

Course-EC-2 Paper 2 (Psychotherapy) Unit 3; Sem IV

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Client-centered Therapy

The client-centered therapy embraces the idea that a human being is possessed of innate goodness, actualizing tendencies, and capacities for evaluative judgments leading to “balanced, realistic, self-enhancing, other-enhancing behaviour.” A human being becomes ineffective, hateful and self-centred, and then incapable of making proper judgments and responses as the result of faulty learning. This leads to incongruence between what is being experienced and the concept of self. Through the medium of special kinds of relationships, it is possible for the individual to rectify improper learning and to acquire new and productive patterns. Release of the self-actualizing potential will lead a client to emotional growth.

During therapy the client, obsessed with self-criticism and self-devaluing because of failure to live up to the idealized image, soon becomes aware of contradictory attitudes. In the accepting and approving atmosphere of a therapy that is totally devoid of threat and imbued with empathy, the client becomes more tolerant of oneself and one’s failings. Tension abates and a reintegration develops as discordance resolves between the ideal image and the actual self-perception. Constructive personality change is thus contingent on a number of stipulations.

First, it is essential that the client be motivated to seek help. This is generally in the form of some anxiety produced by an awareness of a state of “incongruence,” in that a disparity exists between the client’s self-picture and actual experiences.

Second, a special kind of human contact is required. In a client-therapist relationship, it demands

(1) That the therapist be both empathic of the client’s awareness of his or her own experiences and able to communicate what is going on in the client’s inner world on the basis of this empathy,

(2) That the therapist has ample self-awareness, is honest about personal feelings, and is capable of “being oneself” in the relationship in order to function congruently, and

(3) that the therapist possesses a positive regard for the client, accepting fully every aspect of the client’s experience and right to be and feel as he or she is. This does not mean that the therapist must be completely free of deviant response patterns as long as they do not force him or her to be authoritative and evaluating.

Third, it is important that the client perceive, by the therapist’s behaviour and verbalizations, that he or she is fully accepted, understood, respected, and “cared about,” irrespective of experiences, problems, and feelings. Entering into a relationship situation with a client-centered therapist provides the client with a unique encounter in which he or she is neither challenged nor condemned, every aspect of the client is respected and accepted, and the client can yield defenses without hurt.

The guiding principle of client-centered therapy is oriented around the fact that the client or patient is the one responsible for his or her own destiny: the client possesses the right of choice of solution for his or her problems, irrespective of the choice of the therapist. Residual in each individual, it is contended, are resources for growth that need merely be released to enable the person to achieve maturity. The therapist strives to unleash growth forces by refraining from imposing patterns and values on the client and by promoting in the relationship the free expression of feeling.

Among the activities of the client-centered therapist are

- (1) Attentive listening to the client’s communications for content and feeling,
- (2) Responding by a friendly non-punitive, empathic attitude and by occasional verbal comments that neither approve nor disapprove,
- (3) Pointing out the client’s feelings,
- (4) Structuring the extensions and limitations of the therapeutic relationship,
- (5) Encouraging the client in his or her efforts to manage problems,
- (6) engaging in answering questions and giving information only when it is essential to do so to help a client work through problems, yet avoiding this directive role at the slightest threat of emerging dependency, and
- (7) Refraining from insight offerings, advice giving, environmental manipulation, censure, commendation, or the posing of questions and suggestions regarding areas of exploration.

The Therapeutic Process

Client-centered therapy sessions are usually scheduled once a week. More frequent sessions, extra sessions, and phone calls are discouraged because these can lead to a dependence that will stifle any sense of growth. The general sequence or process of therapy has been described by Rogers as involving a series of seven stages that the client undergoes (Meador & Rogers, 1984). We present a highly condensed version here.

First stage: Unwillingness to reveal self; own feelings not recognized; rigid constructs; close relationships perceived as dangerous.

Second stage: Feelings sometimes described, but person is still remote from own personal experience; still externalizes heavily, but begins to show some recognition that problems and conflicts exist.

Third stage: Description of past feelings as unacceptable; freer flow of expressions of self; begins to question validity of own constructs; incipient recognition that problems are inside rather than outside the individual.

Fourth stage: Free description of personal feelings as owned by the self; dim recognition that long-denied feelings may break into the present; loosening of personal constructs; some expression of self responsibility; begins to risk relating to others on a feeling basis.

Fifth stage: Free expression of feelings and acceptance of them; previously denied feelings, although fearsome, are clearly in awareness; recognition of conflicts between intellect and emotions; acceptance of personal responsibility for problems; a desire to be what one is.

Sixth stage: Acceptance of feelings without need for denial; a vivid, releasing sense of experience; willingness to risk being oneself in relationships with others; trusts others to be accepting.

Seventh stage: Individual now comfortable with experiencing self; experiences new feelings; little incongruence; ability to check validity of experience.

The client is given complete responsibility for the choice of topic, the extent of concern with it, and the interpretation of the meanings of reactions. The therapist's responses are chiefly in relation to the evaluative ideas that the client verbalizes about himself and other people, and the feelings associated with such ideas. The role of the therapist is solely to direct the client's attention to his or her ideas and not to interpret or clarify. The feelings of the individual are

always accepted in a tolerant, non-judgmental way and are reflected back to the person in order to bring to the client's consciousness the full pattern of his or her emotional attitudes. At times the rephrasing of the client's utterances helps the client to clarify facts. The catharsis involved in the process, as well as the therapist's activity in reflecting feeling, is believed to lead to genuine self-understanding and insight in the individual's own terms. The release of normal growth potentials helps the client to gain control over discordant forces in the self. The role of the therapist, thus, is to act as a catalyst of growth, a ("change agent") not to impose growth on the client. Treatment, as can be seen, is oriented around the idea that the individual has the capacity to deal effectively with those aspects of his or her personality of which he or she becomes conscious during the relationship with the therapist. It is assumed that the client can achieve insight in the relationship and can accept and make constructive use of responsibility.

Rogers revised upward his original idea of client-centered therapy as being most useful in essentially normal people who have sufficient personality integrity to solve their problems with a minimum of help from the therapist. His contention is that his method is universally applicable from childhood to old age, from mild adjustment difficulties to severe psychoses, from "normal" to deeply neurotic situations, from immature dependent people to those with strong ego development, from lower-class to upper-class citizens, from lowly to highly intelligent persons, from physically healthy souls to those with psychosomatic ailments.

Criticisms of Client-centered Therapy

- Client-centered psychotherapy is tailor-made for persons who need and respond to a kind, caring, non-judgmental atmosphere and who are ready for and possess a strong motivation for change.
- It is helpful to individuals with a relatively sound personality structure who require aid in clarifying their ideas about a current life difficulty or situational impasse and who may be responsive to a "helping process."
- It is less helpful in the treatment of emotional problems that contain strong anxiety elements.