

Significant Aspects of Client-Centered Therapy [1]

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In planning to address this group, I have considered and discarded several possible topics. I was tempted to describe the process of non-directive therapy and the counselor techniques and procedures which seem most useful in bringing about this process. But much of this material is now in writing. My own book on counseling and psychotherapy contains much of the basic material, and my recent more popular book on counseling with returning servicemen tends to supplement it. The philosophy of the client-centered approach and its application to work with children is persuasively presented by Allen. The application to counseling of industrial employees is discussed in the volume by Cantor. Curran has now published in book form one of the several research studies which are throwing new light on both process and procedure. Axline is publishing a book on play and group therapy. Snyder is bringing out a book of cases. So it seems unnecessary to come a long distance to summarize material which is, or soon *will* be obtainable in written form.

Another tempting possibility, particularly in this setting, was to discuss some of the roots from which the client-centered approach has sprung. It would have been interesting to show how in its concepts of repression and release, in its stress upon catharsis and insight, it has many roots in Freudian thinking, and to acknowledge that indebtedness. Such an analysis could also have shown that in its concept of the individual's ability to organize his own experience there is an even deeper indebtedness to the work of Rank, Taft, and Allen. In its stress upon objective research, the subjecting of fluid attitudes to scientific investigation, the willingness to submit all hypotheses to a verification or disproof by research methods, the debt is obviously to the whole field of American psychology, with its genius for scientific methodology. It could also have been pointed out that although everyone in the clinical field has been heavily exposed to the eclectic "team" approach to therapy of the child guidance movement, and the somewhat similar eclecticism of the Adolf Meyers -- Hopkins school of thought, these eclectic viewpoints have perhaps not been so fruitful in therapy and that little from these sources has been retained in the non-directive approach. It might also have been pointed out that in its basic trend away from guiding and directing the client, the non-directive approach is deeply rooted in practical clinical experience, and is in accord with the experience of most clinical workers, so much so that one of the commonest reactions of experienced therapists is that "You have crystallized and put into words something that I have been groping toward in my own experience for a long time."

Such an analysis, such a tracing of root ideas, needs to be made, but I doubt my own ability to make it. I am also doubtful that anyone who is deeply concerned with a new development knows with any degree of accuracy where his ideas came from.

Consequently I am, in this presentation, adopting a third pathway. While I shall bring in a brief description of process and procedure, and while I shall acknowledge in a general way our indebtedness to many root sources, and shall recognize the many common elements shared by client-centered therapy and other approaches, I believe it will be to our mutual advantage if I stress primarily those aspects in which nondirective[*] therapy differs most sharply and deeply from other therapeutic procedures. I hope to point out some of the basically significant ways in which the client-centered viewpoint differs from others, not only in its present principles, but in the wider divergencies which are implied by the projection of its central principles. [p. 416]

THE PREDICTABLE PROCESS OF CLIENT-CENTERED THERAPY

The first of the three distinctive elements of client-centered therapy to which I wish to call your attention is the predictability of the therapeutic process in this approach. We find, both clinically and statistically, that a predictable pattern of therapeutic development takes place. The assurance which we feel about this was brought home to me recently when I played a recorded first interview for the graduate students in our practicum immediately after it was recorded, pointing out the characteristic aspects, and agreeing to play later interviews for them to let them see the later phases of the counseling process. The fact that I knew with assurance what the later pattern would be before it had occurred only struck me as I thought about the incident. We have become clinically so accustomed to this predictable quality that we take it for granted. Perhaps a brief summarized description of this therapeutic process will indicate those elements of which we feel sure.

It may be said that we now know how to initiate a complex and predictable chain of events in dealing with the maladjusted individual, a chain of events which is therapeutic, and which operates effectively in problem situations of the most diverse type. This predictable chain of events may come about through the use of language as in counseling, through symbolic language, as in play therapy, through disguised language as in drama or puppet therapy. It is effective in dealing with individual situations, and also in small group situations.

It is possible to state with some exactness the conditions which must be met in order to initiate and carry through this releasing therapeutic experience. Below are listed in brief form the conditions which seem to be necessary, and the therapeutic results which occur.

This experience which releases the growth forces within the individual will come about in most cases if the following elements are present.

- (1) If the counselor operates on the principle that the individual is basically responsible for himself, and is willing for the individual to keep that responsibility.
- (2) If the counselor operates on the principle that the client has a strong drive to become mature, socially adjusted, independent, productive, and relies on this force, not on his own powers, for therapeutic change.
- (3) If the counselor creates a warm and permissive atmosphere in which the individual is free to bring out any attitudes and feelings which he may have, no matter how unconventional, absurd, or contradictory these attitudes may be. The client is as free to withhold expression as he is to give expression to his feelings.
- (4) If the limits which are set are simple limits set on behavior, and not limits set on attitudes. (This applies mostly to children. The child may not be permitted to break a window or leave the room, but he is free to feel like breaking a window, and the feeling is fully accepted. The adult client may not be permitted more than an hour for an interview, but there is full acceptance of his desire to claim more time.)
- (5) If the therapist uses only those procedures and techniques in the interview which convey his deep understanding of the emotionalized attitudes expressed and his acceptance of them. This understanding is perhaps best conveyed by a sensitive reflection and clarification of the client's attitudes. The counselor's acceptance involves neither approval nor disapproval.
- (6) If the counselor refrains from any expression or action which is contrary to the preceding principles. This means refraining from questioning, probing, blame, interpretation, advice, suggestion, persuasion, reassurance.

If these conditions are met, then it may be said with assurance that in the great majority of cases the following results will take place.

- (1) The client will express deep and motivating attitudes.
- (2) The client will explore his own attitudes and reactions more fully than he has previously done and will come to be aware of aspects of his attitudes which he has previously denied.
- (3) He will arrive at a clearer conscious realization of his motivating attitudes and will accept himself more completely. This realization and this acceptance will include attitudes previously denied. He may or may not verbalize this clearer conscious understanding of himself and his behavior.
- (4) In the light of his clearer perception of himself he will choose, on his own initiative and on his own [p. 417] responsibility, new goal which are more satisfying than his maladjusted goals.
- (5) He will choose to behave in a different fashion in order to reach these goals, and this new behavior will be in the direction of greater psychological growth and maturity. It will also be more spontaneous and less tense, more in harmony with social needs of others, will represent a more realistic and more comfortable adjustment to life. It will be more integrated than his former behavior. It will be a step forward in the life of the individual.

The best scientific description of this process is that supplied by Snyder. Analyzing a number of cases with strictly objective research techniques, Snyder has discovered that the development in these cases is roughly parallel, that the initial phase of catharsis is replaced by a phase in which insight becomes the most significant element, and this in turn by a phase marked by the increase in positive choice and action

Clinically, we know that sometimes this process is relatively shallow, involving primarily a fresh reorientation to an immediate problem, and in other instances so deep as to involve a complete reorientation of personality. It is recognizably the same process whether it involves a girl who is unhappy in a dormitory and is able in three interviews to see something of her childishness and dependence, and to take steps in a mature direction, or whether it involves a young man who is on the edge of a schizophrenic break, and who in thirty interviews works out deep insights in relation to his desire for his father's death, and his possessive and incestuous impulses toward his mother, and who not only takes new steps but rebuilds his whole personality in the process. Whether shallow or deep, it is basically the same.

We are coming to recognize with assurance characteristic aspects of each phase of the process. We know that the catharsis involves a gradual and more complete expression of emotionalized attitudes. We know that characteristically the conversation goes from superficial problems and attitudes to deeper problems and attitudes. We know that this process of exploration gradually unearths relevant attitudes which have been denied to consciousness. We recognize too that the process of achieving insight is likely to involve more adequate facing of reality as it exists within the self, as well as external reality; that it involves the relating of problems to each other, the perception of patterns of behavior; that it involves the acceptance of hitherto denied elements of the self, and a reformulating of the self-concept; and that it involves the making of new plans.

In the final phase we know that the choice of new ways of behaving will be in conformity with the newly organized concept of the self; that first steps in putting these plans into action will be small but symbolic; that the individual will feel only a minimum degree of confidence that he can put his plans into effect, that later steps implement more and more completely the new

concept of self, and that this process continues beyond the conclusion of the therapeutic interviews.

If these statements seem to contain too much assurance, to sound "too good to be true," I can only say that for many of them we now have research backing, and that as rapidly as possible we are developing our research to bring all phases of the process under objective scrutiny. Those of us working clinically with client-centered therapy regard this predictability as a settled characteristic, even though we recognize that additional research will be necessary to fill out the picture more completely.

It is the implication of this predictability which is startling. Whenever, in science, a predictable process has been discovered, it has been found possible to use it as a starting point for a whole chain of discoveries. We regard this as not only entirely possible, but inevitable, with regard to this predictable process in therapy. Hence, we regard this orderly and predictable nature of nondirective therapy as one of its most distinctive and significant points of difference from other approaches. Its importance lies not only in the fact that it is a present difference, but in the fact that it points toward a sharply different future, in which scientific exploration of this known chain of events should lead to many new discoveries, developments, and applications.

THE DISCOVERY OF THE CAPACITY OF THE CLIENT

Naturally the question is raised, what is the reason for this predictability in a type of therapeutic procedure in which the therapist serves only a catalytic function? Basically the reason for the predictability [p. 418] of the therapeutic process lies in the discovery -- and I use that word intentionally -- that within the client reside constructive forces whose strength and uniformity have been either entirely unrecognized or grossly underestimated. It is the clearcut and disciplined reliance by the therapist upon those forces within the client, which seems to account for the orderliness of the therapeutic process, and its consistency from one client to the next.

I mentioned that I regarded this as a discovery. I would like to amplify that statement. We have known for centuries that catharsis and emotional release were helpful. Many new methods have been *and* are being developed to bring about release, but the principle is not new. Likewise, we have known since Freud's time that insight, if it is accepted and assimilated by the client, is therapeutic. The principle is not new. Likewise we have realized that revised action patterns, new ways of behaving, may come about as a result of insight. The principle is not new.

But we have not known or recognized that in most if not all individuals there exist growth forces, tendencies toward self-actualization, which may act as the sole motivation for therapy. We have not realized that under suitable psychological conditions these forces bring about emotional release in those areas and at those rates which are most beneficial to the individual. These forces drive the individual to explore his own attitudes and his relationship to reality, and to explore these areas effectively. We have not realized that the individual is capable of exploring his attitudes and feelings, including those which have been denied to consciousness, at a rate which does not cause panic, and to the depth required for comfortable adjustment. The individual is capable of discovering and perceiving, truly and spontaneously, the interrelationships between his own attitudes, and the relationship of himself to reality. The individual has the capacity and the strength to devise, quite unguided, the steps which will lead him to a more mature and more comfortable relationship to his reality. It is the gradual and increasing recognition of these capacities within the individual by the client-centered therapist that rates, I believe, the term discovery. All of these capacities I have described are released in the individual if a suitable psychological atmosphere is provided.

There has, of course, been lip service paid to the strength of the client, and the need of utilizing the urge toward independence which exists in the client. Psychiatrists, analysts, and especially

social case workers have stressed this point. Yet it is clear from what is said, and even more clear from the case material cited, that this confidence is a very limited confidence. It is a confidence that the client can take over, if guided by the expert, a confidence that the client can assimilate insight if it is first, given to him by the expert, can make choices providing guidance is given at crucial points. It is, in short, the same sort of attitude which the mother has toward the adolescent, that she believes in his capacity to make his own decisions and guide his own life, providing he takes the directions of which she approves.

This is very evident in the latest book on psychoanalysis by Alexander and French. Although many of the former views and practices of psychoanalysis are discarded, and the procedures are far more nearly in line with those of nondirective therapy, it is still the therapist who is definitely in control. He gives the insights, he is ready to guide at crucial points. Thus while the authors state that the aim of the therapist is to free the patient to develop his capacities, and to increase his ability to satisfy his needs in ways acceptable to himself and society; and while they speak of the basic conflict between competition and cooperation as one which the individual must settle for himself; and speak of the integration of new insight as a normal function of the ego, it is clear when they speak of procedures that they have no confidence that the client has the capacity to do any of these things. For in practice, "As soon as the therapist takes the more active role we advocate, systematic planning becomes imperative. In addition to the original decision as to the particular sort of strategy to be employed in the treatment of any case, we recommend the conscious use of various techniques in a flexible manner, shifting tactics to fit the particular needs of the moment. Among these modifications of the standard technique are; using not only the method of free association but interviews of a more direct character, manipulating the frequency of the interviews, giving [p. 419] directives to the patient concerning his daily life, employing interruptions of long or short duration in preparation for ending the treatment, regulating the transference relationship to meet the specific needs of the case, and making use of real-life experiences as an integral part of therapy" (1). At least this leaves no doubt as to whether it is the client's or the therapist's hour; it is clearly the latter. The capacities which the client is to develop are clearly not to be developed in the therapeutic sessions.

The client-centered therapist stands at an opposite pole, both theoretically and practically. He has learned that the constructive forces in the individual can be trusted, and that the more deeply they are relied upon, the more deeply they are released. He has come to build his procedures upon these hypotheses, which are rapidly becoming established as facts; that the client knows the areas of concern which he is ready to explore; that the client is the best judge as to the most desirable frequency of interviews; that the client can lead the way more efficiently than the therapist into deeper concerns; that the client will protect himself from panic by ceasing to explore an area which is becoming too painful; that the client can and will uncover all the repressed elements which it is necessary to uncover in order to build a comfortable adjustment; that the client can achieve for himself far truer and more sensitive and accurate insights than can possibly be given to him; that the client is capable of translating these insights into constructive behavior which weighs his own needs and desires realistically against the demands of society; that the client knows when therapy is completed and he is ready to cope with life independently. Only one condition is necessary for all these forces to be released, and that is the proper psychological atmosphere between client and therapist.

Our case records and increasingly our research bear out these statements. One might suppose that there would be a generally favorable reaction to this discovery, since it amounts in effect to tapping great reservoirs of hitherto little-used energy. Quite the contrary is true, however, in professional groups. There is no other aspect of client-centered therapy which comes under such vigorous attack. It seems to be genuinely disturbing to many professional people to entertain the thought that this client upon whom they have been exercising their professional skill actually knows more about his inner psychological self than they can possibly know, and that he possesses constructive strengths which make the constructive push by the therapist seem puny

indeed by comparison. The willingness fully to accept this strength of the client, with all the re-orientation of therapeutic procedure which it implies, is one of the ways in which client-centered therapy differs most sharply from other therapeutic approaches.

THE CLIENT-CENTERED NATURE OF THE THERAPEUTIC RELATIONSHIP

The third distinctive feature of this type of therapy is the character of the relationship between therapist and client. Unlike other therapies in which the skills of the therapist are to be exercised upon the client, in this approach the skills of the therapist are focussed upon creating a psychological atmosphere in which the client can work. If the counselor can create a relationship permeated by warmth, understanding, safety from any type of attack, no matter how trivial, and basic acceptance of the person as he is, then the client will drop his natural defensiveness and use the situation. As we have puzzled over the characteristics of a successful therapeutic relationship, we have come to feel that the sense of communication is very important. If the client feels that he is actually communicating his present attitudes, superficial, confused, or conflicted as they may be, and that his communication is understood rather than evaluated in any way, then he is freed to communicate more deeply. A relationship in which the client thus feels that he is communicating is almost certain to be fruitful.

All of this means a drastic reorganization in the counselor's thinking, particularly if he has previously utilized other approaches. He gradually learns that the statement that the time is to be "the client's hour" means just that, and that his biggest task is to make it more and more deeply true.

Perhaps something of the characteristics of the relationship may be suggested by excerpts from a paper written by a young minister who has spent several months learning client-centered counseling procedures. [p. 420]

"Because the client-centered, nondirective counseling approach has been rather carefully defined and clearly illustrated, it gives the *"Illusion of Simplicity."* The technique seems deceptively easy to master. Then you begin to practice. A word is wrong here and there. You don't quite reflect feeling, but reflect content instead. It is difficult to handle questions; you are tempted to interpret. Nothing seems so serious that further practice won't correct it. Perhaps you are having trouble playing two roles -- that of minister and that of counselor. Bring up the question in class and the matter is solved again with a deceptive ease. But these apparently minor errors and a certain woodenness of response seem exceedingly persistent.

"Only gradually does it dawn that if the technique is true it demands a feeling of warmth. You begin to feel that the attitude is the thing. Every little word is not so important if you have the correct accepting and permissive attitude toward the client. So you bear down on the permissiveness and acceptance. You *will* permiss[*sic*] and accept and reflect the client, if it kills you!

[§]'But you still have those troublesome questions from the client. He simply doesn't know the next step. He asks you to give him a hint, some possibilities, after all you are expected to know something, else why is he here! As a minister, you ought to have some convictions about what people should believe, how they should act. As a counselor, you should know something about removing this obstacle -- you ought to have the equivalent of the surgeon's knife and use it. Then you begin to wonder. The technique is good, *but ...* does it go *far* enough! does it really work on clients? is it *right* to leave a person helpless, when you might show him the way out?

"Here it seems to me is the crucial point. "Narrow is the gate" and hard the path from here on. So one else can give satisfying answers and even the instructors seem frustrating because they appear not to be helpful in your specific case. For here is demanded of you what no other person

can do or point out -- and that is to rigorously scrutinize yourself and your attitudes towards others. Do you believe that all people truly have a creative potential in them? That each person is a unique individual and that he alone can work out his own individuality? Or do you really believe that some persons are of "negative value" and others are weak and must be led and taught by "wiser," "stronger" people.

"You begin to see that there is nothing compartmentalized about this method of counseling. It is not just counseling, because it demands the most exhaustive, penetrating, and comprehensive consistency. In other methods you can shape tools, pick them up for use when you will. But when genuine acceptance and permissiveness are your tools it requires nothing less than the whole complete personality. And to grow oneself is the most demanding of all."

He goes on to discuss the notion that the counselor must be restrained and "self-denying." He concludes that this is a mistaken notion.

"Instead of demanding less of the counselor's personality in the situation, client-centered counseling in some ways demands more. It demands discipline, not restraint. It calls for the utmost in sensitivity, appreciative awareness, channeled and disciplined. It demands that the counselor put all he has of these precious qualities into the situation, but in a disciplined, resfined manner. It is restraint only in the sense that the counselor does not express himself in certain areas that he may use himself in others.

"Even this is deceptive, however. It is not so much restraint in any area as it is a focusing, sensitizing one's energies and personality in the direction of an appreciative and understanding attitude."

As time has gone by we have come to put increasing stress upon the "client-centeredness" of the relationship, because it is more effective the more completely the counselor concentrates upon trying to understand the client *as the client seems to himself*. As I look back upon some of our earlier published cases -- the case of Herbert Bryan in my book, or Snyder's case of Mr. M. -- I realize that we have gradually dropped the vestiges of subtle directiveness which are all too evident in those cases. We [p. 421] have come to recognize that if we can provide understanding of the way the client seems to himself at this moment, he can do the rest. The therapist must lay aside his preoccupation with diagnosis and his diagnostic shrewdness, must discard his tendency to make professional evaluations, must cease his endeavors to formulate an accurate prognosis, must give up the temptation subtly to guide the individual, and must concentrate on one purpose only; that of providing deep understanding and acceptance of the attitudes consciously held at this moment by the client as he explores step by step into the dangerous areas which he has been denying to consciousness.

I trust it is evident from this description that this type of relationship can exist only if the counselor is deeply and genuinely able to adopt these attitudes. Client-centered counseling, if it is to be effective, cannot be a trick or a tool. It is not a subtle way of guiding the client while pretending to let him guide himself. To be *effective*, it must be genuine. It is this sensitive and sincere "client-centeredness" in the therapeutic relationship that I regard as the third characteristic of nondirective therapy which sets it distinctively apart from other approaches.

SOME IMPLICATIONS

Although the client-centered approach had its origin purely within the limits of the psychological clinic, it is proving to have implications, often of a startling nature, for very diverse fields of effort. I should like to suggest a few of these present and potential implications.

In the field of psychotherapy itself, it leads to conclusions that seem distinctly heretical. It appears evident that training and practice in therapy should probably precede training in the field of diagnosis. Diagnostic knowledge and skill is not necessary for good therapy, a statement which sounds like blasphemy to many, and if the professional worker, whether psychiatrist, psychologist or caseworker, received training in therapy first he would learn psychological dynamics in a truly dynamic fashion, and would acquire a professional humility and willingness to learn from his client which is today all too rare.

The viewpoint appears to have implications for medicine. It has fascinated me to observe that when a prominent allergist began to use client-centered therapy for the treatment of non-specific allergies, he found not only very good therapeutic results, but the experience began to affect his whole medical practice. It has gradually meant the reorganization of his office procedure. He has given his nurses a new type of training in understanding the patient. He has decided to have all medical histories taken by a nonmedical person trained in nondirective techniques, in order to get a true picture of the client's feelings and attitudes toward himself and his health, uncluttered by the bias and diagnostic evaluation which is almost inevitable when a medical person takes the history and unintentionally distorts the material by his premature judgments. He has found these histories much more helpful to the physicians than those taken by physicians.

The client-centered viewpoint has already been shown to have significant implications for the field of survey interviewing and public opinion study. Use of such techniques by Likert, Lazarsfeld, and others has meant the elimination of much of the factor of bias in such studies.

This approach has also, we believe, deep implications for the handling of social and group conflicts, as I have pointed out in another paper (9). Our work in applying a client-centered viewpoint to group therapy situations, while still in its early stages, leads us to feel that a significant clue to the constructive solution of interpersonal and intercultural frictions in the group may be in our hands. Application of these procedures to staff groups, to inter-racial groups, to groups with personal problems and tensions, is under way.

In the field of education, too, the client-centered approach is finding significant application. The work of Cantor, a description of which will soon be published, is outstanding in this connection, but a number of teachers are finding that these methods, designed for therapy, produce a new type of educational process, an independent learning which is highly desirable, and even a reorientation of individual direction which is very similar to the results of individual or group therapy.

Even in the realm of our philosophical orientation, the client-centered approach has its deep implications. I should like to indicate this by quoting briefly from a previous paper.

As we examine and try to evaluate our clinical experience with client-centered therapy, the [p. 422] phenomenon of the reorganization of attitudes and the redirection of behavior by the individual assumes greater and greater importance. This phenomenon seems to find inadequate explanation in terms of the determinism which is the predominant philosophical background of most psychological work. The capacity of the individual to reorganize his attitudes and behavior in ways not determined by external factors nor by previous elements in his own experience, but determined by his own insight into those factors, is an impressive capacity. It involves a basic spontaneity which we have been loathe to admit into our scientific thinking.

The clinical experience could be summarized by saying that the behavior of the human organism may be determined by the influences to which it has been exposed, *but it may also be determined by the creative and integrative insight of the organism itself.* This

ability of the person to discover new meaning in the forces which impinge upon him and in the past experiences which have been controlling him, and the ability to alter consciously his behavior in the light of this new meaning, has a profound significance for our thinking which has not been fully realized. We need to revise the philosophical basis of our work to a point where it can admit that forces exist within the individual which can exercise a spontaneous and significant influence upon behavior which is not predictable through knowledge of prior influences and conditionings. The forces released through a catalytic process of therapy are not adequately accounted for by a knowledge of the individual's previous conditionings, but only if we grant the presence of a spontaneous force within the organism which has the capacity of integration and redirection. This capacity for volitional control is a force which we must take into account in any psychological equation (9).

So we find an approach which began merely as a way of dealing with problems of human maladjustment forcing us into a reevaluation of our basic philosophical concepts.

SUMMARY

I hope that throughout this paper I have managed to convey what is my own conviction, that what we now know or think we know about a client-centered approach is only a beginning, only the opening of a door beyond which we are beginning to see some very challenging roads, some fields rich with opportunity. It is the facts of our clinical and research experience which keep pointing forward into new and exciting possibilities. Yet whatever the future may hold, it appears already clear that we are dealing with materials of a new and significant nature, which demand the most openminded[*sic*] and thorough exploration. If our present formulations of those facts are correct, then we would say that some important elements already stand out; that certain basic attitudes and skills can create a psychological atmosphere which releases, frees, and utilizes deep strengths in the client; that these strengths and capacities are more sensitive and more rugged than hitherto supposed; and that they are released in an orderly and predictable process which may prove as significant a basic fact in social science as some of the laws and predictable processes in the physical sciences.

Some Observations on the Organization of Personality

Carl R. Rogers (1947)

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In various fields of science rapid strides have been made when direct observation of significant processes has become possible. In medicine, when circumstances have permitted the physician to peer directly into the stomach of his patient, understanding of digestive processes has increased and the influence of emotional tension upon all aspects of that process has been more accurately observed and understood. In our work with nondirective therapy we often feel that we are having a psychological opportunity comparable to this medical experience -- an opportunity to observe directly a number of the effective processes of personality. Quite aside from any question regarding nondirective therapy as therapy, here is a precious vein of observational material of unusual value for the study of personality.

Characteristics of the Observational Material

There are several ways in which the raw clinical data to which we have had access is unique in its value for understanding personality. The fact that these verbal expressions of inner dynamics

are preserved by electrical recording makes possible a detailed analysis of a sort not heretofore possible. Recording has given us a microscope by which we may examine at leisure, and in minute detail, almost every aspect of what was, in its occurrence, a fleeting moment impossible of accurate observation.

Another scientifically fortunate characteristic of this material is the fact that the verbal productions of the client are biased to a minimal degree by the therapist. Material from client-centered interviews probably comes closer to being a "pure" expression of attitudes than has yet been achieved through other means. One can read through a complete recorded case or listen to it, without finding more than a half-dozen instances in which the therapist's views on any point are evident. One would find it impossible to form an estimate as to the therapist's views about personality dynamics. One could not determine his diagnostic views, his standards of behavior, his social class. The one value or standard held by the therapist which would exhibit itself in his tone of voice, responses, and activity, is a deep respect for the personality and attitudes of the client as a separate person. It is difficult to see how this would bias the content of the interview, except to permit deeper expression than the client would ordinarily allow himself. This almost complete lack of any distorting attitude is felt, and sometimes expressed by the client. One woman says:

It's almost impersonal. I like you -- of course I don't know why I should like you or why I shouldn't like you. It's a peculiar thing. I've never had that relationship with anybody before and I've often thought about it... A lot of times I walk out with a feeling of elation that you think highly of me, and of course at the same time I have the feeling that "Gee, he must think I'm an awful jerk" or something like that. But it doesn't really-those feelings aren't so deep that I can form an opinion one way or the other about you.

Here it would seem that even though she would like to discover some type of evaluational attitude, she is unable to do so. Published studies and research as yet unpublished bear out this point that counselor responses which are in any way evaluational or distorting as to content are at a minimum, thus enhancing the worth of such interviews for personality study.

The counselor attitude of warmth and understanding, well described by Snyder (9) and Rogers (8), also helps to maximize the freedom of expression by the individual. The client experiences sufficient interest in him as a person, and sufficient acceptance, to enable him to talk openly, not only about surface attitudes, but increasingly about intimate attitudes and feelings hidden even from himself. Hence in these recorded interviews we have material of very considerable depth so far as personality dynamics is concerned, along with a freedom from distortion.

Finally the very nature of the interviews and the techniques by which they are handled give us a rare opportunity to see to some extent through the eyes of another person-to perceive the world as it appears to him, to achieve at least partially, the internal frame of reference of another person. We see his behavior through his eyes, and also the psychological meaning which it had for him. We see also changes in personality and behavior, and the meanings which those changes have for the individual. We are admitted freely into the backstage of the person's living where we can observe from within some of the dramas of internal change, which are often far more compelling and moving than the drama which is presented on the stage viewed by the public. Only a novelist or a poet could do justice to the deep struggles which we are permitted to observe from within the client's own world of reality.

This rare opportunity to observe so directly and so clearly the inner dynamics of personality is a learning experience of the deepest sort for the clinician. Most of clinical psychology and psychiatry involves judgments *about* the individual, judgments which must, of necessity, be based on some framework brought to the situation by the clinician. To try continually to see and

think *with* the individual, as in client-centered therapy, is a mindstretching experience in which learning goes on apace because the clinician brings to the interview no pre-determined yardstick by which to judge the material.

I wish in this paper to try to bring you some of the clinical observations which we have made as we have repeatedly peered through these psychological windows into personality, and to raise with you some of the questions about the organization of personality which these observations have forced upon us. I shall not attempt to present these observations in logical order, but rather in the order in which they impressed themselves upon our notice. What I shall offer is not a series of research findings, but only the first step in that process of gradual approximation which we call science, a description of some observed phenomena which appear to be significant, and some highly tentative explanations of these phenomena.

The Relation of the Organized Perceptual Field to Behavior

One simple observation, which is repeated over and over again in each successful therapeutic case, seems to have rather deep theoretical implications. It is that as changes occur in the perception of self and in the perception of reality, changes occur in behavior. In therapy, these perceptual changes are more often concerned with the self than with the external world. Hence we find in therapy that as the perception of self alters, behavior alters. Perhaps an illustration will indicate the type of observation upon which this statement is based.

A young woman, a graduate student whom we shall call Miss Vib, came in for nine interviews. If we compare the first interview with the last, striking changes are evident. Perhaps some features of this change may be conveyed by taking from the first and last interviews all the major statements regarding self, and all the major statements regarding current behavior. In the first interview, for example, her perception of herself may be crudely indicated by taking all her own statements about herself, grouping those which seem similar, but otherwise doing a minimum of editing, and retaining so far as possible, her own words. We then come out with this as the conscious perception of self which was hers at the outset of counseling.

I feel disorganized, muddled; I've lost all direction; my personal life has disintegrated.

I sorta experience things from the forefront of my consciousness, but nothing sinks in very deep; things don't seem real to me; I feel nothing matters; I don't have any emotional response to situations; I'm worried about myself.

I haven't been acting like myself; it doesn't seem like me; I'm a different person altogether from what I used to be in the past.

I don't understand myself; I haven't known what was happening to me.

I have withdrawn from everything, and feel all right only when I'm all alone and no one can expect me to do things.

I don't care about my personal appearance.

I don't know *anything* anymore.

I feel guilty about the things I have left undone.

I don't think I could ever assume responsibility for anything.

If we attempt to evaluate this picture of self from an external frame of reference various diagnostic labels may come to mind. Trying to perceive it solely from the client's frame of reference we observe that to the young woman herself she appears disorganized, and not herself. She is perplexed and almost unacquainted with what is going on in herself. She feels unable and unwilling to function in any responsible or social way. This is at least a sampling of the way she experiences or perceives herself.

Her behavior is entirely consistent with this picture of self. If we abstract all her statements describing her behavior, in the same fashion as we abstracted her statements about self, the following pattern emerges -- a pattern which in this case was corroborated by outside observation.

I couldn't get up nerve to come in before; I haven't availed myself of help.

Everything I should do or want to do, I don't do.

I haven't kept in touch with friends; I avoid making the effort to go with them; I stopped writing letters home; I don't answer letters or telephone calls; I avoid contacts that would be professionally helpful; I didn't go home though I said I would.

I failed to hand in my work in a course though I had it all done; I didn't even buy clothing that I needed; I haven't even kept my nails manicured.

I didn't listen to material we were studying; I waste hours reading the funny papers; I can spend the whole afternoon doing absolutely nothing.

The picture of behavior is very much in keeping with the picture of self, and is summed up in the statement that "Everything I should do or want to do, I don't do." The behavior goes on, in ways that seem to the individual beyond understanding and beyond control.

If we contrast this picture of self and behavior with the picture as it exists in the ninth interview, thirty-eight days later, we find both the perception of self and the ways of behaving deeply altered. Her statements about self are as follows:

I'm feeling much better; I'm taking more interest in myself.

I do have some individuality, some interests.

I seem to be getting a newer understanding of myself. I can look at myself a little better.

I realize I'm just one person, with so much ability, but I'm not worried about it; I can accept the fact that I'm not always right.

I feel more motivation, have more of a desire to go ahead.

I still occasionally regret the past, though I feel less unhappy about it; I still have a long ways to go; I don't know whether I can keep the picture of myself I'm beginning to evolve.

I can go on learning -- in school or out.

I do feel more like a normal person now; I feel more I can handle my life myself; I think I'm at the point where I can go along on my own.

Outstanding in this perception of herself are three things -- that she knows herself, that she can view with comfort her assets and liabilities, and finally that she has drive and control of that drive.

In this ninth interview the behavioral picture is again consistent with the perception of self. It may be abstracted in these terms.

I've been making plans about school and about a job; I've been working hard on a term paper; I've been going to the library to trace down a topic of special interest and finding it exciting.

I've cleaned out my closets; washed my clothes.

I finally wrote my parents; I'm going home for the holidays.

I'm getting out and mixing with people: I am reacting sensibly to a fellow who is interested in me -- seeing both his good and bad points.

I will work toward my degree; I'll start looking for a job this week.

Her behavior, in contrast to the first interview, is now organized, forward-moving, effective, realistic and planful. It is in accord with the realistic and organized view she has achieved of her self.

It is this type of observation, in case after case, that leads us to say with some assurance that as perceptions of self and reality change, behavior changes. Likewise, in cases we might term failures, there appears to be no appreciable change in perceptual organization or in behavior.

What type of explanation might account for these concomitant changes in the perceptual field and the behavioral pattern? Let us examine some of the logical possibilities.

In the first place, it is possible that factors unrelated to therapy may have brought about the altered perception and behavior. There may have been physiological processes occurring which produced the change. There may have been alterations in the family relationships, or in the social forces, or in the educational picture or in some other area of cultural influence, which might account for the rather drastic shift in the concept of self and in the behavior.

There are difficulties in this type of explanation. Not only were there no known gross changes in the physical or cultural situation as far as Miss Vib was concerned, but the explanation gradually becomes inadequate when one tries to apply it to the many cases in which such change occurs. To postulate that some external factor brings the change and that only by chance does this period of change coincide with the period of therapy, becomes an untenable hypothesis.

Let us then look at another explanation, namely that the therapist exerted, during the nine hours of contact, a peculiarly potent cultural influence which brought about the change. Here again we are faced with several problems. It seems that nine hours scattered over five and one-half weeks is a very minute portion of time in which to bring about alteration of patterns which have been building for thirty years. We would have to postulate an influence so potent as to be classed as traumatic. This theory is particularly difficult to maintain when we find, on examining the

recorded interviews, that not once in the nine hours did the therapist express any evaluation, positive or negative, of the client's initial or final perception of self, or her initial or final mode of behavior. There was not only no evaluation, but no standards expressed by which evaluation might be inferred.

There was, on the part of the therapist, evidence of warm interest in the individual, and thoroughgoing acceptance of the self and of the behavior as they existed initially, in the intermediate stages, and at the conclusion of therapy. It appears reasonable to say that the therapist established certain definite conditions of interpersonal relations, but since the very essence of this relationship is respect for the person as he is at that moment, the therapist can hardly be regarded as a cultural force making for change.

We find ourselves forced to a third type of explanation, a type of explanation which is not new to psychology, but which has had only partial acceptance. Briefly it may be put that the observed phenomena of changes seem most adequately explained by the hypothesis that *given certain psychological conditions, the individual has the capacity to reorganize his field of perception, including the way he perceives himself, and that a concomitant or a resultant of this perceptual reorganization is an appropriate alteration of behavior.* This puts into formal and objective terminology a clinical hypothesis which experience forces upon the therapist using a client-centered approach. One is compelled through clinical observation to develop a high degree of respect for the ego-integrative forces residing within each individual. One comes to recognize that under proper conditions the self is a basic factor in the formation of personality and in the determination of behavior. Clinical experience would strongly suggest that the self is, to some extent, an architect of self, and the above hypothesis simply puts this observation into psychological terms.

In support of this hypothesis it is noted in some cases that one of the concomitants of success in therapy is the realization on the part of the client that the self has the capacity for reorganization. Thus a student says:

You know I spoke of the fact that a person's background retards one. Like the fact that my family life wasn't good for me, and my mother certainly didn't give me any of the kind of bringing up that I should have had. Well, I've been thinking that over. It's true up to a point. But when you get so that you can see the situation, then it's really up to you.

Following this statement of the relation of the self to experience many changes occurred in this young man's behavior. In this, as in other cases, it appears that when the person comes to see himself as the perceiving, organizing agent, then reorganization of perception and consequent change in patterns of reaction take place.

On the other side of the picture we have frequently observed that when the individual has been authoritatively told that he is governed by certain factors or conditions beyond his control, it makes therapy more difficult, and it is only when the individual discovers for himself that he can organize his perceptions that change is possible. In veterans who have been given their own psychiatric diagnosis, the effect is often that of making the individual feel that he is under an unalterable doom, that he is unable to control the organization of his life. When however the self sees itself as capable of reorganizing its own perceptual field, a marked change in basic confidence occurs. Miss Nam, a student, illustrates this phenomenon when she says, after having made progress in therapy:

I think I do feel better about the future, too, because it's as if I won't be acting in darkness. It's sort of, well, knowing somewhat why I act the way I do ... and at least it isn't the feeling that you're simply out of your own control and the fates

are driving you to act that way. If you realize it, I think you can do something more about it.

A veteran at the conclusion of counseling puts it more briefly and more positively: "My attitude toward myself is changed now to where I feel I can do something with my self and life." He has come to view himself as the instrument by which some reorganization can take place.

There is another clinical observation which may be cited in support Of the general hypothesis that there is a close relationship between behavior and the way in which reality is viewed by the individual. It has many cases that behavior changes come about for the most part Imperceptibly and almost automatically, once the perceptual reorganization has taken place. A young wife who has been reacting violently to her maid, and has been quite disorganized in her behavior as a result of this antipathy says:

After I ... discovered it was nothing more than that she resembled my mother, she didn't bother me any more. Isn't that interesting? She's still the same.

Here is a clear statement indicating that though the basic perceptions have not changed, they have been differently organized, have acquired a new meaning, and that behavior changes then occur. Similar evidence is given by a client, a trained psychologist, who after completing a brief series of client-centered interviews, writes:

Another interesting aspect of the situation was in connection with the changes in some of my attitudes. When the change occurred, it was as if earlier attitudes were wiped out as completely as if erased from a blackboard.... When a situation which would formerly have provoked a given type of response occurred, it was not as if I was tempted to act in the way I formerly had but in some way found it easier to control my behavior. Rather the new type of behavior came quite spontaneously, and it was only through a deliberate analysis that I became aware that I was acting in a new and different way.

Here again it is of interest that the imagery is put in terms of visual perception and that as attitudes are "erased from the blackboard" behavioral changes take place automatically and without conscious effort.

Thus we have observed that appropriate changes in behavior occur when the individual acquires a different view of his world of experience, including himself; that this changed perception does not need to be dependent upon a change in the "reality," but may be a product of internal reorganization; that in some instances the awareness of the capacity for re-perceiving experience accompanies this process of reorganization; that the altered behavioral responses occur automatically and without conscious effort as soon as the perceptual reorganization has taken place, apparently as a result of this.

In view of these observations a second hypothesis may be stated, which is closely related to the first. It is that *behavior is not directly influenced or determined by organic or cultural factors, but primarily (and perhaps only), by the perception of these elements.* In other words the crucial element in the determination of behavior is the perceptual field of the individual. While this perceptual field is, to be sure, deeply influenced and largely shaped by cultural and physiological forces, it is nevertheless important that it appears to be only the field as it is perceived, which exercises a specific determining influence upon behavior. This is not a new idea in psychology, but its implications have not always been fully recognized.

It might mean, first of all, that if it is the perceptual field which determines behavior, then the primary object of study for psychologists would be the person and his world *as viewed by the*

person himself. It could mean that the internal frame of reference of the person might well constitute the field of psychology, an idea set forth persuasively by Snygg and Combs in a significant manuscript as yet unpublished. It might mean that the laws which govern behavior would be discovered more deeply by turning our attention to the laws which govern perception.

Now if our speculations contain a measure of truth, if the specific determinant of behavior is the perceptual field, and if the self can reorganize that perceptual field, then what are the limits of this process? Is the reorganization of perception capricious, or does it follow certain laws? Are there limits to the degree of reorganization? If so, what are they? In this connection we have observed with some care the perception of one portion of the field of experience, the portion we call the self.

The Relation of the Perception of the Self to Adjustment

Initially we were oriented by the background of both lay and psychological thinking to regard the outcome of successful therapy as the solution of problems. If a person had a marital problem, a vocational problem, a problem of educational adjustment, the obvious purpose of counseling or therapy was to solve that problem. But as we observe and study the recorded accounts of the conclusion of therapy, it is clear that the most characteristic outcome is not necessarily solution of problems, but a freedom from tension, a different feeling about, and perception of, self. Perhaps something of this outcome may be conveyed by some illustrations.

Several statements taken from the final interview with a twenty year old young woman, Miss Mir, give indications of the characteristic attitude toward self, and the sense of freedom which appears to accompany it.

I've always tried to be what the others thought I should be, but now I am wondering whether I shouldn't just see that I am what I am.

Well, I've just noticed such a difference. I find that when I feel things, even when I feel hate, I don't care. I don't mind. I feel more free somehow. I don't feel guilty about things.

You know it's suddenly as though a big cloud has been lifted off. I feel so much more content.

Note in these statements the willingness to perceive herself as she is, to accept herself "realistically," to perceive and accept her "bad" attitudes as well as "good" ones. This realism seems to be accompanied by a sense of freedom and contentment. Miss Vib, whose attitudes were quoted earlier, wrote out her own feelings about counseling some six weeks after the interviews were over, and gave the statement to her counselor. She begins:

The happiest outcome of therapy has been a new feeling about myself. As I think of it, it might be the only outcome. Certainly it is basic to all the changes in my behavior that have resulted.

In discussing her experience in therapy she states:

I was coming to see myself as a whole. I began to realize that I am one person. This was an important insight to me. I saw that the former good academic achievement, job success, ease in social situations, and the present withdrawal, dejection, apathy and failure were all adaptive behavior, performed by *me*. This meant that I had to reorganize my feelings about myself, no longer holding to the unrealistic notion that the very good adjustment was the expression of the

real "me" and this neurotic behavior was not. I came to feel that I am the same person, sometimes functioning maturely, and sometimes assuming a neurotic role in the face of what I had conceived as insurmountable problems. The acceptance of myself as one person gave me strength in the process of reorganization. Now I had a substratum, a core of unity on which to work

As she continues her discussion there are such statements as:

I am getting more happiness in being myself. I approve of myself more, and I have so much less anxiety.

As in the previous example, the outstanding aspects appear to be the realization that all of her behavior "belonged" to her, that she could accept both the good and bad features about herself and that doing so gave her a release from anxiety and a feeling of solid happiness. In both instances there is only incidental reference to the serious "problems" which had been initially discussed.

Since Miss Mir is undoubtedly above average intelligence and Miss Vib is a person with some psychological training, it may appear that such results are found only with the sophisticated individual. To counteract this opinion a quotation may be given from a statement written by a veteran of limited ability and education who had just completed counseling, and was asked to write whatever reactions he had to the experience. He says:

As for the consoling [*sic*] I have had I can say this, It really makes a man strip his own mind bare, and when he does he knows then what he really [*sic*] is and what he can do. Or at least thinks he knows himself pretty well. As for myself, I know that my ideas were a little too big for what I really [*sic*] am, but now I realize one must try start out at his own level.

Now after four visits, I have a much clearer picture of myself and my future. It makes me feel a little depressed and disappointed, but on the other hand, it has taken me out of the dark, the load seems a lot lighter now, that is I can see my way now, I know what I want to do, I know about what I can do, so now that I can see my goal, I will be able to work a whole lot easier [*sic*], at my own level.

Although the expression is much simpler one notes again the same two elements -- the acceptance of self as it is, and the feeling of easiness, of lightened burden, which accompanies it.

As we examine many individual case records and case recordings, it appears to be possible to bring together the findings in regard to successful therapy by stating another hypothesis in regard to that portion of the perceptual field which we call the self. It would appear that *when all of the ways in which the individual perceives himself -- all perceptions of the qualities, abilities, impulses, and attitudes of the person, and all perceptions of himself in relation to others -- are accepted into the organized conscious concept of the self, then this achievement is accompanied by feelings of comfort and freedom from tension which are experienced as psychological adjustment.*

This hypothesis would seem to account for the observed fact that the comfortable perception of self which is achieved is sometimes more positive than before, sometimes more negative. When the individual permits all his perceptions of himself to be organized into one pattern, the picture is sometimes more flattering than he has held in the past, sometimes less flattering. It is always more comfortable.

It may be pointed out also that this tentative hypothesis supplies an operational type of definition, based on the client's internal frame of reference, for such hitherto vague terms as "adjustment," "integration," and "acceptance of self." They are defined in terms of perception, in a way which it should be possible to prove or disprove. When all of the organic perceptual experiences -- the experiencing of attitudes, impulses, abilities and disabilities, the experiencing of others and of "reality" -- when all of these perceptions are freely assimilated into an organized and consistent system, available to consciousness, then psychological adjustment or integration might be said to exist. The definition of adjustment is thus made an internal affair, rather than dependent upon an external "reality."

Something of what is meant by this acceptance and assimilation of perceptions about the self may be illustrated from the case of Miss Nam, a student. Like many other clients she gives evidence of having experienced attitudes and feelings which are defensively denied because they are not consistent with the concept or picture she holds of herself. The way in which they are first fully admitted into consciousness, and then organized into a unified system may be shown by excerpts from the recorded interviews. She has spoken of the difficulty she has had in bringing herself to write papers for her university courses.

I just thought of something else which perhaps hinders me, and that is that again it's two different feelings. When I have to sit down and do (a paper), though I have a lot of ideas, underneath I think I always have the feeling that I just can't do it.... I have this feeling of being terrifically confident that I can do something, without being willing to put the work into it. At other times I'm practically afraid of what I have to do....

Note that the conscious self has been organized as "having a lot of ideas," being "terrifically confident" but that "underneath," in other words not freely admitted into consciousness, has been the experience of feeling "I just can't do it." She continues:

I'm trying to work through this funny relationship between this terrific confidence and then this almost fear of doing anything.... and I think the kind of feeling that I can really do things is part of an illusion I have about myself of being, in my imagination, sure that it will be something good and very good and all that, but whenever I get down to the actual task of getting started, it's a terrible feeling of -- well, incapacity, that I won't get it done either the way I want to do it, or even not being sure how I want to do it.

Again the picture of herself which is present in consciousness is that of a person who is "very good," but this picture is entirely out of line with the actual organic experience in the situation.

Later in the same interview she expresses very well the fact that her perceptions are not all organized into one consistent conscious self.

I'm not sure about what kind of a person I am -- well, I realize that all of these are a part of me, but I'm not quite sure of how to make all of these things fall in line.

In the next interview we have an excellent opportunity to observe the organization of both of these conflicting perceptions into one pattern, with the resultant sense of freedom from tension which has been described above,

It's very funny, even as I sit here I realize that I have more confidence in myself, in the sense that when I used to approach new situations I would have two very funny things operating at the same time. I had a fantasy that I could do

anything, which was a fantasy which covered over all these other feelings that I really couldn't do it, or couldn't do it as well as I wanted to, and it's as if now those two things have merged together, and it is more real, that a situation isn't either testing myself or proving something to myself or anyone else. It's just in terms of doing it. And I think I have done away both with that fantasy and that fear.... So I think I can go ahead and approach things -- well, just sensibly.

No longer is it necessary for this client to "cover over" experiences. Instead the picture of herself as very able, and the experienced feeling of complete inability, have now been brought together into one integrated pattern of self as a person with real, but imperfect abilities. Once the self is thus accepted the inner energies making for self-actualization are released and she attacks her life problems more efficiently.

Observing this type of material frequently in counseling experience would lead to a tentative hypothesis of maladjustment, which like the other hypothesis suggested, focuses on the perception of self. It might be proposed that the tensions called psychological maladjustment exist when the organized concept of self (conscious or available to conscious awareness) is not in accord with the perceptions actually experienced.

This discrepancy between the concept of self and the actual perceptions seems to be explicable only in terms of the fact that the self concept resists assimilating into itself any percept which is inconsistent with its present organization. The feeling that she may not have the ability to do a paper is inconsistent with Miss Nam's conscious picture of herself as a very able and confident person, and hence, though fleetingly perceived, is denied organization as a part of her self, until this comes about in therapy.

The Conditions of Change of Self Perception

If the way in which the self is perceived has as close and significant a relationship to behavior as has been suggested, then the manner in which this perception may be altered becomes a question of importance. If a reorganization of self-perceptions brings a change in behavior; if adjustment and maladjustment depend on the congruence between perceptions as experienced and the self as perceived, then the factors which permit a reorganization of the perception of self are significant.

Our observations of psychotherapeutic experience would seem to indicate that absence of any threat to the self-concept is an important item in the problem. Normally the self resists incorporating into itself those experiences which are inconsistent with the functioning of self. But a point overlooked by Lecky and others is that when the self is free from any threat of attack or likelihood of attack, then it is possible for the self to consider these hitherto rejected perceptions, to make new differentiations, and to reintegrate the self in such a way as to include them.

An illustration from the case of Miss Vib may serve to clarify this point. In her statement written six weeks after the conclusion of counseling Miss Vib thus describes the way in which unacceptable percepts become incorporated into the self. She writes:

In the earlier interviews I kept saying such things as, "I am not acting like myself," "I never acted this way before." What I meant was that this withdrawn, untidy, and apathetic person was not myself. Then I began to realize that I was the same person, seriously withdrawn, etc. now, as I had been before. That did not happen until after I had talked out my self-rejection, shame, despair, and doubt, in the accepting situation of the interview. The counselor was not startled or shocked. I was telling him of all these things about myself which did not fit

into my picture of a graduate student, a teacher, a sound person. He responded with complete acceptance and warm interest without heavy emotional overtones. Here was a sane, intelligent person wholeheartedly accepting this behavior that seemed so shameful to me. I can remember an organic feeling of relaxation. I did not have to keep up the struggle to cover up and hide this shameful person.

Note how clearly one can see here the whole range of denied perceptions of self, and the fact that they could be considered as a part of self only in a social situation which involved no threat to the self, in which another person, the counselor, becomes almost an alternate self and looks with understanding and acceptance upon these same perceptions. She continues:

Retrospectively, it seems to me that what I felt as "warm acceptance without emotional overtones" was what I needed to work through my difficulties.... The counselor's impersonality with interest allowed me to talk out my feelings. The clarification in the interview situation presented the attitude to me as a "ding an sich" which I could look at, manipulate, and put in place. In organizing my attitudes, I was beginning to organize me.

Here the nature of the exploration of experience, of seeing it as experience and not as a threat to self, enables the client to reorganize her perceptions of self, which as she says was also "reorganizing me."

If we attempt to describe in more conventional psychological terms the nature of the process which culminates in an altered organization and integration of self in the process of therapy it might run as follows. The individual is continually endeavoring to meet his needs by reacting to the field of experience as he perceives it, and to do that more efficiently by differentiating elements of the field and reintegrating them into new patterns. Reorganization of the field may involve the reorganization of the self as well as of other parts of the field. The self, however, resists reorganization and change. In everyday life individual adjustment by means of reorganization of the field exclusive of the self is more common and is less threatening to the individual. Consequently, the individual's first mode of adjustment is the reorganization of that part of the field which does not include the self.

Client-centered therapy is different from other life situations inasmuch as the therapist tends to remove from the individual's immediate world all those aspects of the field which the individual can reorganize except the self. The therapist, by reacting to the client's feelings and attitudes rather than to the objects of his feelings and attitudes, assists the client in bringing from background into focus his own self, making it easier than ever before for the client to perceive and react to the self. By offering only understanding and no trace of evaluation, the therapist removes himself as an object of attitudes, becoming only an alternate expression of the client's self. The therapist by providing a consistent atmosphere of permissiveness and understanding removes whatever threat existed to prevent all perceptions of the self from emerging into figure. Hence in this situation all the ways in which the self has been experienced can be viewed openly, and organized into a complex unity.

It is then this complete absence of any factor which would attack the concept of self, and second, the assistance in focusing upon the perception of self, which seems to permit a more differentiated view of self and finally the reorganization of self.

Relationship to Current Psychological Thinking

Up to this point, these remarks have been presented as clinical observations and tentative hypotheses, quite apart from any relationship to past or present thinking in the field of

psychology. This has been intentional. It is felt that it is the function of the clinician to try to observe, with an open-minded attitude, the complexity of material which comes to him, to report his observations, and in the light of this to formulate hypotheses and problems which both the clinic and the laboratory may utilize as a basis for study and research.

Yet, though these are clinical observations and hypotheses, they have, as has doubtless been recognized, a relationship to some of the currents of theoretical and laboratory thinking in psychology. Some of the observations about the self bear a relationship to the thinking of G. H. Mead (7) about the "I" and the "me." The outcome of therapy might be described in Mead's terms as the increasing awareness of the "I," and the organization of the "me's" by the "I." The importance which has been given in this paper to the self as an organizer of experience and to some extent as an architect of self, bears a relationship to the thinking of Allport (1) and others concerning the increased place which we must give to the integrative function of the ego. In the stress which has been given to the present field of experience as the determinant of behavior, the relationship to Gestalt psychology, and to the work of Lewin (6) and his students is obvious. The theories of Angyal (2) find some parallel in our observations. His view that the self represents only a small part of the biological organism which has reached symbolic elaboration, and that it often attempts the direction of the organism on the basis of unreliable and insufficient information, seems to be particularly related to the observations we have made. Lecky's posthumous book (4), small in size but large in the significance of its contribution, has brought a new light on the way in which the self operates, and the principle of consistency by which new experience is included in or excluded from the self. Much of his thinking runs parallel to our observations. Snygg and Combs (11) have recently attempted a more radical and more complete emphasis upon the internal world of perception as the basis for all psychology, a statement which has helped to formulate a theory in which our observations fit.

It is not only from the realm of theory but also from the experimental laboratory that one finds confirmation of the line of thinking which has been proposed. Tolman (12) has stressed the need of thinking as a rat if fruitful experimental work is to be done. The work of Snygg (10) indicates that rat behavior may be better predicted by inferring the rat's field of perception than by viewing him as an object. Krech (Krechevsky, 3) showed in a brilliant study some years ago that rat learning can only be understood if we realize that the rat is consistently acting upon one hypothesis after another. Leeper (5) has summarized the evidence from a number of experimental investigations, showing that animal behavior cannot be explained by simple S-R mechanisms, but only by recognizing that complex internal processes of perceptual organization intervene between the stimulus and the behavioral response. Thus there are parallel streams of clinical observation, theoretical thinking, and laboratory experiment, which all point up the fact that for an effective psychology we need a much more complete understanding of the private world of the individual, and need to learn ways of entering and studying that world from within.

Implications

It would be misleading however if I left you with the impression that the hypotheses I have formulated in this paper, or those springing from the parallel psychological studies I have mentioned, are simply extensions of the main stream of psychological thinking, additional bricks in the edifice of psychological thought. We have discovered with some surprise that our clinical observations, and the tentative hypotheses which seem to grow out of them, raise disturbing questions which appear to cast doubt on the very foundations of many of our psychological endeavors, particularly in the fields of clinical psychology and personality study. To clarify what is meant, I should like to restate in more logical order the formulations I have given, and to leave with you certain questions and problems which each one seems to raise.

If we take first the tentative proposition that the specific determinant of behavior is the perceptual field of the individual, would this not lead, if regarded as a working hypothesis, to a

radically different approach in clinical psychology and personality research? It would seem to mean that instead of elaborate case histories full of information about the person as an object, we would endeavor to develop ways of seeing his situation, his past, and himself, as these objects appear to him. We would try to see with him, rather than to evaluate him. It might mean the minimizing of the elaborate psychometric procedures by which we have endeavored to measure or value the individual from our own frame of reference. It might mean the minimizing or discarding of all the vast series of labels which we have painstakingly built up over the years. Paranoid, preschizophrenic, compulsive, constricted -- terms such as these might become irrelevant because they are all based in thinking which takes an external frame of reference. They are not the ways in which the individual experiences himself. If we consistently studied each individual from the internal frame of reference of that individual, from within his own perceptual field, it seems probable that we should find generalizations which could be made, and principles which were operative, but we may be very sure that they would be of a different order from these externally based judgments *about* individuals.

Let us look at another of the suggested propositions. If we took seriously the hypothesis that integration and adjustment are internal conditions related to the degree of acceptance or nonacceptance of all perceptions, and the degree of organization of these perceptions into one consistent system, this would decidedly affect our clinical procedures. It would seem to imply the abandonment of the notion that adjustment is dependent upon the pleasantness or unpleasantness of the environment, and would demand concentration upon those processes which bring about self-integration within the person. It would mean a minimizing or an abandoning of those clinical procedures which utilize the alteration of environmental forces as a method of treatment. It would rely instead upon the fact that the person who is internally unified has the greatest likelihood of meeting environmental problems constructively, either as an individual or in cooperation with others.

If we take the remaining proposition that the self, under proper conditions, is capable of reorganizing, to some extent, its own perceptual field, and of thus altering behavior, this too seems to raise disturbing questions. Following the path of this hypothesis would appear to mean a shift in emphasis in psychology from focusing upon the fixity of personality attributes and psychological abilities, to the alterability of these same characteristics. It would concentrate attention upon process rather than upon fixed status. Whereas psychology has, in personality study, been concerned primarily with the measurement of the fixed qualities of the individual, and with his past in order to explain his present, the hypothesis here suggested would seem to concern itself much more with the personal world of the present in order to understand the future, and in predicting that future would be concerned with the principles by which personality and behavior are altered, as well as the extent to which they remain fixed.

Thus we find that a clinical approach, client-centered therapy, has led us to try to adopt the client's perceptual field as the basis for genuine understanding. In trying to enter this internal world of perception, not by introspection, but by observation and direct inference, we find ourselves in a new vantage point for understanding personality dynamics, a vantage point which opens up some disturbing vistas. We find that behavior seems to be better understood as a reaction to this reality-as-perceived. We discover that the way in which the person sees himself, and the perceptions he dares not take as belonging to himself, seem to have an important relationship to the inner peace which constitutes adjustment. We discover within the person, under certain conditions, a capacity for the restructuring and the reorganization of self, and consequently the reorganization of behavior, which has profound social implications. We see these observations, and the theoretical formulations which they inspire, as a fruitful new approach for study and research in various fields of psychology.

An Analysis of Carl Rogers' Theory of Personality

by Dagmar Pescitelli

Since the study of personality began, personality theories have offered a wide variety of explanations for behavior and what constitutes the person. This essay offers a closer look at the humanistic personality theory of Carl Rogers. Rogers' theory of personality evolved out of his work as a clinical psychologist and developed as an offshoot of his theory of client-centered (later called person-centered) therapy (Rogers, 1959). He was first and foremost a therapist, with an abiding respect for the dignity of persons and an interest in persons as subjects rather than objects. Rogers approach to the study of persons is phenomenological and idiographic. His view of human behavior is that it is "exquisitely rational" (Rogers, 1961, p.194). Furthermore, in his opinion: "the core of man's nature is essentially positive" (1961, p.73), and he is a "trustworthy organism" (1977, p.7). These beliefs are reflected in his theory of personality.

To examine this theory more closely, a summary of the key features follows, with subsequent exploration of Rogers' view of self, his view of the human condition and his rationale for improvement of this condition. A brief overall assessment will conclude the discussion. While Rogers' humanistic conception of personality has both strengths and weaknesses, it is a valuable contribution to the study of persons, recognizing agency, free will and the importance of the self.

Actualizing Tendency

Rogers (1959) maintains that the human "organism" has an underlying "actualizing tendency", which aims to develop all capacities in ways that maintain or enhance the organism and move it toward autonomy. This tendency is directional, constructive and present in all living things. The actualizing tendency can be suppressed but can never be destroyed without the destruction of the organism (Rogers, 1977). The concept of the actualizing tendency is the only motive force in the theory. It encompasses all motivations; tension, need, or drive reductions; and creative as well as pleasure-seeking tendencies (Rogers, 1959). Only the organism as a whole has this tendency, parts of it (such as the self) do not. Maddi (1996) describes it as a "biological pressure to fulfill the genetic blueprint" (p106.) Each person thus has a fundamental mandate to fulfill their potential.

Self

The human organism's "phenomenal field" includes all experiences available at a given moment, both conscious and unconscious (Rogers, 1959). As development occurs, a portion of this field becomes differentiated and this becomes the person's "self" (Hall & Lindzey, 1985; Rogers, 1959). The "self" is a central construct in this theory. It develops through interactions with others and involves awareness of being and functioning. The self-concept is "the organized set of characteristics that the individual perceives as peculiar to himself/herself" (Ryckman, 1993, p.106). It is based largely on the social evaluations he/she has experienced.

Self-Actualizing Tendency

A distinctly psychological form of the actualizing tendency related to this "self" is the "self-actualizing tendency". It involves the actualization of that portion of experience symbolized in the self (Rogers, 1959). It can be seen as a push to experience oneself in a way that is consistent with one's conscious view of what one is (Maddi, 1996). Connected to the development of the self-concept and self-actualization are secondary needs (assumed to likely be learned in childhood): the "need for positive regard from others" and "the need for positive self-regard", an

internalized version of the previous. These lead to the favoring of behavior that is consistent with the person's self-concept (Maddi, 1996).

Organismic Valuing and Conditions of Worth

When significant others in the person's world (usually parents) provide positive regard that is conditional, rather than unconditional, the person introjects the desired values, making them his/her own, and acquires "conditions of worth" (Rogers, 1959). The self-concept then becomes based on these standards of value rather than on organismic evaluation. These conditions of worth disturb the "organismic valuing process", which is a fluid, ongoing process whereby experiences are accurately symbolized and valued according to optimal enhancement of the organism and self (Rogers, 1959). The need for positive self-regard leads to a selective perception of experience in terms of the conditions of worth that now exist. Those experiences in accordance with these conditions are perceived and symbolized accurately in awareness, while those that are not are distorted or denied into awareness. This leads to an "incongruence" between the self as perceived and the actual experience of the organism, resulting in possible confusion, tension, and maladaptive behavior (Rogers, 1959). Such estrangement is the common human condition. Experiences can be perceived as threatening without conscious awareness via "subception", a form of discrimination without awareness that can result in anxiety.

Fully Functioning Person and the Self

Theoretically, an individual may develop optimally and avoid the previously described outcomes if they experience only "unconditional positive regard" and no conditions of worth develop. The needs for positive regard from others and positive self-regard would match organismic evaluation and there would be congruence between self and experience, with full psychological adjustment as a result (Rogers, 1959). This ideal human condition is embodied in the "fully functioning person" who is open to experience able to live existentially, is trusting in his/her own organism, expresses feelings freely, acts independently, is creative and lives a richer life; "the good life" (Rogers, 1961). It should be noted that; "The good life is a *process* not a state of being. It is a direction, not a destination (Rogers, 1961, p.186)". For the vast majority of persons who do not have an optimal childhood there is hope for change and development toward psychological maturity via therapy, in which the aim is to dissolve the conditions of worth, achieve a self congruent with experience and restore the organismic valuing process (Rogers, 1959).

In Rogers' view (1959, 1961, 1977) personality change is certainly possible and is further a necessary part of growth. However, he notes that self-acceptance is a prerequisite (1961). Rogers originally failed to recognize the importance of "self". When he began his work he had the "settled notion that the "self" was a vague, ambiguous, scientifically meaningless term which had gone out of the psychologist's vocabulary with the departure of the introspectionists" (1959, p.200). However, through his work with clients he came to appreciate the importance of self. The "self" is described as:

the organized, consistent, conceptual gestalt composed of perceptions of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions. (Rogers, 1959, p.200)

This gestalt is a fluid and changing process, available to awareness. By using the term "gestalt", Rogers points to the possibility of change describing it as "a configuration in which the alteration of one minor aspect could possibly alter the whole picture" (p.201).

Rogers' conception of self is rather broad. He does describe a variation of self: the "ideal self" which denotes the self-concept the individual would most like to possess (Rogers, 1959), but other explicit variations are not offered. Similarly, specific concepts related to identity and identity development are missing, although the self image is certainly revisable and undergoes change over the lifespan. Exactly when the differentiation of phenomenal field into self occurs is also not specified. Rogers concept of self-actualization is specifically related to the self and is thus different from Goldstein's use of the term (which matches the actualizing tendency) and also different from Maslow's which appears to incorporate both tendencies in one (Maddi, 1996).

The actualizing tendency is fundamental to this theory. Rogers considers it "the most profound truth about man" (1965, p.21). He finds strong biological support for this tendency in many varied organisms. Rogers' conception of an active forward thrust is a huge departure from the beliefs of Freud and others who posit an aim for tension reduction, equilibrium, or homeostasis (Krebs & Blackman, 1988; Maddi, 1996). Rogers (1977) notes that sensory deprivation studies support this concept as the absence of external stimuli leads to a flood of internal stimuli, not equilibrium.

While the idea of an actualizing tendency makes sense, Rogers never specifies what some of the inherent capacities that maintain and enhance life might be. Perhaps it is because doing so might violate Rogers' "intuitive sense of human freedom" (Maddi, 1996, p.104). Maddi further suggests that the belief in inherent potentialities may lie in this theory's position as an offshoot of psychotherapy where it is useful for both client and therapist to have a belief in unlimited possibilities. However, applying this idea to all human beings in a theory of personality sets up the logical requirement of precision regarding what the potentialities might be (Maddi, 1996).

The inherent potentialities of the actualizing tendency can suffer distorted expression when maladjustment occurs, resulting in behavior destructive to oneself and others. The actualization and self-actualization tendencies can be at cross purposes with each other when alienation from the true self occurs, so there is organismic movement in one direction and conscious struggle in another. Rogers (1977) revised his previous thinking concerning this incongruence, stating that while he earlier saw the rift between self and experience as natural, while unfortunate, he now believes society, (particularly Western culture), culturally conditions, rewards and reinforces behaviors that are "perversions of the unitary actualizing tendency (p.248)." We do not come into the world estranged from ourselves, socialization is behind this alienation. Rogers (1961) finds the human infant to actually be a model of congruence. He/she is seen as completely genuine and integrated, unified in experience, awareness and communication. Distorted perceptions from conditions of worth cause our departure from this integration.

There is some empirical support for the hypothesis that congruence between self and experience leads to better personality adjustment and less defensiveness (Chodorkoff, 1954; cited in Rogers, 1959). Some research has also tended to support the idea of changes in self-concept occurring as a result of therapy (Butler & Haigh, 1954; cited in Rogers, 1954). However, Maddi (1996) raises an interesting point regarding such studies. While it has been found that self-descriptions move toward ideals after counseling and one would assume the closer a person is to full functioning the smaller the discrepancy would be, statements of ideals may be operational representations of conditions of worth, which are socially imposed. Conditions of worth are to be dissolved rather than moved toward for full functioning in this theory!

While Rogers sees the common human condition as one of incongruence between self and experience, this does not minimize his ultimate belief in the autonomy of human beings. Rogers (1977, p15) sees the human being as: "capable of evaluating the outer and inner situation, understanding herself in its context, making constructive choices as to the next steps in life, and acting on those choices". This illustrates a belief in agency and free will. While humans behave

rationally, Rogers (1961, p.195) maintains that: "The tragedy for most of us is that our defenses keep us from being aware of this rationality so that we are consciously moving in one direction, while organismically we are moving in another." Unlike Freud, Rogers did not see conflict as inevitable and humans as basically destructive. It is only when "man is less than fully man", not functioning freely, that he is to be feared (1961, p.105). The human capacity for awareness and the ability to symbolize gives us enormous power, but this awareness is a double-edged phenomenon : undistorted awareness can lead to full functioning and a rich life, while distortions in awareness lead to maladjustment and a multitude of destructive behaviors (Rogers, 1965).

The "maladjusted person" is the polar opposite of the fully functioning individual (who was introduced early in this essay). The maladjusted individual is defensive, maintains rather than enhances his/her life, lives according to a preconceived plan, feels manipulated rather than free, and is common and conforming rather than creative (Maddi, 1996). The fully functioning person, in contrast, is completely defense-free, open to experience, creative and able to live "the good life". Empirical support for the fully functioning person is somewhat mixed. The openness to experience characteristic has been supported (Coan, 1972; cited in Maddi, 1996). However, some studies have found that openness to experience and organismic trusting did not intercorrelate, contrary to expectations (Pearson, 1969, 1974; cited in Maddi, 1996). Ryckmann (1993) notes that some studies have found non-defensive people are more accepting of others and Maddi (1996) cites numerous studies that indicate self-accepting people also appear to be more accepting of others.

It is somewhat puzzling given his humanistic emphasis on individuality, that Rogers describes only two extremes of people. Maddi (1996) suggests these extreme characterizations of only two types may be due to this personality theory being secondary to a theory of therapy. It is appropriate for a theory of psychotherapy to concern itself with the two extremes of fullest functioning and maladjustment. However, when theorizing about all people, two types are insufficient.

Carl Rogers was most interested in improving the human condition and applying his ideas. His [person-centered therapy](#) may well be his most influential contribution to psychology. Rogers' pervasive interest in therapy is what clearly differentiates him from Maslow, despite some similarities in their ideas. The person-centered approach has had impact on domains outside of therapy such as family life, education, leadership, conflict resolution, politics and community health (Krebs & Blackman, 1988). In my opinion, Rogers greatest contribution may lie in his encouraging a humane and ethical treatment of persons, approaching psychology as a human science rather than a natural science.