

# Carl Rogers

## The Therapeutic Conditions Antecedent to Change: A Theoretical View

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*The conceptualizations on which this chapter is based were hammered out in staff interactions at the University of Chicago and the University of Wisconsin, and it would be impossible to name all of the individuals who helped in sharpening these interactions. The chapter was written, drawing on this experience, by Carl R. Rogers and Charles B. Truax.*

In Part I an overall view of the concepts, the design, and the findings of the investigation has been given in condensed and general form. In Parts II, III, and IV, we will present, in a much more thorough and detailed way, the theories which constitute the underpinning of the research, and the data analyses of findings expressed in much more complete and complex form.

The first theoretical problem has to do with our views as to the elements which underlie change. What do we as therapists do that actually leads to constructive change in our clients or patients? This is a question of paramount importance to all who are engaged in helping relationships, for certainly only a small percentage of the events occurring in the therapeutic relationship make any real contribution to the work of psychotherapy. What, then, are the essential ingredients in effective psychotherapy among all the attempts we make to help the patient resolve his conflicts and anxieties? Which of these efforts actually contribute to the individual's positive personality growth?

Many therapists have felt that the answers to such questions are so subtle as to be impossible of investigation. How can one be scientific about relationships which are completely subjective? When a previously suicidal woman says, "I was kept from destruction by the look in one man's eyes," how can one investigate such a situation with the blunt tools of current research? It seems clear that the therapeutic relationship differs from one therapist to another. With a given therapist it differs from one client to another. Thus a therapist finds himself using sophisticated, polite, and even academic language with one client, and vulgar and coarse terminology with another. He is blunt with one individual, gentle with another. Even with the same client his relationship differs over time, from the first interviews with their tentative testing and uncertainty on both sides of the desk to the later relationship, deeper and more knowing on both sides.

In the light of this it is a very real question as to how this can possibly be a field for research. How can one isolate those therapist behaviors which have any relevance for personal growth, especially since it is almost certainly not his *behaviors* which are relevant to the process of therapy?

... In spite of all these considerations we have elected to study certain elements in the therapeutic relationship, recognizing that the findings of research can never be as complex or subtle as the total experience, and yet recognizing too that investigation may point to certain generalities or commonalities which are important in furthering both our knowledge and our practice.

### *The Search for Common Elements*

There appears to be general agreement as to at least some of the elements which are important in a helping relationship. Psychoanalytic writers (Ferenczi, 1930; Alexander, 1948; Schafer, 1959; Halpern and Lesser, 1960), eclectic therapists (Strunk, 1957; Rausch and Bordin, 1959; Strupp, 1960; Hobbs, 1962; Fox and Goldin, 1963), and client-centered therapists (Dymond, 1949; Rogers, 1951, 1957; Jourard, 1959; Truax, 1961) have all emphasized the importance of the therapist's ability to understand sensitively and accurately the inner experiences of the client or patient. They have also stressed such qualities as the maturity of the therapist and his integration or genuineness within the relationship. Finally, they have stressed his warmth and his acceptance of the individual with whom he is working. Thus these three characteristics of the therapist as he enters the process of psychotherapy have been stressed in a wide variety of therapeutic approaches, even though they have been differently defined by different writers. Cutting across parochial viewpoints, they can be considered as elements common to a wide variety of therapies.

Some years ago, Rogers (1957) attempted an organized theoretical statement in which it was hypothesized that three characteristics of the therapist in the relationship, when adequately communicated to the client, constituted the necessary and sufficient conditions for constructive personality change. These three conditions were that the therapist be a genuine or self-congruent person within the therapeutic hour; that he experience an unconditional positive regard for his client; and that he experience and communicate a sensitively empathic understanding of the client's phenomenological world.

Though it would be difficult if not impossible to establish either the necessity or the sufficiency of these three therapist's "conditions" (Ellis [1959] has pointed out that any specific condition is unlikely to be either necessary or sufficient), this theoretical statement has had considerable heuristic value. It has been the springboard for a number of significant studies. By setting forth a rigorous and reasonably well-defined set of hypotheses, it has made possible a testing of the effectiveness of these three conditions.

### *Some Initial Assumptions*

It was made clear in the reference mentioned above that there are certain initial assumptions which must be fulfilled if the hypotheses are to hold. The first assumption is that the therapist and his client have a psychological contact. This means simply that they have the minimum essentials of a relationship, namely, that each makes a perceived or subceived difference in the experiential field of the other. This difference may be quite minimal and in fact not immediately apparent to an observer...

... Thus it might be difficult to know whether a catatonic patient perceives the therapist's presence as making a difference to him. But it is almost certain that at some physiological level he does sense or subceive this difference.

The second assumption is that the client has some degree of incongruence between his awareness and his experiencing. What this means is that the percepts, concepts, and constructs regarding self, environment, and others which are present in the person's awareness are not entirely matched by the experiencing going on in him at the physiological level. This is indeed a minimal assumption, since such incongruence is to some degree characteristic of all of us as imperfect human beings. It does not necessarily mean that the individual is severely disturbed. Put in the more technical terms of Rogers' theory (1959), it indicates that he is "vulnerable" to anxiety, meaning that there is an incongruence but that the individual is defensively unaware of it. Or it may mean that he is "anxious," a state in which the incongruence between awareness and experiencing is approaching symbolization. When such a discrepancy enters awareness, a change in the construct system is forced.

When thus defined in technical terms, this assumption may sound elaborate or unusual. Actually it necessarily exists in every person who comes voluntarily for psychotherapy, since some dim awareness of such a discrepancy is the very problem which brings him to us. Even with most individuals who do not come for psychotherapy, such a condition is met. Our clinical experiences with "well-adjusted" industrial executives indicate that even their minimal degree of anxiety, tension, or incongruence between self and experience is quite enough to meet this assumption.

A final assumption which is basic to the theory is that the patient will perceive at least to a minimal degree the therapist-offered conditions of genuineness, warmth, and empathy. In ordinary relationships with normal or mildly disturbed individuals it can be taken for granted that such a perception exists if the conditions are indeed offered. Most individuals have a sufficiently realistic perception of their environment to have a minimal awareness of these conditions when they are present. In dealing with deeply disturbed and psychotic individuals this assumption cannot be taken for granted, and a phenomenologically based measure of the patient's perception is necessary to establish whether there is some degree of realistic appreciation of these therapeutic conditions.

The description of the therapeutic conditions which follows and the predictions related to them will take for granted that the assumptions described above are, in any particular relationship, already met.

## ***Therapist Congruence***

The order in which the three therapeutic conditions are described has some significance because they are logically intertwined. Perhaps this can be made clear. It is important that the therapist achieve a high level of accurate empathy. However, to be deeply sensitive to the moment-to-moment "being" of another person requires of us as therapists that we first accept and to some degree prize this other person. Consequently a satisfactory level of empathy can scarcely exist without there being also a considerable degree of unconditional positive regard...

... But neither of these conditions can possibly be meaningful in the relationship unless they are real. Consequently unless the therapist is, both in these respects and in others, integrated and genuine within the therapeutic encounter, the other conditions could scarcely exist to a satisfactory degree. Therefore it would seem that this element of genuineness, or congruence, is the most basic of the three conditions. The following paragraphs attempt to describe the meaning of this concept.

We readily sense this quality of congruence in everyday life. Each of us could name persons who always seem to be operating from behind a front, who are playing a role, who tend to say things that they do not feel. They are exhibiting incongruence. We tend not to reveal ourselves too deeply to such people. On the other hand, each of us knows individuals whom we somehow trust because we sense that they are being what they *are* in an open and transparent way and that we are dealing with the person himself, not with a polite or professional façade. This is the quality of congruence.

In relation to therapy it means that the therapist is what he *is*, during his encounter with his client. He is without front or façade, openly being the feelings and attitudes which at the moment are flowing in him. It involves the element of self-awareness, meaning that the feelings the therapist is experiencing are available to him, available to his awareness, and also that he is able to live these feelings, to be them in the relationship, and able to communicate them if appropriate. It means that he comes into a direct personal encounter with his client, meeting him on a person-to-person basis. It means that he is *being* himself, not denying himself.

Since this concept is liable to misunderstanding, it may be well to state some of the things that it does not imply. It does not mean that the therapist burdens his client with the overt expression of all of his feelings. It does not mean that he blurts out impulsively anything which comes to mind. It does not mean that the therapist discloses his total self to his client. It does mean, however, that he does not *deny* to himself the feelings that he is experiencing, and that he is willing *transparently to be* any persistent feelings which exist in the relationship and to let these be known to his client if appropriate. It means avoiding the temptation to present a façade or hide behind a mask of professionalism or to adopt a confessional-professional relationship.

It is not a simple thing to achieve such reality. Being real involves the difficult task of being acquainted with the flow of experiencing going on within oneself, a flow marked especially by complexity and continuous change. So if I sense that I am feeling bored by my contacts with this client and this feeling persists, I think I owe it to him and to our relationship to share this feeling with him. The same would hold if my feeling is one of being afraid of this client, or if my attention is so focused on my own problems that I can scarcely listen to him. But as I attempt to share these feelings I also want to be constantly in touch with what is going on in me. If I am, I will recognize that it is *my* feeling of being bored which I am expressing, and not some supposed tact about him as a boring person. If I voice it as my *own* reaction, it has the potentiality of leading to a deep relationship. But this feeling exists in the context of a complex and changing flow, and this needs to be communicated too. I would like to share with him my distress at feeling bored and the discomfort I feel in expressing this aspect of me...

... As I share these attitudes I find that my feeling of boredom arises from my sense of remoteness from him and that I would like to be more in touch with him, and even as I try to express these feelings they change. I am certainly not bored as I try to communicate myself to him in this way, and I am far from bored as I wait with eagerness and perhaps a bit of apprehension for his response. I also feel a new sensitivity to him now that I have shared this feeling which has been a barrier between us. I am very much more able to hear the surprise or perhaps the hurt in his voice as he now finds himself speaking more genuinely because I have dared to be real with him. I have let myself be a person - real, imperfect - in my relationship with him.

It should be clear from this lengthy description that congruence is helpful even when negative feelings toward the client are involved. Of course it would be most helpful if such feelings did not exist in the therapist, but if they do it is harmful to the patient to hide them. Any therapist has negative attitudes from time to time, but it is preferable for him to express them, thus to be real, than to put up a false posture of interest, concern, and liking which the client is likely to perceive, or subceive, as un genuine.

It is not an easy thing for the client, or for any human being, to trust his most deeply shrouded feelings to another person. It is even more difficult for a disturbed person to share his deepest and most troubling feelings with a therapist. The genuineness, or congruence, of the therapist is one of the elements in the relationship which makes this risk of sharing easier and less fraught with dangers.

In view of the subtlety of this concept, it is not surprising that behavioral cues which permit us to measure the degree of congruence are also subtle. At a very low level of congruence the therapist may be clearly defensive in the interaction, as evidenced by the contradiction between the content of his message and his voice qualities or the non-verbal cues which he presents. Or the therapist may respond appropriately but in so professional a manner that he gives the impression that his responses are formulated to sound good rather than being what he really feels and means. Thus incongruence may involve a contrived or rehearsed quality or a professional front.

At the upper ranges of therapist genuineness, his openness to all types of feelings and experiences, both pleasant and hurtful, without trace of defensiveness or retreat into professionalism, is usually most evident from the quality of his voice and the manner of his expression. It is no doubt fortunate in trying to rate such a subtle quality that all of us have had a lifetime of experience in judging genuineness or facade in others. Hence we are able to detect extremely subtle cues in this respect.

## ***Unconditional Positive Regard***

A second condition which is hypothesized as essential for therapeutic movement and change is the experiencing by the therapist of an unconditional positive regard for the client. This means that the therapist communicates to his client a deep and genuine caring for him as a person with human potentialities, a caring uncontaminated by evaluations of his thoughts, feelings, or behaviors. The therapist experiences a warm acceptance of the client's experience as being a part of the client as a person, and places no conditions on his acceptance and warmth...

... He prizes the client in a total rather than a conditional way. He does not accept certain feelings in the client and disapprove others. He feels an *unconditional* positive regard or warmth for this person. This is an outgoing, positive feeling without reservations and without evaluations. It means *not* making judgments. It involves as much feeling of acceptance for the client's expression of painful, hostile, defensive, or abnormal feelings as for his expression of good, positive, mature feelings. For us as therapists it may even be that it is easier to accept painful and negative feelings than the positive and self-confident feelings which sometimes come through. These latter we almost automatically regard as defensive. But unconditional positive regard involves a willingness to share equally the patient's confidence and joy, or his depression and failure. It is a non-possessive caring for the client as a separate person. The client is thus freely allowed to have his *own* feelings and his *own* experiencing. One client describes the therapist as "fostering my possession of my own experience and that I am actually having it; thinking what I think, feeling what I feel, wanting what I want, fearing what I fear; no 'ifs,' 'buts,' or 'not reallys.'" This is the type of acceptance which is expected to lead to a relationship which facilitates the engagement of the patient in the process of therapy and leads to constructive personality change.

The question is often raised: But what about the therapist's attitude toward his client's asocial or antisocial behavior? Is he to accept this without evaluation? Sometimes this question is answered by saying that the effective therapist prizes the person, but not necessarily his behavior. Yet it is doubtful if this is an adequate or true answer. To be sure, the therapist may feel that a particular behavior is socially unacceptable or socially bad, something he could not approve of in himself, and a way of behaving which is inimical to the welfare of the social group. But the effective therapist may feel acceptant of this behavior in his client, not as desirable behavior, but as a *natural consequence* of the circumstances, experiences, and feelings of this client. Thus the therapist's acceptance may be based upon this kind of feeling: "If I had had the same background, the same circumstances, the same experiences, it would be inevitable in me, as it is in this client, that I would act in this fashion." In this respect he is like the good parent whose child, in a moment of fear and panic, has defecated in his clothing. The reaction of the loving parent includes both a caring for the child, and acceptance of the behavior as an entirely natural event under the circumstances. This does not mean that the parent approves such behavior in general.

Thus when the therapist prizes his client, and is searching for the meaning or value of his client's thoughts or behaviors within the client, he does not tend to feel a response of approval or disapproval. He feels an acceptance of what *is*.

Unconditional positive regard, when communicated by the therapist, functions to provide the non-threatening context in which it is possible for the client to explore and experience the most deeply shrouded elements of his inner self. The therapist is not paternalistic, or sentimental, or superficially social and agreeable. But his deep caring is a necessary ingredient in providing a "safe" context in which the client can come to explore himself and share deeply with another human being.

## ***Accurate Empathic Understanding***

The ability of the therapist accurately and sensitively to understand experiences and feelings *and their meaning to the client* during the moment-to-moment encounter of psychotherapy constitutes what can perhaps be described as the “work” of the therapist after he has first provided the contextual base for the relationship by his self-congruence or genuineness and his unconditional positive regard.

Accurate empathic understanding means that the therapist is completely at home in the universe of the patient. It is a moment-to-moment sensitivity that is in the “here and now,” the immediate present. It is a sensing of the client’s inner world of private personal meanings “as if” it were the therapist’s own, but without ever losing the “as if” quality. Accurate sensitivity to the client’s “being” is of primary value in the moment-to-moment encounter of therapy; it is of limited use to the individual if the therapist only arrives at this insightful and empathic understanding of the patient’s experience as he drives home at night. Such a delayed empathy or insight may be of value if the therapist has a later chance to respond to the same theme, but its value would lie in formulating his empathic response to the patient’s *immediate* living of the relationship.

The ability and sensitivity required to communicate these inner meanings back to the client in a way that allows these experiences to be “his” is the other major part of accurate empathic understanding. To sense the patient’s confusion, his fear, his anger or his rage as if it were a feeling you might have (but which you are not currently having) is the essence of the perceptive aspect of accurate empathy. To communicate this perception in a language attuned to the patient that allows him more clearly to sense and formulate his confusion, his fear, his rage or anger is the essence of the communicative aspect of accurate empathy.

At a high level of accurate empathy the message “I am with you” is unmistakably clear so that the therapist’s remarks fit with the client’s mood and content. The therapist at a high level will indicate not only a sensitive understanding of the apparent feelings but will *by his communication* clarify and expand the patient’s awareness of these feelings or experiences. The communication is not only by the use of words that the patient might well have used, but also by the sensitive play of voice qualities which reflect the seriousness, the intentness, and the depth of feeling.

An accurate empathic grasp of the patient’s conflicts and problems is perhaps most sharply contrasted with the more usual diagnostic formula-lion of the patient’s experiences. This diagnostic understanding which is so different but so common involves the “I understand what is wrong with you” or “I understand the dynamics which make you act that way” approach. These evaluative understandings are external and sometimes even impersonal. While they may at times be very useful in developing external understanding, they are in sharp contrast to an accurate and sensitive grasp of events or experiences and their *personal meaning to the client*. The external and evaluative understanding tends to focus the client’s being on externals or upon intellectualizations which remove him from an ongoing contact with the deeper elements of his self...

... The empathic understanding when it is accurately and sensitively communicated seems crucially important in making it possible for a person to get close to himself, to experience his most inward feelings, to maintain contact with his inner self-experiences, thus allowing for the recognition and resolution of incongruences. It is this self-exploration and consequent recognition and resolution of incongruities that we believe allows the client to change and to develop his potentialities.

Though the accuracy of understanding is central, the communication of intent to understand can in itself be of value. Even the confused, inarticulate, or bizarre individual, if he perceives that the therapist is *trying* to understand his meanings, will be helped because he will be encouraged to communicate more of his self. The very effort to understand communicates to the patient the value placed on him as an individual, thus conveying an element of unconditional positive regard. It gets across the fact that the therapist perceives his feelings and meanings as being *worth* understanding. It is in this sense that the intent to be empathic is of value. If the intent should continue without actualization, however, there is the possibility that it could become harmful. That is, if as a therapist I am consistently unable to understand the inarticulate or bizarre individual, he may become even more hopeless about the possibility of ever communicating himself.

There are many ways in which the therapist can communicate a low level of accurate empathic understanding. The therapist may be off on a tangent of his own, or may have misinterpreted what the patient is feeling, or may be so preoccupied and interested in his own intellectual interpretations of the client's behavior that he is scarcely aware of the client's "being." He may have his focus of attention on the intellectual content of what the client says rather than what the client "is" during the moment, and so ignores, misunderstands, or does not attempt to sense the client's current feelings and experiences.

The common element in a low level of empathy involves the therapist's doing something other than "listening" or "understanding"; he may be evaluating the client, giving advice, offering intellectual interpretations, or reflecting upon his own feelings or experiences. Indeed, a therapist may be accurately describing psychodynamics to the patient, but in a language not that of the client, or at a time when these dynamics are far removed from the current feelings of the client, so that there is a flavor of teacher-pupil interaction.

At a relatively low level of empathic sensitivity the therapist responds with clarity only to the patient's most obvious feelings. At an intermediate level, the therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent, but in the process of tentative probing, he may anticipate feelings which are not current or may misinterpret the present feelings. At a higher level the therapist is aware of many feelings and experiences which are not so evident but his lack of complete understanding is shown by the slightly inaccurate nature of his deeper responses. At this level he is simply "pointing" to some of the more hidden feelings. He is aware of their existence and so points to them but he is not yet able to grasp their meaning. At a very high level of empathic understanding the therapist's responses move, with sensitivity and accuracy, into feelings and experiences that are only hinted at by the client...

... At this level, underlying feelings or experiences are not only pointed to but they are specifically identified so that the content that comes to light may be new but it is not alien. At this high level the therapist is sensitive to his own tentative errors and quickly alters or changes his responses in midstream, indicating a clear but fluid responsiveness to what is being sought after in the patient's own explorations. The therapist's words reflect a togetherness with the patient and a tentative trial-and-error exploration while his voice tone reflects the seriousness and depth of his empathic grasp.

It is this sensitive and accurate grasp and communication of the patient's inner world that facilitates the patient's self-exploration and consequent personality growth.

### ***The Theoretical Predictions***

The three constructs defined in the preceding pages - empathic understanding, unconditional positive regard, and therapist congruence or genuineness - are central to the research. It is part of the theoretical background of the study that if these three conditions exist, then a process of therapy will occur in which the client deeply explores himself and comes to know and experience the full range of his being. As a consequence of the patient's engagement in this process of psychotherapy, personality growth and constructive personality change are theoretically predicted to occur.

Since these conditions - as offered by the therapist - vary in degree, and since the variables of process movement and therapeutic outcome also exist in varying degrees, the theoretical predictions are cast in the following form:

1. The greater the degree to which the therapist is congruent in the relationship, the greater will be the evidences of process movement in the client, and the greater will be the degree of constructive personality change in the client over therapy.
2. The greater the degree to which the therapist evidences unconditional positive regard for the client in the therapeutic relationship, the greater will be the evidences of the client's engagement in the process of therapy and his consequent personality change.
3. Finally, the greater the degree of accurately empathic understanding exhibited by the therapist toward the client, the greater will be the evidences of the client's engagement in the process of therapy and his consequent personality change.

These theoretic predictions are made with the understanding that three assumptions may be made about the therapeutic relationships in which these elements are studied. These are that the client and therapist are in psychological contact - that each makes a perceived or subceived difference in the experiential field of the other; that the patient is, at least to a minimal degree, incongruent and hence anxious or vulnerable to anxiety; and that the therapist's behavior communicates these attitudinal conditions so that they are to some degree perceived or subceived by the client.

Although the conditions are listed in the order of their theoretical importance, no specific predictions are made as to whether the conditions might be separately effective, or whether they are effective only when they exist together. The theory favors the view that each must be minimally present for effective therapy.

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