

## The courage to be, to become – and to belong: a person-centered understanding<sup>1</sup>

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# The courage to be, to become – and to belong: a person-centered understanding<sup>1</sup>

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## ABSTRACT

This article offers a person-centered understanding of courage, based on the classical, organismic-relational perspective in person-centered psychology. Drawing on literature (Shakespeare) and philosophy (especially Aristotle and Tillich), it discusses both the courage to be (and become) – and to belong. It considers courage as a virtue which in its deficiency is fear but in its excess is over-confidence, and elaborates four ways of understanding and working with this therapeutically: in terms of being (in terms of regard and self-regard), process (from fixity to fluidity), encounter (with self and others), and communities (influence and impact). At a meta-perspective, the article also offers a commentary on the issue of belonging in a world of psychology and/or psychotherapy that tends to discount person-centered psychology.

## ARTICLE HISTORY

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Being; becoming; belonging; courage; homonymy; organism and environment

Along with most if not all Romance languages, the English word courage derives from the Latin word *cor* meaning heart. The heart was seen as the seat of emotions, and, hence, the linguistic development of the meaning of the word also reflects and represents our psychological views of courage:

- 12<sup>th</sup> century CE *courage* (Modern French, meaning heart, innermost feelings, and temper);
- c. 1300 (Common Era) *corage* (Old French), meaning spirit, temperament, state or frame of mind; and
- From the late 14<sup>th</sup> century CE, *courage* meaning valor, quality of mind which enables one to meet danger and trouble without fear.
- Old English also had the word *ellen*, which meant zeal, and strength. (*Online Etymological Dictionary*, 2021)

This article discusses firstly, being, becoming, and belonging, and courage; and, secondly, drawing on the work of the German-American philosopher and theologian Paul Tillich, the courage to be and to belong. Finally, it elaborates four aspects of a person-centered understanding of courage.

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## Being, becoming – and belonging

The concepts of being, becoming, and belonging derive from existential philosophy, although the distinction between *being*, the quality of enduring existence, and *becoming*, the quality of change in systems such as an organism, may be traced back to Ancient Greek philosophy. As a concept, being refers to the active existence and existing of humankind, which leads to a focus on and acceptance of ‘being’ in the present. Aristotle argues that the important distinction in metaphysics is between the potential and the actual: all substances consist of potentiality and actuality. According to Woodfin and Groves (2001), the former represents ‘a chaotic and characterless pool of potentiality’ (p. 73), the latter, the actual, or fully actualized, is the Supreme Being or Supreme Cause to which humans aspire and which was, for Aristotle, the determining force in human nature. This is the tradition and sense in which Maslow (1954) develops his ideas about self-actualization and self-actualized persons. Organismic philosophy and psychology take a different view, focusing more on process (Rogers, 1958/1967; Whitehead, 1929/1978) than on outcome, and more on the ‘actualizing tendency’ or the organism’s tendency to actualize (Rogers, 1959, 1963) than on self-actualization – which is an important difference between Maslow and Rogers. However, the philosophy and psychology of the organism reverses Aristotle’s teleology, anthropology, and theology: where Aristotle argued that being or actuality emerges from becoming or potentiality, organismic psychology understands that becoming emerges from being. Whitehead (1929/1978) summarizes this thus: ‘it belongs to the nature of a “being” that it is a potential for every “becoming”’. This is the “principle of relativity”’. (p. 22).

Early existential philosophers such as Kierkegaard and Nietzsche emphasize the aloneness and isolation of the individual. Later philosophers, including Heidegger, emphasize Dasein or ‘being-in-the-world’, which conveys, especially in its hyphenated form, a sense of what Cooper (2003) refers to as ‘the indissoluble unity of person and world’ (p. 18). This describes existence as *between* the person and their world, and, in this way, the Daseinanalysis of Binswanger (1942), and Boss (1963) provides the foundations for an existential – and, I suggest, relational – therapy.

Becoming describes the process, as distinct from the outcome, of human potentiality – and, as such, stands in the same relation to ‘be’ as the actualizing tendency does to self-actualization (see Tudor & Worrall, 2006). Rogers (1961/1967) refers to this process as one in which people get behind the masks, façades, or roles with which we face life, in which they experience feeling and discover unknown elements of self in experience. The person who emerges from or, more accurately, *is* this process, is characterized as having an openness to experience; a trust in his organism; an internal locus of evaluation; and a willingness to be a process. These characteristics are undoubtedly more concerned with process than outcome and Rogers’ language and references here are different from the somewhat ambiguous language and mixed references to both organism and self in his chapter in the same book (*On Becoming a Person*) on personal goals (Rogers, 1960/1967). Keen (1983) describes the existential process of becoming more poetically:

The decision to become an individual, to allow oneself to be moved by the deepest impulses of the self rather than the social consensus, can only be made with fear and trembling. It is, by definition, a lonely decision. It necessarily involves anxiety and self-doubt. At first it will seem awkward, embarrassing, unnatural, and will require a high degree of painful self-

consciousness. One will stumble and fall often. Frequently the path will disappear into the brambles. The outlaw will often wonder whether asserting the right to know, to taste, to experience, to judge is not an act of arrogance. The individual's way always is an unbeaten path. (pp. 129–130)

Whitehead's (1929/1978) description of the process of becoming supports Rogers' description of the symbolization of experience and creativity: 'The process is constituted by the influx of external objects into a novel determinateness of feeling which absorbs the actual world into a novel actuality' (p. 45). In his essay 'What it means to become a person' Rogers (1954/1967) asks two questions: 'Who am I?', which is about personhood; and 'How may I become myself?', which focuses on formation. Schmid (1998) suggests that

In these words he [Rogers] expresses the specifically person-centred contribution to man's personhood: the question about the person is the question about being a person and the question about becoming a person – [is] linked to the question as to what sort of encounter must take place in order to bring this 'becoming' about. (p. 51)

Tudor and Worrall (2006) comment on a certain lack of emphasis on relatedness in Rogers' work, suggesting that this may be, at least in part, autobiographical: Rogers (1967) describes himself as 'somewhat of a lone wolf in my professional activities; socially rather shy but enjoying close relationships'. (p. 343).

Significantly, Whitehead (1929/1978) describes the philosophy of the organism as concerned exclusively with 'the becoming, the being, *and the relatedness of actual entities* [emphasis added]' (p. viii). This sense of relatedness is encapsulated in the concept of belonging. If 'being' emphasizes a person's subjectivity, then belonging emphasizes intersubjectivity between people, the relationship and encounter between persons, or, as Stolorow and Atwood (1996) put it, 'reciprocal mutual influence' (see also Tudor & Summers, 2014). Tudor and Worrall link this to what Goldstein (1995) describes as the 'sphere of immediacy ... the feeling of unity comprising ourselves and the world in all respects and particularly our relation to other human beings' (p. 20); and to what Barrett-Lennard (2005) writes about community. Finally, Holdstock (1996) argues that, whilst Rogers' theory of the self focuses on individual autonomy, his theory of therapy stresses unconditional positive regard and empathy, thereby reflecting the importance of relatedness.

The fact that, in his work, Rogers focuses more on being and becoming than belonging dates back to his first book, *The Clinical Treatment of the Problem Child* (Rogers, 1939) in which he identifies two great classes of needs of the human organism:

- (1) Affectional response – which includes recognition, affection and, in the mature (adult) human organism, sexual response. This is echoed by neurobiologists such as Schore (1994) who observe and discuss the importance of smiling and of positive, open expression between mother and baby.
- (2) Achievement – which consists, for Rogers, of accomplishment and self-esteem.

Later, Rogers (1951) views these needs as physiological and, therefore, as having a biological base. To this, Tudor and Worrall (2006) add a third class of needs, i.e. those that are:

- (3) Affiliative – which Allport (1983) views as ‘the ground of becoming’. Affiliation also involves a sense of belonging, and therefore echoes Angyal’s (1941) concept of homonomy or belonging. For some authors such as Strawson (1959), Macmurray (1961/1970), and Harré (1998), it is precisely the sense of belonging that distinguishes persons from organisms.

When I think of the verb to be and its infinitive, my mind goes to Shakespeare’s *Hamlet* and the famous soliloquy spoken by the eponymous hero – or, more accurately, anti-hero. In it, Hamlet is thinking about life and death and, in posing the question ‘To be or not to be’ (Shakespeare, 1602/1985, Act III, Scene 1, line 56), is talking about ontological matters, that is, the essence of things. Hamlet considers life as a lack of power, with humans being at the mercy of ‘outrageous fortune’ (l. 58), and that the only way of opposing this is to end one’s life: ‘to sleep, perchance to dream’ (l. 65). From this perspective, living is a passive state and dying an active one. However, in order to reach this condition, one has to take action in life: ‘to take arms against a sea of troubles’ (l. 59), and thus the whole proposition of the original question becomes circular. In the end, via some interesting reflections on voyages of discovery, and known and unknown geography, Hamlet decides that too much thinking about a thing prevents the action he feels he must take. Nonetheless, through Hamlet, Shakespeare is arguing that the affirmation of one’s own being involves the acceptance of one’s end and inevitable nonbeing. It also involves the acceptance of limit, and limits, a point made by Taft (1933/1973) in relation to time limits in therapy.

## Courage

The concept of courage has exercised philosophers since philosophy – or time – began. In the Western tradition, in Plato’s tripartite soul, comprising Reason, appetites, and spiritedness, the latter (represented as a white horse in Plato’s allegory of the Chariot) is related to courage (Plato, 370 Before Common Era [BCE]/1972). In his work on ethics, Aristotle argues that ‘courage is the mother of all virtues because without it, you cannot consistently perform the others’ (Aristotle, 322 BCE/2004). Aristotle presents moral virtues as means between extremes of deficiency and excess which, with regard to courage, are fear (phobos) and confidence (thrasos), respectively, the latter of which, for clarity, I refer to as *over-confidence*. Taking a similar view of virtues, Horace (20BCE/2004) writes: ‘Virtue is the medium of the two vices; and equally remote from either’. From this perspective, courage deals with two emotions, although, generally, psychologists and therapists have tended to focus more on the extreme of fear than the extreme of confidence. An Aristotelian perspective is useful in viewing courage not as the absence of fear but, rather, a mean, a position, or a situation in which one feels fear and may even want to flee (or freeze), but is able to stay or remain. Indeed, for Aristotle, a courageous person must feel fear – and not necessarily undertake the proposed action anyway, as Jeffers (1987) proposes. Campos (2012) captures this perspective in his working definition of courage, that is as follows: ‘the physical, mental, or moral strength to risk adverse or negative consequences in choosing a just and responsible course of action’. (p. 212). Aristotle also identifies two types of excess: the first, foolhardiness or excessive fearlessness, and the second, rashness.

While there is a significant psychoanalytic literature on courage (available through the *Psychoanalytic Electronic Publishing* database), there is very little in humanistic psychology: only two articles on the subject in the *Journal of Humanistic Psychology* (1961–2023) and two in the *Transactional Analysis Journal* (1971–2023) (to which I make reference), and none in *Person-Centered & Experiential Psychotherapies* (2002–2023).

My own interest in courage dates back to a time in the early/mid-1960s when I learned that, during the Second World War, my father had been a conscientious objector. While my father was quite reticent about talking about that time in his life, I always had a sense of his ability to be clear about his beliefs and to stand up for them – and his and my mother’s encouragement of their children to do the same. His stance has inspired me to be confident enough to stand my ground in an argument; to stand up to authority; and to speak truth to power – which, in Rogerian terms is having and/or taking personal power (Rogers, 1978).

Notwithstanding this relatively strong positive identity with courage, when I do stand my ground, etc., I quite often feel anxious and fearful – which is why I find Aristotle’s view that the virtue of courage includes fear useful.

From my own clinical experience, and also talking with other colleagues over some 35 years, it is clear that we are more accustomed to working with fear than with over-confidence and, therefore, that we need to balance a focus on understanding, processing, and working with fear and anxiety (existential or otherwise), with the study of and work with the extreme of over-confidence (for a rare discussion of which, see Stankov et al., 2015). I also think that the manifestations of these extremes are influenced by culture and society – and, indeed, that over-confidence is positively encouraged in some societies and some classes.

### **The courage to be...**

The person who brought together these two elements – of being and courage – most profoundly in modern times was the German-American philosopher and theologian, Paul Tillich (1886–1965). In both *The Courage to Be* (Tillich, 1952) and *Dynamics of Faith* (Tillich 1957), he argues that the deepest concerns of human beings drive us into confrontation with a reality that transcends our finite existence. Tillich is particularly relevant to us, and still today, as his grasp of personal and social problems were informed not only by his own experience – he was amongst the first batch of prominent German academics to be named enemies of the Reich and dismissed from their tenured positions – but also by his understanding of psychoanalysis and psychotherapy. This included, in 1965, in what was to be Tillich’s last public appearance, a dialogue with Carl Rogers (Kirschenbaum & Henderson, 1990; Tillich & Rogers, 1966).

Tillich (1952) understands courage as ‘rooted in structure of being... [therefore] it must be considered ontologically in order to be understood ethically’ (p. 1). The courage to be is, specifically, ‘the ethical act in which man affirms his own being in spite of those elements of his existence which conflict with his essential self-affirmation’. (p. 3). Courage involves ‘striving toward self-preservation or toward self-affirmation [that] makes a thing what it is’ (p. 21) and is a definitively virtuous process of careful reasoning and intentionality. Even though life is ambiguous, courage is ‘the power of life to affirm itself in spite of this ambiguity’ (p. 27). Although we may draw on different philosophical traditions, Tillich

(1952) himself draws heavily on existentialism, describing it as ‘the expression of the most radical form of the courage to be oneself’ (p. 125). Rogers (1960/1967) also draws on existential philosophers, notably Kierkegaard, from whom he took the phrase ‘To be that self which one truly is’.

In her (then) contemporary review of Tillich’s book, Bolgon (1954) made a link to the psychoanalytic process:

As beings, we exist. It is in our nature to want to keep on existing. But it is also in our nature ultimately to go to a darkness which threatens our desire to be. This darkness – death, or non-being – is nonetheless an integral part of existence. What does not exist, however, implies existence. Negation implies affirmation. Put another way, non-being is taken up in being. From a comprehension of this it becomes clearer that, for example, patients do not get rid of their anxieties, problems and conflicts. Rather, as they are able the more to affirm themselves, to accept their being, what beset them is taken up and changed in the self-affirming process. Fear is not cast out – for there is no ‘out’ in which to cast it. It is taken up in participation in being, which is all. (pp. 127–128)

I am struck by Bolgon’s phrase ‘taken up’ as it seems, at least to me, to describe the process of integration or integrating (Berne, 1975; Glover, 1955; Hartmann, 1958) that lies at the heart of a process conception of the personality Rogers (1958/1967); in transactional analysis, the integrating Adult (Tudor, 2003); and, in any case, an underlying holistic view of the person.

For Rogers (1957/1967), ‘the good life’ involves the courage to be:

This process of the good life is not I am convinced, a life for the fainthearted. It involves the stretching and growing of becoming more and more of one’s potentialities. It involves the courage to be. It means launching oneself into the stream of life. Yet the deeply exciting thing about human beings is that when the individual is inwardly free he [sic] chooses as the good life this process of becoming’. (p. 196)

Presenting his work with a client, ‘Thomas’, Vanhooren (2019) reports that Thomas ‘formulated his goal for this therapy, which he described as wishing to have the courage to exist, regardless of what life brings’. (p. 5). Reflecting on a particular session, Vanhooren (2019) commented:

From an existential perspective, we see in this session almost an *in vivo* description of Tillich’s book *The Courage to Be*, or Kierkegaard’s search for the essential. In facing darkness, something different appears, something that calls to be alive. However, Thomas needed another person who was willing to enter this darkness together with him; someone who could sense it, without running away from it or being destroyed by it. (p. 12)

### ... and to belong

Importantly for our current interest, Tillich (1952) examines ‘the relation of self-affirmation and love toward others’ (p. 22). Self-affirmation, love, and courage are not isolated attitudes or acts for the individual but represent ‘participation in the universal or divine act of self-affirmation’ (p. 23). Thus, Tillich introduces a major theme of his book: the dialectic of individualization *and participation*. Indeed, in Chapter 4 ‘Courage and participation’ and Chapter 5 ‘Courage and individualization’ of *The Courage to Be*, Tillich confronts the basic polar structure of being, that of self and world, arguing that these realms

are interconnected and mutually influencing. Thus, self-affirmation ‘is not the courage to be as oneself, but [rather] the courage to be as a part’ (p. 89), and, importantly, in terms of the ground or field of this courage, ‘the more self-relatedness a being has the more it is able. . . to participate’. (p. 90). Although there is no evidence that Tillich read the work of Andras Angyal, the Hungarian-American psychologist and psychiatrist who first wrote about the term homonomy (Angyal, 1941), Tillich’s focus on relatedness and participation is very much in line with Angyal’s description of this human trend to belong – and we know that Angyal influenced Rogers’ thinking (Rogers, 1951).

In his book, *The Courage to Be*, Tillich unveils existentialism as the most radical form of the courage to be as oneself, because it demands involvement and participation over a theoretical or detached approach to life – which is why I think we need to balance the focus in person-centered psychology on autonomy or self-determination with homonomy or the urge to belonging (see Tudor, 2007, 2008, 2021a; Tudor & Worrall, 2006).

There is a distinction between philosophical traditions that argue that being or actuality emerges from becoming, and those that argue that becoming emerges from being. The former derive from Aristotle and was followed by Maslow (1954) and epitomized in his focus on self-actualization and self-actualized persons; the latter derive from the process philosophy of Whitehead (1929/1978) and others and was taken up by Rogers who focused more on the experiencing, actualizing organism. However, neither tradition talks much about belonging; and, as noted, there is a certain lack of emphasis on relatedness in Rogers’ work (Tudor & Worrall, 2006). Significantly, for the purposes of this present discussion, Whitehead (1929/1978) describes the philosophy of the organism as concerned exclusively with ‘the becoming, the being, *and the relatedness* [emphasis added] of actual entities’ (p. viii). I suggest that this sense of relatedness is encapsulated in the concept of homonomy or belonging. As Tudor and Worrall (2006) put it: ‘If “being” emphasizes a person’s subjectivity, then belonging emphasizes intersubjectivity between people, the relationship and encounter between persons’(p. 146), and what Stolorow and Atwood (1996) refer to as ‘reciprocal mutual influence’ (p. 181) (see also Tudor & Summers, 2014).

Given that there are more collectivist than individualistic cultures in the world, it seems important to make this point, and I do so not only to comment on the relevance of person-centered psychology (and other forms of Western psychology) to the world but also to acknowledge that, for different people in different cultures, communities, and diverse circumstances, it will take more courage to belong than to be as an individual – and vice versa.

Having laid some foundations about being, belonging, and courage, in the third and final part of the article I turn to a person-centered perspective of courage designed to understand and encourage both being and belonging.

### **A person-centered understanding of courage**

Here I draw on various aspects of person-centered psychology – i.e. personality theory (Rogers, 1951) and the regard complex (Rogers, 1959), a process conception of psychotherapy (Rogers 1958/1967), encounter (Schmid, 1998), and community (various authors) – to discuss courageous being, courageous process, courageous encounter, and courageous communities.

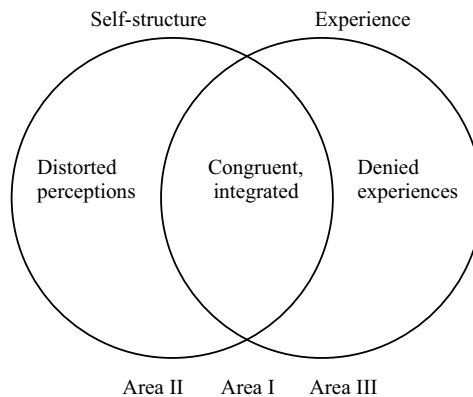
### *Courageous being – regard and self-regard*

With regard to the ontological basis of courage in being, this can be represented in terms of Rogers' (1951) personality theory (Figure 1).

In Figure 1, Area II of the self-structure represents 'that portion of the phenomenal field in which social or other experience has been distorted in symbolization and perceived as part of the person's own experience' (Rogers, 1951, p. 525), while Area III represents 'those sensory and visceral experiences which are denied to awareness because they are inconsistent with the structure of the self'. (p. 525) Area I represents the congruent, integrated personality in which the self-structure is experience and vice versa. In this model, appropriate courage, including fear and confidence as important sensibilities in the assessment of an action (as per Aristotle) would be an aspect of a congruent and integrated personality, while the excess of over-confidence or the deficiency of courage such as paralyzing fear and/or anxiety would be part of the areas of distorted perceptions (Area II) and/or denied experiences (Area III). Thus, returning to the etymology of the word courage, I suggest that temper, spirit, and spiritedness (from Plato), and zeal, in person-centered terms, all describe features of the courageous and passionate congruent personality.

The concept of regard and self-regard is key to Rogers' (1959) conceptualization of human development – and to re-integration following any form of disintegration or disorganization of the personality. This encompasses everything from a parent's – or grandparent's – smile, to verbal expressions of support and encouragement, i.e. literally giving courage. Its potency is based on Rogers' (1959) view that 'the positive regard of any social other is communicated to the total regard complex which the individual associates with that social other' (p. 224). This regard complex encompasses social others as represented by stories, images, and figures in the child's environment. I myself grew up with a number of stories of courage:

- Of Robin Hood, a local semi-mythical 12<sup>th</sup> century hero and outlaw from the Midlands of England who stood up against social injustice, notably by stealing from the rich and giving to the poor.



**Figure 1.** The total personality (Rogers, 1951).

- Of Biblical figures who demonstrated courage, including: Moses (to face the past), David (to face impossible situations), Esther (to take a risk), and Daniel (not to give in).
- Of personal examples of courage, most influentially, my father and maternal grandfather.
- Of (then) contemporary figures whom my parents admired, notably Paul Robeson (1898–1976), the African American singer and civil rights activist.

A key aspect of working with clients concerns their regard complex, including their experience of and stories about the lack of regard and the nature and degree of the conditionality to which they were and still are subject. As we internalize regard and self-regard (both positive and negative), Rogers (1959) suggests that we experience such regard and its loss independently of transactions with others and thus that 'The individual becomes in a sense his own significant social other', acknowledging that this is similar to the notion in object relations theory of the internalized self-object'. (p. 224). In this context, it appears important that the therapist acknowledges the client's courage in facing and encountering their internalized lack of regard, which may include a deficit of courage in the form of paralyzing fear. With the therapist's encouragement, the client may be able to reclaim their courageous being.

### **Courageous process – from fixity to fluidity**

It takes some courage for a client to get to therapy. I know this for myself as, back in the early 1980s, from contemplating whether to see a therapist to actually seeing one, took me some six months. I needed, to quote Shakespeare (1606/2008), to 'screw [my] courage to the sticking-place' (*Macbeth*, I(7), l. 540). In my case, my 'sticking-place' was staying on the telephone long enough for a therapist to answer it! This personal anecdote speaks to the internal transactions that help and/or hinder us from acknowledging things about ourselves, including the need to seek and get help. The terms 'help' and 'hinder' are a conscious reference to Lewin's (1943, 1952) 'force-field analysis', the field or life-space being a gestalt psychological environment existing in the mind of the individual and/or the group of which they are a part. It also acknowledges the field that is the environment of the client and the extra-therapeutic factors (Lambert, 1992) that support someone to engage in therapy – or deter them. In his original research, Lambert refers to the nature, strength, and quality of the client's social support and especially the marital or primary relationship, to which I add the importance of friendship and family support (Maluccio, 1979), peer support (Glass & Arnkoff, 2000), and income (Clarkin & Levy, 2004).

I wonder how many therapists acknowledge the client's courage to get to therapy, and specifically in the context of their personal context and environmental field? It is perhaps more usual – for both the client and the therapist – to talk about what the client might want from therapy in terms of making changes, and wanting to know oneself better, to work through something, to change something, and/or to make a decision. It's perhaps less common – again, for both parties – to acknowledge the courage it takes to arrive in therapy, as well as the cost of therapy, including what the client may have to give up by doing so. This view of the courageous client also underpins the ground-breaking book on client-directed, outcome-informed therapy, *The Heroic Client* (Duncan et al., 2004).

In describing the second of his seven stages of process, Rogers (1967) suggests that, with regard to working with voluntary clients as this stage, there is only 'a very modest degree of success in working with them'. (p. 134). What this means is that, with regard to the various dimension that Rogers identifies – i.e. feelings, experiencing, congruence, communication, personal constructs, and the individual's relationship to their problems and their manner of relating – the client needs to make the change from stage 2 to stage 3 themselves in order to contemplate and get to therapy (see Table 1).

The two columns in Table 1 represent the distinction between these two stages which, in a very real sense, marks the transition from before and just after entering therapy

**Table 1.** Rogers' (1958/1967) process conception of psychotherapy: Stages 2 and 3

Stage 2	→	Stage 3
From feelings described as unowned or past objects, e.g., 'The symptom was – it was – just being very depressed'...	A loosening of feelings	... to fewer expressions of feelings as past objects, e.g., 'There were so many things I couldn't tell people – nasty things I did. I felt so sneaky and bad... but it was the anger.'
From expression about self-related experiences as objects, e.g., 'People see me as an intellectual'...	A change in the manner of experiencing	... to experiencing as less bound by the structure of the past, and less remote, though this may still occur with some delay, e.g., 'and yet there's the matter of, well, you know, my thinking.'
From being incongruent: having anxiety and tension, e.g., 'I don't know. There's no reason to be unhappy. I'm not really sure why I'm here'...	In terms of congruence	... to having some recognition of vulnerability and of contradiction in experience, e.g., 'I have great expectations: I really want to achieve something in my life, but I'm not sure if I'm up to the work involved. I know I'm lazy.'
From a reluctance to communicate self, e.g., 'I'm OK, really; and, even if I weren't, I'm not sure what good it would do to talk about it'...	Communication	... to having a freer flow of expression about the self as object, e.g., 'I try hard to be perfect with her – cheerful, friendly, intelligent, talkative – because I want her to love me.'
From constructs being rigid, unrecognized as such, and thought of as facts, e.g., 'I can't do anything right; I can never finish things'...	Personal constructs	... to personal constructs being still rigid but recognized as such, e.g., 'I've felt so guilty for so much of my life; I felt I deserved to be punished.'
From problems being perceived as external to self, e.g., 'Disorganization keeps cropping up in my life'...	With regard to the individual's manner of relating	... to some recognition of problems, e.g., 'Well, it seems as if I must have a problem. People keep telling me I should get some help.'
From little relating to others, e.g., 'I'm a "lone ranger"... I've had my fingers burned too many times to get involved with anyone else'...	With regard to the individual's relationship to their problems	... to some relating to others, e.g., 'I can feel myself smiling sweetly like my mother used to do'.

(represented by the arrow between the two columns). Whether or not this line represents the 'point of maximum pain' (Hinshelwood, 1991, p. 171), i.e. the particular core of pain generated by the client's – or, in psychodynamic parlance, the patient's – object relationships (that is, internalized images of repeated events), the transition between stage 2 and 3 of therapy certainly represents a point or a process of maximum self-realization – and, moreover, one that, essentially, takes place outside and before entering therapy.

Rogers (1958/1967) describes this whole process as a movement from fixity to fluidity, acknowledging that fluidity is a social value – and, I would say, a psychological one. Given that we have become fixed in different ways and developed defenses for protection (by denying experiences and distorting perceptions) and what Rogers (1954/1967) elsewhere refers to as masks or façades, we need courage to let go of these defenses. Campos (2012), a transactional analyst who writes about courage, suggests that

One prerequisite for fostering this courage is our work of decontaminating thinking so that the client, in taking a calculated risk to change, is fully aware of, and accountable for, beneficial and/or detrimental consequences. With a strengthened Adult, he or she makes an autonomous choice to accept responsibility for these consequences. (p. 212)

Given that such decontamination also needs to take place outside, i.e. before clients get to therapy, this points to the need for more psycho-educational work in the community as well as in the beginning of therapy. Given that the significance of such work is often discounted, especially from more analytic perspectives, Rogers' (1958/1967) process conception of psychotherapy gives us a useful way of conceptualizing this *as* therapy.

### **Courageous encounter – with self and other**

One way we make changes in our lives is through encounter. Person-centered psychology has contributed much to the conceptualization and practice of encounter, the importance of which for our present discussion is, following Schmid (1998), that it is the ground for our becoming.

Deriving from the Late Latin word 'incontra' meaning 'in front of', the English word encounter usually refers to a meeting of some kind, as in a chance encounter. The word 'contra', however, means 'against', and so encounter also carries a sense of against or counter to, and, thereby, confrontation. In his discussion of encounter, Schmid (1998) develops this, suggesting that 'each encounter involves *meeting reality* and *being touched* by the essence of the *opposite*' (p. 81). In person-centered psychology, these concepts of meeting and (being) opposite have been most commonly applied in the development and practice of encounter groups, especially in cross- and multi-cultural contexts such as international conferences and fora, as well as groups and communities in conflict. From a similar perspective, though from a different discipline, Salmond (2017) describes encounter as 'a collision of cosmologies' (p. 413), asserting that it is through and during such encounters that assumptions emerge and can be questioned, and new and different encounters become possible. Salmond's view reminds us that, in encounter, very often we get a glimpse of a different world, and that what we have been taught and have assumed as universal is not.

While this perspective is crucial for our engagement in the world (see Embleton Tudor et al., 2004; Rivers et al., 2022), I suggest that the concept of encounter is also useful for

thinking about how we encounter ourselves, and our inner worlds. From this perspective, we may usefully view therapy as helping people to face themselves, including those aspects of themselves that they are against and even opposite – experience which leads to organismic disorganization (Goldstein, 1995; Rogers, 1959; Tudor & Worrall, 2006). Meeting our own (plural) realities and being touched by the essence of the opposite in ourselves is a part of a process of organismic reorganization (Perls, 1947/1969; Rogers, 1958/1967; Tudor & Worrall, 2006). Indeed, in a paper written some 40 years ago, Estrada (1984) considers the reality of encounter as the basis of the therapeutic relationship.

Such meeting and, more broadly, the process of therapy and the movement from fixity to fluidity, requires courage on the part of the client to maintain this process, and to connect and reconnect with what they may experience as difficult aspects of their lives, including abuse and trauma, and subsequent disorganization. As Santen (2014) writes about his client: ‘In Emily’s case the sustained courage to reconnect led to the processing of trauma’. (p. 75). Similarly, it may well take some courage for us as therapists to stay alongside or even a little behind our clients. In this regard, Vanhooren’s (2019) clinical work (quoted above) is a good example of the need the client has for the therapist to be able to encounter the client’s inner world, especially when it is in some way, in collision and conflict, and disorganized.

### ***Courageous communities – influence and impact***

One of the strengths of the organismic approach in psychology is its inherent link of the individual to their environment. As Perls (1947/1969) puts it: ‘No organism is self-sufficient . . . there is always an inter-dependency of the organism and its environment’. (p. 38). This means that person-centered therapists are interested in the individual client, their environment, and the inter-dependent relationship between the two. Historically, this has been expressed not only in a strong interest in groups and, specifically, encounter groups (as noted above), but also in community – notably Rogers (1980), O’Hara and Wood (1983), Müller (1984), Stockwell (1984), Van der Veen (1984), Wolter-Gustafson (1984), Wood (1984), Barrett-Lennard (1994), and Sturdevant (1995). This interest and application is important in two respects: the therapeutic and the social.

The first is that the client’s environment is a significant factor in the outcome of therapy. Indeed, the study that is often cited as proving the research evidence for the significance of the therapeutic relationship – responsible for 30% of change in clients (Lambert, 1992) – also suggested that 40% of change in clients is attributable to extra-therapeutic factors, that is factors that are attributable to the clients themselves (such as ego strength) or their environment (such as fortuitous events and social support). In his review Lambert himself refers to the ‘environmental qualities’ of the nature, strength, and quality of social supports. In other words, clients need the personal support of their significant others, and, more broadly, the social support of their wider circles or community. If, for instance, their partner is not supportive of them seeking and being in therapy, this will impact on the therapy – and on the relationship. Whilst supportive partners, friends, and/or communities will encourage clients and have a positive impact on the therapy, those clients whose personal and social environments are discouraging or even antagonistic to therapy will need a lot more courage to face both therapy and their hostile environments.

The second aspect of the interest in community is a wider one and one that represents the application of person-centered psychology as an *approach* to and in the social/political world. In the context of my current interest, it is concerned with creating communities of courage in which we can be courageous and have courageous encounters and conversations. In the humanistic literature, only one article discusses this: ‘Cultivating cultures of courage with transactional analysis’ (Campos, 2012), in which the author focuses on the cultural level of change. In it he discusses authoritarian cultures as derivatives of restrictive and script-bound family structures, and, drawing on his own experience of rededication groups (both as client and therapist), compares these cultures and structures with those that can be generated in therapeutic groups which, thereby, ‘can serve as a model for how modern egalitarian cultures can allow for positive social change’ (Campos, 2012, p. 209). Whether working with a therapy group, a family group, or a community group, and whether working transactionally or from a person-centered perspective, Campos’ point is well made: that the heart of any therapeutic project is ‘in helping people develop the courage to risk positive change, not only at the individual level but also at the collective cultural level’. (p. 209). From a person-centered perspective on community, this work remains to be done.

## Conclusion

I was born in Leamington Spa, a town in the middle of England, in the county of Warwickshire, less than 13 miles from Stratford-upon-Avon (where Shakespeare lived) and less than 100 miles from Sherwood Forest (in which Robin Hood lived). I was raised by parents who loved the works of Shakespeare and passed this on to their children. From time to time, I revisit my love and study of Shakespeare’s work, especially his plays (see, for instance, Tudor, 2021b), and have done so with regard to this article. It therefore seems appropriate to end with a quote from Shakespeare’s *Henry V*: ‘tis true that we are in great danger. | The greater therefore should our courage be’. (Shakespeare, 1598/1992, IV(1), ll. 1–2).

Whether this danger is physical, as was that facing Henry V (and, I would say, all of us in the context of the recent pandemic and its continuing consequences); or ontic, moral, and spiritual, as suggested by Tillich; or cultural, as discussed by Campos; or psychological, person-centered and/or transactional: we need the heart to take heart or courage to be – which involves being able to contemplate not being – and to belong.

## Note

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