

The rogerian
approach to therapy
has severe limitations



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Carl Rogers (1902-1987) was a major force for psychology in the twentieth century. His theory on 'client centred' therapy is still used today in mainstream counselling though now it is more widely known as 'person centred'.

To whether 'client centred' therapy is supportive rather than reconstructive, Rogers' work focused on phenomenology and his three core conditions to a working relationship; Unconditional Positive Regard, Empathy and Congruence. I will explore which aspects are supportive and which are reconstructive and whether there are any limitations to this approach.

Rogers believed that everyone has the ability to change for the better and they hold all the answers within them even if they do not know it yet. His theory was based around three core conditions that the therapist should abide by in order to help the client feel at ease, feel confident in themselves and develop their own answers. These core conditions are Empathy, Congruence and Unconditional Positive Regard (UPR). This essay will look at Rogers' theory on client-centred therapy; Phenomenology and the three core conditions. The essay will also evaluate whether there are any limitations to Rogerian theory due to it being supportive rather than reconstructive.

In 1928, Carl Rogers went off to Rochester, NY where he took his first job at the Rochester Society for the Prevention of Cruelty to Children where he worked essentially as a child clinical psychologist until 1938.

In 1936 Rogers became interested in the 'Rankian approach' to therapy after attending a series of Otto Rank's lectures. Rogers always stated that Rankian influenced the shape that person centered counseling took,
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especially its emphasis on the positive characteristics of the individual, the quality of the therapeutic relationship, and a focus on responding to feelings.

“ I became infected with Rankian ideas.” (Kramer cited in www.ottorank.com)

When Rogers was at Rochester he worked with a mother whose son was displaying behavioural problems. Dryden (2007) wrote that Rogers saw the root of the problem as the mother’s rejection of her son as a baby. Rogers could not get the mother to see this and was about to give up when she asked for adult counselling for herself. This shift in focus served as a catalyst for her to speak about all her problems she was experiencing. Rogers found this case a turning point in what therapy should be about; the client (Rogers 1939).

“ It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would be better to rely upon the client for the direction of movement in the process.” (Dryden 2007: 145)

Around the time of Rogers, theorists such as Strange (1950) saw counselling as a relationship, which encourages growth in both and therapist and the client. Smith (1955) defined counselling as therapist led in that they would assist the client in interpreting their problems and thoughts (cited in Chadra & Gupta 1989: 187)

In 1951 Rogers published “ Client-Centred Therapy” which established him highly in the psychotherapeutic community. Rogers claimed that behavioural

therapists were preventing their clients from ' self-actualizing' and discovering their own solutions.

“ Carl Rogers (1951) developed his client-orientated approach to meet the demand of personal freedom” (Chadra & Gupta 1989: 187) in that it seats the client at the centre of the process with the therapist just ' walking' alongside. Rogers' work was based on the belief that the client know what is best for themselves rather than followers of psychoanalysis and behavioural theories which sees the therapist interpreting the problem and what is solution is. Rogers try to make clients feel unique, he wanted to understand how the client felt and reflected their statements back to them. Rogers (1951) saw the purpose of counselling being “ a more broadly based structure of self, an inclusion of a greater projection of experience as a part of self and a more comfortable and realistic adjustment to life.” (Chadra & Gupta 1989: 11)

Rogers tended to distance himself from already established theories as he felt that it attempted to fit the client into a mould rather than seeing the client as they are. He found then that he could “ devote his energy instead to relating deeply to his clients and discovering with them what worked”. (Thorne 2003: 24)

Rogers had an understanding that a person was not just made up of ID and Ego (Freudian theory) but was also a product of his or her environment, family and values. He saw a person's behaviour as subjective to himself or herself.

To Rogers, the equality between the client and therapist was integral to a healthy and positive therapeutic relationship. Rogers felt that if the therapist were to be seen as 'the expert' it would throw the relationship off balance, as it is the client who is the one with all the answers, not the therapist.

"The issue of power is central to his understanding of the therapeutic relationship." (Thorne 2003: 25)

The subjective experience of the client is key to Rogers' 'client centred' approach and if the therapist is the one with the power then the client may feel no validity in their own thoughts and self understanding. Hence, the therapeutic relationship breaks down and the client will never achieve success in finding his or her own answers (i. e. Conditional Regard of what the therapist wants).

Rogers' therapy is supportive in that the therapist 'accompanies' the client on their journey whilst displaying UPR, congruence and empathy but it is also reconstructive as it enables the client to make the right changes for themselves without any judgement of the therapist. The therapist should be a facilitator not an authoritative expert. In my opinion, Rogers seeing the clients as client and not patients is what sets aside this form of working from the doctor-patient medical model. Rogers' way of working encouraged therapy to be a process about the individual and their needs, not a diagnostic tool which is generic to every patient's symptoms.

"The process is the key factor." (Dryden 2007: 186)

Phenomenology holds the belief that all humans behave in response and accordance of their own subjective understanding and awareness of where we are in the world.

“ The therapist’s function is to aid the client in the exploration and discovery of his or her own inner resources”. (Thorne 2003: 25)

Central to Rogers’ phenomenological theory is optimism and that a human has a basic optimistic view and if supported in finding an understanding in their subjective world, then the client would start to engage in behaviours and thoughts that were positive.

This concept became known as ‘ The Actualising Tendency’.

“ Carl Rogers believed that there was one motivational force that determined the development of the human being. He called this the ‘ Actualising Tendency’.” (Mearns & Thorne 2008: 12)

In Rogers’ understanding and anthropological research he found that humans, in nature, have an innate desire to move towards progress, positiveness and their potential. Like a flower sown in rough soil surrounded by darkness and poisons, it will strive towards even a glimmer of light in order to survive and grow. Rogers’ saw people’s behaviour as no different. Rogers’ continued this analogy by explaining that the rougher and poorer soil (i. e. the environment someone is in), the more water and nourishment they’ll need. The harder a persons situation and circumstances, the more support they will need to find and grow towards their Actualising Tendency. Depending on the person, this process can be slow and sometimes even stop

depending on their self-perception or other parts of them, which can be, more resistant to change or self-realisation. The Human Organism itself manifests this tendency and has infinite inner resources.

“ For Rogers the tendency to actualise the self is essentially a ‘ subsystem’ of the Actualising tendency.” (Thorne 2003: 27)

This supportive element of Rogers’ worth explored questions such as ‘ How does it feel’ and ‘ What it be like to...’known as ‘ Spotlighting’.

Although Rogers is directing the conversion, the client is still recognising their own behaviours and coming to their own conclusions about any changes that need to be implemented; self-actualizing. This is reconstructive an example of this would be weight loss:

Within the framework of the Self Actualizing Tendency Rogers believed that humans have enormous resources for successful living and to achieve a happy and fulfilled life. Rogers believed that your body knows what it wants and needs and when it is full; you just need to listen to it. The body and mind are connected together with Phenomenology. To the client food may represent more than food, it may represent comfort, acceptance and stress relief and the natural relationship is changed. This can also happen when people starve themselves or diet unhealthily to be ‘ an acceptable size’ by size 0 society norms. When people are pregnant they tend to listen less to society and more to their body and less to society and previous conditioned values i. e. I might be getting bigger but my baby needs me to eat more.

Rogers supported in clients in feeling open enough to talk about their

relationship with food and would help them peel back the onion layers i. e. ‘ <https://assignbuster.com/the-rogerian-approach-to-therapy-has-severe-limitations/>

you overeat due to stress, let's address the feelings of stress first'. The client then can rebalance their emotional need without eating to feel normal.

Through Empathy, UPR and Congruence, the client begins the process of self-actualizing without any limitations imposed from the therapist.

This is when the therapist reflects what they key issues that need to be addressed. Although this seems to conflict with Rogers' belief that the client finds their own answers, once the key issues are spotlighted, the client then decides what they want to focus on, even if the therapist sees the answers lying elsewhere.

' Fully Functioning' (Rogers 1963) people are as Rogers described are " psychologically healthy persons who have been fortunate enough to be surrounded by others whose acceptance and approval have enabled them for at least some of the time to be in touch with their deepest feelings and experiences." (Mearns & Thorne 2008: 15)

' Fully Functioning' clients have trust in the organismic valuing process and feel confident. Others who are not ' fully functioning' are those who have faced or continue to face negativity, conditional positive regard and judgement.

The key to Rogers' client centred approach was the concept of self worth. Rogers' identified that when we are born we have a tendency towards actualisation. This gets cloudy the older we get, once we inherit parental values, different environments and conditions of worth, reward and our need for positive regard increases.

“ We require at some level and in some way, however minimal, to feel good about ourselves and if this need is not met it is difficult to function in the world.” (Thorne 2003:

Rogers’ theory of self was based on the principle that if we are raised in a supportive and positive environment where we receive positive reinforcement for who are and want to do, then we trust in own abilities and our thoughts and feelings in order to make the correct decisions in line with our perception of the world. If however, we are raised in an environment filled with conditions of worth such as ‘ If you do x then you will be good” or “ Mummy will love you if”, then our need for positive regard is dependant on other people. We will grow up only recognising achievements depending on values and responses of others rather than feeling fulfilled in whom we are and the life we lead; we are only dependent on ourselves.

“ Psychological disturbances will be perpetuated if an individual continues to be dependent to a high degree on the judgement of others for a sense of self worth.” (Mearns & Thorne 2008: 153)

Rogers believed that this dissonance between our innate need for approval and our inner self-wisdom is the root cause of much inner disturbance and lack of self-confidence to make positive decisions on our own, for ourselves. Rogers saw this as a lack of self-trust in the organismic valuing process. If people are not raised in a supportive environment where they are listened to and valued then the supportive environment of Rogerian therapy might be their first experience of feeling valued. Rogers believed in a mixture of his

therapy being supportive as well as reconstructive and the process should emphasise the thinking with the individual, not for the individual.

People cannot only be affected by their inter-personal relationships but also by their social and cultural norms. An example of this affecting a person's Actualizing Tendency is when the media and society portrays a 'size 0' image as what is the new definition of 'beautiful'. For those that aren't that particular size it could make them feel devalued by society and could impact on their esteem and confidence levels. This in turn could affect and superseded their 'Unconditional Positive Regard' (UPR) they received from their parents saying 'they are ok the way they are' and leave the person feeling lost and insecure. Rogers highlighted the importance of giving UPR in sessions, empathising with clients and building a good rapport and level of trust. Through this client-focused medium, the client can start working on the issues they feel are negative to them; comparing themselves and valuing themselves against the 'size 0' images in magazines.

The therapist aims to create an environment in which the client can be supported to achieve personal growth by reconnecting with their Organismic Valuing Process (how I feel), Self-Actualizing Tendency (what do I need) and their Internal Locus of Control (I am worthy).

These supportive key elements to Rogers' theory highlight the person's need for unconditional positive regard, empathy and congruence.

"The therapist provides a relationship of trust, warmth and UPR that encourages clients to talk about themselves and their feeling." (Heap &

Aravind 2002: 186)

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Empathy by Collin's dictionary definition is " the power of understanding and imaginatively entering into another person's feelings". (www. freedictionary.com)

Empathy is the therapist's ability to understand the client's subjective perceptual world and how they see themselves and the world around them. It is a process. In person centred therapy the counsellor tries to " enter the client's frame of reference and walk alongside him in his world." (Mearns & Thorne 2008: 69)

It is important that the therapist remains reliable and strong and not get ' sucked down' into the client's world so much that they lose sight of their role in this process. A good analogy of where that boundary is and why is ' The Well'. If a client is stuck at the bottom of a well there is little point the therapist getting down into the well with them to find out how they are as then they would both be stuck. Instead, the therapist could sit on the edge of the well, talking to the client and empathising that this situation must be hard, lonely etc without being down there and equally stuck. Rogers believed that an empathetic approach required the therapist to be secure within themselves before entering into a client's ' world': the ' As If' factor. This is to state that the therapist should enter to clients ' world' ' as if' they were there, not get lost in it. When this is achieved, there can be movement in the client's self-concept and worth, as the therapist is able to express empathetic responses, which show the client they are being understood.

Although each person experiences the world differently, a therapist's understanding and appreciation of a person's problems and hardship can be

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supportive to the client. Rogers believed that empathy could be shown in therapy through good body language, summarising and reflection.

“ Empathy is a continuing process whereby the counsellor lays aside her own way of experiencing and perceiving reality, preferring to sense and respond to the experiencing and perceptions of her client.” (Mearns & Thorne 2008: 67)

Communication is key to this core condition. When a client feels accepted, valued and understood it aids feelings of alienation, loneliness and desperation. Rogers referred back to these core conditions as integral to person centred counselling therapy.

Unconditional Positive Regard (UPR) as non-judgemental acceptance of a client and is key to the client feeling safe enough to work through their negative feelings. Rogers believed in people's honesty when not faced with judgment and rejection; the client should be accepted as they are not as they want to be or how the therapist feels they should be. Rogers advocated that the client should be totally accepted with no exceptions. If the therapist accepts you, that is one step closer to self-acceptance. If the therapist can show UPR regardless of what the client says i. e. ' I hate my mother and want to kill her' and empathise with how they feel, they will be in a relaxed trustworthy environment to open up to what might be underlying these feelings. Rogers believed these core conditions can help the client come to terms with their emotions and in turn, their self-regard will improve.

Although this could be seen as facilitating a change I see it as more reconstructive as it can go far deeper than the presenting need and the

therapist might never be aware of where the change is actually happening i. e. being able to talk about hating their mother might spark revelations that can now be accepted i. e. ' It's not my fault'.

In practical terms it can be hard for some therapists to let go of the power or lead the client to elicit change.

This will lead the client down their own path of self-change and correction of negative behaviours and false statements which is far more powerful. Rogers saw that most people accessing therapy had little UPR in their life and saw this is a root of their problems.

“ Unconditional positive regard is the label given to the fundamental attitude of the person centred counsellor towards her client...and is not deflected in that valuing by any particular client behaviours.” (Mearns & Thorne 2008: 95)

Rogers believed that this consistent unconditional regard aids the clients process of feeling valued and break down barriers the client might be putting up in order to feel accepted.

Unconditional Positive Regard is important as it directly conflicts with the self-defeating cycle. This cycle (Mearns & Thorne 2008: 99) promotes a client's condition of worth, which they might have carried around all their life. With the therapist counteracting this, it can aid the client in finding a break through in their negative patterns. These core conditions to Rogerian client-centred therapy are both supportive; the UPR, but also reconstructive as the client is the one finding their own answers, without condition or

judgment from the therapist. Yet this can only be achieved with empathy and congruence otherwise it may seem false.

Congruence is characterised by the therapist being transparent to the client, not superior to them. It is genuine, authentic and real. The therapist conveys this genuine realness and allows the client to see them as a human being not a 'doctor' hiding behind certificates and metaphorical white coats.

Congruence can be displayed verbally; 'that's terrible', 'I don't understand, please say that again', and non-verbal communication such as facial expressions and body language which reflects, not mimics, the clients.

This process of the three core conditions supports the client in feeling relaxed and confident to look at their problems honestly and without judgement though it is reconstructive as the client is the one in the drivers seat; making the changes for themselves.

From the reading I have done for this essay I feel that the one main limitation to Rogerian theory regarding its supportive nature would be that Rogers' non-directive approach to therapy is not consistent as reconstructive as with techniques such as summarising and selective reinforcement, answers and reactions can be shaped. I have found another limitation is Rogers' belief in the potential of the 'fully functioning' person, which is not achievable in reality. Although the idea is something to aim for!

Does supportive mean it can't be reconstructive? Only the client knows what they need and once they connect with that, only they will know how they feel. The therapist can support them in their journey but it is actually made

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by the client. Rogation therapy is based on both a supportive and reconstructive stance as the client benefits from the empathy, Unconditional Positive Regard and congruence the therapist gives them but ultimately it is the client who recognises where changes could be beneficial and implicates them.

“ One of the most rewarding moments in a counselling process comes when a client discovers or re-discovers the dependability of his organismic valuing process however temporary or partial this may be.” (Mearns & Thorne 2008: 14)

I feel in conclusion that Rogerian therapy can be both supportive and reconstructive and that is the mix of the two, which takes away any major limitations.

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