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CARL R.
ROGERS

ON
BECOMING
A PERSON



A distinguished psychologist's guide to personal growth and creativity

On Becoming a Person



*A Therapist's
View of Psychotherapy*



CARL R. ROGERS

Introduction by
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PART II

HOW CAN I BE OF HELP?

I have found a way of working with individuals which seems to have much constructive potential.

Some Hypotheses Regarding the Facilitation of Personal Growth

The three chapters which constitute Part II span a period of six years, from 1954 to 1960. Curiously, they span a large segment of the country in their points of delivery—Oberlin, Ohio; St. Louis, Missouri; and Pasadena, California. They also cover a period in which much research was accumulating, so that statements made tentatively in the first paper are rather solidly confirmed by the time of the third.

In the following talk given at Oberlin College in 1954 I was trying to compress into the briefest possible time the fundamental principles of psychotherapy which had been expressed at greater length in my books, (Counseling and Psychotherapy) (1942) and (Client-Centered Therapy) (1951). It is of interest to me that I present the facilitating relationship, and the outcomes, with no description of, or even comment on, the process by which change comes about.

TO BE FACED by a troubled, conflicted person who is seeking and expecting help, has always constituted a great challenge to me. Do I have the knowledge, the resources, the psychological strength, the skill—do I have whatever it takes to be of help to such an individual?

For more than twenty-five years I have been trying to meet this kind of challenge. It has caused me to draw upon every element of my professional background: the rigorous methods of personality measurement which I first learned at Teachers' College, Columbia; the Freudian psychoanalytic insights and methods of the Institute for Child Guidance where I worked as interne; the continuing developments in the field of clinical psychology, with which I have been closely associated; the briefer exposure to the work of Otto Rank, to the methods of psychiatric social work, and other resources too numerous to mention. But most of all it has meant a continual learning from my own experience and that of my colleagues at the Counseling Center as we have endeavored to discover for ourselves effective means of working with people in distress. Gradually I have developed a way of working which grows out of that experience, and which can be tested, refined, and reshaped by further experience and by research

and by research.

A GENERAL HYPOTHESIS

One brief way of describing the change which has taken place in me is to say that in my early professional years I was asking the question, How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?

It is as I have come to put the question in this second way that I realize that whatever I have learned is applicable to all of my human relationships, not just to working with clients with problems. It is for this reason that I feel it is possible that the learnings which have had meaning for me in my experience may have some meaning for you in your experience, since all of us are involved in human relationships.

Perhaps I should start with a negative learning. It has gradually been driven home to me that I cannot be of help to this troubled person by means of any intellectual or training procedure. No approach which relies upon knowledge, upon training, upon the acceptance of something that is *taught*, is of any use. These approaches seem so tempting and direct that I have, in the past, tried a great many of them. It is possible to explain a person to himself, to prescribe steps which should lead him forward, to train him in knowledge about a more satisfying mode of life. But such methods are, in my experience, futile and inconsequential. The most they can accomplish is some temporary change, which soon disappears, leaving the individual more than ever convinced of his inadequacy.

The failure of any such approach through the intellect has forced me to recognize that change appears to come about through experience in a relationship. So I am going to try to state very briefly and informally, some of the essential hypotheses regarding a helping relationship which have seemed to gain increasing confirmation both from experience and research.

I can state the overall hypothesis in one sentence, as follows. If I can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth, and change and personal development will occur.

THE RELATIONSHIP

But what meaning do these terms have? Let me take separately the three major phrases in this sentence and indicate something of the meaning they have for me. What is this certain type of relationship I would like to provide?

I have found that the more that I can be genuine in the relationship, the more helpful it will be. This means that I need to be aware of my own feelings, in so far as possible, rather than presenting an outward façade of one attitude, while actually holding another attitude at a deeper or unconscious level. Being genuine also involves the willingness to be and to express, in my words and my behavior, the various feelings and attitudes which exist in me. It is only in this way that the relationship can have *reality*, and reality seems deeply important as a first condition. It is only by providing the genuine reality which is in me, that the other person can successfully seek for the reality in him. I have found this to be true even when the attitudes I feel are not attitudes with which I am pleased, or attitudes which seem conducive to a good relationship. It seems extremely important to be *real*.

As a second condition, I find that the more acceptance and liking I feel toward this individual, the more I will be creating a relationship which he can use. By acceptance I mean a warm regard for him as a person of unconditional self-worth—of value no matter what his condition, his behavior, or his feelings. It means a respect and liking for him as a separate person, a willingness for him to possess his own feelings in his own way. It means an acceptance of and regard for his attitudes of the moment, no matter how negative or positive, no matter how much they may contradict other attitudes he has held in the past. This acceptance of each fluctuating aspect of this other person makes it for him a relationship of warmth and safety, and the safety of being liked and prized as a person seems a highly important element in a helping relationship.

I also find that the relationship is significant to the extent that I feel a continuing desire to understand—a sensitive empathy with each of the client's feelings and communications as they seem to him at that moment. Acceptance does not mean much until it involves understanding. It is only as I *understand* the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre—it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience. This *freedom* is an important condition of the relationship. There is implied here a freedom to explore oneself at both conscious and unconscious levels, as rapidly as one can dare to embark on this dangerous quest. There is also a complete freedom from any type of moral or diagnostic evaluation, since all such evaluations are, I believe, always threatening.

Thus the relationship which I have found helpful is characterized by a sort of transparency on my part, in which my real feelings are evident; by an acceptance of this other person as a separate person with value in his own right; and by a

deep empathic understanding which enables me to see his private world through his eyes. When these conditions are achieved, I become a companion to my client, accompanying him in the frightening search for himself, which he now feels free to undertake.

I am by no means always able to achieve this kind of relationship with another, and sometimes, even when I feel I have achieved it in myself, he may be too frightened to perceive what is being offered to him. But I would say that when I hold in myself the kind of attitudes I have described, and when the other person can to some degree experience these attitudes, then I believe that change and constructive personal development will *invariably* occur—and I include the word “invariably” only after long and careful consideration.

THE MOTIVATION FOR CHANGE

So much for the relationship. The second phrase in my overall hypothesis was that the individual will discover within himself the capacity to use this relationship for growth. I will try to indicate something of the meaning which that phrase has for me. Gradually my experience has forced me to conclude that the individual has within himself the capacity and the tendency, latent if not evident, to move forward toward maturity. In a suitable psychological climate this tendency is released, and becomes actual rather than potential. It is evident in the capacity of the individual to understand those aspects of his life and of himself which are causing him pain and dissatisfaction, an understanding which probes beneath his conscious knowledge of himself into those experiences which he has hidden from himself because of their threatening nature. It shows itself in the tendency to reorganize his personality and his relationship to life in ways which are regarded as more mature. Whether one calls it a growth tendency, a drive toward self-actualization, or a forward-moving directional tendency, it is the mainspring of life, and is, in the last analysis, the tendency upon which all psychotherapy depends. It is the urge which is evident in all organic and human life—to expand, extend, become autonomous, develop, mature—the tendency to express and activate all the capacities of the organism, to the extent that such activation enhances the organism or the self. This tendency may become deeply buried under layer after layer of encrusted psychological defenses; it may be hidden behind elaborate façades which deny its existence; but it is my belief that it exists in every individual, and awaits only the proper conditions to be released and expressed.

THE OUTCOMES

I have attempted to describe the relationship which is basic to constructive

personality change. I have tried to put into words the type of capacity which the individual brings to such a relationship. The third phrase of my general statement was that change and personal development would occur. It is my hypothesis that in such a relationship the individual will reorganize himself at both the conscious and deeper levels of his personality in such a manner as to cope with life more constructively, more intelligently, and in a more socialized as well as a more satisfying way.

Here I can depart from speculation and bring in the steadily increasing body of solid research knowledge which is accumulating. We know now that individuals who live in such a relationship even for a relatively limited number of hours show profound and significant changes in personality, attitudes, and behavior, changes that do not occur in matched control groups. In such a relationship the individual becomes more integrated, more effective. He shows fewer of the characteristics which are usually termed neurotic or psychotic, and more of the characteristics of the healthy, well-functioning person. He changes his perception of himself, becoming more realistic in his views of self. He becomes more like the person he wishes to be. He values himself more highly. He is more self-confident and self-directing. He has a better understanding of himself, becomes more open to his experience, denies or represses less of his experience. He becomes more accepting in his attitudes toward others, seeing others as more similar to himself.

In his behavior he shows similar changes. He is less frustrated by stress, and recovers from stress more quickly. He becomes more mature in his everyday behavior as this is observed by friends. He is less defensive, more adaptive, more able to meet situations creatively.

These are some of the changes which we now know come about in individuals who have completed a series of counseling interviews in which the psychological atmosphere approximates the relationship I described. Each of the statements made is based upon objective evidence. Much more research needs to be done, but there can no longer be any doubt as to the effectiveness of such a relationship in producing personality change.

A BROAD HYPOTHESIS OF HUMAN RELATIONSHIPS

To me, the exciting thing about these research findings is not simply the fact that they give evidence of the efficacy of one form of psychotherapy, though that is by no means unimportant. The excitement comes from the fact that these findings justify an even broader hypothesis regarding all human relationships. There seems every reason to suppose that the therapeutic relationship is only one instance of interpersonal relations, and that the same lawfulness governs all such relationships. There is some reason to believe that if the present studies

relationships. Thus it seems reasonable to hypothesize that if the parent creates with his child a psychological climate such as we have described, then the child will become more self-directing, socialized, and mature. To the extent that the teacher creates such a relationship with his class, the student will become a self-initiated learner, more original, more self-disciplined, less anxious and other-directed. If the administrator, or military or industrial leader, creates such a climate within his organization, then his staff will become more self-responsible, more creative, better able to adapt to new problems, more basically cooperative. It appears possible to me that we are seeing the emergence of a new field of human relationships, in which we may specify that if certain attitudinal conditions exist, then certain definable changes will occur.

CONCLUSION

Let me conclude by returning to a personal statement. I have tried to share with you something of what I have learned in trying to be of help to troubled, unhappy, maladjusted individuals. I have formulated the hypothesis which has gradually come to have meaning for me—not only in my relationship to clients in distress, but in all my human relationships. I have indicated that such research knowledge as we have supports this hypothesis, but that there is much more investigation needed. I should like now to pull together into one statement the conditions of this general hypothesis, and the effects which are specified.

If I can create a relationship characterized on my part:

by a genuineness and transparency, in which I am my real feelings;

by a warm acceptance of and prizing of the other person as a separate individual;

by a sensitive ability to see his world and himself as he sees them;

Then the other individual in the relationship:

will experience and understand aspects of himself which previously he has repressed;

will find himself becoming better integrated, more able to function effectively;

will become more similar to the person he would like to be;

will be more self-directing and self-confident;

will become more of a person, more unique and more self-expressive;

will be more understanding, more acceptant of others;

will be able to cope with the problems of life more adequately and more comfortably.

I believe that this statement holds whether I am speaking of my relationship with a client, with a group of students or staff members, with my family or

with a client, with a group of students or staff members, with my family or children. It seems to me that we have here a general hypothesis which offers exciting possibilities for the development of creative, adaptive, autonomous persons.

The Characteristics of a Helping Relationship

I have long had the strong conviction—some might say it was an obsession—that the therapeutic relationship is only a special instance of interpersonal relationships in general, and that the same lawfulness governs all such relationships. This was the theme I chose to work out for myself when I was asked to give an address to the convention of the American Personnel and Guidance Association at St. Louis, in 1958.

Evident in this paper is the dichotomy between the objective and the subjective which has been such an important part of my experience during recent years. I find it very difficult to give a paper which is either wholly objective or wholly subjective. I like to bring the two worlds into close juxtaposition, even if I cannot fully reconcile them.

MY INTEREST IN PSYCHOTHERAPY has brought about in me an interest in every kind of helping relationship. By this term I mean a relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning, improved coping with life of the other. The other, in this sense, may be one individual or a group. To put it in another way, a helping relationship might be defined as one in which one of the participants intends that there should come about, in one or both parties, more appreciation of, more expression of, more functional use of the latent inner resources of the individual.

Now it is obvious that such a definition covers a wide range of relationships which usually are intended to facilitate growth. It would certainly include the relationship between mother and child, father and child. It would include the relationship between the physician and his patient. The relationship between teacher and pupil would often come under this definition, though some teachers would not have the promotion of growth as their intent. It includes almost all counselor-client relationships, whether we are speaking of educational counseling, vocational counseling, or personal counseling. In this last-mentioned area it would include the wide range of relationships between the psychotherapist and the hospitalized psychotic, the therapist and the troubled or neurotic individual, and the relationship between the therapist and the increasing number of so-called “normal” individuals who enter therapy to improve their own functioning or accelerate their personal growth.

These are largely one-to-one relationships. But we should also think of the large number of individual-group interactions which are intended as helping relationships. Some administrators intend that their relationship to their staff groups shall be of the sort which promotes growth, though other administrators would not have this purpose. The interaction between the group therapy leader and his group belongs here. So does the relationship of the community consultant to a community group. Increasingly the interaction between the industrial consultant and a management group is intended as a helping relationship. Perhaps this listing will point up the fact that a great many of the relationships in which we and others are involved fall within this category of interactions in which there is the purpose of promoting development and more mature and adequate functioning.

THE QUESTION

But what are the characteristics of those relationships which *do* help, which do facilitate growth? And at the other end of the scale is it possible to discern those characteristics which make a relationship unhelpful, even though it was the sincere intent to promote growth and development? It is to these questions, particularly the first, that I would like to take you with me over some of the paths I have explored, and to tell you where I am, as of now, in my thinking on these issues.

The Answers Given by Research

It is natural to ask first of all whether there is any empirical research which would give us an objective answer to these questions. There has not been a large amount of research in this area as yet, but what there is is stimulating and suggestive. I cannot report all of it but I would like to make a somewhat extensive sampling of the studies which have been done and state very briefly some of the findings. In so doing, oversimplification is necessary, and I am quite aware that I am not doing full justice to the researches I am mentioning, but it may give you the feeling that factual advances are being made and pique your curiosity enough to examine the studies themselves, if you have not already done so.

STUDIES OF ATTITUDES

Most of the studies throw light on the attitudes on the part of the helping

person which make a relationship growth-promoting or growth-inhibiting. Let us look at some of these.

A careful study of parent-child relationships made some years ago by Baldwin and others (1) at the Fels Institute contains interesting evidence. Of the various clusters of parental attitudes toward children, the “acceptant-democratic” seemed most growth-facilitating. Children of these parents with their warm and equalitarian attitudes showed an accelerated intellectual development (an increasing I.Q.), more originality, more emotional security and control, less excitability than children from other types of homes. Though somewhat slow initially in social development, they were, by the time they reached school age, popular, friendly, non-aggressive leaders.

Where parents’ attitudes are classed as “actively rejectant” the children show a slightly decelerated intellectual development, relatively poor use of the abilities they do possess, and some lack of originality. They are emotionally unstable, rebellious, aggressive, and quarrelsome. The children of parents with other attitude syndromes tend in various respects to fall in between these extremes.

I am sure that these findings do not surprise us as related to child development. I would like to suggest that they probably apply to other relationships as well, and that the counselor or physician or administrator who is warmly emotional and expressive, respectful of the individuality of himself and of the other, and who exhibits a nonpossessive caring, probably facilitates self-realization much as does a parent with these attitudes.

Let me turn to another careful study in a very different area. Whitehorn and Betz (2, 18) investigated the degree of success achieved by young resident physicians in working with schizophrenic patients on a psychiatric ward. They chose for special study the seven who had been outstandingly helpful, and seven whose patients had shown the least degree of improvement. Each group had treated about fifty patients. The investigators examined all the available evidence to discover in what ways the A group (the successful group) differed from the B group. Several significant differences were found. The physicians in the A group tended to see the schizophrenic in terms of the personal meaning which various behaviors had to the patient, rather than seeing him as a case history or a descriptive diagnosis. They also tended to work toward goals which were oriented to the personality of the patient, rather than such goals as reducing the symptoms or curing the disease. It was found that the helpful physicians, in their day by day interaction, primarily made use of active personal participation—a person-to-person relationship. They made less use of procedures which could be classed as “passive permissive.” They were even less likely to use such

procedures as interpretation, instruction or advice, or emphasis upon the practical care of the patient. Finally, they were much more likely than the B group to develop a relationship in which the patient felt trust and confidence in the physician.

Although the authors cautiously emphasize that these findings relate only to the treatment of schizophrenics, I am inclined to disagree. I suspect that similar facts would be found in a research study of almost any class of helping relationship.

Another interesting study focuses upon the way in which the person being helped perceives the relationship. Heine (11) studied individuals who had gone for psychotherapeutic help to psychoanalytic, client-centered, and Adlerian therapists. Regardless of the type of therapy, these clients report similar changes in themselves. But it is their perception of the relationship which is of particular interest to us here. When asked what accounted for the changes which had occurred, they expressed some differing explanations, depending on the orientation of the therapist. But their agreement on the major elements they had found helpful was even more significant. They indicated that these attitudinal elements in the relationship accounted for the changes which had taken place in themselves: the trust they had felt in the therapist; being understood by the therapist; the feeling of independence they had had in making choices and decisions. The therapist procedure which they had found most helpful was that the therapist clarified and openly stated feelings which the client had been approaching hazily and hesitantly.

There was also a high degree of agreement among these clients, regardless of the orientation of their therapists, as to what elements had been unhelpful in the relationship. Such therapist attitudes as lack of interest, remoteness or distance, and an over-degree of sympathy, were perceived as unhelpful. As to procedures, they had found it unhelpful when therapists had given direct specific advice regarding decisions or had emphasized past history rather than present problems. Guiding suggestions mildly given were perceived in an intermediate range—neither clearly helpful nor unhelpful.

Fiedler, in a much quoted study (7), found that expert therapists of differing orientations formed similar relationships with their clients. Less well known are the elements which characterized these relationships, differentiating them from the relationships formed by less expert therapists. These elements are: an ability to understand the client's meanings and feelings; a sensitivity to the client's attitudes; a warm interest without any emotional over-involvement.

A study by Quinn (14) throws light on what is involved in understanding the client's meanings and feelings. His study is surprising in that it shows that

“understanding” of the client’s meanings is essentially an attitude of *desiring* to understand. Quinn presented his judges only with recorded therapist statements taken from interviews. The raters had no knowledge of what the therapist was responding to or how the client reacted to his response. Yet it was found that the degree of understanding could be judged about as well from this material as from listening to the response in context. This seems rather conclusive evidence that it is an attitude of wanting to understand which is communicated.

As to the emotional quality of the relationship, Seeman (16) found that success in psychotherapy is closely associated with a strong and growing mutual liking and respect between client and therapist.

An interesting study by Dittes (4) indicates how delicate this relationship is. Using a physiological measure, the psychogalvanic reflex, to measure the anxious or threatened or alerted reactions of the client, Dittes correlated the deviations on this measure with judges’ ratings of the degree of warm acceptance and permissiveness on the part of the therapist. It was found that whenever the therapist’s attitudes changed even slightly in the direction of a lesser degree of acceptance, the number of abrupt GSR deviations significantly increased. Evidently when the relationship is experienced as less acceptant the organism organizes against threat, even at the physiological level.

Without trying fully to integrate the findings from these various studies, it can at least be noted that a few things stand out. One is the fact that it is the attitudes and feelings of the therapist, rather than his theoretical orientation, which is important. His procedures and techniques are less important than his attitudes. It is also worth noting that it is the way in which his attitudes and procedures are *perceived* which makes a difference to the client, and that it is this perception which is crucial.

“MANUFACTURED” RELATIONSHIPS

Let me turn to research of a very different sort, some of which you may find rather abhorrent, but which nevertheless has a bearing upon the nature of a facilitating relationship. These studies have to do with what we might think of as manufactured relationships.

Verplanck (17), Greenspoon (8) and others have shown that operant conditioning of verbal behavior is possible in a relationship. Very briefly, if the experimenter says “Mhm,” or “Good,” or nods his head after certain types of words or statements, those classes of words tend to increase because of being reinforced. It has been shown that using such procedures one can bring about increases in such diverse verbal categories as plural nouns, hostile words, statements of opinion. The person is completely unaware that he is being

influenced in any way by these reinforcers. The implication is that by such selective reinforcement we could bring it about that the other person in the relationship would be using whatever kinds of words and making whatever kinds of statements we had decided to reinforce.

Following still further the principles of operant conditioning as developed by Skinner and his group, Lindsley (12) has shown that a chronic schizophrenic can be placed in a “helping relationship” with a machine. The machine, somewhat like a vending machine, can be set to reward a variety of types of behaviors. Initially it simply rewards—with candy, a cigarette, or the display of a picture—the lever-pressing behavior of the patient. But it is possible to set it so that many pulls on the lever may supply a hungry kitten—visible in a separate enclosure—with a drop of milk. In this case the satisfaction is an altruistic one. Plans are being developed to reward similar social or altruistic behavior directed toward another patient, placed in the next room. The only limit to the kinds of behavior which might be rewarded lies in the degree of mechanical ingenuity of the experimenter.

Lindsley reports that in some patients there has been marked clinical improvement. Personally I cannot help but be impressed by the description of one patient who had gone from a deteriorated chronic state to being given free grounds privileges, this change being quite clearly associated with his interaction with the machine. Then the experimenter decided to study experimental extinction, which, put in more personal terms, means that no matter how many thousands of times the lever was pressed, no reward of any kind was forthcoming. The patient gradually regressed, grew untidy, uncommunicative, and his grounds privilege had to be revoked. This (to me) pathetic incident would seem to indicate that even in a relationship to a machine, trustworthiness is important if the relationship is to be helpful.

Still another interesting study of a manufactured relationship is being carried on by Harlow and his associates (10), this time with monkeys. Infant monkeys, removed from their mothers almost immediately after birth, are, in one phase of the experiment, presented with two objects. One might be termed the “hard mother,” a sloping cylinder of wire netting with a nipple from which the baby may feed. The other is a “soft mother,” a similar cylinder made of foam rubber and terry cloth. Even when an infant gets all his food from the “hard mother” he clearly and increasingly prefers the “soft mother.” Motion pictures show that he definitely “relates” to this object, playing with it, enjoying it, finding security in clinging to it when strange objects are near, and using that security as a home base for venturing into the frightening world. Of the many interesting and challenging implications of this study, one seems reasonably clear. It is that no

amount of direct food reward can take the place of certain perceived qualities which the infant appears to need and desire.

TWO RECENT STUDIES

Let me close this wide-ranging—and perhaps perplexing—sampling of research studies with an account of two very recent investigations. The first is an experiment conducted by Ends and Page (5). Working with hardened chronic hospitalized alcoholics who had been committed to a state hospital for sixty days, they tried three different methods of group psychotherapy. The method which they believed would be most effective was therapy based on a two-factor theory of learning; a client-centered approach was expected to be second; a psychoanalytically oriented approach was expected to be least efficient. Their results showed that the therapy based upon a learning theory approach was not only not helpful, but was somewhat deleterious. The outcomes were worse than those in the control group which had no therapy. The analytically oriented therapy produced some positive gain, and the client-centered group therapy was associated with the greatest amount of positive change. Follow-up data, extending over one and one-half years, confirmed the in-hospital findings, with the lasting improvement being greatest in the client-centered approach, next in the analytic, next the control group, and least in those handled by a learning theory approach.

As I have puzzled over this study, unusual in that the approach to which the authors were committed proved *least* effective, I find a clue, I believe, in the description of the therapy based on learning theory (13). Essentially it consisted (a) of pointing out and labelling the behaviors which had proved unsatisfying, (b) of exploring objectively with the client the reasons behind these behaviors, and (c) of establishing through re-education more effective problem-solving habits. But in all of this interaction the aim, as they formulated it, was to be impersonal. The therapist “permits as little of his own personality to intrude as is humanly possible.” The “therapist stresses personal anonymity in his activities, i.e., he must studiously avoid impressing the patient with his own (therapist’s) individual personality characteristics.” To me this seems the most likely clue to the failure of this approach, as I try to interpret the facts in the light of the other research studies. To withhold one’s self as a person and to deal with the other person as an object does not have a high probability of being helpful.

The final study I wish to report is one just being completed by Halkides (9). She started from a theoretical formulation of mine regarding the necessary and sufficient conditions for therapeutic change (15). She hypothesized that there would be a significant relationship between the extent of constructive personality

change in the client and four counselor variables: (a) the degree of empathic understanding of the client manifested by the counselor; (b) the degree of positive affective attitude (unconditional positive regard) manifested by the counselor toward the client; (c) the extent to which the counselor is genuine, his words matching his own internal feeling; and (d) the extent to which the counselor's response matches the client's expression in the intensity of affective expression.

To investigate these hypotheses she first selected, by multiple objective criteria, a group of ten cases which could be classed as "most successful" and a group of ten "least successful" cases. She then took an early and late recorded interview from each of these cases. On a random basis she picked nine client-counselor interaction units—a client statement and a counselor response—from each of these interviews. She thus had nine early interactions and nine later interactions from each case. This gave her several hundred units which were now placed in random order. The units from an early interview of an unsuccessful case might be followed by the units from a late interview of a successful case, *etc.*

Three judges, who did not know the cases or their degree of success, or the source of any given unit, now listened to this material four different times. They rated each unit on a seven point scale, first as to the degree of empathy, second as to the counselor's positive attitude toward the client, third as to the counselor's congruence or genuineness, and fourth as to the degree to which the counselor's response matched the emotional intensity of the client's expression.

I think all of us who knew of the study regarded it as a very bold venture. Could judges listening to single units of interaction possibly make any reliable rating of such subtle qualities as I have mentioned? And even if suitable reliability could be obtained, could eighteen counselor-client interchanges from each case—a minute sampling of the hundreds or thousands of such interchanges which occurred in each case—possibly bear any relationship to the therapeutic outcome? The chance seemed slim.

The findings are surprising. It proved possible to achieve high reliability between the judges, most of the inter-judge correlations being in the 0.80's or 0.90's, except on the last variable. It was found that a high degree of empathic understanding was significantly associated, at a .001 level, with the more successful cases. A high degree of unconditional positive regard was likewise associated with the more successful cases, at the .001 level. Even the rating of the counselor's genuineness or congruence—the extent to which his words matched his feelings—was associated with the successful outcome of the case,

and again at the .001 level of significance. Only in the investigation of the matching intensity of affective expression were the results equivocal.

It is of interest too that high ratings of these variables were not associated more significantly with units from later interviews than with units from early interviews. This means that the counselor's attitudes were quite constant throughout the interviews. If he was highly empathic, he tended to be so from first to last. If he was lacking in genuineness, this tended to be true of both early and late interviews.

As with any study, this investigation has its limitations. It is concerned with a certain type of helping relationship, psychotherapy. It investigated only four variables thought to be significant. Perhaps there are many others. Nevertheless it represents a significant advance in the study of helping relationships. Let me try to state the findings in the simplest possible fashion. It seems to indicate that the quality of the counselor's interaction with a client can be satisfactorily judged on the basis of a very small sampling of his behavior. It also means that if the counselor is congruent or transparent, so that his words are in line with his feelings rather than the two being discrepant; if the counselor likes the client, unconditionally; and if the counselor understands the essential feelings of the client as they seem to the client—then there is a strong probability that this will be an effective helping relationship.

SOME COMMENTS

These then are some of the studies which throw at least a measure of light on the nature of the helping relationship. They have investigated different facets of the problem. They have approached it from very different theoretical contexts. They have used different methods. They are not directly comparable. Yet they seem to me to point to several statements which may be made with some assurance. It seems clear that relationships which are helpful have different characteristics from relationships which are unhelpful. These differential characteristics have to do primarily with the attitudes of the helping person on the one hand and with the perception of the relationship by the "helpee" on the other. It is equally clear that the studies thus far made do not give us any final answers as to what is a helping relationship, nor how it is to be formed.

HOW CAN I CREATE A HELPING RELATIONSHIP?

I believe each of us working in the field of human relationships has a similar problem in knowing how to use such research knowledge. We cannot slavishly follow such findings in a mechanical way or we destroy the personal qualities which these very studies show to be valuable. It seems to me that we have to use

these studies, testing them against our own experience and forming new and further personal hypotheses to use and test in our own further personal relationships.

So rather than try to tell you how you should use the findings I have presented I should like to tell you the kind of questions which these studies and my own clinical experience raise for me, and some of the tentative and changing hypotheses which guide my behavior as I enter into what I hope may be helping relationships, whether with students, staff, family, or clients. Let me list a number of these questions and considerations.

1. Can I *be* in some way which will be perceived by the other person as trustworthy, as dependable or consistent in some deep sense? Both research and experience indicate that this is very important, and over the years I have found what I believe are deeper and better ways of answering this question. I used to feel that if I fulfilled all the outer conditions of trustworthiness—keeping appointments, respecting the confidential nature of the interviews, etc.—and if I acted consistently the same during the interviews, then this condition would be fulfilled. But experience drove home the fact that to act consistently acceptant, for example, if in fact I was feeling annoyed or skeptical or some other non-acceptant feeling, was certain in the long run to be perceived as inconsistent or untrustworthy. I have come to recognize that being trustworthy does not demand that I be rigidly consistent but that I be dependably real. The term “congruent” is one I have used to describe the way I would like to be. By this I mean that whatever feeling or attitude I am experiencing would be matched by my awareness of that attitude. When this is true, then I am a unified or integrated person in that moment, and hence I can *be* whatever I deeply *am*. This is a reality which I find others experience as dependable.

2. A very closely related question is this: Can I be expressive enough as a person that what I am will be communicated unambiguously? I believe that most of my failures to achieve a helping relationship can be traced to unsatisfactory answers to these two questions. When I am experiencing an attitude of annoyance toward another person but am unaware of it, then my communication contains contradictory messages. My words are giving one message, but I am also in subtle ways communicating the annoyance I feel and this confuses the other person and makes him distrustful, though he too may be unaware of what is causing the difficulty. When as a parent or a therapist or a teacher or an administrator I fail to listen to what is going on in me, fail because of my own defensiveness to sense my own feelings, then this kind of failure seems to result. It has made it seem to me that the most basic learning for anyone who hopes to establish any kind of helping relationship is that it is safe to be transparently real.

If in a given relationship I am reasonably congruent, if no feelings relevant to the relationship are hidden either to me or the other person, then I can be almost sure that the relationship will be a helpful one.

One way of putting this which may seem strange to you is that if I can form a helping relationship to myself—if I can be sensitively aware of and acceptant toward my own feelings—then the likelihood is great that I can form a helping relationship toward another.

Now, acceptantly to be what I am, in this sense, and to permit this to show through to the other person, is the most difficult task I know and one I never fully achieve. But to realize that this *is* my task has been most rewarding because it has helped me to find what has gone wrong with interpersonal relationships which have become snarled and to put them on a constructive track again. It has meant that if I am to facilitate the personal growth of others in relation to me, then I must grow, and while this is often painful it is also enriching.

3. A third question is: Can I let myself experience positive attitudes toward this other person—attitudes of warmth, caring, liking, interest, respect? It is not easy. I find in myself, and feel that I often see in others, a certain amount of fear of these feelings. We are afraid that if we let ourselves freely experience these positive feelings toward another we may be trapped by them. They may lead to demands on us or we may be disappointed in our trust, and these outcomes we fear. So as a reaction we tend to build up distance between ourselves and others—aloofness, a “professional” attitude, an impersonal relationship.

I feel quite strongly that one of the important reasons for the professionalization of every field is that it helps to keep this distance. In the clinical areas we develop elaborate diagnostic formulations, seeing the person as an object. In teaching and in administration we develop all kinds of evaluative procedures, so that again the person is perceived as an object. In these ways, I believe, we can keep ourselves from experiencing the caring which would exist if we recognized the relationship as one between two persons. It is a real achievement when we can learn, even in certain relationships or at certain times in those relationships, that it is safe to care, that it is safe to relate to the other as a person for whom we have positive feelings.

4. Another question the importance of which I have learned in my own experience is: Can I be strong enough as a person to be separate from the other? Can I be a sturdy respecter of my own feelings, my own needs, as well as his? Can I own and, if need be, express my own feelings as something belonging to me and separate from his feelings? Am I strong enough in my own separateness that I will not be downcast by his depression, frightened by his fear, nor engulfed by his dependency? Is my inner self hardy enough to realize that I am not

destroyed by his anger, taken over by his need for dependence, nor enslaved by his love, but that I exist separate from him with feelings and rights of my own? When I can freely feel this strength of being a separate person, then I find that I can let myself go much more deeply in understanding and accepting him because I am not fearful of losing myself.

5. The next question is closely related. Am I secure enough within myself to permit him his separateness? Can I permit him to be what he is—honest or deceitful, infantile or adult, despairing or over-confident? Can I give him the freedom to be? Or do I feel that he should follow my advice, or remain somewhat dependent on me, or mold himself after me? In this connection I think of the interesting small study by Farson (6) which found that the less well adjusted and less competent counselor tends to induce conformity to himself, to have clients who model themselves after him. On the other hand, the better adjusted and more competent counselor can interact with a client through many interviews without interfering with the freedom of the client to develop a personality quite separate from that of his therapist. I should prefer to be in this latter class, whether as parent or supervisor or counselor.

6. Another question I ask myself is: Can I let myself enter fully into the world of his feelings and personal meanings and see these as he does? Can I step into his private world so completely that I lose all desire to evaluate or judge it? Can I enter it so sensitively that I can move about in it freely, without trampling on meanings which are precious to him? Can I sense it so accurately that I can catch not only the meanings of his experience which are obvious to him, but those meanings which are only implicit, which he sees only dimly or as confusion? Can I extend this understanding without limit? I think of the client who said, "Whenever I find someone who understands a *part* of me at the time, then it never fails that a point is reached where I know they're *not* understanding me again . . . What I've looked for so hard is for someone to understand."

For myself I find it easier to feel this kind of understanding, and to communicate it, to individual clients than to students in a class or staff members in a group in which I am involved. There is a strong temptation to set students "straight," or to point out to a staff member the errors in his thinking. Yet when I can permit myself to understand in these situations, it is mutually rewarding. And with clients in therapy, I am often impressed with the fact that even a minimal amount of empathic understanding—a stumbling and faulty attempt to catch the confused complexity of the client's meaning—is helpful, though there is no doubt that it is most helpful when I can see and formulate clearly the meanings in his experiencing which for him have been unclear and tangled.

7. Still another issue is whether I can be acceptant of each facet of this other person which he presents to me. Can I receive him as he is? Can I communicate

person which he presents to me. Can I receive him as he is? Can I communicate this attitude? Or can I only receive him conditionally, acceptant of some aspects of his feelings and silently or openly disapproving of other aspects? It has been my experience that when my attitude is conditional, then he cannot change or grow in those respects in which I cannot fully receive him. And when—afterward and sometimes too late—I try to discover why I have been unable to accept him in every respect, I usually discover that it is because I have been frightened or threatened in myself by some aspect of his feelings. If I am to be more helpful, then I must myself grow and accept myself in these respects.

8. A very practical issue is raised by the question: Can I act with sufficient sensitivity in the relationship that my behavior will not be perceived as a threat? The work we are beginning to do in studying the physiological concomitants of psychotherapy confirms the research by Dittes in indicating how easily individuals are threatened at a physiological level. The psychogalvanic reflex—the measure of skin conductance—takes a sharp dip when the therapist responds with some word which is just a little stronger than the client's feelings. And to a phrase such as, "My you *do* look upset," the needle swings almost off the paper. My desire to avoid even such minor threats is not due to a hypersensitivity about my client. It is simply due to the conviction based on experience that if I can free him as completely as possible from external threat, then he can begin to experience and to deal with the internal feelings and conflicts which he finds threatening within himself.

9. A specific aspect of the preceding question but an important one is: Can I free him from the threat of external evaluation? In almost every phase of our lives—at home, at school, at work—we find ourselves under the rewards and punishments of external judgments. "That's good"; "that's naughty." "That's worth an A"; "that's a failure." "That's good counseling"; "that's poor counseling." Such judgments are a part of our lives from infancy to old age. I believe they have a certain social usefulness to institutions and organizations such as schools and professions. Like everyone else I find myself all too often making such evaluations. But, in my experience, they do not make for personal growth and hence I do not believe that they are a part of a helping relationship. Curiously enough a positive evaluation is as threatening in the long run as a negative one, since to inform someone that he is good implies that you also have the right to tell him he is bad. So I have come to feel that the more I can keep a relationship free of judgment and evaluation, the more this will permit the other person to reach the point where he recognizes that the locus of evaluation, the center of responsibility, lies within himself. The meaning and value of his experience is in the last analysis something which is up to him, and no amount of

external judgment can alter this. So I should like to work toward a relationship in which I am not, even in my own feelings, evaluating him. This I believe can set him free to be a self-responsible person.

10. One last question: Can I meet this other individual as a person who is in process of *becoming*, or will I be bound by his past and by my past? If, in my encounter with him, I am dealing with him as an immature child, an ignorant student, a neurotic personality, or a psychopath, each of these concepts of mine limits what he can be in the relationship. Martin Buber, the existentialist philosopher of the University of Jerusalem, has a phrase, “confirming the other,” which has had meaning for me. He says “Confirming means . . . accepting the whole potentiality of the other. . . . I can recognize in him, know in him, the person he has been . . . *created* to become. . . . I confirm him in myself, and then in him, in relation to this potentiality that . . . can now be developed, can evolve” (3). If I accept the other person as something fixed, already diagnosed and classified, already shaped by his past, then I am doing my part to confirm this limited hypothesis. If I accept him as a process of becoming, then I am doing what I can to confirm or make real his potentialities.

It is at this point that I see Verplanck, Lindsley, and Skinner, working in operant conditioning, coming together with Buber, the philosopher or mystic. At least they come together in principle, in an odd way. If I see a relationship as only an opportunity to reinforce certain types of words or opinions in the other, then I tend to confirm him as an object—a basically mechanical, manipulable object. And if I see this as his potentiality, he tends to act in ways which support this hypothesis. If, on the other hand, I see a relationship as an opportunity to “reinforce” *all* that he is, the person that he is with all his existent potentialities, then he tends to act in ways which support *this* hypothesis. I have then—to use Buber’s term—confirmed him as a living person, capable of creative inner development. Personally I prefer this second type of hypothesis.

CONCLUSION

In the early portion of this paper I reviewed some of the contributions which research is making to our knowledge *about* relationships. Endeavoring to keep that knowledge in mind I then took up the kind of questions which arise from an inner and subjective point of view as I enter, as a person, into relationships. If I could, in myself, answer all the questions I have raised in the affirmative, then I believe that any relationships in which I was involved would be helping relationships, would involve growth. But I cannot give a positive answer to most of these questions. I can only work in the direction of the positive answer.

This has raised in my mind the strong suspicion that the optimal helping

relationship is the kind of relationship created by a person who is psychologically mature. Or to put it in another way, the degree to which I can create relationships which facilitate the growth of others as separate persons is a measure of the growth I have achieved in myself. In some respects this is a disturbing thought, but it is also a promising or challenging one. It would indicate that if I am interested in creating helping relationships I have a fascinating lifetime job ahead of me, stretching and developing my potentialities in the direction of growth.

I am left with the uncomfortable thought that what I have been working out for myself in this paper may have little relationship to your interests and your work. If so, I regret it. But I am at least partially comforted by the fact that all of us who are working in the field of human relationships and trying to understand the basic orderliness of that field are engaged in the most crucial enterprise in today's world. If we are thoughtfully trying to understand our tasks as administrators, teachers, educational counselors, vocational counselors, therapists, then we are working on the problem which will determine the future of this planet. For it is not upon the physical sciences that the future will depend. It is upon us who are trying to understand and deal with the interactions between human beings—who are trying to create helping relationships. So I hope that the questions I ask of myself will be of some use to you in gaining understanding and perspective as you endeavor, in your way, to facilitate growth in your relationships.

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What We Know About Psychotherapy—Objectively and Subjectively

In the spring of 1960 I was invited to the California Institute of Technology as a visitor in their “Leaders of America” program, sponsored by the Cal Tech YMCA, which arranges most of the cultural programs for the Institute. As one part of this four-day visit I was asked to talk to a forum of faculty and staff. I was eager to speak of psychotherapy in a way which would make sense to physical scientists, and it seemed to me a summary of the research findings in regard to therapy might communicate. On the other hand I wished to make very clear that the personal subjective relationship is at least an equally fundamental part of therapeutic change. So I endeavored to present both sides. I have made some changes in the paper, but this is essentially what I presented to the audience at Cal Tech.

I was pleased that the presentation seemed well received, but I have been even more pleased that since that time a number of individuals who have experienced therapy have read the manuscript and seem highly enthusiastic about the description (in the second half of the paper) of the client’s inner experience of therapy. This gratifies me, because I am especially eager to capture the way therapy feels and seems to the client.

IN THE FIELD OF PSYCHOTHERAPY considerable progress has been made in the last decade in measuring the outcomes of therapy in the personality and behavior of the client. In the last two or three years additional progress has been made in identifying the basic conditions in the therapeutic relationship which bring about therapy, which facilitate personal development in the direction of psychological maturity. Another way of saying this is that we have made progress in determining those ingredients in a relationship which promote personal growth.

Psychotherapy does not supply the motivation for such development or growth. This seems to be inherent in the organism, just as we find a similar tendency in the human animal to develop and mature physically, provided minimally satisfactory conditions are provided. But therapy does play an extremely important part in releasing and facilitating the tendency of the organism toward psychological development or maturity, when this tendency has been blocked

Objective Knowledge

I would like, in the first part of this talk, to summarize what we know of the conditions which facilitate psychological growth, and something of what we know of the process and characteristics of that psychological growth. Let me explain what I mean when I say that I am going to summarize what we “know.” I mean that I will limit my statements to those for which we have objective empirical evidence. For example, I will talk about the conditions of psychological growth. For each statement one or more studies could be cited in which it was found that changes occurred in the individual when these conditions were present which did not occur in situations where these conditions were absent, or were present to a much lesser degree. As one investigator states, we have made progress in identifying the primary change-producing agents which facilitate the alteration of personality and of behavior in the direction of personal development. It should of course be added that this knowledge, like all scientific knowledge, is tentative and surely incomplete, and is certain to be modified, contradicted in part, and supplemented by the painstaking work of the future. Nevertheless there is no reason to be apologetic for the small but hard-won knowledge which we currently possess.

I would like to give this knowledge which we have gained in the very briefest fashion, and in everyday language.

It has been found that personal change is facilitated when the psychotherapist is what he *is*, when in the relationship with his client he is genuine and without “front” or façade, openly being the feelings and attitudes which at that moment are flowing *in* him. We have coined the term “congruence” to try to describe this condition. By this we mean that the feelings the therapist is experiencing are available to him, available to his awareness, and he is able to live these feeling’s, be them, and able to communicate them if appropriate. No one fully achieves this condition, yet the more the therapist is able to listen acceptantly to what is going on within himself, and the more he is able to be the complexity of his feelings, without fear, the higher the degree of his congruence.

To give a commonplace example, each of us senses this quality in people in a variety of ways. One of the things which offends us about radio and TV commercials is that it is often perfectly evident from the tone of voice that the announcer is “putting on,” playing a role, saying something he doesn’t feel. This

is an example of incongruence. On the other hand each of us knows individuals whom we somehow trust because we sense that they are being what they are, that we are dealing with the person himself, not with a polite or professional front. It is this quality of congruence which we sense which research has found to be associated with successful therapy. The more genuine and congruent the therapist in the relationship, the more probability there is that change in personality in the client will occur.

Now the second condition. When the therapist is experiencing a warm, positive and acceptant attitude toward what *is* in the client, this facilitates change. It involves the therapist's genuine willingness for the client to be whatever feeling is going on in him at that moment,—fear, confusion, pain, pride, anger, hatred, love, courage, or awe. It means that the therapist cares for the client, in a nonpossessive way. It means that he prizes the client in a total rather than a conditional way. By this I mean that he does not simply accept the client when he is behaving in certain ways, and disapprove of him when he behaves in other ways. It means an outgoing positive feeling without reservations, without evaluations. The term we have come to use for this is unconditional positive regard. Again research studies show that the more this attitude is experienced by the therapist, the more likelihood there is that therapy will be successful.

The third condition we may call empathic understanding. When the therapist is sensing the feelings and personal meanings which the client is experiencing in each moment, when he can perceive these from “inside,” as they seem to the client, and when he can successfully communicate something of that understanding to his client, then this third condition is fulfilled.

I suspect each of us has discovered that this kind of understanding is extremely rare. We neither receive it nor offer it with any great frequency. Instead we offer another type of understanding which is very different. “I understand what is wrong with you”; “I understand what makes you act that way”; or “I too have experienced your trouble and I reacted very differently”; these are the types of understanding which we usually offer and receive, an evaluative understanding from the outside. But when someone understands how it feels and seems to be *me*, without wanting to analyze me or judge me, then I can blossom and grow in that climate. And research bears out this common observation. When the therapist can grasp the moment-to-moment experiencing which occurs in the inner world of the client as the client sees it and feels it, without losing the separateness of his own identity in this empathic process, then change is likely to occur.

Studies with a variety of clients show that when these three conditions occur

in the therapist, and when they are to some degree perceived by the client, therapeutic movement ensues, the client finds himself painfully but definitely learning and growing, and both he and his therapist regard the outcome as successful. It seems from our studies that it is attitudes such as these rather than the therapist's technical knowledge and skill, which are primarily responsible for therapeutic change.

THE DYNAMICS OF CHANGE

You may well ask, "But why does a person who is seeking help change for the better when he is involved, over a period of time, in a relationship with a therapist which contains these elements? How does this come about?" Let me try very briefly to answer this question.

The reactions of the client who experiences for a time the kind of therapeutic relationship which I have described are a reciprocal of the therapist's attitudes. In the first place, as he finds someone else listening acceptantly to his feelings, he little by little becomes able to listen to himself. He begins to receive the communications from within himself—to realize that he *is* angry, to recognize when he is frightened, even to realize when he is feeling courageous. As he becomes more open to what is going on within him he becomes able to listen to feelings which he has always denied and repressed. He can listen to feelings which have seemed to him so terrible, or so disorganizing, or so abnormal, or so shameful, that he has never been able to recognize their existence in himself.

While he is learning to listen to himself he also becomes more acceptant of himself. As he expresses more and more of the hidden and awful aspects of himself, he finds the therapist showing a consistent and unconditional positive regard for him and his feelings. Slowly he moves toward taking the same attitude toward himself, accepting himself as he is, and therefore ready to move forward in the process of becoming.

And finally as he listens more accurately to the feelings within, and becomes less evaluative and more acceptant toward himself, he also moves toward greater congruence. He finds it possible to move out from behind the façades he has used, to drop his defensive behaviors, and more openly to be what he truly is. As these changes occur, as he becomes more self-aware, more self-acceptant, less defensive and more open, he finds that he is at last free to change and grow in the directions natural to the human organism.

THE PROCESS

Now let me put something of this process in factual statements, each statement borne out by empirical research. We know that the client shows

movement on each of a number of continua. Starting from wherever he may be on each continuum I will mention, he moves toward the upper end.

In regard to feelings and personal meanings, he moves away from a state in which feelings are unrecognized, unowned, unexpressed. He moves toward a flow in which ever-changing feelings are experienced in the moment, knowingly and acceptingly, and may be accurately expressed.

The process involves a change in the manner of his experiencing. Initially he is remote from his experiencing. An example would be the intellectualizing person who talks about himself and his feelings in abstractions, leaving you wondering what is *actually* going on within him. From such remoteness he moves toward an immediacy of experiencing in which he lives openly *in* his experiencing, and knows that he can turn to it to discover its current meanings.

The process involves a loosening of the cognitive maps of experience. From construing experience in rigid ways, which are perceived as external facts, the client moves toward developing changing, loosely held constrictings of meaning in experience, constructs which are modifiable by each new experience.

In general, the evidence shows that the process moves away from fixity, remoteness from feelings and experience, rigidity of self-concept, remoteness from people, impersonality of functioning. It moves toward fluidity, changingness, immediacy of feelings and experience, acceptance of feelings and experience, tentativeness of constructs, discovery of a changing self in one's changing experience, realness and closeness of relationships, a unity and integration of functioning.

We are continually learning more about this process by which change comes about, and I am not sure that this very brief summary conveys much of the richness of our findings.

THE RESULTS OF THERAPY

But let me turn to the outcomes of therapy, to the relatively lasting changes which occur. As in the other things I have said I will limit myself to statements borne out by research evidence. The client changes and reorganizes his concept of himself. He moves away from perceiving himself as unacceptable to himself, as unworthy of respect, as having to live by the standards of others. He moves toward a conception of himself as a person of worth, as a self-directing person, able to form his standards and values upon the basis of his own experience. He develops much more positive attitudes toward himself. One study showed that at the beginning of therapy current attitudes toward self were four to one negative, but in the final fifth of therapy self-attitudes were twice as often positive as negative. He becomes less defensive, and hence more open to his experience of himself and of others. He becomes more realistic and differentiated in his

himself and of others. He becomes more realistic and differentiated in his perceptions. He improves in his psychological adjustment, whether this is measured by the Rorschach test, the Thematic Apperception Test, the counselor's rating, or other indices. His aims and ideals for himself change so that they are more achievable. The initial discrepancy between the self that he is and the self that he wants to be is greatly diminished. Tension of all types is reduced—physiological tension, psychological discomfort, anxiety. He perceives other individuals with more realism and more acceptance. He describes his own behavior as being more mature and, what is more important, he is seen by others who know him well as behaving in a more mature fashion.

Not only are these changes shown by various studies to occur during the period of therapy, but careful follow-up studies conducted six to eighteen months following the conclusion of therapy indicate that these changes persist.

Perhaps the facts I have given will make it clear why I feel that we are approaching the point where we can write a genuine equation in this subtle area of interpersonal relationships. Using all of the research findings we have, here is a tentative formulation of the crude equation which I believe contains the facts.

The more that the client perceives the therapist as real or genuine, as empathic, as having an unconditional regard for him, the more the client will move away from a static, fixed, unfeeling, impersonal type of functioning, and the more he will move toward a way of functioning marked by a fluid, changing, acceptant experiencing of differentiated personal feelings. The consequence of this movement is an alteration in personality and behavior in the direction of psychic health and maturity and more realistic relationships to self, others, and the environment.

The Subjective Picture

Up to this point I have spoken of the process of counseling and therapy objectively, stressing what we know, writing it as a crude equation in which we can at least tentatively put down the specific terms. But let me now try to approach it from the inside, and without ignoring this factual knowledge, present this equation as it occurs subjectively in both therapist and client. I want to do this because therapy in its occurrence is a highly personal, subjective experience. This experience has qualities quite different from the objective characteristics it possesses when viewed externally.

THE THERAPIST'S EXPERIENCE

To the therapist, it is a new venture in relating. He feels, "Here is this other person, my client. I'm a little afraid of him, afraid of the depths in him as I am a little afraid of the depths in myself. Yet as he speaks, I begin to feel a respect for him, to feel my kinship to him. I sense how frightening his world is for him, how tightly he tries to hold it in place. I would like to sense his feelings, and I would like him to know that I understand his feelings. I would like him to know that I stand with him in his tight, constricted little world, and that I can look upon it relatively unafraid. Perhaps I can make it a safer world for him. I would like my feelings in this relationship with him to be as clear and transparent as possible, so that they are a discernible reality for him, to which he can return again and again. I would like to go with him on the fearful journey into himself, into the buried fear, and hate, and love which he has never been able to let flow in him. I recognize that this is a very human and unpredictable journey for me, as well as for him, and that I may, without even knowing my fear, shrink away within myself, from some of the feelings he discovers. To this extent I know I will be limited in my ability to help him. I realize that at times his own fears may make him perceive me as uncaring, as rejecting, as an intruder, as one who does not understand. I want fully to accept these feelings in him, and yet I hope also that my own real feelings will show through so clearly that in time he cannot fail to perceive them. Most of all I want him to encounter in me a real person. I do not need to be uneasy as to whether my own feelings are 'therapeutic.' What I am and what I feel are good enough to be a basis for therapy, if I can transparently *be* what I am and what I feel in relationship to him. Then perhaps he can be what he is, openly and without fear."

THE CLIENT'S EXPERIENCE

And the client, for his part, goes through far more complex sequences which can only be suggested. Perhaps schematically his feelings change in some of these ways. "I'm afraid of him. I want help, but I don't know whether to trust him. He might see things which I don't know in myself—frightening and bad elements. He seems not to be judging me, but I'm sure he is. I can't tell him what really concerns me, but I can tell him about some past experiences which are related to my concern. He seems to understand those, so I can reveal a bit more of myself.

"But now that I've shared with him some of this bad side of me, he despises me. I'm sure of it, but it's strange I can find little evidence of it. Do you suppose that what I've told him isn't so bad? Is it possible that I need not be ashamed of it as a part of me? I no longer feel that he despises me. It makes me feel that I

want to go further, exploring *me*, perhaps expressing more of myself. I find him a sort of companion as I do this—he seems really to understand.

“But now I’m getting frightened again, and this time deeply frightened. I didn’t realize that exploring the unknown recesses of myself would make me feel feelings I’ve never experienced before. It’s very strange because in one way these aren’t new feelings. I sense that they’ve always been there. But they seem so bad and disturbing I’ve never dared to let them flow in me. And now as I live these feelings in the hours with him, I feel terribly shaky, as though my world is falling apart. It used to be sure and firm. Now it is loose, permeable and vulnerable. It isn’t pleasant to feel things I’ve always been frightened of before. It’s his fault. Yet curiously I’m eager to see him and I feel more safe when I’m with him.

“I don’t know who I am any more, but sometimes when I *feel* things I seem solid and real for a moment. I’m troubled by the contradictions I find in myself—I act one way and feel another—I think one thing and feel another. It is very disconcerting. It’s also sometimes adventurous and exhilarating to be trying to discover who I am. Sometimes I catch myself feeling that perhaps the person I am is worth being, whatever that means.

“I’m beginning to find it very satisfying, though often painful, to share just what it is I’m feeling at this moment. You know, it is really helpful to try to listen to myself, to hear what is going on in me. I’m not so frightened any more of what *is* going on in me. It seems pretty trust-worthy. I use some of my hours with him to dig deep into myself to know what I *am* feeling. It’s scary work, but I want to *know*. And I do trust him most of the time, and that helps. I feel pretty vulnerable and raw, but I know he doesn’t want to hurt me, and I even believe he cares. It occurs to me as I try to let myself down and down, deep into myself, that maybe if I could sense what is going on in me, and could realize its meaning, I would know who I am, and I would also know what to do. At least I feel this knowing sometimes with him.

“I can even tell him just how I’m feeling toward him at any given moment and instead of this killing the relationship, as I used to fear, it seems to deepen it. Do you suppose I could be my feelings with other people also? Perhaps that wouldn’t be too dangerous either.

“You know, I feel as if I’m floating along on the current of life, very adventurously, being me. I get defeated sometimes, I get hurt sometimes, but I’m learning that those experiences are not fatal. I don’t *know* exactly *who* I am, but I can feel my reactions at any given moment, and they seem to work out pretty well as a basis for my behavior from moment to moment. Maybe this is what it *means* to be *me*. But of course I can only do this because I feel safe in the

relationship with my therapist. Or could I be myself this way outside of this relationship? I wonder. I wonder. Perhaps I could.”

What I have just presented doesn't happen rapidly. It may take years. It may not, for reasons we do not understand very well, happen at all. But at least this may suggest an inside view of the factual picture I have tried to present of the process of psychotherapy as it occurs in both the therapist and his client.