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**COURSE NAME:**

**Integrative approach: Positive psychology & Person-centered  
therapy**

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## **Introduction:**

Person-centered therapy, a psychology approach which was developed by Carl Rogers (1902 – 1987) an American psychologist, founder of humanistic psychology.

This approach places the person at the center of their own story. The individual is free to make their own reflections and reach personal and conclusions, encouraging autonomy in the “path” for truth.

Person-centered therapy relies on the principles of acceptance, warmth, non-judgment and places the counselors in the same level of their clients, in other words counselors do not play a role of authority in the session and in the therapeutic relationship.

Positive psychology another branch of psychotherapy, is known as the science of wellbeing, is an innovative and disruptive approach that focuses on the positive of situations, emotions, individual’s strengths rather than on the disorder’s symptoms.

Martin Seligman, an American psychologist, is the founder of positive psychology. He was motivated by the idea of help people to increase quality of life and wellbeing levels instead of focus only on the disease and in its negative consequences.

Thus, this exam has the objective of addresses the integration of person-centered therapy with positive psychology.

It will be elucidated what are the roles of person-centered therapy and positive psychology; scientific researches; assessment techniques and tools and multiculturalism issues.

**Questions:**

**Chapter 8.**

1. What are the roles of counselors in person-centered therapy and positive psychology?

As person-centered therapy is based on the acceptance, empathy, warmth and genuineness so there is no “role” for counselors, at least not in a traditional way. In person-centered therapy, counselors help the individual by reflecting his or her feelings accurately, keeping the individual focused on the concern, and clarification of feelings and information, and asking questions which help person to get insights and to perceive the changes needed.

Thus, in my opinion, the role of counselors in person-centered therapy is “be there” for the client, listening and accept him/her unconditionally and non-judgmentally and reflect back to the client his/her whatever they bring to the session in order to check if the content brought was accurately understood, and do not ask questions to provoke considerations or self-questionings or so.

In sum, counselors in person-centered therapy are there to hear and accept individuals as they are and let them conduct the pace of sessions and the pace of changes without interference.

Different from person-centered therapy, positive psychology counselors have more “active” role in the therapy. Positive psychology claims that when the individuals focus on the bright side of situations and people, they well-being, emotions, and quality of life increase (indeed, they do, and there are many studies that verify it).

Thus, in positive psychology, counselors help their clients to look for the positive in every situation or issue that is brought for the session, by asking questions which redirect the focus of the client to positive

aspects in order to decrease the negative feelings and improve the mood and the emotions that are making client's life difficult.

So, we can see that in positive psychology the role is more dynamic and intentionally interfere and aims to modify client's beliefs about a given issue.

## 2. What are your thoughts on scientific research in person-centered therapy and positive psychology?

In my opinion, scientific research is always important to verify and evaluate outcomes regarding therapy, even though they are usually not substantial as outcomes and cannot be accurately measured.

However, from my point of view, it is difficult to measure and/or develop studies for person-centered therapy since this model of therapy does not have "specific" theories or guidelines.

Person-centered therapists believe that each individual is unique and do not react to the same stimuli or situation in the same way, for instance two individuals which were sexually abused will not develop the same "symptoms" or even the same disorders.

Thus, I do not believe that scientific research will be able to measure outcomes for a subject that is too subjective and depending on a considerable number of variables.

However, scientific research is extremely important to positive psychology as it can be defined as "the science of happiness". Since the beginning of positive psychology development, it was based on scientific studies and researches to validate its outcomes and efficiency

3. What is the person-centered perspective with regard to psychological assessment? What is the positive psychology perspective with regard to psychological assessment?

Person-centered therapy believes that each individual is unique and that a diagnose based on the medical's traditional concepts and methods reduce individuals to inanimate objects or only to a case of study (I would go further and claim that traditional methods and theories reduces individuals to math equations which must follow specifics patterns and features, just like an arithmetic operation).

Thus, in the person-centered, counselors use psychological assessments on a limited basis. The Q-sort is sometimes used in assessment. This is a series of 100 statements written on cards. The statements are self-descriptions such as "I am capable," "I am dependent," or "I am worthless." The client is asked to read and sort each of these statements into nine piles, from "most like me" to "least like me." Then the stacks are recorded. The client re-sorts the cards into an order expressing what they want to be like.

It is important to enhance that diagnosing is discouraged in person-centered therapy, as it is incompatible with the philosophical view of the individual as unique since put the counselor in a position of authority, which is the opposite of the principles of person-centered therapy that says that counselors are not more "intelligent", experts or the one who "owns" the true.

Positive psychology, just like person-centered person, has a non-traditional way to conduct psychological assessment.

Positive psychology, as seen in this chapter, is based on the principle of positivity, happiness and wellbeing. By that I mean, it focuses on the good

side of every situation (even on the hardest ones) and also help individuals to find the goodness in their own life.

So, regarding psychological assessment, positive psychology uses tools and questionnaires that focus on measure the wellbeing, gratitude, happiness, resilience, life meaning, optimism, strengths and so to assess individuals, instead of focus on the psychopathology.

Here are some questionnaires used on assessment:

Authentic Happiness Inventory – Measures Overall Happiness

Overall Happiness Scale – Assesses lasting happiness

PANAS Questionnaire – Measures Positive and Negative Affect

CES-D Questionnaire – Measures symptoms of depression

Fordyce Emotions Questionnaire – Measures current happiness

Optimism Test – Measures optimism about the future

Transversal Motivations Questionnaire - Measures Forgiveness

VIA Character Strengths Survey – Measures the 24 character strengths

Gratitude Survey – Measures appreciation for the past

VIA – Children’s Strength Survey – Measures the 24 character strengths for children

Grit Rating – Measures the character strength of perseverance

Brief Strengths Test – Measures 24 character strengths

Life-Work Questionnaire – Measures Life-Work Satisfaction

PERMA™ Meter – Evaluates flowering measurements

Life Satisfaction Scale – Measures life satisfaction

Approaches to Happiness – Measures Overall Happiness

Meaning of Life Questionnaire – Measures the meaning of life

Compassionate Love Scale – Measures your tendency to support, help  
and understand others

people

Relationship Closing Questionnaire

Happiness Measures Scale (HM)

Life Satisfaction Scale (SWLS)

Temporal Life Satisfaction Scale (TSWLS)

Subjective Happiness Scale (SHS)

Gratitude Questionnaire (GQ-6)

Adult Hope Scale (AHS)

Meaning of Life Questionnaire (MLQ)

Flowering Scale (FS)

Positive and Negative Experience Scale (SPANE)

Short Grit Scale (GRIT)

Curiosity and Exploration Inventory II (CEI-II)

Scale of Use of Forces and Current Knowledge (SUCK)

Life Orientation Test - Revised (LOT-R)

Brief Resilience Scale (BRS)

Subjective Vitality Scale (VS)

Cantril Combat Self-anchoring Scale (CSASS)

Valuable Life Questionnaire (VLQ)

Psychological Well-Being Scale (SPW)

Center for Epidemiological Studies Depression Scale (CES-DS)

Depression, Stress, Anxiety Scale (DASS21)

Loneliness Scale (LS).

Thus, using those assessment's tools, counselors can measure and identify how individuals have been feeling and in which degree their negative or positive emotions are, and from that working on strategies to increase and improve their quality of life and wellbeing.

4. What are your challenges when applying the integration of person-centered therapy and positive psychology to multicultural clients?

From my point of view, this integration is basically impossible and not fusible to clients since these two therapies are very different from each other and are driven by opposite principles.

In person-centered person the client is the one who guides and defines the pace and the topics that will be discussed in the session and positive psychology counselors help clients to identify the positive in their lives, situations and issues brought in therapy, I do not perceive any challenges in the integration of these two approaches.

However, I believe that the challenge would be the integration in itself as these therapies have different philosophical approaches.

Person-centered therapy is based in the principle of acceptance, warmth, and unconditional positive regard and the counselor never manifest his or her opinion, even the "medical" opinions, about what client's issues. Instead, counselor reflect back to the client his or her own emotions,



thoughts in order to check if their understand about the subject rise from the client is accurate.

In person-centered therapy counselors are more “passive” and never interfere in client’s view, beliefs, emotions, behaviors and thoughts. They do not even make questions to induce an insight or to make the individual wonder about any situations or cognitive processes.

Positive psychologists, generally, will questioning their clients in order to change their perception, beliefs and cognitive processes to enhance the bright side of the topic discussed thus, making the neuroplasticity to occur creating new “paths” to neurotransmitters.

These cognitive process’s shifts cause an alteration on chemistry of the body and these changes influence emotions in positive ways.

Thus, I cannot see how positive psychology and person-centered person therapy could be integrated as positive psychology counselors induce clients to look for the positive in every situation or issues brought by them. In positive psychology, counselors have a more active role and they directly interfere on client’s perceptions and judgements about a given topic.

As explained above, these approaches cannot be combined as these theories are not only averse from each other but also (from a logically perspective) would cancel each one benefits, as given someone an advice makes you in a position of authority and sometimes can sounds like underestimation of someone’s pain. And this is exactly what person-centered therapy is not.

## **Conclusion:**

Person-centered therapy is a psychology approach developed by Carl Rogers, a humanistic psychologist. Rogers believed that psychology theories developed to explain and/or treat individual's maladaptive behaviors, thoughts and emotions does not make sense at all since individuals are unique and are impacted in different ways by the same "stimuli", situations, events and alike.

For instance, two siblings who witness the death of their parents in a car accident will not show the same changes in behavior, emotions, sleep patterns, reactions to similar situations and the like. As much as the two sisters have experienced the same traumatic situation and grew up in the same environment and with the same people, each of them is unique and perceives the world around them in a very personal way. Soon the sequelae of trauma will manifest differently in each of them.

Unlike other schools of thought, in person-centered therapy the counselor does not assume an authoritative role in the therapeutic relationship because he realized that no one knows more about himself than the individual himself; that the psychologist is not the owner of the "truth" and also does not have a "correct and absolute formula" for all questions brought by the client. The role of the counselor is to facilitate the client's awareness, self-actualization, and growth. The sessions are conducted by the client, who chooses when and which issues will be addressed on the day, the individual has full autonomy and an active role in their "treatment.

Furthermore, in person-centered therapy, those who are not their people are people for the clients, as the traditional clients are not the clients brought by the disorder, but rather as a manifestation of the incongruities of the self. The evaluation is made by those who indicate how the individual perceives himself and his emotions, and this is based on opinions that how individuals unify the DSM would not be adequate to identify

the problems experienced by the client, as this method would reduce the individual to a pattern of symptoms that applies to any human being.

However, positive psychology is quite opposite to person-centered therapy. In this approach, the therapist plays an active role and interferes and guides clients to seek the positive side of all situations brought by clients. Positive psychology counselors intentionally influence individuals to change their perspective on the world and cognitive processes, consequently exercising an authoritative role and not giving the client space to have their own insights.

Thus, due to the philosophical perspective and principles of person-centered therapy, the integration between positive psychology and this therapy is not possible, as they have contradictory aspects and roles.

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