Carl Roger's Therapeutic Approach

Carl Rogers (1957) described the psychotherapeutic process of change as a restructuring of one's personality to a more agreeable unification of all aspects of the self; one which exhibits greater integration, and less internal conflict. A change in behaviour which leads to greater maturity, and an alteration of the maladjusted internal processes which cause the client more harm than good. Rogers (1967) concluded that this "Constructive personality growth and change comes about only when the client perceives and experiences a certain psychological climate in the relationship" (p. 91). Through his pioneering work in psychotherapy outcome research, Rogers deducted that there are a few fundamental and necessary factors which must be present for a client to initiate their change and growth (Rogers & Truax, 1976). Rogers (1957) outlined the conditions as follows: firstly, the client and therapist must be in psychological contact. Secondly, the client is in a vulnerable, anxious or incongruent state. Third, the therapist must be congruent with the client. Fourth, the therapist should experience unconditional positive regard toward the client. Fifth, the therapist must experience an empathic understanding of the client's internal frame of reference; and finally, the therapist must communicate, to a sufficient degree, their unconditional positive regard, and empathic understanding for the client.

Person-Centred Therapy (PCT) is founded on the premise of providing these conditions to the psychotherapeutic process, to create a climate which facilitates a client's change and growth. The primary responsibility of a person-centred therapist is the provision of these essential qualities to the therapeutic relationship. The therapist is not concerned with divulging their client's maladaptive processes and negative habits to them (Rogers, 1942). The onus is on the client to gain insight into their own processes, and with the support of this dyadic, as opposed to pedagogic relationship, they will realize their potential to change and grow (Rogers, 1961). PCT acknowledges that every individual possesses an innate desire to actualize and become their best self, to work at maintaining this state and continually enhance their experience (Rogers, 1951). Thus, the passive and non-directive approach that person-centred therapists employ relies heavily on the individual's dedication to work, and desire to quell any habitual negative functioning they continue to cling to. Rogers viewed the therapeutic process as a gradual progression from rigidity, and fixity to a flowing state. Individuals do not merely shift from one state of being to another, but instead progress along a continuum; from a static fixity to a process of continually changing.

Through his work Rogers (1958) identified several stages that were evident in this process. In the first stage the individual is unwilling to communicate about themselves, feelings are not recognized or owned, problems are ignored and there is no desire to change. As such, individuals at this stage typically do not volunteer for therapy. If an individual can experience themselves as being truly received, then they may enter the second stage, in which communication is achieved regarding non-self topics. However, problems continue to be perceived as external forces and responsibility of them is not claimed. Experiencing is limited to the structure of the past, and feelings may be exhibited but are still unowned and unrecognized.

In the latter stages the client freely expresses feelings openly and in the present. In the fifth stage, for example, feelings seem to seep through any boundaries or opposition the client may front against them, such feelings are more increasingly owned, and a desire to allow these feelings to be felt fully arises, and internal communication is less restricted. The rigidity of the first stage has long gone, and many aspects of the client are in flow. Stage six is reached with the feeling that some aspect of the self that was previously obstructed and stuck, has since been experienced directly and immediately. All emotions are felt presently ad fully and reach their natural progression, unhindered by the client. The self as an object disappears, in place of the subjective, holistic experiencing of the now. This stage is argued to be crucial to the process of therapeutic change, and the feeling of immediacy is almost irreversible in the individual's experience. Upon reaching this stage the client will most likely progress into the final stage without much necessary aid from the therapist. In this final stage, the client fully trusts their own process, they own their feelings and experience them completely and unopposed. The self increasingly becomes the subjective awareness of experiencing, and is less often a perceived object. Choice becomes real and effective as the client now holds all of their experience in awareness. Thus, it can be said that a client who reaches this final stage, has moved from a fixed and conflicted state, into one of a constant flow, a changing-ness which feeds on all experiences.

Rogers accounted for the cultural and social factors which affect clients in several ways. Although no specific importance is placed on a client's cultural background the person-centred therapist taps in to this by fully understanding the client's feelings through their own internal frame of reference. The PCT therapist does not provide rationalized explanations of an individual's behaviour, rather tries to interpret their feelings through their eyes, to see what they mean for them (Rogers, 1951). This process involves acquiring knowledge of their culture, their settings, and their societies, as it is unwise for the therapist to attempt to approach a client's problems through the lens of their own cultural background (MacDougal, 2002). He further stated that when therapists work with culturally diverse clients they should try to accept and understand these differences, and that their expression would reveal the individuals behind these cultures (Rogers, 1987).

PCT considers social factors which have impacted the client, primarily by what Rogers deemed conditions of worth. Children are not provided with unconditional positive regard, instead that they do receive is conditional, it is received only when one does something that is favourable or abstains from something which is not. Joseph (2004) defines conditions of worth as those lessons we learn from other and society about how to behave in order to be accepted and positively received. This marks the beginning of most negative processing in individuals according to Rogers (1959), as one must forego the value they find in their own experiences, and instead adopt those enforced by others, thus surrendering their self-concept to the ideals of those around them, instead of themselves (pp. 226). Person-centred therapy decreases the extent to which clients rely on others for guidance and their desire to fulfil others expectations. Instead they find value in themselves based on their own experiences (Rogers, 1961, pp.250). Furthermore, social factors are tackled implicitly through the individual's thought processes, for instance, to alter the ways in which others are perceived, Rogers (1951) maintained that it was only necessary to change how the client perceived themselves.

However, PCT has been criticized most heavily on this aspect of its technique, as many expound that every client and every individual counselling situation are unique and require various alterations in technique to fit the needs of each client (MacDougal, 2002). Rogers offered the identical facilitative conditions to each client, regardless of whether some might be more responsive to a sterner, more active approach; this passivity may be counterproductive for some personality types who are not willing to lead themselves, and may cause them to perceive the therapist as unwilling, disengaged, or uninvolved (Lazarus, 1993). PCT therapists are now advised to inquire about various possible therapeutic behaviours rather than assuming their intentions have been understood by their clients (Cain, 1990). Some argue that Rogers insistence on individualism, may be too heavily influenced by Western cultural values, and thus not applicable to individuals of more collectivist and socially oriented societies (Kensit, 2000; Sue & Sue, 1990). Rogers claims that PCT is nonetheless applicable to all cultures through its concentration on the individual (MacDougall, 2002), however this claim is refuted heavily by Usher (1989) and Meralli (1999), both of whom call for a psychotherapeutic practice which acknowledges the cultural values which it is embedded in, and recognizes the influence that these factors have on their clients.

PCT was established through the extensive collaboration of researchers, clinicians and theorists. This group determined which aspects of psychotherapy should be incorporated, and subsequently measured and tested these components to determine their affect on client outcomes (McLeod, 2001). Rogers (1974) stated that the client-centred point of view placed its paramount importance on the value of the subjective individual. Furthermore, the thoroughly objective and empirical science of outcome research can be used as a tool with which the individual may discover novel means of self-development and growth. The therapeutic relationship has been demonstrated to be one of the most salient factors in client outcomes. How potent this factor alone can be, is surprising; an in-depth meta-analysis of 200 research studies on the therapeutic relationship found it is statistically significantly correlated to client outcomes, and described the relationship as robust (Hovarth, Del Re, Flückiger & Symonds, 2011). The debate about Rogers' posited necessary conditions for psychotherapeutic change and just how essential their provision is in determining outcomes has continued into modernity within the field (Watson, 2007). Client factors and a positive working alliance/ therapeutic relationship have been found to be most predictive of outcome (Hovarth & Symonds, 1991; Lambert & Barley, 2002). Contrarily, evidence for the validation of treatment interventions alone, separated from the therapeutic relationship and individual client has proven weak (Norcross, 2002).

Similarly, Lambert and Barley (2001) concluded from their examination of 100 studies focused on client outcomes that client expectations, and therapeutic technique each accounted for only 15% of client outcomes, whilst the inter-related common factors of warmth, empathy and the therapeutic relationship accounted for 30% of client outcomes. As such, it is clear that the emphasis Rogers placed on the provision of a sufficient therapeutic relationship was not misplaced. Furthermore, the Norcross and Lambert (2011) suggest that there is reliable, high-quality evidence from meta-analyses to support the relationship variable factors of unconditional positive regard, congruence and empathy. Recent research also posits a bidirectional structuring of these three facilitative conditions, meaning that the

therapist's and the client's reciprocal experience of congruence, empathic understanding, and unconditional positive regard are mutually necessary and important in predicting outcomes (Murphy, Cramer & Joseph, 2012).

The effectiveness of client-centred, non-directive supportive therapies have surprised nonexperiential researchers, even when these methods were intended to serve as a control group. 60 years on, it is difficult to dispute Roger's original vision and the healing potential of the person-centred therapeutic relationship (Elliott, Greenberg & Lietar, 2004), this approach has also been demonstrated to be favourable with schizophrenics, as the non-invasiveness limits suspicion and hostility (Gerwood, 1993). However, when compared to other therapeutic methods PCT is equivocally comparable in effectiveness. This follows the original supposition of Rosenzweig (1936) that all therapies share enough common factors that none are exceedingly more effective or superior than any other. Luborsky et al. (2002) 17 meta-analyses which compared active treatments to each other and found no significant differences between treatments. Similarly, Elliott (2002) found no significant differences in client outcomes between humanistic therapies. However, it was demonstrated that clients who participate in humanistic therapies, including PCT, exhibit large amounts of change over time, are comparable to clients of cognitive behavioural therapy, maintain results in short (<12 months) and long (12 month) follow-up assessments, and most importantly demonstrate far greater change than untreated control clients.

In its formative years, Rogers was adamant of founding a new therapeutic technique that was grounded in empirical evidence. He desired to provide clients with what was necessary for them to gain insight into their own process, and to repossess their experience, and values, and no longer rely on external factors to determine their own worth. Although, outcome research played a pivotal role in its inception (McLeod, 2001), PCT acknowledges that an individual is not divisible to a statistic, or an effect size. Rogers (1985) stated that the meaningfulness of experience will never be sufficiently captured by scientific methods (p.16). The therapeutic method he developed transforms clients into people which perceive themselves with greater self-worth and self-efficacy, exhibit greater awareness of their emotions and experiences, and recognize that standards and values are not inherent qualities, but are determined by the subject for themselves (Rogers, 1951, p. 139)

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