A Re-Conceptualization of Rogers' Core Conditions: Implications for Research, Practice and Training

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Rogers' core conditions remain influential in international counselling practice despite decades of equivocal research findings regarding their effectiveness. It has been argued that ambiguity and lack of clarity in Rogers' (1957) original definitions is a major factor in the development of misunderstanding and multiple operationalizations of the core conditions for research and training purposes. This paper presents an innovative re-conceptualization of the core conditions based on social psychological models of attitude. It is argued that this model has the potential to integrate existing work from a range of perspectives and provide a framework for future research and development.

Carl Rogers has been described as the most influential American psychotherapist of the twentieth century. However, as McLeod (2003) points out, the influence of the person-centred approach has waned in the USA in recent years whilst remaining a major force in European practice (Thorne & Lambers, 1998). Person centred advocates have often expressed dismay at the way in which the central philosophy of the approach has been misinterpreted (Wilkins, 2003) or relegated to the status of a precursor for "real therapy" or a simple set of basic skills (Merry, 1990). In reality there are challenges in implementing the theory, coupled with difficulties in attaining a "living belief" in its basic concepts (Mearns & Thorne, 2000). Despite decades of inconclusive research evidence, Rogers' ideas have

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been absorbed into counselling at a fundamental level (Gallagher & Hargie, 1990) however ambiguity in definition has been flagged as an issue with several writers pointing out lack of clarity in Rogers' (1957) definitions of the core conditions. Indeed both Gladstein (1983) and Barrett-Lennard (1986) stress that lack of clarity in definition is one of the underlying causes for the equivocal nature of research findings regarding the importance of the core conditions which in turn influences the approach's continuing international impact.

If, for example, Rogers' (1980) review of person-centred therapy is considered, it can be observed that he uses a number of vague terms to describe the core conditions, including "element" (p. 115), "attitude" (p. 116), "facilitative aspect" (p. 116), "facilitative conditions" (p. 117), "qualities" (p. 118) and "attitudinal qualities" (p. 133). Even as early as the early sixties, Ford and Urban (1963) noted that the level of abstraction of concepts proved a difficulty for the theory and claimed that operational definitions of basic constructs were badly needed. More recently Williams and Irving (1997) noted that the research literature contains many different definitions of empathy, none of which fully encompasses the full complexity of the concept. This situation is compounded by the variety of operational definitions used by researchers, some of which differ in fundamental ways from Rogers' (1957) original definitions. The importance of operational definitions being tied directly to Rogers' (1957) original conceptualization of the hypothesized conditions cannot be underestimated. Watson (1984) cited the example of "therapist warmth" as an inadequate but frequently used operationalization of unconditional positive regard since it fails to encompass the unconditionality of the warmth. In relation to the same issue, Barrett-Lennard (1986) goes as far as to state that "... Rogers' conception has not been addressed in most of the research ... and remains to be tested adequately" (p. 281). This paper takes up this challenge and reconceptualizes the core conditions from a theoretical and conceptual perspective developing an innovative conceptual model, which has potential to both integrate previous research findings and provide a framework for future research and training.

As previously noted, Rogers used a number of vague terms to describe the nature of the "core conditions" (Rogers, 1980). However, he used the term "attitude" on a number of occasions to describe their nature. The proposed model develops the idea of the core conditions as attitudes and draws upon social psychological models to provide a framework for a more complete understanding. Thus the term attitude is used to refer to a rather stable, mental position held toward some idea, or object, or person. A widely held view is that every attitude is a combination of beliefs, feelings and evaluations with some predisposition to act accordingly. For example, Triandis (1980) defines "attitude" as "... an idea charged with emotion which predisposes a class of actions to a particular class of social situations" (p. 3). Such a definition specifies cognitive aspects (an idea) affective aspects (emotion) and a predisposition to act or behavioural dimension that can be directly

translated into person-centred terms. The core conditions are seen as comprising cognitive aspects (ideas and beliefs), affective aspects (feelings and emotion) and a behavioural dimension, which represents action based on cognitive and affective aspects. Each of these three dimensions can be seen as mutually interdependent. It could also be speculated following this line of thought that social psychological theories concerned with attitude change, for example, balance theory (Heider, 1958), and dissonance theory (Festinger, 1957) could be applied to the counsellor training context. Although it could be argued that Rogers did not use the term attitude in the social psychological sense when referring to the core conditions (Greenberg, 1985), it is proposed that such a model provides a framework for clarifying previously vague constructs and integrating research from different perspectives. In order to further specify the three-dimensional model, the following discussion will examine each of the core conditions separately from a theoretical and conceptual perspective. In each case the nature of the cognitive, affective and behavioural components will be specified.

EMPATHY

Book (1988) suggested that empathy is often a misunderstood concept, pointing to both semantic and conceptual confusion. Semantic confusion occurs when empathy is confused with similar constructs like sympathy, kindness and approval, whilst conceptual confusion arises from: ". . . a lack of clinical distinction between the therapist's intraphysic process of empathy and his or her response of being empathic" (Book, 1988, p. 422). Similarly, Bennett (1995) describes empathy as a complex intrapsychic and interpersonal process. Barrett-Lennard (1981) pointed out that even in this early definition Rogers (1957) made distinctions between "feeling into" and "feeling-with." Rogers' (1957) definition of empathy as being ". . . to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the 'as if' condition" (pp. 210–211) clearly concentrates on the therapist's "intrapsychic process." Rogers continued that if this "as if" quality was lost, then the state would be one of identification not empathy. In this way Rogers (1957) gave further conceptual clarification by noting two aspects of being empathic although the interpersonal aspect is not referred to explicitly. In 1975, Rogers' up-dated discussion of empathy further clarified these distinctions implying cognitive, affective and behavioural components in line with the proposed model. The counsellor has to understand the client's world (cognitive), feel with the client (affective), and communicate this understanding and feeling to the client (behavioural).

In an influential review of the empathy literature, Gladstein (1983) noted that different writers have tended to emphasize different aspects of this definition at the expense of other aspects. His analysis delineated a two dimensional

model comprising a cognitive or intellectual role-taking aspect and an affective or emotional resonance component. Gladstein (1983) further argued that social psychological research indicated that these two dimensions of empathy are not closely related. For example, very young children typically respond empathically to another's distress by sympathetic crying. Altruism (corresponding to affective empathy) can exist within the child's first year, although even rudimentary cognitive empathy could not exist until 7–8 years (Piaget, 1965). Empathy is linked to cognitive development and true role-taking empathy is not possible until the child reaches the stage of "formal operations" at about 11–12 years. The relationship between role-taking ability and age has been substantiated by research (Ford, 1979; Deutsch & Madle, 1975; Smither, 1977; Selman, 1980). In a further development Bowman and Reeves (1986) investigated the relationship between empathy and stage of moral development (as defined by Kohlberg, 1969) finding a significant correlation between the two variables, indicating a common component linked to level of cognitive development. Furthermore, the two-dimensional view of empathy is also supported by factor analytical studies conducted by Brems (1989). One hundred and twenty two college students completed two empathy scales and a variety of interpersonal measures. Factor analysis and multiple regression analysis indicated that empathy comprised cognitive and affective components in line with Gladstein's (1983) model. A factor analysis of the Hogan empathy scale, by Johnson et al. (1983), confirmed the multidimensional nature of empathy but is less clear regarding the nature of its constituents. It can be argued that these studies have concentrated on the intrapsychic aspects of empathy and it would be logical to extend analysis of the concept into the behavioural dimension.

Whilst accepting the validity of Gladstein's (1983) two-dimensional model of empathy, it can be argued that the model is as yet incomplete. Hackney (1978), in tracing changes in definition of empathy between 1958 and 1978, from within a counselling perspective, noted increasing stress being placed on empathy as a communication skill, which is in line with Rogers' (1957) original proposal that empathy and unconditional positive regard must be communicated to the client in order to be effective. However, this view has often been condemned from within the person-centred perspective (Bozarth, 1984). For example, Hackney (1978) went as far as to state: "Both researchers and trainers should remind themselves that empathy is not a communication process. It is not words and statements" (p. 37). This reflects Rogers in his writings on the subject, which have been anti-technique. For example, Rogers (1962) stated his belief that, "... the quality of my encounter is more important in the long run than is my scholarly knowledge, my professional training, my counselling orientation, the techniques I use in the interview" (p. 418). Rogers emphasized the importance of the subjective nature of the counsellor-client relationship and believed that the personal was the key to the universal (Brazier, 1993). He condemned the emphasis on behavioural training

going as far as to state, "I even wince at the term reflection of feeling" (Rogers, 1987, p. 39).

Bozarth (1984) claimed that Rogers' repudiation of the skill aspect of empathy reflected his own regret at feeling partly responsible for this development. His early training methods could be regarded as emphasizing response rather than understanding. However, such an extreme attitude appears to be something of an over-reaction. It can be argued that if empathy needs to be communicated to the client then it must have a behavioural component. From within a person-centred perspective Vanaerschot (1993) makes a similar point arguing that, whilst an empathic response should not be considered "... apart from the breeding ground from which it originated, namely the therapist's inner process" (p. 52), it can be useful to consider it as a communication response. At this point skill definitions of empathy will be examined and the contribution of such definitions to the overall understanding of the concept evaluated, demonstrating that arguments regarding the nature of empathy that centre on the "skill" versus "understanding" debate are neither useful nor valid.

In the operationalization of empathy encapsulated in their measurement scales, Truax and Carkhuff's (1967) definition of the highest level of communicated empathy encompassed the importance of the client's frame of reference, understanding and feelings. It can be argued that this does not differ significantly from the Rogers' (1975) definition quoted earlier. The greater emphasis on skill comes from the desire to help beginning counsellors to communicate their empathic understanding to their clients through effective training programmes. The rationale for skills training is that few of us are able to express easily what we feel empathically. Authier (1986) reviewed research into the behavioural components of empathy defining it along two dimensions: feeling versus fact and distance. The first dimension "feeling versus fact" is one of the major differences between warmth and empathy. The more the counsellor becomes attuned to the feelings of the client and attempts to convey this in an understandable manner, the more the client will experience the counsellor as empathic. The second dimension "distance" can be understood literally in terms of physical space, time, abstractness, intensity or personal involvement. In general, decreasing the distance in any of these respects will tend to increase the counsellor's level of empathy.

This analysis stresses that there is not one prescribed way to convey high levels of empathy as individual style is important. However, Authier's (1986) review suggests that the major behavioural components of empathy include at a non-verbal level: longer eye contact; closer seating distance; forward lean possibly touching; facial expression; a degree of body tension communicating more involvement and gestures towards self. At a verbal level reflecting the client's current feeling is prominent along with using tentative language, confrontation and self disclosure. Essentially, Authier (1986) conceptualized the expression of empathy as a complex pattern of inter-related non-verbal and verbal behaviours, whilst accepting that

these behaviours only represent part of "... the 'art' of showing warmth and empathy" (p. 463). Skills training programmes need not produce mechanical behaviour. Programmes that do not recognize the importance of the cognitive and affective aspects of empathy can be seen as biased and incomplete. However, as Ivey and Gonclaves (1987) have pointed out, skills training was not intended as an end in itself but as part of a wider process of growth and development which emphasizes different aspects at different times.

Much of the person-centred criticism surrounding the skills approach to understanding empathy has centred on the first of the verbal components identified by Authier (1986), reflection of feeling. The crux of these objections is encapsulated in Rogers' (1967) comments at the end of his account of empathy, when he affirms "... I am not advocating a wooden technique of pseudo understanding in which the counsellor reflects back what the client has just said. I have been more than a little horrified at the interpretation of my approach which has sometimes crept into the teaching and training of counsellors" (p. 94). In his review of the concepts of reflection and empathy, Bozarth (1984) emphasized that reflection is only one way in which empathy can be expressed, with other methods of expression being relatively neglected in the literature. He promoted the concept of idiosyncratic empathy based on the real relationship between counsellor and client stressing that in the context of such a relationship many different behaviours can be regarded as empathic The main thrust of his argument is that empathy goes beyond reflection and that focus on reflection may create misunderstanding and movement away from the primary assumptions of person-centred therapy. It can be further argued that reflection has been equated with empathy for so long that alternative modes of empathy have been virtually ignored. However, as Vanaerschot (1993) asserts, reflection of feeling can be a starting point for more creative and individual empathic responses. It is clear that not all workers in the skills arena have contended that empathy and reflection are the same. Reflection is one aspect of empathic responding, but only one aspect. The complexity of empathy is recognized by a number of key workers (Authier, 1986; Egan, 1998; Truax & Carkhuff, 1967). That said, training programmes based on their work have tended to operationalize empathy in terms of reflection. The possibility of misinterpretation of this emphasis does not invalidate the importance of a behavioural component as part of a more complex multi-dimensional conception of empathy. The relationship of all three components needs to be considered for the full picture to emerge. Such an approach is advocated by Barkham (1988), who stressed the importance of regarding empathy as a process.

As early as 1981, Barrett-Lennard presented a model of empathy that can be interpreted as including all three components. He conceptualized empathy as a "... total attentional/experiential/communication sequence" (p. 93) that is both complex and multi-level. Furthermore, he pointed out that there is no conceptual reason to expect a close relationship between the different components of the cycle,

thus supporting Gladstein's (1983) views on the relationship between cognitive and affective empathy. However, from a training perspective it is important to establish just what relationship does exists between the various components if the needs of trainees are to be met.

UNCONDITIONAL POSITIVE REGARD

Wilkins (2000) argues that unconditional positive regard has been relatively neglected in the literature and is probably one of the most controversial concepts in person-centred therapy. For example, Ford and Urban (1963) in their criticism of the subjectivity and level of abstraction of concepts within the person-centred framework, singled out unconditional positive regard for particular attention. Kovel (1976) extended this argument and claimed that unconditional positive regard could be harmful for clients, since it results in a lack of objectivity on the part of the therapist. Howard (1996) agreed suggesting that the unconditionality of warmth is both unrealistic and potentially harmful and, as Bergman (1967) also noted, could be construed as indifference by some clients. Brazier (1993) notes difficulties with the concept suggesting that our, ". . . basic need is the need to love rather than the need to be loved" (p. 76). Gelso and Carter, (1985) pointed to the possibility of conflict between unconditional positive regard and genuineness, raising the problem of how the counsellor deals with negative feelings towards the client. Rogers (1977) recognized this difficulty but stressed that unconditional positive regard is an ideal rather than an injunction. He also claimed that by owning true feelings and attitudes in the encounter, the counsellor/therapist need not threaten the client but could facilitate growth. This argument, however, does not convince all critics (Gelso & Carter 1985; Bergman, 1967). Bennett (1995) argued that many of the difficulties regarding the concept are due to lack of clarity from Rogers and his subsequent lack of detailed discussion of the problems raised. Thus echoing the concerns with respect to empathy.

It is clear, as Lietaer (1984) pointed out, that unconditional positive regard is a multi-dimensional construct, its components being inter-related but at the same time relatively independent. This point is also recognized by many other writers (Barrett-Lennard, 1978; Truax & Mitchell, 1971) and indeed Rogers himself (Rogers, 1957, 1962, 1967, 1977). Furthermore factor-analytic studies support the view that this basic attitude appears to comprise a number of relatively independent components (Barrett-Lennard, 1978; Cramer, 1986; Gurman, 1977; Lietaer, 1984); these components being positive regard, non-directivity, and unconditionality. Positive regard represents the affective attitudinal which encompasses valuing the client, believing in his/her potentiality, and caring for him/her in a non-possessive way. It is this aspect of the total concept that has been most explored and developed by Truax and Carkhuff (1967), Ivey and Authier (1978) and Egan (1998). It is

also this aspect that has been evaluated in what Barrett-Lennard (1985) refers to as studies "in the Truax and Carkhuff tradition" (p. 281). Non-directivity refers mainly to an attitude of respect, to approach the client ". . . as a unique and independent person with the right to live according to his own viewpoint" (Lietaer, 1984, p. 42). Respect refers to respect for the client's own right to self-direction and determination. This reflects a more cognitive aspect of the total construct in that it relates not to the counsellor's feelings for the client but his or her underlying belief system and philosophy of life.

Finally, unconditionality refers to constancy of acceptance, involving the counsellor accepting the client without "ifs." This aspect of the construct is potentially the most problematic and the most under-emphasized in research and training (Watson, 1984). Carkhuff (1969), in a discussion of the changing role of "respect" during a counselling relationship, asserted that as the relationship progresses conditionality of acceptance becomes more important in that it encourages the client's potential. This is in obvious contrast to Rogers' (1957) emphasis on accepting the person for what he/she is rather than for what he/she might become. The importance that Rogers gives to unconditionality must be viewed in the context of his theory of the origin of psychological disturbance (Rogers, 1962). It is the conditionality of the love of significant others that forms the basis of alienation from one's core, with the counsellor's unconditionality acting as a counterbalancing force, to enable clients to get in touch with themselves.

Unconditional positive regard is a problematic multi-dimensional concept that has frequently been misinterpreted in the literature (Wilkins, 2000). It can usefully be conceptualized as an attitude comprising cognitive, affective and behavioural components. Its affective component is the counsellor's experience of positive regard or caring for the client. Its cognitive component relates to the basis of such feelings within the conceptual framework of the counsellor, which involves the counsellor being able to make subtle distinctions between respect for a person and approval of his or her actions. In defining the behavioural component, what is crucial is the communication of caring, which has been well researched and documented (Authier, 1986).

CONGRUENCE

Congruence refers to the counsellor being "real" in the counselling relationship and involves honesty towards both self and client. As Grafanaki and McLeod (2002) point out this type of honest relationship is fundamental to all therapies. Its multi-dimensional nature has been noted by Lietaer (1993) who identifies the two aspects of genuineness and transparency and Tudor and Worrall (1994) who identify four elements, namely: self-awareness; self-awareness in action; communication; and appropriateness. Rogers (1957) states that to be congruent the counsellor must be, ". . . freely and deeply himself with his actual experience

accurately represented by his own awareness of himself" (p. 97). Gelso and Carter (1985) described congruence as "... the hallmark of all of the humanistic approaches to therapy" (p. 213). Congruence has a central role in the counselling process mediating the effectiveness of unconditional positive regard and empathy. Lockhart (1984) noted that without genuineness the other conditions can easily be misinterpreted; for example, empathy could be perceived as threatening or interfering.

Clearly what Lockhart (1984) is referring to is the perception of genuineness by the client. In his original formulation of the necessary and sufficient conditions, Rogers (1957) did not stipulate the importance of communication of congruence. However, as Watson (1984) pointed out, the communication of this condition is recognized in later theoretical writings where Rogers suggests a central role of congruence as a precondition for the therapist's experience of unconditional positive regard and empathy towards the client. In accepting the importance of communicating congruence, the behavioural component in this condition can be identified. This has been recognized by a number of writers. For example, Lietaer (1993) distinguishes between inner and outer genuineness and Brazier (1993) makes a similar distinction between implicit congruence concerned with awareness and explicit congruence, which is communication based. As noted earlier Tudor and Worrall (1994) identify four elements in Rogers' definitions of congruence: self-awareness; self-awareness in action, appropriateness and communication. In order to avoid creating "phoney genuineness" trainers and educators need a broader view of the construct. Therefore, it is important to explicitly investigate the thoughts and feelings that the behavioural component represents.

Lietaer (1984) argued that "... congruence and acceptance are thought to be closely related to one another; they are parts of a more basic attitude of 'openness': openness towards myself (congruence) and openness towards the other (unconditional acceptance)" (p. 44). This core concept of openness to experience has been explored in depth by Pearson (1974) who regarded the openness-defensiveness dimension as involving a complex interaction of cognitive and affective factors. Openness is a key element in Rogers' (1957) definition of congruence. Incongruence can occur at different levels of consciousness. It can be unconscious in that the counsellor may not be aware of denying or distorting feelings or it can represent a conscious decision to hide true feelings.

It is evident that congruence, like empathy and unconditional positive regard, is a complex construct, which has been interpreted differently by different writers. Lietaer (1984) emphasized openness, whilst Egan (1998) stressed the communication of genuineness. Both views are consistent with Rogers' (1957) view of congruence; it is just the emphasis that is different. The conceptualization of congruence as a three-dimensional construct has potential to integrate these different perspectives and improve the understanding of congruence as a totality. At the same time, it enable us to appreciate the complexity of congruence, but also

reduce that complexity to manageable areas, which can be targeted in education and training programmes.

CONCLUSION

Research regarding the importance of the core conditions has produced equivocal results. Despite this Rogers' ideas have been absorbed into counselling and form the basis for much skills training activity. The problem of conceptual confusion has long presented problems in evaluating the efficacy of the core conditions and it can be argued has inhibited the development and international influence of the approach. The model suggested in this paper has the potential to provide an integrated and flexible approach to training incorporating experiences targeted at each of the three dimensions identified. Research needs to address the inter-relationship between each of these dimensions in order to more fully understand the processes through which the core conditions operate at a practice level. This greater understanding could be used to maximize positive experiences in training and facilitate personal development and growth.

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