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## Person-Centered Therapy (Rogerian Therapy)

### Authors

Lucy Yao<sup>1</sup>; Rian Kabir<sup>2</sup>.

### Affiliations

<sup>1</sup> Chicago Medical School

<sup>2</sup> University of Louisville, Louisville, KY

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## Continuing Education Activity

Person-centered therapy, also referred to as non-directive, client-centered, or Rogerian therapy, was pioneered by Carl Rogers in the early 1940s. This form of psychotherapy is grounded in the idea that people are inherently motivated toward achieving positive psychological functioning. The client is believed to be the expert in their life and leads the general direction of therapy, while the therapist takes a non-directive role. This activity reviews person-centered therapy and highlights the role of the interprofessional team in improving care for patients who undergo person-centered therapy.

### Objectives:

- Identify the core conditions of person-centered therapy.
- Explain the therapeutic process of person-centered therapy.
- Describe the benefits and criticisms of person-centered therapy.
- Review the efficacy of person-centered therapy in the treatment of common psychiatric illnesses.

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## Introduction

Person-centered therapy, also referred to as non-directive, client-centered, or Rogerian therapy, was pioneered by Carl Rogers in the early 1940s. This form of psychotherapy is grounded in the idea that people are inherently motivated toward achieving positive psychological functioning. The client is believed to be the expert in their life and leads the general direction of therapy, while the therapist takes a non-directive rather than a mechanistic approach.

The therapist's role is to provide a space conducive to uncensored self-exploration. As the client explores their feelings, they will gain a clearer perception of themselves, leading to psychological growth. The therapist attempts to increase the client's self-understanding by reflecting and carefully clarifying questions. Although few therapists today adhere solely to person-centered therapy, its concepts and techniques have been incorporated eclectically into many different types of therapists' practices.[1]

## Issues of Concern

### Origins of Person-Centered Therapy

Person-centered therapy, also referred to as non-directive, client-centered, or Rogerian therapy, was pioneered by Carl Rogers in the early 1940s. His ideas were considered radical; they diverged from the dominant behavioral and psychoanalytic theories at the time. Rogers' method emphasizes reflective listening, empathy, and acceptance in therapy rather than the interpretation of behaviors or unconscious drives.[1]

In the 1960s, person-centered therapy became closely tied to the Human Potential Movement, which believed that all individuals have a natural drive toward self-actualization. In this state, one is able to manifest their full potential. According to Rogers, negative self-perceptions can prevent one from realizing self-actualization.

## Process

Rogers postulated that a state of incongruence might exist within the client, meaning there is a discrepancy between the client's self-image and the reality of their experience. This incongruence leads to feelings of vulnerability and anxiety.[2]

Person-centered therapy operates on the humanistic belief that the client is inherently driven toward and has the capacity for growth and self-actualization; it relies on this force for therapeutic change.[3] The role of the counselor is to provide a nonjudgmental environment conducive to honest self-exploration. The therapist attempts to increase the client's self-understanding by reflecting and carefully clarifying questions without offering advice. The therapist functions under the assumption that the client knows themselves best; thus, viable solutions can only come from them.

Direction from the therapist may reinforce the notion that solutions to one's struggles lie externally. Through client self-exploration and reinforcement of the client's worth, person-centered therapy aims to improve self-esteem, increase trust in one's decision-making, and increase one's ability to cope with the consequences of their decisions. [4] Rogers did not believe that a psychological diagnosis was necessary for psychotherapy.[2]

## The Necessary and Sufficient Conditions

Rogers identified six conditions that were necessary and sufficient to facilitate therapeutic change.[2]

1. Therapist-client psychological contact: the therapist and client are in psychological contact
2. Client incongruence: the client is experiencing a state of incongruence
3. Therapist congruence: the therapist is congruent, or genuine, in the relationship
4. Therapist unconditional positive regard: the therapist has unconditional positive regard toward the client
5. Therapist empathic understanding: the therapist experiences and communicates an empathic understanding of the client's internal perspective
6. Client perception: the client perceives the therapist's unconditional positive regard and empathic understanding

## Core Conditions

Rogers defined three attitudes on the therapist's part that are key to the success of person-centered therapy. These core conditions consist of accurate empathy, congruence, and unconditional positive regard.[3][2]

### Accurate Empathy

The therapist engages in active listening, paying careful attention to the client's feelings and thoughts. The therapist conveys an accurate understanding of the patient's private world throughout the therapy session as if it were their own. One helpful technique to express accurate empathy is reflection, which involves paraphrasing and/or summarizing the feeling behind what the client says rather than the content. This also allows clients to process their feelings after hearing them restated by someone else.

### Congruence

The therapist transparently conveys their feelings and thoughts to genuinely relate to the client. Within the client-therapist relationship, the therapist is genuinely himself. The therapist does not hide behind a professional façade or deceive the client. Therapists may share their emotional reactions with their clients but should not share their personal problems with clients or shift the focus to themselves in any way.

## Unconditional Positive Regard

The therapist creates a warm environment that conveys to clients that they are accepted unconditionally. The therapist does not signal judgment, approval, or disapproval, no matter how unconventional the client's views may be. This may allow the client to drop their natural defenses, allowing them to freely express their feelings and direct their self-exploration as they see fit.

## Criticisms

Critics have contended that the principles of person-centered therapy are too vague. Some argue that person-centered therapy is ineffective for clients who have difficulty talking about themselves or have a mental illness that alters their perceptions of reality. There is a lack of controlled research on the efficacy of person-centered therapy, and no objective data suggests its efficacy was due to its distinctive features.[1] People have asserted that the unique qualities of client-centered therapy are not effective, and the effective aspects are not unique but characteristic of all good therapy.[5]

## Clinical Significance

### Indications for Psychotherapy

Clinicians may initiate or refer a patient to psychotherapy for reasons not limited to the following:

- Treatment of a psychiatric disorder
- Help with maladaptive thoughts or behaviors
- Support during stressful circumstances or when a chronic problem impairs functioning
- Improve a patient's ability to make positive behavioral changes, such as healthy lifestyle changes or increasing adherence to medical treatment
- Helping with interpersonal problems

Person-centered therapy can be used in various settings, including individual, group, and family therapy, or as part of play therapy with young children. There are no set guidelines on the length or frequency of person-centered therapy, but it may be used for short-term or long-term treatment. Person-centered therapy may be a good choice for patients who are not suitable for other forms of therapy, such as cognitive-behavioral therapy (CBPT) or psychoanalysis, which require homework assignments and the ability to tolerate high levels of distress that may occur when elucidating unconscious processes.[6]

Person-centered therapy relies on the client's active participation and may not be appropriate for individuals who lack motivation or insight into their emotions and behaviors.

## Efficacy

To examine the efficacy of person-centered therapy in the treatment of various psychiatric conditions, this article will include recent studies using any form of non-directive counseling based on Rogerian principles, including person-centered therapy/client-centered therapy (PCT/CCT), non-directive supportive therapy (NDST), and supportive counseling/therapy (SC/ST).

Important limitations exist as NDST is not a popular focus of most researchers in the field. It is often only included as a control for nonspecific therapeutic conditions, and therapists may not have administered optimal treatments. Consequently, the researcher's allegiance to a specific therapy could skew results.[7][8] Additionally, given the inherent vagueness of this type of therapy, there could be differences in how NDST/SC/ST was defined and implemented.

## Depression