Psychotherapy Guidebook

# Learning-Based Client-Centered Therapy

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# Learning-Based Client-Centered Therapy

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## DEFINITION

This work is not so much a different approach to psychotherapy as it is an attempt to explain, within the perspective of learning theory, why the core helping skills of the “therapeutic triad” (accurate empathy, respect and warmth, and genuineness) are effective in the treatment of anxiety-based problems. I argue that the theoretical foundation of client-centered therapy, a belief that humans are innately self-actualizing, is untenable on grounds of both logic and evidence. However, there is considerable evidence that the approach is effective, especially when recent elaborations of Rogers’s approach are included. The critical question is: If humans are not innately self-actualizing, how can the client be trusted to direct therapy — how can the client be trusted to talk about the things that he or she needs to talk about? I develop the theoretical answer to this question in a series of steps.

1. **The nature of neurosis.** Neurotic problems are based on anxiety. Either the anxiety itself is the reported problem and/or self-destructive behaviors (“symptoms”) develop and become persistent because they are reinforced by anxiety reduction. Anxiety is based on conflict, particularly internalized conflict

in which thoughts and feelings have become fear cues, but these thoughts and feelings are also motivated, either biologically (sexually, for example) or because of inconsistent learning experiences (being both rewarded and punished for feeling dependent, for example). These thoughts and feelings are partially repressed and can thus arouse anxiety without being understood by the individual. Consciousness is conceptualized as the degree to which brain processes are symbolic, and repression is explained in neurological-learning terms. The anxious person repeatedly partially thinks the anxiety-arousing thoughts because they are motivated, but engages in avoidance behavior such as repression, obsessive thinking that precludes thinking the "real" fear-arousing thoughts, etc. This avoidance prevents extinction of the fears of the thoughts.

2. **Relieving internalized conflicts-in theory.** The client is continuously approaching the feared thoughts (they are motivated somehow or they wouldn't be causing anxiety) and then avoiding them. If, when the client attempts to verbalize such a thought, the therapist explicitly verbalizes what the client has implied (thought partially), the therapist is preventing the avoidance behavior by holding the client in the presence of the fear cues. The therapist is being deeply empathic — communicating understanding of the client's intended message. If the client is held in the presence of the fear cues in a rewarding setting (most importantly a good relationship), he or she will feel mild anxiety that will then extinguish and/or be counter-conditioned. Thus, thoughts that were formerly anxiety arousing become neutral, and the

client is able to approach more closely the elements of his or her internalized conflicts — the client progresses step by step toward a more accurate and thorough understanding of and experiencing of his or her own thoughts and feelings.

3. **The critical theoretical point.** The client will repeatedly attempt to approach the elements of his or her internalized conflicts. The therapist can thus trust the client to try to deal with what he or she needs to deal with. In summary, the logic of the critical theoretical point is this:

a) If there is anxiety, there must be conflict. All of us have thoughts that arouse fear but are not somehow motivated; thus, they cause no anxiety. The thoughts and feeling simply are not performed. If there is anxiety, we know that fear-arousing thoughts must be motivated.

b) If there is conflict, there is an approach tendency active that repeatedly motivates the person to think the thoughts, at least in partial form.

4. **The effects of therapy,** a) anxiety reduction — exploring the thoughts and experiencing the feelings leads to extinction of the fears of the thoughts and feelings, thus relieving the conflict, b) autonomy and increased problem-solving ability- this is a subtle but critical difference between this approach and more directive, interpretive approaches. The client is the problem solver. By responding to the client's approach responses, the therapist is continuously reinforcing client-

initiated thinking. The client's thinking and feeling are being reinforced by the anxiety reduction that follows as the fears extinguish and by other factors, such as attention from the therapist. If the therapist is the problem solver, the problem may get solved, but dependence on the problem solving of others has been reinforced. A deeply empathic approach solves the problem and reinforces independence; c) symptom relief — relieving the anxiety removes the reinforcement for the symptom, which is usually eliminated by life experiences when it no longer serves an anxiety-reducing function, because the symptom is by definition self-destructive; d; increase in self-esteem — the person is his or her own thoughts and feelings. If what a person is makes the person feel bad, self-esteem is low. Through therapy, what the person is, comes to feel better. Stated coldly, the person is reinforced for responding, so responding ("being") becomes secondarily reinforcing. Stated more attractively, by being accepted and understood while being the person he or she really is, the person comes to accept and understand himself or herself.

## HISTORY

I was trained as a Rogerian at the University of Chicago and developed a commitment and respect for empathy-based therapy. When I taught at the University of Iowa, I found myself increasingly satisfied with the practice of empathy-based therapy and increasingly unable to defend its theoretical foundations. This formulation is an attempt to reconcile the dilemma this

created.

## TECHNIQUE

My work doesn't elaborate technique to any great extent, devoting only one chapter to it. Essentially, being deeply empathic involves verbalizing what the client is trying to say and can't quite say; that is, verbalizing the client's intended, implicit message. The therapist's actions center around the belief that the client is the problem solver. Egan (1975) and others have elaborated on the practice of therapy in a way that I find generally compatible with my theoretical thinking.

## APPLICATIONS

I make a strong plea for an eclectic approach within a general learning perspective. I see empathy-based therapy as most effective for anxiety-based problems, but I also specify appropriate circumstances for the use of behavior modification (still with the client as the problem solver), and argue that this approach to therapy is inappropriate for sociopathic disorders and for problems that are situationally caused, without anxiety as a significant element. I leave open the question whether this approach can contribute to the treatment of psychotic disorders.