

**BSc. Counselling studies**  
**Level Two**  
**Assignment 1**

**What is distinctive about the  
Person-Centred Approach to  
counselling? Describe how you have  
put this approach into practice  
and to what effect.**

"The essence of the Person-Centred therapy, is the therapist dedication to going with the client's direction, at the clients pace in the clients unique way of being." *Bozarth, 1988, pg. 59*

The Person-Centred Therapy operates on key issues related to the actualising tendency.

To fully understand this, an outline of Rogers' personality theory will be discussed, including a comparison of its similarities and differences to other theories.

According to Thorne (2000, p.24), Rogers believes that the surest route to understanding a person's behaviour is to come to a knowledge of that persons subjective awareness of himself or herself and of the world in which he or she exists.

Rogers also believes that there is only one single, basic human motive, which he called the **Actualising Tendency**.

The human being, from Rogers' perspective, has an underlying and inborn tendency to maintain itself and strive towards accomplishing its structured potential. We all have an aim in life and would like to be the best that we humanly can.

There are nevertheless, constraints placed on this built in motivation or actualising tendency, such as the environment in which we find ourselves. Like a specific plant that needs a certain type of soil to

thrive in, it is unlikely for it to survive in conditions that are unfavourable, or do not meet its full requirements for growth.

Rogers based most of his theory on Maslow's **Hierarchy of Needs**. These needs according to Maslow are in five major stages of personality development.

The physiological needs are responsible for our daily existence. These are the needs for water, protein, salt, sugar, calcium, and other minerals and vitamins. It could be argued that the absence of any of these agents in the system could deter the individual from further development. As new-borns our focus or entire set of need is based on the physiological.

The safety and security needs comes into play, when the physiological needs have been taken care of. As infants we start recognising the need for safety, and will become interested in finding safe circumstances, stability and protection.

From a negative point of view, it could manifests itself in adults, as our fears and anxieties of creating a comfortable home in a safe neighbourhood, to secure a good job, pension or retirement plan, and insurance.

The third need is that need to belong. In children, this could be the need for acceptance amongst their peers, and in adults, the need to belong to a community, to be a valued member of your work team, have friends around you or to be involved in an intimate relationship arises. Failure to fulfil this need often leads to social anxiety and possibly loneliness.

The fourth need is the need for self-esteem, which is divided into two parts. The low self-esteem is associated with the need for the respect of others, for status, fame, glory, recognition, appreciation, dignity and even dominance. A feeling of inferiority is often portrayed in this form of esteem. The higher form involves the need for self-respect, including feelings like confidence, competence, achievement, independence and freedom.

The final need is that of self-actualisation, which is also often referred to as growth. This stage of human personality only steps in when the other four stages have been acquired or fulfilled. It is concerned with being all that you humanly can be, demonstrating the core conditions of understanding, being genuine to yourself and others around you, and being non-judgemental.

"It is clear that it is only the *organism as a whole* which manifests this tendency and that Rogers was acutely aware that parts of the organism - particularly those concerned with self-perception - could fundamentally inhibit or distort the growth of the total organism." (*Thorne, B. 1992, p.27*) According to this, there is a tendency for most individuals to actualize, but the way they often perceive themselves often hinders this tendency. The only way actualization could take place, is by being comfortable with who you are within and outside.

This is in ways, similar to Adler's theory of personality and inferiority complex. Human beings according to Adler have built in inferiority feelings. This could either motivate us to progress, or deter us from progression, as it is also highly dependent on the environment or surroundings in which we find ourselves.

*Children who help their peers at school, tend to understand their short-falls, does not depend on bullying others to gain respect or tease others to make themselves feel better, and also show a great deal of independence, are often regarded as demonstrating superior feelings, not over their peers, but for themselves.*

In relation to the actualizing concept, Rogers also mentioned the conditions of worth. The infant according to him, engages in an organismic valuing process, which in the end leads to self-actualization. For some, this valuing process could take a completely wrong turning if an individual becomes more aware of the difference between themselves and others.

The need for positive regard is significant to personality development, and this plays a great role in the Person-Centred Therapy.

As human beings, we go through a series of conditioning as our personality develops. If for instance, we always get a reward for good behaviour at school, or get punished for playing in mud, we tend to choose the behaviours that give us positive regard in the eyes of the people that condition us. This nevertheless could be harmful to us, because we suppress our innermost feelings to please these significant others around us.

Freud in his theory of personality explains a similar theory of how the **id**, which acts as the *pleasure principle* and our unconscious drive, is kept in check by the **ego** (*the reality principle*), so that the individual can manage to cope with external reality to thrive. The **superego** works in conjunction with the **ego** as the conscience and reinforces it by negotiating reality with the id.

According to Freud, the ego and superego join forces to place unacceptable ideas and impulses out of the awareness; this is a psychic defence known as repression.

Rogers emphasises that in most people, there is a huge discrepancy between the self as perceived and the actual organism, because of their need for positive regard. Anxiety and confusion often crop up as a result of this incongruence.

In a person's search for positive regard, they could be forced to internalise numerous conditions of worth and have very little faith in their own judgement. Regardless of what face they choose to present to the world, they are still likely to hold themselves in low esteem and have no confidence in their capacity to make appropriate decisions. Such persons according to Rogers, lack an **internalised locus of evaluation**.

The distinctive and sole aim of the **Person-Centred Therapy** is to "facilitate personal growth through the relationship between the therapist and the client." (Cave, S. 1999, p.72)

The theory is unique in its own way, because the therapist does not intervene and has no intention of

intervening. The client is given the freedom to take control of their own problems, and direct himself or herself towards a solution.

The basic concept is that the therapist trusts the actualizing tendency of the client and truly believes that the client, who experiences this trust and warmth, would eventually resolve his or her own problems.

The role of the therapist therefore is to be an active listener, creating an atmosphere to encourage this growth to take place.

Rogers stresses that this atmosphere is dependent on the provision of three core conditions. In their presence therapeutic change will be almost inevitable.

**Genuineness** or **congruence** is the most important of these three conditions. It requires the therapist to behave in a genuine and non-threatening manner. The idea of seeing a therapist for the first time often poses a threat for some people, therefore it is important for the therapist to be as real and detached to their role as they possibly can, to help the client feel at ease.

The therapist must be aware of their own thoughts and feelings and should be able to communicate these to the client when necessary to do so. Honesty therefore plays a crucial role, but at the same time the therapist should not act as an **external locus of evaluation**.

The second core condition is **Unconditional positive regard**. The client must be made to feel that they are being accepted for what they are without reservations from the therapist. This condition helps to build a sense of security within the client.

The ability to see the world from the client's perspective and understand how the client feels, is the third core condition known as empathy.

The actualizing tendency is promoted when the client perceives the therapist's empathetic understanding and unconditional positive regard.

Recently I met with a client whom I had known for sometime. I knew part of the story of what she was experiencing. When she came to see me, she was very quiet at the beginning. I tried my best not to disturb her thoughts, but to give her time to come to terms with why she was here. Eventually she started talking. She told me her boyfriend has been unfaithful to her for the six years that they have been going out.

In the past years, she said that she only had the story of other people around her, as proof of the life he led outside their home.

She stated that the worse thing was that on other occasions, she had been quite close to the truth, but tried to ignore it, because she trusted him.

There was a long pause after this disclosure.

I took this opportunity to respond... "It seems to me that you feel your trust has been betrayed".

I asked this question, because her last few words were about trust, which she used in the past tense. I felt that I was being congruent, by actively listening to her and at the same time in touch with my feelings of not driving other thoughts into her mind. This was also a feeling of unconditional positive regard because I did not judge her by what she had narrated to me. I saw her for what she was at the time.

My client also said that her partner was her soul mate and although he puts her down all the time, she had never been able to find the strength to leave him. I was good to him and I still love him. There were many others interested in me, but I was determined to let our relationship work, regardless of the obstacles. I was only fooling myself and wasting my own time. I should have left him a long time ago.

My response to this was... 'It sounds as if you feel angry with yourself.'

My motive here was to show that I understand how she feels, but without making the situation worse for her by agreeing with her latter statement. This could bring a feeling of perception from the therapist, but my sole aim was to allow her to be in charge of finding a solution that will make her feel better.

Her final words showed that she recognises some of the foundations of the problem, and is beginning to own up to issues, she had ignored in the past. This awareness will help create a route for the unconditional positive self-regard to take place.

The Person-Centred Therapy is based on the relationship between the client and the therapist. It is partly allowing the client the freedom to find his or her own ways of dealing with their problems. By creating an atmosphere of unconditional regard, it enables the client to develop unconditional positive self-regard, subsequently to resolve his or her own problems.

According to Cave, 1999, the non-intrusive nature of this therapy makes it one of the most ethical forms of treatment available.

Thorne 1992, states that Rogers' therapy as compared to Freud emphasises that there is a potential for growth in every human being if psychological conditions are favourable. Freud on the other hand, was much more pessimistic about human nature and saw the instinctual drives as pushing towards the selfish satisfaction of primitive needs.

There are nevertheless implications of the person-centred therapy which according to Bozarth 1984, is seen as a functional premise that precludes other therapist intentions.

The therapist goes with the client, at the client's pace, goes with their ways of thinking, of experiencing and processing. The therapist is restricted from having other intentions without violating the Person-Centred Therapy. The therapist could violate the requirements of this therapy by inventing suggestions treatment goals.

Rogers' belief of growth and his profound respect for allowing the client to find his or her own answers in the right psychological conditions, led to simplicity of practice, which masked, to uninitiate the enormous demands placed upon the therapist. (*Thorne, 1992, pg. 58*)

The therapist does not promote any feelings, by intervening or making suggestions. Instead, the therapist gives the client the opportunity to realise that they are good and can make valued decisions for themselves, without depending on an external locus of evaluation.

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