

# Study of person centered therapy



**ASSIGN  
BUSTER**

There are four core concepts for the Person-Centered Approach. The first concept is self-actualization. Self-Actualization is the tendency for a person to reach their fullest potential through self-discovery and personal growth. The second concept of the Person Centered Approach is the need for positive regard. This is a person's need for appreciation, love, respect, etc. from another person. There are two types of positive regard: unconditional and conditional. Unconditional positive regard is receiving positive responses from people no matter the action, behavior, etc. Conditional positive regard is the reinforcement of certain actions, behaviors, etc. over others. A result of conditional positive regarded is condition of worth. This is when a person feels worthy only if they meet certain conditions.

The third concept is congruence. Congruence is the agreement between a person's self-concept (the way they see themselves), their real self (who they really are), and their ideal self (the way they would like to be). The more those three views agree, the more congruence a person has. The fourth concept is empathetic understanding. This is the therapist's ability to see the client's world as his or her own. Empathetic understanding can be achieved through clarification and reflection. Clarification is when the therapist outlines the central meaning of the client's statements.

Reflection is when the therapist repeats portions of the client's previous statement. This signifies the therapists understanding of the client (Person Centered Psychotherapy - Psychotherapy Treatment And Psychotherapist Information, 2005).

This approach is based on Rogers' belief that good mental health is having balance between one's real self and one's ideal self. This is what leads

to inadequate behavior (Person Centered Therapy, Carl Rogers person centered therapy). Rogers also believed that mental disorders developed from barriers set by put in place by the client that blocks self-actualization from occurring.

The approach Person-centered approach was founded on the belief that the environment in which therapy is taking place should be a supportive, nurturing environment that allows the client to experience personal growth and solve their own problems. This environment is created by the therapist forming a close, more personal relationship with the client. Rogers was one of the first therapists to use the term *client* in place of *patient*. This change rids the therapy of a certain traditional formality (Person-centered therapy - children, people, used, personality, theory, Definition, Purpose, Description, Normal results, Abnormal results”).

In this approach, the client is the considered the expert. He or she is given the responsibility of guiding and choosing the direction of the therapy. The therapist will follow the patient's speed and will not give direct answers or solutions to your problems. Because of this, a patient expecting to be told exactly what to do by their therapist will have a difficult time with this approach.

There are six conditions that must be met in order for change to occur. The first condition is that two people must be in psychological contact. The second condition is that the client must be experiencing incongruence, as this is the basis for them attending therapy. The most successful factor of therapy is the therapist's attitude, as opposed to his or her skills and

training. The third condition is that the therapist must be congruent. They must seem open and relatable to the client. If a therapist does this, there is a chance that they could become emotionally involved and share emotional reactions with the client. However, therapists should not reveal his or her personal problems to the client; the therapy should remain all about the client.

The fourth condition is the ability to show empathy and understanding and provide the client with unconditional positive regard. It is important for the therapist to see the situations from the client's point of view. Active listening is crucial; this is where the process of reflection (summarizing) comes into play. This shows that the therapist is actually listening, interpreting, and understanding what the client has disclosed. It also helps the client get a better understanding of what they've expressed and gives them the opportunity to expand on those thoughts and feelings. The fifth condition is that the therapist should have unconditional positive regard for the client. The sixth condition is that the therapist and the client have a good communicative relationship. The therapist should be able to listen without judgment of the person's feelings, statements, actions, or the person themselves. The therapist is instrumental to the changes of the client, but is not directly responsible for any change. When the therapist possesses congruence, empathy, and unconditional positive regard, it helps the client feel like they can express themselves freely ("Person-centered therapy - children, people, used, personality, theory, Definition, Purpose, Description, Normal results, Abnormal results").

Rogers's approach puts the client in the forefront instead of the client's problems. This leads not only to client solving their current problems, but

also helps them experience personal and emotional growth. This approach provides solutions to current problems, as well as providing the client with the tools to solve future problems.

The main technique that person-centered therapists are known for is reflection. This is responding to a client's statement by summarizing it back to them. It shows that the therapist is listening to and understanding the client as opposed to just going through the motions. However, reflection must be used genuinely. Some therapists may use it without thinking and it turns into parroting without the emotion and understanding behind it.

There is no set length for how long person-centered therapy should be employed or frequency for how many visits should be made. Most frequently, sessions last for one hour, one day a week. The length and frequency of the therapy is adapted to fit the needs of the client. The end of therapy will occur when the client gains the coping skills needed to deal with life and its future obstacles.

In the beginning of therapy, most clients are only able to talk about external factors in their life as opposed to speaking about themselves. The client is able to describe and talk about their feelings, but they don't take any personal responsibility for them. The client describes themselves relative to his or her past experiences and isn't able to trust and experiences fear of their current feelings. By the end of therapy, the client is able to freely express his or feelings and takes ownership of them. The client will no longer rely on past experiences and will be willing to open themselves up to new experiences.

As a result of this approach, the client would be expected to show increased self-esteem, less guilt over past mistakes, and decreased stress, anxiety and panic. The client would also show depression recovery (if applicable), healthier relationships, greater trust in his or her self, and the willingness to experience new things. The client will be able to learn from their mistakes without having to repeat them and gain an entirely new, and more positive, outlook on life.

There are many strengths to person-centered therapy. One strength is that this therapy uses the phenomenological approach (being able to see and understand the client based on his or her perception). The therapist must use the reflection technique to build trust with the client and to help them realize their perception of themselves and other things. Another strength is that the therapist must employ genuineness, empathy, and unconditional positive regard towards the client. This form of therapy increases the client's self-understanding. This therapy can also be done in a group setting. It could be very helpful for the client to interact with people in similar situations as themselves. It provides the client with an even more understanding environment.

However, there are some weaknesses to person-centered therapy. The approach does very little to challenge the client beyond changing their outlook on life and new experiences. Unlike the other forms of psychotherapy, the person-centered approach doesn't have a variety of techniques or types of intervention to employ. If use of reflection were to fail with the client, there would not be a lot of options in regards to continuing therapy using this approach. Another weakness is the undirected nature of <https://assignbuster.com/study-of-person-centered-therapy/>

the therapy. Some clients may prefer being given advice and told what to do and some people may just have trouble finding the solutions to their own problems. The theory has gone through little evolution since it came into practice in the 1960s.

This approach's simplicity can be seen as a strength or weakness. It's easy to follow, understand and do. The little work done on the part of the therapist allows the client much greater freedom than other forms of therapy. On the negative side, it could be seen as something that could be easily done outside of therapy, lessening the need for the therapy.

Betty is a twenty-seven year-old single woman in California by way of New York. Betty works in public relations for a retail chain in New York. She's been living in California for three months while working on a franchise opening. Betty grew up poor on a small ranch in Texas and is an only child. Her father died fifteen years prior and she had been raised by her mother since. She did well in school and attended a state university. Afterwards, she began work for a department store in her home state and transferred to the central office in New York two years later.

Betty had always been overweight and became morbidly obese in late adolescence. At the time these demographics were collected, Betty was five feet two inches and weighed two hundred fifty pounds. She would occasionally go on crash diets and lose anywhere from 40-50 pounds, but outside of those periods, Betty usually weighed between two hundred and two hundred fifty pounds since the age of twenty-one.

According to Betty, she didn't have a life. She worked sixty hours a week and had no friends or social life since moving to California three months prior. She desperately wanted to ask to be transferred back to New York but did not want to damage her career. Her company put her through a three-month training during which Betty did not perform or progress. She lived alone in a furnished apartment in the suburbs and spent her time working, eating, and counting down the days until she could return to New York.

Betty had previously seen a psychiatrist in New York for four months who treated her with antidepressant medication. It had not helped her, despite the fact that she continued to use it. She was depressed, cried daily, was plagued with interrupted sleep (waking up by four or five a. m.), and often wished she were dead. She always moped around the house on Sundays (her day off), never getting dressed, and spent the day eating sweets while watching television. Betty considers her eating to be out of control she gained twenty pounds in the three months since moving to California. She has frequent headaches and dangerously high blood pressure (about 220 over 110).

Betty's lack of seriousness in regards to therapy could be difficult. She has a tendency to make jokes about things and expects whoever else is in the conversation to do so also (i. e. the therapist). She also has trouble going beyond the surface of her issues. Any problem she discusses, story she tells, or emotion she expresses lacks the significant depth needed to make progress in therapy.



The first thing I would do with Betty would be to have her describe herself and her situation to me. In following with the guidelines of the approach, she would probably only make blanket statements about herself and her situation and she would be able to take responsibility for the factors that lead to her coming to therapy. I would use reflection to help her realize the trouble she has speaking about herself in depth and the trouble she had discovering the underlying problems she faces. Hopefully, this will lead to a better understanding of herself and her life. I would also use the free association technique from Psychoanalysis. By having Betty freely tell me everything that comes into her mind, I hope to find out the effect that her father's death had on her, where her trouble building relationships began, and exactly what cause her reliance on food.

Once I began to see progress in regards to Betty's outlook and attitude, I would try group therapy with her. Being in a group with people who are experiencing the same or similar things as Betty should further her understanding of not just her situation, but other's situation also.

At the end of therapy, I would bring it back to a one-on-one environment to further evaluate Betty's progress. By this point, Betty should be experienced increased self-esteem and awareness. She should also be able to take responsibility for her feelings, thoughts, and actions. She should also be willing to embrace new experiences. Betty should finally be able to form some relationships in the duration of her stay in California.

Word Count: 2, 823