

**A Review of**  
**Therapist Limits in Person-Centred Therapy**  
**By Lisbeth Sommerbeck**

**PCCS Books, Monmouth, 2015, 112 pages.**

**Reviewed by Valerie Wiley, Chicago, IL**

*Therapist Limits in Person-Centred Therapy* addresses a topic that, Sommerbeck notes, has received little scholarly attention; the topic of limits is more often discussed in the context of work with children and seldom work with adults. To fill this void, Sommerbeck draws on her many years of experience working in psychiatric hospitals in the Danish public health system. The book is short but replete with personal experiences, reflections, and observations. The author is quick to situate her ideas in the context of her particular practice and to identify where she may deviate from classic client-centered practice. Thus, she encourages her readers to find their own approaches to the types of internal and external limits articulated in the book and provides ample intellectual nourishment to stimulate this process.

The book is divided into five sections with an additional introduction and conclusion. The first section, *Limits of Therapeutic Competence*, begins by laying the theoretical groundwork for subsequent discussion. In it, Sommerbeck notes that, "... most authors seem to subsume the question of limits under the headings of therapists 'being congruent,' 'being themselves,' 'being real' and so on." (5) She then posits that the reason so little has been written about limits is likely due to the belief that this topic is addressed adequately by reference to congruence; however, she says, this is quite problematic because "therapists have no way of knowing whether they are congruent or not so they cannot know whether their experience of limits in their relationship with a client is the consequence of their being congruent or not." (5) Thus, Sommerbeck shifts the focus from "congruence" to limits on the therapist's capacity to provide UPR and, more broadly, "...to protect their experience of therapeutic freedom and comfort in their relationship with the client." (21) Sommerbeck

Builds on the idea that limit setting serves to protect the capacity of the therapist to provide UPR and empathic understanding, and, in a sense, “operationalizes” congruence as any limiting factors, internal or external, that inhibit the therapist’s ability to provide the therapeutic conditions.

Some may find this theoretical argument confusing to follow, but once past it, the discussion and examples are very accessible and their value does not hinge on what has preceded it or agreement with the premise. The rest of the first section addresses limits in therapist experience of empathic understanding and limits to experience of UPR. In the section on empathic understanding, the author tackles lack of contact and makes a case for pre-therapy as essential to any person-centered therapist. This is based on her own joy at discovering a way to relate to clients who she previously had felt unable to reach in an empathic way. She also reminds us that therapists need to develop a tolerance for “not understanding.” The first of several engaging personal examples--this one concerning a client who expressed pleasure over an event that Sommerbeck found horrific--is provided to illustrate limits on UPR. As is true for each of her case examples, Sommerbeck’s clear articulation of her feelings and thought processes and her use of a consultation group as she works through clinical decisions are instructive and compelling.

Section 2, *Limit Setting*, is short and straightforward. It begins with a brief history of the evolution of Rogers’ writing about the purpose and effect of limit setting from a focus on the client to a focus on the therapist. To illustrate the savior/persecutor/victim triangle that can occur when limits are exceeded, Sommerbeck offers an example from her own practice of a client who asked if he could contact her by phone to help him through a difficult transition and follows with commentary that is a reminder to experienced clinicians and a cautionary tale for all. The discussion with respect to suicidal behavior includes the first mention in the book of the challenges (limits, if you will) of practicing in a person-centered way in non-person-centered settings—a topic that will thread through the remainder of the discussion. She acknowledges that her solutions to such challenges are not right or even available to everyone, but she hopes “to inspire others to take their limits seriously, respect them, and ensure they are respected by others.” (45)

The third section on contextual limits was previously published as an article in 2012 and prompts readers to think about limits in, well, a less limited way than they might otherwise. She expands the definition to include all the ways that typical work settings limit the freedom to practice in a fully client-centered way. For example, in a medical model setting, the therapist is expected to be an expert on the client and to behave accordingly. This may manifest itself as requests for the therapist to tell, say, or do something (directive) in a client session. Sommerbeck offers the rationales and work-arounds that allowed her to practice under such circumstances and an example of a case where she was asked to direct the client but did not. Here the transcript highlights part of her conversation with, first, the chief psychiatrist who wants her to make a suggestion to her client and, then, with her client. The section also includes a client-centered way to handle assessment and diagnosis and concludes with brief commentary on two other common contextual limits—the time and place of sessions and limitations on number of sessions.

The fourth section, *Limits as a 'Time Out,'* may present the most controversial material in the book as Sommerbeck pushes a very tight definition of when therapy occurs and when it does not. For her, all questions posed by the client present the potential for providing conditional regard, so answering them becomes a “time out” when the therapeutic conditions are not present and something else is occurring. As she states, “I am probably at variance with most person-centered therapists with respect to my being so cautious about answering questions.” (80) Sommerbeck, clearly delineates her position—i.e., no conditional regard—from that articulated by Brodley—i.e., no directivity or power. The anecdotal justification for this position-- a comment from a client who was helped to find her own answers and trust them because she knew Sommerbeck would not answer her questions—does not feel adequate for such a critical topic. The next section, *Limits to Therapist Self-Expression,* is probably the most confusing and least satisfying. After making statements that would invite disagreement, such as, “... the practice of others is inspired by Rogers’ later work, where therapist congruence is often taken to mean self-disclosure,” she does not adequately elaborate her point. Perhaps, this is because she has addressed this issue elsewhere, but without this background, the conclusion that this is “complex and controversial” feels incomplete. The last topic addressed in this section is extra-

therapeutic relationships and, here, Sommerbeck returns to form with helpful scenarios and reflections on such issues as being invited to and attending an event involving a client outside the therapeutic setting, the possibility of treating a friend as a client, unplanned sightings of clients, and activities with contact-impaired clients. Her observation that poverty, bad housing, or unemployment could be seen as the society expressing negative regard for clients who find themselves in such situations eloquently frames socio-political factors affecting clients in a person-centered way. This leads perfectly into the final section of the book, *Limits and Referrals*, and its conclusion that potentially all limits previously referenced could result in a referral. A couple of case examples from Sommerbeck's experience make clear that making a referral is not as easy as it might seem, and her discussion points out the many issues that must be considered.

*Therapist Limits in Person-Centred Therapy* has something to offer on almost every page—whether it is a novel insight, a particularly well-phrased synthesis of something the reader already “knows,” or a unique take on classic client-centered thinking. Sommerbeck's voice is strong and clear, and she speaks directly to you, her reader, letting you into her confidence, trusting you with her doubts, and sharing the accommodations she has made that she hopes will be helpful. The book is at its best when the author shares real life examples and parses her thinking and decision making process so that readers can become more mindful of each minute step involved in complex situations. Although her work setting is not everyone's, her struggles to find a way to remain person-centered in a system that is not—as many practitioners must—offer one way to do this, and she consistently acknowledges this. Perhaps newer therapists will find the book more useful than those more experienced who have their own processes and will take exception to hers. Still, there is much that will stimulate greater awareness and constructive thinking about the many internal as well as external limits to the person-centered therapist's ability to provide unconditional positive regard and empathic understanding.

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