

# Does person-centred therapy differ from other helping relationships?

[Life](#), [Relationships](#)



“ How do person-centred counsellors use the therapeutic relationship to facilitate change- and in what way (s) does person-centred therapy differ from other helping relationships? ” word count: 2, 495 Person centred counselling originated and was evolved on the ideas of American psychologist Carl Rogers. The influences on Carl Rogers and he's conceptualisation of Person centred counselling are numerous, from his earlyfamilylife living on a farm, his interest and involvement in theology and his formative professionalcareer.

One incident which appears to have had a particular impact on Carl Rogers was when working in his first job as a psychologist, at Rochester New York, for an organisation for the prevention of cruelty to children, whilst working with a parent (Kirshenbaum H, et al. 1989). At this stage in his career Carl Rogers, being trained in or influenced by the tradition of psychoanalysis, was essentially working in adiagnosticand interpretative way, helping a child or parent gain insight or an intellectual understanding of their own behaviour and what was unconsciously driving or motivating it (Thorne B 2002) .

He formalised that the problem with the child stemmed from the Mother's rejection of the child in his early years. But despite a number of sessions was unable to help the Mother gain this insight. He concluded that it wasn't working and finally gave up. The Mother was leaving when she asked Carl Rogers if he takes adults for counselling. He began working with the mother, where she subsequently expressed her despair of unhappiness and feelings offailure, which was more emotive and authentic in expression, than the

previously intellectual and matter of fact account given previously of her history and current life.

Carl Rogers said that 'real therapy' began at this moment and concluded in a successful outcome (Kirshenbaum H, et al. 1990). This is Carl Roger's view and what he learned from this experience: "This incident was one of a number which helped me to experience the fact- only fully realized later- that is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process". Kirshenbaum H, et al. 1990 p13). This statement is arguably the beginnings of what, in many ways would later define and becomes a way of working within person centred therapy - that is a therapy that allows the client to be whom the client is, without any active direction from the therapist. Carl Rogers through clinical experience, research and development later defined his model of therapy. He based it upon the principles of a person as having at it's a core an instinctive tendency towards growth, to fulfilling their potential as a person in what he termed 'self actualisation' (Mearns D, et al. 988). Carl Rogers believed that every living organism has a desire to increase, widen and broaden. Essentially, a fundamental urge to improve upon itself and that although, in the case of human beings, this urge may be buried or hidden by multiple psychological structures and conflicts, he strongly believed in the existence of this

actualisation tendency in all of us and that given the correct conditions, it could be freed and realised in all of us (Rogers C 1961- becoming a person).

Personally, I have recognised a need to develop and grow within myself for sometime and this has again been highlighted to me during this term. The more I become aware of my insecurities and pre judgements, the greater the desire to become bigger than them only becomes more apparent to me.

Through my clinical experience working with adults with mentalhealthproblems, I have certainly recognised a desire in many, to become bigger or more than their issues, although, I am not certain if that was a desire to escape from their often intolerable suffering, or a fundamental need to self actualise... at the very least, I would suggest self actualisation is an entirely relative supposition and will differ from person to person, dependent upon their own experiences, circumstances and perhaps even expectations.

These correct conditions which are required within person centred therapy in order that the client can achieve self actualisation andpersonalitychange were outlined by Carl Rogers and he believed that if this 6 conditions were met, it would facilitate change within the client: Two persons are in psychological contact- both client and counsellor are present physically and psychologically.

The client is in a state of incongruence, (which will be discussed in more detail) thecommunicationof the counsellor's empathetic understanding and unconditional positive regard is met at a minimal level. The last condition

mentioned involves 3 other conditions, which are essential attitudes and qualities necessary for the counsellor to possess for successful therapy; empathic understanding, unconditional positive regard and congruence. (Rogers C, 1957).

Before looking at the latter 3 in more detail, it is important to understand Carl Rogers's view of the person and perhaps what is ultimately bringing the client to therapy. Carl Rogers believed that there is incongruence between the self that is the actualisation part, that has a desire to grow, is open to experiencing in the moment and ultimately psychological well being and the actual experience of the self. He believed this effect was caused by 'conditions of worth', by external expectations, such as by parents and teachers, i. e. if you behave in a certain way that pleases me, that perhaps doesn't evoke anxieties in me, you are a good boy- there are certain 'conditions' attached to being in this relationship- the child tries to internalise these conditions in order to maintain the relationship (Mearns D 1994- developing PC). Consequently, people deny or distort the experiences to their selves, which differ to how we are supposed or are conditioned to be. Therefore, Carl Rogers believed that we begin to believe in what we are not and refute who we really are (Mearns D 1994). The person has a fixed and inflexible view, or self concept (Rogers C 1980).

It's almost as if the person is driven in implementing or adopting certain behaviours in order to be accepted or loved and denying, or at the cost of their true self and feelings. This is the state of incongruence Rogers was referring to as apart of the necessary conditions. Carl Rogers recognised,

through his development of this approach, that distinctive and essential qualities are necessary within the therapist, for successful therapy and to facilitate character change. The emphasis being on the therapist's attitude towards the client, as opposed to any technical skills or interventions, in comparison to many other modalities.

As already mentioned, the key attitudes or qualities being empathy, congruence and unconditional positive regard (Rogers C 1980). Empathy can be considered as having an ability to perceive and understand in the other person their feelings, experiences and their meaning to that person. To understand the internal world of that person, to be fully aware of the feelings they are experiencing, their anger or sadness for example, as if they are your own, but being aware that they are the clients, in order that your own feelings do not become the focus or blur the clients own experiencing (Rogers C, 1957).

To absolutely see from the clients view, the feelings they may have from their position or personal experiencing, but recognising them as separate from your own. I recall a moment during this term, when in skills practise, being in the ' client role', when I received empathy. I was speaking about a personal situation, which I was aware on some level had meaning to me, but wasn't fully aware of, or experiencing the feelings relating to this meaning.

My perception later was that the person listened so intently, was so with me in trying to make sense of my situation, that they really did know and fully understand how it must feel for me. It was almost if I had no choice in

allowing my feelings to be present, to come to my awareness and I was left with a sense of loss, feelings of loss, that I wasn't aware of and made tremendous sense to my circumstances and why I had some anxiety and confusion in relation to this particular issue.

This highlights for me how powerful empathy can be, as well as actively listening to and showing an interest sufficient in trying to understand the client, but also how it has the potential to provoke in the client in becoming aware of hidden feelings or realisations. Unconditional positive regard (UPR) is another important aspect and described as having total acceptance of the client, without conditions, whoever and whatever the client is, or how they may behave. An acceptance of not what they may or could be, but as they are now, regardless of what desired qualities the counsellor may wish for.

It means total respect and valuing the person, without judgement. It also involves a sense of genuine care and wanting the best for them, including warmth for the person (Rogers C 1961). David Mearns talks about the often confusion in trainees, when understanding UPR, with a statement such as, 'how is it possible to like all my clients'? He makes a distinction that liking is generally selective, as we perceive a similarity in values and complementary needs and UPR and liking are two very different concepts (Mearns D 1994).

Unconditional positive regard is completely about valuing the person, without conditions, with all the facets of the person, their struggles, protective layers, confusion and perhaps inconsistencies. This unconditional stance is a contradiction to the conditions of worth spoken of earlier and is a

vital component of person centred counselling (Kulewicz S, 1989). If a client is holding a believe that they will only be accepted, depending on the condition of others, essentially they do not see themselves as being wholly acceptable.

The stance and communication of UPR can break this believe and the client is able to be in a relationship, with the counsellor accepting them without conditions (Rogers C 1961). If the counsellor is consistently valuing the client, the client perhaps has no reason for the protective layers and can be more open to their own inner experiences. Also, I wonder if the counsellor is almost giving permission and communicating a message to the client that it is ok to accept who they truly are.

Another essential attitude for the counsellor, recognised by Rogers is congruence. This is the counsellor being who they are, no facade or 'professional' barrier. The counsellor is open and genuine in the relationship, allowing all feelings and thoughts to be in his awareness and available to him (Rogers C 1961). It's being present with yourself and owning your feelings, not necessarily expressing what you are experiencing at the time to the client, but also not denying it.

How congruence is conveyed is ultimately depended upon the counsellor themselves and when appropriate. It is about allowing a trust to be formed with the client, without pretences, where the counsellor is being human and willing to be seen (Thorne B 2002). If the counsellor is willing to acknowledge his feelings, strengths, perhaps their mistakes or weakness, it can not only



allow for a more open and flowing relationship, but again I see this as perhaps giving permission to the client to embrace themselves, their strengths and weaknesses.

How this differs from a helping relationship, are mainly the quality of contact and the nature of the differences in relationship. What if our client seeks help from a non person centred counsellor, perhaps a professionally respected person, a Doctor, teacher, perhaps even a work place manager, or colleague. They will listen, perhaps are sympathetic, are likely to offer advice and some direction the person may take in order to resolve their problem. But there is no ongoing process, no consistency of a relationship, with all the qualities discussed, empathy, UPR and congruence.

The person centred therapist offers a safe and non judgemental relationship, with the client being valued for who they are, where they can grow in understanding of themselves, gain insight and become psychological stronger and independent. A helping relationship, although perhaps useful and supportive, will not facilitate change and allow a person to grow. In conclusion, person centred therapy is about an effective relationship, or aspires to be one, in which a person through experiencing a positive connection with another person, namely the therapist, receives deep empathy, understanding and genuine care.

This enables a person to question or challenge their self concepts, to begin to experience buried or hidden feelings and gain a deeper understanding of themselves, with more acceptances and the autonomy to live without fear of

their own feelings and perhaps their truer selves. It is without any difficulty from me to admire the sheer humanity of what Carl Rogers achieved with person centred therapy, the whole ethos of accepting and allowing the person to grow through such a positive and caring relationship. It appears to me that this is an incredibly challenging model of therapy, for both client and therapist.

For the client the person centred therapist may appear safe and accepting, even inoffensive or unchallenging to his protective mechanisms or fixed self concepts, but that is perhaps the greatest challenge to the client, who may want answers or ways of dealing with their issues, perhaps unbearable anxiety and will perhaps look to the therapist for solutions and will find the person centred therapist completely and deeply sharing their distress, but essentially leaving it with client to be able to tolerate and accept for themselves, with of course as discussed, with the intention for the client to grow, understand the meaning behind their distress and ultimately in becoming psychologically independent.

I would imagine, at least initially or in the short term, it must be difficult for the client, who is still searching and looking outside of himself, for the apparent safety and false 'conditions' that will make it all well again. For the therapist, the challenge is potentially numerous, but what I recognise is the trust he must have in the process of person centred therapy, in maintaining all the attitudes as discussed and consistently so. I can see that taking great strength and discipline, when he could perhaps temptingly turn to direction

and advice giving. I am also left wondering if the strengths within PC therapy are also its weaknesses.

The quality of therapy can only be as effective as the quality of therapist, or the limitations of the therapist. This could be said of other therapies, but for example, the CBT therapist has a direction and structure to fall back on. The challenge to the PC therapist is to be constantly growing and developing, as there is such a dependence upon who they are in the relationship.

References: Kirshenbaum, H. and Henderson, V. L. (1989) *The Carl Rogers reader* Bury St. Edmunds: St Edmundsbury Press Limited. Kulewicz, S. F. (1989) *The twelve core functions of a Counselor* (5th Edn). Marlborough, CT: Counselor Publications. Mearns, D. and Thorne, B. (1988) *Person-centred counselling in Action* (3rd Edn). London: Sage Publications Ltd. Mearns, D. (1994) *Developing Person Centred counselling* (2nd Edn). London: Sage Publications Ltd. Rogers, C. R. (1957) *The Necessary and Sufficient Conditions of Therapeutic Personality Change* *Journal of Consulting and Clinical Psychology* Vol. 60, No. 6, 827-832. Rogers, C. R. (1961) *On Becoming a Person* London: Constable & Robinson Ltd. Rogers, C. R. (1980) *A way of Being* Boston: Houghton and Mifflin Company. Rogers, C. R. (1980) *Client Centred psychotherapy* In: Kaplan, H. I. et al, eds, *Comprehensive text book of Psychiatry* (3rd Edn). Baltimore: Williams & Wilkins Co. Thorne, B. Dryden, W. (2002) *Person Centred Counselling* in W. Dryden *Handbook of Individual Therapy* (4th Edn). London: Sage. pp. 131-157.