



VIDEO CRITIQUE

Communication and Counselling – BMHP4001

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Person-centred therapy, founded by Carl Rogers, is an optimistic psychotherapeutic approach to a person, credited with being able to reach and maintain the maximum degree of their condition since it is based on trust, respect, and authenticity (Tudor and Worrall, 2006). As Thorne and Sanders (2013) states the Carl Rogers's interview with Gloria is a significant proof in psychotherapy's annals and an illustration of how the essential traits of tolerance, compassion, and sincerity foster the therapeutic connection required for client-centred treatment success. In the following lines of this reflective critique will be evaluated how the interaction between Rogers and Gloria mirrors the therapy strategy to get self-actualisation and, how valuable are communication and counselling skills within a healthcare system.

Recognised as a training paradigm for the counselling community, the recorded session with Gloria serves as a best practise of how the embodiment of main attitudes such as acceptance, empathy, and openness produce the appropriate setting for therapeutic change (Wickman and Campbell, 2003; Moon, 2007; Thorne and Sanders, 2013). As evidenced by his hand tremor and acknowledged nervousness, Gloria's behaviour during the first few seconds of the interview is inconsistent, but Rogers' calm greeting, faint voice, direct eye contact and opening remarks are in line with Mearns and Thorne's (2007) description of the counsellor's duty to confront this obvious inequity as soon as possible. Moreover, Lewis (2000) asserts that facial expression has a stronger visual effect than language when it is adopted and implemented skilfully, which can help to lower barriers. The "nonexpert language" used by the Rogers throughout the session, as observed by Wickman and Campbell (2003) and Moon (2007), is praised for matching the requirements of congruence - the therapist's professional or personal transparency meant to foster an open dialogue between parties involved in the therapeutic relationship without impeding it - and unconditional positive regard - the counsellor's demeanour throughout an interview conveys a sincere acceptance of the client as they are at that very time, understanding about their present feelings and valuing them completely (Rogers, 1995). In the video, Gloria kept asking Rogers for specific suggestions, but Rogers never responded to her inquiries. Instead, he gave Gloria a response that accurately reflected what she had said, demonstrating empathy. Rogers reformulated problems as well, but he did it in a way that gave Gloria ownership and control over the solution (Thorne and Sanders, 2013). If Wickman and Campbell (2003) appreciate Rogers's withholding of counsel as a sign of

unwavering admiration for Gloria's knowledge and recognition of topics relevant to herself, Moon and Rice (2012) consider that avoiding the natural reaction of response, he self-sabotages his independence in action—his congruence—by restricting the therapeutic understanding and tolerance. During half an hour interview, Rogers demonstrates the effectiveness of an active, attentive listening, in detecting the client's sentiments and unique ideas and how he emphatically conveys this knowledge to the client. Besides, Rogers (1995) emphasises the benefits of the empathic hearing that encourages a person to be more careful, precise to his subjective life, and tending to become more self-aware as they become valued and appreciated. As Thorne and Sanders (2013) observed Gloria's troubled emotions of humiliation and urgent need for external help were both aided by Rogers' ongoing empathy and understanding. Her ability to analyse and access her inner "locus of evaluation" was further boosted by his lack of criticism, unconditional acceptance, and personal candour. Wickman and Campbell (2003) highlight that "invitations for repair" and "problem reformulation" -regularly used in the session- are relevant techniques for Rogers' style to simultaneously achieve these three essential criteria such as empathy, congruence and unconditional positive regard. However, according to Moon and Rice (2012), despite therapist's nondirective communication, a client may occasionally only want respite from a crisis or a sense of relief, and in terms of therapeutic connection, the client may feel constrained in expressing their opinions and desired course of action for change, or on the contrary, the client may become an inquirer by taking on a contingent position in the restorative interaction. In extend, Thorne and Sanders (2013) note that a client's dependence without a frame of reference may be stimulated by the therapist's actions, which may give them a false sense of empowerment. Additionally, by not protecting the client's feeling of connectivity, it may develop into a deeper and distinctive self-concept that may lead to estrangement rather than self-actualisation.

In the healthcare environment, the effective counselling starts with listening to the other person and entering their world of perception. This involves paying attention to the entirety of what is stated while also listening the key specifics (Burnard and Kendrick, 1998). A health care professional, unlike a counsellor, does not pressure a patient to change or accept themselves as they are (Stuart, 2013), but by using counselling techniques, he is able to help the patient recover their previous social and personal responsibilities (Kotrotsiou et. al, 2008). Respect, clear dialogue, and the display of optimism really are the foundation of

the therapeutic relationship in healthcare. The nurse's level of sensitivity and tact may determine whether the patient's progress is harmed or helped by the assisting act (Stuart, 2013). Burnard and Kendrick (1998) outline that for health care professionals these sets of characteristics are both essential and adequate to develop the therapy nature of the counselling interaction, such as: warmth as the attitude to be accessible and welcoming, by treating everyone equitably, even patient or other personal staff; empathic understanding as an unjudged attitude; and unconditional positive regard that does not required reciprocity, noted as a specific predisposition towards the patient, and materialised in an expression of altruistic love or selfless love for others. According to Soohbany (1999) either counselling and nursing is a relational strategy that helps the patient deal with critical incidents, process traumatic events, and draw conclusions from their situations. The goal can be accomplished by establishing loving presence in human connections and by using oneself in a therapeutic way.

As Rogers (1995) summarises, the essence of person-centred strategy highlights the persons' unlimited reservoir having access to themselves and operating with primary perspectives, inner beliefs and demeanours that can be successfully channelled with the help of a specified environment that generates positive mindsets. A successful therapy interaction relies on a set of essential and adequate circumstances -unique as content but valuable alike as role - that are applicable by the counsellor to facilitate the client's healthy mental change (Gillon, 2007).

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