11TH CONFERENCE
2014

WAPCEPC
World Association for
Person Centered &
Experiential Psychotherapy
and Counseling

BEYOND THE FRONTIERS...
EXPERIENCING DIVERSITY

Más Allá de las Fronteras... Experienciando la Diversidad

20 at 24 July 2014
Buenos Aires, Argentina
www.pce2014.com.ar

# Diversity in Person-Centered Therapy on a methodical level: a roundtrip

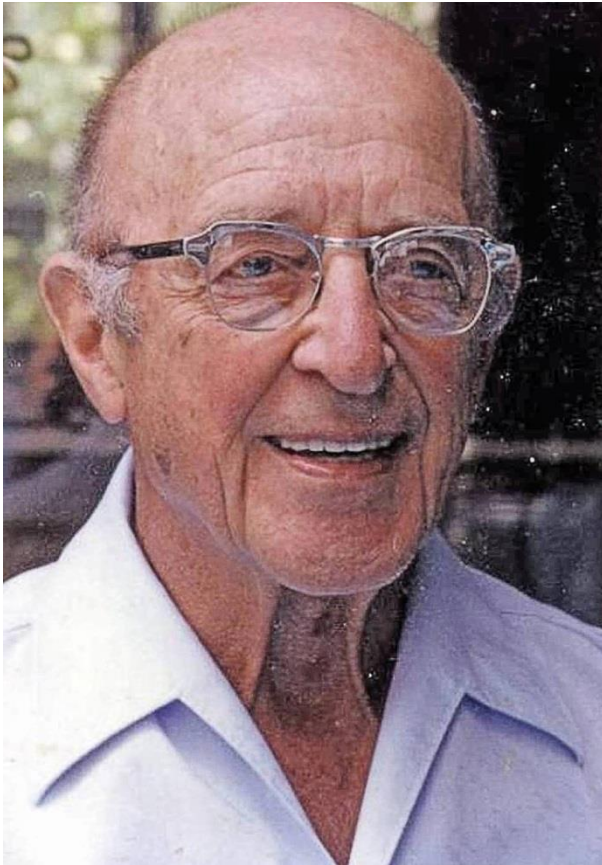## Gerhard Stumm, Vienna

July, 20, 2014

Menu

➢ Intro

➢ Overview of Person-Centered and Experiential Therapies

➢ Characteristics of the members of the family

- Theoretical essentials

- Practical perspectives

- Own impressions

➢ Discussion on identity aspects and diversity

Paradigms in psychotherapy
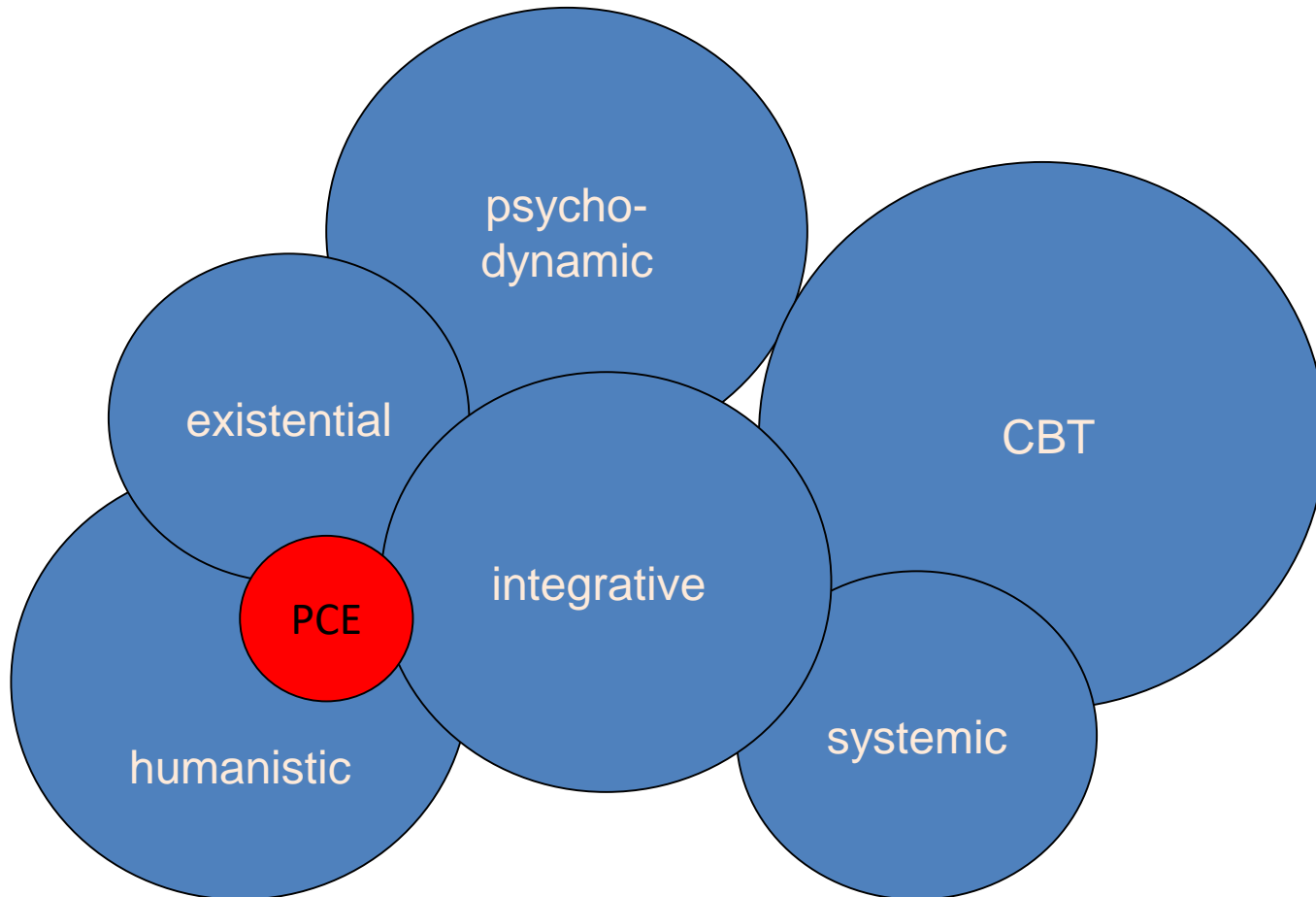
Person-centered Therapies

Carl Rogers
(1902-1987)

orthodox/traditional client-centered/ person-centered orientation		various sub-orientations	experiential orientation	
Classical Client-Centered Therapy (CCT) ("non-directive")	**relational / dialogic orientation** (incl. **Relational Depth**)	▪ **interactional (interpersonal)** ▪ **existential** ▪ **disorder specific** (incl. **Pre-Therapy**) ▪ **creative** (**Expressive Arts**) ▪ **integrative** ▪ **(Motivational Interviewing)**	**Focusing-oriented Therapy**	**Emotion-Focused Therapy (EFT)**

Overview of Person-Centered and Experiential Therapies
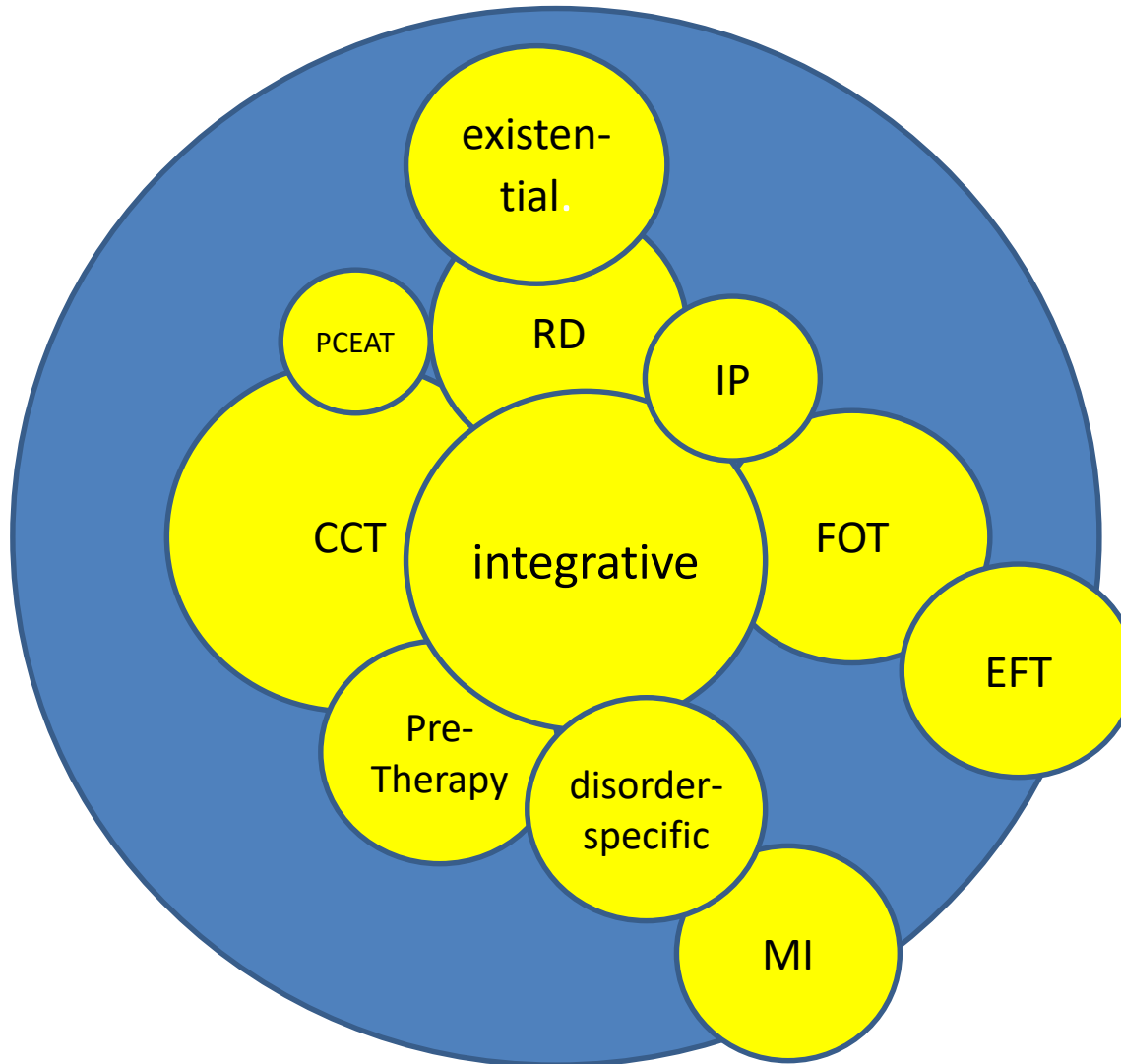
Tribes of the Family

CCT = Classical Client-Centered Therapy

PCEAT = Person-Centered Expressive Arts Therapy

RD = Relational Depth

IP = Interpersonal

FOT = Focusing-Oriented Therapy

EFT = Emotion Focused Therapy

MI = Motivational Interviewing

existential

RD

PCEAT

IP

CCT

integrative

FOT

EFT

Pre-Therapy

disorder-specific

MI

Classical Client-centered Therapy (CCT)

➢ trust in the client's self-governing and growth capacity (actualizing tendency)

➢ ethically based → non-authoritarian, no coercion and power over the client

➢ **method:** core conditions and their communicative implementation & perception by the client are sufficient for constructive personal change of the client → relational climate counts!

PCT as dialogical approach

➢ from a "de-personalized" therapist (Rogers, 1951) to one who involves and expresses him-/herself transparently (e.g. Rogers, 1980)

➢ from therapist as "alter-ego" to being the "other" → being with and being counter to the client → "two-person-centered therapy" (co-presence)

Dave Mearns
(*1947)

Mick Cooper
(*1966)

Wolfgang Pfeiffer
(1919-2011)

Peter Schmid
(*1950)

Relational Depth

"A state of profound contact and engagement between two people, in which each person is fully real with the Other, and able to understand and value the Other's experiences at a high level'' (Mearns & Cooper, 2005, p. xii).

➢ **method:** spontaneous and active participation of the therapist to foster an intense meeting and connection with the client → more than actualizing core conditions → self of the therapist as "developmental agenda"

Mearns, C. & Cooper, M. (2005). *Working at relational depth in counselling and psychotherapy*. London: Sage.

Critique of RD

Sue Wilders (2007):
➤ missing unintentionality ➔ directive

Keith Tudor (2014):
➤ depreciation for "superficial'' experiencing ➔ offending the principle of horizontalisation (all phenomena are equally to be regarded positively and unconditionally)
➤ what is depth and what is surface? ➔ diagnostic expertise

Existential

Existential	Humanistic/Person-centered
➢ struggle between polarities: e.g. limitations and tragic side of existence (e.g. death, transitoriness) *and* potential	growth and optimism
➢ immanent tensions and contin-gency ("there is no cure for life")	conditions of worth as reason for incongruence
➢ permanent choices	trust in the actualizing tendency
➢ future bound	here and now
➢ meaning	self-actualization
➢ challenging/confronting	facilitating

method: to pay attention to existential concerns, among them the dark and tragic side of existence; challenge clients to take a stand!

Interpersonal orientation

➢ reason for incongruence: **interpersonal level**

➢ exploration of the client's **relational patterns** is primary (vs. self-exploration)

method:

➢ non-complementary ("a-social") responses of therapist

➢ meta-communication about the client-therapist interaction

goal: corrective relational experiences

Disorder-specific

➢ differentiated clinical knowledge & "disorder specific understanding" is thought to be necessary, especially when working with severely disturbed clients → as cornerstone for empathy and UPR

➢ mainly in the Netherlands, Belgium, Germany, Austria, Switzerland, e.g. Swildens, Finke, Teusch, Speierer, Binder, also Prouty's Pre-Therapy and EFT

➢ **method:** specific procedures for persons with different problems/diagnoses

Hans Swildens
(*1924)
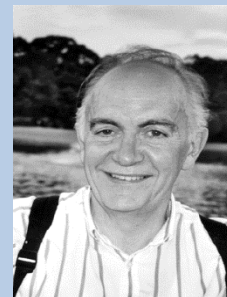
Jobst Finke
(*1937)

Pre-Therapy

➤ work with **contact impaired people**
(psychotic, autistic, dissociated, dementia,
mentally retarded, brain injury, …)
= pre-relational, pre-experiencing,
pre-expressive

Garry Prouty   Jill Prouty
(1936-2009)

➤ <u>method:</u> **contact reflections** of concrete client behaviour and his
environment: i.e. **Word for Word, Facial, Body, Situational,
Reiterative Reflections** to develop or restore awareness of
phenomenal field (world, self and others) → to improve **contact
functions:** reality, affective & communicative contact

Creative Therapy

➤ **Expressive Arts Therapy by Natalie Rogers**

drawing from theory of creativity" by her father

specific method: "Creative Connection": dancing,

(Authentic) movement, music, sound, drawing,

painting, journal writing, meditation, … as

channels of the healing process → intermodal approach

Natalie Rogers
(*1928)

➤ Liesl Silverstone (England)

➤ Norbert Groddeck (Germany)

method: five steps: Felt Sense, "invitation to action",

reflecting the product, felt shift, transfer
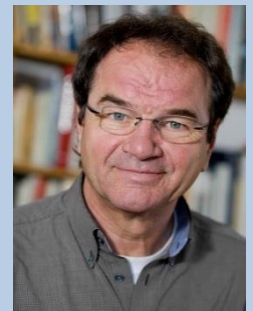
N. Groddeck
(*1946)

Focusing-Oriented Therapy

➢ relationship quality *and* experiencing

➢ **method:** Listening, Guiding, Response

(more than 6 steps-modell)

Felt Sense as compass: "Whatever is said and

done must be checked against the concretely

felt experiencing" (= direct reference, implicit,

pre-conceptual, intricate) → felt shift

➢ process-directivity (Focusing "instructions" = invitations)

Gene Gendlin
(*1926)

Emotion Focused Therapy

➢ elaborated by Leslie Greenberg

(drawing from Laura Rice), Robert Elliott,

Jeanne Watson (former: process-experiential)

Les Greenberg
*1945

➢ combination of PC, Gestalt, Focusing, existential

➢ **emotions are primary** (not experiences, as Rogers and Gendlin have assumed): „You can't leave a place before you haven't arrived there"

➢ <u>**method:**</u> markers and tasks (process-directive)

➢ **goal:** modification (transformation) of emotional schemata → primary adaptive emotions instead of maladaptive emotions

Motivational Interviewing (MI)

➢ **focus is on the motivation for change** ("80% Rogers"), clients are always motivated for something (natural process)

➢ humanistic philosophy

➢ dealing with ambivalence (change vs. resistance)

➢ empathic listening → **change talk** (urgency, ability & commitment for change)

➢ motivation-centered, change-centered, problem-centered, directive in terms of facilitating change

Integrative

➢ The questions are: what is integrated? How systematically is this done? On what level? Consistent?

➢ first vs. second order integration: integration of elements of different suborientations, above all person-centered *and* experiential vs. integration of elements of other schools
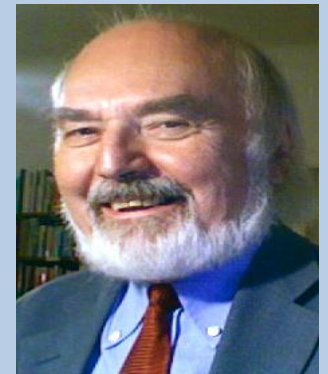

Germain Lietaer (*1939)

Art Bohart (*1943)

Mick Cooper (*1966)

Wolfgang Keil (*1937)

Identity aspects

Lietaer

➤ focus on the experiencing self

➤ moment-by-moment empathy

➤ personal presence

➤ egalitarian-dialogic stance

➤ core conditions are crucial

➤ holistic image of human being

➤ self-agency & self-actualizing

➤ self-determination & choice

➤ pro-social nature of humans

➤ autonomy & interconnected

Schmid

➤ image of the human being

➤ fundamental "we"

➤ client comes first

➤ therapist is present

Identity aspects

Sanders

➢ primacy of AT

➢ core conditions are necessary

➢ non-directive attitude
(at level of content)

➢ autonomy & self-determination

➢ equality of therapist and client

➢ non-directive attitude
throughout (also at the process
level)

➢ core conditions are sufficient

➢ holistic perspective

CCT (e.g. according to Merry)

➢ AT (metapsychology,
motivational theory)

➢ self, organism
(theory of personality)

➢ conditions of worth, defense,
incongruence
(theory of disorder)

➢ core conditions, condition 6,
non-directive (theory of therapy)

Features and benefits of pluralism in PCE

➢ Pluralistic stances in theory and practice, heterogeneity and discourse are signs of an elaborated and living approach → **"fully functioning approach"**

➢ Diversity is a **counter-position to fundamentalism**

➢ Diversity allows to throw light on **person-centered shadows**

➢ There is a wide range of clients & therapists = **different types of persons** with specific characteristics → advantage of a broad variety of methods is to benefit from **different styles**

➢ **between orthodoxy and arbitrariness**

➢ PCE = **a number of tribes** that have more or less in common, but enough to fit under one tent!

➢ **political perspective** → "United we stand, divided we fall"!

Gerhard Stumm

Gracias!

Questions?

Comments

Discussion