

**SECTION: PSYCHOTHERAPEUTIC MODALITIES, METHODS AND METHODOLOGIES****РОЗДІЛ: ПСИХОТЕРАПЕВТИЧНІ МОДАЛЬНОСТІ, МЕТОДИ ТА МЕТОДИКИ**

UDC 159.98:615.851

DOI: 10.26565/2410-1249-2020-13-03

**TYPES OF PROCESSES IN THE CLIENT-CENTERED THERAPY****Alexander Kocharian***V.N. Karazin Kharkiv National University  
m. Svobody 6, Kharkov, 61022, Ukraine**E-mail: kocharian55@gmail.com, <https://orcid.org/0000-0001-8998-3370>***Natalia Barinova***V.N. Karazin Kharkiv National University  
m. Svobody 6, Kharkiv, 61022, Ukraine**E-mail: barinova.n2310@gmail.com, <https://orcid.org/0000-0001-5103-0611>*

The basic theoretical principals of the process theory in client-centered psychotherapy - its stages, the purpose, the basic properties - are discussed in the article. It has been concluded that the process represented by C. Rogers hardly describes the psychotherapy itself; it reflects the process of personal growth. The model of the process motion as liberation from "blocking" emotional experiences is presented. The "block" structure and the model of a "capillary blocked with plaques" as well as clinical examples of "organismic flow" liberation are described. These 'blocking' emotions have specific qualities: 1) they are "stuck together" – there are no stand-alone offence, anger, helplessness etc.; they form an integral conglomerate; 2) they are resistant to an influence; 3) they do not disappear completely – they only abate and hide, forming a potential emotionality, which can become actual on the most insignificant occasion; 4) they are somatized; 5) they are not flowing. "Blocking" emotions have a complex structure: they are based on unconscious primary "blocking" emotional experience (for example, the feeling of second-ratedness) and "secondary" emotional experiences are overlaying on it. Only when the primary components are removed from the structure of "blocking" emotional experience, the conglomerate of "blocking" feelings falls apart into separate emotions, that are ready to move. If any part of psychic becomes "dead", for example, love and sexuality, then the quality "sort of" emerges in the functionality of an individual. Two clinical examples of work with "blocking" experiences are presented.

**KEYWORDS:** client-centered psychotherapy, process, organismic tendency, emotional-focused therapy, stuck emotion

Process theory constitutes the whole formation of C. Rogers's client-centered psychotherapy – open yourself and become yourself is "to be a process rather than product" (Rogers, 1961, p. 122). Even the ultimate goal of psychotherapy can be formulated in terms of process - it is a move of client "from a static, fixed, unfeeling, impersonal feelings of person functioning" toward "fluid, changing, acceptant experiencing of differentiated personal functioning" (Rogers, 1961, p. 66).

In the client-centered and experiential approaches, there are different traditions of understanding the process (Broadley, 1990; Gendlin, 2000; Rennie, 1998; Rice, 1974; Worsley, 2009, etc.).

**Literature Review and Discussion**

C. Rogers, who is an "organismic theorist" (Hall, Lindsey, 1970), relies on rationality of natural (organismic) process, which is described as "sensory and visceral", and which is reflected in the conceptual aspects of the experience – in self-concept and symbolizations of consciousness. It is significant, that personality development is adjacent (interrelated) to organismic actualization: "self" is a flexible changeable structure, which is moving along the trajectory of the process and is staying in it ("individual-in-process" or "continually changing individual"). In practice, actualization of an individual is an approaching of

'self' to organismic experience, to something valuable and truthful inside – it is approaching self to self. In this sense "self" is constantly changing, and the key of such change is transformation of consciousness function – "consciousness, instead of being the watchman over dangerous and unpredictable lot of impulses ... becomes the comfortable inhabitant of society of impulses and feelings and thoughts, which are discovered to be very satisfactorily self-governing when not fearfully guarded" (Rogers, 1961, p. 119).

The process final point is achievement of "fully functioning person". It is not the ideal condition of "clarification" and "enlightenment", but it is a condition of liberation from internal "blocks" and unobstructed flow (progression through capillaries) of emotions and energy. Rogers (1961, p. 195) noted, that "clients, who have moved significantly in therapy, live more intimately with their feelings of pain, but also more vividly with their feeling of ecstasy; that anger is more clearly felt, but so also is love; that fear is an experience they know more deeply, but so is courage. And the reason they can thus live fully in a wider range is that they have this underlying confidence in themselves as trustworthy instruments for encountering life".

The internal "block" is a squeezed or fixed affect, which is "stuck" in an emotional 'capillary', blocking up the circulation of emotional flow as a plaque. "Blocking" emotions have a complex structure: they are based on unconscious primary "blocking" emotional experience (for example the feeling of second-ratedness) and "secondary" emotional experiences are overlaying on it. Only when the primary components are removed from the structure of "blocking" emotional experience, the conglomerate of "blocking" feelings falls apart into separate emotions, that are ready to flow. Low consciousness of primary emotional experience is expressed either in negation of existence of some underlying emotional experience (it does not exist), or in failure (difficulty) to name this experience in words. At the same time the organismic tendency is ended by itself. If it is alive the individual says, for example: "I want love"; if it is blocked, the expression will be different: "There is a wish of love", and further from this wish: "I want to have a wish of love". The further from organismic

flow the larger are the conventions – "want", "wish of", "want to have a wish of", "wanted" (this one refers to the past).

These "blocking" "secondary" emotions have specific qualities:

1) they are "stuck together" – there are no stand-alone offence, anger, helplessness etc.; they form an integral conglomerate;

2) they are resistant to an influence;

3) they do not disappear completely – only abate and hide, forming a potential emotionality, which can actualize (but does not occur) on the most insignificant occasion "wish of", "wanted" (this one refer to the past);

4) they are somatized – they exist as "stuffed body" (Ermoshyn, 1999), as "a lump in the throat", "squeezed temples", "a bag on the shoulders", "groggy legs" etc.;

5) they are not flowing - they cannot move, change: the offence can be either "dried up" by means of rationalization, or eased by cathartic techniques, or it is possible to shift the offense energy to other zones of psychic functioning, however it is difficult to get rid of it ultimately; the only form of "blocking" emotion circulation is a vicious circle: offence – anger – helplessness – offence.

If any part of psychic becomes "dead", for example, love and sexuality, then the quality "sort of" emerges in the functionality of an individual. A "sort of" life (love, sex, anger etc.) becomes full of existential of Void, or Meaninglessness, or Needlessness, or Inferiority etc., primary "stuck" emotions (experiences)". The more the flow is overlapped in the "capillary" the bigger is the necessity to compensate reality with imagination, and wishes are substituted by its surrogate – not "want", but "wish to want", and then "wish to want to have a wish to" etc. At a certain stage, when imagination is unable to cope with the function of reality replacement, it "collapses as a bubble" and the Void emerges (subdepressive and actual depressive states).

Freud indicates to the fact that the issue is neither in the expansion of consciousness nor in the intellectual insights - it is a mean (method) of emotions liberation. Freud (as cited by Nitzschke, 1998) pointed out, that it is significant to "increase

the intensity of emotional and affective process". The mechanism of "emotional mingle and balance" (Rogers, 1961, p. 129) is actually aimed at this. Joyce McDougall's metaphor (McDougall, 2007) – "seduction to live", (not understanding) is a good metaphor of psychotherapy.

The "stuck" feelings (at the beginning secondary and then primary) "hit" clients (Rogers, 1961, p. 129). Initially they do not have any name, title, it is only a feeling, which should be studied thoroughly before it can be named (symbolized) somehow. These feelings should be brought "to the maximum" ("feelings all the way to the limit", (Rogers, 1961, p. 113). Without this maximum, without the depth of emotional experience the emotion is not liberated. In addition, the issue is not in catharsis, not in discharge of feelings, but it is peculiarly in liberation, when it starts to "flow" without obstacles. Then it brings other emotions (another emotion) to life. For instance, liberated laughter, which takes Homeric form, liberates weeping and etc. Liberation of one emotional experience brings another one to life. They begin to balance mutually each other (mechanism of emotional mingle and balance). The client says that he feels anger. What is underneath the anger? The Offence. What is underneath it? A fear of being useless, off-cast. What is underneath it? A strong desire to be loved etc. One emotion overlaying on another creates a situation, when true (**organismic**) feelings and emotional experiences (desire to love) "sank" under the influence of "stuck" emotions (primary and second), that are in fact are "blocking" and overlap the stream of "true desire". The client is focused not on implementation of true ("live") desire and liberation of a true feeling, but on protective patterns, preventing Ego from personal injury.

### **Strategies of Therapy**

We suggest that there are two possible therapy strategies:

- 1) actualization of balance mechanism - amplification of primal "stuck" experiences;
- 2) amplification of weakened organismic tendency.

**Here is an example of the 1<sup>st</sup> strategy** - breaking a vicious circle break of "blocking" emotional experiences:

During the series of therapy sessions, a client, woman A., age 22, described her problem as the one she cannot cope with. The core of the problem is in the following: she works at a dancing club, leads the groups. The administration has recruited a new coach, "who does not have proper qualification, education and tact – he is a boor!". He took the groups from her, "he behaves defiantly, glaringly, he does not except friendly advices". The client was outraged by injustice of the management team and boorishness of her new coach. Within the framework of the habitual pattern of emotional experiences, the high-minded anger is reproduced on the situation, that nobody considers her. And, while staying in the mentioned habitual pattern, she has no way out. Moreover, her emotions become righteous – she is fighting injustice. To solve this situation, it is necessary to get out of the habitual pattern of responsivity. The client went according to the following vector of emotional experience: anger per a new coach → feeling of a bruised ego → low inherent value → feeling of unnecessariness → emotional stress connected to the feeling that in order to be together with somebody it is necessary to be an important person of importance, a person of interest → fear of losing power, governance → emotional stress of inability to be yourself etc. Such deepening of emotional experience and getting out of the habitual pattern of emotional reacting allow the client to transform the situation, in which she is offended to the situation, in which it is impossible for her to be herself, she experiences of own irrelevance (primal "stuck" experience).

**Here is an example of the 2<sup>nd</sup> strategy** - amplification of weakened organismic tendency (when it is too traumatic, and the organismic tendency is weakened significantly), but at the direct hold of organismic tendency.

Client Zh., age 27, is complaining that nothing works out with men – "They don't need me". She overreacts on any demonstration of inattention to her. She is "stuck" at the age of adolescence, she has a marked component of infantile (incestuous) sexuality, but she is distanced from her father, and is

---

“sent” to study and then to work abroad. The place next to her father was taken not by her mother, but by her elder sister. The vector of the organismic tendency in the particular case is in separation from her father. However, a fear of going away from him both psychologically and materially (the father fully supports her financially) and a feeling of man unreliability, who can't be trusted, fix her strictly in the infantile position. The primary “blocking” emotional experience (a feeling of inferiority, and therefore also unnecessary) is rather tough and stressful for her. Consequently, emotional balancing mechanism actualization, connected to primary “blocking” emotional experience potentiation, is not possible in practice. She is not able to accept the feelings of love and warmth, addressed to a man (such organismic tendency is weakened); “and men are not the ones intended, and they don't need me”. In order to find sense of client's organismic tendency of the client, it should be intensified (it is necessary to “find” and achieve satisfaction of it). I ask the client: “What should we start with?” And I answer: “With a stove. It is the most important in house. One sleeps on it, cooks in it and warms themselves using it. A stove is a woman's belly – soft, elastic and warm”. It can be also work with the thematic tale “Princess and a stove”. Then it is working with belly, aimed at awakening of “feeling of the belly”, of warmth in it. The feeling of “filled” (not “empty”) warm belly, thighs and buttocks is achieved. As if something is “awaking” in the abovementioned zones, waking life in them. New embodied emotional experiences arise – the Feminine is “brazed” in the body, it is not just a mind composition. Such emotional experience, while arising, becomes desirable **for her**, “attracting”.

### **The Stages of Therapy or Personal Growth?**

The client's motion in psychotherapeutic process is performed according to the vector from “static” pole to “fluctuating” pole. In order to determine the place of a client in process continuum it is necessary to “collect data about the quality of his or her emotional experiences and their expression” (Rogers, 1961).

**Rogers outlined seven stages** (rather conditionally), that a client goes through in

psychotherapy. He wrote (1961, p.131): “Although I would stress that it is a continuum, and that whether one discriminated three stages or fifty, there would still be all the intermediate points”. Each stage is determined by client's disposition in the dichotomous pairs mentioned below (the motion is performed from the left pole to the right), which we outlined basing on C. Rogers's texts:

- 1) closeness – openness to your inner experience;
- 2) feelings unawareness – feelings awareness;
- 3) feelings don't belong to you – feelings belong to you;
- 4) undifferentiated feelings – differentiated feelings;
- 5) it takes some time to accept emotional experiences by a client – emotional experiences are accepted by a client at once;
- 6) feelings are an object, they are external regarding "Self" – feelings are a part of 'Self', they are subjective;
- 7) feelings refer to the past – feelings refer to the present;
- 8) an individual is not oriented to his or her feelings – an individual is fully oriented to his or her feelings;
- 9) stability – dynamics of personal constructs;
- 10) client does not take responsibility – internal attribution of responsibility;
- 11) unwillingness to change – willingness to change;
- 12) self-communication is blocked – self-communication is not blocked;
- 13) unwillingness to openness – willingness to openness;
- 14) insensibility to inner conflict – sensibility to inner conflict;
- 15) emotions interfere with living normally – willingness of client to consider his or her emotional experiences as valuable and which happen to be.

To identify the stages of the process Rogers used “*the method of naturalistic observation and description*”, which is based on unbiased observation, untroubled by preliminary assumptions. He “used himself” as a “tool” – for a year he was listening to the records of psychotherapeutic conversations in an unbiased manner. It was an innovation in psychotherapeutic process research. Rogers formulated the hypothesis: “the qualities of the client's expression might indicate where he stood in the process of change” (Rogers, 1961, p. 131).

The process itself is complicated, not congeneric internally – in some fields and personal meanings the process can be at a lower level, rather than at the basic level. Rogers (1961, p. 143) considers

Shlien's report, where "the quality of self-expression in the interviews has been at approximately points three and four on our continuum process. Then when she turns to the area of sexual problem, the process takes up at a lower level on the continuum".

The stages, formulated by Rogers, are difficult to imagine as stages of psychotherapeutic process itself. In the same article Rogers writes differently:

1) "a number of clients, who voluntarily come for help are in this (the second – O.K.) stage, but we (and probably therapist in general) have a very modest degree of success in working with them" (Rogers, 1961, p. 134);

2) "Many people, who seek psychological help, are at approximately the point of stage three" (Rogers, 1961, p. 136);

3) "There is no doubt that this (the third – A.K.) stage and the following one constitute much of psychotherapy..." (Rogers, 1961, p. 139);

4) "Client might start with therapy at about stage two and end at about stage four..." (Rogers, 1961, p. 155).

Therefore, coordination of the four references leads to the conclusion that psychotherapy itself covers the third and the fourth stages of the process out of seven! So what does characterizes the stages, outlined by Rogers? Apparently, the question is not about the stages of the psychotherapy process, but about the stages of personal development. In addition, it makes sense to facilitate the latter only when an individual is at the third stage. Practically the process of therapy is known about itself little. At the same time, it indicates that "Perhaps there are several types of process by which personality changes... Therapeutic approaches which place great stress on the cognitive and little on the emotional aspects of experience may set in motion an entirely different process of change" (Rogers, 1961, p. 155). Thus, Rogers refers to psychotherapeutic process rather than process of personal development.

In fact, a seven-stage process of psychotherapy, described by Rogers, is not a process of therapy in the strict sense, because the first and second stages and even the third one in a certain sense do not form the essence of psychotherapy. The therapy does not

even starts with them – an occasional address with a request to help from a person, who is at the abovementioned stages, would unlikely lead to a full-scale psychotherapeutic process development. Apparently the characteristic of the first stages is the characteristic not of the process, but of person's development level (feelings and personal meanings are not recognized, personal constructs are static, problems are not recognized, there is no willingness to change, self-communication is blocked etc.).

It is rather difficult to determine the meanings of each stage characteristics and, besides, the abovementioned characteristics are not independent, which makes the stage estimation by a complex of meanings of separate characteristics complicated. That is why psychotherapy process scale, suggested by Rogers, in our opinion, is unconvincing and unlikely to be used for particular psychotherapeutic purposes. Perhaps it can be useful for research and educational purposes.

If process dimensions are unique and basic for psychotherapy determination then the process itself turns into meta category, which captures all other possibilities of understanding and gets special numinous qualities. Rogers's process concept spreads to understanding the nature of a human being ("... person is a fluid process, not a fixed and static entity..." (Rogers, 1961, p. 155), "a living, breathing, feeling, fluctuating process" (Rogers, 1961, p. 114); as well as psychotherapy, which is considered as a process, in which "man becomes his organism....." (Rogers, 1961, p. 103). The essence of an individual is not structural in the meaning it is processual.

A.B. Orlov (2007, 2010) traces the essence of client-centered therapy in its essentiality (self-fulfillment of "authentic Self", "inner Self", "inner core of personality"), combining the approaches of C. Jung, R. Assagioli, A. Meneghetti and C. Rogers into the group of essential therapy. However, identifying the course, that he worked on, Rogers (1961, p. IX) noted "...in my mind there are associated with it adjectives such as phenomenologic, existential, person-centered; individuals...such ... as Gordon Allport, Abraham Maslow, Rollo May". In practice it does not correspond with A.B. Orlov's idea neither on



denotations, nor on personalities of Rogers description.

Contraposition of existential and essential therapy in theoretical terms is attractive, however, in practice it seems shifting and not enough articulated, particularly as the essential in Rogers's works is "fluctuating", "processual", but not "structural". Open yourself and become yourself is "the existence in the form of process, ... but not a frozen entity". Apparently, it is most likely structure, which has status of essential. On the other hand, the essential is loaded with a connotation of goodness, depth and trueness in contrast with existential, which is more superficial and phenomenal.

### **The Qualities of Therapeutic Process**

There are several process qualities (characteristics):

1) *holy reliance on infallibility of the process*, on the fact that it is always true. According to Rogers the psychotherapeutic process, that takes place in conditions of acceptance (and, what is important, in conditions, when client feels himself or herself acceptable by psychotherapist) has one direction – toward growth and development. That is why the definitions of such process are also extremely various, as well as the qualities of the development itself: "positive", "constructive", "realistic", "trustworthy" (Rogers, 1961, p. 178), "enriching", "exciting", "rewarding", "challenging", "meaningful" (Rogers, 1961, p. 196). This process is difficult, "not for faint-hearted" – "in order to immense completely into the stream of life, courage is "required"" (Rogers, 1961, p. 178).

2) *client's motion along the process is accompanied by "a feels right"*, that "proves to be a competent and trustworthy guide to behavior with is truly... satisfying" (Rogers, 1961, p. 189). As a rule, such "feeling of righteousness" has the moral nature – "Truly the righteous attain life, but whoever pursues evil finds death" (Proverbs 11:19) (Bible, 2007, p. 594). In Rogers's works I was trying to find this moral sense as that, which underlies the "feels right". Instead of it, I recognized a computer metaphor of an individual or an "analogy with ECM" as Rogers writes (Rogers, 1961, p. 190). The main point of the "feels right" is in the fact that an individual open to experience receives all signals and

is always in the "process of adjustment", and while he or she "is more able to permit his total organism to function freely in all its complexity in selecting, from the multitude of possibilities, that behavior which in this moment of time will be most generally and genuinely satisfying" (Rogers, 1961, p. 191). And the point is not in the "correctness" of organism functioning, but in "openness" to the consequences of misbehavior and willingness to correct it. Sanford (1995, p. 268) writes that "perhaps there will be a time when trusting the process does not work but I have not yet seen it".

On the one hand the organismic process is correct, functional etc. only because it is going in a body (and the nature is wise), however on the other hand the correctness of the process is determined by the right decisions, that an individual takes, based on the openness to experience. Such process is achieved with a help of necessary and sufficient conditions of psychotherapy. Rogers guides the client in order so he or she can "find" their own process, which goes in the body and has sensory and visceral symptoms. When this organismic process is reflected in a self-concept, it becomes conscious, it goes in phenomenological field of an individual under his or her regulatory influence.

Such process is so "correct" that it goes in the right direction without "knowing cognitively where it will lead" (Rogers, 1961, p. 185). Therefore, the duality of process "accuracy" is observed: on the one hand it is "correct" at the body level (as organismic process itself is correct simply by definition, as smart natural powers arise in it), but on the other hand – at the level of consciousness it cannot be determined as correct. Among the whole variety of developments, which are going in a human, psychotherapist must select and maintain that one, which is organismic by itself. That is why at the level of consciousness this refers to individual's openness and sensibility to minimal manifestations of what is goes inside. This can occur in emotions, thoughts, walk, illnesses, car driving behavior etc. Besides, the "correct" processes usually are rather "calm", barely noticeable, and require observation. Indeed, they can break through outside, but this would be an exception to the rule rather than the rule itself.

Thus, during consultation a client can keep track of dozens of thoughts, wishes and emotions, and also feelings in the body (he thinks about the fact that he did not want to come to the consultation, that the consultation has been lasting for a long time, that he has problems at work, that he has got into tangle with the wife, that he wants another woman, that he cannot handle anxiety while meeting new people although he is in his 40's, that he is not self-confident and is of no interest to women, that he fears any changes, that he does not know who he should stay with – his wife or his lover, that he does not know whether he should be on friendly terms with the psychotherapist or he should maintain only working relationships etc.; he is aggressive, feels guilty and shy, feels as if he were a bad student, who did not fulfill his homework assignment given by the psychotherapist, he seeks to freedom and is afraid of it, he brake up with the lover, but feels helpless without her, he is afraid of doing something resolute in his life, he wants to understand and analyze deeper; he “stands on his own feet badly”, has puffed chest, crawls on the floor with pleasure as a baby (during the exercises) and once he stands on his feet, he feels that he is watched, that he must satisfy expectations, that he is onstage and feels as if he is a bad actor etc.). From all this complex of emotional experiences, thoughts and feelings he must chose those, which are the elements of organismic process and have sensory and visceral components. Only in this case he gets in his “own” process, which has both sanogenic and developing functions.

Therefore, the process is obviously functional in the body, when it is organismic, however at the consciousness level – it is not a question of process reliance, but it is a question of hyper-sensitiveness and openness to experience. This conscious process cannot be automatically determined as functional and the one, which deserves absolute trust. Failure of trust to the process can be reflected in different conceptual means. For instance, N. Schwartz-Salant (1982) writes, that to follow the will of Selfhood is necessary, but is not enough;

3) *process predictability* – a therapist performs only the catalytic function, he or she does not bring the client to clearly stated goals, but the process,

nevertheless, is going according to the determined vector and has certain characteristics of its each stage (Rogers, 1946). There are no process goals. B. T. Brodley (1987) writes: “... I never have specific goals in mind for my client not at the beginning nor at any point in the therapy. ... I do have specific goals for myself ... I try to provide the interpersonal conditions which I believe are ... productive of growth, change, health and relief from pain”. Such reliance of the psychotherapist on implicit focus of the process itself, and on the fact that the process would go in the desired direction, in our opinion, transforms the process into the Process, which thinks, feels and guides on its own. If a conscious motion can counterpoise to organismic one, and if a conscious motion is achieved by openness and hyper-sensitiveness to different aspects of experience, then, perhaps, the process goal should be not far-fetched, but organismically reasoned. It means lightning what is going inside by the ray of consciousness. Such goal is close to *conscious breathing, conscious motion* and represents *conscious emotional experience*”.

Consequently, process of liberation and its facilitation is a goal of psychotherapeutic “performance”, that as an “scientific art” (Burno, 2000) actualizes sanogenesis – the ‘healing powers’ of a human.

### **Experiential understanding of the process**

The idea that the process is correct and flows in the right direction does not always find understanding and support from client-centered therapists. Apparently, it happens due to the lack of an explanatory scheme that binds the client's success in psychotherapy to the fact that he “suffered” in life, that the pain from psychotherapy is less for him than the pain of life. M. Warner (2013) notes that a number of clients have serious problems with moderation (self-regulation) of the intensity of their own emotions (primarily related to shame, criticism and control of destructive impulses), which is connected with the peculiarities of the organization of their psyche and, accordingly, causes their movements (move) in the psychotherapeutic process. The author described the following types of processes: optimal, fragile,

dissociative and psychotic, which corresponds to the levels of organization of the psyche in psychoanalytic theory — neurotic, borderline and psychotic. It is, therefore, about different forms of mental organization of clients, which affect the features of the flow of the psychotherapeutic process.

Kocharian (2018, p. 18) notes that “... the development of client-centered therapy has resulted in the 'blind' belief that providing the necessary and sufficient conditions for facilitation in therapy will always lead the process in the right direction, has exhausted itself”. R. Elliott (2003) explicitly states that, on the one hand, following without a guide leads to “getting stuck” and the clients walking in a circle, but, on the other, guidance without following is ineffective and counterproductive. Therefore, the “following” strategy (“half a step behind the client”) strategy was complemented by the “guidance” strategy, which also changed the “technical” process support: along with reflexive and empathic techniques, the focusing technique was used in various versions<sup>1</sup>. Moreover, the idea of blocking the movement of the organism through the “capillaries”<sup>2</sup> has changed.

The concept of “emotional scheme” was proposed, which includes five components: 1) the basic experience itself; 2) a system of early memories supporting the experience; 3) body manifestation system; 4) a system of cognitive representations (interpretations); 5) motivation system. These five components of the emotional scheme are like five nails that hold the slab, under which the organismic, actualizing tendency is constrained. In order to release the organismic tendency, to release it from captivity, it is necessary to remove the slab, and, therefore, to remove all five nails with which it is held. Another metaphor: if the riverbed, in which the body flux flows, is “blocked”, and blocked by all the “bricks” of the emotional scheme, then it is necessary to remove all these “bricks”. And they do not lie separately, but

are interconnected in a single network - one such “brick” holds the other. In the cognitive tradition (J.E. Young 2003, 2015), 18 early maladaptive schemes are described, but there are two problems: 1) they do not correlate with ontogenetic periods and corresponding injuries; 2) they mix “primary” and “secondary” mash experiences. The management strategy (guidance), the concept of the emotional scheme and the focusing technique complicate the understanding and maintenance of the therapeutic process.

### **Conclusions and Future Study**

The therapeutic process can be provided not only by being included the therapist in the client's process, but also by living his experience, which is the resonates with the client. It means that the therapist is represented in the session in the fullness of his experiences and thoughts - he does not only follows evolves of client's from moment to moment, but he also actively guidance the therapeutic process. This follows from the experience of therapist, not from technology. Technique is not independent, but is subordinated to the feeling. Being a good person is not a profession. Important techniques are various versions of focusing for revealing by the client of “stuck” experiences and their amplification for actualization of the mechanism of “balancing emotions”. In some cases, the organismic process itself should be strengthened. In the presence of “stuck” experiences and the formation of “dead” zones in the functioning of the personality, a diverse psychopathological symptomatology and “like” life are arises, and reality, a living life stream gives way to fantasy. Reduction of emotional “block” is sanogenic.

The further prospect of the study consists in revealing the specific characteristics of the “block” experiences and creation of the tools that promote the “emotional” congestion and amplification of an organismic flow.

<sup>1</sup> Such change was not simple: J. Shlien, when meeting face-to-face with R. Elliott (July 1994), told him: “... it's better for the PCA to “die a noble death” than to be influenced by “people like you” (Elliott, 2003).

<sup>2</sup> The metaphor of the “blood movement” for understanding the therapeutic process was proposed by C. Rogers himself (1961, p.

127): “But our understanding of the ongoing movement - ... it be the process of the circulation of the blood ...-is generally provided by a theoretical formulation, often supplemented, where feasible, with a clinical observation of the process”.



## REFERENCES

- Brodley, B. T. (1987). *Client-centered psychotherapy practice. Third International Forum on the Person-Centered Approach meeting*. La Jolla, California.
- Brodley, B.T. (1990). Client-Centered and Experiential: Two Different Therapies. G., Lietaer, J., Rombauts. In R. Van Balen (Ed.). *Client-Centered and Experiential Therapy in the Nineties* (p. 87-108). Belgium: Leuven University Press.
- Burno, M.E. (2006). *Клиническая психотерапия [Clinical psychotherapy]*. Moscow: Akademicheskii proekt, Delovaya kniga. (in Russian)
- Gendlin, J. (2000). *Фокусирование: Новый психотерапевтический метод работы с переживаниями [Focusing: A New Psychotherapeutic Method for Working with Experiences]*. Moscow: Nezavisimaya firma "Klass". (in Russian)
- Elliott, R. Emotion-focused therapy In P. Sanders (Ed.). *The tribes of the person-centred nation*. (pp. 103 – 130). N.Y., 2003.
- Yermoshyn, A.F. (1999). *Вещи в теле: Психотерапевтический метод работы с ощущениями [Things in the Body: The Psychotherapeutic Method for Working with Sensations]*. Moscow: Nezavisimaya firma "Klass". (in Russian)
- Hall, C.S., Lindzey, G. (1970). *Theories of Personality*. New York: Willey and Sons.
- Kocharian, A.S. (2019). Process in the client-psychotherapy. *Psychological counseling and psychotherapy. ISSU 9*, 16-22.
- Mac Dougall, J. (2007). In Rossohin (Ed.) *Театры тела. Психоаналитический подход к психосоматическим расстройствам [Body theaters. Psychoanalytic approach to psychosomatic disorders]*. Moscow: Kogito-Centr. (in Russian)
- Nitschke, V. (1998). Значение сексуальности в трудах Зигмунда Фрейда [The importance of sexuality in the writings of Sigmund Freud]. In *Энциклопедия глубинной психологии. 3. Фрейд. Жизнь, работа, наследие*. Т.1. [Encyclopedia of Depth Psychology. Z. Freud. Life, work, legacy. Vol. 1.] (p. 365-406). Moscow: Sterna, Menedgment. (in Russian)
- Orlov, A.B. (2010). Человеко-центрированный подход как вариант эссенциальной психотерапии. *Тез. Докладов XI Международного Форума по Человеко-центрированному подходу* [A person-centered approach as a variant of essential psychotherapy. Abstracts. Reports of the XI International Forum on Human-Centered Approach]. Zvenigorod. (in Russian)
- Orlov, A.B., Lenge, A., Shumskiy, V.B. (2007). Экзистенциальный анализ и клиентоцентрированная психотерапия: сходство и различие [Existential Analysis and Client-Centered Psychotherapy: Similarities and Differences]. *Voprosy psikhologii*, 6, 21-36. (in Russian)
- Rennie, D. (1998). *Person-Centered Counselling: An experiential approach*. London: Sage Publication Inc.
- Rice, L.N. (1974). The Evocative Function of the Therapist. In R.F. Wexler & L.N. Rice (Eds.). *Innovation in Client-Centered Therapy* (pp. 289-311). New York, Wiley.
- Rogers, C. (1946). Significant aspects of client-centered therapy. *American Psychologist*, 1, 415-422.
- Rogers, C.R. (1961). *On becoming a Person. A Therapist's View of Psychotherapy*. Boston: Houghton Mifflin Company.
- Sanford, R. (2005). From Rogers to Gleick and again. In D. Brazier (Ed.). *Beyond Carl Rogers*. (pp. 253- 273). Constable, London: St. Edmundsbury Press Limited.
- Schwartz-Salant N. (1982). *Narcissism and Character Transformation: The Psychology of Narcissistic Character*. Toronto: University of Toronto Press Incorporated.
- Warner M.S. (2013). Person-centred therapy at the difficult edge: a developmentally based model of fragile and dissociated process. In D. Meams and B. Thorne (Eds.). *Person-centred therapy today*. (pp. 144-171). London: Sage.
- Yong J.E., Klosko J.S., Weishaar M. (2003). *Schema Therapy: A Practitioner's Guide*. New York, Guilford Publications.
- Yong J.E. (2015). *Schema Therapy Inventories & Related Materials*. New York, Schema Therapy Institute.
- Worsley R. (2009). *Process Work in Person-Centred Therapy*. London: Palgrave Macmillan.

## ВИДИ ПРОЦЕСІВ В КЛІЄНТ-ЦЕНТРОВАНІЙ ТЕРАПІЇ

Кочарян О.С.

Харківський національний університет імені В.Н. Каразіна  
м. Свободи 6, Харків, 61022, Україна

Барінова Н.В.

Харківський національний університет імені В.Н. Каразіна, Харків, Україна  
м. Свободи 6, Харків, 61022, Україна

У статті розглядаються основні теоретичні засади теорії процесу клієнт-центрованої психотерапії - її етапи, мета, основні властивості. Зроблено висновок про те, що процес, представлений К. Роджерсом, не описує саму психотерапію; він відбиває процес особистісного зростання. Представлена модель процесу як звільнення від «блокуючих» емоційних переживань. Описані «заблокована» структура і модель «капіляра, що заблокований бляшками», а також приведені клінічні приклади звільнення «організмичного» потоку. Ці «блокуючі» емоції мають особливі якості: 1) вони «склеєні» - не існує окремо образи, гніву, безпорадності тощо. - вони утворюють єдиний конгломерат травматичного досвіду; 2) вони резистентні до впливу; 3) вони не зникають повністю - тільки стихають і ховаються, формуючи потенційну емоційність, яка може актуалізуватися в самому незначному випадку; 4) вони соматизовані; 5) вони не течуть. «Блокуючі» емоції мають складну структуру: вони

засновані на несвідомому первинному «блокуючому» емоційному досвіді (наприклад, почутті меншовартості), а «вторинні» емоційні переживання нашаровуються на нього. Тільки коли основні компоненти видаляються зі структури «блокуючого» емоційного досвіду, сам конгломерат «блокуючих» почуттів розпадається на окремі емоції, які готові рухатися. Якщо якась частина психіки стає «мертвою», наприклад, любов або сексуальність, то в функціонуванні особистості з'являється якість «як би». Наведено два клінічних прикладу роботи з «блокованими» переживаннями.

**КЛЮЧОВІ СЛОВА:** клієнт-центрована психотерапія, процес, організмична тенденція, емоційно-сфокусована терапія, блокована емоція.

#### **ВИДЫ ПРОЦЕССОВ В КЛИЕНТ-ЦЕНТРИРОВАННОЙ ТЕРАПИИ**

**Кочарян А.С.**

*Харьковский национальный университет имени В.Н. Каразина  
пл. Свободы 6, Харьков, 61022, Украина*

**Барінова Н.В.**

*Харьковский национальный университет имени В.Н. Каразина, Харьков, Украина*

В статье рассматриваются основные теоретические положения, касающиеся теории процесса в клиент-центрированной - ее этапы, цель, основные свойства. Сделан вывод о том, что процесс, представленный К. Роджерсом, едва ли описывает саму психотерапию; он отражает процесс личностного роста. Представлена модель движения процесса как освобождения от «блокирующих» эмоциональных переживаний. Описаны «заблокированная» структура и модель «капилляра, заблокированного бляшками», а также приведены клинические примеры освобождения «организмического» потока. Эти «блокирующие» эмоции обладают особыми качествами: 1) они «склеены» - не существует отдельно обиды, гнева, беспомощности и т. п. - они образуют единый конгломерат травматического опыта; 2) они резистентны к воздействию; 3) они не исчезают полностью - они только стихают и прячутся, формируя потенциальную эмоциональность, которая может актуализироваться в самом незначительном случае; 4) они соматизированы; 5) они не текут. «Блокирующие» эмоции имеют сложную структуру: они основаны на бессознательном первичном «блокирующем» эмоциональном опыте (например, чувстве второсортности), а «вторичные» эмоциональные переживания накладываются на него. Только когда основные компоненты удаляются из структуры «блокирующего» эмоционального опыта, сам конгломерат «блокирующих» чувств распадается на отдельные эмоции, которые готовы двигаться. Если какая-то часть психики становится «мёртвой», например, любовь или сексуальность, то в функциональности индивида появляется качество «как бы». Приведены два клинических примера работы с «блокированными» переживаниями.

**КЛЮЧЕВЫЕ СЛОВА:** клиент-центрированная психотерапия, процесс, организмическая тенденция, эмоционально - сфокусованная терапия, заблокированная эмоция.