UNIT 5: THEORETICAL APPROACHES TO COUNSELLING AND RELATED THERAPIES II: EXISTENTIAL-HUMANISTIC APPROACH *

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5.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the basic view of human nature from the perspective of existential and humanistic theories;*
- *Describe the basic process of Counselling and strategies/techniques used by existential and person-centered psychotherapist; and*
- *Understand the contributions and limitations of these approaches.*

5.2 INTRODUCTION

Counselling has been influenced by multiplicity of perspectives. Human potentials and problems can be considered from diverse pathways – psychodynamic, cognitive, behavioral, affective, interpersonal, existential and humanistic approach. In the previous unit you learned about psychodynamic approach to Counselling and therapy. In this unit, we would

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study one of the strongest pillars of Counselling psychology, the third force in Psychology – the existential-humanistic approach. In the next unit, you will learn about cognitive-behavioral approach to Counselling. These three approaches make up the backbone of Counselling and therapy.

Many ideas in Counselling and psychotherapy have originated in philosophies. The existential-humanistic approach to Counselling is an amalgamation of existential and humanistic schools of thought. The basic difference in this approach and others is the relative importance it gives to client's subjective experiences and their personhood, rather than symptoms; and the focus on growth of clients rather than pathology. All problems are seen as originating from diminished ability of the client to make authentic, meaningful, and self-directed choices in life. Hence, the overall goal of therapy is to increase the individual's self-awareness, thereby empowering him/her to make healthy and appropriate choices. The major themes inherent in this approach is that of responsibility and freedom to make choices, owning the choices made and self-acceptance and a constant movement towards self-actualization and growth.

The existential-humanistic theories are also called as 'humanistic theories' whose main focus is on the individual as responsible for their own growth and development. This requires an increased awareness and understanding of oneself. Humanistic theories can include existential, person-centred and gestalt theories.

5.3 EXISTENTIAL THERAPY

Existential therapy owes its genesis to the European philosophers Martin Heidegger (1889–1976), Soren Kierkegaard (1813–55) and Jean-Paul Sartre (1905–80). Have you ever experienced any dreadful situation in which you feel that it's the end of your world? In this journey called life, one is sometimes thrown into such circumstances. Many people have gone through crisis, pain and suffering – experiences quite unique to themselves. The challenges faced, if taken positively, provide a myriad of opportunities and can turn the tide in favor of the one who is struggling. All the three pioneers in existential therapy - Victor Frankl (1905-1997), Rollo May (1909-1994) and Irvin Yalom (1931-) - had an extreme situation in their life which rendered them opportunity to test some perpetual questions that pervades human lives – questions pertaining to meaning in life, existence of God, death, self, etc. All of them in common were interested in issues of freedom, meaning of life, anxiety, search for values, responsibility, isolation and death.

Existential therapy is not a very well-defined or structured approach to therapy. It is often not considered as a separate school as it doesn't offer any concrete model of therapy. It is considered more of a philosophical approach towards therapy, asking deeper existential questions on human suffering, meaninglessness and other themes mentioned above. The approach is often considered to just "assist client" in finding meanings through reflection and by recognizing various alternatives and by making them decide on their own.

In fact existential therapists like van Deurzen do not even consider the client as being sick rather as someone who is "*sick of life or clumsy at living*"

(van Deurzen, 2002). This points to the very basic premise of existential therapy – human beings are free and can change by taking responsibility and making choices in their lives.

Such freedom is implied when Mahatma Gandhi said "You can chain me, you can torture me, you can even destroy this body, but you will never imprison my mind" in his fight against British Rule in India. Similar is the view expressed by Victor Frankl, believed to be one of the founding members of existential theory and therapy, who said that "everything can be taken from humans - except one thing, that is the freedom of mind or the attitude one can have in any given situation". So the choice is always with the individual.

Viktor Frankl, Austrian Neurologist (1905-1997)
Source: Wikimedia Commons

"Everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given circumstances, to choose one's own way."

View of Human Nature

With the motivation to help people suffering from existential crises like meaninglessness and alienation, the existential tradition seeks to strike a balance between recognizing the limits of human existence at one end of the spectrum to the limitless possibilities and potentials of human life on the other. It also juxtaposes the brighter side of life (courage, hope, meaning) with the darker side (anxiety, dread, death).

The approach recognizes the inquisitive human nature that constantly questions about self and the world. It assumes that humans are motivated to make sense of their existence; and existential therapy facilitates this meaning making process. It also recognises the unfolding nature of self processes and looks at individuals as a set of possibilities that manifests as per the choices they make.

Some basic dimensions of human nature according to the existential approach are:

- Self awareness: Humans have the distinct capacity for becoming self aware. Awareness leads to freedom, freedom implies choice and choice comes with responsibility. Acknowledging the freedom to be as well as recognizing the contextual and social constraints and negotiating the two constitutes life. Choosing to expand one's awareness implies growth.

- Choice and responsibility: Humans have the responsibility of shaping their own destiny. They are the masters of their own selves and have the necessary freedom to choose among different life paths and take action. The ones who exercise their choice and take responsibility are authentic.
- Humans have the basic need to maintain their uniqueness and individuality as well as are motivated by relational and social needs. The paradox of creating one's distinct identity, of having the courage to be our true self and of establishing meaningful relationships with others describes life.
- There is an ongoing search for meaning, purpose, values and goals in our lives. When we experience meaninglessness or emptiness in our lives, we are motivated to create a new life with purpose.
- Humans experience anxiety in their efforts to become their authentic self. This anxiety, called existential anxiety, is inevitable. It results when we come face to face with death or loss, pain and suffering, meaninglessness and existential vacuum, isolation and uncertainty in life.
- Death is inevitable and rather than avoiding it, awareness of its inevitability makes life significant and helps us appreciate the present. Acknowledging the impermanence of life can serve as a motivation, or act as a wake-up call to enjoy the beauty of the present moment.

Soren Kierkegaard was a notorious scholar of his times. He challenged the prevailing Christian beliefs in society and argued that religion required one to doubt. He also liked to challenge his own ideas by publishing contradictions of his work under different names.

One of Martin Heidegger's most influential writings, *"Being and Time" (1927)* is actually an unfinished work. It influenced future existential thinkers like Sartre, who read this work when he was held as a prisoner of war during World War II.

Jean-Paul Sartre was awarded the Nobel Prize in literature in the year 1964 and he turned it down. Sartre also turned down many other honours in his lifetime, never wanting to affiliate his work to any particular institution, nation or individual.

The main therapeutic ***goal of existential therapy*** is to help the client become self aware and embrace their authentic self. This includes inviting clients to come to terms with their problems, supporting them to come up with the alternatives to reclaim and re-own their lives with authenticity. The specific goals include helping clients be fully present to themselves and in relationships, motivating them to take charge of their lives with responsibility, and to broaden their perspectives of looking at themselves and the world. The task is to assist clients in exploring their lives further, by learning lessons from the past and creating something valuable in the present.

So, the goals of existential therapy are varied, with the crux being helping the client move towards greater acceptance of self and situation, becoming more aware, exercising choice and creating their own destiny. All this eventually helps in making life more meaningful. These goals make it quite evident that existential therapy is primarily an exploratory approach, where there is exploration of experiences pertaining to choice, identity, love, death and freedom.

5.3.1 Role of the Counselor

Understanding the subjective world of the client is the primary role of an existential counselor. They do not adopt an objective, detached stance, rather focus on creating caring and intimate relationships with clients. The counselor ensures that the client realizes the importance of personal responsibility and accepts responsibility for their life and their choices. Blaming the other or the situation is not an option. Even when the client does blame others for their life conditions, the counselor motivates them to look into their contribution to the problem situation. The counselor invites clients to become self-aware, for only when a person is self-aware can s/he accept and live life responsibly. It's like the therapist holding up a mirror for the client to reflect and confront themselves. This helps them realize how they are living an inauthentic life and restricting their existence and makes them ready to change for their future.

This therapeutic journey is considered to be a unique and creative process for each client. The counselor in their own authentic way of relating to the client creates space for exploration and experimentation, and encourages them to do the same in real life situations too, outside of therapy.

Client's experience in therapy

The client in existential therapy plays an active role. In the process of reflection and exploration of self in the world, clients experience diverse shades of emotions from fear to anger, joy, sadness to excitement. They become increasingly aware of how they are shackling themselves and hence might also taste some bits of existential freedom. Agency and responsibility is emphasised. Translating their realizations into action is a mark of effective therapy. Taking small steps towards a more fulfilling, happy and meaningful life with courage and hope, recognizing the freedom that they have (no matter however small) and extending the freedom through these small steps is emphasised by existential thinker Rollo May.

5.3.2 Techniques/ Strategies

Viktor Frankl, a leading existentialist, have come up with 'logotherapy' which emphasizes on finding meaning in life. "He who has a why to live can bear with almost any how" (Frankl, 1963, p.121). Thus meaning making is important which acts as a motivational force for human to live. It highlights the client's experiences and subjective world to find out meaning inone's existence here in this world.

Frankl, J.D. (1963). Persuasion and healing: A comparative study of psychotherapy. Oxford, England: John Hopkins University Press.

Existential therapy is not a technique driven approach. It focuses on understanding the subjective experiences, the unique life world of each

client. The focus is not on diagnosis or planning interventions, rather on describing, understanding and exploring the client's subjective reality like a "fellow traveller" or "philosophical companion". Every therapeutic interaction is unique based on how creatively the therapist carves out a session, depending upon client's problems and concerns, and therapist's own personality and style. Being responsive to client's needs is the key. Like other humanistic-existential approaches, the relationship between the client and the counselor is central to the change process.

Client-counselor relationship

Existential therapists give central prominence to their relationship with the client. It is an authentic relationship, something that is referred to as an encounter between "I and thou" (Buber, 1970). In such relations there is true dialogue, with the interaction being direct and mutual between two individuals. It is a mutual journey of self discovery for both the counselor and client. Therapy is viewed as the context during which the relational and existential problems of the client come to surface. Thus the focus is on the 'here and now' interaction between client and counselor.

Rather than specific techniques, it is the attitude of the therapist that counts. Therapist's honesty, integrity, courage and authentic ways of being influences the client also to be progressively authentic. If the therapist is non-genuine and non-transparent, the client too would remain guarded and defensive.

The therapeutic relationship is marked by respect and faith in clients' potential to change towards an authentic existence, genuine concern and empathy for client's inner experiences, and presence of the therapist. Presence implies attunement of the therapist to the client's subjectivity, a sense of connection and companionship, and not just a focus on the content of the client's sharing.

5.3.3 Evaluation

Existential therapy can be easily integrated into most therapeutic traditions as an overarching framework. Creative integration of cognitive behavioral techniques with themes from existential approaches has already been done. It is argued that the emerging trend towards positive psychology is in line with that of the existential approach's affinity towards authenticity, subjective experiences, personal growth, agency, responsibility and meaning in life. Existential practice has been applied in a variety of settings and with a diverse population of clients, including those with substance abuse issues, ethnic and racial minorities, gay and lesbian clients, and psychiatric inpatients. It is effective for clients coping with developmental crises, experiencing grief, confronting death, or facing a turning point in life.

However, existential approach to therapy has also often been criticized as it lacks systematic principles and techniques of psychotherapy. It remains one of the most widely influential, yet least officially embraced approaches. This could be due to the increasing preference for manualized and structured therapy or evidence-based practice. Concepts such as "authenticity" or "being-in-the-world" are difficult to define and hence difficult to research. Another major drawback is the amount of maturity, experience and training required from the practitioners. The existential therapist needs to be wise,

and must be capable of profound human understanding of life and its nature. Yet the most important aspect of existential therapy is its stance on placing a value on the darker side of human experience and to be able to explore, experience and make meaning out of it.

Some also regard existential therapy as too individual centric and as discounting social factors in shaping human concerns. The therapy would also be limited in the face of clients believing very strongly in the absence or lack of choice due to environmental or situational constraints. The pressures we face due to family or community (e.g., the influence of khap panchayat, complex social institutions in the north India regions related to various decisions in people's lives) cannot be negated.

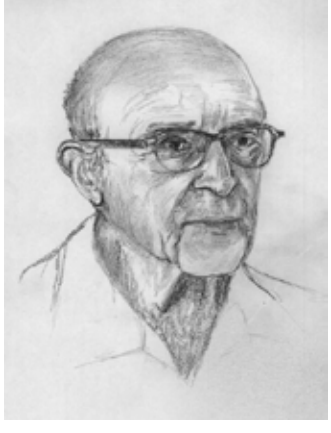
Self Assessment Questions 1

Fill in the blanks.

1. _____, _____ & _____ are the pioneers in existential therapy.
2. Goal of existential therapy is to help the client become more _____.
3. According to Buber, authentic relationship between two individuals is _____ encounter.
4. _____ is central to change in existential therapy.
5. Freedom comes with _____.

5.4 PERSON-CENTERED THERAPY

Developed by Carl Rogers in the 40s, Person-Centred Therapy (PCT) was an extension of his thoughts on human beings, their potential and the best way to facilitate their growth. Today, this therapy is categorized as an affective approach, a group of approaches which have a subjective view of human nature and rely on the human ability of self-awareness as fuel to personal growth. Person-centred therapy uses a phenomenological approach, that is, focusing on the experiences of the person, how does the person experience herself and the world around. This direct personal experience or organismic experiences related to one's self are crucial for one's learning, enhancement and self-growth.



Carl Rogers, American Psychologist (1902-1987)

Source: Wikimedia Commons

"When I accept myself just as I am, then only I can change".

View of Human Nature

PCT has its roots in the fundamental belief that each human being is rational and worthy. They also know inherently what is best for them. Furthermore, he believed that most people were inherently good, positive, constructive, forward moving, and trustworthy (Rogers, 1957). PCT also believes that people try to work towards becoming the *best version of themselves* (i.e. towards optimal functioning) as opposed to working towards *reducing their in-built flaws* (like defenses and cognitive distortions). The need for individuals to *actualise* is considered the fundamental human drive. Rogers believed that each individual not only had the potential to actualise, but also had an inner voice that guided them towards what was right or best for them, what he called an individual's *organismic valuing process.*

Self-actualization is the key driving force of one's existence and influences the actions and behavior of human beings. The main focus is on the 'self' and finding a meaning and purpose in life. Rogers' theory is also called self theory. How an individual perceives his/her self, their experiences, and their interpretation of reality are important. If there is incongruence between the perceived reality and actual reality, it may result in maladjustment in the individual.

Cause of psychological distress

According to PCT, the cause of distress in individuals is the separation between their real experiences (what they can actually do, how they actually feel) and their self concept (what they think they can do and strive to become). The self-concept is influenced by society and its expectations from individuals. Thus there is a gap between the real self and the ideal self.

Imagine you have joined paragliding training, but are not able to learn as quickly as others in your class. In one of the sessions, you heard your trainer say to other students, "Oh no, this student just isn't getting it! By this time in my training, I was able to stay in the air for at least 60 seconds!". You would begin doubting yourself. Maybe you would make a personal goal for yourself and say, "I will try to stay in the air for 10 seconds at least, before I hit the ground". If you are unable to do so, you would feel bad about yourself. What has happened here is that society has put conditions on you "By this time I could stay in the air for 60 seconds". This forces you to put conditions on yourself, "if this happens, only then I'll consider myself worthy". Instead of accepting yourself for where you were in your journey, you forced yourself to accomplish a goal based on social expectations. The more this gap between reality and expectations increases, the more are the chances of a person experiencing a complete psychological breakdown.

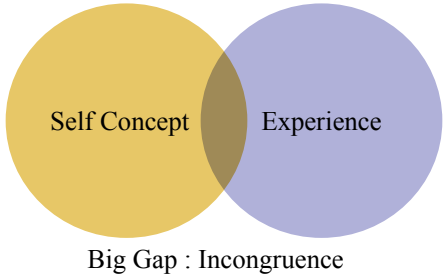


Figure 5.1: State of Incongruence

Incongruence is a state when there is less overlap between real experiences (what they actually do and experience) and their self concept (what they think they can do or feel). When an individual is in a society, she is fed notions of what she should be and how she should act and she develops a *Conscious Learned Self*, a notion of herself that she created based on social expectations. When such a person tries to succeed, she does that based on the same social expectations ("My father said I would be a doctor when I grow up, so my self concept says that I love biology, and now I will give the medical entrance and succeed). This person is now trying to achieve a goal of personal and professional growth, but it isn't her own goal, it is a goal that society forced upon her. This is called *society based actualization.* What would happen if this person fails to clear the medical entrance? As society has created *conditions of worth* (you will be valued only if you fulfill certain criteria), this makes an individual start treating her own self in this manner - by setting conditions of self-worth and showing only conditional positive self regard. When there is a big difference between one's experiences and one's self concept, the person is said to experience *incongruence.* When a person who is experiencing incongruence is put in a *threatening situation* (where the gap between the real experience and self concept is very evident), the person will experience anxiety, and become defensive. If these defenses are unable to subdue the anxiety, the incongruence will continue to increase, eventually leading to a psychological breakdown.

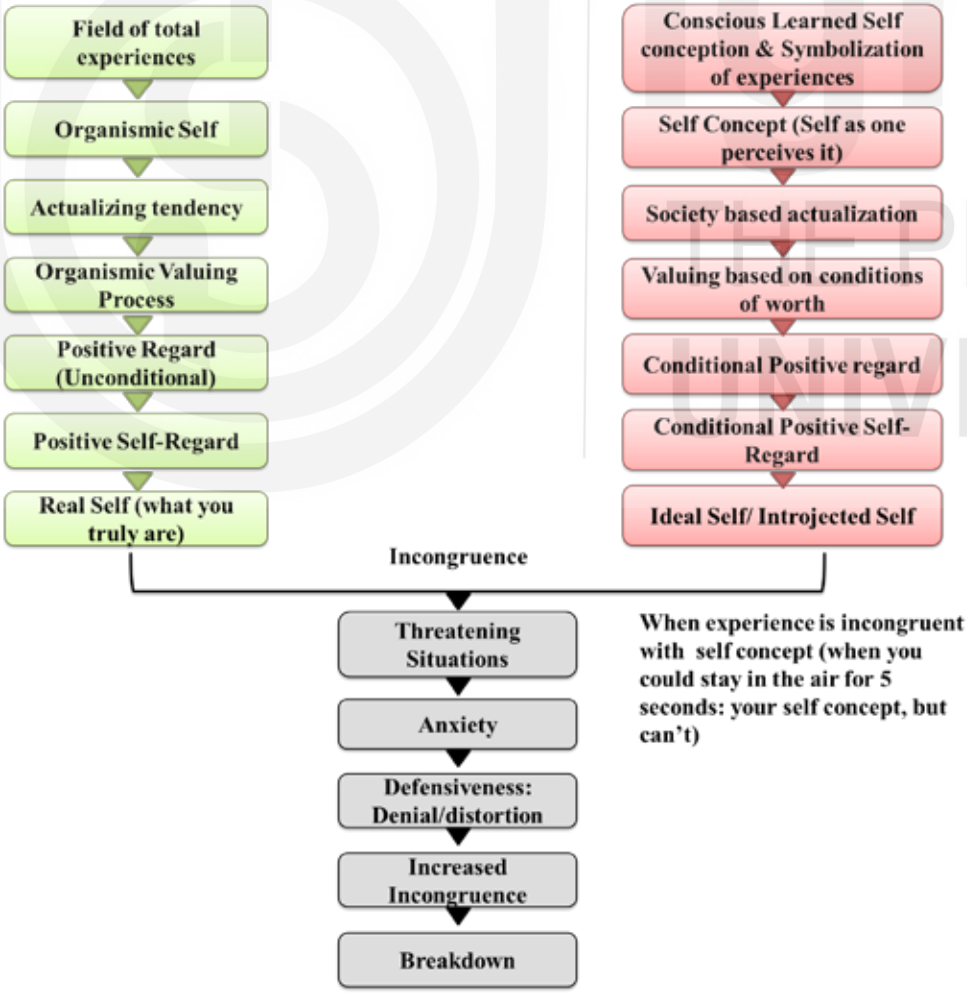


Figure 5.2 : Schematic flowchart of person centered conception of problem

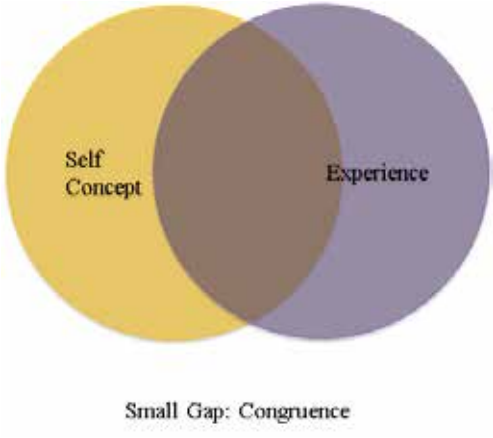


Figure 5.3: State of Congruence

That being said, one must have a motivation to do better and be a better version of themselves. This means there will always be some gap between one's real and ideal self. A lesser gap with more realistic expectations does not cause a psychological breakdown, but becomes a source of growth and actualization.

The main aim or **goal of person-centred therapy/Counselling**, also called client-centred therapy/Counselling, as the name indicates, focuses on the development and actualization of the person. Following can be described as the various goals of person-centred therapy.

- *Increase a person's openness to experience:* PCT encourages clients to explore all aspects of their being. The therapeutic goal is to provide the client with a space where she can explore all different areas of her attitudes, beliefs and emotions. It therefore helps the client understand herself better.
- *Decreasing the level of incongruence:* The first goal of PCT is to decrease the level of incongruence. Clients seek therapy in distress. The first step to help the client move forward is to lessen this distress. Helping the clients to reflect upon the gap between their real and ideal selves and acknowledge that they are currently giving their own selves conditioned positive self-regard helps foster a journey that seeks to decrease this gap.
- *Getting in touch with one's organismic valuing process (OVP):* Rogers described the OVP as a person's innate tendency to know what is best for them, and knowing what to change in order to have a more fulfilling life. Furthermore, he believed that once one can get in touch with this innate feeling, they will constantly have an internal voice that motivates them to move towards a more fulfilling life. Helping clients attain this awareness is another goal of PCT.
- *Striving for actualization:* PCT places focus on the growth and development of an individual. As opposed to psychodynamic and cognitive-behavioural approaches, PCT and other Humanistic approaches don't see removal of disorder as the goal of therapy. Instead, these approaches consider self-actualization the goal of therapy. Self-actualization is when a person completely realizes her potential and develops to the full of her abilities. This is a stage where an individual functions to the best of her capabilities. The goal of PCT

is to help the client start working towards this end, to actively seek not just a distress-free state, but a full-capacity state.

- *Developing as a fully functioning person:* Finally PCT aims to help clients reach a phase where they have congruence, high organismic value, are aiming for actualization, and through all this are capable of experiencing completeness and joy.

5.4.1 Role of the Counselor

In PCT the role of a counsellor is to be *without a role.* This is one reason why PCT is also known as *non-directive counselling*. The counsellor's function in therapy is not one that can be learned or imitated, but one that has to be experienced: a role of empathetic listener who has faith in the client's own ability to lead her life. It is the beliefs and attitudes that the counsellor has that shape his role as a therapist, and not a set of learned techniques. Yes, clients sometimes seek guidance, but a PCT counsellor is neither an expert in the client's life nor a teacher (like in CBT). The counsellor's role therefore is not like a mother bird who pushes a baby bird off a cliff to help it fly, but that of a steady nest, where the bird can continue to nurture itself before it flies away. When to make the flight, how to make the flight - the counsellor puts these decisions to the client.

As the therapist's attitude holds primacy, we must explore the kind of attitude that is suitable for PCT. The counsellor shows care, respect, acceptance and understanding towards the client, while being genuine or authentic. She aims to facilitate and not direct a client. PCT is also open to a client's explorations. The client can shift the focus on therapy from the "primary concern" to other areas which have been denied in the past. The counsellor must provide such an avenue whereby the client can feel free to explore any facet of her life.

For a PCT therapist, the client's understanding of what is going on holds most importance. Even if the counsellor uses psychological tests along the course of therapy, the "final scores" don't hold the importance, but what the client understands from the test and its results does. In this way, the expert in the therapy is the client: by saying this, PCT does not mean that the client is an expert in counselling or human psychology, but instead that the *client is an expert in her own life.*

Client's experience in therapy

In PCT, the client's experience and the counsellor's attitudes determine the degree of therapeutic change and success of therapy.

When the therapist provides a suitable environment, it is hoped that the client would feel safe and respected and begin the process of *self-exploration*. The clients would begin looking at all aspects of their life and the full range of their experiences. As time progresses and the relationship between the counsellor and client strengthens, the client experiences increasing '*freedom'* to expand the areas of exploration.

This increase in a degree of engagement is also seen in the volume and quality of *self-disclosure.* Clients begin sharing emotions and thoughts that were not a part of their ideal self (like guilt, shame, jealousy), and had been ignored by the clients' conscious awareness because of being *"inappropriate"*. Clients now come to accept and appreciate themselves

in the course of therapy. The goal of therapy is to help clients reach a point where they can deal with conflicts, to come to grips with problems, and "overbalance the regressive and self destructive forces" (Rogers, 1951)

5.4.2 Techniques/ Strategies

As the outcomes of PCT rely *solely upon the counsellor-client relationship*, Rogers gave six conditions which had to be met in order for a therapeutic intervention to work. He called these six the *necessary* and *sufficient* conditions for the success of therapy, i.e. not only did he say that these six were important to fulfill for therapy to be successful, but also that even if only these six conditions were met, no matter everything else, they are sufficient to bring about successful therapeutic change. Of these six, three are requirements from the therapist side:

1) **Therapist's Congruence or Genuineness:** This condition requires the therapist to be honest and genuine with the client. This means that the counsellor must be her real self during a session. The counsellor's genuineness or *authenticity* helps her share her personal experiences, respond to the client with her real thoughts on the matter and not put on a facade. This is a condition that PCT therapists must strive towards. It must also be noted that therapists are also on their journey towards actualisation and reducing the incongruence between their own real and ideal selves, so the aim to be as genuine as possible (not to be perfect) and constantly aim to be more genuine with the client.

2) **Unconditional Positive Regard:** As mentioned in the paragliding example above, attaching conditions of worth harms a person. In this light, a PCT therapist provides the client with unconditional positive regard. The therapist accepts the clients and their experiences as they are. This does not mean that the therapist approves everything that the client does, nonetheless, the counsellor accepts that this is how it is in this present moment. As a PCT counsellor believes that each human being is capable of goodness, even if the counsellor doesn't condone the client's present behaviour, she would still consider the client as a whole, a valuable being.

3) **Empathic understanding:** The last condition for a counsellor to fulfill is to provide the client with empathic understanding. This is experiencing the client's feelings as if they were your own, but without losing the "as if" quality. A PCT counsellor must strive to see a client's feelings from the client's perspective (as if those feelings were the counsellor's own) but not get carried away with those feelings.

The other three conditions pertain to the client and counsellor-client relationship.

1) **Client incongruence:** The client's incongruence (difference between real and ideal self) is what motivates a client to go on a journey of self exploration.

2) **Client-counsellor relationship:** The client and the counsellor are in a *psychological contract:* an agreement that the client will be devoted to growth, while the counsellor will offer unconditional acceptance to facilitate the client's journey. Within this relationship the client feels safe and motivated to get better.

3) **Client's perception:** The client should be able to perceive the counsellor's unconditional regard and empathy.

Apart from these conditions, PCT does not rely on concrete techniques. However, Moon (2007) delineated some salient features of the way Rogers' responded to some of his clients (observed from video and audio recordings of their sessions). Some pertinent points are shared below:

1) *Non-expert language:* It was seen that even if the client asked Rogers for suggestions or advice, Rogers refused to take the position of the expert and responded in a manner that was humble and conveyed to the clients that they were the experts of their lives.

2) *Meta-statements:* This was Rogers way of introducing and making the client aware of his genuine thoughts in the moment, but also making the client aware that he was being genuine and sharing his real response. For example, instead of saying, "that sounds so disturbing", he would say, "I *guess what I want to say is that* this all sounds so disturbing". It should be noted that in both the statements, he was being genuine. However, in the latter statement he was able to convey to the client that he is being honest and true to his heart in front of the client.

3) *Affiliative Negative Assessments:* It was seen that Rogers responded to client's negative statements using negative empathic responses. What is a negative empathic response? Let's suppose a client says the following: "I just can't keep living with this guilt, yet I can't get rid of this feeling! It seems impossible!". Responding to such a statement by saying, "It sure is a tough task" would be a negative empathic response. Here, the counsellor has said something "negative" if it is seen without context, but because the client was also framing sentences in a negative way, his (counsellor's) empathic response would also mirror it.

4) *Invitations for Repair:* Rogers also directly asked clients if his understanding of their statements, perceptions and inner world was accurate.

5.4.3 Evaluation

Person centered therapy shifted the scope and culture of therapy drastically. As an approach, it empowered the clients as experts of their own life, demystified therapeutic techniques by moving away from technical jargons, and it was the first therapy that provided transparent records of completed cases. This helped draw many allied disciplines into the fold of psychotherapy, as professional counselling spread across schools, organisations and their management and parents.

PCT is well suited for early phases of intervention (mild and moderate mental health problems). It can be employed in the group and individual settings, and across disorders (anxiety disorders, alcoholism, psychosomatic problems, interpersonal difficulties, depression, cancer, personality disorders, etc.)

PCT has made major contributions to the field of psychotherapy. It re-conceptualised the client as an active part of the change making process. It also popularized the use of the word "client" (someone who needs assistance)

as opposed to the previously used word "patient" (someone who is sick). It took into account clients' inner experiences and their interpretation of them. It also focuses on long-term counsellor training (one that evolves values, beliefs and attitudes) as opposed to a short-term technique-centred training. It is a flexible approach which takes clients' affective states into account and because of client-centeredness, it can be adapted to various cultures.

The therapy also has certain limitations. The focus on therapist's being as opposed to fixed techniques leaves room for therapist's shortcomings becoming a major hurdle to therapy. This is because the entire efficacy of the therapy depends upon the therapists' unlearnable, inherent traits, and if those are absent, the therapy won't be effective. Furthermore, since this approach is non-directive, a lot of the onus of change lies with the client. If the client is shy or non-verbal, PCT would not be effective. PCT would work best with insightful and hardworking clients. PCT also discounts past experiences as significant influences in the person's present. While over emphasizing on past experiences is too deterministic, completely discounting them is counter productive too. Lastly, the six conditions given by Rogers have been critiqued for being neither necessary nor sufficient (Kirschenbaum, 2007).

Self Assessment Questions 2

1. What are the three necessary qualities of a person-centered counselor?

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2. Name the two defenses that Rogers discusses in his theory.

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3. Why is PCT a non-directive approach?

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5.5 LET US SUM UP

In this unit we studied the existential and humanistic approach to Counselling. These are experiential and affective in nature. Clients' subjective experiences, their emotions, and relationships are emphasised during therapy. The client-counselor relationship is also central in these approaches. However, with respect to specific techniques and intervention methods, existential and person centered approaches are primarily dependent on therapist's attitude and the relational space carved. Views of human nature, goals of Counselling/therapy, role of counselor or therapist and the client-counselor relationship in both existential and humanistic approach are described.

5.6 KEY WORDS

Unconditional positive regard means that the therapist accepts the clients and their experiences as they are; however, this does not mean that

the therapist approves everything that the client does, nonetheless, the counsellor accepts that this is how it is in this present moment.

Conditions of worth refers to the assumption that we will be valued only if we fulfill certain criteria.

Existential therapy aims at helping the client become self aware and embrace their authentic self, and thus focuses on issues of freedom, meaning in life, responsibility, anxiety, and search for values in one's life.

Logotherapy is given by Viktor Frankl which emphasizes on finding meaning in life.

Organismic valuing process refers to the capacity of the individual where their inner voice guides them towards what is right or best for them.

Incongruence is a state when there is less overlap (i.e., big gap) between real experiences (what they actually do and experience) and their self concept (what they think they can do or feel).

Conscious Learned Self refers to a notion of oneself that one creates based on social expectations.

Empathic understanding refers to experiencing the client's feelings by the therapist as if they are one's own, but without losing the "as if" quality.

5.7 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. Victor Frankl, Rollo May and Irwin Yalom
2. authentic and self aware
3. I-Thou
4. Therapeutic relationship/ Client-counselor relationship
5. responsibility

Answers to Self Assessment Questions 2

1. The three necessary qualities of a person-centered counselor are genuineness or congruence, empathy or understanding the clients' inner frame of reference and offering a non judgemental space or unconditional positive regard.
2. The two defenses discussed by Rogers that the individual uses to defend himself/herself in a threatening situation are denial (the reality doesn't exist at all) and distortion (the reality is altered to suit one self).
3. PCT is a non directive approach since the counsleor doesn't direct the course of therapy. The client is regarded as an expert of their lives and hence give direction to therapy. The counselor only facilitates the process.

5.8 UNIT END QUESTIONS

1. How has Rogers conceptualized psychological problems? Why is conditional positive regard unhealthy?
2. What are the defining themes of an existential therapy?
3. Evaluate existential therapy in terms of client-counselor relationship.

4. Explain the six conditions described by Rogers for the effectiveness of therapeutic intervention in person-centred therapy.
5. Critically evaluate existential approach to therapy.

5.9 REFERENCES

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Web resources

- https://www.ncbi.nlm.nih.gov/books/NBK64939/
- https://www.ccpeweb.ca/en/services/psychotherapy/humanistic-existential-approach/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414693/
- https://www.britannica.com/science/humanistic-psychology

Video

- https://www.youtube.com/watch?v=NFT89grAUOI(Video Counselling session of Carl Rogers, Fritz Perls with Client Gloria)