centered & Experiential Psychotherapies*, 18(3), 202–213. <https://doi.org/10.1080/14779757.2019.1650812>
- Schmid, P. F., & Mearns, D. (2006). Being-with and being-counter: Person-centered psychotherapy as an in-depth co-creative process of personalization. *Person-Centered & Experiential Psychotherapies*, 5(3), 174–190. <https://doi.org/10.1080/14779757.2006.9688408>
- Smith, L. T. (2012). *Decolonizing methodologies: Research and indigenous peoples* (2nd ed.). Zed Books.
- Staniforth, B. (2010). Counselling in social work in Aotearoa New Zealand: The historical, political and socio-cultural evolution. *Aotearoa New Zealand Social Work*, 22(3), 3–14.
- Stark, M. (2000). *Modes of therapeutic action: Enhancement of knowledge, provision of experience, engagement in relationship*. Jason Aronson.
- Stubbs, J. P., & Bozarth, J. D. (1996). The integrative statement of Carl Rogers. In R. Hutterer, G. Pawlowsky, P. F. Schmid, & R. Stipsits (Eds.), *Client-centered and experiential psychotherapy: A paradigm in motion* (pp. 25–33). Peter Lang.
- Swann, B., Swann, H., & Crocket, K. (2013). Whakapapa narratives and whānau therapy. *New Zealand Journal of Counselling*, 33(2), 11–30.
- Taft, J. (1933). *The dynamics of therapy in a controlled relationship*. Macmillan.
- Treaty2U. (2020). *Te Tiriti o Waitangi | The Treaty of Waitangi*. <http://www.treaty2u.govt.nz/the-treaty-up-close/treaty-of-waitangi/>
- Truax, C. B., & Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy: Training and practice*. Aldine.
- Tudor, K. (2000). The case of the lost conditions. *Counselling*, 11(1), 33–7.
- Tudor, K. (2007). Training in the person-centred approach. In M. Cooper, M. O’Hara, P. Schmid, & G. Wyatt (Eds.), *The handbook of person-centred psychotherapy and counselling* (pp. 379–389). Palgrave.
- Tudor, K. (2011a). Rogers’ therapeutic conditions: A relational conceptualization. *Person-Centered & Experiential Psychotherapies*, 10(3), 165–180.
- Tudor, K. (2011b). Understanding empathy. *Transactional Analysis Journal*, 41(1), 39–57.
- Tudor, K. (2013). “Be careful what you wish for”: Professional recognition, the statutory regulation of counselling, and the state registration of counsellors. *New Zealand Journal of Counselling*, 33(2), 46–69.

- 
- Tudor, K. (2015). Humanistic psychology: A critical counter culture. In I. Parker (Ed.), *Handbook of critical psychology* (pp. 127–136). Routledge.
- Tudor, K., & Rodgers, B. (2020). The person-centred approach in Aotearoa New Zealand: A critical examination of a settler psychology. *Person-Centered & Experiential Psychotherapies*. <https://doi.org/10.1080/14779757.2020.1846602>
- Tudor, K., & Worrall, M. (2006). *Person-centred therapy: A clinical philosophy*. Routledge.
- Wampold, B. (2001). *The great psychotherapy debate: Models, methods and findings*. Lawrence Erlbaum Associates.
- Warner, M. S. (2000). Person-centered psychotherapy: One nation, many tribes. *The Person-Centered Journal*, 7(1), 28–39.
- Watson, N. (1984). The empirical status of Rogers's hypotheses of the necessary and sufficient conditions for effective psychotherapy. In R. F. Levant & J. M. Shlien (Eds.), *Client-centered therapy and the person-centered approach: New directions in theory, research and practice* (pp. 17–40). Praeger.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. Dulwich Centre Publications.
- Wood, J. K. (1996). The person-centered approach: Towards an understanding of its implications. In R. Hutterer, G. Pawlowsky, P. F. Schmid, & R. Stipsits (Eds.), *Client-centered and experiential psychotherapy: A paradigm in motion* (pp. 163–181). Peter Lang.
- Wright, J. (2010). “This is me sitting down on the step with myself”: Mindfulness and dialogical journal writing in the person-centred approach. *New Zealand Journal of Counselling*, 30(1), 64–77.