

Client centered therapy



**ASSIGN
BUSTER**

Jessica Jeffers It is inevitable that in psychotherapy there are numerous theories. Theories arise out of scholarly investigations of ideas on human behavior. Human behavior is an extraordinarily interesting subject and therefore produces a plethora of ideas from a variety of theorists. These theorists are influenced by their education, culture, and time period. One of the most influential, empathetically understanding, theorists is Carl Rogers. His contributions to human behavior have changed many of the theories that preceded him, and contributed his theory to many theories that followed him.

I want to explore Client/Person Centered Therapy. This is a type of therapy that was pioneered by Carl Rogers. This therapy is different because as the name suggests it solely focuses on the client. 'In focusing on the client, the client's feelings are deeply explored. The assumption is however, that the client was never able to have their feelings heard by the people surrounding them. Person Centered Therapy would allow the client to then be able to express their feelings openly.

According to Strupp (1971), " psychotherapeutic relationship is in principle indistinguishable from any good human relationship in which a person feels fully accepted, respected, and prized" (p. 39). Thus, there must be a therapeutic alliance between therapist and client. This therapeutic alliance should create an environment for the client in which the client feels the therapist is judgment-free. I find that Roger's theory to be interesting and seemingly affective. It makes sense that a change in a clients negative relationship patterns would allow freedom for the client to express themselves emotionally.

According to Strupp (1971), "The client, therefore, is not a patient who is sick and who is in need of treatment, but he is a person whose earlier experiences in life have made him defensive, severed him from free and open communication with his peers, and prevented him from realizing his potential as a fully functioning person"(p. 39). Thus, the client would have to be categorized with the assumption that he has experienced in his past "severed free and open communication with his peers". This would mean that a client with clear and reciprocated communication with her loved ones would not find se in Client Centered Therapy. According to Truscott (2010), "our efforts to feel good about ourselves we tend to try to incorporate others' expectations? thereby denying our true selves and adopting instead a conditional self? resulting in feelings of disorganization and emotional pain. If, on the other hand, we experience genuineness, nonjudgmental caring, and empathy in our relationships with others, then we can achieve our potential as persons" (p. 70-71). Thus, a client with emotional support can manage his feelings easier then someone without any emotional support.

This still leaves the client with emotional support with the expectation that she should not have any difficulty with expressing her emotions. It is apparent that Rogers main goal was to create an environment for the client in which he will eventually be able to independently understand and express his feelings. Truscott (2010) reported according to the " person-centered, humanistic worldview" that, When we are fully functioning we are then able to make healthy decisions and set goals for ourselves that are congruent with our personal possibilities.

The therapist, therefore, does not set goals for the client of solving or managing problems. Rather, clients who are able to become more fully functioning will decide for themselves how best to cope with problems and participate in a satisfying life. (p. 71) This independence that Roger's wanted to invoke in his clients has functionality. A person who was not able to function independently will be able to do so, which in turn can have powerful effects. The question is however, without therapeutic goals the lines of recovery seem to be infinite.

Thus, if a client is not moving toward a tangible goal, then she is not moving forward. As an argument to that, I would contend that the client would move forward because they would progress in their ability to recognize their emotional turmoil's. Rogers may not have worked with his clients to produce and obtain goals, but he did have a ultimate goal in his therapeutic work. According to Rogers, " They [clients] are then able to accept themselves as they are and to commit themselves to becoming more like they can and want to be" (as cited in Truscott, 2010, p. 2). The client is in turn aided by the therapist in becoming as authentic as possible. Thus this authenticity would provide the client with the ability to be true to themselves and their feelings. I find this to be useful in allowing the client to process their internal feelings, externally. According to Truscott (2010), " Therapists must be willing and able to listen without prejudice, judgment, or agenda if the client is to have any chance of feeling truly understood and accepted.

Positive feelings, negative feelings, and silence must be acceptable to the therapist" (p. 73). This is interesting because it requires that the therapists become void of any judgments. To me this seems like a difficult task to

accomplish because of the nature of judgments. Understandably so, the therapist would automatically make judgments of the client, as a natural inclination even with the best intentions against judgments. So, what kind of a therapist must one be to establish a patient centered therapy?

According to Truscott (2010), " Because person-centered therapy is, at its heart, a highly collaborative approach, three qualities of the therapist must be evident in relationship with the client" (p. 73). Truscott (2005) reports that these qualities are: genuineness, unconditional positive regard and empathic understanding. Truscott (2005) explains, " Genuineness requires a significant depth of self- knowledge. It is only a fully functioning person who can be totally genuine" (p. 73). To add (1971) contends, "... he most basic ingredient of therapeutic success, is characterized by the therapist's openness to another person's experience and a keen awareness of himself and the client's experience" (p. 41). , the therapist must be very aware of himself in order to be present on behalf of the client. Truscott (2005) also explains unconditional positive regard " It means that the client feels understood in a nonjudgmental way" (p. 74). Thus, if the therapist is completely judgment free, the client is more likely to express themselves without a fear of being ridiculed for their thoughts.

Lastly Truscott (2010) explains empathetic understanding, This means that the therapist senses accurately the feelings and personal meanings that the client is experiencing and communicates this understanding to the client. The following two things are important about this: (a) that the empathy be accurate and (b) that the empathy be made known to the client. (p. 74) It is important to understand that empathy is important in all therapeutic

relationships. It is a core value a therapist must hold in order to create a proper alliance with the client.

It is especially important with the client centered therapy, because empathy is a core concept in the client centered therapy. Rogers's theoretical approach functioned well for the goals of the client finally being able to discover key themes about themselves. Accordingly Raskin, Rogers ; ump; Witty (2011) contend that " The common thread is the need to understand the client's relationship to the problem, illness, or self destructive behavior; to collaborate with the client in self-healing and growth... " (p. 172).

Thus, the therapist must combine with the client to put in a joint effort in the healing process. This collaboration seems most efficient because it does not allow for a false belief that the therapist will solve all of the client's problems. Instead, it should permit the client to feel that she has support to dive into emotions she might have been afraid to do so before entering client centered therapy. It is interesting to note according to Raskin et al. (2011), " Our basic practice [client centered therapy] remains true to the core conditions no matter who our client may be.

We also assert that our ability to form an initial therapeutic relationship depends on our own openness to and appreciation of respect for all kinds of difference" (p. 183). I believe that the cultural diversity that CCT maintains is important in a multiplicity open therapeutic environment. The implications for a non discriminatory form of therapy are that it can be used across populations. This allows for broader use of this theory and the chances for positive outcomes is increased because the availability.