Client-Centered Therapy

Douglas D. Blocksma

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DEFINITION

Client-Centered Therapy is a method of counseling devised by Carl Rogers that stresses empathic listening and dependence on the client's perception of himself, his problems, and his resources. The counselor limits himself to reflecting stated thoughts and feelings, whether done in a one-to-one or group setting. The counselor controls the client only with regard to length and time of sessions. The client is free to vent his feelings in any way he sees fit without benefit of intervention, interpretation, or imposition of counselor values. No diagnosis, no case history, and no evaluative judgments are made. However, there is a tacit encouragement for the client to be expressive, to deal with the present or past, and to prescribe goals or action for himself as he sees fit. Meanwhile, the counselor practices participative listening.

HISTORY

Carl Rogers is a psychologist who recognized early in his career that children as well as adults could do a lot of independent altering of their lives if

given understanding and love. He turned away from the moralisms of religion, from the testing methods of psychology, and from the diagnostic and interpretive methods of psychiatry. He utilized his intuition, experience, and research methods to develop a nondirective or client-centered system of reacting to counselees.

He made his first observations of the effect of counselor behavior on clients during the 1930s at the Rochester (New York) Guidance Center. During the early 1940s, he researched Client-Centered Therapy at Ohio State University and wrote Counseling and Psychotherapy. This book contained one of the first of a long series of presentations of what was actually said by client and therapist in therapy sessions. From 1945 to 1957 he continued his therapy, research, and teaching at the University of Chicago. He published Client-Centered Therapy in 1951, which included some theory as well as applications of his viewpoint to settings other than individual therapy.

From 1957 to 1964, he worked with psychotics at the University of Wisconsin and then moved to La Jolla, California, where he developed a training center for therapists and leaders of organizations. Today he is active in applying client-centered principles to leadership education.

TECHNIQUE

The client-centered therapist gives the patient the time and attention he

needs to explore his situation in his own way and at his own pace. The therapist shows interest, patience, understanding, and humor; further, he reflects the emotional quality of the client's comments as he restates or rephrases what the client said. Rogers's research indicates that the therapist's sensitivity to the client's feelings and comments, and his nonjudgmental acceptance of them helps the client to absorb anger or whatever feelings have created tensions, organ reactions, or relationship problems for him. If the client wants to deal with the past, he can do so. If he chooses to sit in silence, he may do so. If he wants to transfer his feelings to the therapist, the therapist will reflect this but not interpret it. Thus, a unique atmosphere is created in which the client can be himself and not be judged, rejected, or advised, which he probably has been in his everyday life.

Learning Client-Centered Therapy as a therapy takes years of disciplined training under supervision and observation via tapes and audio-visual aids. Learning reflections of feelings as a technique has been helpful to thousands of educators, ministers, business managers, policemen, and parents.

APPLICATIONS

During the 1950s, at the University of Chicago, Carl Rogers recognized that client-centered principles could be effectively utilized in groups as well

as individual relationships. He noted that his graduate classes, which were based on participation, free expression, and self-initiated learning activities, and were taught without prescribed curricula or grades, resulted in the same outcomes as in individual therapy. Throughout the 1970s, he has used groups almost exclusively in educating therapists and organization leaders. It is a rewarding experience to enter one of Rogers's groups and find that there is no one telling you what to do; nor is anyone competing with you for grades. Group members cooperate to help one another with whatever problems surface in the group. Members become co-therapists with Rogers. Learning activities are self-generated.

Thus, Client-Centered Therapy methods and attitudes can be applied in any setting where people interact with people. Client-Centered Therapy may not completely answer the problems of individuals and groups, but it can open up many normal and neurotic people who are well enough to communicate and to relate within normal limits.

During his fifty years in psychology, there has seldom been a workday in which Carl Rogers did not do individual or group therapy. Client-centered therapists have done research on therapy sessions that can be examined by any scientist in the field. Experience and research characterize Rogers's contribution which may be somewhat simplistic in its method but is profound in its effect.

Client-centered reflection of situational feelings is a technique that any therapist can use effectively in communicating. As a complete therapy, the client-centered approach can be used mainly with well-motivated, communicative clients. It does not work as a complete therapy with psychotics, clients with health problems, silent or resistive clients, or those who need diagnosis and evaluation for placement. Client-Centered Therapy is an excellent technique but is limited as a total therapy approach.