

Person centred approach or commonly referred to as person centred therapy was first conceived by Carl Rogers in the 1940s. Person centred therapy moved from the previous traditional model of therapy where the therapist was the one who was considered the expert which often lacked empathetic properties, and instead moved towards a more aptly named, person centred. This approach instead aims to make the client feel empowered and motivated to assist in themselves more in improving their lifestyle or their mental wellbeing (Kirschenbaum, Howard. 2012).

In 1957 Carl Rogers (Elliott & Freire, 2007). Wrote the paper that identified the three main core conditions to make person centred therapy. The first of these conditions is Empathy. In the context of person centered therapy, empathy is a very valuable skill that is utilised by person centered therapists to show the client that they are trying the best they can to understand the client's emotions they are trying to convey during the session (Elliott & Freire, 2007) ; (Elliott, Robert, Bohart, Arthur, Jeanne & Murphy, 2018)

For this to be successful however, the therapist must be clearly distinctive between showing empathy and showing sympathy toward the client. If the client feels that the therapist is showing sympathy for their issues this may cause the client to be less likely to open up about their issues in the future due to them subconsciously feeling that they do not hold any responsibility for their actions. Whereas in contrast to sympathy, an empathetic attitude allows the client to continue the positive actions of opening up (Elliott, Robert, Bohart, Arthur, Jeanne & Murphy, 2018)

The second of these core conditions is congruence. To be congruent with a client the therapist must show a level of realness and genuineness with the client. This means that during the sessions with the client, even if the therapist may not agree with some of the client's actions or some of their beliefs the therapist does approve of the client themselves.

Once the therapist shows this level of congruence with the client, then the therapy during the sessions will become more genuine and a more fulfilling environment for the client who will then get more from the session as a whole (Kolden, Gregory, Marjorie, Wang & Austin, 2011).

The final of Rogers core conditions is unconditional positive regard. Similarly to the previous condition of congruence, unconditional positive regard refers to the therapist being able to understand and convey a deep, personal and genuine caring for the clients experiences. Also similar to the previous point of congruence, the therapist needs to try hard to not make this come across as sympathetic (Kim, Jiyea, Joseph, Stephen & Price, 2020) .

During the therapeutic environment it needs to be a safe and secure environment for the client to fully express what they want to express and feel comfortable doing so. As the therapist is still a person it is more than expected that the therapist will agree with every decision or beliefs that their clients may have that may or may not be relating to the issues they are seeking counselling for, however, where the condition of unconditional positive regard comes in is that despite these possible disagreements, despite if the therapist may disagree, during the session the therapist must show a kind of attitude that relays the thought to the client that the therapist that they are accepted as they are with no need to change (Kim, Jiyea, Joseph, Stephen & Price, 2020).

In addition to these three core conditions, many therapists believe that there are three additional conditions that go in hand with Roger's original three conditions. The first of these three conditions is psychological contact. This is when the therapist and the client are both on the same page psychologically, for instance if the client and the therapist both have a history of drug use or alcohol abuse then they would be on the same page psychologically, whereas if the therapist had not experienced either of these things then It may be hard for the client and therapist to be on the same page psychologically (Wyatt, 2007).

The fifth condition although may be hard to control is the client's perception of the therapist. This is hard to control as the therapist can show excellent unconditional positive regard and empathy towards the client throughout their time in sessions together, the client needs to fully understand that the therapist is there to help them and is genuine with the client. If the client does not feel these things are genuine or does not feel them at all then it can be very difficult for the client to engage and open up to the therapist and it may be worth seeking out another therapist (Owen, Jesse, Leach, Wampold, Bruce & Rodolfa, 2011).

The final of the extra three conditions is client incongruence. This is not to be confused with congruence displayed by the therapist. Client incongruence is when the client has an actual issue that they are going to therapy to resolve. Rogers believed that if the client did not have an issue they wished to address then therapy would be ineffective. This is why in modern therapy therapy can often be less effective if an individual has been sent to therapy against their will or perhaps forced by family members or loved ones. If therapy is to have the most chance of success then the client must be attending therapy of their own free will and their own volition (Atzil-Slonim, Bar-Kalifa, Rafaeli, Lutz, Rubel, Schiefele & Peri, 2015).

Person centred therapy although perceived by Carl Rogers decades ago, is still one of the most widely used therapeutic techniques in modern therapy. So much so that individuals who are not practicing therapists to help guide themselves in their day to day life if it is needed.

However, person centred therapy is not the be all and end all of therapy, although yes it is still heavily used in modern therapy settings but it is not the correct type of therapy for everyone. There are some specific cases where it is not suitable for the person receiving the therapy. As previously mentioned, person centred therapy relies on the client to be motivated and willing to receive help. As previously mentioned individuals who are put into therapy

against their wishes for instance may not be suitable to receive benefits from person centred therapy (Kaltiala-Heino, Riittakerttu & Kaltiala-Heino, 2010).

In addition to this, another reason that the client may not receive the maximum effect of help through person centered therapy is if the individual is suffering from depression (Delgadillo, Jaime, & Paulina, 2020). One of the key symptoms of depression is feeling unmotivated, if the client is unmotivated to receive help or to put in the effort to help themselves then the client may feel that all therapy is not working for them which can then lead to them not receiving help for their condition or their issues. As well as being motivated to help themselves, the client must also be able to communicate easily with the therapist, if the client is unable to do this it will be very difficult for the therapist to properly help the client, this can also happen if the client is scared of opening up and communicating with the therapist due to past trauma or being nervous (Delgadillo, Jaime, & Paulina, 2020).

Being able to communicate however is not the only part, if the client is able to communicate but finds it difficult to communicate properly or effectively this again can be difficult for the therapist to properly use this technique to help the client. This is because it takes as much work from the therapist as it takes from the client to make the technique work. With communication however may come misunderstanding. Some individuals may enter therapy and expect the therapist to provide them with advice on how to solve their issues, this is not the case, not just with person centered therapy but therapists are not there to provide advice to the client but to help guide them through their issues safely (Kimmelman, 2007).

However, if this is the case and the client has expected advice and did not receive their advice then the client may feel like they are not being helped. It is not uncommon for individuals who have not had prior experience with therapy through themselves or through individuals close to them to think that therapy is all about giving advice and receiving said advice from a professional. This is not to say that a client who expected to receive advice will

not understand and open up later in the session, but this can seriously damage an individual's trust for the therapeutic system if they were nervous and suffering from depression or anxiety and were coming to discuss this fact, it may cause the individual to become worse in their condition from the possible embarrassment (Stephen, Elliott & Macleod, 2011).

Although there are obvious flaws to person centred therapy the core conditions themselves play a big part in the therapeutic setting. Over the years since Carl Rogers original three core conditions there have been more conditions added as well as adapted to current therapeutic styles, whereas was previously mentioned with the three hidden core conditions. Different therapists and different therapeutic styles may use Rogers three core conditions as a baseline but then can go on to adapt them to fit their current clientele or the current setting that they may be in (Stephen, Elliott & Macleod, 2011).

As the field of counselling advanced however, and individuals began to analyse these core conditions, they began to expand on these conditions and further apply them to the world of counseling, but not only when counselling a client, it also became used when therapists were not counselling clients and had down time to themselves, as therapists began to see that the therapeutic environment was not just for clients to be helped but it also took a toll on the therapist themselves, whereas now in modern therapy therapists often have their own therapists or at least supervisors that they can report back to confidentially, this may not have been the case due to the ideology that if an individual is a therapist then they should be able to fix their own problems (Stephen, Elliott & Macleod, 2011) .

Advancing on from the fifth hidden condition of Rogers core conditions, as previously mentioned this being the client's perception of the therapist. Another key individual in the world of person centred therapy, Dave Mearns drew from these conditions and created the term relational depth. In the fifth condition where it was focusing on the client's perception of the therapist and the importance of the client seeing the therapist as

someone that is there to help the client work through their issues together. Mearns believed that both the therapist and the client could enter a therapeutic relationship together that was by all intents and purposes, fully genuine (Mearns, Thorne & McLeod, 2013).

To expand on this, Mearns believed that the therapist and the client could enter a state of genuine contact with each other, a relationship that meant that each individual could be entirely real with each other and could understand the value of the relationship as well as understand each other's experiences at a very high level (Knox, 2008). When considered this way, the level of relational depth a therapist and their client has also comes from the therapist's level of understanding and skill with Roger's original three core conditions, mainly focussing on the therapist's ability to properly convey congruence as well as unconditional positive regard (Mearns, Thorne & McLeod, 2013).

As with these two conditions as mentioned previously, congruence especially being all about the therapist being genuine with the client as well as being open with them, and in conjunction to this, unconditional positive regard where by the therapist shows a level of acceptance and support regardless of what the client may say or do during the session. Whereas empathy is also very important in this process, for unconditional positive regard and congruence to work successfully the therapist must have a level of empathy already to successfully convey these two conditions and therefore as well have a successful therapeutic relationship with relational depth with the client (Cooper, 2005).

However, this again is not to say that this is a perfect model. Part of the appeal and charm of having relational depth is that it is not something that can easily be replicated. There is no definitive set of instructions to achieve relational depth with a client, and it is believed that if there was then the ideal of relational depth would become pointless due to it being able to be replicated in every session. However, this then begs the question, if relational depth is something that should not be studied as to not ruin the complexity of having such a personal

relationship with the client, how will the world of person centred therapy learn more about such a unique relationship? This question will continue to be present when studying the topic of relational depth but from this is it something that can be kept central to the lives of person centred therapists and their clients who do or have experienced it (Cooper, 2013).

Throughout all of this however, due to the often intense nature of the therapeutic environment, especially within the person centred approach. It is important that the therapist take time to practice self care as often as they can. With the amount of different skills that have been mentioned that therapists need to hone and display for clients during a therapeutic session, as well as the inevitable burden to the therapist that can come from any therapeutic environment where the client is sharing things about their lives. The therapist must take actions to provide self care, not only to help themselves but the therapists self is an essential aspect of conducting effective and meaningful counselling, and because of this it is essential that the therapist must take actions towards self care so they do not make mistakes during the session (Hansson, Hillerås & Forsell, 2005).

If the therapist is not feeling 100% themselves during the session it is more likely that they will make mistakes during their time with the client. These mistakes can be anything ranging from simply forgetting a possible important detail about a past session with the client or something major such as violating a boundary with the client which could have massive repercussions for possible future sessions if the client decided to carry on with future sessions (Wolfe, 1981).

One such other major possibility of a therapist experiencing burn out is experiencing compassion fatigue which can lead to the therapist being unable to properly empathise with the client which can in turn put all of the other previous skills mentioned at risk and therefore risk developing relational depth (Killian, 2008).

There are four key areas of self care that can be practiced to help mitigate these negative effects. The first of these four is physical self care. This involves the individual working towards living a healthy lifestyle and perhaps partaking in regular exercise. Ways that the therapist may work towards achieving a good level of physical self care could be decluttering their living space, after seeing a client, returning to their living space and it being clean and decluttered can make the area feel more relaxing and at homely. In addition to this the therapist may wish to separate themselves from technology to focus more on themselves, such as taking time away from their computer or television to perhaps take a walk in the environment with a friend or taking part in a self care activity they may have found useful in the past (Christopher & Maris, 2010).

The second area of self care is emotional. When tasked with caring for a client and taking on their emotional issues it can wear the therapist down, therefore it is important for the therapist to set clear boundaries for both themselves and their therapeutic space. In addition to this, the therapist could seek out individuals they are close with on a personal level and spend time in that safe space which could then allow the therapist to vent any issues they may be having personally so that these issues do not build up and end up affecting the session with the client (Killian, K. D. 2008).

Psychological self care is the third area of self care, this is important in the therapist growing on a personal level as well as a professional level, this is where as previously mentioned the therapist may seek out coaching or to see their own therapist to help keep their inner thoughts and emotions in check. If the therapist is already seeing someone in this capacity then activities such as journaling or meditation can have similar beneficial effects to help the therapist reflect and learn from previous experiences (Macran & Shapiro, 1998).

The last of the four areas of self care is spiritual. Not all therapists may take part in this facet of self care as they may not be religious, however aside from the religious aspect

spiritual self care can be used to practice being grateful for the non material objects in their lives that bring them joy on a day to day basis (Helmeke, 2006).

Whereas being a therapist is no easy job, it requires a special kind of person with a special kind of attitude to be able to give such a high level of care for another individual and help them through issues they may be having where the therapist may be going through issues of their own. It is perfectly acceptable for therapists to have off days or need their own help and by utilising different self care techniques as well as having a healthy relationship with their clients the risk of issues occurring is outweighed by the possibility of creating relational depth with their clients.

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