

Chapter 16:
Person-Centered Approach

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Service delivery models must address three areas if they are to guide practitioners. They need to help practitioners: understand athletes' experiences, determine ways of assisting clients, and assess consultancy effectiveness (Tod et al., 2020). Against these criteria, person-centered approaches are well-suited to guiding practitioners. There are several person-centered approaches, all stemming from Rogers' (1959) model. Rogers' work is notable because he introduced non-directive counselling into psychotherapy (Wilkins, 2015). The non-directive attitude is the original and fundamental precept of Person-Centered Therapy (Wilkins, 2015). Sport psychology practitioners follow athletes' self-chosen directions, encouraging them to reach their own insights, solutions, and decisions out of respect for their autonomy. In contrast, practitioners display a directive attitude when they have goals for the client and guide the person towards those outcomes (Lundh, 2019).

Person-centered approaches present an alternative view compared to most applied sport psychology literature. Much literature frames applied sport psychology from a directive viewpoint: practitioners use assessment techniques (e.g., questionnaires, intake interviews, performance profiles) to assign labels to athletes (e.g., anxious, poorly motivated, depressed, not confident), and then teach clients interventions designed to change them and solve their problems (e.g., be more confident, motivated, relaxed, happy). In classic person-centered approaches, practitioners dispense with assessment and intervention techniques, and instead provide the psychological conditions that allow athletes to self-heal. The rejection of assessment and intervention techniques may explain the lack of literature on person-centered approaches in sport psychology. When applied sport psychology expanded in the late 1970s and 1980s, practitioners borrowed from cognitive-behavioral frameworks that are based on assessing clients and using interventions to change thoughts, feelings, and behavior. A non-directive approach may leave practitioners who are used to the cognitive-behavioral approach feeling like they are not offering athletes a meaningful service. The current chapter will survey literature on the

person-centered approach in sport psychology, discuss how it may apply to the domain, and suggest ways practitioners can develop their knowledge, skills, and use of the framework. Given that most person-centered approaches stem from Rogers' (1959) classic model, we will focus on his work.

Person-Centered Literature in Applied Sport Psychology

It may seem surprising that there is limited discussion of Person-Centered Therapy in applied sport psychology literature. People might believe there has been greater reference to Person-Centered Therapy than there is because the term *person-centered* and its derivatives (e.g., *client-led*) are not restricted to describing Person-Centered Therapy. For example, practitioners might describe themselves as person-centered, but be operating from another theoretical orientation, or researchers might suggest they are adopting a person-centered approach to their data analysis. When Person-Centered Therapy does appear in the literature, authors focus primarily on Roger's (1959) work and seldom, if ever, on subsequent or related person-centered therapy models, although recently there have been writings on a related approach, motivational interviewing (Rollnick et al., 2020).

Regarding experimental research, authors have examined the effect of Person-Centered Therapy in athletic samples, with mixed results emerging. Initial findings suggest beneficial effects on anxiety, but deleterious influences on motivation and self-confidence (e.g., Patsiaouras et al., 2013). Little can be concluded from experimental work, however, because of the small number of studies. Also, the publications are brief reports, and it is difficult to evaluate how faithful the interventions were to Person-Centered Therapy precepts. Regarding nonexperimental research, authors sometimes make fleeting references to Rogers' approach when justifying a study or summarizing their findings (e.g., Chandler et al., 2016). More substantially, Tod et al. (2019) drew on Person-Centered Therapy to help analyze sport psychology practitioners' experiences about the active ingredients in service delivery.

Paralleling the empirical research, Person-Centered Therapy receives limited discussion in reflective and professional practice literature. For example, authors who write reflective articles typically mention a person-centered approach briefly when discussing their growth as practitioners or attempts to help clients (e.g., Edwards & Edwards, 2016). More substantially, Black and McCarthy (2020) present a reflective case study of a trainee practitioner operating from the person-centered model. Authors give the person-centered approach their greatest attention in professional practice articles, although again, the amount of discussion varies widely. Katz and Keys (2020), for example, described Person-Centered Therapy in some depth. Often, however, authors mention Rogers' (1959) work as part of their discussions on humanistic approaches, service delivery relationships, counselling, communication skills, and the qualities of effective practitioners (e.g., Dickinson et al., 2019; Tod & Andersen, 2012). Despite the limited writings on Person-Centered Therapy, sufficient evidence exists to suggest that it can facilitate applied sport psychology (explained below), and it is based on an elegant theory of personality allowing practitioners to make sense of athletes' experiences and outlining a helping method based on collaborative relationships (Rogers, 1961).

Rogers' (1959) Classic Person-Centered Therapy

Person-Centered Therapy explains personhood, the causes of distress, and how and why practitioners can help athletes. The approach has diversified considerably, particularly since Rogers' death in 1987 (Sanders, 2012), but given that most sport psychology literature references his classic model, we focus on his work (Rogers, 1957, 1959).

What is Personhood?

People consist of physiological, perceptual, social, emotional, and behavioral subsystems. Together, these processes constitute the *organismic self* or *organismic experience*. Underpinning the organismic experience is the *actualizing tendency*, or the inclination for people (and all organisms) to strive to maintain, enhance, or adapt themselves to their current situations

in the best ways they know how, either consciously or unconsciously, even if those actions seem strange to other people. As people grow and develop, part of their organismic experience differentiates into the *self-experience*, or that part of their total experience that they describe as I, me, or myself (Rogers, 1959), out of which a *self-concept* or *self-structure* emerges (Rogers, 1959).

The self-structure is a fluid process, not a fixed entity (Rogers, 1959). Instead, the self-structure is a person's model of the self and its relationships with the world. The self-structure is a person's basis for understanding the world and enables them to exist and fit into the environment. Related to the self-structure is the *ideal-self*, or that self the individual would most desire to be (Rogers, 1959).

What Causes Distress?

Incongruence is the basis of psychological distress and maladaptive behavior. People strive to integrate their organismic experiences with their self-structures. When individuals are unable to assimilate their organismic experiences with their self-concepts and there is little overlap between the two, they experience incongruence, painful emotions, cognitive dissonance, vulnerability, tension, anxiety, and rigidity of behavior (Rogers, 1959). For example, a female elite junior squash player had previously enjoyed her sport because it let her spend time with her father, who was encouraging and positive. The player, however, had moved to another city to join an academy, where she was coached by an autocratic individual who constantly pointed out her flaws and demanded a strict routine that interfered with other aspects of her life. The coach imposed on the player a performance focus, based on an arduous workload, sacrifice, and attaining results. The player was unable to reconcile her academy experience, where she felt abused, manipulated, and useless, with her self-concept that she was a skillful player, and that squash gave her enjoyment and time with a loving father. The incongruence led to anxiety, loneliness, and a desire to stop playing.

Further, Person-Centered Therapy explains the causes of incongruence. Individuals have needs for *positive self-regard* and *positive regard from others*. Positive self-regard occurs when people accept and trust their own experiences, perceptions, and evaluations (Rogers, 1959). When they operate from a sense of self-trust, they have an *internal locus of evaluation*. People's need for positive regard from others is strong, however, especially from significant others who care for, nurture, protect, or have authority over them, and this need can overwhelm their positive self-regard (Rogers, 1959). Individuals (e.g., athletes) may disregard their own beliefs, perceptions, and evaluations in favor of those of significant others (e.g., coaches). Other people's beliefs, opinions, and evaluations become *conditions of worth*, where individuals learn they are acceptable only if they live according to other people's standards. When individuals rely on other people's positive evaluations they have an *external locus of evaluation* (Rogers, 1959). If the individual's self-experiences do not match other people's conditions of worth, they will deny or distort their own perceptions, values, and beliefs, leading to incongruence and distress. The squash player above, for example, had moved to a new city to join an academy because she wanted to become a fulltime squash player and she had started to internalize the coach's beliefs about how to succeed. In doing so, the player began to disregard her own beliefs and experiences, but at the same time thought she had lost what had made squash meaningful and rewarding.

How do Practitioners Help?

Person-centered practitioners aim to provide the psychological conditions allowing athletes to self-explore and self-heal (Rogers, 1957). The approach involves non-directive counselling based on the hypotheses that people: (a) have the attributes to enhance their self-understanding and to alter their self-concepts, attitudes, and behavior; and (b) will achieve these outcomes if practitioners (or someone else) provide a suitable psychological climate.

Practitioners have interpreted Rogers' non-directive approach in various ways (Sanders, 2012).

For example, practitioners vary on the extent that they direct the process of service delivery and the content discussed in sessions. At one extreme, an educational sport psychology practitioner, for example, might restrict their assistance to educating athletes about the major psychological skills (directing both a session's content and how it is discussed). At the other extreme, a practitioner might strive to create the psychological climate discussed below and leave the content and the way it is handled for the athlete to determine.

Stemming from the above hypothesis, Rogers (1957) argued that a suitable psychological climate for client change emerges when practitioners adhere to the six necessary and sufficient conditions listed below. Many people focus on congruence, unconditional positive regard, and empathy, labelling them the core conditions, but all six conditions play a role. Suggesting that congruence, empathy, and unconditional positive regard are more central to therapy than the other three conditions misinterprets classic Person-Centered Therapy (Wilkins, 2015).

First, Rogers (1959) wrote that clients and practitioners need to be “in psychological contact, or have the minimum essential of a relationship, when each makes a perceived or subceived difference in the experiential field of another” (p. 207). He placed the helping process within the context of a relationship. Person-centered practitioners value the relationship above all other features of the helping process, a tenant supported by research in applied sport psychology (Tod et al., 2019).

Second, athletes need to feel vulnerable, anxious, or incongruent. Incongruence is the discrepancy between an athlete's experience and “self-picture” (Rogers, 1957, p. 96), resulting in tension, confusion, vulnerability, or anxiety. For example, professional athletes with strong athletic identities may experience elevated levels of confusion and anxiety if they believe their coaches think poorly of their skills and are likely to terminate their playing contracts. According to Rogers (1957), “the incongruence need not be sharply perceived. It is enough that it is subceived—that is, discriminated as threatening to self without any awareness of the content of

that threat” (p. 97). Athletes sometimes seek sport psychology consultants’ help, not because they are aware of any existing issues, but because they are looking for ways to get better. Some of these individuals may perceive a discrepancy between their current and potential psychological skill levels and find this unsettling.

Third, practitioners feel congruent when helping athletes. When feeling congruent, practitioners’ organismic experience matches their self-picture. They strive to be themselves and avoid presenting facades, either knowingly or not (Rogers, 1959). Congruence can challenge trainees, because they sometimes feel compelled to act according to their mental image of the professional practitioner (often as modelled by their supervisors), and they think they do not measure up to their picture because of a lack of experience, knowledge, or skills. Once trainees realize their mental images are inaccurate, they find relief in learning that they can be themselves and still help clients (Tod, 2017). With congruence, consultants have empathy and unconditional positive regard for clients. Congruence is a way of being, not doing (Wilkins, 2015). For example, although practitioners benefit from being aware of their levels of congruence, they do not need to communicate their incongruence with clients. Nevertheless, clients likely do pick up on cues revealing whether or not practitioners are congruent and interpret these as signs of trustworthiness (Wilkins, 2015). Sometimes, however, practitioners need to discuss their incongruence if it is hindering empathy and unconditional positive regard, although they might explore their experience with someone other than the client, such as a colleague or supervisor (Rogers, 1957, see chapters 3 and 9).

Fourth, practitioners experience unconditional positive regard for athletes, and do so to the extent they accept that each aspect of the client's experience is part of that individual. It involves practitioners accepting the athletes’ expression of negative, painful, fearful, defensive, or abnormal feelings as much as their positive, mature, confident, or social feelings (Rogers, 1957). Unconditional positive regard is a paradox, because for change to occur, practitioners

have to accept athletes as they are in the current moment, not for what they have been or could become (Wilkins, 2015). Further, it is not about liking or disliking clients, but instead accepting, prizing, and caring for them, acknowledging they are individuals with permission to have their own experiences and who are coping with the difficulties of life in the best ways they understand (Rogers, 1957). Practitioners can find prizing and accepting athletes challenging, because they have their own biases, weaknesses, and beliefs that influence their perceptions of athletes. The self-understanding practitioners gain from supervision, personal therapy, and other means of self-analysis helps them identify and work through biases and beliefs that might hinder unconditional positive regard. Viewed from this perspective, practitioners are acting in an unethical manner if they avoid supervision or personal therapy when needed.

Fifth, practitioners experience and express empathic understanding of athletes' internal frames of reference. Empathy is the ability "to sense the client's private world as if it were your own, but without ever losing the 'as if' quality" (Rogers, 1957, p. 99). With empathy, practitioners show they have heard athletes' stories. To show empathy, practitioners can use posture, eye contact, facial expressions, and non-verbal prompts to demonstrate they are listening. They can reflect and restate the emotions and ideas they have heard athletes express (see chapter 2). Practitioners can communicate they accept and understand athletes' views (accepting is not the same as agreeing). Empathy allows practitioners to give voice to those meanings and aspects of athletes' experiences that the athletes had not been aware of previously, allowing greater self-insight. Empathy ensures that (a) practitioners understand athletes' experiences and feelings, (b) they are never in doubt about what clients mean, (c) their words fit with athletes' moods, and (d) they share clients' feelings (Rogers, 1957). In addition, athlete-clients are active agents in Person-Centered Therapy, and they use practitioners' empathy for self-comfort and support, validation, exploring their experiences, testing their self-understanding, creating new meanings, and connecting with the individual (Bohart, 2004).

Six, athletes receive practitioners' empathic understanding and unconditional positive regard to at least a minimal degree. For change to occur, athletes need to perceive that practitioners understand and accept them unconditionally. Given that people cannot observe attitudes directly, athletes interpret practitioners' behaviors and words as signaling empathy and unconditional positive regard (Rogers, 1957). Without such communication, the psychological climate that allows athletes to tap their resources for self-awareness and change does not exist, and the actualizing tendency cannot work unimpeded. Rogers' (1959) emphasis on the client's views echoes research showing that their perceptions are typically better predictors of outcome than those of practitioners (Crits-Christoph et al., 2013).

The above squash player's presenting issue was lack of motivation when first contacting the practitioner. The practitioner refrained from offering strategies to increase motivation, but instead encouraged the athlete to talk and self-explore, striving to be present with the individual, and understand the person and the surrounding context. As the athlete talked, it became clear that motivation was not the key issue but instead the anxiety connected with the head coach. With increased self-awareness, the athlete was able to find ways to cope with the anxiety based on strategies used successfully in the past. The athlete continued playing and thanked the practitioner, saying how wonderful it felt to be able to talk and be understood and appreciated by another person.

Why does Person-Centered Therapy Help?

Table 16.1 presents a simplified context-mechanism-outcome chain illustrating why Person-Centered Therapy leads to change (Rogers, 1957, 1961). If the six conditions exist: (a) with practitioner unconditional positive regard athletes prize themselves and become self-caring; (b) practitioner empathy enables athletes to hear and understand themselves; (c) the athletes' increased self-acceptance and self-awareness supports improved congruence; and (d) athletes become genuine, real, and enhancing of self-growth. They develop flexibility and lowered

rigidity in their personalities and behaviors. They move away from presenting façades, living according to absolute rules, and trying to please others at the expense of their own well-being. Instead, athletes realize they are complex and adaptable, they can trust their perceptions and experiences, and they can tolerate others.

<Insert Table 16.1>

The optimal endpoint of successful therapy is the *fully functioning person*, characterized by three attributes (Rogers, 1959). First, they are aware of and open to their internal and external worlds (Rogers, 1961). There are no barriers, inhibitions, or defenses preventing full embracing of whatever arises. Second, individuals live in an existential fashion. People let their self-structure emerge from experience. Individuals do not twist experiences to fit a preconceived self. Third, individuals trust themselves to select the most suitable behavior and self-construction in each moment.

The Effectiveness of Person-Centered Therapy

There is limited evidence showing that Person-Centered Therapy leads to positive outcomes in applied sport psychology. The multiple lines of evidence from counselling psychology, however, are applicable to the sporting context. First, athletes, coaches, and other stakeholders believe practitioners need to demonstrate attributes reflecting empathy, positive regard, and congruence (Chandler et al., 2016), and multiple meta-analyses demonstrate these characteristics predict outcomes in psychotherapy (Elliott et al., 2018; Farber et al., 2018; Kolden et al., 2018). Further, empathy, unconditional positive regard, and congruence are example common factors, or those active ingredients that cause client change inherent in all bona fide therapies (Tod et al., 2019). In contrast, specific factors are those ingredients that are unique to individual approaches (e.g., goal setting in mental skills training). The common factors account for considerably more variance in client change than specific factors, with empathy, unconditional positive regard, and congruence having among the strongest effect sizes of all

predictors (Wampold, 2015). Second, athletes, coaches, and practitioners believe that the consultant-athlete relationship is central to effective applied sport psychology (Tod, 2017). Person-centered therapy is part of the humanistic-existential family of therapies whose cornerstone is the counsellor-client relationship. Randomized controlled trials show that these approaches are effective in eliciting client change (Elliott et al., 2020). Related to these findings is evidence demonstrating that differences among various schools of therapy (e.g., cognitive behavioral, psychodynamic, family systems, and person-centered therapies) are trivial, rendering them equivalent in effectiveness (Wampold, 2015). The findings of this research indicate that what practitioners do is less influential than how they do it and who they are as individuals.

Third, consultants recognize that athlete and coach engagement influences outcomes in applied sport psychology (Tod et al., 2019). Client engagement is the strongest predictor of outcomes in counselling (Bohart & Wade, 2013). The client's active involvement is a key feature of Person-Centered Therapy. Practitioners acknowledge that clients are the experts in their own lives (Wilkins, 2015), a sentiment expressed in sport psychology (Edwards & Edwards, 2016). Further, practitioners trust the actualizing tendency and believe that clients have the resources to develop and self-heal. Change occurs; as long as practitioners provide the nurturing soil in which clients can grow (Rogers, 1957). One reason many person-centered practitioners avoid acting as the expert; adopting a directive attitude: engaging in diagnostic assessment; and introducing techniques, interventions, and solutions indiscriminately, is the belief that by doing so they impede client progress (Wilkins, 2015).

Professional Development Implications

Box 16.1 contains suggestions for developing competency in Person-Centered Therapy. First, developing self-awareness is a key theme. Self-awareness assists practitioners to understand how they influence client relationships, and how to be empathetic, congruent, and accepting of clients. Ways to include self-awareness includes reflective journaling, supervision,

gathering client feedback, and seeking peer consultation. Second, practitioners should become intimately familiar with Person-Centered Therapy theory and assess the degree to which it resonates with their personal values and worldview. Concepts, such as actualizing tendency, self-actualizing tendency, and unconditional positive regard, for example, are easily misunderstood with just a superficial understanding of the model. Knowledge of person-centered therapy also helps practitioners respond to key debates, such as what constitutes a directive versus non-directive attitude. Third, practitioners benefit from supervision with a suitable individual (see Chapters 3 and 9). Person-centered therapy is demanding and tiring because of the levels of concentration, active listening, and practitioner engagement needed to stay present with athletes throughout a session and often to resist the urge to be the expert and solve clients' problems. Fourth, consider undertaking person-centered counselling as a client. The person-centered counsellor can be a model of practice. Also, being a client contributes to learning about empathy and unconditional positive regard. Fifth, join professional person-centered counselling organizations. Interacting with colleagues is associated with social, educational, and tangible benefits.

Conclusion

Rogers is one of the most cited and influential psychologists of the 20th century (Haggbloom et al., 2002). His influence, however, has seldom been acknowledged, examined, or discussed in-depth in applied sport psychology. Nevertheless, Rogers' Person-Centered Therapy can assist sport psychology practitioners because it is a well-developed theoretical orientation, providing an elegant roadmap of the helping process supported by a wealth of evidence. Practitioners who develop their ability to be congruent with clients, to communicate genuine empathy, and to display unconditional positive regard create relationships within which athletes can self-explore, grow, and heal. To build their skills and knowledge of person-centered therapy, practitioners can implement the suggestions offered in the chapter to help them become client-

led and form safe, ethical, and effective relationships with athletes. See Box 16.1 for a summary of the key points from this chapter.

<Insert Box 16.1>

References

- Black, Z., & McCarthy, P. (2020). A case study of a trainee sport psychologist adopting a person-centred approach with a professional basketball player. *Sport and Exercise Psychology Review, 16*(2), 74-83.
- Bohart, A. C. (2004). How do clients make empathy work? *Person-Centered & Experiential Psychotherapies, 3*(2), 102-116.
<https://doi.org/https://doi.org/10.1080/14779757.2004.9688336>
- Bohart, A. C., & Wade, A. G. (2013). The client in psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed., pp. 219-257). Wiley.
- Chandler, C., Eubank, M., Nesti, M., Tod, D., & Cable, T. (2016). Personal qualities of effective sport psychologists: Coping with organisational demands in high performance sport. *International Journal of Sport Psychology, 47*(4), 297-317.
<https://doi.org/10.7352/IJSP2016.47.297>
- Crits-Christoph, P., Gibbons, M. B. C., & Mukberjee, D. (2013). Psychotherapy process-outcome research. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (6th ed., pp. 298-340). Wiley.
- Dickinson, R. K., Coulter, T. J., & Mallett, C. J. (2019). Humanistic theory in sport, performance, and sports coaching psychology. In O. Braddick (Ed.), *Oxford research encyclopedia of psychology*. Oxford University Press.
<https://doi.org/10.1093/acrefore/9780190236557.013.143>
- Edwards, D. J., & Edwards, S. D. (2016). Case report on a clinical sport psychological intervention for a rugby player. *African Journal for Physical Activity and Health Sciences, 22*(31), 738-746.

- Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy, 55*(4), 399-410.
<https://doi.org/10.1037/pst0000175>
- Elliott, R., Watson, J. C., Timulak, L., & Sharbanee, J. (2020). Research on humanistic-experiential psychotherapies: updated review. In M. Barkham, W. Lutz, & L. Castonguay (Eds.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (7th ed.). Wiley.
- Farber, B. A., Suzuki, J. Y., & Lynch, D. A. (2018). Positive regard and psychotherapy outcome: A meta-analytic review. *Psychotherapy, 55*(4), 411-423.
<https://doi.org/10.1037/pst0000171>
- Haggbloom, S. J., Warnick, R., Warnick, J. E., Jones, V. K., Yarbrough, G. L., Russell, T. M., Borecky, C. M., McGahhey, R., Powell III, J. L., & Beavers, J. (2002). The 100 most eminent psychologists of the 20th century. *Review of General Psychology, 6*(2), 139-152.
<https://doi.org/10.1037//1089-2680.6.2.139>
- Katz, J., & Keyes, J. (2020). Person-centred approaches. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology: Current approaches to helping clients* (pp. 31-52). Routledge.
- Kolden, G. G., Wang, C.-C., Austin, S. B., Chang, Y., & Klein, M. H. (2018). Congruence/genuineness: A meta-analysis. *Psychotherapy, 55*(4), 424-433.
<https://doi.org/10.1037/pst0000162>
- Lundh, L.-G. (2019). Three modes of psychotherapy and their requisite core skills. *Counselling and Psychotherapy Research, 19*(4), 399-408.
<https://doi.org/https://doi.org/10.1002/capr.12244>

- Patsiaouras, A., Georgiadi, O., Anagnostou, G., Georgiadis, T., & Kokaridas, D. (2013). The effect of a person-centered approach in the management of anxiety in sports: an examination study. *Serbian Journal of Sports Sciences*, 7(4), 187-193.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103. <https://doi.org/10.1037/h0045357>
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships: As developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science. Formulations of the person and the social context* (Vol. 3, pp. 184-256). McGraw-Hill.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.
- Rollnick, S., Fader, J., Breckon, J., & Moyers, T. B. (2020). *Coaching athletes to be their best: Motivational Interviewing in sports*. Guilford Press.
- Sanders, P. (2012). *The tribes of the person-centred nation: An introduction to the schools of therapy related to the person-centred approach* (2nd ed.). PCCS books.
- Tod, D. (2017). Performance consultants in sport and performance psychology. In O. Braddick (Ed.), *Oxford Research Encyclopedia of Psychology*. Oxford University Press. <https://doi.org/10.1093/acrefore/9780190236557.013.142>
- Tod, D., & Andersen, M. B. (2012). Practitioner-client relationships in applied sport psychology. In S. Hanton & S. D. Mellalieu (Eds.), *Professional practice in sport psychology: A review* (pp. 273-306). Routledge.
- Tod, D., Eubank, M., & Brewer, B. W. (2020). Theoretical orientations in service delivery. In D. Tod & M. Eubank (Eds.), *Applied sport, exercise, and performance psychology: Current approaches to helping clients* (pp. 1-11). Routledge.

Tod, D., Hardy, J., Lavalley, D., Eubank, M., & Ronkainen, N. (2019). Practitioners' narratives regarding active ingredients in service delivery: Collaboration-based problem solving.

Psychology of Sport and Exercise, 43, 350-358.

<https://doi.org/10.1016/j.psychsport.2019.04.009>

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update.

World Psychiatry, 14, 270-277. <https://doi.org/10.1002/wps.20238>

Wilkins, P. (2015). *Person-centred therapy: 100 key points*. Routledge.

Table 16.1

An Overview of the Person-Centered Approach (with example papers for reference)

Conditions (Rogers, 1957)	Process (Rogers, 1959)	Movement (Rogers, 1961)
<ul style="list-style-type: none"> • Two people in psychological contact • The client is vulnerable, anxious, or in a state of incongruence • The practitioner is congruent or integrated in the relationship • The practitioner experiences unconditional positive regard for the client • The practitioner experiences and expresses an empathic understanding of the client's internal frame of reference • The client receives the practitioner's empathy and unconditional positive regard to at least a minimal degree. 	<ul style="list-style-type: none"> • With practitioner unconditional acceptance, clients prize themselves more and become more self-caring • As clients receive practitioner empathy, they are able hear and understand themselves, and develop self-awareness • Increasing self-acceptance and self-awareness leads to greater client congruence. • Clients become more genuine, real, and self-growth enhancers. 	<p>Clients experience movement:</p> <ul style="list-style-type: none"> • Away from façades • Away from living “oughts” • Away from meeting expectations • Away from pleasing others <p>Clients experience self-directed movement:</p> <ul style="list-style-type: none"> • Towards being a process • Towards a being of complexity • Towards openness to experience • Towards acceptance of others • Towards trust in self

Box 16.1

Summary of Key Points about Person-Centered Therapy

- Develop self-awareness
- Become familiar with Person-Centered Therapy theory and assess the degree it resonates with personal values
- Engage in supervision with an experienced person-centered practitioner
- Undertaking person-centered counselling as a client
- Join professional person-centered counselling organizations and network with likeminded colleagues