
Person-centred Therapy

A GUIDE TO COUNSELLING THERAPIES (DVD)

Published by: J & S Garrett Pty Ltd
ACN 068 751 440



All Case Histories in this text are presented as examples only
and any comparison which might be made with persons either
living or dead is purely coincidental

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HISTORY

The person-centred approach was developed from the concepts of humanistic psychology. The humanistic approach “views people as capable and autonomous, with the ability to resolve their difficulties, realize their potential, and change their lives in positive ways” (Seligman, 2006). Carl Rogers (a major contributor of the client-centred approach) emphasized the humanistic perspective as well as ensuring therapeutic relationships with clients promote self-esteem, authenticity and actualisation in their life, and help them to use their strengths (Seligman, 2006).

The person-centred approach was originally focused on the client being in charge of the therapy which led to the client developing a greater understanding of self, self-exploration, and improved self-concepts. The focus then shifted to the client’s frame of reference and the core conditions required for successful therapy such as ensuring the therapist demonstrates empathic understanding in a non-judgemental way.

Currently, the person-centred approach focuses on the client being able to develop a greater understanding of self in an environment which allows the client to resolve his or her own problems without direct intervention by the therapist. The therapist should keep a questioning stance which is open to change as well as demonstrating courage to face the unknown. Rogers also emphasized the attitudes and personal characteristics of the therapist and the quality of the client-therapist relationship as being the determinants for a successful therapeutic process (Corey, 2005).

KEY CONCEPTS

The humanistic influence on person-centred therapy

As previously mentioned, the humanistic approach has been a major influence on person-centred therapy. Person-centred therapists believe that clients are capable and trustworthy and they focus on clients’ ability to make changes for themselves.

Actualisation

People have the tendency to work towards self-actualisation. Self-actualisation refers to developing in a complete way. It occurs throughout the lifespan as the individual works

towards “intrinsic goals, self–realization and fulfilment, involving autonomy and self–regulation” (Seligman, 2006).

Conditions of worth

Conditions of worth influence the way in which a person’s self–concept is shaped from important people in his or her life. Conditions of worth refer to judgemental and critical messages from important people that influence the way the individual acts and reacts to certain situations. When an individual has conditions of worth imposed on him or her, self–image is often low. Also, if the individual is exposed to overprotective or dominating environments, this can also have a negative impact on self–image (Seligman, 2006).

The fully functioning person

The fully functioning person is an individual who has “ideal emotional health” (Seligman, 2006). Generally, the fully functioning person will be open to experience, lives with a sense of meaning and purpose, and trusts in self and others. One of the main goals of person–centred therapy is to work towards becoming “fully functioning”.

Phenomenological perspective

The phenomenological approach refers to the unique perception by each individual of his or her own world. The individual experiences and perceives own world and reacts in an individual way. Person–centred therapy focuses on the individual’s own experience informing how treatment will work.

GENERAL IDEAS ABOUT PERSONALITY DEVELOPMENT

There are a number of general ideas about personality development with regard to person–centred therapy. Basically, person–centred therapy states that personality can be fully actualised when the individual is exposed to unconditional positive regard. An individual who has been exposed to conditional positive regard can have low self–esteem and low feelings of worth. An individual who is self–actualised will be more open to experience and less defensive, will learn to live in the moment, will trust own decision–making skills, will have more life choices and be more creative.

THERAPEUTIC TECHNIQUES & METHODS OF WORKING

GOALS OF THERAPY

The goals of person-centred therapy are (Seligman, 2006):

1. To facilitate client's trust and ability to be in the present moment. This allows the client to be honest in the process without feeling judged by the therapist.
2. To promote client's self-awareness and self-esteem.
3. To empower the client to change.
4. To encourage congruence in the client's behaviour and feelings.
5. To help people to gain the ability to manage their lives and become self-actualised.

TECHNIQUES

The techniques employed in person-centred therapy are different from those employed in other therapies. The difference is that other therapies are often focused on something the client can do during the therapy session, whereas the techniques used in person-centred therapy are employed by the therapist to create an environment that facilitates the process of self-awareness. The following techniques will be discussed in relation to the person-centred approach: congruence, unconditional positive regard and acceptance, empathy, and reflection of feelings.

Congruence

Congruence is whether or not therapists are genuine and authentic in what they say and do. Quite often, if the therapist is saying one thing but the body language is reflective of something else, clients are aware of this and may impact on their trust and openness in the therapeutic relationship (Seligman, 2006). For example, a therapist may say "I understand where you are coming from" to a client but have a confused look on his or her face. The client can see this confusion and feels uncomfortable with expressing feelings from this point forward.

Therefore, a major role of therapists is to be aware of their body language and what they are saying as well as being in the present moment. If confusion arises, the therapist needs to be able to address this with the client. Going back to the previous example of the therapist

stating understanding and having a confused look, the therapist notices the client looks uneasy after the comment about understanding and goes on to explain to the client why and how he or she understands the statement. This puts the client at ease and ensures the continuation of trust.

Unconditional positive regard

Unconditional positive regard refers to the therapist accepting, respecting and caring about clients (Seligman, 2006). It does not mean the therapist has to agree with everything the client says or does, however, the therapist should see the client as doing the best he or she can and demonstrate this by expressing concern rather than disagreeing with him or her. Unconditional positive regard allows clients to express how they are thinking without feeling judged, and help to facilitate the change process by showing they can be accepted.

Empathy

Empathy is a skill used by person-centred therapists to show understanding of the clients emotions. Empathy is different to sympathy in that sympathy is often seen as feeling sorry for the client whereas empathy shows understanding and allows the client to further open up (Seligman, 2006). An example follows:

Client: I feel as though no one cares about me and that I am all alone.

Empathy response: So you are feeling alone at the moment and as if no one cares.

Sympathy response: I'm sorry that you feel that way.

Nondirectiveness

The person-centred approach utilises nondirectiveness as a technique by its therapists. Nondirectiveness refers to allowing clients to be the focus of the therapy session without the therapist giving advice or implementing strategies or activities.

Other Techniques

Other techniques that person-centred therapists use in the therapeutic process include reflection of feelings, open questions, paraphrasing and encouragers. Examples of each follow:

Reflection of feelings

Client: I didn't know what to do, I was so confused and angry.

Counsellor: So you are feeling confused and angry.

Open Questions

Client: I had a car accident the other day and the other person got out and started abusing me.

Counsellor: And how did that make you feel?

Paraphrasing

Client: I have been feeling depressed for the past 2 months since I broke up with my partner. I am having trouble sleeping and can't concentrate at work.

Counsellor: So the feeling of depression is impacting on your everyday life.

Encouragers

Client: It makes me feel like crying, I don't know what to do.

Counsellor: Uh-huh

APPLICATIONS

The person-centred approach can be applied to working with individuals, groups and families (Corey, 2005). The person-centred approach has been successful in treating problems including anxiety disorders, alcoholism, psychosomatic problems, agoraphobia, interpersonal difficulties, depression, and personality disorders (Bozrath, Zimring & Tausch, as cited in Corey, 2005). It could also be used in counselling people with unwanted pregnancy, illness or

loss of a loved one. When compared with other therapies such as goal-focused therapies, person-centred therapy has been shown to be as effective as them (Corey, 2005).

STRENGTHS AND WEAKNESSES

Table 1 - Strengths and Weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ▪ Offers a perspective that is up-to-date and optimistic (Seligman, 2006) 	<ul style="list-style-type: none"> ▪ The approach may lead therapists to just be supportive of clients without challenging them (Corey, 2005).
<ul style="list-style-type: none"> ▪ Many aspects are relevant to a multicultural perspective (Seligman, 2006). 	<ul style="list-style-type: none"> ▪ Difficulty in therapists allowing clients to find their own way (Corey, 2005).
<ul style="list-style-type: none"> ▪ Has provided a basis for many other therapies such as the emphasis on the client-therapist relationship (Seligman, 2006). 	<ul style="list-style-type: none"> ▪ Could be an ineffective way to facilitate therapy if the therapist is non-directive and passive (Corey, 2005).
<ul style="list-style-type: none"> ▪ Research has substantiated the importance of the client-therapist relationship (Seligman, 2006). 	<ul style="list-style-type: none"> ▪ Simplistic and unrealistically optimistic (Seligman, 2006).
<ul style="list-style-type: none"> ▪ Clients have a positive experience in therapy when the focus is on them and their problems 	<ul style="list-style-type: none"> ▪ Person-centred therapy does not draw on developmental, psychodynamic or behavioural therapy thus limiting the overall understanding of clients (Seligman, 2006).
<ul style="list-style-type: none"> ▪ Clients feel they can express themselves more fully when they are being listened to and not judged. 	<ul style="list-style-type: none"> ▪ Listening and caring may not be enough (Seligman, 2006).
<ul style="list-style-type: none"> ▪ Clients feel empowered from person-centred therapy as the responsibility is on them to make decisions. 	<ul style="list-style-type: none"> ▪ Not appropriate for those who are not motivated to change.
	<ul style="list-style-type: none"> ▪ May not be useful with significant psychopathology (Seligman, 2006).
	<ul style="list-style-type: none"> ▪ Fails to prepare clients for the real world due to the unconditional positive regard of the therapist (Seligman, 2006).
	<ul style="list-style-type: none"> ▪ Lacks techniques to help clients solve problems (Seligman, 2006).

CONCLUSION

The person-centred approach has been developed by Carl Rogers who took a humanistic approach to therapy. Humanistic psychology “views people as capable and autonomous, with the ability to resolve their difficulties, realize their potential, and change their lives in positive ways” (Seligman, 2006). Overall, person-centred therapy is a non-directive, optimistic therapy that focuses on the client’s ability to make changes in his or her life and that clients strive for self-actualisation.

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