

Critique of person centred approach and psychoanalytical theory



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This essay aims to outline, examine and critique two prominent theoretical approaches to counselling, namely the Person-Centred (or Client-Centred) approach inspired by the work of Karl Rogers, and Sigmund Freud's Psychoanalytical theory. The two theories contrast starkly in their approaches to both meeting the needs of the patient and inspiring positive change in their behaviour and outlooks, however, both possess their potential strengths and weaknesses when put into practice, as we shall discuss in the following piece of work.

The Person centred approach to counselling was developed by eminent psychologist Dr. Karl Rogers during the 1940's and 50's, following the end of the Second World War. His concentration of using humanistic approach marked a move away from the widespread use of Psychoanalytical techniques which had previously dominated the therapeutic landscape. Use of client centred therapy, as opposed to the continued use of its popular predecessor, became desirable not only due its effectiveness in helping to deal with the problems of patients, but also due to economic factors; in treating the psychologically scarred veterans of World War II it was recognised that Psychodynamic therapy was neither cost or time-effective given the lack of available fully-qualified professionals that were trained in the field, the length of time a course of treatment using this method took to successfully complete, and perhaps crucially the subsequent financial burden its use would create given the massive number of those who required treatment.

Rogers initially labelled his revolutionary approach as ' Non-Directive Counselling' during its relatively embryonic stage in development during the

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1940's. During the following decade he made the first of two name changes, deciding first on 'client-centred' therapy, before settling on a 'Person-Centred' tag during the latter stages in theoretical development of the 1970's and 1980's. This final re-naming came during a period when Rogers work was becoming recognised and used in many different areas of therapy and problem-solving, such as education, industry and politics.

Roger's use of the term 'non-directive' in originally describing his therapy is a good indicator as to the basic nature of his the ground-breaking approach. Other prominent therapies tackle client treatment through their 'directive' approaches and characteristics, choosing to guide the patient in a certain direction via a series of questions, interpretations and sometimes advice. Rogers therapy allows and encourages the client to take centre-stage in expressing their thoughts and emotions on a particular subject, with the therapist acting not as a figure of judgement and analysis, but primarily as a listener and sounding board who may offer response in the form of paraphrasing the patients more significant statements. This form of self-analysis should lead the to the examination of their own thoughts, and bring about potential self-realisation and appropriate action. In other words, the client takes centre-stage in their own therapy with the helper creating an assuring and favourable climate based on the three core conditions of unconditional positive regard, empathy and congruence. The helper is not there to provide the answers, but to encourage the patient to find their own path towards personal healing and growth.

. Sigmund Freud's Psychoanalytical form of therapy differs greatly from Karl

Roger's approach to counselling. The basis of Psychoanalysis was initially
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developed in the 1890's by Freud - often regarded as the founder of contemporary psychology - and works strictly from the belief that many of the psychological difficulties we encounter as adults stem from problems not fully dealt with during childhood. The focus of Psychoanalysis is firmly rooted to Freud's theories relating to the unconscious state, and his belief that our experiences as infants and adolescents, and success in completing a series of Psychosexual stages, combine to shape our behaviour patterns and progression through life. When these stages are not satisfactorily passed and completed, and the problem not dealt with, it is possible that the repressed emotions and feelings may manifest themselves in later life and cause psychological difficulty.

As a therapy, Psychoanalysis encourages free speech from the client on the thoughts which enter their head on a particular relevant subject, through which they may reveal their deep and innermost unconscious memories, thoughts and beliefs. Utilising Freud's various theories on the unconscious, his structures of development, the 'free association' of a client's uncensored output, and the possible interpretation of a client's dreams (dreams are often viewed as the very deepest area of the unconscious), it should then be possible for the analyst to draw their conclusions, thus bringing some clarification to the issue affecting the client, and allowing them to establish the root of the problem. From this platform, the therapist can help the client develop an understanding of their behaviour and emotions, and what may be causing it.

As with all psychological theories and indeed approaches to therapy, the work of Rogers and Freud has attracted (and continues to attract) both <https://assignbuster.com/critique-of-person-centred-approach-and-psychoanalytical-theory/>

critical and favourable comment, highlighting both the perceived strengths and weaknesses of the methods they helped to develop.

One of the most common criticisms of Rogers' Person-Centred angle on therapy (as well as the lack of scientific study into the effectiveness of the method) surrounds the three core conditions that his particular approach advocate as being crucial to this form of treatment, namely unconditional positive regard, empathy and congruence. It could well be argued that these three tenets are basic environmental conditions that should be provided by all good therapists, regardless of whether they choose to adopt a Person-Centred approach or not, and that when these requirements are met a counsellor can then progress to a stage where their expertise in a particular field will help the client solve their problems. Advocates of Person-Centred theory will counter this reasoning by highlighting that it ignores the fact that not only consistently and providing, but indeed successfully maintaining the core conditions is a difficult skill to master in itself. At a deeper level, but in the same area of critical evaluation, it could be argued that although Person-Centred therapy is largely based upon the patient being granted access to the empathetic, congruent, non-judgemental 'self' of the therapist, could a helpers lack of knowledge and expertise on the problem faced by the client possibly hinder the likelihood of a successful outcome? Is 'self' alone enough to help the client find all the answers he/she is looking for?

In further related criticism of the theories concentration on provision of the three conditions, doubts have been cast on the ability of a therapist to provide non-judgmental, unconditional positive regard to a certain form of client, such as a serial murderer or violent child rapist. Similarly, use of the <https://assignbuster.com/critique-of-person-centred-approach-and-psychoanalytical-theory/>

Person-Centred approach when dealing with a client suffering from serious mental illness may not be entirely applicable. McLeod (2005) highlights an investigation performed by Rogers and some of his Chicago University colleagues in 1957, where it was concluded that the Person-Centred approach was 'not particularly effective' when as a tool to assist a sample of hospitalised schizophrenic patients. Further reinforcing this argument, McLeod (2005) points out the conclusions drawn by another prominent client-centred therapist, who discovered that the productivity of the Person-Centred model was severely limited when dealing with clients 'locked in their own private world'. Mearns and Thorne (2007) also stress the Person-Centred approach's potential lack of adaptability when working within areas of society, for example in Japan where, despite the existence of a highly Westernised environment, the 'community' as opposed to 'self', is the prevalent psychological outlook

Similarly, although not in what one might terms as a 'regular' client-patient situation, but relevant due to the fact that Roger's theory has progressed into other areas of problem-solving, it could well prove difficult for a parent or supervising adult to provide this unconditional support when faced with what they may deem to be inappropriate behaviour from a child.

Another considered criticism levelled at the Person-Centred approach to therapy deals with the ability of a practitioner to not over-prioritise the 'supportive' element of the approach. If the emphasis of the therapy weighs too heavily on efforts to provide unconditional understanding and support, then a helper may lose sight of the need to challenge the patient into finding their own way out of a difficult situation.

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Person-Centred theory has also attracted some negative assessment due to its concentration of its therapeutic focus being very much on the 'present', or what we might cite from a Freudian angle as the 'conscious'. Although Rogers (1977) has somewhat stymied this criticism with an acknowledgement that the unconscious is a 'positive', it is still true that the therapy he helped to develop allows little scope for delving into a patient's past experiences to ascertain factors and circumstances that it may be crucial to recognise.

Rogers (1959) himself admits that like every theory, his Person-Centred belief as an approach to therapy contains an 'unknown (and perhaps at that time unknowable) amount of error and human inference'. Despite his admission, and regardless of accusations of imprecision and ineffectiveness, Roger's work should not be decried. Rogers' belief in positive human nature, and the proven ability of his therapy in allowing and encouraging the client to find their own answers and to discover a route towards fulfilling their potential has proved beneficial for thousands who have been subjected to its workings. Simply allowing a client to reach their own conclusions is often, for them, an empowering experience which fosters self-reliance.

Freud's Psychoanalytical approach to therapy, and its credibility, has proven a massively controversial topic for discussion and debate and has faced criticism on almost every level possible. Grunbaum (1984) highlighted the lack of empirical evidence available to support Freud's theory, implying that a good deal of extra-clinical data, as opposed to data taken from a clinical environment, was required to substantiate his work. However, despite

agreeing with Grunbaum to an extent in regards to the need for extra-clinical
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data, others have emphasised the fact that without clinical data it would be absolutely impossible to examine its validity.

Greenberg (1986) points to the fact that Freud never chose to reveal any solid evidence that corroborated the notion that his therapy was being a proven beneficial process (he actually only chose to present twelve test cases in whole), and that even limited clinical data he constructed was flawed due to unsatisfactory procedure and his failure to sufficiently document important investigation details. He also endeavours to stress that Freud bizarrely opted to use failed case examples to demonstrate the effectiveness of his technique aligned with his theories.

A further criticism of Freud's therapeutic techniques examined by Grunbaum relates to his use of 'free association' in gaining access to the patients unconscious state and repressed memories. Grunbaum argues that the use of this method makes it extremely difficult for the therapist to fully distinguish between the patients genuine memories and their imagined fantasies.

One of the most common criticisms of Psychoanalysis relate to Freud's much-maligned theories of unconscious state and development, that are used by its exponents to interpret a clients thoughts and thought processes. A lack of scientific evidence to support the existence of the Id, Ego, Superego he hypothesised, along with the Psychosexual Stages of Development, has always been a source of contention. Indeed, due to the fact that there is no real way of scientifically proving or disproving Freud's proposals. Maintaining a scientific stance some have contended that Psychoanalysis displays a lack

of consistency , with its practitioners often interpreting the same phenomenon in a totally different way. Detractors claim that this displays the lack of even the most interpretative framework, casting doubt on its merit's as a ' science'.

In terms of theoretical criticism, Freud has been condemned for placing an over-emphasis on ' sex' as a way of explaining our behaviour and its causes. However, perhaps the critics themselves are misinterpreting Freud's use of the term ' sexual'. It has been contended that Freud had a purely ' sensual' inference when making reference to sex and sexuality. In a related criticism, Freud's theories on development are undoubtedly limited in terms of being able to explaining female behaviour, something which he himself conceded. Accusation of sexism have also been levelled at Freud.

Despite the notable controversial evaluations of Freud's Psychoanalysis since its birth in 1856, it is still a widely available therapy for those suffering mental illness, and has maintained a reputation of effectiveness and credibility. There are no doubts as to its longevity and staying power. Perhaps most significantly, Freud was the first in his field to introduce the notion of the ' unconscious' into therapy, and this has certainly had a huge influence on how we can bring understanding to some of the enigmatic phenomena we encounter. Psychoanalysis is also a very comprehensive theory, and like all theoretical works provides a basic framework from which analysts can draw their own interpretations and conclusions. Despite the limitations and criticism of his theories, the work of Freud should not be shunned or disregarded when evaluated as an important therapeutic tool.

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