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Rogers' therapeutic conditions: A relational conceptualization

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Rogers' therapeutic conditions: A relational conceptualization

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This article addresses a number of confusions still present in person-centered and experiential literature regarding Rogers' therapeutic conditions. The article frames the conditions in a relational perspective; clarifies what Rogers wrote about the conditions, their necessity and sufficiency (Rogers, 1957, 1959a); argues that the term "the core conditions" is confusing and unhelpful; and discusses the three "lost conditions".

Keywords: therapeutic conditions; conditions; necessary and sufficient

Rogers' therapeutische Bedingungen: eine relationale Konzeptualisierung

Dieser Artikel spricht einige Verwirrungen an, die in der personzentrierten und experienziellen Literatur immer noch vorhanden sind, was Rogers' therapeutische Bedingungen angeht. Der Artikel stellt die Bedingungen in eine relationalen Perspektive; er verdeutlicht, was Rogers über die notwendigen und hinreichenden Bedingungen schrieb (Rogers, 1957, 1959a); er führt aus, dass der Begriff "Kernbedingungen" verwirrend und nicht hilfreich ist; und er erörtert die drei "verloren gegangenen" Bedingungen.

Las condiciones terapéuticas de Rogers: Una concepción relacional

Este escrito toca en varias confusiones que todavía están presentes en la literatura centrada en la persona y experiencial; clarifica lo que Rogers escribió acerca de las condiciones terapéuticas, su necesidad y el hecho de que son suficientes (Rogers, 1957, 1959a); argumenta que la expresión "condiciones claves" suele confundir y no ayuda; y discute las tres "condiciones perdidas".

Les conditions thérapeutiques: Une conceptualisation relationnelle

Cet article examine un certain nombre de confusions qui persistent dans les articles centrés sur la personne et expérientiels concernant les conditions thérapeutiques de Rogers. L'article formule les conditions dans une perspective relationnelle, clarifie ce que Rogers écrivait concernant les conditions, leur nécessité et le fait qu'elles suffisent (Rogers 1957,1959a), soutient que le terme "les conditions fondamentales" prête à confusion et n'est pas aidant et examine les trois "conditions perdues".

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As condições terapêuticas de Rogers: Uma conceptualização relacional

Este artigo refere-se a um conjunto de confusões que persistem na literatura centrada na pessoa e experiencial, no que diz respeito às condições terapêuticas de Rogers. Nele, as condições são apresentadas numa perspectiva relacional; clarifica-se o que Rogers escreveu acerca das condições, da sua necessidade e suficiência (Rogers, 1957, 1959a); discute-se que a terminologia "condições nucleares" é confusa e inútil e discutem-se as três "condições perdidas".

ロジャーズの治療的条件について：関係的な視座からの概念化

本論文では、ロジャーズの治療的条件に関する人間中心的、または体験的な文献においてみられるいくつかの混乱に焦点を当てることを目的に、それらの条件を関係的な視座から見直した。具体的には、条件の必要性や十分さについてのロジャーズの著述（Rogers, 1957,1959a）を明らかにした上で、"中核条件（the core conditions）"
という言葉が人を困惑させやすく、協力的ではないと論じた。そして、3つの "失われた条件" について検討した。

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Introduction

Many years ago, I was introduced to Rogers' "core conditions." Informed by a background in philosophy and an interest in language, I remember wondering about the significance of the word "core." I went back to primary sources and (re)discovered that "core" referred to three of *six* conditions. I remember being excited about my reading and sharing this with a number of colleagues with whom I was teaching, as a result of which the teaching and the course changed – as, for some us, did our thinking. My excitement about the theory of the therapeutic or facilitative conditions was – and is – not only about historical accuracy and theoretical consistency, but also that, in addition to describing key qualities and attitudes of the therapist, they crucially involve the client – and, therefore, have significant implications for practice and theory. Whether Rogers' (1957, 1959a) statements of the conditions are, respectively, generic or integrative (see Stubbs & Bozarth, 1996), or presented specifically in terms of the client-centered framework, they represent client-centered theory in practice. Over the 25 years I have been teaching these aspects of person-centered theory, I have increasingly come to view the six conditions as describing the relational engagement between client and therapist which, I think, is more implied than explicit in the original formulations – and hence my interest in revisiting this aspect of Rogers' theory. My excitement and interest in this has also been stimulated by a certain concern when I read or hear that not all six conditions but only the "core conditions" are presented as "necessary and sufficient" – see, for example, Bozarth (1996), Bohart and Greenberg (1997), and Geller and Greenberg (2002).

The therapeutic conditions

In Rogers' (1959a) seminal paper setting out a theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework, he described (p. 213) the conditions of the therapeutic process:

For therapy to occur it is necessary that these conditions exist.

(1) That two persons are in *contact*.
(2) That the first person ... the client, is in a state of *incongruence*, being *vulnerable*, or *anxious*.
(3) That the second person ... the therapist, is *congruent* in the *relationship*.
(4) That the therapist is *experiencing unconditional positive regard* toward the client.
(5) That the therapist is *experiencing* an *empathic* understanding of the client's *internal frame of reference*.
(6) That the client *perceives*, at least to a minimal degree, conditions 4 and 5.

Rogers placed these conditions in the context of a theory of therapy, based on the nature of the human organism and its inherent (actualizing) tendency to develop all its capacities.

Two years previously, Rogers (1957) had published a paper describing the necessary and sufficient conditions of therapeutic personality change, relevant to *all* forms of psychotherapy (although the 1959a paper was actually written before the 1957 paper). There are some differences between these two formulations. In the 1957 paper:

(i) With regard to the first condition, Rogers used the phrase "psychological contact." This may have been because he was writing in the context of the *Journal of Consulting Psychology*.
(ii) With regard to unconditional positive regard and empathic understanding, he talked about the therapist endeavoring to communicate these experiences to the client, whereas in the 1959a publication his emphasis was on the therapist's *experiencing* of this and unconditional positive regard.
(iii) In summarizing his hypothesis, he talked in terms of necessity *and* sufficiency – "No other conditions are necessary. If these six conditions exist and continue over a period of time, this is sufficient" (p. 96) whereas, in 1959a, in his outline of the conditions, he only referred to the conditions as "necessary" for therapy, although in his commentary he did comment (p. 213) that "The element which will be most surprising to conventional therapists is that the same conditions are regarded as sufficient for therapy, regardless of the particular characteristics of the client." For further discussion of the philosophical requirements for necessity and sufficiency, see Tudor and Worrall (2006).

Whatever the significance of the differences between these two statements, it is clear that Rogers outlined *six* conditions and not three, and hypothesized *all six* as necessary and sufficient for an effective therapeutic/helping relationship, and in order to facilitate constructive personality change. Thus, statements, claims and debates about the necessity and sufficiency of the (three) "core conditions," that is, congruence, unconditional positive regard, and empathic understanding are, by definition, irrelevant to understanding the complete – and completeness of – theory and practice of person-centered therapy as described by Rogers.

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Rogers' (1957, 1959a) theory of the therapeutic conditions may, with the addition of the client's perception of the therapist's genuineness (Rogers, 1962/1973), be presented thus:

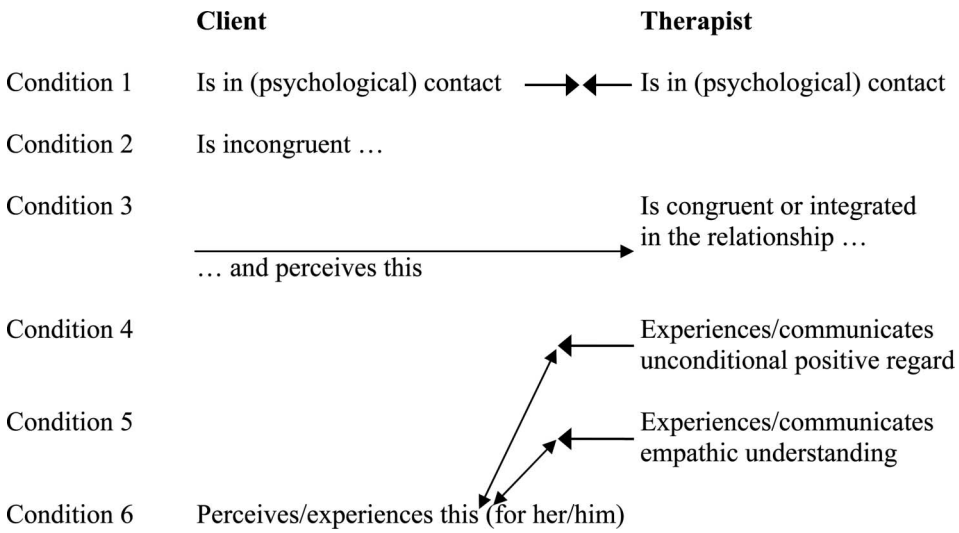

Figure 1. Rogers' theory of the therapeutic conditions.

That Rogers (1959a) conceptualized this theory in this way may have been helpful, even necessary, in order to formulate the empirical statement for investigation and research. Nevertheless, it is problematic as:

(a) It represents the conditions (at least conditions 1–5) as states. Whilst, arguably, it is implicit in the theory that the "core conditions" are process variables for therapist and client, Rogers only clarified this with regard to empathy some 25 years later in his 1985 paper.
(b) It represents a somewhat linear and, in his use of theory of the "if–then" variety, a contingent view of the conditions which has supported a view of therapist's conditions (and especially the "core conditions") as being "offered" or "given" to clients.
(c) It represents a separate and separated view of client incongruence and therapist congruence and, by implication, a less mutual relationship between client and therapist.

Nevertheless, the formulation does make it clear:

(i) That psychological contact is bilateral.
(ii) That it is crucial that the therapist experiences and/or communicates unconditional positive regard and empathic understanding – and that the client perceives/experiences this.
(iii) That there is a difference in the nature, logical category, and requirement of the therapist's congruence from the other two "core conditions" (see below).

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(iv) That, for therapy to occur, the client has, in effect, to fulfill three conditions i.e., that they are in (psychological) contact, in some state of incongruence, and that they experience/perceive being received.

In order to acknowledge the relational, dynamic and, hopefully, dialogic, nature of the therapeutic conditions and that they are interval variables and not linear, I suggest three clarifications:

(1) *That, all the conditions, apart from the first condition of contact, are experienced in varying degrees.*
The idea that we consider each of conditions 2–6 as representing a continuum, from more to less, is in line with Rogers' original formulations: As Rogers (1957) himself acknowledged, "unconditional positive regard exists as a matter of degree in any relationship" (p. 98, n[3]).

(2) *That the therapeutic conditions are co-created in a cultural context which is mediated by considerations of (personal) power and structural and experienced inequalities.*
These inequalities derive from oppression on the basis of gender, class, race, disability, and sexuality and it is important to revisit Rogers' therapeutic conditions in the light of these inequalities (see, for example, Singh & Tudor, 1997). Given the universal, organismic and phenomenological nature of person-centered theory, including the view that culture is embedded in the experience of the individual, some practitioners and theorists may take this as read. However, given a certain tendency to compartmentalize theory, it seems to me worth clarifying that, just as the organism cannot exist outside its environment, so, too, the theory of the conditions cannot exist outside the whole of Rogers' theoretical framework. Moreover, the reality of inequalities, difference and diversity impacts on any and every therapeutic relationship – or way of being and relating.

(3) *That, as the therapeutic conditions or process variables develop in the context of a therapeutic relationship or, more accurately, the way in which therapist and client relate therapeutically, the conditions are relational and co-created.*
This works positively, for example, in the fine attuning of the therapist's empathy for the client who, hopefully, increasingly experiences the therapist's increasing empathy – which counters the client's previous experiencing of conditional regard. However, equally, therapist and client may co-create a rupture in the relationship. Thus, the way in which a client is incongruent also influences the therapist and, therefore her or his acceptance and understanding of the client and, in turn, the client's experience/perception of these conditions/variables. The issue here is not that the therapist is perfectly contactful, congruent, acceptant and empathic, but that s/he is aware when s/he is not, or the degree to which s/he is not, and is able to reflect on and use this.

Regarding congruence or authenticity – Rogers (1967) referred to the therapist being congruent or integrated in the relationship, a phrase which implies that, however authentic and transparent the therapist is or is not, this quality or attitude is developed *in* the relationship and is, therefore, relational.

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Regarding unconditional positive regard or acceptance and empathic understanding or empathy, the therapist's communication of regard and empathy, and the client's perception/experience of this, both develop as therapist and client experience and relate to and with each other. The therapist's regard, at times more positive than at other times and sometimes more conditional than unconditional, together with her or his empathic understanding are tentatively offered, accepted, rejected, distorted, denied, reformulated, negotiated – and, thus, co-created – through a process of therapeutic relating. In this sense I think it is useful to acknowledge that acceptance and empathy are co-created and, therefore, that the client needs to accept the therapist's acceptance and to have empathy for the therapist's empathy (see Figure 1). This is borne out by recent studies of child development which emphasize the developmental and interpersonal necessity for the child to love and have empathy for others. Whilst from the perspective of "one-person psychology" (Stark, 1999), empathy may be viewed as a technique by which the therapist endeavors simply to understand the client, it may also – and perhaps more familiarly – be viewed as embodying more engaged, relational and dialogic "one-and-a-half-person" and "two-person-plus" psychologies (see Tudor, 2011).

Regarding client perception/reception – understanding this "basic" or "assumed condition" (Rogers, 1958/1967, p. 130) of the client's experience of the therapist's acceptance and understanding in relational terms transforms practice and theory. Rather than viewing this as a one-dimensional, unidirectional, "one-person" condition, a co-creative relational perspective emphasizes the necessary dialogue between therapist and client about how the client experiences and perceives the therapist and, specifically, her or his acceptance and understanding. This is consistent with ideas about working with ruptures and repairs in the therapeutic relationship and reflects a "two-person psychology" (see Stark, 1999).

Having set the scene of a relational and contextual perspective on Rogers' therapeutic conditions, I now turn to discussion of the "core conditions" (conditions 3, 4 and 5) and of what I refer to as "the lost conditions" (conditions, 1, 2 and 6).

The "core conditions" and the integrity of theory

There is now a huge literature both within and beyond the approach about the therapeutic conditions, especially concerning the therapist's congruence, genuineness or realness; unconditional positive regard, acceptance, caring or prizing; and empathic understanding or, more broadly, empathy. Indeed these conditions or facilitative variables are among those most often considered as "common factors" (see Hubble, Duncan & Miller, 1999). Watson (1984), however, argued that not all *six* conditions have been adequately studied, and that most research focuses on the "therapist-provided conditions" (by which he meant the "core conditions"). This may be due to the fact that the client conditions are assumed to exist when the "causative" factors for change of the congruent therapist's acceptance and empathy are present and experienced, and, therefore that these client variables are implicit in studies of the effect of the therapist's conditions.

The term "core conditions" seems to have been coined by Carkhuff (1969a, 1969b), who used it in the context of identifying from divergent orientations to therapy "core, facilitative and action-oriented conditions" by which the helper facilitates change in the client (or "helpee"). In addition to empathic understanding,

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respect and genuineness, these include: specificity in emphasizing emotional experiencing, concreteness in problem-solving, the ability to confront, and the ability to interpret the helping relationship. According to Goff Barrett-Lennard (personal communication, May 17, 1999), the term "core conditions" was taken up by people much closer to Rogers than Carkhuff, and was applied to three of Rogers' six conditions. Although Rogers himself did not use the phrase "the core conditions," it has nevertheless become part of the person-centered lexicon, and these three conditions have become associated with each other, for example as "central therapeutic ingredients" (Truax & Carkhuff, 1967), or as "the facilitative conditions" (Levant & Shlien, 1984). Interestingly, Levant and Shlien devoted the first part of their book to "*the* facilitative conditions" (my emphasis), in which there are only two chapters on unconditional positive regard and empathy, and a third which discusses the empirical status of the hypothesis.

Whenever people refer only to the "core conditions," they, in effect, present a partial and incomplete version of the whole theory and, thereby, undermine its integrity, richness, and completeness. One example of this is a series of books specifically on Rogers' therapeutic conditions but which comprises only four volumes: one on each of the "core conditions": congruence (Wyatt, 2001), unconditional positive regard (Bozarth & Wilkins, 2001), and empathic understanding (Haugh & Merry, 2001). There is no volume on client incongruence, and the first condition of contact is combined with the sixth condition of perception in one volume (Wyatt & Sanders, 2002).

Rogers himself contributed to this leavening of the necessity, sufficiency and integrity of the six conditions in three ways:

(a) In a number of papers on therapy subsequent to his 1959a publication Rogers wrote more about the three conditions of genuineness, realness or congruence, acceptance, caring, prizing, or unconditional positive regard, and empathic understanding than about the other conditions – see, for instance, Rogers (1959b), Rogers and Truax (1967), Raskin and Rogers (1989), and Rogers and Sanford (1989). In one paper, Rogers and Sanford (1989) cited Rogers' 1959a formulation and omitted the first condition of contact, an omission which perhaps represents and confirms Rogers' view of this condition as a "pre-condition." Tony Merry (personal communication, July 18, 1999) suggested that Rogers regarded the second condition of client incongruence similarly as a pre-condition and, for that reason did not elaborate it.

(b) In one paper on the therapeutic conditions, Rogers and Truax (1967) wrote that:

> Some years ago, Rogers (1957) attempted an organized theoretical statement in which it was hypothesized that three characteristics of the therapist in the relationship, when adequately communicated to the client, constituted the necessary and sufficient conditions for constructive personality change. (p. 98)

Whilst this appears to support the argument that the "core conditions" are necessary and sufficient, this statement does include a reference – and, in my view, an important one – to the fact that these characteristics of the therapist have to be communicated to the client. On this point it appears significant

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that Rogers and Truax cited Rogers' 1957 paper in which the emphasis of the sixth condition was that certain conditions are communicated by the therapist *to* the client, rather than his 1959b paper in which the formulation emphasized the client's perception/experience. It is also perhaps significant that Rogers and Truax's paper, written in the context of the Wisconsin schizophrenia study, was co-authored by Truax, who promoted the notion of the core conditions, and was the result of staff interactions which, as Rogers and Truax (1967, p. 97) described it, "*hammered out*" the conceptualizations on which the chapter was based. As a part of the study, various contributors developed scales for the rating of congruence, unconditional positive regard, and accurate empathy, but not, formally, for the other three conditions, although the sixth condition of the client's perception/experience is accounted for in the process scales for experiencing (Gendlin, Tomlinson, Mathieu, & Klein, 1967), and the manner of relating (Gendlin, 1967).

(c) When he wrote about the conditions with regard to other applications beyond therapy, such as education (see Rogers, 1969, 1983), Rogers tended to focus on the three "core" conditions. I suggest that this was because in these applications he was often talking about the "psychological climate" (Rogers, 1978, p. 9) or a "climate of facilitative psychological attitudes" (Rogers, 1963/1980, p. 115) as distinct from therapy, the therapeutic relationship, or the process between client and therapist. This reflects an important point about the development and application of theory which Rogers (1959a) himself made, whereby,

> when the theory is projected to explain more remote phenomenon [an] error may be magnified ... Thus every theory deserves the greatest respect in the area from which it was drawn from the facts and a decreasing amount of respect as it makes predictions in areas more and more remote from its origin. (p. 193)

In this case, the area from which the theory of conditions is drawn is a theory of therapy and, as such, it (the theory) and they (the conditions) are not directly applicable to other areas without further research and argument.

Truax (Truax & Carkhuff, 1967), Carkhuff (1969a, 1969b), and others who referred to the "core conditions" and who are often claimed as "person-centered," were all interested in a skills-based approach to counseling. Whilst this popularized these particular facilitative conditions and attitudes, their techniques-based human relations enterprise moved a long way from the substance and spirit of Rogers' theory and practice. Such popularity has proved a mixed blessing; as Mearns (1997) put it:

> the person-centered approach became an easy target for those who wanted to attach themselves to an approach which felt intrinsically attractive but which did not make excessive learning demands upon them ... it seems that there is a presumption that simply feeling a philosophical bond with the person-centered approach is sufficient qualification to adopt the label. (p. 192)

As a result, there are three principal problems with regard to this aspect of Rogers' theory and person-centered and experiential (PCE) practice:

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(1) *That people consider the "core conditions" as necessary and sufficient.*

As has been suggested, this is the result of a basic misrepresentation of Rogers' original theory from writers both outside and within PCE therapies. For example, in their article Geller and Greenberg (2002, p. 73) stated as Rogers' (1957) assertion "that the therapist's ability to be congruent, unconditionally positive and accepting and empathic was necessary and sufficient for psychotherapeutic change." Whilst it may be argued that this is similar to Rogers and Truax's (1967) commentary on Rogers' 1957 paper, crucially it omitted any reference to the client's perception/experience of the therapist's conditions or characteristics.

Some have suggested that this critique is outdated and that PCE therapists and writers have corrected this misconception. I disagree. This misrepresentation is something that I observed over 10 years ago (Tudor, 2000) and, despite the effort of a number of theorists and trainers, a significant number of PCE training courses, papers, presentations and discussions at conferences, and publications still perpetuate both the misrepresentation and the misinterpretation. This is problematic both theoretically in terms of the integrity of person-centered theory and practice, and clinically as it detracts from the therapist's focus on whether the client experiences his or her acceptance and empathy. Some might argue that the accepting empathic stance of the therapist incorporates complete focus on and with the client, which includes the client's perception of the therapist's experiencing of unconditional positive regard and empathic understanding towards the client and the client's world. Empathy especially might be considered to include an integral check of the client's experience/perception of the therapist. Whether or not I or others would agree with this definition or scope of empathy, the logic of this perspective would be to make the sixth condition redundant – and I think there is a value in the sixth condition being a client condition, and not something that is necessarily encompassed by a therapist condition or conditions.

(2) *That people assume that these conditions (the therapist's congruence, acceptance and empathy) are the same in nature or category.*

Again this is based on a misreading and a misrepresentation of the original theory. Rogers clearly stated that it is the therapist's unconditional positive regard and empathic understanding which is important: in his 1957 (generic, integrative) paper he wrote that the communication of these needs to be achieved "to a minimal degree"; in his (client-centered) 1959a paper he suggested that the client needs to perceive the therapist's experiencing of these. He did not state in either formulation that the client should experience the therapist's congruence or that this congruence should be communicated to the client. In fact, in a paper published in 1961 (Rogers, 1961/1967), he stated that congruence is more a state of being (congruent or integrated) which is only communicated *if appropriate*. Even when, in a later paper Rogers (1962/1973) appeared to extend this point by stating that the client needs to perceive "to a minimal degree, the genuineness of the counselor" (p. 96), he distinguished the condition of congruence or genuineness (which is about the counselor) from the other two conditions which are concerned with "the acceptance and empathy which the counselor experiences for him [the client]" (p. 96).

Mearns and Cooper (2005) have argued that in his paper Rogers, in effect, expanded the sixth condition "to emphasize that the communication of the

therapist's congruence should be received to a minimal degree" (p. 36). Rogers' (1962/1973) paper was, however, written in the context of discussing education – which might explain the extended focus on the importance of the (students') perception of (the teacher's) genuineness, and Rogers made no claim as to the therapist's communication, only to the client's perception of the therapist's genuineness. Others, for example, Bozarth (1998), have talked about congruence as informing the therapist's ability to be acceptant and empathic; in a similar vein Tudor and Worrall (2006) have referred to congruence as the "quiet condition." All these perspectives suggest that the nature and place of congruence within the theory of the conditions is different from that of acceptance and empathy. Thus, if we refer to these three conditions together as being in the same category, we are, in philosophical terms, committing a "category error," that is, we are assuming or claiming that something (in this case, the congruence of the therapist) has properties which it does not or cannot have because those properties (acceptance of and empathy for the client) belong to objects in another category or class (i.e., the category of what needs to be perceived and experienced by the client as about her or him). When people refer to the "core conditions," they conflate these categories and, in effect and in practice, over-emphasize the communication of congruence.

One way in which this category error and conflation is perpetuated is that many writers note the conditions, and specifically the "core conditions," in varying order. Interestingly, in a paper which he co-authored with Truax, Rogers argued that the order in which the "three therapeutic conditions" are described, that is, therapist congruence, unconditional positive regard, and empathic understanding, is significant (Rogers & Truax, 1967) "because they are logically intertwined" (p. 100): Empathy requires acceptance, and acceptance requires congruence.

(3) *That people think that these conditions are, in some way, "core" or at the heart of this theory of therapy and, further, of the person-centered approach.*

This perpetuates the view that person-centered theory and practice is simplistic, as if all that matters is that the therapist, facilitator, educator or helper be congruent, acceptant and empathic. It ignores, for instance, that in his 1959a paper Rogers placed at the centre of his theory of therapy the nature of the human organism and the fact that it tends to actualize, as well as that certain principles, such as nondirectivity, are also viewed as central to the approach and its therapy. A further problem with this centralization of the "core conditions" is that it implies that the other three conditions are less central, an implication which perpetuates a devaluation or ignorance of three of the six therapeutic conditions. Moreover, there is a particular irony in the fact that practitioners with a client-centered perspective focus on the "core conditions" as these are therapist conditions; the other three all specifically require and involve the client.

In their paper, Raskin and Rogers (1989) distinguished between qualities of the therapist (congruence, unconditional positive regard and empathy) and basic concepts "on the client side of the process" (p. 157) which include self-concept, locus of evaluation, and experiencing, and which are process/outcome variables.

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Given their general absence in the literature, the final part of this paper reviews the significance of what I have referred to elsewhere (Tudor, 2000) as the "lost conditions".

The "Lost" Conditions

Condition 1: Contact

Condition 1 states that two people are in contact. Rogers (1957) defined (psychological) contact as a binary phenomenon, by which he meant that two people are either in contact, or they are not. In his 1959a paper he stated specifically that the other five conditions "exist on continua" (p. 215), implying that psychological contact, at least as he understood it, does not. Others disagree. Mearns, for instance, has asserted (1996) that "the phenomenological reality of psychological contact to both clients and counselors is that there are *degrees* of contact" (p. 306) – although it is not clear how Mearns can simply assert another's phenomenological reality as if it were an uncontested fact. Others, too, have elaborated the conceptualization of contact – see Prouty (1994), Schmid (2002), Van Werde (2002), Warner (2002), Whelton and Greenberg (2002) – and, of course, pre-therapy, which is based on working with contact-impaired clients or patients, may be considered as therapy of the first condition. I think, however, that it is simpler to leave the concept of contact as Rogers defined it, and to agree instead degrees of acceptance, empathic understanding, communication and perception (see Tudor & Worrall, 2006). Rogers (1959a) continued: "If more than this simple contact between two persons is intended, then the additional characteristics of that contact are specified in the theory" (p. 207). This is unambiguous. Rogers clearly viewed psychological contact as a binary pre-condition – which would suggest that the contact work of pre-therapy is better and more centrally conceptualized as encompassed by acceptance and empathy and the client's perception/reception of these (see Tudor & Worrall, 2006).

In a rare and rigorous contribution on the empirical status of Rogers' hypotheses, Watson (1984) shed some light on why there was a paucity of research on this first condition, arguing that without the first condition the remaining five are rendered meaningless. Watson continued: "if Conditions 2 through 6 are operationally defined and shown to be present, then it follows that Condition 1 is present. Condition 1, then, does not require its own operational definition separate from those for the remaining conditions" (p. 19).

Condition 2: Client incongruence

The second condition states that the client is in a state of incongruence, being vulnerable or anxious. Rogers identified three elements of incongruence: a general and generalized *vulnerability*, a dimly perceived tension or *anxiety*, and an *awareness* of incongruence, elements which Singh and Tudor (1997) elaborated from a cultural perspective. The concept of incongruence is an important aspect of Rogers' (1951, 1959a) theory of personality and, in more recent years, has been developed and elaborated as a person-centered theory of illness and psychopathology (see Biermann-Ratjen, 1998; Joseph & Worsley, 2005; Speierer, 1990; Tudor & Worrall, 2006; Wilkins, 2005).

Although person-centered therapy eschews the medical/psychiatric model of diagnosis (see Rogers, 1951) and assessment, Watson (1984) has stated quite clearly

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that "a study that adequately tests Rogers's hypotheses must assess client incongruence and be designed to demonstrate that the therapist-provided conditions are related to outcome for incongruent clients" (p. 20).

I think that the wording of this condition is confusing in two respects:

(i) *That Rogers equated incongruence with being vulnerable or anxious.*
This may be the case in terms of personality theory with regard to describing a discrepancy between a person's experience and her or his self-structure (Rogers, 1951); however, a person being vulnerable or anxious may also be congruent in terms of being genuine, authentic and accurate about her or his distress and dis-ease. Rogers' (1959a) reference to the view that "the client ... is in a *state* [italics added] of incongruence" (p. 213) is too fixed a view in the context of a process model whereby the client moves from a discrepancy between organismic experiences and self experiences towards increasing integration and becoming congruent. This is a similar critique to that of Rogers' (1958/1967) presentation of a process conception of therapy in terms of a stage theory (see Tudor & Worrall, 2006).

(ii) *That Rogers juxtaposes the incongruent client with the congruent therapist.*
As Rogers followed this second condition with the third condition that the therapist is congruent, and implied – at least in this aspect of his overall theory – that both are somewhat static states, the wording implies that the client cannot be congruent or integrated in the therapeutic relationship, which is significant in terms of the therapists' attitudes towards their clients, and with regard to mutuality.

Furthermore, the term "client incongruence," as such, does not acknowledge the client's motivation for therapy, which may be viewed as an important but unspecified client condition (see Sommerbeck, 2002), although it is implicit in Rogers' view of the actualizing tendency.

Condition 6: The client perceives/experiences the therapist's acceptance and empathy

The sixth condition states clearly that the therapist's unconditional positive regard and empathic understanding be communicated to the client (Rogers, 1957) or perceived/experienced by the client (Rogers, 1959a). Indeed, in summarizing the therapeutic conditions, Rogers (1958/1967) referred to being fully *received* as the "assumed" condition (p. 130). Yet, with the exception of Barrett-Lennard's (1962) relationship inventory which measures the client's perceptions of the therapist's attitudes, client perception (or reception) is the least researched or discussed of all of Rogers' therapeutic conditions. In a search of an online bibliography of person-centered and experiential literature comprising nearly 7,000 articles (Schmid, 2008), only 10 were found to be concerned with client or patient perceptions of the therapist, her or his intent, responses, and behavior, or of the therapeutic relationship (including alliance and factors). Initial results from the relationship inventory were encouraging: Barrett-Lennard (1962) found that success in psychotherapy was positively related to the client's perception of the therapist conditions/attitudes, and the relationship inventory was refined and used in further studies (see Barrett-Lennard, 1978; Van der Veen, 1970).

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In a rare contribution to the literature, Toukmanian (2002) has described perception as the core element in person-centered and experiential psychotherapies and as "a key construct that permeates all aspects of Rogers' theory of therapy and personality change" (p. 115). She argued that perception, even though not explicitly dealt with in Rogers' work, looms large in his emphasis on "the primacy of subjective knowing, his existential view of the person, his conception of the nature of the therapeutic relationship, and his definitions of many of the theory's foundational constructs" (p. 115).

Watson (1984) reviewed the importance and empirical status of this condition:

> from a phenomenological perspective, only the client has direct access to his or her own perceptions in the process of self-reflection; unless the client gives a self-report, other persons must infer the client's perceptions indirectly from other overt behavior. From this standpoint, adequate assessment of the therapist-provided conditions requires that the client be the source of the ratings. (p. 21)

Whilst it is important that therapists are skilled in observing client behavior, and empathizing with client's perceptions (see Cohen, 1994), this radical emphasis on the client's report and reality is, in practice, missing from most accounts of the therapeutic process and relationship, and in training. I detect some change, however, in recent interest in and findings from research into client factors – see Miller, Hubble and Duncan (1995), Bohart and Tallman (1999), and Duncan, Miller and Sparks (2004).

Conclusion

Despite the conceptual coherence, completeness and integrity of the client-centered framework as developed by Rogers (1959a) and others since, and despite the extent and rigor of its research over half a century, person-centered therapy is still widely viewed as basic and insufficient (if not unnecessary). This is principally due to misunderstandings and misconceptions about the approach which, although the subject of some corrections and clarifications, still remain both outside and within the approach. These are perpetuated by the repeated misrepresentation of the "core conditions" as necessary and sufficient, and by research which does not at least explicitly consider all six – or, operationally, five – conditions. In his review, Watson (1984) concluded that, to that point, no studies adequately tested Rogers' hypotheses. In order to represent the approach accurately in practice, in theory, and in the education and training of therapists, as proponents of PCE, we need to read person-centered literature more closely, to be more rigorous in our presentation of theory, and to conduct further client-centered research specifically into necessary relational variables for growth and personality change.

References

Barrett-Lennard, G.T. (1962). Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs*, *76*(43).

Barrett-Lennard, G.T. (1978). The Relationship Inventory: Later developments and applications. *JSAS Catalog of Selected Documents in Psychology*, *8*(68). (MS No. 1732).

Biermann-Ratjen, E.-M. (1998). Incongruence and psychopathology. In B. Thorne & E. Lambers (Eds.), *Person-centred therapy* (pp. 119–130). London, UK: Sage.

Downloaded by [Swansea Metropolitan University] at 00:27 15 October 2012

Bohart, A.C., & Greenberg, L.S. (1997). Empathy and psychotherapy: An introductory overview. In *Empathy reconsidered: New directions in psychotherapy* (pp. 3–31). Washington, DC: American Psychological Association.
Bohart, A.C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: American Psychological Association.
Bozarth, J.D. (1996). A theoretical reconsideration of the necessary and sufficient conditions for therapeutic personality change. *The Person-Centered Journal*, *3*(1), 44–51.
Bozarth, J.D. (1998). Playing the probabilities in psychotherapy. *Person-Centred Practice*, *6*(1), 9–21.
Bozarth, J.D. & Wilkins, P. (Eds.), (2001). *Unconditional positive regard*. Ross-on-Wye, UK: PCCS Books.
Carkhuff, R.R. (1969a). *Helping and human relations. Vol. I: Selection and training*. New York: Holt, Rinehart & Winston.
Carkhuff, R.R. (1969b). *Helping and human relations. Vol. II: Practice and research*. New York: Holt, Rinehart & Winston.
Cohen, J. (1994). Empathy toward client perception of therapist intent: Evaluating one's person-centeredness. *The Person-Centered Journal*, *1*(3), 4–10.
Duncan, B.L., Miller, S.D., & Sparks, J.A. (2004). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy* (rev. ed.). San Francisco, CA: Jossey-Bass/Wiley.
Geller, S., & Greenberg, L.S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapy encounter. *Person-Centered & Experiential Psychotherapies*, *1*, 71–86.
Gendlin, E.T. (1967). A scale for rating the manner of relating. In C.R. Rogers, E.T. Gendlin, D.J. Kiesler, & C.B. Truax (Eds.), *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics* (pp. 603–611). Madison, WI: University of Wisconsin Press.
Gendlin, E.T., Tomlinson, T.M., Mathieu, P.L., & Klein, M.H. (1967). A scale for the rating of experiencing. In C.R. Rogers, E.T. Gendlin, D.J. Kiesler, & C.B. Truax (Eds.), *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics* (pp. 589–592). Madison, WI: University of Wisconsin Press.
Haugh, S. & Merry, T. (Eds.), (2001). *Empathy*. Ross-on-Wye, UK: PCCS Books.
Hubble, M.A., Duncan, B.L., & Miller, S.D. (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
Joseph, S., & Worsley, R. (2005). Psychopathology and the person-centred approach: Building bridges between disciplines. In S. Joseph & R. Worsley (Eds.), *Person-centred psychopathology: A positive psychology of mental health* (pp. 1–8). Ross-on-Wye, UK: PCCS Books.
Levant, R.F., & Shlien, J.M. (1984). *Client-centered therapy and the person-centered approach: New directions in theory, research, and practice*. New York, NY: Praeger.
Mearns, D. (1996). Working at relational depth with clients in person-centred therapy. *Counselling*, *7*(4), 306–311.
Mearns, D. (1997). *Person-centred counselling training*. London, UK: Sage.
Mearns, D., & Cooper, M. (2005). *Working at relational depth*. London, UK: Sage.
Miller, S., Hubble, M., & Duncan, B. (1995, March/April). No more bells and whistles. *The Family Therapy Networker*, *19*(2), 53–63.
Prouty, G. (1994). *Theoretical evolutions in person-centered/experiential therapy: Applications to schizophrenic and retarded psychoses*. Westport, CT: Praeger.
Raskin, N.J., & Rogers, C.R. (1989). Person-centered therapy. In R.J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (pp. 155–194). Itasca, IL: Peacock.
Rogers, C.R. (1951). *Client-centered therapy*. London, UK: Constable.
Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*, 95–103.
Rogers, C.R. (1959a). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science. Vol. 3: Formulations of the person and the social context* (pp. 184–256). New York, NY: McGraw-Hill.
Rogers, C.R. (1959b). Client-centered therapy. In S. Arieti (Ed.), *American handbook of psychiatry. Vol. 3* (pp. 183–200). New York, NY: Basic Books.
Rogers, C.R. (1967). A process conception of psychotherapy. In *On becoming a person* (pp. 125–159). London, UK: Constable (Original work published in 1958).

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Rogers, C.R. (1967). What we know about psychotherapy – Objectively and subjectively. In *On becoming a person* (pp. 59–69). London, UK: Constable. (Original work published 1961).

Rogers, C.R. (1969). *Freedom to learn*. Columbus, OH: Charles E. Merrill.

Rogers, C.R. (1973). The interpersonal relationship: The core of guidance. In C.R. Rogers & B. Stevens (Eds.), *Person to person: The problem of being human* (pp. 89–103). London, UK: Souvenir. (Original work published 1962).

Rogers, C.R. (1978). *Carl Rogers on personal power*. London, UK: Constable.

Rogers, C.R. (1980). The foundations of a person-centred approach. In *A way of being* (pp. 113–136). Boston, MA: Houghton Mifflin. (Original work published 1963).

Rogers, C.R. (1983). *Freedom to learn for the 80s*. Columbus, OH: Charles E. Merrill.

Rogers, C.R., & Sanford, R.C. (1989). Client-centered psychotherapy. In H.I. Kaplan & B.J. Sadock (Eds.), *Comprehensive textbook of psychiatry*. Vol. IV (pp. 1374–1388) Baltimore, MD: Williams & Wilkins.

Rogers, C.R., & Truax, C.B. (1967). The therapeutic conditions antecedent to change: A theoretical view. In C.R. Rogers, E.T. Gendlin, D.J. Kiesler, & C.B. Truax (Eds.), *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics* (pp. 97–108). Madison, WI: University of Wisconsin Press.

Schmid, P.F. (2002). Presence: Im-media-te co-experiencing and co-responding. Phenomenological, dialogical and ethical perspectives on contact and perception in person-centred therapy and beyond. In G. Wyatt & P. Sanders (Eds.), *Contact and perception* (pp. 182–203). Ross-on-Wye, UK: PCCS Books.

Schmid, P.F. (2008). *The person-centered & experiential bibliography online*. Retrieved August 31st, 2008, from www.members.nusurf.at/pfs/indexbiblio0.htm

Singh, J., & Tudor, K. (1997). Cultural conditions of therapy. *The Person-Centered Journal*, *4*(2), 32–46.

Sommerbeck, L. (2002). The Wisconsin watershed – Or the universality of CCT. *The Person-Centered Journal*, *9*(2), 140–157.

Speierer, G.W. (1990). Toward a specific illness concept of client-centered therapy. In G. Lietaer, J. Rombauts, & R. Van Balen (Eds.), *Client-centered and experiential psychotherapy in the nineties* (pp. 337–359). Leuven, Belgium: Leuven University Press.

Stark, M. (1999). *Modes of therapeutic action*. Northvale, NJ: Jason Aronson.

Stubbs, J.P., & Bozarth, J.D. (1996). The integrative statement of Carl R. Rogers. In R. Hutterer, G. Pawlowsky, P.F. Schmid, & R. Stipsits (Eds.), *Client-centered and experiential psychotherapy: A paradigm in motion* (pp. 25–33). Frankfurt am Main, Germany: Peter Lang.

Toukmanian, S. (2002). Perception: The core element in person-centered and experiential psychotherapies. In G. Wyatt & P. Sanders (Eds.), *Contact and perception* (pp. 115–132). Ross-on-Wye, UK: PCCS Books.

Truax, C.B., & Carkhuff, R.R. (1967). *Toward effective counseling and psychotherapy: Training and practice*. Hawthorne, NY: Aldine.

Tudor, K. (2000). The case of the lost conditions. *Counselling*, *11*(1), 33–37.

Tudor, K. (2011). Understanding empathy. *Transactional Analysis Journal*, *41*(1), 39–57.

Tudor, K., & Worrall, M. (2006). *Person-centred therapy: A clinical philosophy*. London, UK: Routledge.

Van der Veen, F. (1970). Client perception of therapist conditions as a factor in psychotherapy. In J.T. Hart & T.M. Tomlinson (Eds.), *New directions in client-centered therapy* (pp. 214–222). Boston, MA: Houghton Mifflin.

Van Werde, D. (2002). Prouty's pre-therapy and contact work with a broad range of persons' pre-expressive functioning. In G. Wyatt & P. Sanders (Eds.), *Contact and perception* (pp. 168–181). Ross-on-Wye, UK: PCCS Books.

Warner, M.S. (2002). Psychological contact, meaningful process and human nature. A reformulation of person-centered theory. In G. Wyatt & P. Sanders (Eds.), *Contact and perception* (pp. 76–95). Ross-on-Wye, UK: PCCS Books.

Watson, N. (1984). The empirical status of Rogers's hypotheses of the necessary and sufficient conditions for effective psychotherapy. In R.F. Levant & J.M. Shlien (Eds.), *Client-centered therapy and the person-centered approach: New directions in theory, research and practice* (pp. 17–40). New York, NY: Praeger.

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Whelton, W.J., & Greenberg, L.S. (2002). Psychological contact as dialectical construction. In G. Wyatt & P. Sanders (Eds.), *Contact and perception* (pp. 96–114). Ross-on-Wye, UK: PCCS Books.

Wilkins, P. (2005). Person-centred theory and "mental illness". In S. Joseph & R. Worsley (Eds.), *Person-centred psychopathology: A positive psychology of mental health* (pp. 43–59). Ross-on-Wye, UK: PCCS Books.

Wyatt, G. (Ed.), (2001). *Congruence*. Ross-on-Wye, UK: PCCS Books.

Wyatt, G. & Sanders, P. (Eds.), (2002). *Contact and perception*. Ross-on-Wye, UK: PCCS Books.

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