

Cain and Murphy's book is a master class on the development and diversity of person-centered psychotherapies. Trainee therapists and even more seasoned practitioners will find the case material and discussions of practice valuable in finding their own unique style and in understanding the continued relevance of Carl Rogers's radical and progressive ideas.

—**Stephen A. Joseph, PhD**, Professor Emeritus, University of Nottingham, Nottingham, United Kingdom; author of *The Humanistic Psychology of Carl Rogers: Understanding the Person-Centered Approach*

I highly recommend this excellent book. You will be surprised by how much is new and how much the person-centered approach has to contribute to anyone who practices psychotherapy. Students and therapists from all persuasions will find this book insightful and illuminating. Students and therapists who want to practice integratively will particularly find it helpful.

—**Arthur Bohart, PhD**, Adjunct Professor, Santa Clara University, Santa Clara, CA; Emeritus Professor, California State University Dominguez Hills, Carson, CA, United States

Contents

Series Preface	<i>ix</i>
Preface to the Second Edition	<i>xv</i>
How to Use This Book With APA Psychotherapy Videos	<i>xix</i>
1. Introduction	3
2. History and Origins	11
3. Person-Centered Theory	21
4. Therapeutic Processes and Primary Change Mechanisms	97
5. Evaluation of Effectiveness	153
6. Critical Analyses, Reappraisal, and Suggestions for Future Developments	175
7. Looking Forward: Rekindling Rogers's Pioneering Spirit	207
Glossary of Key Terms	231
Suggested Readings	233
References	235
Index	255
About the Authors	271
About the Series Editor	273

Introduction

Carl Rogers's seminal ideas have had a pervasive, profound, and revolutionary effect on how psychotherapy has been conceived and practiced for over 80 years.¹ A survey of clinical and counseling psychologists published in 1982 in the *American Psychologist* (Smith, 1982) identified Rogers (1902–1987) as the most influential psychotherapist. Twenty-five years later, a much larger survey of psychotherapists conducted by *The Psychotherapy Networker* again identified Rogers as the “most influential therapist,” despite the fact that relatively few people in the United States identify themselves as person-centered therapists (“The Top 10,” 2007). His foundational ideas, especially the significance of the therapeutic

¹Portions of this case previously appeared in “Rogers and Sylvia: An Intimate and Affirming Encounter,” by D. J. Cain, in B. A. Farber, D. C. Brink, and P. M. Raskin (Eds.), *The Psychotherapy of Carl Rogers: Cases and Commentary* (pp. 275–283), 1996, Guilford Press. Copyright 1996 by Guilford Press. Adapted with permission.

Throughout this book, names and identifying details have been changed to preserve client confidentiality.

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Person-Centered Psychotherapies, Second Edition, by D. J. Cain and D. Murphy
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relationship as a means of promoting growth, have been absorbed by many diverse approaches to psychotherapy.

Person-centered therapy is based on the assumption that all humans have an innate tendency to actualize their potential to grow psychologically and to manage their lives effectively if therapists provide a therapeutic relationship characterized by specific qualities or conditions. This optimistic view of the client's potential for growth stood in stark contrast to Freud's darker view of human nature. Person-centered therapists believe that if their clients perceive that they (a) understand who they are and how they perceive the world (empathic understanding); (b) accept them without judgment (unconditional positive regard); (c) are genuine in the therapeutic relationship (congruence); and (d) are able to successfully communicate these attitudes for the client to receive them; then (e) constructive therapeutic personality change is likely to take place. The fundamental endeavor of person-centered therapists is to establish and maintain these relational conditions with their clients.

The name given to the therapy that Rogers developed evolved over time. Initially his approach was called *nondirective psychotherapy* during the early to mid-1940s, emphasizing Rogers's belief that clients, rather than therapists, should determine the direction of therapy and that therapists should respect and preserve clients' autonomy in deciding how to live their lives. Person-centered therapists believe that optimal change and growth occur when it is self-directed, as opposed to therapist-directed. Thus, clients determine the content of therapy, the directions they want their lives to take, and the means of achieving desired changes.

By the mid-1940s, Rogers called his approach *client-centered therapy*, a designation that persisted until the 1970s, when he began to use the term *person-centered therapy*. Today, person-centered therapy is most commonly used and is essentially synonymous with client-centered therapy. We primarily use the term person-centered therapy throughout the text unless the earlier term client-centered therapy is relevant in a historical context.

Rogers's influence on American psychotherapy is enormous and pervasive, though often indirect. Almost every school of psychotherapy has recognized the importance of the quality of the therapist–client relationship

INTRODUCTION

as an essential element of the change process. More than any other therapist, Rogers taught how to listen with sensitivity and to communicate that understanding to the client for further reflection, processing, and personal learning. This desire to hear another person as he or she shares something of personal relevance lies at the heart of all good therapy and caring relationships. All people have a powerful and nearly universal need to be heard, seen, accepted, and appreciated as they are, including their flaws and limitations. Conversely, clients often feel frustrated, discouraged, and alienated when their therapists and others who matter to them misunderstand or judge them. People are naturally drawn to those who listen with compassion and acceptance. Such confidants play a critical role in the well-being of others, whether they are therapists, teachers, parents, family members, coaches, employers, leaders, friends, or others of personal importance.

Rogers demonstrated that the quality of the therapist–client relationship, in itself, has the potential to foster personal learning and growth in the client. Many of our clients come to therapy with low self-esteem, doubt, and personal insecurities that have developed within damaging relationships with their parents, families, partners, significant others, and the culture in which they grew up. Such clients often need and benefit from a relationship where their therapists' regard and valuing are unconditional. In order to repair their feelings of low self-worth and even self-loathing, clients often benefit from their therapists' prizing and affirmation, which assist them in revising their views of themselves in more accepting and positive directions. At times, the quality and depth of contact in person-centered therapy seem to enable clients to experience themselves in new and sometimes transformative ways. Many people have had powerful experiences with others who have made constructive and lasting impacts on their lives. Such experiences are often possible in moments of person-centered therapy during which there is a genuine meeting between the therapist and the client.

In addition to affirming the client, the quality of the therapist–client relationship almost always plays a critical role in the process of therapeutic learning. Clients are most likely to learn with and from therapists whom they value, like, trust, and perceive as having their best interests at heart.

Conversely, negative or ambivalent feelings toward their therapists often impair clients' therapeutic progress. Thus, a solid therapeutic relationship serves as the foundation upon which constructive learning takes place.

ROGERS'S PIONEERING CONTRIBUTIONS

Rogers pioneered groundbreaking insights and discoveries that continue to have far-reaching effects on the field of psychotherapy. He and his students were the first to study the counseling process in depth. In 1940, with the assistance of Bernie Covner, they made the first audio recordings of a therapy session on 78 rpm discs. These "live" and transcribed recordings provided moment-to-moment understandings of the therapeutic process and its immediate effects on the client, as well as case studies for training purposes and research. Rogers (1942) published the case of Herbert Bryan as the first phonographically recorded verbatim transcript of an entire course of psychotherapy.

Although today we take for granted the usefulness of reviewing audio and video recordings for training purposes, Rogers was the first to demystify psychotherapy by bringing it out into the open for study. He also pioneered the execution and publication of psychotherapy research studies and was primarily responsible for initiating research in the field. In 1957, he articulated a bold hypothesis in "The Necessary and Sufficient Conditions of Therapeutic Personality Change." This simple and elegant idea has probably generated more research than any other therapeutic hypothesis in the field. Researchers have conducted literally hundreds, if not thousands, of empirical studies assessing the hypothesis. In a recent set of meta-analyses, researchers showed positive effects of empathy (Elliott et al., 2018), genuineness (Kolden et al., 2018), and positive regard (Farber et al., 2018) on psychotherapy outcomes.

Rogers and his students established a research tradition that has carried forward to the present, ensuring the continued development and efficacy of person-centered therapy. Rogers (1959b) published his magnum opus, "A Theory of Therapy, Personality, and Interpersonal Relationships," which remains the most formal statement of person-centered theory.

INTRODUCTION

However, Rogers's theory has not remained static, as many person-centered scholars and practitioners have continued to expand and modify his seminal theory. Rogers always supported and encouraged continuing developments in theory and practice and firmly believed that his approach should continue to evolve. Today, there is no longer one version of person-centered therapy but a number of continuously evolving versions (see Cooper, 2024, for an overview).

Rogers has been characterized as a quiet revolutionary because his ideas issued a fundamental challenge to therapeutic approaches, especially those that embrace a medical model that views the therapist's role as primary in diagnosing the client's problem and deciding on an appropriate course of therapy to treat a specific form of psychopathology. By using the term "client" instead of "patient," Rogers conveyed his belief that people in therapy are capable and resourceful, not sick, helpless, or in need of guidance. He saw psychopathology or problems in living as the client's ineffective attempt to cope with problems, as opposed to a defect or deficiency. The descriptors "nondirective" and "client-centered" suggest that Rogers placed the client at the center of the change process and relied on the client's resources and potential for constructive change. The therapist's role was to free clients to explore themselves and their lived experiences and to help them release or realize their inherent tendency for growth. Rogers's radical views continue to serve as a challenge and alternate view of how therapists conceive and practice psychotherapy.

CONTEMPORARY SCENE AND IMPACT

There is an enormous body of research, conducted over a period of more than 80 years, that supports the effectiveness of person-centered psychotherapies. This research is ongoing and continues to generate and assess various aspects of person-centered psychotherapies, resulting in an increasingly expanded and refined understanding of the variable effective processes of therapy. It includes both quantitative and qualitative methods designed to understand the inner experiences of therapists and clients as well as the effectiveness of person-centered therapy with several specific

forms of psychopathology. Recent findings have highlighted the effectiveness of person-centered therapy for depression (Barkham, Saxon, et al., 2021; Murphy, 2019), suicidality (Sohal & Murphy, 2023) and the surge in research into posttraumatic growth and person-centered theory (Murphy et al., 2015).

Person-centered psychotherapies are thriving all over the world. Kirschenbaum and Jourdan (2005) reported that between 1987 and 2004, there were a total of 777 person-centered publications, including 141 books. This total far exceeds the previous publications over a 40-year period from 1946 to 1986. This pales into insignificance compared to the volume of literature now searchable using the PCE Literature online bibliography, which provides details on over 15,000 published works on person-centered theory (see <https://pce-literature.org>).

Further, there are approximately 200 person-centered organizations and training centers worldwide. The World Association for Person-Centered and Experiential Psychotherapy and Counseling (<https://www.pce-world.org/>) is the largest of these, with chapters in Europe, Australia, Aotearoa–New Zealand, and North America as well as a strong presence in South America and emerging communities of practice in Asia and parts of the African continent. The Association for the Development of the Person-Centered Approach, founded by David J. Cain in 1981, has also had a prominent and contemporary impact by providing an annual conference, a journal, and other resources to the international community. In particular, the person-centered approach has developed a strong presence in Japan, where several people have introduced person-centered therapy to Japanese health systems. The “first generation” of proponents in Japan included professors Shoji Murayama and the late Minoru Hatase, both of whom had studied with Rogers at the Center for Studies of the Person, and the late Takao Murase, who was the first to translate the works of Eugene Gendlin. Notable among the “second generation” are Kazuhiko Nojima, who contributed to the research and practice of encounter groups, and Yukishige Nakata, who advanced studies on person-centered therapy within the field of clinical psychology. Both had studied with Shoji Murayama. Akira Ikemi, a prominent international figure in the study of

INTRODUCTION

focusing, may also be considered part of the second generation, having studied with Eugene Gendlin at the University of Chicago and collaborated extensively with Shoji Murayama to bring focusing to Japan.

Although difficult to estimate the number of people practicing the person-centered approach (or at least aspects of it), it is likely to be in the several tens of thousands over the years. Two organizations specifically developed the approach in Japan: the Japanese Association for Humanistic Psychology and the Japan Focusing Association. Other related organizations are the Institute of Human Relations and the Association of Japanese Clinical Psychology, the latter of which is the largest organization.

In the United Kingdom there are two main organizations. The Person-Centred Association, formerly the British Association for the Person-Centred Approach, founded in 1989, serves as a focal point for gatherings of person-centered practitioners, conferences, and information for the public, and mainly focuses on England. The second organization, Person-Centred Therapy Scotland, was founded in 1987 and actively supports practitioners and the public in accessing person-centered therapy with recognized and qualified psychotherapists.

In most graduate programs in psychology and counseling, students are trained in empathic responding and relational skills as a foundation for most therapeutic approaches. In recent years, researchers have made many developments in theory and refinements in practice, thereby broadening the effectiveness of person-centered therapy. The journal *Person-Centered & Experiential Psychotherapies* is dedicated to publishing academic peer-reviewed papers that focus on the practice and theory of person-centered therapies.

As social justice issues related to race, disability, class, gender, sexuality, and relationship diversity have risen in prominence, global politics and power dynamics have also shifted, and the person-centered approach has attempted to keep pace with relevant changes and challenges. Proctor (2002), an early proponent, wrote extensively on power relations in psychotherapy and the person-centered approach. Wolter-Gustafson (2008) addressed issues of gender inequality and binarism, highlighting how language perpetuates gender inequality. Using organismic theory,

Wolter-Gustafson claimed that person-centered theory offers a potentially useful lens to understand the problem of gender binarism. Crowter (2022) published a theoretical account of trans identity using Rogers's theory of personality development. Wright and Murphy (2024) published findings on trans and nonbinary person-centered therapists' experiences of transphobia from clients, and Peacock (2023) wrote about sexuality in the therapeutic relationship. Regarding the politics of the counseling and psychotherapy profession, practitioners use person-centered theory as an informative framework for addressing issues of justice and freedom for therapists (A. Rogers & Murphy, 2017) and training (Joseph et al., 2020). Others have engaged in ongoing debates and reflection on issues of race within person-centered therapy practice and training for over 50 years (Patterson, 1971). Clearly, the person-centered approach remains alive and well and continues to have an enormous impact on the practice of many, if not most, therapists. In sum, person-centered therapy is as vital and relevant as it has ever been and continues to develop in ways that will make it increasingly so in the years to come. Finally, in a time when many forces seem to increasingly dehumanize the world, the humanizing message and effects of person-centered therapies are sorely needed.