

## PERSON-CENTERED CARING

### **A Place to Be**

Caring is about what it means to be human. It is through caring that a person evolves as a human being. It is rooted in our birth and introduction to our first caregivers, followed by an ongoing history of relationships – the psychological and spiritual textures of care from which we are born again and again into the human family. In our time of increasing awareness of the fragility of the earth in conjunction with the disparities and diversities among its people, caring is recognized as a systemic concept including both the intimate sphere of interpersonal relations and the larger social and environmental contexts of life. Not only people but the planet needs caring to survive.

The term “person-centered” refers to a therapy model that focuses on the personal relationship in caring. Caring, however, is not what distinguishes the spiritual caregiver or professional helper from other human beings. In fact, what we designate as unique about the helping professions - caring - is precisely what is most common and fundamental about being human. Through caring we weave a net of relationships in the world around us. These are the essential relationships that nurture and sustain life and shape our spirituality. Through caring people find a place in the world. How we are situated in the world determines not just where but who we are.

*In the context of a man's life, caring has a way of ordering his other values and activities around it. When this ordering is comprehensive, because of the inclusiveness of his caring, there is a basic stability in his life; he is "in place" in the world, instead of being out of place or merely drifting or endlessly seeking his place. Through caring for certain others, by serving them through caring, a man lives the meaning of his own life. In the sense in which a man can ever be said to be at home in the world, he is at home not through dominating, or explaining, or appreciating, but through caring and being cared for (Milton Maverhof. 1971).*

### **A Place to Prepare**

It is ironic that human relationships constitute the main source both for loss and gain, trauma and healing. Sometimes people have been hurt so deeply in their relationships that they have built impenetrable barricades around themselves. Most of us are cautious in maintaining a “safe distance” from others, with some more than with others. Yet, in times of suffering or confusion, we are drawn to seek out a “place” in the comfort and confidence of other people. This is where spiritual care happens – a ministry of preparing a place for those who experience losing their place in the world. Such a loss of place can be concrete as in immigration or

hospitalization but often is symbolic as a critical life change or transition, the loss of a loved one and/or one's purpose in life, or a loss of faith or vitality of spirit. T.S. Eliot writes about this sense of no place, using the primordial imagery of the Genesis narrative:

*In the beginning God created the world. Waste and void.  
Waste and void. And darkness was upon  
the face of the deep.  
And when there were men, in their various ways,  
they struggled in torment towards God.  
Blindly and vainly, for man is a vain thing, and man without  
God is a seed upon the wind: driven this way and that,  
and finding no place of lodgement and germination.*

Spiritual care addresses a world “waste and void.” In a person-centered approach, it is the relationship that becomes the place of “lodgement and germination” – a place that holds and empowers the person. Thus the relationship itself is the therapy. What are the characteristics of a therapeutic relationship that offers both a safe place and place for growth and change?

## **I. The Client-Centered Therapy of Carl Rogers**

By general consensus it is Carl Rogers who has most artfully and succinctly described the makings of a therapeutic relationship, of what constitutes a place of “lodgement and germination”. He maintained that the relational triad of *congruence*, *acceptance*, and *empathy*, will create a growth climate where healing will naturally follow. It is remarkable that arguably the most influential psychologist and therapist of the twentieth century, represents in these three core conditions of therapy old traditions of spiritual care. Each of the three core conditions can be centred on the theme of “preparing a place:”

1. In *congruence* the caregiver is present as a real person, rather than the pseudo-presence of one hiding in the role of the professional or expert. The helping relationship is not a clinical one of scientific detachment but a real one of genuine, personal presence. The counsellor is co-present, both to the client and to himself or herself, and thus can draw from the fullness of the counselling relationship.
2. In *acceptance* the counsellor prepares a place of positive regard of and belief in the other. The core task of religion may well be located in the symbols and rituals representing the sacred place of acceptance. It is the universal human need, and the essence of love, to meet in mutual confirmation. In the context of a person-centered counselling relationship, there is the analogy of the transcendent place offering full attention and unconditional acceptance. The caregiver provides a presence that symbolises an enduring place.

3. In *empathy* the counsellor is attuned to the inner world of feelings, thoughts and yearnings of the client. It is entering the other's perceptual world, seeking to understand what it is like to be in that place. Through this empathic entry, the client's world is enlarged and transformed into a world where the client can be at home. Rogers defined empathy as a potent therapeutic force and compared it to a birthing process of securing a place of belonging: "...it releases, it confirms, it brings even the most frightened client into the human race. If a person can be understood, he or she belongs."

- see Appendix 1 for the original quotations with references.

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### **For Reflection and Group Conversation**

In the Rogeran approach the therapist offers a relationship that is not so much a professional one as that of being a friend. How would you describe your own experience of friendship:

- When do you know that a person is a good friend to you?
- How do you experience yourself when you are with a good friend?
- What do you make of the apparent contradiction in the following quotes:

- Those who wish well to their friends for their own sake are most truly friends. Aristotle
- The object of friendship is to gain some good for oneself. Plato

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This person-centered model embodies a profoundly spiritual expression of care. Rather than "doing for" it is "being with" the other. It is driven by a personal presence of care through love and compassion. In CPE this style of caring is prominent and referred to as "the ministry of presence" and often informed, following the Christian narrative, by images of an incarnational theology. In Hebrew the word compassion is associated with the womb. God's character as one of "motherly compassion" (Jer.31:20) in life-giving and nurturing presence is rooted in Jewish religion and shared by the major faith traditions.

## Professional Ethics Notations

1. There is almost a mystical, if not romantic, intensity about the core conditions. A valid concern is that such a care-giving relationship is so superior to most other relationships, that it can become an end in itself, a substitute for real life. Intimate moments generated by the core conditions can easily degenerate to an idealisation of the affirming and loving stance of the spiritual caregiver or pastoral counsellor, with the potential for dependency distractions or romantic distortions that can be compounded by the ensuing abuse of the care-receiver's vulnerabilities.
2. Empathy is not so much a technique as a practice of sensitivity and intimacy - meeting the other in his or her inner world. For such empathic identification to be therapeutic, however, we need to acknowledge its boundaries. The theologian H. Richard Niebuhr spells this out when he characterizes love as *reverence*:
  - it keeps its distance even as it draws near
  - it does not seek to absorb the other in the self or want to be absorbed by it
  - it rejoices in the otherness of the otherThe religious concept of *reverence* compares to Carl Rogers' view of *respect* for the other's separateness: "Can I be strong enough as a person to be separate from the other? Am I secure enough within my self to permit him his separateness?" Without this separateness, empathy degenerates into what is rightly defined as fusion or merger.
3. The dimension of power presents another boundary issue in person-centered therapy. Carl Rogers' approach is generally described as being "non-directive" or "facilitative," with the suggestion that this style of caring makes for an equal power distribution between care-giver and care-receiver. Current professional codes of ethics, however, rightly emphasize that helping relationships are by nature unequal on account of the inherent power differential. Paradoxically, the potential of "abuse of power" often fits more the "facilitative" than the "directive" end of the power continuum. It is in the "facilitative" context that the power of the helper is not openly acknowledged, even at times concealed by believing or pretending that it is not in use. The two ends of the power continuum, directive and facilitative, do not represent the relative presence or absence of the helper's use of power. The issue is not whether or not but how this power is being exercised: overtly or covertly, explicitly or implicitly.

## A Question of Skills

The prominence of the core conditions highlights the quality of the helping relationship rather than the skills and techniques that the care-giver brings. The congruence or genuineness of the care-giver stands out among the three core conditions as it focuses on the personal attitudes and characteristics in the therapeutic relationship. As each person is unique in her or his individual temperament and social expression, there is not one standardized style in person-centered caring.

The goals of Basic CPE relate predominantly to personal characteristics. Congruence is measured by the student's degree of self-awareness with regard to his or her beliefs, values, attitudes, and actions. The CPE mode of experiential learning with the

active use of such tools as group interaction/feedback, role-plays, vebatims/recordings, supervision, with personal and theological reflection, reflects the ideals and practices of the person-centered model.

Each CPE program will focus on its own respective context for specific knowledge and skill development. The practices of spiritual care in a hospice palliative care setting is distinct from one in a correctional institution. More general skills in person-centered care are included in CPE through practicing listening skills and cultivating awareness/sensitivity in areas as feelings, sexuality, cultural and theological diversity.

Research studies on person-centered care have generated a clearer profile of interactions that facilitate self-exploration and clarify beliefs and values of a person. This in contrast to the kind of responses that block sharing responses such as:

- critical comments or “why” questions that trigger the need for justification
- rejection or avoidance of feelings
- re-assuring or rescuing attempts
- a dominance of information gathering questions
- ready advice/opinion giving
- compulsive or habitual self-disclosure

- Facilitative responses prominent in person-centered caring include the following:
- Summarizing and/or interchangeable responses (What I hear you saying..., You are feeling a bit of a loss at this point..., You are wondering whether...)
  - Asking for clarifying/expanding responses (Can you say a bit more...I am not sure whether I got the right meaning...How do you understand that/feel about that...)
  - Low-level inferences (When I hear you saying that, I wonder..., It sounds as if this has really become a cross-road for you....)
  - “I messages” – often by starting the sentence with the word “I” - I am concerned/wondering/curious/excited, etc. when I hear...)

### **A Brief Annotated Bibliography of Person-Centered Therapy**

- Oden, Thomas C. 1966. *Kerygma and Counseling*. Harper & Row.  
A theological commentary on person-centered caring, concluding that what is implicit in the practice of person-centered therapy is explicit in the proclamation of the gospel.
- Rogers, Carl R. 1961. *On becoming a person*. Boston: Houghton Mifflin.  
Likely the most popular introduction covering Rogers’ own narrative, beliefs and goals, describing the helping relationship with applications for family life, education, and the social sciences.
- Savage, John. 1996. *Listening and Caring Skills: A Guide for Groups and Leaders*. Nashville: Abingdon.  
A user-friendly introduction to various skills in listening and conversation, applicable for the work of pastor and chaplain.
- Truax, C. B. & Carkhuff, R.R. 1967. *Toward Effective Counseling and Psychotherapy: Training and Practice*. Chicago: Aldine.  
The authoritative, time tested text on the practice of person-centered therapy, used in many graduate programs.

## II. Person-Centered Caring in Dialogical Theory and Practice

Closely related to the person-centered model of Carl Rogers is the dialogical philosophy and personalistic approach of Martin Buber. Buber (1878-1965), a Jewish biblical scholar and philosopher/theologian focused on the reality of the person in dialogue with the surrounding world of others, nature, ideas and values. A person does not exist in isolation but only in relation. Buber saw the relationship to God as the “eternal Thou” basic to true humanity. In his classic book *I and Thou* (originally published in 1923) he describes the human situation of being simultaneously involved in the personal and the impersonal, in the world to be “used” and the world to be “met.” This two-dimensional nature of human experience is described relationally in the dual concepts of the *I-Thou* and the *I-It* dialogue.

Though not a therapist, Buber’s thought has been widely applied to the relational process in therapy. Maurice Friedman, a close friend and noted interpreter of Buber, has focused on how the “I-Thou” dynamic of “healing through meeting” is present in the psychotherapeutic dialogue of the various therapies. Others have developed a “dialogical psychotherapy” based on Buber’s philosophical anthropology. It focuses on the “healing between” generated in the dialogical “meeting” between therapist and client.

Buber (1947, 37) distinguishes the two major kinds of dialogue interwoven in all human interactions:

- genuine dialogue, the *I – Thou* relationship

“where each of the participants really has in mind the other or others in their present and particular being and turns to them with the intention of establishing a living mutual relation between himself and them.”

- technical dialogue, the *I – It* relationship

“prompted solely by the need of objective understanding.” Here the other comes in the third person singular: a he, a she, a role, an object/it to observe and abstract. In therapy this would be the patient/client defined through clinical assessments, diagnostic categories and evidence-based clinical practice.

Buber emphasizes that each person is unique with her or his own “personal direction” to emerge in the dialogical meeting. One’s personal meaning is not of a universal nature but specific to each person in a particular situation. It is through the process of *confirmation* that a person finds and pursues her or his unique personal direction and purpose in life. For a person to become fully human he or she requires this relational context of mutual confirmation – a confirmation always in danger of being perverted into pseudo-confirmation.

*We need to be confirmed in our uniqueness, yet we need to be confirmed by others who are different from us... We cannot become ourselves without other people who call us to realize our created uniqueness in response to our life tasks... [Yet] many of us are, in effect, offered a contract that reads: “We will confirm you only if you will conform to our model of the good child, the good churchgoer, the good student, the good citizen, the good soldier.”* Friedman, 1989, 121-2

### Questions for Reflection

In your own experience:

- *Can confirmation ever be unconditional?*
- *Can pseudo-confirmation ever be undone?*

In individual therapy the therapeutic relationship frequently is the setting for confirmation. However in couple and family therapy it is not the therapist but the family that is the primary context for confirmation. The family therapist assumes the role of the coach in directing the family to relate with each other in supportive and confirming ways. Family therapy thus focuses on the family rather than the therapy interaction for the realization of confirmation. It is not surprising that much of the research on confirming and disconfirming styles of relating and communication has come from the practice of family therapy. Evelyn Sieburg in her book *Family Communication* (p.187) identifies the following components of confirmation in the family context:

- 1) recognition of the other person's existence.
- 2) acknowledgment of the other person as a unique being-in-relation.
- 3) awareness of the significance (or worth) of the other.
- 4) endorsement and validation the other's self-experience as he/she expresses it.

Sieburg also cites family therapists, specifically R.D. Laing, in identifying common styles of disconfirmation in the family:

- 1) by indifference
  - through denial of
    - presence of the person (no recognition, interruption)
    - involvement
    - communication (irrelevance, monologue)
- 2) by distortion
  - attribution, reinterpretation
  - pseudo- and selective confirmation
  - substitution
  - evoking rights, obligations
- 3) by disqualification
  - attack, blame, disparagement
  - unclear response

### **III. Person-Centered Caring in Existential Psychotherapy**

The whole therapeutic process must be aimed at opening up the healing potential within the patient or client. Nothing really changes until that healing potential is opened. The way is through the meeting of the deepest self of the person, patient or client. When this occurs, it creates a context of vulnerability – of openness to change. This clearly brings in the spiritual dimension. Virginia Satir.

- In what ways do you see vulnerability and spirituality related?

Existential thought in spiritual care and therapy is closely related to the dialogical approach of Martin Buber by distinguishing between the two kinds of dialogue: the technical (the objective) and the genuine (the intersubjective). Existential psychotherapy focuses on human vulnerability by distinguishing between the problems of coping with the everyday tasks of life and, in contrast, the predicaments arising from human existential anxiety. According to this distinction, Irvin Yalom sees the therapist doing double duty as both observer and participant: “Therapists have a dual role: they must both observe and participate in the lives of their patients. As observer, one must be sufficiently objective to provide necessary rudimentary guidance to the patient. As participant, one enters into the life of the patient and is affected and sometimes changed by the encounter” (1989,13).

As *observer* the therapist can utilize a variety of practical therapy interventions that apply to the specific presented problems. However, the existential anxiety that arises from the human awareness of one’s own finitude cannot, and should not, be attempted to fix or solve. Here the therapist becomes a *participant*, sharing the same human condition. Therapy here evolves as a compassionate journey of self-discovery and creative meaning-making, with the caregiver as faithful companion and, at best, a symbol of hope.

Paul Tillich describes anxiety as the existential awareness of nonbeing, as “finitude experienced as one’s own finitude.” In his classic *The Courage to Be* (1952) this courage is defined as “the ethical act in which man affirms his own being in spite of those elements of his existence which conflict with his essential self-affirmation.

Tillich differentiates three types of existential anxiety:

When nonbeing threatens a person’s:

1. ontic self-affirmation – the anxiety of death  
relatively in terms of fate, absolutely in terms of death

2. spiritual self-affirmation - the anxiety of loss of meaning  
relatively in terms of emptiness, absolutely in terms of meaninglessness.

*The anxiety of meaninglessness is anxiety about the loss of an ultimate concern, of a meaning which gives meaning to all meanings. This anxiety is aroused by the loss of a spiritual center, of an answer, however symbolic and indirect, to the question of existence* (1952,47).

3. moral self-affirmation - the anxiety of guilt  
relatively in terms of guilt, absolutely in terms of condemnation

*the judge who is oneself and who stands against oneself, he who ‘knows with’ (conscience) everything we do and are, gives a negative judgment, experienced by us as guilt.* (1952,52)

## References

### for Dialogical Theory and Existential Psychotherapy

- Baldwin & Satir (Eds.) 1987. *The Use of Self in Therapy*. (Haworth).  
Buber, Martin. 1958. *I and Thou*. (New York: Scribners ,)  
Buber, Martin. 1947. *Between Man and Man*.( Fontana Library Theology & Philosophy)  
Friedman, Maurice. 1989. *The Healing Dialogue in Psychotherapy*.(Jason Aronson)  
Heard, William G. 1993. *The Healing Between – A clinical guide to Dialogical Psychotherapy*. (Jossey-Bass)  
Howe, Reuel L. 1963. *The Miracle of Dialogue*. (Seabury Press)  
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Laing, R.D. & Esterson, A. 1964. *Sanity, Madness and the Family*. (Penguin)  
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Tillich, Paul. 1952. *The Courage to Be*. (Yale)  
Yalom, Irvin. 1989. *Love's Executioner & Other Tales of Psychotherapy*. (Basic Books)

## Resources in Literature and Film

### books

- Nathaniel Hawthorne. 1850. *The Scarlet Letter*.
- Alice Munro. 2001. *Hateship, Friendship, Courtship, Loveship, Marriage*.

### films

- *Away from Her*. 2006 – Directed by Sarah Polley
- *Sam and Me*. 1991 – Directed by Deepa Mehta
- *Tender Mercies*. 1983 – Directed by Bruce Beresford
- *The Visitor*. 2008
- *On Golden Pond*. 1981 – Directed by Mark Rydell

## APPENDIX 1

### THE THREE CORE CARING CONDITIONS Rogerian Categories and Definitions

#### CONGRUENCE

Synonyms: realness, genuineness, transparency

- “to be in the relationship without facade and without any attempt to assume or hide behind a professional role” (Thorne, 1992, 36,37).
- “Whatever feeling or attitude I am experiencing would be matched by my awareness of that attitude...then I am a unified or integrated person in that moment, and hence I can be whatever I deeply am” and “if I can form a helping relationship to myself – if I can be sensitively aware of and acceptant toward my own feelings – then the likelihood is great that I can form a helping relationship toward another” (Rogers, 1961, 51).
- “Does not mean that the therapist offloads on to the client all his or her own feelings or concerns; nor does it imply that the therapist impulsively blurts out any passing attitude or intuitive insight.” (Thorne, 1992, 37).

#### ACCEPTANCE

Synonyms: unconditional positive regard, non-possessive warmth, gullible caring, interest, respect, prizing, validating, confirming.

- “We are afraid that if we let ourselves freely experience these positive feelings toward another we may be trapped by them. They may lead to demands on us or we may be disappointed in our trust... So as a reaction we tend to build a ‘professional’ attitude, an impersonal relationship.” – thus the need of learning “that it is safe to care” (Rogers, 1961, 52).
- “Can I meet this other individual as a person who is in the process of becoming, or will I be bound by his past and by my past?” (Rogers, 1961, 55).

#### EMPATHY

- “A willingness and an ability to enter the private perceptual world of the client without fear and to become thoroughly conversant with it” (Thorne, 1992, 38).
- Not “the accuracy of the therapist’s empathic understanding...but more important the therapist’s interest in appreciating the world of the client and offering such understanding with the willingness to be corrected” (Rogers, 1989, 171).
- “You are a confident companion to the person in his/her inner world” (Rogers, 1980, 142).
- “If a person can be understood, he or she belongs” (Rogers, 1986)
- “Can I be strong enough as a person to be separate from the other?.. Am I secure within myself to permit him his separateness?” (Rogers, 1961, 52,53).

## REFERENCES

Rogers, Carl

- (1959) "A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework" in S. Koch (ed.), *Psychology: a Study of Science, Vol. III. Formulations of the Person and the Social Context*. New York: McGraw-Hill.
- (1961) *On Becoming a Person*. Boston: Houghton Mifflin.
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- (1987) "Rogers, Kohut and Erickson: a personal perspective on some similarities and differences," *Person-Centered Review*, , 1(2).
- (1989) Rogers and Sandford, "Client-Centered Psychotherapy," in Kaplan and Sadock, *Comprehensive Textbook of Psychiatry*. Baltimore: Williams & Wilkins.
- Thorne, Brian (1992) *Carl Rogers*. London: Sage

### Note:

- see also the module *the personal relationship in caring*
- Peter L. VanKatwyk, 2003. *Spiritual Care and Therapy*. WLU Press. Sections from chapters 1 & 2 were adapted in this module.