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Unnecessary and Incompatible: A Critical Response to Cooper and McLeod's Conceptualisation of a Pluralistic Framework for Person-Centered Therapy

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The aim of this paper is to critically examine the axiom of Cooper and McLeod (2011) that the person-centered approach should incorporate pluralistic practices based on clients' goals and wants. First, we examine Cooper and McLeod's argument that the uniqueness of clients means that therapeutic work should orientate around helping clients to identify what they want and how to achieve it. Second, we examine their position that the theories that the therapist may hold about therapeutic change should be subordinate to the client's specific wants and needs. Finally, we consider their assertion that there is a need to reconceptualise person-centered theory with a pluralistic framework. The person-centered approach has its own unique ontological position based on a trust in the actualizing tendency of all organisms. If by pluralism McLeod and Cooper are proposing ontological eclecticism, then this is fundamentally incompatible with the person-centered approach. In terms of method, the person-centered approach was already pluralistic; if this is what McLeod and Cooper (2011) mean by pluralistic, then what they are proposing is simply old wine in a new bottle.

Keywords: person-centered; psychotherapy; experiential; Rogers (Carl); pluralistic

Introduction

Recent years have seen much interest in pluralistic therapy. In 2011, Cooper and McLeod proposed a pluralistic approach to person-centred therapy. They describe a pluralistic standpoint as the prioritization of the therapist's responsiveness to the client's goals, wants and needs. What this means is that it is of primary importance to identify the client's goals, wants and needs and for the therapist to be flexible in their ways of working to help clients achieve these goals, wants and needs. They argue that to have a 'person-centered understanding of therapeutic change' (p.210) necessarily means being open and appreciative of the many different ways that clients may benefit from therapy, including practices outside of the person-centered orientation. Translating such an understanding to practice, they suggest that therapists should hence specifically orientate therapeutic work towards clients' goals and facilitate a discussion with the clients about the different tasks and methods to achieve them.

Cooper and McLeod (2011) claim that their framework helps person-centered and experiential therapists to avoid having a judgemental attitude toward other therapeutic orientations and become 'champions of inclusivity and mutual respect across therapies' (p.220). They also see this as a framework to reconceptualise person-centered therapy (PCT) that offers a means to resolve the tension between commitment and anti-dogmatism, which they identified as a problem while citing Hutterer (1997). However, Hutterer's work may have been misrepresented as he has explicated that both anti-dogmatism and a commitment to a philosophy of human relationships are crucial aspects of the person-centered approach. The tension between them is not the problem in itself. Rather it is the unbalanced solutions to this tension that lead to a disorientation of the person-centered approach, such as distorting the approach into a set of

unrecognisable techniques in the name of being anti-dogmatic. Hutterer recognises that to resolve this tension requires a reflective approach involving a deep understanding and critical appraisal of Rogers' theory, but an unreflective approach, together with the pressure to accommodate instrumentalism, may cause therapists who are not strongly grounded in the person-centred philosophy to turn to eclecticism. In this paper we will argue that this is exactly what Cooper and McLeod (2011) have done in proposing a pluralistic approach to person-centered therapy.

Cooper and McLeod (2011) argue; first, that the person-centered approach emphasizes prizing the uniqueness of each individual. Therefore, it is necessary for person-centered therapists to be appreciative and open to many different ways that clients may benefit from therapy. They hence suggested a goal-task-method framework to work with clients. Second, they reasoned that the central beliefs of the person-centered approach imply that individuals' wants and needs have precedence over theories that the therapist holds about their approach. They advocated for a stance of flexibility where person-centered theories and practices should be held lightly because different clients benefit from different types of therapy. Thus, in place of holding a central hypothesis about human nature and therapeutic change to guide therapeutic work, they advocated for a pluralistic perspective in person-centered therapy which is to orientate therapeutic work around client's goals.

As such, in their suggested model, therapists' tasks involve helping clients to identify what are their goals and the ways they want to achieve them, which they claimed are highly-consistent with the person-centered approach. They contend that the pluralistic perspective, where the therapist practices flexibly to incorporate different methods and theories, is congruent with what Rogers described as a characteristic of being more fully functioning; i.e., not rigid in constructs and being a more 'integrated

process of changingness' (Rogers, 1961, p158) and allows the person-centered practitioner to grow more fully as a therapist. In the following sections, we will explore the validity of Cooper and McLeod's (2011) claims and arguments through a closer examination of person-centered theory. We will show that the pluralistic perspective is incompatible with the person-centered approach, and there is no necessity for the current person-centered theory to incorporate such a perspective into practice. First, we will examine Cooper and McLeod's (2011) argument that the uniqueness of clients means that they are likely to benefit from different therapeutic methods at different times and therefore therapeutic work should orientate around helping clients to identify what they want and how to achieve it. Second, we will examine their proposition that the theories that the therapist may hold about therapeutic change should be subordinate to the client's specific wants and needs. Finally, we will critically review their assertion for a call to reconceptualise person-centered theory from a pluralistic perspective.

The Uniqueness of Individuals and its implications on Practice

Cooper and McLeod (2011) argued that it is important for person-centered therapists to recognise that individuals are likely to benefit from different therapeutic methods at different times and therefore therapeutic work should orientate around helping clients to identify what they want and how to achieve it. In their suggested 'goal-task-methods framework', therapists would get involved with an explicit meta-communication with the clients about setting goals and specify the 'tasks' which refers to the macro-level strategies to achieve the goals, and finally to plan 'methods', which are the activities for both the client and therapist to do in order to complete the tasks. They explained that this is a negotiation process, as therapists will also bring their own opinions to negotiate with the client if they do not think what the client wants is helpful, suggesting that the

therapist will take up an expert role at these times. They also recommended using forms for clients to indicate preferences, such as whether they prefer the therapist to be gentler or offer more confrontation, or whether to focus on the emotions or the cognitive processes. These discussions then serve as an orientating point to the ongoing therapeutic work.

We agree that the person-centered approach denotes the view of the human being as a unique person, but we disagree that this would lead to a pluralistic way of working such as integrating different therapeutic approaches or varying the therapists' way of being as Cooper and McLeod suggest. Rather, the consequence of the client's uniqueness is the realization that the clients are entirely different persons in their own right, and to truly accept another person means to acknowledge them as a true Other (Schmid, 2002a, 2013). Here, the Other is written with a capital letter as an encounter-philosophical term. Denoting that the client as a true Other means acknowledging that the client cannot be truly known or fully comprehended and can only be acknowledged and empathised with. The Other cannot be manipulated through various methods and techniques to achieve a certain outcome or behaviour. Relating to the client as a person in their own right is directly opposed to objectification, where the human being is denoted like a machine which can be fully grasped and understood and eventually be manipulated through external intervention. A commitment to respecting the Other as a true Other means that not only should we not be the expert for the client, but also recognizing that we *cannot* be the expert (Sommerbeck, 2004).

As such, the movement in a person-centered therapeutic relationship starts from the client to the therapist, where the client discloses themselves, while the therapist tries to acknowledge and empathise, denoted in a Thou-I relationship rather than an I-Thou relationship (Schmid, 2002b, 2006). This view of the human being as a person then

necessarily precludes objectification of the client and all the accompanying implementations of the objectification, which informs the therapist's way of being to be one of non-manipulative, non-evaluative and non-expert. It is due to this view of the human being that person-centered therapists do not take the expert role and offer interpretations, advice or analyse the clients simply because in any given moment the client expresses a want for it.

Building from this epistemology of acknowledging the 'Other', Schmid (2006) clarified that person-centered therapy is dialogical; instead of trying to grasp knowledge of the client to fit in to what therapists know, the therapists are to be fully present to the client, to co-experience with the client and to encounter the client on a person to person basis and risk being changed themselves in this encounter. In PCT, dialogue is not a means to an end to negotiate goals and direction of the therapy, so that therapists can decide what interventions to offer. Rather, PCT *is* dialogue from beginning to the end of therapy, where therapists are 'challenged to do nothing else than to be present in the full meaning of the word' (Schmid, 2006, p.252). Meanwhile, the focus on what clients wants and orientating the therapeutic process based on their goals, reduces the full extent of the client as a person to merely the client's immediate wants and goals. Rather than a person to person encounter, therapeutic work becomes a transaction, like a service provider fulfilling what customers want. Such a 'transactional' method is very different to the dialogical understanding of person-centered therapy.

In summary, the argument that person-centered therapists should be open to work with different ways to suit the client due to the valuing of the client as a true Other, does not hold and reduces person-centred therapy to being less than dialogue. When clients are perceived as a true Other, it certainly means that a therapist will not work in ways that objectify clients, such as applying methods that maintain a therapists'

power and expert role over the clients. The therapist's task is not about setting goals with the clients and working out the methods to achieve these goals but to perceive and understand who the client is, as a person, in the moment-to-moment experiential world. Thus, prizing the uniqueness of the Other does not mean to practice in whatever manner the client perceives they want or need, or to orientate therapeutic practices specific to clients' goals. It means to appreciate the client as a person, respecting their autonomy and as worthy to be acknowledged and accepted just as they are, whilst also holding the potential for what they may become. It implies rejecting all methods and stances that continue to emphasize the perception of the client as an object, even when the client wants methods or evaluations that denote themselves as an object. It is the acknowledgement of each individual as a unique Other that informs a certain way of being for the therapist, i.e. the experiencing and communication of the facilitative conditions of congruence, unconditional positive regard and empathic understanding.

Should Client's Wants and Needs Precede the Ontological Position of the Person-Centered Approach?

Cooper and McLeod (2011) contend that at the 'heart of a person-centered approach' p.214), is the understanding that the theories that the therapist may hold about therapeutic change should be subordinate to the client's specific wants and needs. They suggest that therapists respond in a way that clients want, by adjusting the therapeutic conditions of a facilitative relationship or choosing more technique-orientated approaches. They maintain that they are not calling for person-centered therapists to be integrative, but argue that a pluralistic form of practice is actually based on person-centered ethics. They suggest that therapists who adopt such a pluralistic practice are being 'person-centred about person-centred therapy' (Cooper & McLeod, 2011, p.220)

as they are not being rigid in constructs and embrace fluidity. In a personal online communication with Mick Cooper, he shared the following:

> a pluralistic perspective would not assume that the core conditions are sufficient or necessary for all clients because that would be pre-empting what every client need. Rather, from a pluralistic standpoint – and consistent with empirical evidence- what we might say is that the core conditions may make a very important contribution to change to some (perhaps many) clients, some (perhaps much) of the time.' (Personal communication over email, 10/01/2019, shared with permission from Mick Cooper)

However, what Cooper and McLeod (2011) seem to misunderstand is that the person-centered approach has a distinct anthropological, epistemological, developmental psychological position which cannot be combined with any other orientation (Schmid, 2002a). It is this that is actually the 'heart of person-centered therapy', and it is the ontological position that informs the therapist's way of being with the client.

The ontological position of the person-centered approach refers to the underlying image of the human being as a proactive person driven by the actualizing tendency, such that clients are trusted to be their own best experts. Rogers argued that the actualizing tendency 'exists in every individual and awaits only the proper conditions to be released and expressed' (Rogers, 1961, p.351), and is the sole motivational force of the organism (Rogers, 1963a). This actualizing tendency denotes that the person moves in a constructive direction for both their own individuality as well

as for their interconnectedness with others. As such, the basic nature of the human being is trustworthy. When a human being is functioning freely, their behaviour will be constructive, both individualized and socialized (Rogers, 1966). As such, PCT is about facilitating the freedom of the individual to be fully themselves; there is no need for control or external forces as the individual's behaviour would already be appropriate to the 'survival and enhancement of a social animal' (Rogers, 1961, p.194). In other words, people can be trusted to grow constructively on their own, given sufficient portions of the right socio-environmental conditions of facilitative relationships. Thus, PCT is the experiencing of the therapeutic conditions which are the qualities of a facilitative relationship, and through this, the clients are hypothesized to experience more unconditional positive self-regard, have a more internal locus of evaluation and have their behaviour based more on their organismic valuing process instead of conditions of worth (Rogers, 1959).

Thus, by suggesting that client's wants and needs should be given precedence over the theories that therapists hold about them, Cooper and McLeod (2011) imply that the therapist can shift their orientations, to have a fluid belief on the ontology of their practice, to fit into clients' preferences and wants. To assimilate a pluralistic perspective into PCT implies the notion of how the therapist must step away from one ontological position to another to suit the client's wants and needs. In stepping away from the ontological position that clients are their own best experts, such as integrating methods which denotes the therapist as the expert, it would mean that the therapist is no longer working in a person-centered way. To incorporate a pluralistic practice that does not have a clear differentiation of ontological positions of different practices, where therapist's behaviour is dependent on what the client wants, implies a confusing and

misguided position of therapists' way of being in therapy. For example, integrating different therapeutic practices may bring about the following contradictions:

1) For some clients, at some point of therapy, they may be seen as having an inherent actualizing tendency and can be trusted grow without needing any expert intervention, while at another point be seen as not trustworthy and requiring expert interventions and guidance.
2) For some clients, the therapist empathises with the internal phenomenological world of the client, while for others, the therapist gives an external evaluation and explanation of the client.
3) For some clients, the therapist holds unconditional positive regard for the client, allowing the client to be as they are with no judgements and evaluations, while for other clients, the therapist holds conditional regard to manipulate the client towards their once expressed goal.
4) Some clients are denoted as a person, where the therapist engages genuinely on a person-to-person basis, while others are denoted as an object, where the therapist hides behind a mask of professionalism or expertism.

We argue that it is simply not possible to have a pluralistic ontological position on human nature (Murphy, 2014). There is no theoretical underpinning of how therapeutic approaches, based on fundamentally different understandings of what is real in human nature, can be integrated at an ontological level (Wood & Joseph, 2007). Furthermore, giving the client what the client wants, while it may initially be pleasing to the client, is not consistent with the overarching goals of PCT - which at the level of

theoretical abstraction refers to fostering the process of connection to the organismic valuing process. Without a sound resolution of integrating different ontological positions, it seems that Cooper and McLeod's (2011) invitation for the therapist to hold person-centered theories and practices 'lightly', seems to come from a reductionistic view on PCT as just a response repertoire without considering its ontological assumption. They appear to have assumed that PCT only adheres to a certain way of responding and rigidly refrains from using other techniques even when the client wants it.

Having a pluralistic ontological positioning does not mean that the therapist is being 'person-centered about person-centered therapy' (Cooper & McLeod, 2011, p220); neither does it mean that the therapist is being more fluid and less rigid to constructs like a more fully functioning person as they suggest. When Rogers delineated the process of becoming 'an integrated process of changingness' (1961, p.158) and the fully functioning person (1963b), he clearly did not mean to encourage therapists to adapt and change themselves and their own ontological position to whatever the client prefers or needs. Rather, when therapists are able to move towards becoming a process and fully-functioning, it means that they are more open to their own organismic experiences and are not denying their own feelings to themselves or the clients. Corollary to this, they would likely have more willingness to let the clients be whoever they are and move in any direction they want to go and would likely be non-directive as there is less need for defence or use of any expertise to direct the clients. It certainly does not mean to offer what the client wants; that would be a more rigid stance as it implies that sometimes therapists may deny their own inner experiencing or even deny the client's experiencing in that immediate moment in order to satisfy previously decided wants and goals.

Two examples of this are the 'Therapy Personalisation Form' as suggested by Cooper and McLeod (2011b) and the more recent Cooper-Norcross Inventory of Preferences (C-NIP) (Cooper & Norcross, 2016) where clients are asked to indicate their preferences on how they want their therapist to behave. They advocated that therapists should vary their style of relating based on client's preferences. This practice runs a very serious risk of therapists not being able to be congruently themselves in the session while they try to behave in the ways that client's want, which might run contrary to who they truly are as persons. As such, the suggested form of pluralistic practice by Cooper and McLeod (2011) does not help therapists to be 'person-centered about person-centered therapy', rather it is advocating for the sacrifice of the therapists' congruence to satisfy client's wants.

It is because of the trust in human beings as unique individuals that consequently defines the characteristics of the PC therapist to be non-directive to create room for the tendency towards actualization (Lietaer, 2002. Schmid, 2005). It is, therefore, flawed logic to deduce from the same premise that since all individuals are unique, some people will benefit from a non-directive approach where the client is the expert while others need methods that rely on the therapist as the expert. Once therapists assume the role of an expert, they also abandoned trust in the client's capability and responsibility for constructive self-actualization (Patterson, 2000). Similarly, empathising with the client while ensuring that our regard for the client is unconditional, and being real, not hiding behind a façade, are logical consequences of truly believing in the hypothesis of the actualizing tendency in the client (Schmid, 2002a). Rogers (1975) emphasized that it is this '*uncompromising* trust in the growth processes of individuals' (p.1843) that serves as a theoretical base for PCT. It is illogical to abandon the theoretical foundation of the person-centered approach because clients have unique wants and needs. This

argument would only be valid if we believe that the actualizing tendency is non-universal.

In summary, appreciating that every person is a different, unique Other, does not imply that we should discard theories that are formulated about the commonalities of being human. Schmid (2003) proposed that PCT is based on the 'We' perspective where both commonality and difference are valued equally, we cannot ignore the aspect that we are all living in the same context of relationships, subjected to the same conditions of being human. It also does not imply that we should shift our hypothesis about human beings through the session, trying to 'fit' the client's wants. Rogers called this 'confused eclecticism' (Rogers, 1951, p.24) which would only confuse the client and block scientific progress, as therapists would never know if their hypothesis is true, which in the case of PCT, it is the hypothesis of the actualising tendency as the main motivational force in individuals, where growth is ensued in an optimal relational climate of genuineness, unconditional positive regard and empathic understanding. He has argued that only by 'acting consistently upon a well-selected hypothesis that its elements of truth and untruth can become known' (Rogers, 1951, p.24). By disregarding a consistency with the ontological position of the person-centered approach, the pluralistic perspective is hence, incompatible with PCT.

Is there a necessity to reconceptualise PCT with a pluralistic perspective?

Finally, the proposal that a pluralistic approach adds something new to the person-centered approach is unfounded. Cooper and McLeod (2011) cite Worsley (2001) as inviting therapists to move away from 'dogmatic person-centredness' but it is misleading to view, and a misappropriation of, Worsley's writings as supporting their pluralistic approach. Unlike Cooper and McLeod (2011), Worsley believed that

therapeutic work needs to be consistent with the basic principles of the primacy of the actualizing tendency and the assertion of the necessity and centrality of the therapeutic conditions. Rogers' (1957) six necessary and sufficient conditions was an integrative statement about psychotherapy practice that allows for a range of methods to be used by therapists in order to further communicate and facilitate the client's perception of the relationship conditions. Rogers' (1957) statement was never meant to be a call for every therapist to respond in the same way without accounting for individuals' differences as what Cooper and McLeod (2011) have implied. Rather, Rogers (1957) was making the exact opposite point.

However, there is no room for the *pre-conceived* use of methods or techniques which is not rooted in the context of the immediate experience of the relationship. Rogers (1966) described congruence as, 'the therapist encounters his client directly, meeting him person to person. He is being himself, not denying himself'(pg.185). The only 'tool' that is employed is the therapist's own self as a person. Offering whatever the client wants based on previously stated metacommunication or form filling such as 'be more challenging or be gentler', 'allow more silence or not so much silence' (Cooper & McLeod, p.219) may ignore the therapists' own self and hence their ability to be congruent in the relationship. Rather, the therapists' behaviour in the therapy session is based on the moment-to-moment empathy of the client's experience as well as the therapists being in touch with their own experiencing in that moment; therapists' behaviours is never used as a tool *in order to* meet client's wants. It is also not possible for a person-centered therapist to consider a pluralistic position where they are sometimes being themselves as a person, and sometimes not, hiding behind the façade of being an expert.

A way to describe unconditional positive regard is how fully the client is being acknowledged for who they are, a true separate Other, appreciating they cannot be comprehended with all their uniqueness. The therapist does not offer evaluation or attempt to gain knowledge over the client but to simply acknowledge and respond to whatever the client chooses to reveal and disclose in the moment. The metacommunication on goals-tasks-methods puts the focus on gaining knowledge of what the client wants without encountering the client on a person to person basis. Pluralistic therapy in this sense is to take a step further away from the client and reduces therapist presence. Deciding that the discussion on goals, tasks and methods as necessary and comes before meeting the client demonstrates a lack of trust in clients to be their own experts. Levitt (2005) argues that any attempt by the therapist to direct the client to focus on aspects other than the immediate experience of the relationship, the positive regard is no longer unconditional, and the therapist has placed a condition of worth on the client, which in this case is the condition that the client needs to think about goals and work towards these goals in therapy.

Rogers (1966) sees the communication of empathic understanding as the main ongoing work for the person-centered therapist and sees this as central in effecting therapeutic change. This implies that the therapist's job is to co-experience with the client on the moment-to-moment basis, not to create new experiences outside of the client's immediate phenomenal field (Schmid, 2002b). As Rogers stated,

> 'the client-centred therapist aims to remain within this phenomenal universe throughout the entire course of therapy and holds that, stepping outside it- to offer external interpretations, to give advice, to suggest, to judge- only retards therapeutic gain.' (Rogers, 1966, p.190)

Rogers (1966) emphasized that the therapist's accurate empathic understanding is of primary value only if it is based on the moment-to-moment sensitivity of the client's experience in the immediate present. This implies the recognition that the client 'is always a process, never static, fixed or finished' (Schmid, 2008, p.95). Any evaluative understanding, such as checking if a goal has been achieved, tends to focus the client to look at himself from an external frame of reference and remove the client from the ongoing experience within himself.

Cooper and McLeod's (2011) claim that the focus on client's goals is being highly consistent with the person-centered approach is highly erroneous considering the above-discussed focus of the client's phenomenal world in PCT. They suggested that the identified goals served as an orientating point for the therapeutic work, but this overlooks the fact that the client is in a flowing process and not a fixed state with fixed goals to work with. The client's phenomenal world is constantly changing, and it would be a mistake to focus on those certain goals previously discussed and limit the client's freedom if these goals are not based in the client's immediate experiencing at that moment. Rogers described how the client tends to drop these fixed goals in therapy, he states 'He (client) tends, in the freedom of the therapeutic relationship to drop such fixed goals, and to accept a more satisfying realization that he is not a fixed entity, but a process of becoming' (Rogers, 1961, p.122).

Furthermore, this idea assumes that the client would already know what they want and is ready to discuss how to work towards it early in the therapy. PCT should be a process of working alongside the clients as they find out what is important to them, not asking them to decide what they want early in the therapy. As Rogers stated, 'therapy is diagnosis, and this diagnosis is a process which goes on in the experience of

the client' (Rogers, 1951, p. 223), which is why empathic understanding is so central and the relationship conditions are proposed as necessary and sufficient.

This is not to say that therapists need to refrain from talking about goals in PCT. A therapist can focus on goals, tasks and methods if that is what the *client chooses* to bring at that moment. For example, if the clients' immediate phenomenal field includes a desire to learn a breathing technique that the therapist happens to know, the therapist can share what they know or practice it with the client if appropriate as an expression of empathy to the client. The process would still always be directed and owned by the client, and the values and benefits are to be assessed by the client (Brodley & Brody, 1996). When this is no longer relevant in the client's phenomenal field, the therapist does not need to purposely go back to ask how the client feels or evaluate the process but to continue to co-experience what is in the immediate next moment.

Despite Cooper and McLeod's (2011) assertion that pluralism is based on person-centered values, we want to explicate the fundamental differences between the pluralistic approach and the person-centered approach. The pluralistic approach proposed by them is essentially goal-centered and not person-centered, even though the goals might be set by the clients. In the person-centered approach, therapists of course recognise that clients might benefit from other approaches or activities outside of therapy, however, the discussion of this might or might not be the focus in therapy as it depends on whether the client chooses to bring it. Person-centered therapists do not see that it is their responsibility to provide what the clients want or to take up the position to offer interventions to help the clients reach their goals as they believe in the clients' own actualising tendency to flourish in a climate of facilitative conditions within the relationship of a person to person encounter. To take that responsibility to provide the client something they want is to undermine the process of clients' growth and the

development of trust in themselves and perpetuates the notion that the therapist is the expert. To assume responsibility is not to bring something extra to the therapy but it is to take something away from the client. The idea of 'being with' clients captures the flavour of what person-centered therapists do in therapy, rather than 'working on' or 'providing for' clients in a goal-centered approach. Rogers (1975) emphasized that in PCT, the clients are perceived and valued as *self-responsible* individuals, capable of making their own discoveries and decisions, and not 'objects for treatment' (p.1832). Person-centered therapists perceive the client as a true Other, and thus engage in a person-to-person encounter, staying in the client's frame of reference and phenomenological experiences without stepping away from it (Rogers, 1966). Meanwhile, a goal-centered approach such as the pluralistic approach edges closer to a provider-to-customer relationship, where the client decides the therapist's orientation. Unlike a goal-centered approach, the person-centered approach is less concerned about outcomes of goals, achievement, or fulfilment of wants. Rather, it is about emancipation of the person to becoming who they truly are, where clients can learn to trust themselves and their organismic valuing process and be self-directing to choose their next goals or directions they want to go.

It is through the process of PCT that the client becomes more able to trust themselves and their organismic valuing process and be self-directing. The pluralistic approach of Cooper and McLeod (2011) seems to assume that clients have this ability sufficiently from the outset. But it is axiomatic to the person-centered approach that they don't; the client 'is in a state of incongruence' (Rogers, 1957). Clients will often 'want' to be treated conditionally. They may look to the therapist to assume power over them, to 'medicalise' their condition for them, or to blame them for misfortune, for example. The therapist needs to be fully attentive to the wholeness of the

phenomenological world of the client, aware of the tensions between expressions of a tendency towards actualisation and those of a conditional self-concept, and be able to follow the client empathically moment by moment, with unconditional regard. It is in meeting the client 'unconditionally' that their conditions of worth dissolve. PCT is about the often gradual and difficult process of movement towards discovering one's goals, wants, and needs. For the therapist to put the onus on clients to articulate these from the outset is therapist-centered and steps outside the person-centered paradigm. It is in metaphorical terms 'putting the cart before the horse'. To follow the client moment by moment in an empathic, unconditionally regarding, and genuine way, which can involve responding to expressions of what the client wants, is being person-centered. This is however a more subtle and sophisticated dialogical process of understanding and responding.

As such, there is no requirement for an additional pluralistic perspective to reconceptualise person-centered theory as PCT is already pluralistic (Schmid, 2002a), although not in the way that Cooper and McLeod have described. The client comes first and, is viewed as the expert, while the therapist responds by being present moment-to-moment in an idiosyncratic way. This idiosyncrasy needs to be operating with a trust in the actualizing tendency of the client and includes the experiencing and communication of the relationship conditions of congruence, empathic understanding and unconditional positive regard. This is consistent with the non-negotiable primary principles that define what is person-centered as set out by Sanders (2000/2004). In this sense, PCT is even more fluid than the framework suggested by Cooper and McLeod as in PCT, we do not assume that the client would benefit from a goal-orientation or a metacommunication about goals, yet we do not exclude these if these are what the client chooses to bring up in therapy at that moment. Thus, there is no necessity to reconceptualise PCT with a

new pluralistic perspective as Cooper and McLeod (2011) suggested. To do so would be to place a restriction around the unbounded potentiality inherent in the PCT relationship, as it would prioritise the therapist's and client's focus to be concerned with the needs, wants and goals.

Conclusion

We have shown how the idea of pluralistic practice as suggested by Cooper and McLeod (2011) where the therapist is required to adopt and integrate different theories and practice to suit what the client wants or goals is fundamentally incompatible with PCT. First, it is not possible to combine different ontological positions without stepping away from the fundamental assertion that the client is their own best expert. What stays consistent is the therapist's trust in the client's actualizing tendency and the inherent prosocial nature of human beings; it is this that informs the therapist's way of being. Second, there is no requirement for a reconceptualization of what it means to be person-centered with a pluralistic perspective, as PCT has always been pluralistic at the level of the therapist's response and behaviour in therapy that are idiosyncratic expressions of the relationship conditions. If this is what McLeod and Cooper (2011) mean by pluralistic, then what they are proposing is simply old wine in a new bottle. If, as seems more likely, by pluralism they are proposing ontological eclecticism then this is simply and fundamentally incompatible with PCT.

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