

Critically evaluate the historical and contemporary role of the core conditions, reflecting upon their continuing impact within therapeutic settings and their influence on your skills.

The Core conditions were originally established by Carl Rogers in the paper “the necessary and sufficient conditions of therapeutic personality change” he published in 1957, (Wedding & Corsini, 2013).

Originally Rogers discovered six necessary and sufficient core conditions identifying that they are crucial for the client to develop a therapeutic relationship with the counsellor and support the promotion of the client to achieve personality changes through self-actualisation (Swan et al., 2020) . Self actualisation is the realisation of potential and development of their own ability and potential influencing positive changes (The british psychological society, 2022). The six conditions include; Psychological contact between the therapist and the client, the client is in a state of incongruence, the therapist shows congruence towards the client, the therapist expresses acceptance, empathy and support towards their client regardless (unconditional positive regard) and the communication from the therapist to the client of empathetic understanding and unconditional positive regard is successful (Rogers, 1957). The term “core conditions” wasn’t used by Rogers, it was developed in the 1970/80s by the British person-centred movement. The core conditions are now, also known as “therapists conditions” which are very well known. However, the other three conditions are known as “the hidden conditions”, also known as “the client’s conditions” (Counselling Tutor, 2016). These conditions are less known in comparison to the core conditions however, if these three “hidden conditions” are not met then, the therapy will not be effective and successful (Merry, 2002).

Unconditional Positive Regard is the relationship between the client and the therapist, this is where the therapist goes into the therapy sessions with their client with a non-judgemental attitude, acceptance and valuing their situations, feelings or experiences. It is found that if the client is to feel uncomfortable and judged by their therapist, they are likely to restrict the information they decide to share due to their fear of the therapist (Eelen et al., 2018).

Congruence which is also known as genuineness is seen to be the most important attribute to implement throughout therapy sessions. When implementing this attribute throughout counselling sessions it allows the client to see the therapist for who they really are which is contrasting to a psychodynamic therapy who is to show as little of their personality as possible (Sutanti, 2020).

Empathy is where the therapist will view the clients situations and experiences as their own in order to share the feelings the client is experiencing and the therapist 'puts themselves in the clients shoes' in order to better understand their perspective of things. It is important for the therapist however, to not mistake their feelings when emphasising with their client. As, even if the therapist has experienced something similar to their client, no two experiences or feelings will be the same so it is important for the therapist to understand how and why the client is feeling the way they do without allowing their feelings to get mixed up (Kryuchkov, 2016).

Rogers' views were contrasting from psychodynamic and behavioural approaches where he proposed clients should focus on the presence and future rather than past behaviours or experiences. In 1959 Rogers developed a theory which was known as "person-centred therapy" also known as Rogerian Theory, where he believed the client's would unintentionally identify what is wrong and what can be done to fix it whilst speaking and expressing their concerns to

their therapist (Yao & Kabir, 2023) . The person centred theory requires the core conditions being presented throughout the therapy otherwise, it will not be seen as successful as Rogers stated the core conditions are “the necessary and sufficient conditions of therapeutic change” (Rogers, 1989). Rogers believed that the therapist was there to actively listen to the client and be there more as a companion all while encouraging the client equally and unbiasedly (Simply Psychology, 2019). Rogers proposed that the presence of three elements were essential in building up a therapeutic relationship between the client and the therapist to promote growth and positive change for the clients. The three vital elements Rogers proposed were; Unconditional Positive Regard where the therapist respects, accepts, is compassionate and non-judgemental towards the client Martin, (2020), Empathy where the therapist will be attentive to the client with relaxed body language, paraphrasing, use of facial expressions, silence, minimal cues to demonstrate to the client that they are actively listening, understood, respected and supported. Counselling Directory, (2012) and the therapist will also perceive the world the way the client views their situation, meaning and world in order to better understand how they feel and why. Congruence is also shown by the therapist to the client to show that they are genuine and honest towards them, accepting the clients experience or situation and being understanding and respectful of their client’s experience or situation (Counselling Tutor, 2021).

Relational depth was also mentioned as a key feature in Rogers’ theory where he proposes that a profound connection between the therapist and client is essential for the client to feel safe, understood and valid. The therapist should experience high level feelings of the core conditions including; empathy, acceptance and clarity and their client should be able to recognise this through their connection and communication (Di Malta et al., 2019).

Historically, a paper proposed by (Irving & Dickson, 2006) states that Rogers core conditions were influential within the counselling profession despite ambiguous research over the years questioning the effectiveness of the core conditions. Due to the opacity and uncertainty presented throughout Rogers (1957) paper regarding the information, causing misunderstandings in the purpose of core conditions for further research and training, preventing the further exploration of how efficient the core conditions are and suggests further research and knowledge are needed on the core conditions in order to identify the association they each have with one another. This could then support and provide more positive outcomes/progression, training levels and development, backed up by current research (Eelen, Depreeuw, & Van Den Bergh, 2018).

Similarly, previous research (Josefowitz & Myran, 2005; Cramer, 1990) conducted a paper taking into consideration Rogers' three core conditions and how they can be integrated throughout Cognitive Behavioural Therapy (CBT) it found that CBT generally uses a collaborative relationship between the client and therapist rather than developing a therapeutic relationship between the client and therapist. It also found that it was obvious CBT is a different therapy style in comparison to Person Centred Therapy however, it did identify that even though they are contrasting methods, within CBT the therapist still provides a relaxed, non-judgemental and safe environment for the clients. It was also found that through CBT sessions therapists still provide clients with empathic attitudes working with the client to identify their behaviour and thoughts that may be affecting them. The paper overall states that it is still not understood the values and effectiveness of the core conditions on therapeutic relationships, suggesting Rogers' core conditions are inconclusive in relation to CBT.

Another research paper proposed by (Cloninger & Cloninger, 2011) states that a therapists performance and effectiveness relies on the therapists use and understanding of the

core conditions, which is backed up by the ethical framework made accessible in 2018. The framework identifies that the members of the the british association for counselling and psychotherapy must implement this throughout their practice to ensure effective practice is carried out and must not just rely on the framework if something went wrong. The framework has three main sections including; commitment to clients where members work to a professional standard and build an ethical therapeutic relationship, ethics - which outlines the values and principles of the framework and good practice to ensure that ethical guidelines are implemented in practice and integrating the commitments to clients. The framework outlines that the commitment to clients is; putting clients first, working at a professional standard level, providing respect, building ethical therapeutic relationships with clients, maintaining integrity and demonstrating accountability. These commitments relate to Rogers' core conditions that are integrated throughout the commitments, principles, values and personal qualities for promoting good practice and positive therapeutic relationships with clients (BACP, 2018).

The use of Rogers' core conditions are still contemporary used in therapeutic settings today and recent research literature. A paper proposed by (Barton, 2019) examined the experiences five therapists themselves have at looking after their own mental health and well-being as well as their clients through semi-structured qualitative interviews. Results from this study found that many therapists start off with little to no knowledge on how vital it is that self-care including; mental, emotional and physical well-being is prioritised first to provide high standards of care through core conditions creating therapeutic relationships with their clients. This is vital as recent research (Posluns & Gall, 2019) suggests that if the professional doesn't prioritise their own self-care it can affect their clinical work negatively, reduce stress levels,

improve energy and concentration. The research also found that practitioners would benefit from more substantial training regarding self-care and methods on how to do this including; demands and challenges that their work could bring, awareness of their job role and risks of neglecting own self-care, importance of self-reflection on personal experiences, training on how to balance time and to ensure they don't neglect their own needs over others and physical health ensuring they uphold a balanced diet, exercise regularly and get enough sleep. One main difficulty identified in (Barton, 2019) study was; isolation and how to integrate boundaries to enjoy their own life around work commitments, and all participants admitted that they needed to find more time to care for themselves to reduce the risk of them becoming burnt out due to work. There is a persistent theme in previous literature that therapists need to become more aware and attend to their own self-care needs mentally, emotionally and physically (Baker, 2003; Siegel, 2010).

A research paper proposed by (Simpson et al., 2020) examined the effects COVID-19 had on the global population due to having to self-isolate and the reduction of access to therapeutic services, and limited (if any) face to face therapy sessions. The paper found that globally, there was a lot of psychological anguish with the number of people living with mental health issues increasing. As a replacement to face to face therapy sessions, "video therapy" was widely used globally for clients and therapists to continue their sessions. However, previously videotherapy has been hindered due to poor therapeutic relationships between the client and the therapist and weaker progression or changes from the clients contrasted by previous literature available; (Kumar et al., 2017) who states online therapy is an effective method of treatment for those living with mental health and is more cost effective. There are many advantages to video therapy which include; more comfort for the client as they are likely to be in their home setting that they are familiar with, have people or pets around them that could make them feel more at ease

throughout the sessions, ability to work more sufficient for individuals that have busy schedules as they can carry out the therapy sessions wherever they feel most comfortable e.g. work office, home and be more widely available for those individuals who live with physical disabilities, poor mobility as it can be carried out from the comfort of their own homes. A study was carried out in order to gain an insight of what therapists thought their experience was like whilst engaging in video therapy and if they found this method to be efficient using semi-structured interviews. Findings showed that environmental adaptations impacted their practice and their therapeutic relationships with clients due to; technical issues and difficulty managing risks. Many therapists expressed they felt a lack of control when it came to managing risks during video therapy, however, some therapists felt as though they regained partial control when engaging in the therapeutic relationship by accepting their limitations or adapting to their environment and control level. Many therapists expressed their difficulties in being able to express feelings of congruence to their clients through video therapy however, it has been found that if both; the client and therapist adapt to their environment online it can have an impact on the therapeutic relationship and feel more connected (Smith & Gillon, 2021).

There are various advantages to the person-centred therapy approach due to its predominant focus on the client. It allows the client to identify how their personal experiences have affected them, the way they feel and encourage them to make positive changes in their lives. Some benefits of person centred therapy include; allowing the client to better understand who they are now and who they want to be, allow them to release any negative feelings they endure, develop healthier relationships with others and it encourages clients to live in the present moment, working towards their future rather than living in their past (Health Assured Team, 2021).

As with every theory, the person-centred therapy approach comes with limitations that need to be considered when implementing this approach in therapy sessions. A paper proposed by Campbell, (2017) suggests that counselling and therapy predominantly upholds the values and beliefs of western-european countries essentially focusing on the individuality of the client and how this can be achieved. However, non-western cultures maintain their views of adult authority and anticipate for the therapist to guide, or provide structure for them rather than this being done independently (Poyrazli, 2003). Another weakness of the person-centred therapy approach according to Kim, (2018) states that due to Rogers' previous work questioned on being culturally biased, they believe a limitation to the person-centred therapy approach is that the failure of recognition regarding individuals cultural and social influences on their behaviour and attitudes, as it is largely based on Western-countries cultural influences such as; individualism. It was also found that Rogers' core conditions were inconclusive and uncertain and were suggested to need further research into whether they are successful and efficient when implemented throughout other therapy methods not only person centred therapy.

Relational depth was also mentioned as a key feature in Rogers' theory where he proposes that a profound connection between the therapist and client is essential for the client to feel safe, understood and valid. The therapist should experience high level feelings of the core conditions including; empathy, acceptance and clarity and their client should be able to recognise this through their connection and communication (Di Malta et al., 2019).

Overall, the core conditions and person centred care play an important role in all counselling practices, despite Rogers' opacity throughout his paper regarding the connection each core condition has to one another and the efficiency of them. Previous and current research have both supported that all six conditions need to be present throughout counselling practices to

achieve high standards of care, positive therapeutic relationship and to promote personality changes. More recent literature regarding online therapy sessions due to the COVID-19 pandemic have supported literature in that core conditions must be present to achieve positive outcomes. The recent literature relating to online therapy has shown that more practice is required for therapists in how to adapt to their surroundings and integrate the core conditions online. It is also found that Rogers' core conditions are still used throughout therapy practices today in order to build a therapeutic relationship between the client and the therapist as it is found therapy sessions are more effective when a positive relationship is built in a non-judgemental, safe and relaxed environment.

Throughout the reflexive counselling skills module, I believe that the core conditions proposed by Carl Rogers have had an influence on the skills I demonstrate throughout my reflexive practice and everyday life. Reflexive practice is where it involves "experience based learning", this is where you combine practical experience with your studies, where you learn through doing (Andresen et al., 2020). Experience based learning is a favourable method of allowing students to integrate their knowledge, skills, and behaviour throughout their practice and allow them to analyse and reflect on what went well, to develop new skills, what areas improvements could be made and what improvements and progression has been made overtime (O'Donovan, 2018). When reflecting upon my reflexive counselling sessions it has made me aware that I don't only use the core conditions when conducting practice within a therapeutic session but, I use them everyday in normal life. Upon reflecting back on my practice I always provide a non-judgemental attitude by providing the client with genuineness and empathy, I also use positive and relaxed body language when speaking to the client regarding any issues they may be facing in order to demonstrate my willingness to listen and communicate with them. I

have also identified that I make good use of eye contact to demonstrate to the client that I am actively listening and engaged with what they're saying whilst alongside using minimal cues demonstrating that I am engaging with what they are saying to me and in some situations encouraging a response. I also identified when reflecting back that I am able to show empathy toward the client by always respecting cultural differences and religious beliefs and always showing kindness and cautiously choosing the right words for communication to the client to ensure no unintentional offence or negative feelings are from what I have said. In addition, throughout my reflexive practice I have been using open ended questions in comparison to closed questions as when an open ended question is asked it strongly encourages the client to answer with an expanded answer rather than a 'yes' or 'no' answer where I would then struggle with how to continue, I have found it is more beneficial to me and the client when asking them open ended questions as it allows them to expand to the depth they want to and supports me with paraphrasing things they have mentioned allowing me to encourage them to expand more.

Overall, when reflecting back I was surprised at how much the core conditions are implemented throughout my daily life and not just in a therapeutic session. Some skills I found easier such as; eye contact, displaying empathy, minimal cues and being non-judgemental and some I found more difficult such as; paraphrasing, asking open ended questions and avoiding giving advice.

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