Chapter 1 : Shana Simmons | Whole Journey | Counseling & Therapy

If unconditional positive regard is the aim, vipassana is the process. As a meditation practice it is best learned in a dedicated retreat or monastery and under the guidance of a suitably trained teacher.

Students attend classes and workshops on professional behavior; social workers are available to consult with students during lunch and classroom breaks. Each social work intern is assigned to one floor of the program and works closely with the teacher on that floor. The social worker, psychologist and three social work interns at the Boston Year Up support students moving towards academic and career success. They interview potential students and assess their strengths and risks. They offer advice when students are at risk of failure because of breaches of professional standards. They link students with a wide variety of resources such as child care, housing, medical insurance, professional clothing, transitional economic assistance and legal counsel. One social worker runs a parenting support group. All of the social workers offer one-to-one counseling for students who are having mental health or substance abuse problems or who are experiencing family difficulties. However, the ethos of the program is collaborative; these are young adults whose talent, persistence and life experience are to be respected. I kept this in mind as I described my role in my introduction to students: As you are on this journey at Year Up, think of it as a cart on a track. Now your goal and our goal is to make sure that you are able to stay on that track. Sometimes life gets in the way. We all have some issues in our lives that can pull us a little off-track. We understand that Year Up consists of only part of your life, and you are juggling many things right now. What I do is to help you juggle those issues while you are here, so you can focus on your studies. I am here if you have any concerns or if you just need to vent, but I am also here to listen to any great news that you have. I thought long and hard about how to introduce myself. Miley, Melia and DuBois assert that, if social workers are to collaborate as partners with their clients, the clients should have the opportunity to know them. To introduce myself, I said, Hello, everyone. First, I have a map of Latin America. I have a passion for Latin culture and can speak Spanish. If any of you would feel more comfortable speaking Spanish with me, please do so. Next, you can see the Baltimore Ravens logo. I am originally from Baltimore, and have only lived in Boston for the past month. Then, there is a picture of what I look like when I get in the pool. In high school and college, I swam and played water polo. And finally, I have a picture of Tom Welling because my friends say that he is my celebrity look-alike. I hoped to give a message of congruence: It turned out that my introduction was successful. Josh did a good job with that. I believe that my introductions influenced the effective therapeutic relationships that I would later develop with many students at Year Up. Adaptations of the traditional interview to the brief-treatment context. Families in Society, 79 4 , Theoretically-supported and evidence-based relationships in clinical interviewing. In Clinical Interviewing, 4th Ed.

Chapter 2 : Therapeutic relationship - Wikipedia

Are you sure you want to remove The Erotic edge from your list? The Erotic edge erotica for couples by Lonnie Barbach. Unconditional positive regard / B. J. Simmons.

This article has been cited by other articles in PMC. Abstract As rates of preventable chronic diseases and associated costs continue to rise, there has been increasing focus on strategies to support behavior change in healthcare. Health coaching and motivational interviewing are synergistic but distinct approaches that can be effectively employed to achieve this end. However, there is some confusion in the literature about the relationship between these two approaches. The purpose of this review is to describe a specific style of health coaching—integrative health coaching—and motivational interviewing, including their origins, the processes and strategies employed, and the ways in which they are similar and different. We also provide a case example of how integrative health coaching and motivational interviewing might be employed to demonstrate how these approaches are synergistic but distinct from each other in practice. This information may be useful for both researchers and clinicians interested in investigating or using behavior change interventions to improve health and cost outcomes in chronic disease. The well-documented methods and effectiveness of MI for improving multiple chronic diseases have been demonstrated over the past 3 decades. Conversely, HC is a relatively new field that has emerged within the last decade and has been conceptualized and operationalized across a continuum of practices with a wide range in quality of care 2 and equivocal evidence. We describe their origins, the processes and strategies employed, the ways in which they are similar and different, and a case example where IHC and MI might be applied to demonstrate how these approaches are synergistic but distinct from each other in practice. We have elected to compare IHC vs HC because the methods are standardized, have been described in the literature, and thus can be more easily compared to MI. To date, nearly individuals have completed the hour foundational training at Duke, and 50 of these trainees have been certified by Duke after completing hours of additional didactic and practical training as well as one-to-one supervision. At the University of Minnesota, since , approximately 50 individuals have completed a 2-year, credit training either as part of their graduate master of science, doctoral program or to earn a graduate certificate in complementary therapies and health practices. Two additional training programs rely heavily on holistic models and also need to be mentioned. The CIIS program offers an integrative wellness coaching certificate embedded within a 2-year, credit master of arts in integrative health that has granted degrees to 37 students since Early evidence shows that when offered alone or with patient education, IHC is useful for reducing chronic disease risk and improving health behaviors. A month study of IHC, education, and personalized health planning for cardiovascular disease risk showed a significant reduction in the Framingham Risk Score for those in the intervention group compared to usualcare controls. Similarly, a randomized control trial of IHC for individuals with type 2 diabetes showed that patients in the IHC intervention reported fewer barriers to medication adherence while reporting improved patient activation, exercise frequency, and perceived health status. A more recent study has shown that IHC as part of a comprehensive model of care reduces stroke and diabetes risk while increasing patient activation, readiness to change health behaviors, and multiple types of exercise. The underlying theoretical model of IHC asserts that behavior changes can be sustained when linked to personal values and sense of purpose. Such factors include accessing resources and supports, overcoming internal and external barriers to change, and generating alternatives, workarounds, and back-up plans for planned action steps. Well-trained minimum hours professional health coaches support the competence of the client by 1 eliciting internal motivation and sense of purpose, connecting health goals to life purpose and personal values 9 , 14 , 21 ; 2 building the capacity to change by increasing autonomy, positivity, self-efficacy, resilience, and social and environmental support 21 ; 3 imparting knowledge and education when desired by the client and modeling skills in ways that adults best learn 13 , 22 ; 4 emphasizing patient accountability, ability to learn, and realistic goal setting through the most challenging stages of change by accessing buried but built-in abilities for learning, mastery, and growth 14 ; and 5 reinforcing the interdependence of positive mental and physical health. Borrowing from other

strength-based approaches, 21 the coach also trains clients to see the impact of their own positive behavior in bringing about this vision. IHC follows a process model that moves clients from their vision of their best selves and what is important to them through identification of goals and supporting action steps that reflect their vision and values to the maintenance of achieved goals over time. They conduct a wholeperson self-assessment based upon the Duke Integrative Medicine Wheel of Health, 23 , 24 which depicts the relationship of the client, who rests at the center, to various domains of health, including self-care nutrition, movement, exercise, and rest; spirituality; mind-body connection; personal and professional development; relationships and communication; and physical environment and professional care preventive, interventional, complementary, and alternative , all within the context of mindful awareness. For each of the domains on the wheel, clients reflect on where they are now and where they would like to be. They also are invited to consider how their personal reflection in each domain relates to their vision of optimal health, and they use this vision to identify core values. Once the goal is achieved and the client determines that he or she can maintain the actions necessary to sustain that goal over time, the client may terminate coaching or move on to another area of focus where the goal-setting, action, and maintenance stages are revisited for a new goal. The process is presented to clients as a somewhat linear process, although in reality, competing commitments present obstacles and goals may be revised as clients progress. Strategies IHC uses a number of strategies within a basic structure that enables personalization, optimal patient engagement, empowerment, and successful outcomes. First, specific techniques are employed at different stages of coaching. At the vision and values stages, the coach employs the Wheel of Health assessment and visualization techniques to imagine a healthy best self. Significant attention is given to self-awareness at this stage, where the coach asks the client to hone in on what is most important to him or her. Finally, the clients decide when they have achieved maintenance and can continue to sustain their behaviors over time. Second, the coaching structure and process enable personalization, optimal patient engagement, empowerment, and successful outcomes by training clients to integrate ongoing, nonjudgmental self-assessment and structured ways of thinking about behavior change into their personal learning process, and these are encouraged in multiple ways. First, as noted above, clients learn to compare their current states to their desired states. Second, coaches educate clients on the importance of ongoing self-assessment using a structured way of thinking about behavior change. This structure is presented in a preparation form given to clients to help them prepare themselves for each session. While there is a great deal of variability in how many clients use the form, this tool is valuable to help clients begin to learn the importance of a structured thinking process to change behavior. The preparation forms also mirror the shape of each individual followup coaching session. Both the preparation forms and the follow-up coaching sessions begin with a brief update from the client on action steps and progress toward goals since the previous session. The client is then asked where he or she needs support and what kinds of support might be most useful. The coaching preparation form and session end with the client defining and committing to a specific action that moves the client closer to his or her self-defined goal. Scaling questions are a third mechanism used to train clients in self-assessment and structured thought throughout the coaching process. Similar to MI, 26 scaling questions are frequently used by coaches to ask clients to assess their self-selected goals and supporting action steps by rating their level of importance, confidence, or other relevant variable. For example, the coach might ask a client to rate his or her level of confidence on a point scale of being able to complete the minute, four-days-per-week walking program the client had set as a goal. This may result in increasing confidence, maintaining the goal as is, and developing strategies for success eg, schedule walking time on the calendar, commit to walking with a friend two of the days. Conversely, despite focusing on reasons to change, the client may recognize the need to revise the goal to be more manageable eg, reduce the amount of time each day or the number of days per week. Similarly, the coach might ask the client how valuable a particular outcome or action is to them, again on a point scale. If the client names a low number, the coach might ask what outcome would be more valuable. The specific structure and techniques described above are used with multiple interpersonal processes throughout the coaching. These interpersonal processes include the following: The first three are the same processes used in MI and humanistic psychotherapeutic approaches. Reflections can be simple, complex, double-sided, or summary. When done skillfully, both techniques give clients their words

back while highlighting movement toward change. This approach helps the client to consider his or her situation from multiple points of view, so that new understandings and possibilities for action may arise. Originally developed for individuals with alcohol use disorders, 32 the use of MI has expanded to support behavior change in a number of chronic diseases, including other substance use disorders, diabetes, cardiovascular disease, obesity, chronic pain, and asthma. This spirit reflects the client-centered nature of the process, with the caveat that MI diverges from pure client-centeredness because it is a directive method that is consciously goal-oriented toward making a change in some behavior that is noted to be unhealthy eg, substance use. Expressing empathy includes acceptance of what is, understanding that ambivalence is normal, and using the skill of reflective listening so clients hear their own words, as opposed to those of the provider. Rolling with resistance is a strategy that honors where the client is in terms of thinking, feeling, and acting. Rather than push for change, the provider understands that the solutions reside within the client. Four of these skills are identified by the acronym OARS, which stands for open-ended questions, affirmations, reflections, and summaries. Reflections, or reflective listening, are where the provider skillfully feeds back to the client what he or she has said, thereby demonstrating empathy and inviting the client to focus on the positive aspects of change that the client has selfidentified. Summaries are a specific type of reflection where the provider emphasizes what has been said and if appropriate, highlights both sides of ambivalence to help develop discrepancy. The fifth skill, identifying and reinforcing change talk, includes those things the client has said that reveal an interest in, motivation for, or commitment to change. Phase 2 involves strengthening the commitment to change and making a plan to act. This is a time when the provider may offer advice if 1 the client requests it or 2 the client gives the provider permission to do so. The Figure represents these two approaches as a Venn diagram. Similarities include the following. Both approaches have conceptual foundations in theories of behavior change and intrinsic motivation. In both approaches, clients have the autonomy to determine the specific goals they will set and how they will achieve them. Both approaches place heavy emphasis on the provider- client relationship and the importance of empathy, acceptance, and human relationship. Attention to resolving feelings of ambivalence is important in both and with this, the need to explore attitudes and beliefs around behaviors. Finally, both approaches include working with the client to develop a plan for behavior change.

Chapter 3 : SAGE Reference - Unconditional Positive Regard

Erotic Edge: 2erotica for Couples Lonnie Barbach, Editor Dutton and B. J. Simmons's ``Unconditional Positive Regard,'' in which a couple make a first effort at ``swinging." The level of prose.

Carl Rogers proposed that therapy could be simpler, warmer and more optimistic than that carried out by behavioral or psychodynamic psychologists. The starting point of the Rogerian approach to counseling and psychotherapy is best stated by Rogers himself: Rogers rejected the deterministic nature of both psychoanalysis and behaviorism and maintained that we behave as we do because of the way we perceive our situation. This is defined as "the organized, consistent set of perceptions and beliefs about oneself". Consequently, the self concept is a central component of our total experience and influences both our perception of the world and perception of oneself. For instance, a woman who perceives herself as strong may well behave with confidence and come to see her actions as actions performed by someone who is confident. The self-concept does not necessarily always fit with reality, though, and the way we see ourselves may differ greatly from how others see us. For example, a person might be very interesting to others and yet consider himself to be boring. He judges and evaluates this image he has of himself as a bore and this valuing will be reflected in his self-esteem. Person Centered Approach Note: Person centered therapy is also called client centered therapy. This is because they see the therapist and client as equal partners rather than as an expert treating a patient. Unlike other therapies the client is responsible for improving his or her life, not the therapist. This is a deliberate change from both psychoanalysis and behavioral therapies where the patient is diagnosed and treated by a doctor. Instead, the client consciously and rationally decides for themselves what is wrong and what should be done about it. The therapist is more of a friend or counselor who listens and encourages on an equal level. One reason why Rogers rejected interpretation was that he believed that, although symptoms did arise from past experience, it was more useful for the client to focus on the present and future than on the past. Rather than just liberating clients from their past, as psychodynamic therapists aim to do, Rogerians hope to help their clients to achieve personal growth and eventually to self-actualize. There is an almost total absence of techniques in Rogerian psychotherapy due to the unique character of each counseling relationship. Of utmost importance, however, is the quality of the relationship between client and therapist. The Rogerian client-centered approach puts emphasis on the person coming to form an appropriate understanding of their world and themselves. A person enters person centered therapy in a state of incongruence. It is the role of the therapists to reverse this situation. Core Conditions Client-centered therapy operates according to three basic principles that reflect the attitude of the therapist to the client: The therapist is congruent with the client. The therapist provides the client with unconditional positive regard. The therapist shows empathetic understanding to the client. Congruence in Counseling Congruence is also called genuineness. Congruence is the most important attribute in counseling, according to Rogers. In short, the therapist is authentic. Unconditional Positive Regard The next Rogerian core condition is unconditional positive regard. Rogers believed that for people to grow and fulfill their potential it is important that they are valued as themselves. Empathy Empathy is the ability to understand what the client is feeling. An important part of the task of the person-centered counselor is to follow precisely what the client is feeling and to communicate to them that the therapist understands what they are feeling. In the words of Rogers , accurate empathic understanding is as follows: Then we analyze and evaluate it. We do not understand their world. Conclusion Because the person-centered counselor places so much emphasis on genuineness and on being led by the client, they do not place the same emphasis on boundaries of time and technique as would a psychodynamic therapist. If they judged it appropriate, a person-centered counselor might diverge considerably from orthodox counseling techniques. As Mearns and Thorne point out, we cannot understand person-centered counseling by its techniques alone. The person-centered counselor has a very positive and optimistic view of human nature. Ten Tips for Client-Centred Counsellors 1. Set clear boundaries For example, when and how long you want the session to last. You may also want to rule out certain topics of conversation. They may need to feel reassured that they will be accepted for the person that they are and not

face rejection or disapproval. Also, some clients will not want to take responsibility for making their own decisions. They may need to be reminded that nobody else can or should be allowed to choose for them. Of course you can still help them explore the consequences of the options open to them. Concentrate on what they are really saying Sometimes this will not be clear at the outset. Listen carefully â€" the problem you are initially presented with may not be the real problem at all. Be genuine If you simply present yourself in your official role the client is unlikely to want to reveal personal details about themselves. This may mean disclosing things about yourself â€" not necessarily facts, but feelings as well. Accept negative emotions Some clients may have negative feelings about themselves, their family or even you. Try to work through their aggression without taking offence, but do not put up with personal abuse. How you speak can be more important than what you say It is possible to convey a great deal through your tone of voice. Often it will be found helpful to slow down the pace of conversation. Short pauses where the client and you have time to reflect on the direction of the session can also be useful. No person centred counsellor succeeds all the time. Sometimes you will be able to help but you will never know. Remember the purpose of a counselling session is not to make you feel good about yourself. Learning Check Joyce is a successful teacher and is liked by her colleagues. However Joyce has always dreamed of becoming a ballroom dancer. She spends much of her free time with her partner practising elaborate lifts and can often be seen twirling around the classroom during break times. Joyce is considering leaving teaching and becoming a professional dancer. Joyce is beginning to feel sad and miserable. Its Current Practice, Implications and Theory. A Study of a Science. Formulations of the Person and the Social Context. An unappreciated way of being. The counseling psychologist, 5 2 , Person-Centered Review, 1 3 , How to reference this article:

Chapter 4 : Making a First Impression : The Field Educator

Unconditional positive regard from caregivers during the early years of life can help contribute to feelings of self-worth as people grow older. As people age, the regard of others plays more of a role in shaping a person's self-image.

He emphasized how cultural and social factors influence how children develop [7]. Three of the central ideas in his theory were private speech, the zone of proximal development, and make-believe play â€" parents have a vital role in all. Children talk to themselves to help their thinking and solve tasks. As they get better at cognitive tasks, the speech slowly turns internal. Children who use private speech to help them in challenging tasks are more focused and better at solving problems than children who are silent. Children learn private speech from grown-ups who have mastered the learning zone. The zone is a range of tasks too difficult to figure out for the child without aid from adults or more skilled peers. Drawing the Child in with Intersubjectivity Intersubjectivity is when the parent and child start with different understandings, but arrives at a mutual understanding of the task [9]. Parents promote intersubjectivity when they take their more advanced insights and boil it down to something the child can understand. The child has to stretch his or her mind to understand the parent, and is drawn into the more mature way of thinking. Parents do this by being supportive, stimulating and responsive. This can be done with direct instruction, breaking the task into smaller more manageable units, suggesting tactics or strategies or by explaining how things can be done. When the child becomes more skilled the wise parent gradually withdraws support until the child is independently solving the task. Children often start using the language of these discussions for their private speech. This helps them organize their thoughts. He has to put them through the correct holes to get them in. He tries several times before he looks at his mom, slight irritation showing on his face. The first thing he sees is a patient, smiling face. Gently, she offers her advice: It is a great platform for children to try out a wide range of skills and might be the most important source of development before they start school. When they engage in make-believe play they learn how to act from internal ideas instead of just reacting to the environment. And, since make-believe is rule-based, they learn to think before they act and to control their impulses. It is also a great way for them to learn social norms and expectations. Research also shows that when children act out dramatic plays, they tend to become better at regulating their emotions and behavior [14,15]. Rather, they are slowly taught under guidance. When children are 12 months old mothers initiate almost all make-believe play, but by the second year the ratio of initiation is close to An important finding is that the more parents pretend with their children, the more time the children spend on make-believe. His mother finds him a small pot and pretends to put in onions and carrots, all the while looking at Peter and smiling. The short story is that your child benefits from playing make-believe together with you. Temperament and Shyness Temperament is viewed as stable individual differences in reactivity and self-regulation [7]. Reactivity is how quickly and intensely we get emotionally aroused, shift our attention and spring into action. Self-regulation is how effectively we modify our own reactivity [18]. Individual differences in reactivity and self-regulation tend to appear early. How children score on these two dimensions predicts how well they will be protected from psychological problems due to an early stressful life. Neurobiological Differences between Sociable and Shy Children New experiences and stimuli tend to excite the amygdala to a higher degree in shy children than in sociable children. The amygdala is the main brain structure behind avoidance behavior. It activates the sympathetic nervous system and prepares the body to react to dangers. The same experiences in sociable children leads to a very small reaction in the amygdala [19]. The heart rates of inhibited children are consistently higher [20]. It also speeds up even more in response to unfamiliar events. They have higher levels of the stress hormone cortisol [21,22]. These responses are controlled to a large degree by the amygdala. Potential Problems with Shyness When children do not overcome their shyness it increases the probability of developing problems with excessive cautiousness, low self-esteem and loneliness [25]. It also increases the chances of developing severe anxiety and social phobia â€" an intense fear of being humiliated in social settings [19]. How to Help Your Children Overcome Shyness Research indicates that genes only moderately contribute to shyness and sociability [13]. Experience has been shown to have a powerful impact. When

parents are cold and intrusive, on the other hand, it tends to increase anxiety [26, 27]. Overprotection makes it harder for shy children to develop the courage to face new experiences. It is better to make loving and caring demands for them to face new experiences. This helps them develop strategies for regulating fear [28]. The Antidote for Fear There is a proven way to calm down. After less than 8 weeks of meditation, scientists notice significant changes in the size of several brain regions on MRI scans [29, 30]. The fear center of the brain, the amygdala, has been found to shrink in size in response to meditation. Even as little as three days of meditation has been shown to reduce the activity of the fear center [31]. Other brain areas increase in size â€" especially brain areas associated with attention, emotional regulation, mental flexibility and memory. Read more about how meditation restructures your brain: Meditation Is the Solution Parents can start early giving their children strategies to let go of thoughts that are causing them trouble. As we have seen in this article, it is important that parents do this from a place of unconditional love. Put special emphasis on growth and effort, and use intersubjectivity and scaffolding to teach them within their zone of proximal development. You as a parent are only one part of the whole environment in which children grow up. Good parenting can only minimize the probability of difficulties. Do your best and let chance handle the rest. Summary â€" 7 Things to Do as a Parent This whole article can be summarized with 7 items: Love unconditionally Praise for effort, not achievements Stimulate and respond Gradually leave responsibility over to the child Play make-believe Make loving, caring demands to face new experiences But the greatest of these is unconditional love. Vegard Gjerde is one of the two founders of Global Harmony Crew. Global Harmony Crew guides people towards deep self-realisation and powerful self-actualisation. Join the crew by subscribing and you will learn about everything from the deep metaphysical questions, to basic steps you can take in your day-to-day life to manifest happiness and fulfilment. Follow Global Harmony Crew on Facebook. Journal of Personality, Journal of Personality and Social Psychology, Encyclopedia of Cognitive Science, Bulletin of the British Psychological Society, 28, , Early Childhood Research Quarterly, Journal of Family Psychology, Praxis der Kinderpsychologie und Kinderpsychiatrie, New York, Oxford University Press, Social, emotional and personality development. In handbook of child psychology, Hoboken, NJ: Personality and Individual Differences, Monographs of the society for Research in Child Development, Maternal characteristics linking child shyness to psychosocial and school adjustment in kindergarten. Handbook of Parenting, Hillsdale, NJ: Social Cognitive and Affective Neuroscience, Leave a Reply Your email address will not be published.

Chapter 5 : Person Centred Therapy - Core Conditions | Simply Psychology

Unconditional positive regard / B. J. Simmons: Lucky in love / Carolyn Banks: Floating world / Wickham Boyle: Taos spring / Suzanne Miller: Preliminaries / Shaimon.

By Saul McLeod , updated Carl Rogers was a humanistic psychologist who agreed with the main assumptions of Abraham Maslow , but added that for a person to "grow", they need an environment that provides them with genuineness openness and self-disclosure , acceptance being seen with unconditional positive regard , and empathy being listened to and understood. Without these, relationships and healthy personalities will not develop as they should, much like a tree will not grow without sunlight and water. Rogers believed that every person could achieve their goals, wishes, and desires in life. When, or rather if they did so, self actualization took place. This was one of Carl Rogers most important contributions to psychology, and for a person to reach their potential a number of factors must be satisfied. Rogers rejected the deterministic nature of both psychoanalysis and behaviorism and maintained that we behave as we do because of the way we perceive our situation. Like a flower that will grow to its full potential if the conditions are right, but which is constrained by its environment, so people will flourish and reach their potential if their environment is good enough. However, unlike a flower, the potential of the individual human is unique, and we are meant to develop in different ways according to our personality. Rogers believed that people are inherently good and creative. They become destructive only when a poor self-concept or external constraints override the valuing process. Carl Rogers believed that for a person to achieve self-actualization they must be in a state of congruence. Rogers describes an individual who is actualizing as a fully functioning person. The main determinant of whether we will become self-actualized is childhood experience. The Fully Functioning Person Rogers believed that every person could achieve their goal. This means that the person is in touch with the here and now, his or her subjective experiences and feelings, continually growing and changing. In many ways, Rogers regarded the fully functioning person as an ideal and one that people do not ultimately achieve. Rogers identified five characteristics of the fully functioning person: Negative feelings are not denied, but worked through rather than resorting to ego defense mechanisms. Being able to live and fully appreciate the present, not always looking back to the past or forward to the future i. A person does not play safe all the time. This involves the ability to adjust and change and seek new experiences. For Rogers, fully functioning people are well adjusted, well balanced and interesting to know. Often such people are high achievers in society. Critics claim that the fully functioning person is a product of Western culture. In other cultures, such as Eastern cultures, the achievement of the group is valued more highly than the achievement of any one person. This is defined as "the organized, consistent set of perceptions and beliefs about oneself. The self is influenced by the experiences a person has in their life, and out interpretations of those experiences. Two primary sources that influence our self-concept are childhood experiences and evaluation by others. According to Rogers , we want to feel, experience and behave in ways which are consistent with our self-image and which reflect what we would like to be like, our ideal-self. The closer our self-image and ideal-self are to each other, the more consistent or congruent we are and the higher our sense of self-worth. A person is said to be in a state of incongruence if some of the totality of their experience is unacceptable to them and is denied or distorted in the self-image. The humanistic approach states that the self is composed of concepts unique to ourselves. The self-concept includes three components: Self-worth Self-worth or self-esteem comprises what we think about ourselves. Rogers believed feelings of self-worth developed in early childhood and were formed from the interaction of the child with the mother and father. Self-image How we see ourselves, which is important to good psychological health. Self-image includes the influence of our body image on inner personality. At a simple level, we might perceive ourselves as a good or bad person, beautiful or ugly. Self-image affects how a person thinks, feels and behaves in the world. Ideal-self This is the person who we would like to be. The ideal self in childhood is not the ideal self in our teens or late twenties etc. How we think about ourselves, our feelings of self-worth are of fundamental importance both to psychological health and to the likelihood that we can achieve goals and ambitions in life and achieve self-actualization. Self-worth may be seen as a continuum

from very high to very low. For Carl Rogers a person who has high self-worth, that is, has confidence and positive feelings about him or herself, faces challenges in life, accepts failure and unhappiness at times, and is open with people. A person with low self-worth may avoid challenges in life, not accept that life can be painful and unhappy at times, and will be defensive and guarded with other people. As a child grows older, interactions with significant others will affect feelings of self-worth. Rogers believed that we need to be regarded positively by others; we need to feel valued, respected, treated with affection and loved. Positive regard is to do with how other people evaluate and judge us in social interaction. Rogers made a distinction between unconditional positive regard and conditional positive regard. Unconditional Positive Regard Unconditional positive regardis where parents, significant others and the humanist therapist accepts and loves the person for what he or she is. Positive regard is not withdrawn if the person does something wrong or makes a mistake. The consequences of unconditional positive regard are that the person feels free to try things out and make mistakes, even though this may lead to getting it worse at times. People who are able to self-actualize are more likely to have received unconditional positive regard from others, especially their parents in childhood. Conditional Positive Regard Conditional positive regard is where positive regard, praise, and approval, depend upon the child, for example, behaving in ways that the parents think correct. Hence the child is not loved for the person he or she is, but on condition that he or she behaves only in ways approved by the parent s. At the extreme, a person who constantly seeks approval from other people is likely only to have experienced conditional positive regard as a child. This is called incongruence. Rarely, if ever, does a total state of congruence exist; all people experience a certain amount of incongruence. The development of congruence is dependent on unconditional positive regard. According to Rogers, we want to feel, experience and behave in ways which are consistent with our self-image and which reflect what we would like to be like, our ideal-self. Incongruence is "a discrepancy between the actual experience of the organism and the self-picture of the individual insofar as it represents that experience. As we prefer to see ourselves in ways that are consistent with our self-image, we may use defense mechanisms like denial or repression in order to feel less threatened by some of what we consider to be our undesirable feelings. A person whose self-concept is incongruent with her or his real feelings and experiences will defend because the truth hurts. It seems to me that the good life is not any fixed state. It is not, in my estimation, a state of virtue, or contentment, or nirvana, or happiness. It is not a condition in which the individual is adjusted or fulfilled or actualized. To use psychological terms, it is not a state of drive-reduction, or tension-reduction, or homeostasis" Rogers, , p. It is a direction not a destination" Rogers, , p. Its current practice, implications and theory. A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. A study of a science. Formulations of the person and the social context. On Becoming a person: A psychotherapists view of psychotherapy. The problem of being human: A new trend in psychology. How to reference this article:

Chapter 6 : Positive Parenting: How To Raise Your Children With Unconditional Love | Spirit Science

Originally published: New York: Dutton, Phantom grey / Carroll Mavis-Raine -- Mirror, mirror / Katherine DeRosa -- Waiting for Claire / Bruce Zimmerman -- Other men / Edward Buskirk -- The wager / Anna Nymus -- The sacred harlot / Kim Chernin -- A matter of attitude / Clark Demorest -- Unconditional positive regard / B. J. Simmons.

Chapter 7 : Lyrics containing the term: Unconditional Positive Regard

Carl Rogers () was a humanistic psychologist who agreed with the main assumptions of Abraham Maslow, but added that for a person to "grow", they need an environment that provides them with genuineness (openness and self-disclosure), acceptance (being seen with unconditional positive regard), and empathy (being listened to and understood).

Chapter 8 : The Erotic edge (edition) | Open Library

28   *PaulWilkins*   *ing,blog.quintoapp.comenseofbeingtested*

blog.quintoapp.comsconÂ®rmedwhenhearrivedforhisÂ®rstappointment.

Chapter 9 : Carl Rogers | Simply Psychology

An anthology of 22 stories on erotica, from monogamy to group sex. In the accompanying commentaries the editor examines the strong connection between men's sexual response and visual stimuli, contrasted with the importance of foreplay and mental seduction for women.