

Cognitive behavioral therapy

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I will present a summary of both approaches followed by critical reflection upon their respective origins, similarities, differences and usage in practice. Carl Rogers, originator of the person-centered approach, conceived it in the late 1940s at a time when the therapeutic establishment was dominated by psychoanalysis, which holds that psychological problems result from childhood fixations and biological drives buried in the unconscious mind, and behaviorism, which focuses on the analitic mechanism of habits developing as a reaction to stimuli.

Rogers disagreed with these approaches' conception of the client as 'weak' or 'broken' and the therapist as the expert with the tools to 'fix' him (Cashmere, 2011). Conversely, the person-centered approach is thought to be rooted in three interrelated philosophies (Cashmere, 2011) humanism, existentialism and phenomenology. Humanism is fundamentally a belief in the dignity and worth of each individual, and that each person is engaged in a struggle towards 'self-actualization', i.e. fulfillment of potential in some way, which should be acknowledged and respected.

Existentialism holds that there is no objective truth or meaning and that humans are therefore 'condemned to be free', with total responsibility for creating meaning in our individual lives, and phenomenology is a related method of social/philosophical enquiry concerned with understanding the subjective reality experienced by each individual. Drawing on these influences, Rogers developed a number of key tenets of person-centered counseling, three of which he dubbed the 'core conditions of therapeutic change'.

These are that, firstly, the therapist experiences 'unconditional positive regard' for the client; the client is made to feel that everything he feels and expresses is equally acceptable, important and valued. Secondly, the therapist experiences an 'empathic understanding' of the client, which means that as the client is talking, the therapist accurately senses his feelings and personal values - including those he may not be directly aware of.

Thirdly, the therapist's unconditional positive regard and empathic understanding must be effectively conveyed to the client (Rogers, 1957, cited in Ballasting Dyke's, 2010). Page 1 of 6 These tenets serve to emphasize the role of the therapist in facilitating the client's achievement of 'self-actualization' - becoming a psychologically mature adult who is at ease with their experiences and trusts their own inner sources to help them cope with difficulties. As in phenomenology, the therapist is concerned with understanding the world as perceived by the client.

To work within the 'core conditions', a therapist must act as another human being rather than an 'expert' and must avoid projecting his own personal meanings onto the client's situation at all costs, although he should remain aware of them as part of his own humanity. Rogers' theory is that the therapeutic relationship, rather than any specific technique or treatment, will itself facilitate change. He believed that any diagnosis or goal-setting only objectifies clients, and that individual meanings should be treated as the "highest authority" (Ballasting Dyke's, 2010).

The person-centered approach also offers a theory explaining the origins of unbearable emotional distress. Where there is a conflict between how a

person feels, or is (the 'organism self') and how he thinks he should feel, or be (the 'self-concept'), the result is 'incongruence'. When a person is incongruent, he is experiencing thoughts and feelings that are unacceptable according to his self-concept. This results in the employment of defence mechanisms such as repression, distortion or denial of feelings, alongside escalating confusion and unhappiness.

In person- centered counseling, the therapist models congruence - he is being himself and his experiences match what he communicates to the client - and his 'unconditional positive regard' is intended to help the client begin to accept all aspects of himself and thus move towards congruence (Ballast Dyke's, 2010). Mindfulness, contrastingly, is not primarily a therapy in itself (although there are types of therapy based solely upon Buddhist teachings) but rather a method of dealing with suffering which has been integrated into several types of therapy, notably cognitive-behavioral therapy (CB).

An integral part of Buddhist philosophy, mindfulness is a translation of a Pali word meaning 'recollection'. To 'recollect' an awareness of the present moment means observing, without judgment, present thoughts, feelings, sensations and wider context. Crucially, this includes any kind of emotional discomfort or suffering. It is posited that many people strive to keep themselves feeling safe, protecting themselves from the things they fear and trying to attain the things they value and desire.

People crave what they don't have and grasp onto what they do -? forming emotional attachments to ideas, possessions or people in order to distract themselves from the reality of life, which is that it involves suffering and will

end in death (Barker, 2010). Hayes (2005, cited in Barker, 2010) uses the phrase 'psychological quicksand' to describe the way we can "sink deeper into our feelings" when we try to struggle against them. To struggle Page 2 of 6 against uncomfortable feelings, whether by distracting ourselves or by trying to force them to change, only deepens and exacerbates conflict and anguish.

Furthermore, when controlling or avoiding feelings does not work and we are forced to acknowledge them, we may over-identify with them, view them as permanent and feel trapped within them. Acceptance is the first essential element of mindfulness; instead of "feeling sad about feeling sad", the alternative is to accept difficult feelings, gently and curiously, as only part of the whole moment. 'Being present' is the second element; this involves striving, through practice, to focus our attention upon the present moment.

Ruminating over the past may result in our processing current thoughts and feelings as part of an overall narrative, which impedes our understanding of them purely for what they are, and focusing on future goals prevents us from seeing that we will never be fully satisfied; happiness can only be in the endeavourer, in the present moment. The third element is awareness. Becoming deeply aware of thoughts and thought processes means that we avoid becoming 'carried away' by automatic processes at the expense of reason and control.

Mindfulness is often practiced using meditation but can be employed as part of therapy or in the context of day-to-day activities (Barker, 2010). The most striking similarity to note is the resonance between the mindfulness-related

expression 'psychological quicksand' and the person-centered concept of 'incongruence'. Essentially, both approaches locate the cause of suffering in the discrepancy between how people truly feel, or truly are, and how they believe they should feel or should be.

Accordingly, both approaches advocate acceptance and legitimating of all parts of the self, although the person-centered approach perceives this as being facilitated by the therapeutic relationship, whereas in mindfulness it occurs as a result of practicing 'acceptance', 'being present' and 'awareness' via techniques such as dedication. Shown (1996, cited in Barker, 2010) argues that it was the resonance between some humanistic and Buddhist ideas that led to Buddhism rising popularity in Western cultures since the 1950s; mindfulness theories applied in the West are thus at least somewhat related to the humanist approach.

Certainly the two approaches share a belief in phenomenological subjectivity and the harmfulness of hierarchical, inflexible doctrines. However, at first glance, mindfulness may appear more ideologically-based. Where the person-centered approach focuses on the individualized 'organism self' failing to reach the self concept', mindfulness takes a firmer stance in that it emphasizes the harmfulness of all 'craving or 'grasping, in all human beings, as a denial of the realities of suffering and death. Page 3 of 6 These aspects of the two approaches appear diametrically opposed.

Should suffering people focus on themselves, or should they move towards focusing on the whole context surrounding them in order to gain perspective? Mann Bazaar is a person-centered therapist who, more

recently, has incorporated mindfulness techniques as part of his practice (Bazaar, 2009). He emphasizes the "erosion" of self that a mindful examination of the self can bring about: 'What meditation eventually does to one person is to leave one's identity... That destroys the very foundation of our western society which is founded on ego, on self, on acquiring...

The more I'm aware, the more I look around, the more I see the full implication of suffering' (Open University, 201 AAA). Barker (2010) similarly argues that being in a state of mindful awareness is an appropriate foundation for action, and that letting go of 'craving' and 'grasping' lessens selfish behavior in relationships. The person-centered approach has attracted criticism for supposedly being "theory-thin" (Cashmere, 201 1). However, as has been shown, it is rooted in humanism, existentialism and phenomenology', and was developed as a challenge to the authoritarian, dogmatic approaches that were prominent at the time.

Carl Rogers is overwhelmingly regarded as the most influential figure in the therapy field, even among practitioners of cognitive-behavioral therapy (Barber, 2007, cited in Ballasting Dyke's, 201 0); regardless Of approach, most practitioners today recognize the importance of the relationship between therapist and client, as well as the need to create equilibrium within this relationship rather than allowing the therapist to Edgar him or herself as the 'expert' (Kowtow and Saffron, 2007).

Pinker (2011) argues that the evolution of value systems in the direction of humanism has been a momentous general historical trend. Person-centered counseling, which reveres the inherent worth and inalienable rights of the

individual and disdains arbitrary authority in favor of a more egalitarian outlook, rose to prominence as part of this trend. Pinker contends that, since the end of the Second World War, humanism has been the unquestioned foundation of most Western people's values; so much so that it is easy to forget it is a theory.

The historical significance of humanism in general, and Carl Rogers in particular, should not be discounted. However, since Rogers' theories were developed in the sass, it seems timely to examine them and question whether they might be refined. Wood (2008) highlights some criticisms that have been made in recent years: May (1982, cited in Wood, 2008) 'took Rogers to task for asserting the sovereign freedom of the individual and then blaming society for the individual's woes'.

The person- centered approach, which takes an extremely positive view of human nature (all humans are engaged in a struggle towards self-actualization, and only need Page 4 of 6 to be facilitated to achieve their potential), does not adequately address personal responsibility or the collective good. To value and revere an individual's needs above all else is to ignore, for example, ecological problems that result from people proportioning their own wants and needs.

In my view, Rogers' reverence of the therapeutic relationship is also problematic. To feel and communicate positive regard and empathic understanding to such an extent that the client feels transformed by it, may only be achieved in certain circumstances. Maureen Moore, a preconceived counselor, describes her allegations with a client who was feeling alienated

from others as a result of being mixed-race: " I've experienced some of this myself, so in a sense I was able to be more empathic" (Open University, Bibb).

The success of the therapeutic relationship may at least partly depend on the therapists experiences and personality compared to the client's, and while this criticism applies to all types of therapy, it is particularly pertinent in the case of an approach which venerates the relationship as the therapy, rather than any technique or process.

It may be that the person-centered approach works best in cases where a profound understanding does develop (perhaps as a result of shared experience between the therapist and the client) and/or where the client is new to the experience of being fully listened to and accepted. Overall, I feel more drawn to the mindfulness approach: the person-centered idea of accepting the whole self has been refined and conveyed more clearly, without the need for jargon such as 'incongruence', there is less weight placed upon the therapeutic relationship and it addresses the wider context rather than focusing on the self.

Additionally, mindfulness techniques have been shown to have wide-ranging applications; dialectical behavior therapy, for example, is a variant of CBT which focuses on patients' cognitive styles while simultaneously teaching mindfulness strategies for management of their mental states, and which evidence suggests is effective for patients with borderline personality disorder. Mindfulness as part of a structured approach may be of particular benefit to people with chaotic inner lives (Roth and F-Nagy, 2005).