

# [Core conditions essay](https://assignbuster.com/core-conditions-essay/)

Carl Rogers, often described as the founding father of person centered therapy (previously known as patient then client centered therapy), identified 3 major factors (or core conditions) that must be present within a therapeutic relationship for it to develop successfully, these are: congruence (also known as genuineness), acceptance (also referred to as Unconditional Positive Regard) and empathy. Congruence (or genuineness) can be described as “ the degree to which we are freely and deeply ourselves, and are able to relate to people in a sincere and non-defensive manner” (Sutton & Stewart, 2008, p27).

Carl Rogers believed that this is a fundamental aspect of any therapeutic relationship and that “ the more the therapist is himself or herself in the relationship, putting up no professional front or personal facade, the greater is the likelihood that the client will change and grow in a constructive manner” (Rogers, 1980, p115). He went on to say that for this to happen the therapist would openly feel (and express, where appropriate) what is happening within the moment, and make him or herself “ transparent” to the client, showing their real feelings.

He believed that doing so would not only assist the therapist in being aware of their own experience within the relationship but would also work as an encourager or model for the client, as they bear witness to the therapist being open and transparent, they too are more likely to be the same way. Further to this, he believed that were the practitioner to not be congruent about what they were feeling, such as irritation or boredom etc (if these were persistent), the client would be able to pick up on them anyway and this would have a detrimental effect on the relationship and the client’s progress.

Within a counselling relationship congruence can be displayed in a number of ways, for example, there may be an aspect of a clients behaviour which the therapist feels uncomfortable with or does not approve of, such as swearing or aggressive behaviour within a session, a congruent therapist would find a way to point this out to the client (in a sensitive manner) as it is likely they would be unable to provide the appropriate environment for the client if they were harbouring these feelings.

This can also apply to the clients behaviour outwith the session, it may be that the therapist has strong feelings about certain matters that the client is involved in (e. g. offending behaviour, abuse, religious or cultural practices etc), these feelings could also prevent the therapist from being able to provide the appropriate environment for the client. If these matters could not be resolved for the therapist, the congruent practitioner would discuss these with their line manager and look into the possibility of referring the client onto another therapist, who would be able to create the environment needed by the client.

Another example of congruence within a counselling relationship would be when the therapist did not feel professionally competent to work with a particular client and disclosed this. It may be, for example, that the client has needs beyond their scope of experience and would be more suited to working with a different counsellor or a medical professional such as a psychiatrist. In this situation the congruent practitioner would discuss this with the client then take appropriate action (e. g. referral to another practitioner or service).

Congruence can also be practiced and displayed when we are unable to understand what the client is saying or cannot identify the feelings present and we are honest about this and admit to it (Sutton & Stewart, 2008). Aswell as being congruent here, we also display to the client that we are real people who are not perfect, thus allowing them to accept that they too are not perfect.

Whilst congruence is an essential part of the therapists practice, it is essential that it is used appropriately and solely for the purpose of creating and maintaining the integrity and success of the client/therapist relationship. It should not be used excessively with the counsellor expressing every fleeting feeling so that the session becomes about what the therapist is feeling, “ feelings only need to be expressed when they are persistent and of great strength and when communication of them assists the therapeutic process” (Dryden & Mytton, 1999, p79).

As we can see from the above, congruence is an essential quality of the therapist and, when used appropriately, can be used to develop the relationship and display to the client that the therapist too is human, is not all knowing, and is comfortable with admitting to their limitations. This can assist the client to become more comfortable about their own perceived limitations and more open about discussing them. Acceptance (or Unconditional Positive Regard) is when the client is valued and respected for who and what they are: a unique human being, perceived flaws and all.

Carl Rogers believed that all humans are born with the need for acceptance and that an individual’s sense of self comes from the evaluations and expectations of others (Hough, 2010). When working with clients who have come for counselling, it is essential that the therapist accepts them fully, without any stipulations. Rogers stated that “ when the therapist is experiencing a positive, acceptant attitude toward whatever the client is at that moment, therapeutic movement or change is more likely to occur” (Rogers, 1980, p115-116).

Acceptance can be demonstrated by showing, amongst others things, compassion, respect, warmth, concern and that the therapist is listening, interested and consistent. For a therapist to be accepting they must also be non-judgmental or able to suspend their own judgments so that they can accept the client as they are, this means accepting all of the person, “ accepting their strengths and weaknesses, their favourable and unfavourable qualities, their positive and negative attitudes, their constructive and destructive wishes and their thoughts, feelings and behaviours” (Sutton & Stewart, 2008, p30).

It is not expected that the therapist is an almighty, angelic being who has no values, standards or opinions of their own, they must however, to be able to provide acceptance within the therapeutic relationship, be aware of their own judgment system, the things they value and the standards they set for themselves and those around them. They must be aware of these and be able to suspend them when working with a client so that the client feels free to express themselves and their situation without fear of being judged.

The therapist must be able to separate their own judgments and opinions of the client’s life and choices and acknowledge the client as an individual, as a “ separate person, a person entitled to his own feelings and experiences” (Hough, 2010, p129). As we can see, acceptance is an essential element of the counselling relationship. Demonstrating unconditional positive regard like this can aid the client in feeling loved, cared for, dignified, understood, worthy and accepted.

When a client experiences a feeling of acceptance from the therapist they are more likely to be open and honest about what they are experiencing. They can feel accepted as who they are and are more likely to accept themselves and feel more confident and better equipped to cope (Hough, 2010). The final element in Rogers’ 3 core conditions that are essential within therapy is Empathy. This can be described as the therapist’s ability to experience the client’s world “ as if” it is their own.

This means being able to perceive the clients world as the client themselves see it. In other words, getting inside, what Rogers calls, the clients “ internal frame of reference” which is the clients unique inner world (this is as opposed to the therapists “ external frame of reference” which is the inner world of the therapist). The client’s internal frame of reference will include aspects such as their thoughts, feelings, cultural background, personal experiences, memories, beliefs, values and perceptions (Sutton & Stewart, 2008).

However, empathy goes deeper than experiencing the other person’s world, the experience also has to be demonstrated to the client for it to be fully effective. Rogers defined empathy as being when “ the therapist senses accurately the feelings and personal meanings that the client is experiencing and communicates this understanding to the client” (Rogers, 1980, p116). Empathy is not the same as sympathy. Sympathy suggests shared feelings of pity and sorrow. Sympathy can be a detrimental expression within the counselling relationship as “ counselling is essentially about facilitating change.

Expressing sympathy or pity can hinder this process by keeping the client stuck, or wallowing in their current situation” (Sutton & Stewart, 2008, p36). According to Sutton & Stewart (2008) there are 3 parts to empathy: cognitive (thinking); affective (feeling) and behavioural (doing). Cognitive consists of the intellectual understanding of the others feelings; affective refers to the sharing of the emotion and behavioural refers to the therapist taking on in their mind the role of the other person.

Empathy can be communicated using, for example, facial expressions, eye contact, paraphrasing, reflecting feeling, asking clarifying questions and leaning forward towards the client (which along with demonstrating listening, also shows the willingness of physical and emotional proximity). Empathy contributes to the creating and developing of the therapeutic relationship as it allows the therapist a deeper understanding of the client and through its demonstration allows the clients

to feel listened to, heard on a deeper level and for their world and how they experience it to be understood. In conclusion, we can clearly see that the 3 core conditions covered here, that Carl Rogers felt were essential to the establishing and enhancing of the therapeutic relationship, do indeed contribute a vast array of positive influence within such relationships, greatly enabling the client, and the therapist themselves, the ability to progress and develop in a productive manner.