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Module- Psychology in Health and Social Care

Module code- BMHP4025

Assignment title - Presentation with Supporting Paper

Word count- 1000

first part PowerPoint and second part of assignment supporting paper

Powerpoint:

Who was Carl Rogers and what he was known for • Carl was born in 1902, • American psychologist. • Founder of the humanistic approach in psychology. • Father of Person-Centred Therapy • He believed that people have an innate drive for growth and self-actualisation. • He developed the person-centred approach to therapy.	Impact on Health and Social Care Practice Influenced counselling and social work practice – focus on empathy and listening. Shaped patient-centred care models in healthcare. Helps create strong therapeutic relationships between staff and clients.	Key Theory: The Person-Centred Approach Focuses on creating a supportive environment for personal growth. The therapist provides three core conditions: 1. Congruence – being genuine and transparent. 2. Unconditional Positive Regard (UPR) – accepting the client without judgment. 3. Empathy – understanding the client's feelings and perspective. Encourages the client to take the lead in finding their own solutions.
Ethics in the Person-Centred Approach • Respects confidentiality, autonomy, and dignity. • Promotes non-judgmental practice. • Self-determination and client choice. • Helps maintain professional boundaries in care relationships.	Limitations / Criticisms • May not be suitable for clients who need structured guidance. • Relies heavily on client motivation. • Lacks specific techniques for severe mental health issues. • Time-consuming compared to directive therapies.	
References McLeod, S. (2019) <i>Carl Rogers' Person-Centered Therapy</i>. Simply Psychology. Available at: https://www.simplypsychology.org/carl-rogers.html (Accessed: 26 October 2025). Rogers, C.R. (1951) <i>Client-Centered Therapy: Its Current Practice, Implications and Theory</i>. Boston: Houghton Mifflin. Rogers, C.R. (1961) <i>On Becoming a Person: A Therapist's View of Psychotherapy</i>. Boston: Houghton Mifflin. NHS (2020) <i>Person-Centred Care</i>. Available at: https://www.england.nhs.uk/ourwork/patient-participation/patient-centred-care/ (Accessed: 30 October 2025). Rodgers, B. and Tudor, K. (2020) 'Person-centred therapy: A radical paradigm in a new world', <i>New Zealand Journal of Counselling</i>, 40(2), pp. 21–38.	Legacy of Carl Rogers • Rogers' ideas remain central to modern counselling, nursing, and social work. • Inspired the shift toward person-centred and holistic care. • His approach reinforces the belief that empathy and respect lead to better outcomes.	

Introduction

When I started learning about psychology, Carl Rogers was one of the first names I came across. He's honestly one of the most important psychologists of the 20th century, and his work totally changed how counselling works and even influences health and social care today (McLeod, 2019). Instead of the therapist being the boss, Rogers thought the client should be at the centre of everything. That's what's called the Person-Centred Approach (PCA) or sometimes Client-Centred Therapy (Rogers, 1951). Rogers believed that people need to feel understood, accepted, and valued if they're going to grow and make positive changes. This idea is still a big deal in counselling, nursing, social care, and mental health services today, and you can even see it in the NHS's approach to person-centred care (NHS, 2020).

Rogers' Contribution to Psychology

He said there are three things that need to be present in therapy for people to grow (Rogers, 1957), empathy the therapist really tries to understand how the client sees things. As of unconditional positive regard (UPR) the client knows they're accepted no matter what. Congruence (Genuineness) the therapist is honest and real.

Rogers (1961) said that if these are there, people feel safe enough to explore how they're feeling and get to know themselves better. It's not about analysing it's about having a real, caring relationship. Later on, Rogers (1980) even said that the most important thing in therapy isn't the technique but the human connection.

This was a big change from what Freud or behaviourists did, where the therapist was the expert. Rogers treated the client as the real expert of their life. Communication Skills in the person centred approach, Rogers' ideas massively shaped how people communicate in counselling and health care. Communication itself becomes a kind of therapy.

Some of the main skills are:

Active Listening is listening to someone without interrupting. Paraphrasing and reflection is more summing up what the person said to show you understand (Rogers, 1951). Non-verbal communication uses things like eye contact and body language to show you're paying attention (Rogers, 1942). Egan (2018) says that paraphrasing and reflection help people figure out what they're really feeling, and McLeod (2019) says these skills help build trust. But Rogers (1957) said these skills only matter if you're actually being genuine it can't just be an act.

Application in Health and Social Care

Rogers' theory isn't just for therapy; it's used in all sorts of people-focused jobs, especially health and social care. The NHS (2020) says good care must be person-centred, which means actually involving people in decisions about their care. Rogers was talking about this long before it was popular. Whenever a nurse, social worker, or care assistant:

- listens properly
- shows empathy
- treats people with dignity
- encourages independence and choice

As of basically following Rogers' ideas.

For example, if a care worker is supporting someone with dementia, showing empathy and listening can help the person feel less anxious. Giving unconditional positive regard means valuing the person, not just seeing their condition. Rodgers and Tudor (2020) say that person-centred practice helps balance out the power between professionals and people who use services. This makes people feel more in control, which is really important in social care. In social work and care planning, the Care Act (NHS, 2020) talks about "choice and control"—this matches Rogers' belief that people should be in charge of their own lives (Rogers, 1980).

Evaluation and Issues with Rogers' Theory

Even though Rogers' ideas are super influential, there are some issues.

Too Non-Directive

Some people say Rogers puts too much responsibility on clients. Corey (2016) points out that people with really serious mental health problems might need more structure. Rogers (1951) thought clients could lead their own therapy, but that doesn't always work for everyone.

Lacks Focus on Technique

Rogers cared more about the relationship than specific techniques. While this creates trust, critics think some people need more concrete strategies or advice (Corey, 2016).

Overly Optimistic

Some psychologists think Rogers was too positive about human nature. Not everyone will naturally grow, even if they have support (McLeod, 2019).

Cultural Considerations

Rodgers and Tudor (2020) mention that Rogers' theory comes from Western ideas about independence. In cultures that focus more on family or community, person-centred approaches might not fit as well. But even Rogers admitted his ideas weren't perfect. In *A Way of Being*, he (1980) said it's not a strict method—it's more about showing respect and empathy.

Conclusion

Carl Rogers changed counselling and totally affected health and social care. His Person-Centred Approach moved away from therapists controlling everything and focused on real, human connections. Through all his work (Rogers, 1942; 1951; 1957; 1959; 1961; 1980), he showed that people do best when they're accepted and understood. Skills like listening, empathy, and not judging are now some of the most important things in health and social care. Even though some people say his approach is too non-directive or optimistic, his influence is big, especially in places like the NHS. Rogers big idea still matters people should be treated as people, not just conditions.

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