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# Client-Centered Family Therapy: Individual and Ecosystemic Issues

## Abstract:

*Conducted within the context of the family, client-centered family therapy incorporates but also transcends dimensions of classic individual client-centered psychotherapy. When client-centered therapy is conducted within the family context its impact and efficaciousness is profoundly enhanced. Rogers' "necessary and sufficient conditions" for psychotherapeutic change are directly transferable to the context of client-centered family therapy but require conceptual augmentation which create subtle but portentous new dimensions in the milieu of family therapy.*

**Keywords:** *Familientherapie, Zielgruppenorientierung.*

## Introduction

The twentieth century has been the age of the individual. Historically, Client-Centered Therapy has, like other psychotherapies, focused on the individual. Client-Centered Therapy, and its philosophical twin the Person-Centered Approach emanate from a psychology of self, in the tradition (amongst others) of William James, Prescott Lecky, John Dewey, and Kurt Goldstein. Although the self is always defined in an interpersonal context, Rogers, like other psychotherapy theoreticians, was summarily concerned with the development of the individual's inner locus of evaluation and control, in other words, autonomy. These elements basically defined individual psychological well-being and were considered goals of virtually all modalities of psychotherapy for the greater part of this century.

Within the psychotherapy community, family therapy is the new comer. For family therapists, the family system as a whole is the client rather than the individual with the presenting problem. Although, at first blush, Client-Centered Therapy may seem at odds with the practice of family therapy, it is not. This presentation delineates the inherent integrity and efficacy of client or person-centered family therapy.

## The Individual in The Family: The Ecosystem Context

Client-Centered Therapy postulates that all organisms have an actualizing tendency – a push to fulfill their biological destiny. For humankind, that press is further refined into a special, self-actualizing tendency, whereby a part of the organism, the 'I' or 'me', is conceptualized as distinct from all else in the environment. When these two tendencies are at odds – when our total organismic experience is inconsistent with our perceptual self experience – we feel incongruence, psychological distress.

Our sentience, our long developmental period, and our awareness of past, present and future all help to define us as uniquely interdependent beings. The heart of that interdependence is the family. Early on we become aware of ourselves in the context of others, and we spend the rest of our lives defining ourselves in relationship to others.

Because of the manner in which we have evolved and are raised, throughout our lives we develop and accrete a set of self perceptions in relationship to others. These perceptions of self are rather like subselves, which comprise our self complex. Thus we start out as child to our parents, brother or sister to our siblings, etc. Later we incorporate other subselves – those of student, friend, worker, spouse, parent, etc. Our attitude about ourselves is an amalgam of the interplay of the subselves of our self complex.

The family is so central, so indigenous to who we are, that it permeates our conceptualization of self. Our thinking and language are replete with allusions to the family

– progenitors, siblings, mates, offspring, and extended kinsfolk. Thus, we use kinship terms to demonstrate close affiliation to non family people and places, i.e., we speak of our ‘motherland’ or ‘fatherland’, ‘the family of humankind’, ‘fraternity’ and ‘sisterly’ or ‘avuncular’ feelings.

So inherent is the family to who we are that, like the self, it may be considered to have an actualizing tendency. This family actualizing tendency – the press to leave our family of orientation, connect intimately with a mate, and form a family of procreation – is basic to, but transcends, the individual’s actualizing tendency. The family actualizing tendency is imbedded in the multitude of selves which we retain within the foundation of our self-complex. For the formative part of our lives we define self virtually always in terms of others; as we mature our search for fulfillment invariably implies a search for intimate connections.

### Theory to Practice: The Bridge Conditions

Rogers’ special genius was his ability to clarify and streamline – separate theoretical excess from the essential. He termed his therapeutic approach first “nondirective therapy”, later “client-centered therapy”, and finally “person-centered therapy”.

The term ‘non-directive’ was somewhat misleading because no therapy can be considered truly non-directive or objective. Therapists, like everyone else, are subjective and even a subtle “uhh huh” or nod can act as a ‘directing’ stimulus to the client. Thus, what Rogers was underscoring is that no one can know the client’s inner world better than the client. In a nutshell, for the client- or person-centered therapist, the client is the theory: each client must be attentively followed as he, she, or they lead the therapist through their experiential realm(s).

An attentive and fully present therapist creates a climate of warmth, acceptance, and prizing, thereby engendering the clients’ acceptance of their inner experiences of self. Thus, clients are freed to be fully themselves and accepting of their experiences of self, whatever they may be. The therapist enters the client’s frame of reference and, experiencing the client’s experience as fully as possible, acts as a kind of interpersonal, subjective mirror. This reflection of the client’s experience back to the client is the engine which enables the therapeutic re-experiencing for the client. In this manner the self-actualization of the client is unencumbered.

Rogers posed no other therapeutic technique. He went so far as to suggest that none were necessary. He postulated only six “necessary and sufficient” conditions for therapeutic personality change. These six conditions, it should be noted, were not a blueprint for Client-Centered Therapy, but rather for all therapy – regardless of theoretical orientation.

The attractiveness of Client-Centered Therapy and the Person-Centered Approach is the exquisite economy of its theoretical components. This parsimony of percepts makes for an enviously lean theoretical orientation. However, simultaneously, it makes Client-Centered Therapy appear simplistic and deceptively easy to master. Such austerity is highlighted particularly when Client Centered Therapy is compared to its more ornate and, presently, more popular sister orientations.

## The Six Conditions

### 1. Psychological contact: the relationship

In individual psychotherapy, a relationship between client and therapist is virtually a given – little more is said. In psychotherapy with couples and families the relationship between therapist and family members, individually and collectively, becomes central and far more intricate. The complexity surrounds the strained and tense intrafamilial relationships which have generally impelled the clients to seek help. The therapist must maintain multiple relationships, and do so in a manner that enables all family members to experience trusting contact with the therapist. This first condition – the relationship between therapist and family members – affects all of the other five conditions.

### 2. Incongruence of the client(s): psychological distress

Incongruence, the discomfiture that an individual feels when the experience of self is at odds with the conceptualization of self, is what prompts individuals to seek help. With more than one client, both interpersonal and classic intrapersonal incongruities enrich, embellish, and profoundly complicate the therapeutic process. Thus, a husband’s incongruence resulting from experiences and perceptions of himself, his wife, and her perceptions of him, taken with the wife’s reciprocal impressions of her husband, all may become focal therapeutic issues which demand the therapist’s attention. Add a child or two and the intra/interpersonal issues increase exponentially. Thus, in family therapy, one may deal with intrapersonal incongruence as well as a complex range of interpersonal incongruences.

### 3. The congruence of the therapist in the therapeutic relationship: therapist presence

The integrity, transparency, and presence of the therapist is paramount in both individual and family therapy. Although therapists need not be paragons of psychological well-being, they must be aware not only of who they are in the client-therapist relationship, but abundantly cognizant of their own self complexes, as well. It is this

integrity and awareness which make the next two conditions both possible and powerful in facilitating clients' change.

#### **4. Unconditional positive regard: nonjudgmental love**

To hear the client without preconception and prejudice is to allow the client to express those aspects of self that have been previously judged by self or others as somehow deficient or abhorrent. As the client gradually discloses these self-perceived offensive traits without reprisal but, rather, with genuine caring from the therapist for the client's self worth, the traits become available for examination, re-experiencing, and potential healing. The power of this healing condition is compounded and enhanced when experienced in the midst of the family. Through full nonjudgmental acceptance of each family member, the therapist thus acts as a model, discharging the attributions made by other family members in both previous and present interactions.

#### **5. Empathy: seeing the world through the client's eyes**

Empathy, the ability to hear, experientially understand, and not be overwhelmed by the felt experience of another, is the heart of all therapeutic endeavor. It requires that therapists be in touch with their many selves, and call upon previous experiences in order to resonate with experiences of their clients in a recognizably authentic manner. Like unconditional positive regard, this condition is powerfully enhanced when family members are present. Through the empathic understanding of the therapist, those family members who have lost the ability to hear each other and have grown weary from conflict may, once again, get in touch with the inner experience of their loved ones.

#### **6. The client's perception of being understood and prized: validation**

At some level, the client or clients must feel that they have been heard and validated, as well as cared about. Although each family member may not feel empathy and caring from the therapist all of the time, the condition must be experienced by all members some of the time – if not most of the time.

### **Client-Centered Methods in Family Therapy**

Empathic reflection of clients' feelings is really the one and only technique in Client-Centered Therapy and the Person-Centered Approach. In this process, the therapist enters the client's frame of reference, encounters the experience as fully as possible, and articulates as accurately as possible the perceived feelings back to the client. This

basic activity of the therapist is the same in individual and family therapy.

Therefore, in the context of the family, it is not so much the overt behavior of the therapist that changes but, rather, the internal activity of the therapist that is subtly but palpably and irrevocably modified. Thus, while the Client-Centered therapist working with an individual takes on the world view of that client, the Client-Centered family therapist maintains the world views of multiple clients – all family members – simultaneously. This may even include absent family members.

Accordingly, when a child in family therapy reports an experience, I, by evoking my own child subself, may experience as fully as possible what the child has experienced, and then reflect back to the child my empathic understanding of that experience. Moreover, my parent self is also primed, ready to experience the parents' responses to their child's report of that same experience. Experiencing the multiple views and reactions among respective family members enables the therapist to experience a sense of the ecosystemic interaction of these members. Thus, once having practiced Client-Centered Family Therapy, one can never do individual therapy in quite the same manner as before. A therapist, tuned in to the interactional nature of the developing self, is aware of the omnipresence of family members, even in their absence.

Related to the reflection of feelings of individual family members, but subtly different, is the reflection of the overtone interactions of family members, or the 'interspace reflection' representing the space that results between and among the individuals in the family therapy setting. The specific focus of 'interspace reflection' is the therapist's articulation of the observed or reported interactions between or among family members. It serves the same function as a reflection of feelings, but instead of reflecting the expressions of an individual it captures the interaction and feelings between and among individuals.

Subsumed in empathic reflection are related phenomena: 'intergenerational echoing' and 'ghosting', both of which seem to emanate naturally when family members interact in a therapeutic milieu. The first, 'intergenerational echoing', often occurs spontaneously when, for example, a father and son are interacting and the father becomes aware of similarities to interactions that have occurred between him and his own father. The recognition and exploration of the parallel are often accompanied by heavy emotionality and a kind of nostalgic discovery, which invariably has a profound positive impact on all family members.

'Ghosting' refers to the sensed presence or reference to a family member not present in the session. Often, by simply alluding to an absent member, those present may react empathically or attributionally with regard to that member. Furthermore, it is not uncommon for therapy

participants to approach the absent member later, regarding an issue evoked and/or expressed during therapy. Therapy participants often report that dramatic interactions of a therapeutic nature have ensued from such encounters outside the therapy session. Moreover, as a consequence of such interactions, the absent member is sometimes induced to join the family in therapy.

### **Summary and Conclusion**

Conducted within the context of the family, Client-Centered Family Therapy incorporates, but also transcends, dimensions of classic individual Client-Centered Psychotherapy. The purpose of Client-Centered Family Therapy is the enhanced functioning of the family and its several individual members.

The family is an organismic interactive ecosystem – a unique human institution with genetic, psychosocial and historic parameters. As the introducer of the individual to society, and then mediator between the individual and society, the family exerts a powerful influence on the individual throughout life. Consequently, the impact and efficaciousness of Client-Centered Therapy are profoundly enhanced when conducted within the family context.

### **Biography:**

*Ned L. Gaylin has been married to Rita Gaylin for 40 years, has four children, and (finally) has one grandchild – Joseph. He is also currently Professor and Director of Clinical Training of the Marriage and Family Therapy Program of the Department of Family Studies at the University of Maryland, College Park, Maryland.*