

The basic Conditions, According to Carl Rogers, for the Development of a Good Counseling Relationship and their Relationship with Counseling Skills

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Abstract:- The main purpose of this research is to explore the basic conditions, according to Rogers, for the development of a good counseling relationship and their connection with counseling skills. The study uses a review of the background of past researchers on the subject. Counseling is defined as the process of building therapeutic relationships that help individuals achieve goals in their mental health, education and / or career. The purpose of a counseling relationship is to help the individual change his / her life for the better. Such a relationship is essential, as it is often the first environment in which the person receiving counseling shares personal thoughts, beliefs and feelings about issues that concern them. Counseling skills are important in this relationship, as they are used to empower the person seeking help. Carl Rogers, the founder of person-centered psychotherapy, described some of the key essentials to a successful counseling relationship. Rogers believed that if these conditions exist for some time, the constructive change that the individual needs will eventually take place.

Keywords:- Counseling, Counseling Skills, Carl Rogers, Basic Prerequisites.

I. INTRODUCTION

The purpose of this study is to explore the basic prerequisites for developing a good counseling relationship, according to Rogers, and linking them to counseling skills.

Counseling is known as one of the most important professions on Earth. It can be considered that there is a continuous process of reconstruction in response to social, political and technological change (McLeod & McLeod, 2003) and is applied when an individual needs to consider a complex problem, make an important decision, adapt to changes in his life or think about changing his behavior. Counseling also addresses mental health situations and can help individuals, groups, organizations and society optimize their well-being (Murray & Lopez, 2002).

Carl Rogers is widely regarded as one of the most prominent thinkers in counseling. He is best known for developing a method of psychotherapy called the person-centered approach and is one of the founders of humanistic psychology (Rogers, 1951). Humanistic psychology "sees people as capable and autonomous, with the ability to solve their own difficulties, realize their potential, and change their lives in positive ways" (Seligman, Rashid & Parks, 2006).

The person-centered approach is based on a phenomenological view of human life and relationships. With his emphasis on human resources, Carl Rogers has had a huge influence on both psychology and counseling. Carl Rogers helped lay the foundation and the theory for counseling practice. His approach recognized an embedded tendency of people towards "self-realization", a positive view of human psychology that accepts the innate desire of the individual to develop and engage in a substantial self-exploration of emotions, beliefs and behavior (Raskin & Rogers, 2005).

To achieve these, developing a good advisory relationship is considered to be of major importance. Rogers is considered to be the first advocate of the counseling relationship, encouraging counselors to be warm, honest and empathetic. Unlike other therapies in which the counselor's skills must be practiced on the client, in Rogers's approach, the counselor's skills focus on creating a psychological atmosphere in which the client can work alone to achieve a result (Rogers, 1946).

For a successful counseling relationship, a sense of communication is very important. If the client feels that he is really communicating his current attitudes (superficial, confused or conflicting) and that his communication is understood as it is instead of being evaluated in any way, then he is free to communicate more deeply. A relationship in which the client feels this way is almost certain to be fruitful (Rogers, 1946). Consultants can create an ideal environment for client development in the consulting relationship by seeking to truly understand their clients' experiences and unconditionally expressing positive appreciation.

Above all technique, Rogers's approach to consulting rewards the client-consultant relationship. It is considered an equal cooperation, in which the consultant helps the client to find his solutions and, therefore, empowers the client (McLeod, 2008). Instead of seeing people as inherently flawed, with problematic behaviors and thoughts that require "correction," Rogers's approach identifies that each individual has the capacity and desire for personal growth and change. According to Rogers, individuals have enormous resources for self-understanding and for changing their self-perceptions, basic attitudes and self-directed behavior, and these resources can be properly utilized if a defined climate of facilitative psychological attitude can be provided.

II. METHODOLOGY

There is a wealth of information on this review, as it is a current issue of interest to counselors and career counselors. The study uses a literature review of past researchers on the subject. This review is a description of the theory, findings and other research material obtained from reference material to be used as a basis for research activities and to develop a clear framework from the formulation of the problem to be studied.

To identify the sources for this literature review, various databases, such as Google Scholar and PubMed, were used to obtain a sample of the articles that were available. Later, broad search terms were used for these databases to create a list of research articles. Terms used were in English: counseling, Carl Rogers and counseling principles, counseling skills and counseling therapy relationship (translated terms).

III. HISTORY AND EVOLUTION OF THE CARL ROGERS APPROACH

Carl Rogers was a pioneer of the person-centered approach in the 1940s. His approach recognized an embedded tendency of people towards "self-realization", a positive view of human psychology that accepts the innate desire of the individual to develop and engage in a substantial self-exploration of emotions, beliefs and behaviors, being able to meet current and future challenges. Rogers rejected the deterministic nature of both psychoanalysis and behaviorism and argued that individuals behave as they behave because of the way they perceive their situation (Rogers, 1959).

Until Carl Rogers proposed a client-centered therapy, counseling was largely within the bounds of psychoanalytic therapy (Corey, 2011). In the early 1950s, Rogers suggested that the relationship itself could be changeable and therapeutic, and that the client, not the counselor, should be the guiding force in counseling. Rogers developed his theory based on his work and argued that individuals have a remarkable capacity for self-healing and personal development that leads to self-realization.

Rogers's therapy has undergone some name changes, initially calling it non-directional because he felt that the counselor should not lead the client, but rather be there for the client while the client directs the progress of the treatment. As he became more experienced, he realized that, no matter how "non-directional" he was, he still influenced his client by his own "non-directionality". Therefore, the name was changed to client-centered / person-centered therapy. Rogers (1959) called his therapeutic approach client-centered or person-centered therapy because of the focus on the individual's subjective view of the world. An important difference between humanitarian counselors and other therapists is that they refer to those in treatment as "clients" rather than "patients". This is because they see the therapist / counselor and the client as equal partners and not as a specialist treating a patient. Unlike other therapies, the client is responsible for improving his life and not the therapist.

IV. THE PROCESS OF FORMING THE ADVISORY RELATIONSHIP

Ever since he first outlined his ideas for consulting in the early 1940s, Carl Rogers has consistently emphasized the role of the client-consultant relationship at the forefront of consulting practice. This was an attitude that evolved from his own experiences from his work as a psychologist, and was updated by his awareness of a wide range of other psychological theories and approaches.

Rogers saw the effective counseling relationship, as evidenced by the presence of a systematic set of counselor behaviors combined with a number of factors that are primarily related to the client. If any of these dimensions existed, he argued that it was inevitable that there would be no customer development.

What really mattered was the relationship a counselor had with his / her client, with guaranteed psychological change and progress, if that relationship met the following conditions (Rogers, 1957):

- Two people are in psychological contact.
- The first (client) is in a state of disagreement.
- The second person (the counselor) is agreeable / genuine or integrated into the relationship.
- The counselor experiences unconditionally positive appreciation for the client.
- The counselor experiences an empathetic understanding of the client's internal context and seeks to convey this experience to the client.
- Communication with the client through empathy and unconditional positive appreciation is achieved to some extent.

Although there are several divisions at intervals regarding the exact terminology of the above conditions, the emphasis on the relationship is quite clear. In general, the 6 conditions are considered to have two main components, those related to the counselor's actions and experiences (conditions 3, 4 and 5) and those related to the client's experiences and ability to engage in a therapeutic relationship. Conditions 3, 4 and 5, the so-called "counseling conditions" are often referred to as the "basic conditions" and are the ones most often referred to in other therapy orientations and areas. They are considered essential because they involve the therapy itself and, therefore, are often seen as the vehicle through which change is activated.

For Rogers, the therapeutic relationship and its outcome is an inherently personal task, and its success depends entirely on the counselor's ability to enter into an experiential relationship with a client. This ability is not acquired through formal academic learning or training as a professional psychologist but through self-development and personal development activities. Indeed, he later described this ability as a "way of being" (Rogers, 1980), sometimes suggesting that the very "presence" of another person who offers these qualities is enough for psychological change to occur.

Rogers considered that the counseling process consists of seven stages. Clients in the first stage refuse to acknowledge that there is a problem (Rogers, 1958). In the second stage, customers perceive the problems as external and fail to recognize their own personal contribution. In the process, a limited acceptance of their emotions and some freer self-expression appears in the third stage. In the next stage, customers become more focused on the present and begin to demonstrate some responsibility for themselves. However, self-acceptance and self-responsibility are further enhanced in the fifth stage. Customers' internal communications are clear, their perceptions of their experiences are clear and their focus is on the penultimate stage. Finally, in the final stage of counseling, the highest levels of immediacy and openness to experience, as well as self-acceptance and self-responsibility are noted (Rogers, 1958).

V. BASIC CONDITIONS, ACCORDING TO ROGERS, FOR THE DEVELOPMENT OF A GOOD CONSULTING RELATIONSHIP

Counseling is a place for authentic, intimate and unique interactions between a client and a consultant. With more than 200 different approaches to counseling, there are some key points that all methods share (Rivera, 1992). Each form of counseling requires an interpersonal relationship, designed to help the individual relieve and find solutions to deadlocks (Hubble, Duncan, & Miller, 1999). In a counseling relationship, the counselor and the client work together to explore the client's circumstances, allowing the individual to re-evaluate their experiences and capabilities (Fernando, 2012). Rogers (1951) is probably best known for emphasizing the role of counselor in a counseling relationship. According to Rogers, a good consulting relationship needs to consist of the following key elements:

A. Agreement or authenticity in the counseling relationship

The concept of agreement appeared in the 1950s and was first introduced to Rogers (1951) theory of personality to indicate the state in which the self and organic experience are aligned. It was then recognized as a basic condition in Rogers' (1957) theory of the necessary conditions of the consultative process. The agreement, as part of these conditions, is formulated as a state of being. Consent or authenticity should be the primary characteristics of an effective therapist (Rogers, 1957). Rogers suggested that the necessary and sufficient conditions for therapeutic change included the client and the counselor being in "psychological contact" and the counselor being "agreeable or integrated into the relationship" while experiencing "positive appreciation for the client" and "empathy for the customer's internal reporting framework". Authenticity plays a central role in this context, as it is a prerequisite for the transmission of empathy and positive appreciation (Rogers, 1957).

Authenticity refers to the ability of the counselor to be a real or genuine person, a person who does not need to act as an expert or feel superior. Because of this lack of superiority, the counselor can encourage the client to seek the truth within himself and thus identify the core of his problem more effectively (Kolden et al., 2018). This allows the building of

trust in the relationship, while also acting as a model for the client (Kolden et al., 2018). Rogers considered authenticity as the most important of the three basic conditions for developing a good counseling relationship (Rogers & Sanford, 1984), because of the way in which the experience of unconditional positive appreciation and empathy is based.

Rogers uses the word "transparent" to describe a truly compliant or genuine person. He meant that the person's transparency was so transparent that the customer could see the real person directly below. Someone who is a real person will never try to deceive a customer or pretend. For example, if a customer behaves in a difficult or inconsistent way, the authentic person is not afraid to bring their perception of the situation to the customer's attention in a supportive way. By showing the customer that he can be completely open, the customer is more likely to be encouraged to be more open with himself. Counselors can encourage honesty and authenticity by creating a safe space for patients to express their concerns transparently. With this openness of the client, often comes greater insight, self-awareness, progress and ultimately healing.

Authenticity, therefore, involves a mutual conscious self-awareness and self-acceptance on the part of the counselor and the client, as well as curiosity about the meeting, willingness to participate, and respect for sharing observations within the counseling process (Kolden et al., 2018). The counseling process promotes authenticity, that is, the development of the ability to approach, recognize and reflect on non-constructive mental states with transparency and authenticity and not with fear and avoidance. Thus, authenticity promotes safe and open experience, deepening security in the counseling relationship, resulting in more direct contact with emotions, thoughts and impulses (that is, awareness of complex states of mind). It is important for professionals to recognize and realize their style of authenticity and to distinguish the different needs, preferences and expectations of customers for authenticity. Effective counselors will modify and adapt their authenticity style with the presentation of each patient (Lazarus, 1993).

B. Unconditional positive acceptance / appreciation in the counseling relationship

An important component of Carl Roger therapy is that people need positive appreciation and acceptance (Rogers, 1959). This term refers to the experienced or unconscious positive acceptance of the counselor to the client along with the understanding of the client's internal reference framework that accelerates the therapeutic change, when perceived by the client himself, while facilitating a good therapeutic relationship. Unconditional positive acceptance, however, has received less attention than Rogers's other prerequisites for a good counseling relationship (Wilkins, 2000).

In 1957, Rogers defined unconditional positive evaluation as a defining feature of their approach (and an important feature in many other forms of counseling), in which the client is accepted and supported by the counselor no matter what they say or do. It essentially means caring for the client, but not in a possessive way or in such a way as to simply satisfy the needs of the consultant himself. It means

caring for the client as a unique person, accepting that the person has their own feelings and experiences.

Unlike many situations where value or respect is conditional, the relationship with a person-centered counselor is completely different. At the core of this factor is the belief that the client, regardless of all the problems, feelings and behavior, is a unique person who has the right to be accepted for what he is. Rogers believed that this approach to his clients was necessary for the person to feel safe while speaking. Feeling safe means that the person knows that he is not being judged by the counselor, even though he may have a different value system from that of the client. The client should know that he values and respects him as a person regardless of his behavior or attitudes that he may express at that moment. On the other hand, unconditional positive non-acceptance occurs when a person refuses to enter into a relationship of any kind with another person, which means that the person does not care and does not listen to the other. In an extreme form, it is the complete denial of the existence of one person by another (Wilkins, 2000).

The acceptance of the client by the counselor is a necessary element of the counseling relationship. The way in which its effectiveness is understood in theoretical terms, however, may differ. For example, Jacobs (1988) records that a psychodynamic counselor would expect "unconditional appreciation" to encourage positive transference. From a human-centered point of view, the unconditional positive assessment of the consultant promotes the client's self-acceptance and this allows for change. Rogers (1951) writes: "We cannot change, we cannot move away from who we are, until we fully accept who we are."

Rogers's instructions to counselors in the "conditions of the counseling process" is that the counselor is consistent in the relationship and experiences not only unconditional positive acceptance of the client but also an understanding of the client's internal reporting framework. More specifically, the therapist authenticity must always include the experience of unconditional acceptance and empathy (Rogers, 1959). It should be noted here that when unconditional acceptance is not sufficient, the impetus for counseling shifts to "something more", consisting either of specific techniques or of some form of guidance / direction / intervention by the counselor that replaces unconditional acceptance. (Bozarth, 2007) The limiting factor in the effectiveness of counseling is the degree to which the counselor is able to unconditionally extend positive acceptance to the client (Wilkins, 2000). A client who fears that the therapist will be shocked, offended, or criticized will probably not be very willing with any information that he or she thinks may be perceived as negative or unacceptable. Of course, this concealment of important information can have a very negative impact on the counseling relationship and, in turn, on whatever the client wants to gain from the counseling process.

It has been suggested that unconditional positive evaluation by the therapist may be a substitute for unconditional positive evaluation that the client did not receive from his or her parents or other significant adults in childhood. Rogers believed that those who did not receive

such appreciation from their parents at a young age were more likely to have low self-esteem and less likely to take full advantage of their personal development potential (Rogers, 1959). An unconditionally positive appreciation of a therapist can offer the client the acceptance and love he or she did not receive as a child, allowing him or her to feel safe, open, and resolve his or her problems with a kind of "representative" parent (Wilkins, 2000).

C. Empathy

Empathy as a social emotion is a vital component and an important and useful skill in many social situations. Empathy is the ability of a person to enter with an intentional use of his imagination, into the world of another person, without critical mood (Brown, Agronin & Stein, 2020). In this context, it is important to understand that empathy does not mean agreement at the same time. Empathy means understanding another person's feelings, but without judging the appropriateness or not of that feeling.

Empathy, in the field of counseling, is for the consultant to understand what the client brings from his frame of reference with respect and to convey it in a way that makes the client feel that he has been understood. The empathy cycle is completed only when the counselor is able to communicate in such a way that the client feels heard and understood. There are a number of studies that address empathy through the Rogers tradition (Rogers, 1980). Empathy requires orientation towards the "reference frame" of the clients, a phenomenological term used to describe the specific issues, concerns and values associated with the individual at that time. It is, therefore, an attitude through which the counselor seeks to "enter the client's private perceptual world and be fully understood" (Rogers, 1980). In other words, empathy is the experience of trying to fully understand another person's world.

Carl Rogers, developing his approach to counseling, recognized that empathy is essential in counseling in order to bring about psychological contact. Rogers enumerated the benefits of applying empathy, as observed through Fiedler's (1950) research, and stated that through empathy the counselor can better understand the client's feelings, without questioning what the client means. He also said that the counselor's remarks should exactly match the mood and content of the client.

While empathy is a facilitating condition of the counseling process it is also an important part of the counseling alliance. A consulting alliance involves the counselor and the client agreeing on the goals of the process, working together on specific tasks to be accomplished, and sharing an emotional bond (Zuroff & Blatt, 2006). Empathy allows the counselor to build a counseling alliance by understanding the client's perspective and goals, his or her unique personality style and preferences. It also allows the consultant to respond in a way that builds client confidence. While empathy is important throughout the counseling process, it is primarily a necessity in the early stages of a counseling relationship (Horvath, 2001). This is possible because of the importance of timely communication between the counselor and the client.

VI. BASIC COUNSELING SKILLS

Counseling skills are the skills that help build a positive counseling relationship. All models of counseling skills include the basic conditions from person-centered theory, as described by Carl Rogers (Rogers, 1957). Carl Rogers identified the basic conditions of counseling as helpful in all human interactions and offer professionals the skills and qualities that enhance and enable the establishment of a good counseling relationship.

Although Rogers has developed and documented his ideas on counseling, the principles of his approach apply to other professions as well, such as teaching, career counseling and coaching. The following are some basic counseling skills that are closely related to Carl Rogers's philosophy of counseling.

A. Empathy

Empathy is fundamental to an effective counseling relationship. Empathy is the pursuit of understanding another person's experiences, feelings, and worldviews. The state of empathy is for the counselor to perceive the other's inner frame of reference accurately and with the emotional components and concepts associated with it as if he were the individual himself (Rogers 1980). Empathy is transmitted through active listening, which aspires to evoke personal growth and transformation by providing a space of unconditional acceptance for the client.

B. Active listening

Active listening is directly related to the process of empathy. In 1957, Carl Rogers coined the term active listening (Rogers, 1957). According to him, the listening must be done in an active way. It is often said that communication is a two-way process, involving speech and listening. Although speech is obviously important, being able to actively listen to your interlocutor is fundamental to developing a counseling relationship. Active listening is a dynamic process that contains the skill of monitoring, which means that the consultant gives the client all his attention.

According to Rogers, a counselor can promote growth in the client by creating a facilitative atmosphere, but it can also undermine and inhibit that growth through critical listening (Rogers, 1957). Active listening is therefore not a simple skill and requires hard work on the part of the listener. The listener has to put in as much effort and energy to listen as the speaker does to speak.

C. Careful monitoring

In a counseling relationship, it is important for the person seeking help to be the center of attention. If he therefore feels that the other side is not watching him carefully, he will feel that his attention is being distracted. Attendance is a key counseling skill that offers in-depth support. As a result, the individual feels self-assured and becomes more open and able to actively listen in return. In this way, a greater understanding develops and the relationship becomes more cooperative.

D. Body Language

Body language takes into account facial expressions, body angle and closeness to oneself with someone else (McLeod & McLeod, 2007). Maintaining good eye contact with the client is an important communication skill. According to Rogers, because the counseling process requires attention to the emotions behind what the client is saying, a general analysis of body language can be helpful (Rogers, 1957). Frequent eye contact shows the client that the counselor is interested in what he is saying.

On the contrary, poor eye contact can be interpreted as a sign of lack of interest. In a counseling process, it is important that the counselor's body language looks open and the tone is friendly and calm, so that it conveys empathy and acceptance, so that the client feels free to open up. The tone of voice should be monitored in the same way that body language is monitored, as words are derived from bodies and are accompanied by a variety of bodily cues.

E. Open and closed questions

Questions in counseling are classified as one of the most advanced counseling skills. The way questions are asked and their frequency have a significant impact on the counseling process. Consulting questions can be open-ended or closed-ended. An open-ended question is one that is used to gather a lot of information (start a session) (Hashim, 2017). A closed-ended question is used to gather specific information. These questions are used to clarify specific points.

F. Paraphrasing-summarizing skills

Paraphrasing is the cornerstone of active listening effort to create an "understanding response" and is therefore the key to successful use of the technique. Using paraphrasing, the counselor shows, without interpretation, which message has been heard, giving the speaker an objective picture of the message, possibly allowing new connections to be made. Paraphrasing is a form of empathetic response to another person's feelings, in other words repeating what that person said, while focusing on the essence of what they are feeling and what is important to the client (Fernando, 2012). In this way, the listener actively shows that he can understand the speaker's view (cognitive empathy).

The summary is more extensive than the paraphrase and covers a longer period and more elements. In a summary, the counselor combines two or more of the client's thoughts, feelings, or behaviors into a general theme. They are usually used at the beginning and end of the counseling relationship.

G. Reflexive skills

Reflexive skill refers to the skill in which the counselor selectively pays attention and reflects on his client, the emotional states he has observed (Taukeni, 2020). The term comes from the work of psychologist Carl Rogers. Reflective listening practices require focus, intent and very active involvement. Rogers believed that by listening intently and intentionally to the client, a counselor could better identify what the client needed. Reflective listening is the cornerstone of Rogers's non-directional counseling and means that the counselor understands what the client is feeling or what the "message" they are conveying means. He then puts his

understanding into his own words and gives it back for customer verification (Gordon, 1970).

Reflecting a customer's feelings is often helpful in enhancing the customer's awareness and ability to articulate their own feelings. It is important for counselors to have a wide range of emotional vocabulary so that they can adjust their choice of words to suit a level of emotional intensity that is consistent with the client's experience.

H. Silence

Silence in counseling is one of the most beautiful and unique tools that is incorporated in the process by the counselor. Silence helps the client to talk about his experiences without any interruption. When the counselor is silent for some time, combined with a warm smile, he allows the client to feel that he sees him and to be aware of his importance in the room. These cases of silence allow them to realize that they too are largely responsible for processing and understanding their underlying issues and related feelings.

Rogers (1958) states that in an initial interview, long pauses or silences are likely to be annoying rather than helpful. In subsequent contacts, however, if the fundamental relationship is good, silence on the part of the counselor may be the most useful skill.

I. Focusing

Focusing is a consulting skill that involves actively listening to what the client is bringing and then selecting an area to focus on. Carl Rogers got the idea of focusing from Eugene Gendlin, who worked with Rogers in the early 1950s. Gendlin recognized that focus helps the client explore, in greater depth, the emotions behind their story (Gendlin, 1998).

Focusing is an approach to the counseling process in which the counselor works to help the individual become aware of their physical senses and to help those seeking treatment learn to direct their attention to things they are experiencing that are difficult to describe in a specific way. Gendlin (1998) realized that the people who were able to "achieve" a good counseling relationship were those who paused and re-examined vague or difficult aspects of their experiences and history.

VII. CONCLUSIONS- DISCUSSION

As the study found, with his emphasis on human potential, Carl Rogers had a huge influence on both psychology and counseling. Beyond that, he is considered by many to be one of the most important psychologists of the 20th century. Rogers argues that the basic conditions for developing a good counseling relationship, as well as creating a growth-promoting atmosphere in which individuals can move forward and become capable of becoming their true selves, are: the empathy and precise understanding that suggests that the counselor is able to accurately capture the subjective world of the consulted, the authenticity, which indicates or contains sincerity and authenticity for help and unconditional positive acceptance, which implies that the counselor must accept and appreciate

the uniqueness of the consulted, without evaluating his behavior. Rogers's counseling approach has been around for many years and has proven its effectiveness a few times. The non-critical technique and the warm relationship between the client and the counselor help individuals to be open and free during the therapy process. Rogers's basic prerequisites for developing a good counseling relationship are found in several areas of counseling, such as teaching, counseling, and coaching.

However, according to Rogers, people who cannot handle the obstacles to self-realization become people who are not open to experience and express feelings of anxiety or confusion or develop unhealthy personalities. As Rogers (Corey, 2011) stated, individuals will develop unhealthy personalities if they are not open to experience. Although the counseling model developed by Rogers has evolved and changed, and although this approach to counseling has been a central theme in Bibliography for many years, relevant research studies that focused on the above conditions and on exploring their importance are still a few. Therefore, further future research is needed, which may lead to a better understanding of the complexity of this phenomenon. It is possible that further research will find solutions to some of these paradoxes, while others may remain a dilemma.

REFERENCES – BIBLIOGRAPHY

- [1.] Bozarth, J. (2007). Unconditional positive regard. *The handbook of person-centred psychotherapy and counselling*, 182-193.
- [2.] Brown, E. L., Agronin, M. E., & Stein, J. R. (2020). Interventions to enhance empathy and person-centered care for individuals with dementia: a systematic review. *Research in gerontological nursing*, 13(3), 158-168. <https://doi.org/10.3928/19404921-20191028-01>
- [3.] Corey, G. (2011). *Theory and practice of counseling and psychotherapy*. Cengage learning.
- [4.] De Rivera, J. (1992). Emotional climate: Social structure and emotional dynamics. In *A preliminary draft of this chapter was discussed at a workshop on emotional climate sponsored by the Clark European Center in Luxembourg on Jul 12–14, 1991.*. John Wiley & Sons.
- [5.] Fernando, S. (2012). Communication skills and counselling. *Sri Lanka Journal of Obstetrics and Gynaecology*, 34(2).
- [6.] Fiedler, F. E. (1950). A comparison of therapeutic relationships in psychoanalytic, nondirective and Adlerian therapy. *Journal of Consulting Psychology*, 14(6), 436–445. <https://doi.org/10.1037/h0054624>
- [7.] Gendlin, E. T. (1998). *Focusing-oriented psychotherapy: A manual of the experiential method*. Guilford Press.
- [8.] Gordon, T. (1970). Parent effectiveness training. New York: Peter H. Wyden. Inc., Publishers.
- [9.] Hashim, M. J. (2017). Patient-centered communication: basic skills. *American family physician*, 95(1), 29-34.
- [10.] Horvath, A. O. (2001). The therapeutic alliance: Concepts, research and training. *Australian Psychologist*, 36(2), 170-176. <https://doi.org/10.1080/00050060108259650>

- [11.] Hubble, M. A., Duncan, B. L., & Miller, S. D. (Eds.). (1999). *The heart and soul of change: What works in therapy*. American Psychological Association. <https://doi.org/10.1037/11132-000>
- [12.] Kolden, G. G., Wang, C.-C., Austin, S. B., Chang, Y., & Klein, M. H. (2018). Congruence/genuineness: A meta-analysis. *Psychotherapy*, 55(4), 424–433. <https://doi.org/10.1037/pst0000162>
- [13.] Lazarus, A. A. (1993). Tailoring the therapeutic relationship, or being an authentic chameleon. *Psychotherapy: Theory, Research, Practice, Training*, 30(3), 404–407. <https://doi.org/10.1037/0033-3204.30.3.404>
- [14.] McLeod, S. (2008). Person centered therapy. *Simply Psychology*.
- [15.] McLeod, J., & McLeod, J. (2003). An introduction to counselling.
- [16.] McLeod, J., & McLeod, J. (2007). *Counselling skill*. Maidenhead: Open University Press.
- [17.] Murray, C., & Lopez, A. (2002). World Health Report 2002: reducing risks, promoting healthy life. *Geneva: World Health Organization*, 186.
- [18.] Raskin, N. J., & Rogers, C. R. (2005). Person-centered therapy. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (pp. 130–165). Thomson Brooks/Cole Publishing Co.
- [19.] Rogers, C. R. (1946). *Significant aspects of client-centered therapy*. *American Psychologist*, 1(10), 415–422. <https://doi.org/10.1037/h0060866>
- [20.] Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory, with chapters*. Boston, MA: Houghton Mifflin.
- [21.] Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.
- [22.] Rogers, C. R. (1958). A process conception of psychotherapy. *American Psychologist*, 13(4), 142–149. <https://doi.org/10.1037/h0042129>
- [23.] Rogers, C. R. (1959). *A theory of therapy, personality, and interpersonal relationships: As developed in the client-centered framework* (Vol. 3, pp. 184-256). New York: McGraw-Hill.
- [24.] Rogers, C. R. (1980). *A way of being*. Boston: Houghton Mifflin.
- [25.] Rogers, C. R., & Sanford, R. (1987). Reflections on Our South African Experience (January-February 1986). *Counseling and values*, 32(1), 17-20. <https://doi.org/10.1002/j.2161-007X.1987.tb00687.x>
- [26.] Seligman, M. E., Rashid, T., & Parks, A. C. (2006). Positive psychotherapy. *American psychologist*, 61(8), 774.
- [27.] Taukeni, S. G. (Ed.). (2020). *Counseling and Therapy*. BoD–Books on Demand.
- [28.] Wilkins, P. (2000). Unconditional positive regard reconsidered. *British Journal of Guidance & Counselling*, 28(1), 23–36. <https://doi.org/10.1080/030698800109592>
- [29.] Zuroff, D. C., & Blatt, S. J. (2006). The therapeutic relationship in the brief treatment of depression: Contributions to clinical improvement and enhanced adaptive capacities. *Journal of Consulting and Clinical Psychology*, 74(1), 130–140. <https://doi.org/10.1037/0022-006X.74.1.130>