



Student name: Jujita Angog Cupatan

Student ID: 2424591

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Lecturer name: Mr.Mark Kane

Introduction of the Concept, Theory or model

The concept chosen for this assignment is Carl Rogers' Person-Centred Theory, a humanistic approach that highlights empathy, unconditional positive regard, and congruence as key conditions for personal growth. Rogers believed individuals have an innate drive towards self-actualisation, supported through authentic and non-judgemental relationships. This theory is highly relevant to

health and social care, as it underpins person-centred practice in UK policy, promoting dignity, respect, empowerment, and effective communication. Rogers developed this approach through his own effort to achieve congruence aligning his inner feelings with outward behaviour which strongly influenced his work. Although he initially viewed psychosis as separate from normal experience with limited scope for therapy, he later saw it as meaningful, increasing his confidence in the person-centred approach for supporting individuals with psychosis (Oberreiter).

Carl Rogers was a psychologist best known for developing the person-centred approach, a humanistic theory that highlights personal growth, self-actualisation, and genuine relationships. Both his professional work and personal life were shaped by an ongoing effort to achieve "congruence," meaning a true alignment between his inner feelings and outward behaviour. Although he did not fully attain this state, it strongly influenced his ideas and

therapeutic practice. This study explores the close link between Rogers' life experiences and his professional contributions. It particularly focuses on his lifelong challenge to be authentic in his therapeutic, professional, and personal relationships. By examining this connection, the study also shows the value of understanding how psychologists' personal lives can shape the theories they develop and the wider social and cultural influence of their work. (Martin)

Importance of Theory To the Health Sector

Carl Rogers' theory is important in health and social care because it places the individual and their feelings at the centre of practice. It emphasises acceptance, autonomy, and freedom of choice as key elements that guide professionals in supporting personal growth and wellbeing. This person-centred approach encourages practitioners to focus on the individual's subjective experience rather than simply treating a condition, creating a supportive environment that promotes self-healing. The use of Gowin's V diagram helps health professionals better understand and apply Rogers' theory in practice. It shows that care should be directed by the person's feelings, with empathy, acceptance, and autonomy guiding professional actions. Although theoretical concepts can sometimes seem complex, Gowin's V diagram provides a clear and structured way to reflect on and apply person-centred principles effectively in healthcare settings. (Venturini et al.)

In social care, Carl Rogers' theory highlights the importance of authentic relationships and self-awareness. His concept of congruence, or "being real," encourages practitioners to recognise how personal, cultural, and systemic factors—such as racism—can influence care,

and to reflect on their own identities when working with diverse individuals.

This is reflected in Rogers' own development. In 1977, he showed limited awareness of how being a white therapist might affect work with African American clients. By 1984, he responded with greater empathy to discussions about racism. This shift emphasises the need for ongoing self-reflection to support inclusive and effective practice. (Crisp, "Carl Rogers' Reset with an African American Client: A Discussion")

The development of the chosen concept

Evolution of the Concept

The development of Carl Rogers' theory can be seen as an evolving process shaped by both personal experiences and intellectual influences. Rogers acknowledged a strong influence from Ralph Waldo Emerson and the transcendentalist tradition, which helped shape his philosophy and the foundations of the person-centred approach. Similarities in their writings and Rogers' use of an Emerson quote in *Client-Centered Therapy* suggest a possible link between Emerson's ideas and Rogers' work. However, this connection is interpretive rather than conclusive. Emerson was one of many thinkers who influenced Rogers, contributing to the flexible and developing nature of his theory. While the extent of Emerson's impact remains open to further research, it highlights how Rogers' approach was formed through a broad range of intellectual influences. (Dalton)

Carl Rogers' theory of person-centred care developed from his earlier idea of "relationship

therapy,” which placed the therapeutic relationship at the heart of psychological support. This approach emerged from client-centred psychology and highlighted key concepts such as diagnosis and contact, reflecting the underlying values of the model. Rogers introduced this perspective as an alternative to more traditional, directive forms of therapy, instead promoting a non-directive approach grounded in empathy, acceptance, and genuine understanding. Over time, this evolved into a broader person-centred framework that recognises the importance of cultural and contextual influences in maintaining meaningful and effective practice. It suggests that for person-centred and experiential therapies to remain relevant and effective across diverse settings, they must be capable of evolving beyond their original context. Structured around the themes of contact, culture, and context, the article first explores the historical development of relationship therapy. (Tudor)

Critiques of the Theory and Responses to Them

The article argues that Carl Rogers’ warning to his students about the difficulties of adopting his therapeutic model has proven accurate. It outlines several modern challenges facing person-centred and experiential therapies (PCET), including the paradox of Rogers’ strong influence alongside the marginalisation of PCET within evidence-based practice, which prioritises diagnosis and standardised assessment approaches Rogers opposed. It also highlights how the rise of “person-centred care” in medical settings can be mistaken for PCET, despite being rooted in a medical model that conflicts with Rogers’ original

philosophy. Overall, the article shows that while Rogers' theory emphasises clients' self-healing capacity and rejects disorder-focused frameworks, it continues to face pressure within contemporary psychotherapy dominated by diagnostic systems and research-driven protocols. (Crisp, "Anticipating "One Hell of a Lot of Trouble". Carl Rogers' Warning to His Graduate Students")

A second critique challenges the individualistic foundations of Rogers's humanistic approach, especially in education. Critics argue that his model of self-directed learning does not fully address collective social issues and falls short of its emancipatory aims. In contrast, thinkers like Paulo Freire and Lev Vygotsky emphasise a socially grounded understanding of the Self, which they argue better prepares learners to recognise and respond to social problems. This perspective suggests that social-transformative education offers a stronger foundation than Rogers's individual-centred framework. Responses to critiques of Carl Rogers's theory often focus on how his work has been interpreted historically and on the individualistic assumptions behind his view of the Self. One major criticism is that Rogerian scholarship relies too heavily on autobiographical accounts and insider narratives, creating an "echo-chamber" where Rogers's own stories are repeated without examining the wider institutional or personal contexts in which they were written. Scholars argue that a more rigorous, archive-based and methodologically diverse historiography is needed. (Servant-Miklos and Noordegraaf-Eelens)

This study explored how self-relating affects psychological well-being and tested the impact

of an emotionally focused intervention on self-compassion. It used Emotion-Focused Therapy with 18 clients experiencing depression and/or anxiety in a multiple baseline design.

During the initial phase, clients received only Rogerian relational conditions, which did not significantly improve self-compassion. However, when a two-chair dialogue intervention was introduced, self-compassion increased significantly, mainly due to reduced negative self-perceptions such as isolation. Overall, the findings suggest that the two-chair technique is more effective than relational conditions alone in improving self-compassion and promoting healthier self-relating. (Reidar Stiegler et al.)

Application of the concept in practice

Problem Involved

Carl Rogers' person-centred theory has strongly influenced health and social care policy and practice by promoting care that prioritises individual needs, values, and autonomy. This is especially evident in mental health services, where approaches such as Open Dialogue reflect person-centred principles through collaboration, shared decision-making, and respect for service users' experiences. However, implementing such approaches can be complex, involving challenges in translating knowledge into practice, managing professional relationships, and addressing emotional discomfort among staff. Success also depends on strong collaboration and support from multiple stakeholders. A qualitative study of mental health teams found four main challenges: understanding the approach, interpersonal processes, emotional responses, and the need for wider organisational support. These challenges are

interconnected and do not occur in a simple sequence. Overall, while person-centred approaches can lead to meaningful systemic change, they require time, ongoing dialogue, and a shared commitment to values such as ethics and human rights to be effectively embedded in practice (Lorenz-Artz et al., 2021).

Carl Rogers' person-centred theory has influenced health and social care policy and practice, but its application presents several challenges. In structured systems such as the National Health Service, time pressures, staff shortages, and procedural demands can limit the development of therapeutic relationships. The theory's emphasis on individual autonomy can also be problematic when service users lack capacity or require safeguarding, creating tension between independence and protection. Furthermore, its Western focus may not align with collectivist cultures, and its non-directive approach may be less effective in situations requiring professional authority. Organisational priorities such as efficiency and measurable outcomes can also reduce person-centred care to a procedural task rather than a genuine relational practice (WHO, 2021).

This commentary on Jack Martin's article "*Carl Rogers' Struggle to Be 'Real'*" explores how Rogers' personal experiences shaped his humanistic theory of self-actualisation and personal growth. Although his early work focused on psychotherapy, he later applied ideas such as facilitative conditions and congruence to relationships and group settings. Congruence, seen as ongoing self-awareness and honest communication, was also something Rogers personally found difficult to maintain consistently. While Rogers promoted

empowerment and democratic practice, his theory has been criticised for not fully addressing systemic oppression or “conditions of worth” that can devalue individuals based on identity. This limits its effectiveness in social care contexts where structural inequality is a key issue. (Palmer)

Recommendations for policy and practice

It is widely recognised that many people prefer to receive care in their own homes, and home care services can help individuals remain independent for as long as possible. This narrative review aimed to explore existing research on person-centred practices in home care and to develop a conceptual framework based on the Health Information and Quality Authority (HIQA) standards for delivering high-quality, person-centred home care. The review analysed 39 studies from databases including Embase, APA PsycInfo, Social Services Abstracts, and CINAHL using qualitative content analysis. The findings highlight four key principles of person-centred home care. A human rights–based approach ensures that care is delivered with dignity, fairness, and equality. The safety and wellbeing principle focuses on preventing harm and maintaining the health of individuals. Responsiveness relates to how effectively staff identify and meet individual needs through appropriate skills and knowledge. Finally, accountability emphasises the importance of strong leadership, governance, and coordination between home care services and other providers. These principles provide a useful framework to guide policymakers and care providers in strengthening person-centred practice in home care policy and delivery. (Bassul et al.)

Recommendations for health and social care policy and practice informed by Carl Rogers' person-centred theory highlight the importance of valuing individuality, dignity, and autonomy in care delivery. This aligns with Rogers' core principles of empathy, unconditional positive regard, and genuineness. Policies should also encourage collaborative care planning and shared decision-making between service users, families, and professionals to ensure care is personalized to individual needs and preferences. Achieving this requires a coordinated, system-wide approach in which all practitioners consistently apply person-centred principles across both organisational and individual levels of care. (Moudatsou et al.)

Person-centred care (PCC) emphasises involving individuals in their own care and supporting self-management, which is increasingly important in chronic care due to rising long-term conditions. Although digital tools can improve communication between patients and healthcare professionals, there is limited evidence on how they support PCC in practice.

This study examined strategies used in a rheumatology outpatient clinic to implement PCC and the role of digital tools. Using a case study design with interviews and document analysis, it identified strategies at both patient and organisational levels. These included using digital tools to improve access, share information, and increase patient responsibility, as well as involving patients in service development. Overall, digital tools were found to support rather than replace care, enhancing communication and patient involvement while requiring changes in staff roles and workplace culture. (Granström et al.)

Conclusion

In conclusion, Carl Rogers' person-centred theory has had a significant and lasting impact on health and social care, particularly through its emphasis on empathy, unconditional positive regard, and respect for individual autonomy. Its development from relationship therapy into a broader person-centred approach reflects an important shift away from directive models of care towards more humanistic and collaborative practice. However, the theory has also faced criticism, particularly regarding its practicality in structured services, cultural limitations, and challenges in situations where individuals lack capacity or require more directive support. Responses to these critiques have led to adaptations that recognise the importance of context, culture, and system-level factors in delivering effective care. Despite these challenges, the theory continues to strongly influence policy and practice, especially in promoting service user involvement and shared decision-making. However, issues such as time constraints, organisational pressures, and inconsistent implementation can limit its effectiveness in practice. To address these problems, recommendations include improving staffing levels, enhancing training in communication and cultural competence, strengthening safeguarding frameworks, and embedding person-centred values more consistently across services. Overall, while not without limitations, Rogers' theory remains highly relevant, providing a valuable foundation for developing compassionate, respectful, and individualised care within modern health and social care systems.

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