

## **Positive communication and positive action: Introduction to Carl Rogers, key concepts and Rogerian theory of personality**

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### **Introduction**

The exchange of information, ideas and feelings between people is called as Communication. Verbal and nonverbal are two important types of communication. Children communicate from the day they are born. Responsive care and communicating positively enables the children to understand a person or situation better. It enables the children to create environments in which creative ideas, problem solving, affection, and care giving can develop. The concept of positive action involves helping children identify and resolve problems and take responsibility for their behavior.

### **Positive communication and positive action**

Positive communication helps and increases a child's social and emotional wellbeing. This will influence their state of mental health in the later years. Some of the important strategies to foster positive communication are as follows:

- providing responsive care
- building an emotional bond with the child
- appreciating the child's early efforts at communication
- showing warmth and encouragement

Observation, imitation and receiving feedback are the techniques through which children learn about social interactions and communication. When adults show responsive caring and proper communication with everyone, children also develop good social skills and the ability for building positive relationships.

The positive action model works on the principle that if counseling programs focus on the problem of poor self-concept, then many problems like vandalism, abusive situations and other negative actions can be reduced. Research has shown that children from insecure homes who do not feel good about themselves are more likely to experience the above mentioned problems. Hence, the positive action model takes a positive approach, teaching the following factors to the children:

- ill-effects of negative actions
- advantages of positive thoughts, actions, and feelings.

During the age range of 2-6 years, a child's self-concept begins to get formed. It also has an influence on positive communication. Self-concept is an understanding of who we really are. Self-concept is made up of the following components:

- how a child sees himself/herself?
- how a child think others see him/her?
- whether the child feels valued and cared for
- whether the child has a sense of being competent
- whether the child is able to do things.

Responsive Caring and healthy communication by adults can support the development of a positive self-concept in children. When adults are not responsive and caring, or give negative feedback and criticism, a child may develop poor self-esteem and negative self-concept. This may lead to emotional problems and depression during later years.

#### **Benefits of positive communication and action:**

- Children feel accepted
- Children learn to communicate and cooperate with others

- Children learn to show feelings of empathy and mutual respect towards children and adults
- Provides a supportive environment for the healthy overall development of children
- Children can learn and practice appropriate and acceptable behaviors as individuals and in a group

### **Ways to foster Positive communication and action in children**

- Communication practices which highlight love care and respect should be used always.
- The developmental stage of the child should be considered while communicating with them
- Child-centered communication which reflects the child's needs and interests should be used
- Positive facial expressions and a smiling face should be used while communicating with children.
- Eye contact should be maintained with babies and young children
- Get down to the same level as a child (kneel down, sit on the floor or use a small chair) to gain their attention while talking to children
- Keep instructions simple and specific.
- Listen to children with attention, showing a genuine interest in their ideas and activities
- Talk with children, not at them
- Adults should be patient when children communicate with them
- Children should be praised for positive behaviour and their achievements should be acknowledged.
- The environment should encourage interaction and communication between children and adults
- Feelings and opinions of children should be respected irrespective of their age
- Open ended questions or statements should be used to encourage children to communicate their own thoughts, feelings and ideas.

## **Introduction to Carl Rogers**

**Carl Ransom Rogers** (8<sup>th</sup> January 1902 to 4<sup>th</sup> February 1987) was an American psychologist. He was one of the founders of the humanistic approach to psychology. He believed how we live in the present scenario and our current perceptions are more important than the past. He also believed that a close personal relationship with a supportive environment of warmth, genuineness, and understanding is crucial for therapeutic change. He used the term 'client' instead of 'patient' to refer to the equal importance given to the relationship between therapist and the client in client-centered therapy. Rogers believed people have an ability to heal themselves and work for personal growth, which in turn leads to self-actualization. **Self-actualization which** is an important concept in client-centered therapy refers to the tendency of all human beings to move forward, grow, and reach their full potential. According to Rogers self-actualization is hindered by negative, unhealthy attitudes about the self.

Client-centered therapy was developed by Carl Rogers in 1930. It is also known as person-centered, non-directive, or Rogerian therapy. It is a counseling approach in which the client takes an active role in his or her treatment. The therapist has a nondirective and supportive role in this type of counseling. The progress of the client depends on the course and direction of treatment as decided by the client and the therapist supports and clarifies the responses of the client to bring about self-awareness.

The goals of client-centered therapy are to bring about increased self-esteem and an openness to experience changes. Client-centered therapists work to help their clients to achieve the following:

- to lead full lives of self-awareness
- reduction in defensiveness, guilt, and insecurity
- more positive and comfortable relationship with others
- an increased capacity to experience and express their feelings.

## **Key concepts**

Carl Rogers called his therapy as non-directive in the beginning, as he felt that the therapist should not guide the client. He later realized that clients always expect that therapists should provide guidance, and will try to find it even when the therapist is not trying to guide. So he changed the name of this approach to client-centered. In recent times it is popularly known as Rogerian therapy.

## **Unique features of Client-centered therapy**

Client-centered therapy has the following unique features:

- It does not focus on therapeutic techniques.
- The quality of the relationship between the therapist and the client is given utmost importance.
- It is effective for people suffering from depression, anxiety, alcohol disorders, cognitive dysfunction, schizophrenia, and personality disorders.
- It requires a high level of empathy
- The client should share accurate reflections of his/her feelings
- Perceptions are the key aspects in this type of therapy.

Rogers believed that mental disorders arise from unrealistic conditions of worth acquired early in life. 'Conditions of worth' means the beliefs of individuals that they must be something other than what they really are in order to be loved and accepted by others. Rogerian therapy attempts to change such beliefs, by placing individuals in an environment where they receive unconditional acceptance from the therapist.

When people seek therapy through this approach, they are said to be in a state of **incongruence**. It means that there is a difference between how they perceive themselves and reality. Developing an accurate **self-concept** is an important goal for client-centered therapy. For example, a person may consider himself/herself as an excellent entertainer but, others may feel he or she is not very good. The client-centered therapists help their clients to reach a state of **congruence**. In client-centered

therapy, the therapist does not attempt to change the client's thinking in any way. The therapist only facilitates self-actualization by providing a comfortable environment for clients to freely engage in focused, in-depth self-exploration.

In client-centered therapy, the therapist's attitude is more important than the therapist's skills. There are three factors that determine the level of success of this therapy: (1) genuineness, (2) unconditional positive regard, and (3) empathy.

### **Genuineness**

Genuineness (also known as congruence) is the most important factor in therapeutic counseling according to Rogers. It refers to the ability of the therapist to be dependable. It does not mean that the therapists should disclose their problems to clients. It only means that the therapist shares his or her feelings regarding the client's experiences.

### **Unconditional Positive Regard**

The second factor is unconditional positive regard. The therapist gives an unconditional support to the client and accepts the client throughout counseling process irrespective of the feelings they are experiencing. Rogers believed that the more the client is treated in an unconditional manner, the more the client will be likely to grow and improve.

### **Empathy**

The third factor that Rogers proposed is empathy. Empathy refers to the idea that the therapist is able to capture the meaning and personal feelings that the client is experiencing in a sensitive and accurate manner.

### **Rogerian theory of personality;**

According to Rogers all organisms know what is good for them. In his opinion, evolution has provided us with the senses and the sense of right or wrong. For example, when we feel hungry, we find food that is not only edible, but tasty food. We tend to reject food that tastes bad as it is

likely to be spoiled, rotten and unhealthy. This is how choices are made to distinguish between good and bad things. This is known as **organismic valuing**.

Self-concept is the main focus of the Rogerian theory of personality. This is defined as "the organized, consistent set of perceptions and beliefs about oneself". The self is the humanistic term for who we really are as a person. It is our inner personality, and can be likened to the soul, or psyche as recognized by Freud. The self is influenced by the experiences a person has in their life. Two factors that influence our self-concept are childhood experiences and evaluation by others.

The Rogerian theory states that the self is composed of unique concepts. **The self-concept includes three components:**

**Self-worth** (or self-esteem) – What we think about ourselves. Rogers believed feelings of self-worth developed in early childhood and were formed from the interaction of the child with the mother and father.

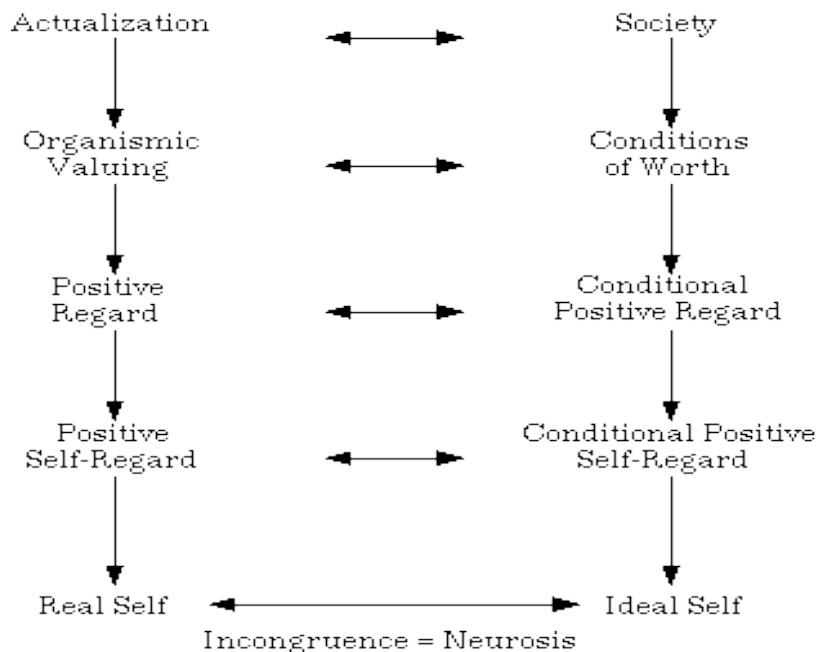
**Self-image** – How we see ourselves, which is important to good psychological health. Self-image includes the influence of our body image on inner personality. At a simple level, we might perceive ourselves as a good or bad person, beautiful or ugly. Self-image has an effect on how a person thinks feels and behaves in the world.

**Ideal self** – This is the person who we would like to be. It consists of our goals and ambitions in life, and is dynamic – i.e. forever changing. The ideal self in childhood is not the ideal self in our teens or late twenties etc.

Rogers uses **Positive regard** as a single term to express love, affection, care, attention, nurturance, and so on. It is clear that babies need love and attention. **Positive self-regard** which is self-esteem, self-worth and positive self-image all put together is achieved by receiving and experiencing the positive regard by significant adults during childhood years. Without these self-regard children feel small and helpless.

As children grow up, parents, teachers, peers, the media, and others, only give them their needs when they prove their worth. For example- Children get love and affection only when they “behave!” According to Rogers this is called as establishing **conditions of worth**.

Rogers calls getting positive regard on “on condition” as **conditional positive regard**. Later, this “conditioning” leads us to have **conditional positive self-regard** as well. We begin to like ourselves only if we can match up with the standards and expectations others have about us. Since these standards were created without keeping each individual in mind, we find ourselves unable to meet them, and therefore unable to maintain any sense of self-esteem.



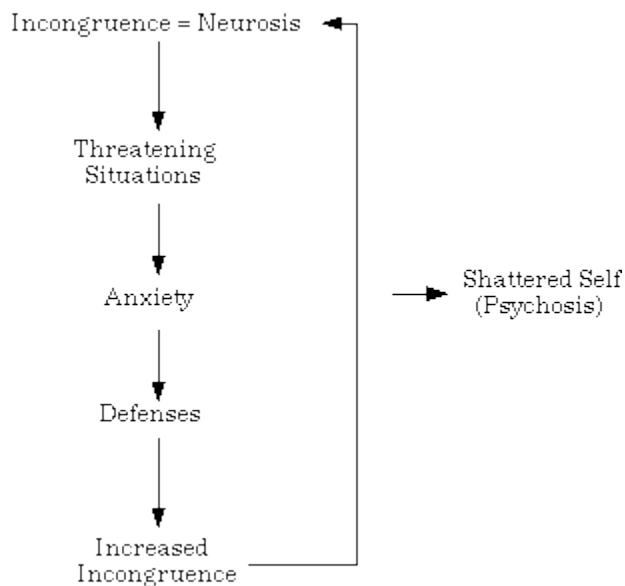
### Incongruity

**Real self** is the sum total of attributes, characteristics and personality of an individual. It contains both negatives and positives. It is a result of accumulated experiences over the years. A person could be happy-go-lucky, generous, anxiety prone, organized, accident prone, always willing to help others, selfish or self-centered.



**Ideal self** is when a person feels *I should* be like this, that is *I should be honest, I should be helpful*, etc. This is because of societal and parental influences. Sometimes people see their role models, and try to follow them. As long as they try and succeed, it will be fine. Even when they try and not succeed, if it is fine with them, that too is fine. But when they try and do not succeed, and they feel so bad they hate ourselves, then problems will arise. This is called as the “ideal self” which is the standard that is very difficult to meet. When we have a rigid ideal self, and are unable to reach it, then there will be a state of incongruence/ incongruity or neurosis.

This gap between the real self and the ideal self, the “I am” and the “I should” is called **incongruity**. The greater the gap, the more incongruity. The more incongruity, the more suffering. According to Rogers incongruity (being out of synch with your own self) means **neurosis**.



## Defenses

When a child is in a situation where there is an incongruity between the ideal and the real self then the child is in a **threatening situation**. For example, if the child has been taught to feel unworthy

for not getting good marks in tests, and if the child isn't really a good student, then test situations bring incongruity; that is the child perceives all tests as threatening.

When a threatening situation is expected, the child will feel **anxiety**. Anxiety is a signal indicating that there is trouble ahead, that you should avoid the situation. When a child faces anxiety it uses **defenses**.

Rogers' idea of defenses is very similar to Freud's, except that Rogers considers everything from a perceptual point-of-view, so that even memories and impulses are thought of as perceptions. Hence he talks about only two defenses - **denial and perceptual distortion**.

**Denial** is when a child locks out the threatening situation altogether. An example is when a child avoids tests or test results, so he/she doesn't have to face poor scoring of marks.

**Perceptual distortion** is a matter of reinterpreting the situation so that it appears less threatening. A student that is threatened by tests and marks may, for example, blame the teacher for poor teaching, trick questions, bad attitude, or whatever.

Rogers also gives a partial explanation for **psychosis**: Psychosis occurs when a person's defense are overwhelmed, and their sense of self becomes "shattered" into little disconnected pieces. His behavior likewise has little consistency to it. We see such a person as having "psychotic breaks" - episodes of bizarre behavior. His words may make little sense. His emotions may be inappropriate. He may lose the ability to differentiate self and non-self, and become disoriented and passive.

### **The fully-functioning person**

Rogers uses the term "**fully-functioning**" for describing the healthy person and involves the following qualities:

1. **Openness to experience:** This is the opposite of defensiveness. It is the accurate perception of one's experiences in the world, including one's feelings. It also means being able to accept reality.
2. **Existential living:** Existential living means living in the present. As a part of getting in touch with reality we should not live in the past or the future.
3. **Organismic trusting:** We should allow ourselves to be guided by the organismic valuing process. We should trust ourselves; do what feels right, what comes natural.
4. **Experiential freedom:** Rogers says that the fully-functioning person acknowledges the feeling of freedom, and takes responsibility for his choices.
5. **Creativity:** A person who is fully-functioning will be confident to contribute towards actualization of others. This can be achieved through expressing creativity in daily activities, showing social concern and parental love, or simply by doing one's best at one's job.

## **Conclusion**

The modern world we live in are full of surprises, challenges and changes. The changes are due to the technological developments taking place at a fast pace. Cultural beliefs, values and social relations in the traditional societies are being eroded constantly by western cultures, through television, internet, magazines, music and other influences. All these changes are causing young people to be confused and emotionally drained. It is in such situations that knowledge and skills in counseling become handy. Positive communication and actions will make the people live independent, happy and effective lives.

According to client centered therapy, a warm caring environment free from the threat of rejection can help individuals to understand their own feelings. They see themselves as unique human beings with many desirable characteristics. Carl Rogers suggests that many mental disorders disappear and individuals can move towards their goal of self-fulfillment.

**References:**

1. Chunkapura Joan (2006) Psychotherapies and Counseling, third edition, TRADA Publications, Kottayam
2. Dennis Coon et al (2007), Introduction to Psychology-Gateways to mind and behaviour, copyright Thomson Wadsworth, Akash press, New Delhi
3. Gelso Charles J and Bruce.RFretz (1995), "Counselling Psychology" Prism Books Pvt Ltd, Bangalore
4. McLeod, S. A. (2007). Carl Rogers. Retrieved from <http://www.simplypsychology.org/carl-rogers.html>
5. Rogers Carl R (1979) "The Foundations of the Person-Centered Approach." *Education* 100, no. 2: 98-107. 980.Berk,L.E (2007), Development through the lifespan, third edition, Pearson Education, New Delhi
6. Yadav Seema (2005) "Guidance and Counseling" Anmol Publications Pvt Ltd, New Delhi