Complementary Aspects in Reality Therapy and Person-Centered Therapy

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Abstract

In this brief review we made a comparative analysis of Reality Therapy and Person-Centered Therapy. Common points in theoretical aspect and differences in therapeutic process were highlighted. Also we focus our attention on the scientific basis of the two approaches. The main purpose of this paper is to underline the importance of an "open minded" intervention despite all differences between methods that are tributary to a specific approach, or to scientific evidence. Eventually the goal for all practitioners is to improve client's status.

Keywords: reality, person-centered, therapy, application, efficiency.

1. Introduction

Reality therapy (RT) and Person-Centered therapy (PCT) are two different approaches in terms of ranking. So William Glasser's Reality Therapy appeared in the sixth decade of the last century, as a directive therapy and Carl Roger's Person-Centered Therapy appeared in the fourth decade of the last century fully developing in 1980s, as a non-directive therapy. However, analyzing the underlying principles of the two approaches we find similarities that are inconsistent in practice.

Present work analyses RT and PCT by comparison, reviewing, in a compact manner, the most important elements that outlines a therapeutic approach. For start, we will present the main concepts of therapies in discussion. Afterwards will focus on therapeutic process of the two different approaches in terms of reporting to the individual, and in terms of triggering the mechanism of change.

The differences between RT and PCT is evidenced through a comparative analysis of these therapeutic approaches, at applicative level. The main aim of this analysis is to bring in attention of scientific community the importance of a flexible conceptualization and insight in the therapeutic process in terms of directive or non-directive approach. Adopting strategies based on the individual's traits of personality and its evolution throughout the therapeutic sessions is an essential aspect in increasing the efficiency of the process of change, as we underlined in a previous work (Mocan, 2014).

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2. Conceptual aspects

Reality therapy is a directive therapeutic approach based on *choice theory* referred to as control theory. The choice theory is based on the idea that we are governed by five basic need, fulfillment of which ensure us a rewarding life. So the purpose of our choices is to fulfill these basic need. The mental representation of each individual about the surrounding reality and the adaptation to this reality in his way to satisfy the need mentioned above can generate perceptual errors. These perceptual errors are the main source of distress. Solving the perceptual error, the conflict, is related to the individual's ability to reorganize the information from reality. The process of reorganization is the basis of creativity, so the individual has the tools to choose a behaviour that meets the demands of a quality world in the context offered by reality. It is essential to mention that the theory of choice addresses behaviour as a complex of emotions, thoughts and actions which are interdependent (Glasser, 1981).

Person-centered therapy is a non-directive approach that starts from the idea that the individual is aware and is at the center of a constantly changing world, which leads to a permanent actualization tendency. Thus the individual has abilities and primary motivations. Reporting to the world follows from the interaction between universal reality and subjective and personal perception of the reality. This interaction forms in Rogers view the individual "private world". Although PCT is focus on individual and personal experience, provides an essential role to community orientation and relationships. The structure of the self is formed as a result of interacting with the environment, especially as a result of evaluative interactions with others (Rogers, 2002). The main sources of distress from Rogers perspective are distorting and denying experiences that don't coincide with the self-concept. Thus, the individual invests a lot in maintaining self-image (Marian, 2011).

3. Common points in theory

In the synthesis made in the previous section we can observe some common points of the two therapeutic theories. Both approaches support the presence of basic needs (in RT) or capabilities and primary motivations (in PCT) that leads the individual in the development of the self-concept. Also, the main source of distress and conflict is in both approaches the inconsistent between our own perception of reality and the perceptions of others about the same reality as well as the inconsistent between the objective aspects of reality and our own perception.

The individual's attempt to adapt to the contexts of life involves the process of reorganization (in RT) respectively the permanent tendency of self-actualization (in PCT). Both processes involve an evaluation of our self-image and patterns of behaviours adopted in target situations. This tendency of self-actualization is a primary mood that is externalized by behaviours, by the way we relate to life. As in the PCT, this exteriorization materializes in observable and measurable behaviours, in attitudes, thoughts and experiences, in the RT perspective, they are all organized under the concept of global/total behaviour, where emotions, thoughts and actions are interdependent dimensions.

4. Practical differences

The most important and visible differences between the two approaches at the practical level are in the therapeutic relationship and in the therapeutic process.

Thus, in RT the therapist aims to create a supportive environment that offers clients the opportunity to make changes in their lives. Moreover, the therapist represents the point of reference of the objective reality, keeping the attention on the concrete, palpable aspects, constantly provoking the client to explore what he is doing, what he/she thinks and what he/she

feels to conclude later on the extent to which there are more efficient ways to function (Wubbolding, 2002). So RT focuses on the elements that clients are aware of and helps to increase awareness of needs, goals and inefficient behaviours used to control the environment, which predisposes clients for change (Mocan, 2013).

In PCT, the therapist also creates a supportive environment, but with the purpose of determining the client to explore his or her feelings, to observe inconsistencies, to discover the neglected attitudes. This is how the client discover itself by bringing to light the aspects that he is not aware of when he comes into therapy.

RT focuses primarily on the behavioural component of the individual and then on the cognitive component, the therapeutic relationship being characterized by collaboration in formulating a specific and effective action plan. This is often done by confronting the client with his own blocks in ineffective behavioural patterns, in ruminations of the uncomfortable situation in which he is.

In PCT, the therapeutic relationship is one of understanding and the alliance in which the therapist adopts an empathic attitude and an unconditional acceptance attitude. Through this reporting to the client PCT gives the client the chance to become aware of and reassess feelings, thoughts and perceptions, allowing a satisfactory absorption of experiences. This brings changes in the behavioural and effective reporting of the client to himself, to the world and to others.

At therapeutic level, one of RT's goals is to encourage customers to become aware of what they are doing now and to help them see the connection between what they feel, their actions and decisions, understanding that when they start to act differently from past, changes also occur at the emotional level (Corey, 1996). Controlling your own global behaviour, and more, the ability to take responsibility for it, is the alternative offered by RT practitioners underlining that self-imposed barriers and excuses are forms of self-deception that can give the feeling of release in short term but in the long run they lead to the consolidation of identity problems. Individuals also learn to accept the reasonable consequences of their actions (Howatt, 2001).

The objectives of PCT are rather analytical, aiming to make the individuals aware of their own attitudes, emotions, values and goals. Once the client discovers these aspects of self, he learns how to integrate them in "here and now" life. Another important aspect of the therapeutic process in PCT is to facilitate verbal, attitudinal and perceptual changes by experimenting/experiencing the relationship with the therapist. Thus, through therapeutic-relationship the therapist brings changes in locus of control. In the first phases of therapy, there is a tendency for the client to adopt an external locus of control, and constantly the therapist place the locus of control internally, to the client. By making this transfer, the client's confidence in his own control increases, giving the power to accept himself (Marian, 2011).

5. Applicability

In terms of applicability, the route of the two approaches is different. The RT had little impact on the scientific community so after more than half a century of existence there is little conclusive data on the effectiveness of this type of therapy. On the other hand, the PCT currently has a strong scientific basis, its effectiveness being demonstrated in many studies. We mention here the meta-analysis made by Robert Elliott and Beth Freire in 2008, which highlighted the impact the PCT has had over time. Thus, PCT is associated with major changes on clients during therapy. Also studies show that these changes are maintained in time after therapy (Elliot & Freire, 2008).

The RT has created many controversies among therapists primarily because the therapeutic model is easy to understand by clients, becoming a self-education method rather than

a therapy itself. So each individual is able to evaluate his own behaviours, to make an action plan and to assess the consequences of its application. However, the presents of the therapist it is necessary for the client, to guide all these processes, to motivate the client to implement the plan and supervise the client's assessment in/off the stages of change (Bradley, 2014).

Referring to the problems addressed by the two therapeutic approaches, we can see, as a consequence of the above-mentioned aspects, that the RT has focused in time more on group interventions, minority communities and organizations. There are limited studies on the effect of RT in individual therapy sessions and the data are not conclusive (Mocan, 2013). Also, studies have been carried out on the intervention at the educational level also in order to improve the interpersonal relations in classroom (Hinton, Warnke, & Wubbolding, 2011).

The PCT generally address to people with mild and moderate mental disorders, those with depressive and anxiety disorders. Important results were revealed that support the effectiveness of this approach. Due to the essential elements of the therapeutic relationship in PCT from which we recall empathy, unconditional acceptance, congruence, alliance, the main direction of intervention is primary counselling. Thus, compared to the RT, the PCT is an approach generally applied in individual counselling, and studies have highlighted numerous positive effects in this area (Gibbard & Hanley, 2008).

6. Conclusions and directions

In this paper we performed a comparative brief analysis of two therapeutic approaches, the RT and the PCT. This analysis reviews both the common elements of the two approaches and the aspects that differentiate them.

The common elements are based on the phenomenological and existential orientation of the two approaches, both having a strong relation to reality and its subjective perception. The aspects that differentiate them weigh a lot more when it comes to the therapeutic process itself and the applicability of strategies and therapeutic methods. It is well known that the RT is a directive approach and the PCT a non-directive one.

Another sequence of this paper focuses on how each of these approaches has penetrated the scientific community in general and the therapeutic practice at the level of conclusive scientific evidence on the effectiveness of these approaches. We emphasize that the PCT is a more widespread therapy among practitioners, being evidence-based.

In the past few years, both approaches are trying to expand their area of effectiveness (e.g. the PCT in groups and in educational environment, the RT in individual therapy), through studies that reveal an opening towards adapting the therapeutic process to the individual or to the groups they are targeting (Mohd Sa'ad, Yusooff, Nen, & Subhi, 2014; Jegathesan, Shoba, & Thanaraj, 2016; Pedigo, Robey, & Christiansen, 2016; Boyer, 2016).

Through this paper we support the flexibility of the therapeutic process by careful analysing client's personality, attributional style, and relationship patterns to facilitate change. Filling on client's needs is an essential aspect of therapy, referring here to adopting more or less directives strategies in line with the client's particularities and evolution in therapy.

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References

Boyer, W. (2016). Person-Centered Therapy: A philosophy to support early childhood education. *Early Childhood Education Journal*, *44*, 343–348.

Bradley, E. L. (2014). Choice Theory and Reality Therapy: An overview. *International Journal of Choice Theory and Reality Therapy*, *34*(1), 6-13.

Corey, G. (1996). *Theory and practice of counselling and psychotherapy* (5th ed.). Pacific Grove: Brooks/Cole Publishing Company.

Elliot, R., & Freire, B. (2008). *Person-centered/experiential therapies are highly effective: Summary of the 2008 meta-analysis*. https://www.pce-world.org/about-pce/articles/102-person-centredexperiential-therapies-are-highly-effective-summary-of-the-2008-meta-analysis.html. Accessed on 20 March 2018.

Gibbard, I., & Hanley, T. (2008). A five-year evaluation of the effectiveness of person-centered counselling in routine clinical practice in primary care. *Counselling and Psychotherapy Research*, *8*(4), 215-222.

Glasser, W. E. (1981). *Stations of the mind: New directions for reality therapy*. New York: Harper & Row Publishers.

Hinton, D., Warnke, B., & Wubbolding, R. (2011). Choosing success in the classroom by building student relationships. *International Journal of Choice Theory and Reality Therapy*, *31*(1), 90-96.

Howatt, W. A. (2001). The evolution of Reality Therapy to Choice Theory. *International Journal of Reality Therapy*, *21*(1), 7-11.

Jegathesan, A., Shoba, C., & Thanaraj, A. (2016). Applications of CTRT in counselling grief. *International Journal of Reality Therapy*, *36*(1), 54-63.

Marian, M. (2011). *Psihoterapii – Teorii, metode, intervenţie* (Ed. III). [Psychotherapies – Theories, methods, intervention (3th ed.)]. Oradea, Ro.: Editura Universităţii din Oradea.

Mocan, D. (2013). Application and efficiency of reality therapy in clinical and educational context: a brief review. *International Journal of Education and Psychology in the Community*, *3*(2), 63-69.

Mocan, D. (2014). Conceptual analysis and application Reality Therapy and Cognitive Behavior Therapy. *Journal of Psychological and Educational Research*, *22*(2), 61-75.

Mohd Sa'ad, F., Yusooff, F., Nen, S., & Subhi, N. (2014). The effectiveness of Person-Centered Therapy and cognitive psychology ad-din group counseling on self-concept, depression and resilience of pregnant out-of-wedlock teenagers. *Procedia – Social and Behavioral Sciences*, *114*, 927-932.

Pedigo, T., Robey, P., & Christiansen, T. (2016). An integration of mindfulness with Choice Theory and Reality Therapy. *International Journal of Reality Therapy*, *36*(1), 64-72.

Rogers, C. R. (2002). *Client centered therapy*. London: Constable.

Wubbolding, R. E. (2002). Reality Therapy. In: M. Hersen & W. Sledge (Eds.), *Encyclopedia of Psychotherapy* (Vol. 2, pp. 489-494). New York: Elsevier Science.

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