

Person centred theory and its application in practice



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Person-centred therapy is one of the humanistic approaches and derives from the work of Carl Rogers. It is based on the assumption each individual/client has the potential to understand themselves and the ability to solve their own problems. Rogers (1953/1967 p92, cited in Embleton Tudor et al 2004) firmly believed that, 'the inner core of man's personality is the organism itself, which essentially is both self-preserving and social' and through this belief Rogers developed several key theoretical concepts of the person-centred approach.

The organismic self, as Rogers saw it, is the human being, the sensory, bodily and visceral functions (Embleton Tudor et al 2004). The organismic self is essentially trustworthy and strives to grow and achieve its full potential, it experiences the inner feelings and deep seated desires and knows what it needs, both mentally and physically from the environment and other people in order to develop to its full potential. The tendency towards growth is known as the actualising tendency. Rogers's theory suggests that it is in human nature to grow, as it is for a plant, an example Rogers used to explain his theory. A plant does not need to be made to grow, it is innate. Given the right conditions the plant will thrive to be the best that it can be. As with people, if they are given the right conditions they will thrive to reach their potential and become the best person they can be (Embleton Tudor et al 2004). However, for people it means more than just growth and survival, it is the satisfaction of physical and psychological needs. This theory was also supported by Abraham Maslow (1970, cited in Bernstein et al 2003), who developed a hierarchy of motives that need to be satisfied in order to reach self-actualisation. In essence the hierarchy can be split into two levels;

physiological needs such oxygen, food, keeping warm, avoiding danger etc and psychological needs such as love, acceptance, and respect will lead to self actualisation (Bernstein et al 2003). Rogers believed that in order to satisfy the actualising tendency, we need to have experiences that will enable us to grow, and be able to accept these experiences into our self-structure and awareness (Tolan 2003). Rogers suggested that the environment an individual finds themselves in is the only constraint on the actualizing tendency (Thorne 2006) and the progress of people whose experiences of the self become distorted is likely to be slowed or even stopped. The need for positive regard and approval from others can become overwhelming and eventually could take precedence over the thoughts and feelings of the organismic self.

Rogers saw that from an early age children learn to need other people's approval, or positive regard and the child will evaluate themselves as good for having earned approval. However, if a behaviour arising from what the individual is actually experiencing fails to earn positive regard then a conflict arises. The individual must either do without the positive regard or re-evaluate the self-experience and change their behaviour in order to receive positive feedback (Bernstein 2003). These experiences form the self-concept, which is the way that individual thinks of them. The self-concept is another key concept of the person-centred approach. It is the individual's conceptual representation of themselves, developed over time and is mainly dependent on the attitudes and behaviour of significant people in an individual's life and the environment they are in. Once a self-concept is established it is usually reinforced through behaviour that will elicit approval

and suppress feelings, thoughts or behaviours that bring about negative judgment from others. Experiences which challenge the self-concept are likely to be distorted or even denied altogether in order to preserve it. (Thorne, 1996). Difficulties can occur if a persons overwhelming need for positive regard from others is not met or is conditional upon their behaviour. Psychological disturbance occurs when the individual's self-concept contradicts with the thoughts or feelings that the individual organismically experiences (Mearns and Thorne, 2008).

The ability to weigh up and to value experiences positively or negatively is known as the organismic valuing process. It is a fluid process by which experiences are valued according to how beneficial they are for enhancing towards self-actualisation. This means that experiences which are beneficial are sought after, however, experiences that are not seen as beneficial are valued as bad and avoided, this can lead to a distrust or disassociation with the organismic self (Mearns and Thorne 2008). The distrust in the organismic self can also be due to repeated messages that an individual has received or perceived from their environment. When we take something in from our environment, such as we evaluate it in relation to our internal valuing process, this kind of internalisation is called introjection. Introjects are the beliefs, attitudes, judgements or values of another person which are taken into the individual and become part of their self-concept (Thorne, 1996). By seeking approval from others individuals will introject attitudes or beliefs that are contradictory to their own feelings. When we take in something that doesn't fit into our self-concept we may reject it, or we may deny or distort some other aspect of our experience. In a therapeutic setting introjects can

usually be identified by statements such as “ I ought to be...” or “ I should...” this can lead to a negative self-concept and cause the individual to become incongruent. (Tudor Embleton 2004). The organismic valuing process can also be disturbed by self-concepts that have been based on conditional positive regard, or conditions of worth.

Conditions of worth are the feelings an individual experiences when the person is evaluated, instead of the person's behaviour. When the significant people in a person's life appear to value certain aspects of a behaviour or trait, the individual also learns to do this. Subsequently the individual will seek out some experiences and avoid others because they have learned to regard themselves in a particular way, for example if a parent says to their child “ I don't like you when you cry”, the child may learn not to cry even if they are feeling genuine distress. (Tudor Embleton et al 2004). Through conditions of worth and negative self-concepts an individual can lose touch with their organismic self and become reliant on others to dictate the actions, according to Rogers this person would have an external locus of evaluation.

A person with an external locus of evaluation will usually have been surrounded by people who are critical and judgemental. In order to receive approval and positive regard the individual will develop ways to behave. This is usually contradictory to the organismic self, which ceases to be effective as a source of knowledge or guidance for the individual. As a result the individual begins to rely on others to make their decisions and loses touch with what they really think and feel. (Mearns and Thorne 2008). In a therapeutic setting a counsellor/therapist must be aware if a client is <https://assignbuster.com/person-centred-theory-and-its-application-in-practice/>

presenting with a highly externalised locus of evaluation, as the client could interpret what the therapist says as advice or validation for behaviour. For example:

Client: " I just don't know what to do, I want to be a good mum and spend time with my children, but I also want my own social life, that's not wrong is it?"

Therapist: " So you feel by having a social life you aren't being a good mum"

Client: " Exactly, I feel I am being selfish. What should I do?"

This client is incongruent due to her inner desires to have a social life and the conflict with her self-concept of what a good mum should be. The client asks the therapist for their opinion, which also suggests an external locus of evaluation. In contrast to this is the internal locus of evaluation.

Psychologically healthy people are those who have been fortunate to live be surrounded by people whose acceptance and approval has " enabled them to develop self-concepts that allow them to be in touch with their deepest feelings and experiences" (Mearns and Thorne 2008, p11). This will enable them to move towards what Rogers (1963, cited in Mearns and Thorne 2008) describes as a ' fully functioning person'. A fully functioning person is open to experiences and is not overly concerned with the opinions of others. This person would be able to trust their own ability to know what is good or bad for their development, they would be able to listen to themselves and make their own decisions, this person would have an internal locus of evaluation. A

significant moment in therapy is when a client recognises their inner feelings and begins to operate using an internal locus of evaluation.

Importance of the therapeutic relationship

In a speech at the University of Minnesota Rogers said:

Therapy is not a matter of doing something about himself. It is instead a matter of freeing him for normal growth and development so that he can again move forward. (Rogers, 1942, p29, cited in Dryden & Mytton, 1999, p75)

A key difference from other types of therapy is that the person-centred approach is non-directive and a greater emphasis is placed on the quality of the relationship rather than the use of techniques. The personal qualities and attitudes of the therapist are often seen as more important than their formal education or qualifications. The person-centred approach believes that it is the therapeutic relationship that can liberate the client from blockages to the actualising tendency (Dryden & Mytton 1999). The aim of the counsellor in the therapeutic relationship is to create conditions where the growth or actualising process is encouraged, in turn this will free the client from their restrictions created by conditions of worth and introjects and enable them to listen to their inner voice (Mearns and Thorne 2008). Rogers believed that in the therapeutic relationship clients, often for the first time, experience acceptance rather than evaluation and feel free to recognise their organismic self. The therapist does not create an assessment of the client, nor do they label the client, Rogers regarded this as detrimental as the labelling process places the evaluation in the hands of an expert. In person-
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centred counselling the client is viewed as the expert about him/herself and the therapist is the expert only in maintaining the attitudinal conditions in the relationship with the client, not as an expert on the client (Dryden & Mytton 1999). If the therapist was to be viewed as the expert this would create a power imbalance in the relationship and the person-centred approach regards it as essential that the client realises that they can trust their own experiencing and the validity of their own perceptions. Thorne (1996) believed that those who gain the most from person-centred therapy are those who are willing to change and recognise their role and responsibility in the therapeutic process. The person-centred approach is process orientated and Roger's believed if certain necessary conditions are present then changes will occur and the process of growth can take place. Rogers listed what he regarded as 'the necessary and sufficient conditions of therapeutic personality change' (Rogers, 1957 p95, cited in Dryden & Mytton 1999 p76):

Two persons are in psychological contact. Rogers (1959) described this as 'the least or minimum experience which could be called a relationship' (p. 207, cited in Embleton Tudor et al 2004) meaning that the therapist and client have to be mutually aware of each other before the process can begin. There does not need to be an emotional connection or closeness for there to be psychological contact, it is a 'simple contact between two persons' (Rogers, 1959 p207, cited in Embleton Tudor et al 2004, p40).

The first, whom we shall term the client, is in a state of incongruence, being vulnerable and anxious. One implication of client incongruence being one of the necessary and sufficient conditions is that the client is needs to have <https://assignbuster.com/person-centred-theory-and-its-application-in-practice/>

some self-identified problem in order to be motivated to seek therapy. Furthermore, if the client is vulnerable to anxiety this, in theory, would motivate them to stay in the therapeutic relationship (Mearns and Thorne, 2008).

The second person, whom we shall term the therapist, is congruent or integrated in the relationship. According to Rogers (1973, p186) congruence or genuineness is 'the realness of the therapist in the relationship...When the therapist is natural and spontaneous he seems to be most effective' (cited in Mearns & Thorne 2008 p119). Rogers believed that if the therapist was outwardly showing warmth and acceptance, but was inwardly feeling irritation, the client would sense this and it would have a negative effect on the therapeutic relationship (Dryden & Mytton 1999). Wilkins (1997) stated that the therapist needs to be open to their feelings and inner experiences, but does not need to communicate their feelings to the client (Embleton Tudor et al 2004). Congruence enables the client to be able to trust the experience of the counsellor, which in turn can help to establish a therapeutic relationship whereby the client feels genuinely understood and accepted (Tolan, 2003).

The therapist experiences unconditional positive regard (UPR) for the client. UPR is the attitude of the therapist towards the client. If the therapist accepts the client unconditionally, without judgment, disapproval or approval. Bozworth (1996) argued that the clients experiencing of UPR is the most therapeutically effective of the necessary and sufficient conditions. The client does not need to distort their inner feelings to receive acceptance,

therefore they can begin to become aware of organismic experiences and hopefully reduce the feelings of internal conflict (Embleton Tudor et al 2004).

The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client. The key characteristic of empathy is being able to understand another person's subjective reality as they experience it. This requires an orientation toward the client's ' frame of reference' (Cooper et al 2007). To be able to communicate empathically the therapist must accurately reflect what the content or affect of what the client conveyed, or the intended meaning of what was said. The importance of this is that it conveys to the client that the therapist understands what they are saying, it also gives the clients the opportunity to reflect on what they have said and the possibly find meaning in it (Josefwitz & Myran 2005).

The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. The therapist has a responsibility to communicate empathetic understanding and UPR to their client in order for the client to feel that they are in an environment where they are accepted and understood. Rogers (1957, p 99) stated ' unless some communication of these attitudes has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned' (cited in Embleton Tudor 2004, p44).

The core conditions and the application of theory to practice

Of the six necessary and sufficient conditions that have just briefly been described, congruence, UPR and empathy have come to be described as the <https://assignbuster.com/person-centred-theory-and-its-application-in-practice/>

core conditions. I shall describe these core conditions in more depth and aim to demonstrate their application in practice.

Congruence

Congruence can be described using terms such as, transparent, genuine or authentic, but the essence of congruence in a therapeutic relationship is that the therapist relates to the client in a way that reflects their inner awareness and feelings. The therapist should have an ongoing awareness of their experiencing (Mearns & Thorne 2000). Rogers (1957) stressed that congruence is a state of being, and a therapist should only communicate their feelings when they are persistent and of great strength and when communication of them assists the therapeutic process.

Result: Endeavouring to be so open the counsellor acts as a role model sending the message that it's ok to feel and communicate feelings. In order to develop and maintain congruence counsellors need to constantly work at being aware of their underlying feelings and also to realise the importance of having supervision and working on their own personal growth.