The Characteristics of a Person-Centered Approach to Therapy and Counseling: Criteria for identity and coherence

Die charakteristischen Merkmale eines Personzentrierten Ansatzes in Therapie und Beratung: Identitäts- und Kohärenzkriterien

Las características de un enfoque centrado en la persona en la terapia y el counseling: criterios para identidad y coherencia

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Abstract. This article looks in two directions in order to contribute to the search for the identity and future of the person-centered and experiential paradigms: into the interior of the person-centered and experiential 'family' (where are we and what are our relationships?); and to the outside (where are the other orientations and what could be our contribution to the realm of psychotherapy as a whole?). It examines criteria for a coherent and distinguishing *person*-centered conception after the paradigm shift we owe to Rogers, gives reasons for the necessity for ongoing dialogue and mutual challenge among the branches of person-centered and experiential therapies, and discusses some of the consequences for psychotherapy in general.

Zusammenfassung. Dieser Artikel versucht, einen Beitrag zur Suche nach Identität und Zukunft der personzentrierten und experienziellen Paradigmen zu leisten. Dazu setzt er sich nach innen mit der personzentrierten und experienziellen „Familie" auseinander (wo stehen wir und wie sehen unsere Beziehungen aus?) und er blickt nach außen zu den anderen Schulen (wo stehen sie und was kann unser Beitrag zur Psychotherapie als ganzer sein?) Es werden Kriterien untersucht für eine in sich stimmige und deutlich unterscheidbare *person*-zentrierte Konzeption in der Folge des Paradigmenwechsels, den wir Rogers verdanken. Des weiteren werden Gründe für einen fortwährenden Dialog und die wechselseitige Herausforderung durch die verschiedenen Richtungen der Personzentrierten und Experienziellen Therapien

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genannt und einige Konsequenzen für die Psychotherapie im Allgemeinen diskutiert.

Resumen. Este artículo indaga en dos direcciones a fin de contribuir con la búsqueda de identidad y futuro de los paradigmas centrados en la persona y experienciales: hacia el adentro de la 'familia' centrada en la persona y experiencial (¿dónde estamos y cuáles son nuestras relaciones?; y hacia el afuera (¿dónde están las otras orientaciones y cuál podría ser nuestra contribución al ámbito de la psicoterapia en general?). Examina criterios para una concepción centrada en la persona coherente y distintiva tras el cambio de paradigma que debemos a Rogers, da razones para la necesidad de un diálogo continuo y un desafío mutuo entre las ramas de las terapias centradas en la persona y experienciales y discute algunas de las consecuencias para la psicoterapia en general.

Keywords: person-centered therapy, experiential therapy, image of the human being, person, 'We', presence.

One hundred years after the birth of its founder, the person-centered approach to psychotherapy continues to prove its vitality by, among other things, different and creative methods of practice and theory evolution. This is probably what Carl Rogers had in mind when he encouraged a continuous revision and ongoing theoretical and practical development. However, the more sub-orientations emerge and the more approaches and methods claim to be person-centered, the more the question comes up about what the criteria are — the decisive factors for a person-centered self-understanding of diverse branches of person-centered and experiential therapies.

KAIROLOGY: A CONFUSING BEWILDERMENT OF POSITIONS AND INTERPRETATIONS

O'Hara's (1998) diagnosis for our postmodern world is also true for psychotherapy in general and person-centered and experiential therapies in particular. We are confronted with a confusion of positions and interpretations.

Goal-oriented versus relationship-oriented therapies

Goal- and skill-oriented approaches are currently in vogue in Western societies, mainly because of socio-political claims for efficiency. At the same time, open and holistic concepts and a relationship-oriented understanding have become of primary importance in various schools — a rarely admitted although undoubted influence of the Person-Centered Approach. One example is the inaugural speech of the influential German psychoanalyst Horst-Eberhard Richter (2002) at the World Congress for Psychotherapy on 'The end of egomania', in which he stressed that — in contrast to the Freudian model — he had gradually become convinced of the 'We' as the primary dimension in which the 'Ego' is developing, and that this generally has to be the foundation of current psychotherapy.

Many therapeutic approaches increasingly regard both the actual, real relationship

between therapist and client and the therapist's authenticity as crucial for therapeutic success (for example: intersubjective psychoanalysis, systemic approaches, most humanistic modalities and even Cognitive Behavior Therapy). Nevertheless, these tendencies are still far behind the radical paradigm change of Rogers, because they all consider the therapeutic encounter as a precondition for therapy but not as therapy itself.

The controversies within the 'family'

Within the so-called 'Rogerian family' an increasing range of approaches and therapies have arisen. There are developments with different accents. Orientations grow that are related to Rogers' ideas, but come to dissimilar conclusions from those of the founder. A variety of approaches claim to be person-centered or Rogerian, even if they call themselves, for example, Experiential Therapy, Focusing-Oriented Therapy, Focusing Therapy, Process-Directive Therapy, Goal-Oriented Therapy or understand themselves as eclectic, 'integrative' therapies.

The discussion intensified and came to a head when some 'classic' authors even suspected that there were tendencies to simply make use of the PCA's good name in order to 'sell' one's own ideas. For example, on the one hand a fierce protest (Prouty, 2001; Bozarth, 2002; Brodley, 2002) arose involving controversy in the Journal of Humanistic Psychology (1999, issue *39* (4). On the other hand, the principles of the Person-Centered and Experiential World Association and the European Network (www.pce-world.org, www.pce-europe.org) mark a strong position to both name and discuss the differences *and* foster cooperation.

I agree with many of my colleagues (e.g., Spielhofer, 2001; Lietaer, 2002b; van Kalmthout, 2002b) that it is crucial for our approaches to be identifiable and noticeable. Beyond this, I am convinced that the argument will be the seed for further developments of the approaches and their positioning within the realm of psychotherapy (Schmid, 2002b; c; d; e; f).

Among other notables this issue was raised by Lietaer (2002a; b), van Kalmthout (2002a), Swildens (2002), Sanders (2000). It was a topic at the General Assembly of the European Network 2002; the Salzburg Congress 2000 (Iseli et al., 2002); the 5th International Conference on Client-Centered and Experiential Psychotherapy in Chicago (Watson, Goldman and Warner, 2002); the International Colloquium, 'Advancing person-centred theory and practice: What is essential?', 2001; and the 3rd PCA Colloquium, 'What is essential? Person-centered and experiential psychotherapy – perspectives and prospects', 2002 (www.personzentriert.at/pca.htm) — to name only a few. The question for all these discussions is about the 'face' of PCT.

The necessity for criteria

Why is it necessary to raise the question of identity criteria? The following are some of the reasons:

- *clarity about one's own identity (regarding commonality and diversity):* to be unambiguous in the foundation and development of one's own identity, to know where we stand, what we have in common and what is diverse;
- *identifiability and transparency in communication:* to have a 'face' and not to be faceless, to be able to be recognized and to be chosen (by clients and therapists);

- *trustworthiness for clients:* to provide reliable conditions for the clients by offering a consistent, transparent and trustworthy relationship — perhaps the most important criterion;
- *intellectual coherence in theory:* for the sake of congruence of anthropology, personality theory and theory of therapy;
- *reliability in dialogue and debate*: to be a dependable partner for serious discussions with other orientations;
- *influence in the philosophy of health and in health and social politics*: to promote one's stance and make it attractive.

For these reasons we need to have a face, which usually helps in recognizing a person. And a person usually has *one* face.

So what is our face? What makes the PCA the PCA? What makes it unique within the realm of psychotherapy, among all the modalities? What is the core of its identity? What is the very essence of person-centeredness?

To answer this question we need to identify criteria that can be used as guidelines to determine what the Person-Centered Approach to therapy is all about.

CRITERIOLOGY: HOW TO DETERMINE WHAT IS PERSON-CENTERED AND WHAT IS NOT

Lietaer's listing of criteria

A prominent voice in the controversy mentioned above is Germain Lietaer's (2002a; b). At several recent conferences he has differentiated between first- and second-order criteria: First-order aspects are elements that I see as specific for our paradigm; they belong to the deepest core of our identity. Second-order aspects are explicitly emphasized in our therapy theory, yet they are also characteristic of some other paradigms or of some sub-approaches in them. Experience-centeredness falls under the first-order aspects, whereas person-centeredness comes under the second-order aspects. This is because most other open exploratory forms of psychotherapy are equally not symptom-driven, but person-centered. As to the characteristics of the image of the human being, I also put them under the second-order aspects, again because they are not unique to our paradigm (Lietaer 2002a, pp. 12–13).

From a *person*-centered view I respect Lietaer's stance, but I contradict his premises. My point regarding the order of aspects is different. Dialoguing about these differences might help to further develop our respective paradigms.

My view is the other way round: *the* first-order criterion of a *person*-centered approach is the image of the human being as a person. It focuses on the person and that takes in all the other aspects, including the focus on the experiential self (Lietaer's first criterion). And 'person', correctly understood and in accordance with scientific research (cf. Schmid 1991; 1994; 1998a; c), denotes a specific meaning of the human being which is different from that of all

other approaches, including the experiential therapies, in its essence and in the therapeutic consequences. No other therapeutic paradigm has essentially the same view of the human being which is truly characterized by the term 'person'. Thus different conclusions on all levels of theory and practice follow.

This diverges clearly from Lietaer's point of view, having the experiential self as the common denominator, which is why he conclusively sees experiential and person-centered as the same. Different criteria rooted in different anthropological stances lead to different views, theories and practices.

What is a criterion?

The term 'criterion' denotes a touchstone, a distinguishing characteristic as a condition for given facts. The Greek word 'κριτικος' (from κρινειν: separate, sort out, distinguish; select; decide) means 'separate' and 'select'. Thus a criterion is both a distinguishing characteristic *and* an existential decision (Meyer, 1997).
Therefore the question of criteria for person-centeredness is twofold:

1. What is the *distinguishing character* that describes a certain way of doing therapy as person-centered?
2. What is the foundation for the *existential decision* to do therapy in a certain way and not in another way?

If we ask any person-centered therapist what it means to be person-centered, they probably would answer: 'It's not specific techniques or skills, but certain attitudes,' and they probably would name the 'core conditions' — which already in their common name point to the core — and their relation to the actualizing tendency and the therapeutic relationship. So the criterion mentioned is something rooted in a certain image of the human being. And if we take the meaning of criterion as the foundation for the decision to do therapy in a certain way and ask again, we probably would get an answer such as: 'I chose to be person-centered, because I like how the client is treated and I would want to be treated in the same way if I was in therapy.' So the criteria are again the attitudes towards the client, now as an existential decision.

These answers would not only be the answers of the average practitioner, but they would also derive from the state of the art of philosophy of science: a certain practice, its respective praxeology and theory, is always rooted in a specific image of the human being (cf. Hagehülsmann, 1984; Korunka, 2001).

Therefore the criterion defining whether doing therapy in a given way is person-centered or not is not that someone claims to be person-centered, or has a certificate which licenses them as a person-centered therapist; rather, the criteria are (1) the image of the human being in which the therapy is rooted; and (2) the coherence (congruence) between (a) this image of the human being, (b) the theory of personality development, of relationship, of 'disorders' and of therapy, and (c) the practice (i.e., the concrete behavior in therapy).

What is an image of the human being?

This so-often-cited image of the human being, mentioned above, is the personal answer to the question, 'What is a human being?' In other, more scientific, terms an 'image' is a set of beliefs, including assumptions concerning how human beings are (what their nature is, their essence, their peculiarity, their meaning of life, etc.), how they develop, how they get into trouble and how they can be helped. Related questions are, for example, whether humans are free or not (and thus responsible or not), whether they are good or evil, etc.

Images of the human being have the following characteristics:

- they are models (representations of ideas of a typological nature);
- they represent, select and construct 'reality' (i.e. they are not reality itself);
- they have a heuristic function (they help to find new perspectives);
- they serve as guidelines for practice;
- and, most important, they are trans-empirical (they are basic *beliefs* — they cannot be proved).

Thus it is no use arguing whether an image of the human being is right or wrong. What does make sense, however, is to investigate paradigms and theories regarding their consistency and their accordance with empirical facts.

Therefore the image is the matrix, the foundation for science, theories and practice.

For the PCA this leads to the seemingly simple conclusion: An approach is person-centered if: (1) it regards the human being as a person, and (2) acts accordingly: that is person to person.

This makes it important to answer the question of what it actually means to be a person.

What is a person-centered image of the human being?

Now we are at the roots and, not coincidentally, at the name of the approach. If it is adequate, the name tells about the essence. The name of an idea is like the face of a human being. If you look into someone's face, you can see who this is. With the name, you can understand what it is all about. (Therefore, names need to be chosen carefully. And that is indeed what happened with the trademark 'person-centered'; the same, by the way, for 'experiential' and most proper names of therapeutic schools.)

What it means to be a person, and which consequences follow for a *person*-centered approach to psychotherapy, have been described in detail (Schmid, 1991; 1994; 1998c; 2001a; 2002a, pp. 58–65; 2002c). Here we lack space for more than a short summary.

According to two different, yet dialectically linked, traditional strands of meaning, the human being is characterized as a person if he or she is denoted in his or her unique individuality, worth and dignity (the substantial notion of being a person), as well as his or her interconnectedness, being-from and being-towards others (relational conception of becoming a person). Thus to be a person describes both autonomy and solidarity, both sovereignty and commitment. Carl Rogers combined both views in a unique way for

psychotherapy when he built his theory and practice upon the actualizing tendency, which works at its best in facilitative relationships of a certain kind. Person-centered personality and relationship theory understands personalization as a process of becoming independent *and* of developing relationships. The theory of the suffering person ('theory of disorders') relies on the incongruence between self and experience (which might be seen as sovereignty deficiencies), *as well as* on the incongruence between the person and the context, including the other persons within the society (relationship deficiencies). Consequently, the theory of therapy understands therapy as *both* personality development *and* encounter person to person, and the practice is characterized by *presence* — which means a principled non-directivity and empathic positive regard as a way of being 'with' the client, *together with* a position 'counter' the client, i.e. a committed 'en-counter' as a person meeting the Other face to face (Schmid 2002a, pp. 60–2).

CHARACTEROLOGY: THE DISTINGUISHING CHARACTERISTICS OF A PERSON-CENTERED APPROACH

If this is the underlying image of the human being, then the distinguishing characteristics of a *person*-centered approach can be stated in the following three short sentences.

(1) Client and therapist spring from a fundamental 'We'.
(2) The client comes first.
(3) The therapist is present.

Yet these seemingly simple statements imply a revolutionary change of paradigms.

1. A fundamental 'We'

PCT starts with a fundamental We (Schmid, 2002e), which can be found already in Rogers' 'necessary and sufficient conditions'. In its basic statements the PCA is rooted in the conviction that we are not merely a-contextual individuals, but we exist only as part of a 'We'. Without stating it explicitly, this is inherent in Rogers' theory from the very beginning. He starts the description of the first condition with the sentence: 'I am hypothesizing that significant positive personality change does not occur except in a relationship' (Rogers, 1957, p. 96). The conditions start with 'contact' (1) and end with 'communication' (6).

The Latin word *communis* means 'to have common walls' ('munera') — think of a medieval city as a community, a commune. We are all 'in the same city', 'in the same boat'. None of us came to us from the outside; everyone was born within and into this We. If we ignore this, we ignore that we are unavoidably a part of the world; we ignore our roots, our past, present and future. This would lead to the a-contextual view of the human being which is so present in many so-called humanistic conceptions: a simplified here and now. Then we ignore (in our image of the human as well as in the therapeutic practice) our limitedness, our finiteness; we ignore death. Then there never is a place for the partial lack of freedom we

experience, for physical illness, transience, suffering and grief, etc., in our theory (cf. Swildens 1988; 2002). In a word: we ignore the *conditio humana*.

This has tremendous consequences concerning a theory of aggression, which is usually a taboo in the person-centered context (Schmid, 1996, pp. 469–86). It has consequences within the economical and ecological context of our global system of goods and resources. If we ignore this We, we also ignore that there are others who are not only 'with'; they are also against, 'counter', they are competitors; we have to share resources. And without 'counter' there is no 'en-counter' (Schmid, 1994; 1998b; 2002a; e). Consequently, the whole approach would become unrealistic and thus naïve.

A personal therapy

There are four possible positions regarding the relationship between 'I' and 'We':

- The *individualistic position* (I + I = [we]). It adds Egos and nevertheless never comes to a real We, because it sticks only to an aggregation of individuals.
- The *collectivistic position* (we = [I] + [I]). It subordinates everybody to the collective, to the totality.
- The *so-called humanistic position* (we = I + you, where you = alter ego), as it can be widely found and had its high time in the period when the PCA was developed. It sees only alter egos; others are seen only from the point of view of the ego.
- The *personal or dialogic position* (we = you + I, where you = an Other), as it is inherent in the PCA (although not in every stage of its development). It overcame the functionalization of the other and regarded him/her as really an Other in the sense of dialogic philosophy, different from me, in whose view I am. This completely changed the perspective. Now the I is seen from the point of view of the Other: Thou comes first. This is not only appropriate physically and from the perspective of developmental psychology (I am seen before I can see, I am conceived, awaited, accepted, loved before I myself am able to see and love) — it is an epistemological revolution for the understanding of psychotherapy and the only way to really be aware of the 'We'.

From mere humanistic to personal — this marks the leap, the paradigmatic development in Rogers' work.

A political perspective

This We includes our history and our culture. It is not an undifferentiated mass, nor is it an accumulation of 'Mes'; it includes commonality *and* difference, valuing both equally. Only a common esteem for diversity constitutes and accepts a We.

If we ignore this We, all the terrible and horrible things happen which we know from the history of humankind right up to the totalitarian regimes of the twentieth century, the 11th of September 2001 and recent political developments towards a more or less totalitarian view of 'missions' which allegedly have to be fulfilled. Those developments did not come from 'primitive' or minor developed cultures; it was our cultures in which the horror originated. Enlightenment and humanism have been unable to prevent the terror regimes of the twentieth

century. And the same goes for many reasons for today's terrorism: to a great extent the roots lie in the incapability of the occident to see this We of the global world (if it is not in terms of markets) — an over-identification with sameness and a shift of the difference to the outside (to 'Them', to 'Those'), a simplistic dichotomy where sameness is positive and difference is negative. This also argues that psychotherapy without political awareness and without political conviction is naïve and often inefficient.

The political impact of PCT, acknowledging and bridging the differences, neither ignoring them nor trying to remove them (Schmid, 2002a), implies the following:

- It respects the Other as truly an Other, not simply as an alter ego. That respect comes from living side by side, to being together, in terms of the Daseins-philosophy from 'being with' to 'being together'.
- It always is aware that the a-contextual dual is an artificial construct. There is always 'the Third One'; there are many Others, the Others of the Others, groups, communities, societies, interests, nations, humankind as such. Even in one-to-one therapy the Others are present.
- And there is always a co-perspective in PCT: Client(s) and therapist(s) are co-experiencing, co-responding to what comes up, they are co-operating, co-creating the relationship and their futures.

2. The client comes first

Within this We the client comes first. In the traditional (objectifying) approach the questions are: What do *I* (the therapist) see? What can *I* observe? What is over there? What can *I* do? How can *I* help? In contrast, Rogers' (phenomenological) approach proceeds just the other way round: What does *the client* show, disclose, reveal? What does he or she want to be understood?

This means:

- the client comes first (the approach is '*client*-centered');
- the therapist responds to a call;
- and the relationship moves from mere contact to presence, from attention to co-experiencing and 'being-with'.

That the client comes first means a lot: the client comes first because therapy is for the client. It means that we ask the question: 'What is the client's call?' (and thus the respective task is to keep one's ability to be surprised and touched). And it means to be present (see below). These are exactly the characteristics of a phenomenological approach as described by Levinas.

A phenomenological approach

The word 'phenomenon' comes from the Greek language. In its active form (φαινειν) it means 'show, bring to light, make appear, *announce*'; in passive voice (φαινεσθαι) it means 'be shown, come to light, appear, *come into being*'. An approach is phenomenological if the direction, the *movement*, goes *from the client to the therapist*: the client 'shows and announces'.

The therapist tries to 'perceive and understand'. This denotes a *Thou–I relationship* as opposed to the 'egology' — what Levinas (1957, p. 189), using Husserl's neologism, called the traditional occidental understanding — of the conventional humanistic approaches. Therefore, the PCA goes far beyond these 'humanistic' approaches.

For the *understanding* of *'person'*, it follows that *being a person means: to disclose, to reveal oneself to oneself* and *to the Other, thus enabling 'co-experiencing'*. This is the special notion of 'person' inherent to the PCA, which is far different from what a lot of people, including therapists of all kind of orientations, mean when they say 'I see you as a person.' It also definitely goes beyond what is considered to be the common ground of all humanistic approaches in psychology: namely, that the human being comes into the view as a human (hence the name) and not only according to the criteria of natural science — a development undoubtedly important to overcome an objectifying understanding of therapy. Many still refer to this if they regard the human being as a person, also within the 'Rogerian family' (see Lietaer, 2002a). But the notion of being a person, as it is the underlying ground of the PCA, is much more specific and radical: The epistemological paradigm change just mentioned implies that the expert in the therapeutic endeavor, in any respect, is the client.

'The client comes first' can also now be expressed by: 'The client is the expert.'

The client is the expert

There are three possible positions on expertism in psychotherapy:

(1) The therapist is the expert for the contents and the process (which means what the therapy considers, the methods, the means, the procedure, the skills).This is a principle held, for example in CBT.

(2) The client is the expert for the contents and the therapist is (at least partially) the process expert, the expert for the way therapy goes. This can be found in gestalt and experiential therapies.

(3) The third possibility is that the client is the expert for both — problems and methods — and the therapist is a facilitator: a stance to be found only in genuine PCT.

To sum up:

- *In PCT the client comes first*
  - – phenomenologically (Thou–I relationship);
  - – in terms of the contents (the client is the one who 'knows' what it is all about); and
  - – in terms of the process (i.e., the way of communication, the 'languages', the means of therapy).
- *The therapist is responding existentially, i.e., as a person.* By encountering each other they acknowledge the 'We' mentioned above.

3. The therapist is present

In a personal context, to respond existentially means to be present and available as a person

to the client. It could also be formulated, as Rogers (1975) did, that the therapist encounters the client person to person.

Presence is the fundamental way of 'being together', the existential foundation of the core conditions (Schmid, 1994; 2002d; f, pp. 62–5; 2003; Brodley 2000; Geller and Greenberg, 2002). It is possible only from a We-perspective. Presence is:

- co-operation arising out of co-existence;
- co-responding (to given experiencings) out of co-experiencing;
- co-creating out of (in its best moments mutual) encounter.

Dimensions of presence

Some of the basic dimensions of 'presence' are as follows (cf. Schmid, 2002g, pp. 190–201):

- *its principled non-directivity:* Non-directivity is not at all outdated in the understanding of PCT. It is a way of facilitative responsiveness which exactly meets the needs of a phenomenological approach;
- *its kairoticity*: In old Greece Kairos was the god of the fertile instant, of the favorable opportunity, and hence 'καιρος' is the Greek word for the quality of time. Kairology, then, is the science of the right action at the right time (as, for example, undertaken by Kierkegaard, 1855; cf. Schmid, 2002g, pp. 183–4). This points out that the fertile moment is always *now*. The moment for the change is *now* and *here*. The moment to influence the future is now and here. The moment to profit from the past is now and here. There is only one time: the present. Future is the present anticipation of what is coming, past is the remembrance — in the present — of what happened. We live in only one time: the present. We exist here and we exist now. And thus we are called to act in the present and to grasp the chance. In therapy the question always is: What presents itself in the very moment?
- *its 'en-counter' character*: The word 'counter' (see above) stresses the otherness of the Other and opens up the room for both acknowledgment and counter-position;
- *its 'im-media-cy'*: Presence happens without (preconceived) media or tools, because the only 'tool' is the therapist himself or herself as a person, his or her own 'instrument'. Methods are of second importance, even irrelevant; PCT never acts 'in order to' achieve a certain goal;
- *its movement from perception to realization:* 'Realization' means encompassing not only what is, but also what can be; not only facticity but also possibility, chances, prospects, oncoming resources. Thus 'realization' goes far beyond just experiencing. Therefore I am convinced that, since the main focus of PCT is on the person and not on the experiencing self (see above), a person-centered and an experiential therapy are two different enterprises with two different underlying anthropological and epistemological views. We owe Gendlin important insights to clearing and deepening the understanding of the process in the client; this marks a real progress in person-centered understanding. But from the point of view of a *person*-centered therapy, the *focus* on the experiencing self is a reductionistic position, a reduction of the person to the experiencing self. A person is not identical with its experiencing; from the philosophy outlined above it is

more than its experiencing self (cf. Prouty, 2001);

- *its correspondence with personalization*: Presence 'co-responds' with becoming a person. To be present means to answer to the other person, to be the response to a call as a person. The person him- or herself *is* the response. This is the deepest core of what being and becoming a person means; this is in line with the personalistic (dialogic, encounter philosophical) understanding of person and the notion of person in the PCA. Among the schools of therapy this notion can be found only in PCT.

The necessary and sufficient conditions as an ethical statement

This also means that the necessary and sufficient conditions of 1957 — although conceptualized as a metatheory, so far realized theoretically only in PCT — are not only hypotheses for empirical research, but a philosophical statement (in terms of anthropology and epistemology) and — strictly speaking — an ethical statement. This sheds more light on the understanding of person and of therapy: as explained elsewhere (Schmid, 2002a, p.66; c; d), to encounter person to person constitutes an ethical position. To do therapy means being addressed by an Other to respond out of one's response-ability. The challenge is not only *whether*, but *how* to respond. Thus PCT is the professional *personal* response to this call by a person in need (a call which itself is seen as a personal address, i.e., the call of a person, and not a disease, a problem or a disorder; Schmid, 2001a; 2002c; d).

The characterizing fundamental statements explaining a genuinely *person*-centered approach can be reformulated:

1. Client and therapist co-operate on the basis of a fundamental 'We,' which constitutes their relationship person to person.
2. The client comes first, because he or she is the expert.
3. The therapist responds to the client's call by being present.

It can be shown that the fundamental 'co-', the 'priority' of the client and the meaning of presence is both inherent in Rogers's thinking and acting (the later the more so), although not explicated in detail (for example, the relational, intersubjective and ethical approach of the necessary and sufficient conditions, the principled non-directivity and client-centeredness, therapy as encounter and presence as immediacy of the relationship, etc.) *and* it is a genuine further elaboration and development from the approach, that is, consistent with the philosophy and the basic premises and principles of person-centeredness (for details and references see Schmid, 1991, pp. 117–61; 1994, pp. 111–294; 1996, pp. 511–40; 2002d; also: 2001b; c; d; 2002c; g; 2003).

FUTUROLOGY: THE IMAGE OF THE HUMAN BEING AS THE DECISIVE CRITERION AND CHALLENGE

The conclusion of these considerations is that the crucial point of PCT is its image of the human being, which is unique among the schools of psychotherapy. It is decisive, because it

decides whether an approach is *person*-centered or not: whether it regards the human being as a person and understands the therapeutic relationship as an encounter person to person. This includes the substantial view: the 'expert's' actualizing tendency is taken seriously; and nothing has to be 'added' or imposed. And it includes the relational dimension: client and therapist are co-experiencing, co-operating and co-creating on the basis of their fundamental We; they are not split into the therapist with his or her expertise and the client with his or her need to be treated. It is crucial to keep the balance between the two dimensions.

The impact of the image of the human being on different levels of the therapeutic enterprise

In other words, the crucial point for PCT, its unique 'face' is to be convinced that the Rogerian conditions are not only necessary, but sufficient. The necessary conditions regard the human being as a person, if they are seen as sufficient. (A fundamental position, not at all a fundamentalistic one: to the contrary, it is a revolutionary stance, oriented towards continuous development.)

This can be spelled out on all levels of theory and practice:

- in *anthropological* language it means that the focus is on a person, instead of a patient or client;
- in *dialogic* language it is a Thou–I relationship out of a We instead of an I–Thou relationship;
- in *phenomenological* language the task of both the therapist and the client is to be open to what is revealed instead of diagnostic observing;
- in *epistemological* language this means primarily experiencing acknowledgment instead of gaining knowledge;
- in the language of a *theory of 'disorders'* it is about resources instead of problems, the ability for growth instead of the removal of disorders;
- in the language of a *theory of relationship* the challenge is to encounter instead of 'making' or 'building' a relationship;
- in *existential* language: the therapist is open to being touched and is present instead of seeking purposefully or finding out. (An encounter relationship must never be a means 'in order to' — this instrumentalizes the relationship and the persons involved. To 'use' the relationship does not meet the person-centered image of the human being);
- in *technical* language it is about listening and being facilitative instead of guiding, steering or giving process advice;
- in *ethical* language therapy means responding to a call instead of advising and moralizing;
- in *pedagogical and didactical* language becoming a therapist means to be 'e-ducated' (in German: '[Her-]Aus-Bildung') instead of being trained. Often the objection is raised that this would be too much for the trainees — a personal attitude as such cannot be learned and therefore a training of special skills (with the meaning of specific tools) is needed. My experience is different: just as it is necessary in therapy, instead of fulfilling the client's wishes for easy solutions, not to give in and challenge them, the same goes for 'training' — to challenge the 'trainees' in a facilitative way to find their own ways

of relating and communicating).

Person-centered futurology

One hundred years after the birth of its founder: what will be the challenges for PCT in the next 'hundred years'? I envision that what will be at stake is not PCT as such, or the dispute among the orientations or the interests of the therapeutic profession. At stake will be what psychotherapy can contribute to the development of humankind and society, that is, a way of living together.

The elaborated criterion also offers a futurologic contribution. This refers to the branch of futurology which regards itself as the philosophy of the future, in so far as one of its foremost tasks is to pursue critics of ideologies and utopias in order to point out alternative possibilities of development and other foundations for decisions.

Towards the end of his life Rogers did not turn coincidentally to conflict research and peace work. The image of the human being, its critical reflection and the research stimulated, together with the respective practice, will not only decide about the standing of psychotherapy within the society of tomorrow, and thus its impact on individual 'health', but they will also foster or hinder our way of dealing with each other, in one-to-one relationships, in and between groups, communities, cultures and on a global level. It still remains an open question whether we will succeed in corresponding with the fundamental 'We' and trusting each other as persons in a globalized world, with its fear of the Other as a stranger, its enforced political conformity and its monopolization. Psychotherapy could contribute to the emancipation of humankind by the opening up of possibilities for decisions, and through the opening up of possibilities for the understanding of both the individual and society.

These political implications once more show the ongoing challenges of the person-centered paradigm change, initiated by Carl Rogers: to the other orientations of psychotherapy it means to do justice to the human by really viewing him or her as a human being, and thus to keep the promise of the founding ideal of all emancipatory schools of therapy. The ongoing challenge to person-centered therapists is to be congruent with their philosophy and to further explicate foundations, philosophy, theory and practice — in dialogue with other modalities and through dialogue and co-operation within the 'family'.

It is the acknowledgment of the human being as a person that remains the central value and challenge for psychotherapy; as Carl Rogers (1989, p. 106) stated towards the end of his life, 'I'm willing to stand by valuing the person above anything else.'

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