

## THE CORE CONDITIONS: AN HISTORICAL PERSPECTIVE

### A. The Early Years, The Tendrils

Question: Who wrote that the four necessary qualifications to practise counselling are:

OBJECTIVITY  
RESPECT FOR THE INDIVIDUAL  
AN UNDERSTANDING OF THE SELF  
PSYCHOLOGICAL KNOWLEDGE  
?

Answer: Carl Rogers, in the section 'Who Is Qualified To Carry On Counselling?', pages 253-256 of his 1942 book 'Counselling and Psychotherapy'.

Can this be true?! Carl Rogers, *the* Carl Rogers, quoting OBJECTIVITY as the first 'core condition'?! We will return to objectivity by-and-by ...

Carl Rogers wrote:

"There are certain personal qualities which should be present if the individual is to develop into a good counsellor, but there is no reason to believe that these are any more rare than the qualities which would be necessary for a good artist or a first-class aviation pilot. This is definitely true if we are talking of the client-centred type of counselling ..."

Rogers wrote somewhat scathingly of directive counsellors, stating that even in recorded interviews directive counsellors assuredly opined on issues as diverse as the philosophy of life, racial prejudice, history, parents, marriage, vocational choice, discipline ...

"in fact, all the puzzling personal questions which a perplexed individual can face."

Rogers wrote (we are drawing nearer to 'Objectivity' as the first core condition. Please be patient):

"The directive counsellor to be sure, has need of more omnipotent qualities ..."

"... obviously a generous portion of supernatural wisdom is required of the individual who takes such an attitude toward counselling."

Carl Rogers stated that the more modest aim of client-centred counselling is to free individuals to resolve issues for themselves.

The first requisite is for a counsellor to be “sensitive to human relationships”, and Carl Rogers wrote of awareness and “social sensitivity”, sensing, being alert to subtle differences – these qualities combining to form a solid and natural foundation for the would-be therapist.

“Social sensitivity”, then, was presented by Rogers as a pre-condition, then followed by (your tolerance will now be rewarded):

OBJECTIVITY. Rogers wrote:

“It is generally conceded that to be helpful as a therapist the clinical worker needs to have an objective attitude. This has been variously described as ‘controlled identification’, as ‘constructive composure’, and as ‘an emotionally detached attitude’.”

This was back in 1942. Yet the seeds of what was to grow into a Person Centred Approach core condition were evident – perhaps just as Carl remarked upon tendrils seeking the light from tubers in a darkened environment, so an analogy might be drawn from the words which followed:

“The term as used in clinical practice is defined somewhat differently ... There is included in the concept a capacity for sympathy which will not be overdone, a genuinely receptive and interested attitude, a deep understanding which will find it impossible to pass moral judgements or be shocked and horrified.”

Rogers stressed that this ‘objectivity’ was neither a ‘cold and impersonal detachment’ nor ‘deeply sympathetic and sentimental’ – the client-centred counsellor does not become so immersed as to be unable to enable.

There is, wrote Rogers,

“... a degree of sympathetic ‘identification’ ... sufficient to bring about an understanding of the feelings and problems ... but an identification which is ‘controlled’, because understood, by the therapist.”

**RESPECT FOR THE INDIVIDUAL** is a ‘deep-seated respect’ of the integrity of the client. The zealous, reforming therapist, seeking to mould clients in the image of the counsellor, will be unable to establish a growth promoting relationship with clients. Acceptance of clients as they are, and permitting client freedom to discover personal solutions were the key factors in respecting the individual.

**AN UNDERSTANDING OF THE SELF** included self-knowledge as regards ‘emotional patterns, and ... limitations and shortcomings’.

“Thoroughly to understand and be objective ... the therapist must have some insight into his own personality.”

Carl Rogers wrote of the necessary insight for awareness of warps and biases due to personal feelings and prejudices, stressing the importance of supervision and personal counselling (provided by the supervisor if necessary!).

Finally, Rogers wrote of PSYCHOLOGICAL KNOWLEDGE, stating

“... the therapist can scarcely expect to do satisfactory work without a thorough basis of knowledge of human behaviour and of its physical, social and psychological determinants.”

Rogers wrote that many might expect psychological knowledge to be the first condition, yet stunning intellect was no guarantor of effective therapy:

“The essential qualifications of the psychotherapist lie primarily ... in the realm of attitudes, emotions and insight, rather than in the realm of intellectual equipment.”

Rogers wrote of non-forcing, non-critical, accepting ‘workers’, giving clients the fullest opportunity to grow, in 1937 (The Clinical Psychologist’s Approach to Personality Problems, Family 18).

Counselling And Psychotherapy’ Carl Rogers  
Houghton Mifflin 1942

“Experience would indicate that therapy is most likely to go forward if the time limits are rather definitely understood and adhered to. They are not kept with brutal finality. Counselling is a human relationship, not a mechanical device. It might be better said that limits are kept with a warm understanding of the client’s need to break them.” (p101)

## CONGRUENCE

### Congruence-Incongruence

“Many self-conceptions may match the reality of a person’s experiencing, in which case there is congruence between self-conception and experience. Other self-conceptions may be different in varying degrees from the reality of a person’s experiencing, in which case a state of incongruence exists”

RNJ ‘Theory and Practice of Counselling Psychology’, Holt, 1982  
p28

### Incongruence between Self-Concept and Experience

“When experiences are accurately symbolised and included in the self-concept, there is a state of congruence between self-concept and experience or, stated another way, between the self-concept and the organismic self. When, however, experience is denied and distorted, there exists a state of incongruence between self-concept and experience. This state of incongruence may exist where experiences are positive as well as where they are negative. Counselling clients tend to have low self-concepts and frequently deny and distort positive feedback from outside as well as inhibit positive feelings from within.”

(ibid. pp24-5)

In ‘Just Beneath The Surface’ (Book Factory, 1996) Dr Sandra Delroy defines congruence as

“Behaving, feeling and thinking in ways that are consistent with one’s self-image, being true to oneself.”

Nathaniel Raskin and Carl Rogers, in the article ‘Person-Centred Therapy’ (in ‘Current Psychotherapies’ edited by Raymond Corsini and Danny Wedding, 1989), wrote:

“Congruence refers to the correspondence between the thoughts and the behaviour of the therapist; thus, genuineness describes this characteristic. The therapist does not put up a professional front or personal façade.”

In ‘Person-Centred Therapy’ (In ‘Current Psychotherapies’, ibid):

“Rogers regards congruence as the most basic of the attitudinal conditions that foster therapeutic growth ... [it] does not mean that the therapist burdens the client with all his or her problems or feelings. It does not mean that the therapist blurts out impulsively any attitudes that come to mind. It does mean, however, that the therapist does not deny to himself

or herself the feelings being experienced and that the therapist is willing to express and to be open about any persistent feelings that exist in the relationship. It means avoiding the temptation to hide behind a mask of professionalism. Correspondingly, an effective way of dealing with the common occurrence of therapist fatigue is to express it. This strengthens the relationship because the therapist is not trying to cover up a real feeling. It may also reduce or eliminate the fatigue and restore the therapist to a fully attending and empathic state.”

(Rogers and Sandford,  
1985)

The Corsini and Wedding Glossary defines congruence as:

“Agreement between the feelings and attitudes a therapist is experiencing and his or her professional demeanour.”

And for genuineness:

“The characteristic of being real and true to oneself, lack of pretence, social façade, or refusal to allow certain aspects of one’s self into awareness.”

Gerald Corey, ‘Theory And Practice of Counselling And Psychotherapy’ (Fifth Edition, 1996) – Person-centred Therapy:

“matching external behaviour and expression with internal feelings and thoughts”

(p202)

## CONGRUENCE, or GENUINENESS

Of the three core conditions

“congruence is the most important, according to Rogers’ recent writings. Congruence implies that therapists are real’ that is, they are genuine, integrated, and authentic during the therapy hour. They are without a false front, their inner experience and outer expression of that experience match, and they can openly express feelings and attitudes that are present in the relationship with the client.

“Authentic therapists are spontaneously and openly being the feelings and attitudes, both negative and positive, that flow in them. By expressing (and accepting) any negative feelings, they can facilitate honest communication with the client.

“Through authenticity therapists serve as a model of a human being struggling toward greater realness. Being congruent might necessitate the expression of anger, frustration, liking, attraction, concern, boredom,

annoyance, and a range of other feelings in the relationship. This does not mean that the therapist should impulsively share all feelings, for self-disclosure must also be appropriate. Nor does it imply that the client is the cause of the therapist's boredom or anger. A pitfall is that counsellors can try too hard to be genuine – sharing because one thinks it will be good for the client, without being genuinely moved to express something regarded as personal, can be incongruent. Therapists must, however, take responsibility for their own feelings and explore with the client persistent feelings that block their ability to be fully present with the client. The goal of counselling is not, of course, for therapists to continually discuss their own feelings with the client. Person-centred therapy also stresses that counselling will be inhibited if the counsellor feels one way about the client but acts in a different way. Hence, if the counsellor either dislikes or disapproves of the client but feigns acceptance, therapy will not work. "Rogers' concept of congruence does not imply that only a fully self-actualised therapist can be effective in counselling. Because therapists are human, they cannot be expected to be fully authentic. The person-centred model assumes that if therapists are congruent in the relationship with the client, the process of therapy will get under way. Congruence exists on a continuum rather than on an all-or-nothing basis, as is true of all three [core conditions]."

"A ... limitation of the person-centred approach is that it is difficult to translate the core conditions into actual practice in certain cultures. The way in which counsellors communicate these core conditions needs to be consistent with the client's cultural framework. Consider, for example, the expression of therapist congruence. Some clients may be accustomed to indirect communication and may therefore be uncomfortable with the openness and directness of the counsellor. Chu and Sue (1984) provide a useful guideline: Practitioners must be sensitive to the cultural values of ethnic clients while at the same time avoiding stereotyping. Respect can be shown by recognising and appreciating the rich diversity that exists within any group of people."

## EMPATHIC UNDERSTANDING

“... The counsellor must communicate a basic attitude of upr for the client by means of empathic understanding. Empathic understanding involves the healing help of the ‘gentle and sensitive companionship of an empathic stance’ in which the personal meanings and nuances of the client are understood and communicated back with accuracy by the counsellor. when the client perceives such a quality in the counselling relationship the process of dissolving conditions of worth is under way.”

RNJ p30 quoting Rogers ‘Empathic: An Unappreciated ...’

“... especially in his later works Rogers seems most heavily to emphasise empathy, a ‘very special way of being with another person’, as the central condition of his counselling approach.”

RNJ p211 quoting Rogers ‘Empathic: An Unappreciated ...’

“... other ways of defining empathy include Fiedler’s succinct summarisation ‘to understand, to communicate with and to maintain rapport’ ... high levels of counsellor empathy entail counsellors being genuine and respecting their clients.”

Dr Sandra Delroy, ‘Just Beneath The Surface’ (Book Factory, 1996):

“Being with another and sensing his or her experience as if it were one’s own, in order to better understand the way the other experiences his or her inner and outer worlds.”

Raskin and Rogers in ‘Person-Centred Therapy’ (in ‘Current Psychotherapies’, 1989, Corsini and Wedding, eds) wrote:

“Being empathic reflects an attitude of profound interest in the client’s world of meanings and feelings as the client is willing to share this world. The therapist receives these communications and conveys appreciation and understanding, with the effect of encouraging the client to go further or deeper. The notion that this involves nothing more than a repetition of the client’s last words is erroneous. Instead, an interaction occurs in which one person is a warm, sensitive, respectful companion in the typically difficult exploration of another’s emotional world. The therapist’s manner of responding should be individual, natural, and unaffected. When empathy is at its best, the two individuals are participating in a process which may be compared to that of a couple dancing, the client leading, the therapist following, the smooth, spontaneous back-and-forth flow of energy in the interaction has its own aesthetic rhythm.” (p157)

“Empathy, in person-centred therapy, is an active, immediate, continuous process. the counsellor makes a maximum effort to get under the skin of

the client, to get within and to live the attitudes expressed instead of observing them, to catch every nuance of their changing nature, to absorb him or herself completely in the attitudes of the other. In struggling to do this, if one is attempting to live the attitudes of others, one cannot be diagnosing them or thinking of making the process go faster. Such understanding must be acquired through intense, continuous and active attention to the feelings of others to the exclusion of any other type of attention.” (Rogers, 1951)

The accuracy of the therapist’s empathic understanding has often been emphasised, but more important is the therapist’s interest in appreciating the world of the client and offering such understanding with the willingness to be corrected. This creates a process in which the therapist gets closer and closer to the client’s meanings and feelings, developing an ever-deepening relationship based on respect for and understanding of the other person.

Person-centred therapists vary in their views of the empathic understanding process. Some aim to convey an understanding of just what the client wishes to communicate. For Rogers, it has felt right not only to clarify meanings of which the client is aware, but also those just below the level of awareness. Rogers has been especially passionate about empathy not being exemplified by a technique such as ‘reflection of feeling’, but by a way of being in which the therapist is sensitively immersed in the client’s world of experience.

Jacob Arlow, in the Psychoanalysis section, writes that

“Empathy is a form of ‘emotional knowing’, the experiencing of another’s feelings. It is a special mode of perceiving. It presupposes an ability on the analyst’s part to identify with the patient and to share the patient’s experience affectively as well as cognitively. The empathic process is central to the psychotherapeutic relationship and is also a basic element in all human interaction ...

“... Two features characterise empathy. First, the identification with the patient is only transient. Second, the therapist preserves separateness from the object (the person being analysed). The analyst’s empathy makes it possible to receive and perceive both the conscious and unconscious processes operating in the patient.

“It is impossible for the analyst at any one time to keep in the foreground of his thinking everything the patient has shared. How then does he arrive at an understanding of the patient? This is done intuitively. The myriad data communicated by the patient are organised in the analyst’s mind into meaningful configurations outside the scope of consciousness. What the analyst perceives as his understanding of the patient is actually the end product of a series of mental operations carried out unconsciously. He becomes aware of this by the process of introspection... After introspection presents to the analyst’s consciousness the result of his intuitive work, he does not necessarily impart this information to the

patient immediately. He checks his idea with what he has learned from the patient and judges its validity in terms of contiguity, repetition, coherence, consistency, and convergence of theme ... Intuition gives way to cognitive elaboration.”

Roger Walsh, ‘Asian Psychotherapies’ (p549):

“Therapists who practise meditation and yoga themselves may ... experience benefits, including enhanced therapeutic effectiveness. Several studies have shown that meditation increases perceptual sensitivity as well as empathic sensitivity and accuracy. The deep insights that meditation provides seem to foster understanding of, and compassion for, the painful experiences of others. These effects may particularly valuable because research suggests that traditional training programs in the health sciences do little to enhance empathy and may even reduce it.” (Lesh, 1970)

Glossary, Corsini and Wedding:

“Empathy – Accurately and deeply feeling someone else’s expressed emotions, concerns or situation.

“Empathic Understanding – The ability to appreciate a client’s phenomenological position and to accompany the client as he or she progresses in therapy.”

‘Person Centred Therapy’ in Gerald Corey ‘Theory And Practice Of Counselling And Psychotherapy’:

Accurate empathic understanding is defined as

“an ability to deeply grasp the subject world of another person.”

“One of the main tasks of the therapist is to understand clients’ experience and feelings sensitively and accurately as they are revealed in the moment-to-moment interaction during the therapy session. The therapist strives to sense clients’ subjective experience, particularly in the here and now. the aim is to encourage them to get closer to themselves, to feel more deeply and intensely, and to recognise and resolve the incongruity that exists within them.

“Empathic understanding implies that the therapist will sense clients’ feelings as if they were his or her own without becoming lost in those feelings. By moving freely in the world as experienced by clients, the therapist can not only communicate to them an understanding of what is already known to them but can also voice meanings of experience of which they are only dimly aware. It is important to understand that

accurate empathy goes beyond recognition of obvious feelings to a sense of the less clearly experienced feelings of clients.

“Empathy entails more than reflecting content to the client, and it is more than an artificial technique that the therapist routinely uses. It is not simply objective knowledge, which is an evaluative understanding about the client from the outside. Instead, empathy is a deep and subjective understanding of the client *with* the client. It is a sense of personal identification with the client’s experience. Therapists are able to share the client’s subjective world by tuning in to their own feelings that are like the client’s feelings. Yet therapists must not lose their own separateness. Rogers asserts that when therapists can grasp the client’s private world, as the client sees and feels it, without losing the separateness of their own identity, constructive change is likely to occur.”

## UNCONDITIONAL POSITIVE REGARD

“Unconditional positive regard, sometimes called prizing, warmth, non-possessive warmth, or, most commonly, respect.” RNJ p211

Dr Sandra Delroy, ‘Just Beneath The Surface’ (Book Factory, 1996):

“Accepting the other without judging. An attitude of caring and unselfish regard free from demands for anything in return (eg ‘I care about you because you are human’).”

Nathaniel Raskin and Carl Rogers, in ‘Person Centred Therapy’ (in ‘Current Psychotherapies’, 4<sup>th</sup> Edition, Corsini and Wedding eds., Peacock 1989, pp156-7) wrote:

“The therapist possesses ... unconditional positive regard for the client. The client may be reserved or talkative, address any issue of choice, and come to whatever insights and resolutions are personally meaningful. The therapist’s regard for the client will not be affected by these particular choices, characteristics, or outcomes.

“The therapist expresses this quality of genuine regard through empathy.”

“Other terms for this condition are warmth, acceptance, non-possessive caring and prizing.

“When the therapist is experiencing a positive, non-judgemental, acceptant attitude toward whatever the client is at that moment, therapeutic movement or change is more likely. It involves the therapist’s willingness for the client to be whatever immediate feeling is going on – confusion, resentment, fear, anger, courage, love, or pride ... When the therapist prizes the client in a total rather than a conditional way, forward movement is likely.” (Rogers, 1986)

The roots of this therapist-offered condition are deeply embedded in the history of this approach, as evidenced by this characterisation of ‘relationship therapy’ a half-century ago:

“The worker makes no attempt to force conclusions or actions upon the client but rather gives him the fullest opportunity to express feelings usually inhibited, to see and accept himself with all his limitations. Out of such a relationship the individual acquires more realisation of what he himself is able to do with his own problems, and the ways in which he can assume his own responsibilities. It is in this relationship with a non-critical, accepting worker that the client achieves an emotional growth that has not been possible for him as he defends himself in other situations.” (Rogers, 1937)

Albert Ellis ('Current Psychotherapies') wrote

"RET is in close agreement with person-centred or relationship therapy in one – and perhaps only one – way: They both emphasise what Stanley Standal and Carl Rogers call unconditional positive regard and what in rational-emotive psychology is called full acceptance or tolerance. Harry Bone (1968) points out that both RET and client-centred therapy have basically the same goal: helping people to refuse to condemn themselves even though they may be utterly unenthusiastic about some of their behaviour."

"Unconditional acceptance [demonstrates] that they [clients] are acceptable, even with their unfortunate traits, and that they can accept themselves fully."

In their Glossary, Corsini and Wedding define Unconditional Positive Regard as:

"A nonpossessive caring and acceptance of the client as a human being, irrespective of the therapist's own values. One of Rogers' necessary and sufficient conditions for therapeutic change."

Gerald Corey ('Theory and Practice of Counselling and Psychotherapy') defines unconditional positive regard as 'acceptance and caring'.

"As clients experience the therapist listening in an accepting way to them, they gradually learn how to listen acceptingly to themselves. As they find the therapist caring for and valuing them (even the aspects that have been hidden and regarded as negative), they begin to see worth and value in themselves."

**UNCONDITIONAL POSITIVE REGARD and ACCEPTANCE:**

"... therapists need to communicate to the client ... a deep and genuine caring for him or her as a person. The caring is unconditional, in that it is not contaminated by evaluation or judgement of the client's feelings, thoughts and behaviour as good or bad. Therapists value and warmly accept the client without placing stipulations on the acceptance. It is not an attitude of 'I'll accept you when ...'; rather, it is one of 'I'll accept you as you are'. Therapists communicate through their behaviour that they value the client as the client is and that he or she is free to have feelings and experiences without risking the loss of the therapist's acceptance. Acceptance is the recognition of the client's right to have feelings, it is not the approval of all behaviour. All overt behaviour need not be approved of or accepted."