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Program

Module 3
Therapy of Counseling - Humanistic Therapy

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Clients-Centered Counseling

What Is Client-Centered Therapy?

Client-centered therapy, also known as person-centered therapy or Rogerian therapy, is a non-directive form of talk therapy developed by humanist psychologist Carl Rogers during the 1940s and 1950s.

In this approach, you act as an equal partner in the therapy process, while your therapist remains non-directive - they don't pass judgments on your feelings or offer suggestions or solutions.

Rogers is widely regarded as one of the most influential psychologists of the 20th-century. He believed that people are the best expert on their own lives and experiences.

Rogers also suggested that people have a self-actualizing tendency, or a desire to fulfill their potential and become the best that they can be. His form of therapy was intended to allow clients to fulfill that potential by relying on their own strength to change.[1]

Initially, Rogers called his technique "non-directive therapy." Much like psychoanalyst Sigmund Freud, Rogers believed that the therapeutic relationship could lead to insights and lasting changes in clients.

While his goal was to be as non-directive as possible, he eventually realized that therapists guide clients even in subtle ways. He also found that clients often do look to their therapists for some type of guidance or direction.

Techniques

Mental health professionals who utilize this approach strive to create the conditions needed for their clients to change. This involves a therapeutic environment that is

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conformable, non-judgmental, and empathetic. They use three techniques to achieve this:[2]

- Genuineness and congruence
- Unconditional positive regard
- Empathetic understanding

By using these three techniques, therapists can help clients grow psychologically, become more <u>self-aware,</u> and change their behavior via self-direction. In this type of environment, a client feels safe and free from judgment.

"Client" vs. "Patient"

Rogers deliberately used the term "client" rather than "patient." He believed that "patient" implied that the individual was sick and seeking a cure from a therapist.

By using "client" instead, Rogers emphasized the importance of the individual in seeking assistance, controlling their destiny, and overcoming their difficulties. This self-direction plays a vital part in client-centered therapy.

Genuineness and Congruence

Client-centered therapists display genuineness and congruence with their clients. This means they always act in accordance with their own thoughts and feelings, allowing themselves to share openly and honestly.

This requires self-awareness and a realistic understanding of how internal experiences, like thoughts and feelings, interact with external experiences. By modeling genuineness and congruence, your therapist can help teach you these important skills.

Displaying genuineness and congruence also helps create a secure, trusting relationship between you and your therapist. This trust contributes to a feeling of safety,

which may help you engage with therapy more comfortably.[3]

Unconditional Positive Regard

Your therapist will show unconditional positive regard by always accepting you for who you are and displaying support and care no matter what you are facing or experiencing. They may express positive feelings to you or offer reassurance, or they may practice active listening, responsive eye contact, and positive body language to let you know that they're engaged in the session.

By creating a climate of unconditional positive regard, your therapist may help you feel able to express your true emotions without fear of rejection. This is often an affirming experience, and it may set the stage for you to make positive changes.[4]

The Role of Unconditional Positive Regard

Empathetic Understanding

Your therapist will also practice empathy during sessions, acting as a mirror of your feelings and thoughts. They will seek to understand you and maintain an awareness and sensitivity to your experience and your point of view.

The goal is to help you build a rapport with your therapist and ensure that you feel fully understood. This may provide you with the environment you need to reflect on your own inner thoughts, perceptions, and emotions, which may offer unique insights you didn't have access to previously.[5]

What to Know About Therapeutic Rapport

What Client-Centered Therapy Can Help With

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Client-centered therapy may help people who are experiencing:

- Anxiety and psychosis[6]
- Dementia[7]
- Depression[8]
- Mood disorders[4]
- Negative thoughts related to post-traumatic stress disorder (PTSD)[9]

Benefits of Client-Centered Therapy

Client-centered therapy may improve self-concept, which is your organized set of beliefs and ideas about yourself. Self-concept plays an important role in determining not only how people see themselves, but also how they view and interact with the world around them.[3]

Sometimes, self-concept is congruent with reality. In other cases, self-perceptions are unrealistic or not in tune with what exists in the real world. While most people distort reality to at least a small degree, when self-concept is in conflict with reality, incongruence can result.

For example, imagine a young woman who views herself as uninteresting and a poor conversationalist despite the fact that other people find her fascinating and quite engaging. Because her self-perceptions are not congruent with reality, she may experience poor self-esteem.

Through the process of client-centered therapy, you can learn to adjust your self-concept in order to achieve congruence. The techniques used in the client-centered approach are all focused on helping you reach a more realistic view of yourself and the world.

What Is Self-Concept and How Does It Form?

Effectiveness

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Several studies have shown that the techniques used in client-centered therapy are beneficial.

- Genuineness and congruence appear to lead to better outcomes, especially when they are used in school counseling settings.[3]
- Unconditional positive regard is also effective, particularly at improving overall well-being for people with mood or anxiety disorders.[4]
- Empathetic understanding appears to promote positive outcomes, especially for people experiencing depression and anxiety.[5]

It's not clear if these factors alone are enough to promote lasting change in clients. Outcomes for clients may also depend on their perception of their therapist—if they don't see their therapist as empathetic, for instance, they may not experience positive results from treatment.[5]

Things to Consider

For client-centered therapy to be effective, you need to be willing to share your internal experiences with your therapist without their direct guidance or advice. You will act as an equal partner during therapy, often determining the course of your sessions (though your therapist may also ask questions or seek clarification).

While client-centered therapy can help you gain the self-efficacy needed to feel comfortable leading the conversation, this may not be the ideal approach for everyone. Some people may find they prefer therapists who are more directive.

The relationship you and your therapist establish is also an important part of this form of therapy. If you don't feel understood by your therapist or don't feel safe and supported enough to share your thoughts openly, it will be more difficult to make progress.[5]

How to Get Started

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Client-centered therapy can be delivered individually or as part of <u>group therapy</u> in both outpatient and inpatient settings. If you're <u>looking for a therapist</u> near you, you can ask your primary healthcare provider for recommendations.

During your <u>first session</u>, your therapist will ask about the problems you're facing and your reasons for seeking treatment. They may also go over how the therapy process works and answer any questions you may have, including those about billing and health insurance.

Throughout treatment, your therapist will encourage you to step into an equal role. They may reflect what you say back to you to make sure they understand the thoughts and feelings you're expressing. Overall, you'll be encouraged to explore the issues that are important to you, with your therapist offering support along the way.

[1]Abraham Maslow, His Theory & Contribution to Psychology

Abraham Maslow was one of the most influential psychologists of the twentieth century.

Among his many contributions to psychology were his advancements to the field of humanistic psychology and his development of the hierarchy of needs.

Maslow's career in psychology greatly predated the modern positive psychology movement, yet the field as we know it would likely look very different were it not for him.

This article will discuss some of Maslow's formative experiences, his contributions to psychology, and his work's relationship to the positive psychology movement.

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[1] https://positivepsychology.com/abraham-maslow/#references

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Abraham Maslow's Life

Abraham Maslow was born in New York in 1908. He was the son of poor Russian-Jewish parents, who, like many others at the time, immigrated from Eastern Europe to flee persecution and secure a better future for their family (Hoffman, 2008).

Throughout various interviews, Maslow described himself as neurotic, shy, lonely, and self-reflective throughout his teens and twenties. This was, in part, because of the racism and ethnic prejudice he experienced owing to his Jewish appearance. He himself, however, was non-religious.

Maslow also did not enjoy being in the family home, so he spent much of his time at the library, where he developed his academic gifts (DeCarvalho, 1991). Consequently, Maslow later attributed his interest in self-actualization and the optimization of the human experience to his timid nature and the isolation it caused (Frick, 2000).

Education and Career

After attending public school in a working-class neighborhood in New York, Maslow attended the University of Wisconsin to study psychology. Initially, he was interested in philosophy, but he soon grew frustrated with its inapplicability to real-world situations and switched his focus to psychology (Frick, 2000).

Maslow was originally engaged in the field of behaviorism, which argues that human behavior can be explained and altered using forms of conditioning. In line with the laboratory-based methods at the time, Maslow conducted research with dogs and apes, and some of his earliest works looked at the emotion of disgust in dogs and the learning processes of primates (DeCarvalho, 1991).

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While Maslow ultimately pivoted from behaviorism, he was observed to have remained staunchly loyal to the principles of positivism throughout all stages of his education and career, which are at the foundation of this branch of psychology (Hoffman, 2008).

According to this philosophy, only that which is scientifically verifiable or can be shown using logical or mathematical proof is considered valid.

As such, Maslow was a firm believer in the power of empirical data and measurability for forwarding human knowledge. He was known to have resisted the interest in mysticism that dominated in the 1960s, preferring instead to study businesses and entrepreneurship (Hoffman, 2008).

Maslow eventually studied **gestalt psychology** at the New School for Social Research in New York. He later joined the faculty of Brooklyn College and rose to become head of the psychology department at Brandeis University in Waltham, where he remained until 1969 (Encyclopedia Britannica, 2021).

During his career, Maslow co-founded the *Journal of Humanistic Psychology* in 1961, and the *Journal of Transpersonal Psychology* in 1969 (Richards, 2017). Today, both journals are highly cited, well-respected outlets in their fields, serving as a tribute to Maslow's legacy in the field of psychology.

The Impact of World War II

With the onset of World War II, Maslow's intellectual focus is reported to have changed, and this was when his work began to shift the landscape of the psychology field. At the time, Maslow was thirty-three years old and the father of two children.

In his writings, he lamented that the U.S. forces did not understand the German opposition and felt that the field

of psychology could help facilitate understanding and restore peace to the world (Hoffman, 1999).

Therefore, given the horrors of the war, Maslow conducted his research with a renewed sense of urgency. This led to his famous works on the concept of **self-actualization** and the introduction of his seminal hierarchy of needs in the mid-1940s (Hoffman, 2008).

Maslow's Contributions to Humanistic Psychology

Soon after Maslow began his career, he grew frustrated with the two dominant forces of psychology at the time, Freudian psychoanalysis, and behavioral psychology (Koznjak, 2017).

Maslow believed that psychoanalysis focused too much on "the sick half of psychology" (Koznjak, 2017, p. 261). Likewise, he believed that behaviorism did not focus enough on how humans differ from the animals studied in behaviorism. He thus contributed to the third force of psychology that arose in response to this frustration: *humanistic psychology*.

Humanistic psychology gained influence in the mid-20th century for its focus on individuals' innate drive to self-actualize, express oneself, and achieve their full potential.

Such foci represented a significant shift from the pathologizing and behaviorist approaches of the past, and Abraham Maslow's work is widely considered having been at the center of this movement.

At the core of the humanistic psychology movement was the idea from gestalt psychology that human beings are more than just the sum of their parts and that **spiritual aspiration** is a fundamental part of one's psyche.

Maslow himself was known to have been a big believer in this view; he was widely known for his optimism

throughout his research. Further, his works were some of the first to deviate from psychology's dominant focus on pathology and instead explore what it takes for humans to reach their full potential.

A key reason why Maslow's work triggered a movement is owed to the way he positioned the role of human unconsciousness. Like Freud, a proponent of the dominant psychoanalytic approach at the time, Maslow acknowledged the presence of the human unconscious (The Psychology Notes HQ, n.d.).

However, whereas Freud argued that much of who we are as people is inaccessible to us, Maslow argued people are acutely aware of their own motivations and drives in an ongoing pursuit of self-understanding and self-acceptance. These ideas were ultimately reflected in his seminal works on self-actualization and his hierarchy of human needs (The Psychology Notes HQ, n.d.).

Maslow's Hierarchy of Needs

In 1943, Maslow published the epoch-making article of his career, *A Theory of Human Motivation*, which appeared in the journal, *Motivation and Personality* (DeCarvalho, 1991). In the paper, Maslow argued that "the fundamental desires of human beings are similar despite the multitude of conscious desires" (Zalenski & Raspa, 2006, p. 1121).

According to the theory, humans possess higher- and lower-order needs, which are arranged in a hierarchy.

These needs are:

- Physiological needs
- Safety
- Belongingness and love
- Esteem and
- Self-actualization (Maslow, 1943).

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In his article, Maslow (1943) describes these needs as being arranged in a hierarchy of prepotency.

In other words, the first level of needs are the most important and will monopolize consciousness until they are addressed. Once one level of needs is taken care of, the mind moves on to the next level, and so on, until self-actualization is reached.

Levels of Maslow's Hierarchy

Let's inspect each of the levels in Maslow's hierarchy.

At the bottom of the hierarchy are physiological needs, which are considered universal. Among the physiological needs are air, water, food, sleep, health, clothes, and shelter. These needs positioned at the bottom of the pyramid signifies they are fundamental to human wellbeing and will always take priority over other needs.

Next in the hierarchy are safety needs. If a person does not feel safe in their environment, they are unlikely to guide attention toward trying to meet higher-order needs. In particular, safety needs include personal and emotional security (e.g., safety from abuse), financial security, and **well-being**.

Third in the hierarchy is the need for love and belonging through family connections, friendship, and intimacy.

Humans are wired for connection, meaning that we seek acceptance and support from others, either one-on-one or in groups, such as clubs, professional organizations, or online communities. In the absence of these connections, we fall susceptible to states of ill-being, such as clinical depression (Teo, 2013).

The fourth level of the hierarchy is esteem needs. According to Maslow, there are two subtypes of esteem. The first is esteem reflected in others' perceptions of us. That is, esteem in the form of prestige, status,

recognition, attention, appreciation, or admiration (Maslow, 1943).

The second form of esteem is rooted in a desire for **confidence**, strength, independence, and the ability to achieve. Further, Maslow notes that when our esteem needs are thwarted, feelings of inferiority, weakness, or **helplessness** are likely to arise (Maslow, 1943).

Self-Actualization, Peak Experiences and Self-Transcendence Needs

At the top of Maslow's hierarchy is self-actualization. According to Maslow, humans will only seek the satisfaction of this need following the satisfaction of all the lower-order needs (Maslow, 1943).

While scholars have refined the definition of **self-actualization** over the years, Maslow related it to the feeling of discontent and restlessness when one is not putting their strengths to full use:

"A musician must make music, an artist must paint, a poet must write, if he is to be ultimately happy. What a man can be, he must be. This need we may call self-actualization." Maslow (1943, p. 382)

Examples of self-actualization needs include the acquisition of a romantic partner, parenting, the utilization and development of one's talents and abilities, and goal pursuit (Deckers, 2018).

Toward the end of his career, Maslow revisited his original conceptualization of the pyramid and argued a sixth need above self-actualization. He called this need self-transcendence, defined as a person's desire to "further a cause beyond the self and to experience a communion beyond the boundaries of the self through peak experience" (Koltko-Rivera, 2006, p. 303).

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Examples of behaviors that reflect the pursuit of self-transcendence include devoting oneself to discovering a 'truth,' supporting a cause, such as social justice or environmentalism, or seeking unity with what is perceived to be transcendent or divine (e.g., strengthening one's relationship with God).

According to Maslow, those pursuing self-actualization and self-transcendence are more likely to have peak experiences, which are profound moments of love, rapture, understanding, or joy (Maslow, 1961).

Examples of peak experiences can include mystical experiences, interactions with nature, and sexual experiences wherein a person's sense of self transcends beyond the personal self (Koltko-Rivera, 2006).

Today, many psychologists interpret Maslow's description of peak experiences as similar to or synonymous with the experience of **flow** (Csikszentmihalyi, 1990), which remains a fundamental concept in modern positive psychology.

Criticisms and Modern Applications of Maslow's Hierarchy

While modern research has confirmed the presence of universal human needs (Tay & Diener, 2011), most psychologists would agree that there is insufficient evidence to suggest such needs exist within a hierarchy.

This is one of just several criticisms of Maslow's hierarchy and work. Other issues raised by scholars are:

- The failure to account for cultural differences stemming from one's upbringing within an individualist versus a collective society, as these differences may influence how a person prioritizes their needs (Wahba & Bridwell, 1976);

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- The positioning of sex within the hierarchy which Maslow argued falls under physiological needs (Kenrick, Griskevicius, Neuberg, & Schaller, 2010); and

- The possibility that the ordering of needs may change depending on region, geopolitics, and so forth. For instance, the positioning of safety and physiological needs in the hierarchy may change during times of war (Tang & West, 1997).

Despite these criticisms, Maslow's hierarchy of needs is still widely taught and a staple of any introductory psychology course. Further, the hierarchy has been adapted for use across a range of fields, including urban planning, development, management, and policing (de Guzman & Kim, 2017; Scheller, 2016; Zalenski & Raspa, 2006).

Among these modern applications of the theory are works adapting the theory to apply to **communities** rather than to individuals (de Guzman & Kim, 2017; Scheller, 2016), suggesting that Maslow's hierarchy has influenced modern psychology in ways he likely did not intend.

Abraham Maslow and Positive Psychology

So, what does Abraham Maslow have to do with positive psychology?

According to humanistic psychologist Nelson Goud, "the recent Positive Psychology movement focuses on themes addressed by Maslow over 50 years ago." Goud also believed "that Maslow would encourage the scholarly approach [positive psychology] uses for studying topics such as happiness, flow, courage, hope and **optimism**, responsibility, and civility" (Goud, 2008, p. 450).

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More than anything, both Maslow and proponents of positive psychology are driven by the idea that traditional psychology has abandoned studying the entire human experience in favor of focusing on mental illness (Rathunde, 2001).

Indeed, Maslow held a conviction that none of the available psychological theories and approaches to studying the human mind did justice to the healthy human being's functioning, modes of living, or goals (Buhler, 1971).

To proponents of positive psychology, this reasoning should sound familiar. In fact, Maslow even used the term "positive psychology" to refer to his brand of humanistic psychology, though modern positive psychologists like Martin Seligman claim that humanistic psychology lacks adequate empirical validation (Rennie, 2008).

At the end of the day, both proponents of positive psychology and Maslow believe(d) that humanity is more than the sum of its parts and especially more than its illnesses or deficiencies. To a positive psychologist, optimizing the life and wellbeing of a healthy person is just as important as normalizing the life of a person who is sick, and Abraham Maslow helped legitimize this idea within the field of psychology.

A Take-Home Message

If we are to sum up Maslow's impact on the field of psychology, we might credit him for encouraging a generation of psychologists to think more holistically about their approach to studying the human condition.

For the psychologists of the time, pathologizing and theories from behaviorist research with animals were some of the only tools available to understand people's complex inner worlds. Yet, these tools were inadequate

as they failed to account for the uniqueness of each individual.

Shaped by his experiences as a child and during WWII, Maslow introduced a whole new set of tools to the psychologist's toolkit, enabling scientists and practitioners to affect people's lives positively beyond mental illness and treating symptoms.

It is clear that Maslow was driven by a desire to help people live the best lives they could, acknowledging their unique humanity along the way. May his work and dedication to pursuing human happiness serve as an inspiration to us all.

Transactional Analysis (TA) Counseling

What is Transactional Analysis Counseling (TA)?

Transactional analysis Counseling (TA) is a popular form of modern psychology, and one of the most comprehensible theories in psychology. It is designed to promote personal growth and change, and is regarded as an important therapy for well-being, and for helping individuals to reach their full potential in all aspects of life.

Counseling Psychology Online, are trained in offering TA Therapy. Our therapists are based in Surrey, Somerset, Kent and Stoke, and give Transactional Analysis Counseling remotely to individuals, couples, and families across the UK.

How TA Counseling Works?

Transactional Analysis Counseling is based on the theory that each person has three ego-states: parent, adult, and child. These are used along with other concepts, and tools and models will be used to help analyze how you communicate and to identify what interaction may be needed for a better outcome.

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Ego-states refer to the three major parts of our personality, and they each reflect an entire system of thoughts, feelings, and behaviours.

These ego-states are:

Child – Rooted in the past; these are a set of thoughts, feelings and behaviours learnt from our childhood. These can be free and natural or strongly influenced by our parental influences.

Adult – Rooted in the present. This state relates to direct responses in the 'here and now' that are not influenced by our past. This tends to be the most rational part of our personality.

Parent – Rooted in the past; a set of thoughts, feelings and behaviours learnt from our parents and other important people. This part of our personality can be supportive or critical.

Our ego-states determine how we express ourselves as individuals, interact with each other and form relationships. The simplicity of the terminology used in TA makes the model very accessible.

Throughout therapy, the TA therapist will work directly on problem-solving behaviours, whilst helping you to develop day-to-day tools for finding constructive, creative solutions. The ultimate goal is to ensure you regain absolute autonomy over your life. This autonomy is defined as the recovery of three vital human capacities – spontaneity, awareness, and intimacy.

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Here are some of the key points that differentiate the counseling types we've mentioned so far:

Counseling Type	Key Points
Psychodynamic	Focused on how past experiences affect current problems Concerned with unconscious drives and conflicting aspects of personality Traditionally, the therapist takes the expert role
Interpersonal Counseling	Diagnosis focused Concerned with interpersonal relationships Therapist functions as a client's ally
Client-Centered Therapy	Humanistic approach Focused on realizing human potential Supports client discovery Counselor is empathetic, nonjudgmental, and nondirective
Existential Therapy	Focused on what it means to be alive Non-symptom focused Clients guided in discovering unfulfilled needs and realizing potential
Cognitive-Behavioral Therapy	Focused on how both thoughts and behaviors affect outcomes Evidence-based, effective, and highly versatile
Mindfulness-Based Counseling	Focused on feelings and thoughts in the moment, without judgment Includes CBT with a Buddhist-based mindfulness component Highly versatile
Rational Emotive Therapy	Focused on how faulty thinking relates to distress Therapist is active and directive
Reality Therapy	Focused on the present day Non-symptom focused Promotes individual responsibility and taking control of one's life Counselor is positive and nonjudgmental
Constructionist Therapy	Focused on how cultural influences and interpretations shape meanings Strong interest in language Client driven, counselor acts as collaborator
Systemic Therapy	Focused on how systems (e.g., school, work, family) affect underlying issues Therapist collaborates with people across and within systems

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Narrative Therapy	Focused on the stories we tell ourselves about who we are Counselor works collaboratively to create alternate stories
Creative Therapy	Focused on the use of artistic expression as a cathartic release of positive feelings Highly versatile — music and various art mediums may be used

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Module 3: Homework

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Question 3: Match Counseling Type with the 12 Key Points

Counseling Type	Key Points	Match Counseling Types with the key Points:
_____ _____ _____	Focused on how past experiences affect current problems Concerned with unconscious drives and conflicting aspects of personality Traditionally, the therapist takes the expert role	1. Client-Centered Therapy 2. Cognitive-Behavioral Therapy 3. Constructionist Therapy
_____ _____ _____	Diagnosis focused Concerned with interpersonal relationships Therapist functions as a client's ally	4. Creative Therapy 5. Existential Therapy 6. Interpersonal Counseling
_____ _____ _____	Humanistic approach Focused on realizing human potential Supports client discovery Counselor is empathetic, nonjudgmental, and nondirective	7. Mindfulness-Based Counseling 8. Narrative Therapy 9. Psychodynamic
_____ _____	Focused on what it means to be alive Non-symptom focused	10. Rational Emotive Therapy 11. Reality Therapy 12. Systemic Therapy

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	Clients guided in discovering unfulfilled needs and realizing potential
_____	Focused on how both thoughts and behaviors affect outcomes Evidence-based, effective, and highly versatile
_____	Focused on feelings and thoughts in the moment, without judgment Includes CBT with a Buddhist-based mindfulness component Highly versatile
_____	Focused on how faulty thinking relates to distress Therapist is active and directive
_____	Focused on the present day Non-symptom focused Promotes individual responsibility and taking control of one's life Counselor is positive and nonjudgmental
_____	Focused on how cultural influences and interpretations shape meanings Strong interest in language Client driven, counselor acts as collaborator
_____	Focused on how systems (e.g., school, work, family) affect underlying issues Therapist collaborates with people across and within systems
_____	Focused on the stories we tell ourselves about who we are Counselor works collaboratively to create alternate stories
_____	Focused on the use of artistic expression as a cathartic release of positive feelings Highly versatile — music and various art mediums may be used

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Question 4: In your own words – Explain what is Transactional Analysis?

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Question 5: Explain 3 of the 12 Most Common Approaches to Counseling? Why did you choose these Common Approaches?

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Notes / Comments / Questions Session

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