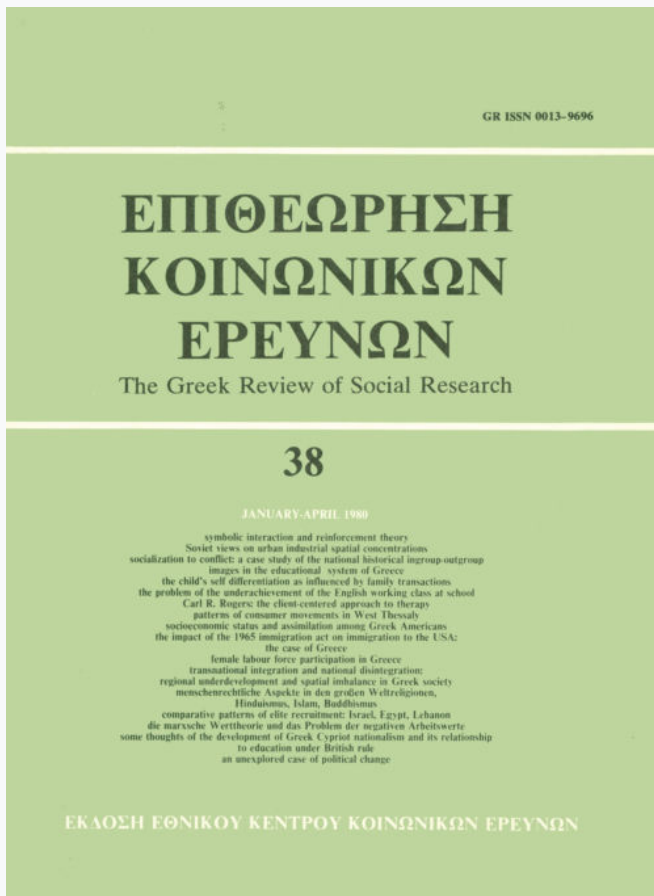


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Carl R. Rogers: the client-centered approach to therapy

by
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I. background

Since Rogers himself feels that «no theory can be adequately understood without some knowledge of the cultural and personal soil from which it springs», I felt obligated to start this paper by discussing some of his background.

Carl R. Rogers was born in Oak Park (a Chicago suburb), Illinois, on January 8, 1902; he was educated at the University of Wisconsin (B.A., 1924) and Columbia University (M.A., 1928., Ph.D., 1931). He was the middle child of a large, close-knit family with very strict and uncompromising religious beliefs. When Carl Rogers was about twelve years old, the family moved into the country where he developed a great interest for scientific agriculture. As a matter of fact, he started college in the field of agriculture! But, «during my first two college years my professional goals changed... from that of a scientific agriculturist to that of the university» (Rogers, 1961, p. 7). Thus, he changed his major to history as being a more suitable background for Christian evangelical work.

The year he graduated he married Helen Elliott and they both went to New York where they attended the Union Theological Seminary. However, the emphasis of his interests shifted slowly from organized religion to psychology, so that he transferred from the seminary to the Teacher's College.

While still working on his doctorate he was employed as a psychologist in the Child Study Department of the Society for the Prevention of Cruelty to Children, in Rochester, New York, where he stayed for twelve years. He established a separate Guidance Center in Rochester, of which he became director despite strong arguments that the office should be held by a psychiatrist. His book on the *Clinical Treatment of the Problem Child* (1939) was the outcome of his experiences at this child guidance clinic in Rochester.

Between 1940-1944 he held the position of full professor at Ohio State University, where he established one of the earliest instances—if not the first one—of supervised therapy in a university setting. During these years he wrote the book *Counseling and Psychotherapy* (1942) setting forth what he felt to be a more effective orientation to therapy.

He spent the next twelve years at the University of Chicago where he established a Counseling Center. In 1957 he accepted a position at the University of Wisconsin and remained there till 1964 when he moved to California and became a member of the Western Behavioral Sciences Institute (WBSI), a nonprofit organization devoted to humanistically oriented research in interpersonal relationships (Boring and Lindzey, 1967).

In 1968 he left WBSI to take a position with the Center for Studies of the Person in La Jolla, California,

where he continues as an active Fellow at the present time.

Carl R. Rogers has been President-elect of the American Psychological Association (1945-1946), President of the APA (1946-1947), President of the American Association for Applied Psychology (1944-1945), and President of the American Academy of Psychotherapists. In 1956 he received, with Wolfgang Köhler and Kenneth Spence, the first of the awards for a scientific contribution to psychology, which «had a greater personal meaning than all the honors which have followed (Rogers, 1974)». Finally, in 1972 he received the first award for Distinguished Professional Contribution.

II. client-centered approach to therapy

Rogers' early approach was thought of first as a mode of counseling and psychotherapy (Rogers, 1942) and was termed «non-directive». Non-directive counseling was based on the assumptions that: (a) the client has the right to select his own life goals, even though these may be at variance with the goals that the counselor might choose for him; and (b) every individual has the right to be psychologically independent and to maintain his psychological integrity (Rogers, 1942). «Reflection of feelings» and «non-directive techniques» were its main identifying features. The process of therapy was composed primarily of three stages: first, there was a release of personal feelings by the client; second, the client developed insight into the origin and nature of his difficulties; and third, following increased self-awareness, the client was able to make some positive choices and decisions in regard to his difficulties.

As experience, theory-building, and research broadened, Rogers shifted to focus from technique to the internal phenomenological world of the client and called his approach to therapy «client-centered» (Rogers, 1951). «Non directive» therapy focused too narrowly on one aspect of the relationship, namely not controlling the client; while «client-centered» better characterized the therapist's consistent attempt to understand the client and respect his inner resources.

The client-centered view developed primarily out of the continuing examination by Carl and his colleagues, of their changing, broadening experience with their clients (Rogers and Wood, 1974).

In his book *Client-Centered Therapy* (1951, pp. 483-524) Rogers cites nineteen basic propositions or assumptions underlying his approach to therapy; taken as a whole, they present a theory of behavior:

1. Every individual exists in a continually changing world of experience of which he is the center.
2. The organism reacts to the field as it is experienced

and received. This perceptual field is, for the individual, «reality».

3. The organism reacts as an organized whole to this phenomenal field; so that, alteration of any part may produce changes in any other part.
4. The organism has one basic tendency and striving—to actualize, maintain, and enhance the experiencing organism.
5. Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.
6. Emotion accompanies and in general facilitates such goal-directed behavior, the kind of emotion being related to the seeking versus the consummatory aspects of the behavior, and the intensity of the emotion being related to the perceived significance of the behavior for the maintenance and enhancement of the organism.

These last two propositions, five and six, apply more specifically to the human infant, but need to be modified when referred to the self of the adult human being.

7. The best vantage point for understanding behavior is from the internal frame of reference of the individual himself.
8. A portion of the total perceptual field gradually becomes differentiated as the self. Rogers identifies «self» as the awareness of being, of functioning.
9. As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed—an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the «I» or the «me», together with values attached to these concepts.
10. The values attached to experiences, and the values which are a part of the self structure, in some instances are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly.
11. As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organized into some relationship to the self, (b) ignored because there is no perceived relationship to the self-structure, (c) denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self.
12. Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self.
13. Behavior may, in some instances, be brought about by organic experiences and needs which have not been symbolized. Such behavior may be inconsis-

tent with the structure of self, but in such instances the behavior is not «owned» by the individual. This happens usually in moments of danger, where the individual reacts with behavior not governed by the conscious self.

14. Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension.
15. Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self.
16. Any experience which is inconsistent with the organization or structure of self may be perceived as a threat and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain itself.
17. Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived and examined, and the structure of self revised to assimilate and include such experiences.
18. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.
19. As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value system—based so largely upon introjections which have been distortedly symbolized—with a continuing organismic valuing process.

These propositions are, in a way, also a summary of the philosophy on which Rogers based his work. His basic premise is that experience is subjective to the individual; whatever the individual perceives and experiences at any given moment consists a psychological rather than an objective reality for him. By psychological reality Rogers means reality as perceived by the individual (i.e., phenomenological), since that is what the individual is reacting to.

Rogers refers to his theory as «phenomenological»; Phenomenological psychology emphasizes subjective phenomena rather than an objective and scientific reality. The philosophical premises of phenomenology hold that reality consists of internal and external dimensions. The external world is perceived only through internal experience. This world of personal experience is accessible to outsiders only through inference. In therapy, the best reference point from which the therapist can understand the client's feelings is from the internal

viewpoint of that individual. The process of therapy is seen as a reorganization of the client's perceptions about himself and his world. Quoting Snycg and Combs (1959), Rogers says: «we might, therefore, define psychotherapy from a phenomenological point of view as: the provision of experience whereby the individual is enabled to make more adequate differentiation of the phenomenal self and its relationship to external reality» (Rogers, 1951, p. 146).

Summary Table of the Periods in the Development of Client-Centered Psychotherapy

Periods	Functions of the therapist	Personality Changes
<i>Period I</i>		
1940-1950 Nondirective Psychotherapy	Creation of a permissive noninterventive atmosphere, <i>acceptance and clarification</i>	Gradual achievement of <i>insight</i> into one's self and one's situation
<i>Period II</i>		
1950-1957 Reflective psychotherapy	<i>Reflection</i> of feelings, avoid- ing threat in the relation- ship	Development of <i>congru-</i> <i>ence</i> of self-concept and the phenomenological field
<i>Period III</i>		
1957-1970 Experiential psychotherapy	Wide range of behaviors to express basic attitudes. Focus on the client's experi- encing. Expression of the therapist's experiencing.	Growth in the process continuum of inter-and intra-personal living by learning to use direct experiencing.

III. theory of therapy

Rogers' theory of the client-centered therapy and personality change grew out of his many personal experiences of being in therapeutic relationships with his clients. «There is no need for a theory until there are observable phenomena, changes, which call for explanations. First there is experiencing, then there is a theory. In thus attempting to understand and explain what has happened and formulating testable hypotheses about future experiences, our effectiveness in therapy is advanced» (Rogers, 1974, p. 216).

At some point of his career as a practicing psychologist, he felt the need to organize the phenomena of therapy as he and his colleagues were experiencing it. As a result he developed, at first, his theory of therapy and personality change. In this theory, however, there were several hypotheses regarding the nature of personality and the dynamics of behavior, as well as, the outcomes of therapy; out of these hypotheses he developed a theory of personality and a theory of the fully functioning individual. The understanding of the therapeutic relationship led, furthermore, to the formulation of a theory of interpersonal relationships and to a cluster of less well-developed theories referring to the applicability of the assumptions underlying therapy to such fields as family life, education, group leadership, and situations of group tension and conflict.

The accompanying chart gives a better picture of the relationships between these different theories. The

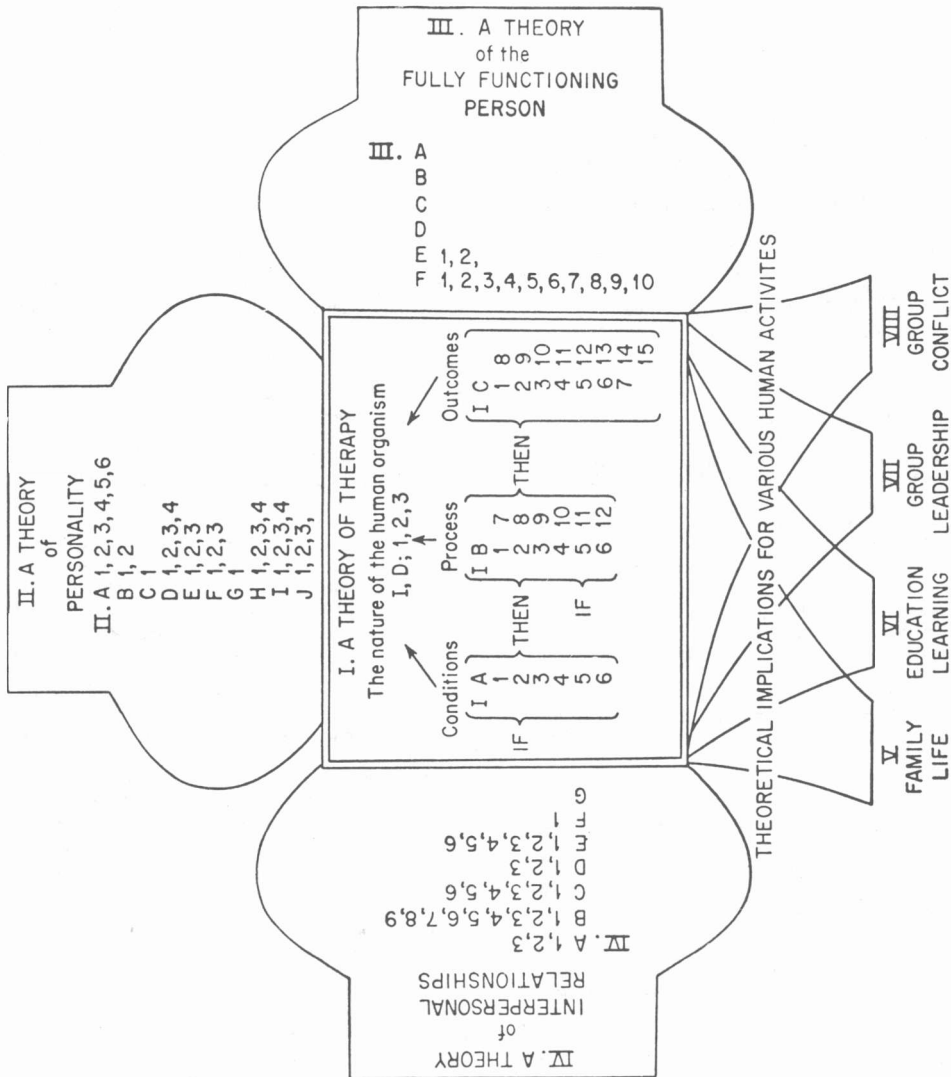


FIG. 1

chart reads from the center and the developments have taken place in the four directions indicated. The reader may want to refer to this chart when reading each particular theory that follows. Entered in the chart are the identifying numbers of the various propositions which follow the constructs of each theory (represented by letters in the chart).

Rogers has presented his theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework in Sigmund Koch's monumental series of volumes, *Psychology: A Study of Science* (Koch, 1959). Since Rogers himself feels that «to my estimation, it is the most rigorously stated theory of the process of *change* in personality and behavior which has yet been produced» (Rogers, 1974), most of the subsequent discussion on his theory has been based on this major source of reference. The reader can refer to that particular source for a more detailed discussion of the constructs and propositions of each particular theory. For the purposes of this paper theories are presented in a summarized form.

Rogers sees constructive personality change as one of the major purposes of psychotherapy: client-centered therapy is a process of disorganization and reorganization of the self, as Rogers himself says. For personality change to occur there are some basic *conditions* that have to be met in the therapeutic relationship and which are necessary to initiate the process of constructive personality change. Rogers identifies six basic sets of conditions for facilitating this change (Rogers, 1959, p. 213). In his book *On Becoming a Person* (1961) he summarizes these conditions under one basic: that the client experiences himself as being fully *received*. «By this I mean that whatever his feelings—fear, despair, insecurity, anger, whatever his mode of expression—silence, gestures, tears, or words; whatever he finds himself being in this moment, he senses that he is psychologically *received*; just as he is, by the therapist» (p. 130-131).

Once the individual experiences himself as being fully received, the *process* of change is set in motion. Rogers saw the process of change as being in a continuum from fixity to changingness, from rigid structure to flow. Some of the characteristic directions of the process of therapy include: loosening of feelings; change in the manner of experiencing (experiencing gradually becomes a more accepted inner referent to which he can turn for increasingly accurate meanings); a shift from incongruence to congruence; a change in the manner in which, and the extent to which the individual is able and willing to communicate himself in a receptive climate; a loosening of the cognitive maps of experience (the client moves toward developing changing, loosely held constructions of meaning in experience, constructions that are modifiable by each new experience); a change in the individual's relationship to his

problems, from no desire to change to a recognition of the existence of problems and increasing self-responsibility for the problems; and finally, a change in the individual's manner of relating living openly and freely in relation to the therapist and to others (Rogers, 1959; 1961).

The *outcomes* of therapy refer to the changes produced in the individual which are hypothesized as being relatively permanent. Other than that, there is no clear distinction between process and outcome (Rogers, 1959).

IV. theory of personality

As a result of his relationships with his clients, Rogers came to some conclusions regarding the nature of the individual which eventually led to the development of a theory of personality. Rogers (1959, p. 221) saw three basic characteristics possessed by human organisms:

- (a) the individual possesses the capacity to *experience in awareness* the factors in his *psychological maladjustment*, namely the *incongruences* between his *self-concept* and the totality of his *experience*.
- (b) the individual possesses the capacity and has the tendency to reorganize his *self-concept* in such a way as to make it more *congruent* with the totality of his *experience*, thus moving himself away from a state of *psychological maladjustment* and toward a state of *psychological adjustment*.
- (c) These capacities and this tendency, when latent rather than evident, will be released in any interpersonal *relationship* in which the other person is *congruent in the relationship*, experiences *unconditional positive regard* toward, and *empathic understanding* of the individual, and achieves some communication of these attitudes to the individual.

These are the premises on which client-centered therapy operates and upon which Rogers formulated his theory of personality development. People, such as Goldstein (1940), Angyal (1941), Maslow (1943a; 1943b), Lecky (1945), Sullivan (1945) and Snygg and Combs (1949) influenced his thinking and Rogers drew several hypotheses from them.

Most essential in understanding Rogers' main theoretical conceptions of personality is knowledge of the hypothesis that each person has a phenomenal field, which is a definition of events or phenomena as they appear to him. From the time of birth the individual perceives his experience as reality. It is to what he perceives as real that the individual reacts to.

Central in human development is the need for *self-actualization*; the individual's behavior is guided by this tendency toward actualization. Rogers sees the in-

dividual from infancy on as having an inherent motivational system and a regulatory system (the valuing process) which by its «feedback» keeps the organism «on the beam» of satisfying his motivational needs (Rogers, 1959, p. 222). As a result of this actualizing tendency, the individual tends to differentiate his experiences to those which are perceived as being characteristic of himself and to those that are not. Those aspects of his phenomenal self which are highly differentiated and which he sees as definite and relatively stable attributes of himself form his *self-concept*. The self-concept then is an organized configuration of perceptions of the self which are admissible to awareness (Harper, 1959).

As the awareness of self emerges, the individual develops a need for *positive regard*. Rogers explains positive regard as the positive attitudes toward another person—attitudes of warmth, caring, liking, interest, and respect (Rogers, 1961). Positive regard is reciprocal, in that when an individual discriminates himself as satisfying another's need for positive regard, he necessarily experiences satisfaction of his own need for positive regard.

Closely related to the need for positive regard is the individual's need for *self-regard*, which refers to the positive attitudes that a person has toward himself. The need for self-regard develops as a learned need developing out of the association of self-experiences with the satisfaction or frustration of the need for positive regard (Rogers, 1959, p. 224).

If the individual can meet all these above-mentioned needs without any value or worth attached to them, then he will grow up to be perfectly adjusted. What happens usually however, is that people discriminate experiences as more or less worthy of positive regard thus establishing *conditions of worth*. When a self-experience is avoided (or sought) solely because it is less (or more) worthy of self-regard, the individual is said to have acquired a condition of worth (Rogers, 1959, p. 224). This is how the valuing system becomes internalized and individuals grow up not regarding themselves positively unless they live in terms of these acquired conditions of worth.

As long as self-experience is congruent with the self-concept and the conditions of worth that he has internalized, the individual is well-adjusted; however, if the experience runs contrary to the conditions of worth it is denied to awareness and as a result there develops incongruence between self and experience which leads to the development of discrepancies in behavior.

This is how Rogers explains maladjusted behavior: experience which is perceived as greatly incongruent with the self-structure and its incorporated conditions of worth, is threatening to the individual; so that, he builds up defenses to distort the experience in such a way as to reduce the incongruity between the experience and the structure of self, or to deny the ex-

perience to awareness. Therapy then consists of helping an individual to find ways of conceiving of himself that will free him of conflicts and which will allow him to function smoothly in his relationships with others. In the therapeutic environment, which is entirely non-threatening, the individual is able to perceive, examine, and revise the self-structure to assimilate and include experiences formerly avoided as inconsistent with that structure (Harper, 1959).

In summary, then, a phenomenological theory of personality «pictures the end-point of personality development as being a basic congruence between the phenomenal field of experience and the conceptual structure of the self—a situation which if achieved, would represent freedom from internal strain and anxiety and freedom from potential strain; which would represent maximum in realistically oriented adaptation; which would mean the establishment of an individualized value system having considerable identity with the value system of any other equally well-adjusted member of the human race» (Rogers, 1951, p. 532).

V. theory of the fully functioning person

All these characteristics of the well-adjusted person, that Rogers described in his theory of personality, should be looked at as process characteristics rather than static. Rogers sees the psychologically adjusted individual as a person-in-process, a person continually changing and adapting his behavior adequately to new situations, a person being continually in a process of further self-actualization: he calls this individual a *fully functioning person*. The concept of the fully functioning person came out of Rogers' attempt to spell out the picture of the person who would emerge if therapy were maximally successful (Rogers, 1961, p. 183). He described the fully functioning person as having several main characteristics (Rogers, 1959, pp. 234-235):

- (a) he will be open to his experience
- (b) all experiences will be available to awareness
- (c) all symbolizations will be as accurate as the experiential data will permit
- (d) his self-structure will be congruent with his experience
- (e) his self-structure will be a fluid gestalt, changing flexibly in the process of assimilation of new experience
- (f) he will experience himself as the locus of evaluation
- (g) he will have no conditions of worth
- (h) he will meet each situation with behavior which is a unique and creative adaptation to the newness of that moment
- (i) he will find his organismic valuing a trustworthy guide to the most satisfying behaviors
- (j) he will live with others in the maximum possible harmony, because of the rewarding character of reciprocal positive regard.

Thus, the fully functioning person will be the person who is more able to live fully in and with each and all of his feelings and reactions.

VI. theory of interpersonal relationship

Rogers' theory of interpersonal relationships sprang from his theory of therapy, in that he believed that significant personality change does not occur except in a relationship. Viewing the therapeutic relationship as one instance of interpersonal relationship he addressed himself to the question of what psychological conditions are necessary and sufficient in a relationship to bring about constructive personality change in a direction of greater maturity, integration, openness, and development. He saw *congruence* as fundamental in any kind of relationship: by congruence, Rogers meant an accurate matching between experience and awareness.

In describing his theory of interpersonal relationship, Rogers (1959, pp. 235-240) presented first the conditions, process, and outcome of a deteriorating relationship followed by the conditions, process, and outcome of an improving relationship, coming up with one tentative law of interpersonal relationship (Rogers, 1961, pp. 344-345):

Assuming (a) a minimal willingness on the part of two people to be in contact; (b) an ability and minimal willingness on the part of each to receive communication from the other; and (c) assuming the contact to continue over a period of time; then the following relationship is hypothesized to hold true.

The greater the congruence of experience, awareness and communication on the part of one individual, the more the ensuing relationship will involve: a tendency toward reciprocal communication with a quality of increasing congruence; a tendency toward more mutually accurate understanding of the communications; improved psychological adjustment and functioning in both parties; mutual satisfaction in the relationship.

Conversely the greater the communicated incongruence of experience and awareness, the more the ensuing relationship will involve: further communication with the same quality; disintegration of accurate understanding, less adequate psychological adjustment and functioning in both parties; and mutual dissatisfaction in the relationship.

In a therapeutic relationship, Rogers sees the therapist's empathic understanding and unconditional positive regard as a necessary condition for constructive personality change. The client needs to feel accepted in a non-threatening environment to take the risk and communicate his full awareness of the relevant experience. As Rogers says: it is taking or not taking of this risk which determines whether a given relationship becomes more and more mutually therapeutic or whether it leads in a disintegrative direction (1961, p. 345). In recent years he has said in terms of meaningful relationships: in a close relationship the elements which «cannot» be shared are those which are most important and rewarding to share (Rogers, 1973, p. 6).

VII. theories of application

As it was mentioned earlier in this paper, Rogers' understanding of the therapeutic relationship led to the formulation of a cluster of less well-developed theories referring to the applicability of the assumptions underlying therapy to such fields as family life, education, group leadership, and situations of group tension and conflict.

It was during the years he spent at Ohio State, where he wrote his book on *Counseling and Psychotherapy* in the early 1940's, when he started asking himself: «If I trusted my clients, why didn't I trust my students? If this was fine for the individual in trouble, why not for a staff group facing problems?» (Rogers, 1973, pp. 9-10). As a result, he started applying the same principles that were guiding his relationship with the clients, to other fields.

Family Life. In terms of family relationships, the greater the degree of unconditional positive regard which the parent experiences toward the child, the fewer the conditions of worth in the child, the more the child will be able to live in terms of continuing organismic valuing process, and the higher the level of psychological adjustment of the child (Rogers, 1959, p. 241).

Education and Learning. Rogers feels that learning can occur and will be more pervasive if it is meaningful to the learner. Thus, he sees the conditions of therapy applying to learning to the extent that education is concerned with learnings which significantly influence behavior and facilitate change in personality. Some of the implications of client-centered therapy for learning and education that he mentions (Rogers, 1961, pp. 286-290) are the following:

- (a) to permit the student at any level, to be in real contact with the relevant problems of his existence, so that he perceives problems and issues which he wishes to resolve.
- (b) learning will be facilitated if the teacher is congruent, being openly aware of his attitudes and acceptant toward his own real feelings.
- (c) significant learning may take place if the teacher can accept the student as he is, and can understand the feelings he possesses.
- (d) accepting the fact that there are many resources of knowledge, of techniques, of theory, which constitute raw material for use, the teacher would want to make himself known as a resource-finder; he would hope that these resources would be perceived as offerings to be used if they were useful to the students, and would offer himself, and all other resources for use.
- (e) the teacher would have to rely basically upon the self-actualizing tendency in his students for learning.

Group Leadership. Regarding the application of client-centered therapy to group leadership, Rogers hypothesized that (Rogers, 1959, p. 242): to the extent that a perceived leader provides the conditions of therapy or of an improving relationship, certain phenomena will occur in the group. Among these are the following: the perceptual resources of the group will be more widely used, more differentiated data will be provided by the group, thinking and action will increase, a greater degree of distributive leadership will develop, and there will be more effective long-range problem solving.

In trying to establish a definition of an effective group leader he borrows the definition of Lao-tse, the Chinese sage who lived twenty-five centuries ago:

*A leader is best
When people barely know that he exists
Not so good when people obey and acclaim him
Worst when they despise him...
But of a good leader, who talks little
When his work is done, his aim fulfilled
They will all say, «We did this ourselves».*
(Bynner, 1962)

Group Tension and Conflict: Of primary importance in reducing group tension and conflict is an effective facilitator who is able to lay aside his own feelings and evaluations, and can assist by listening with understanding to each person and clarifying the views and attitudes each holds (Rogers, 1961, p. 334).

He will be able to reduce group tension by being congruent within himself in his separate contacts with each member of the group, and by experiencing unconditional positive regard and empathic understanding for each individual in the group. If he meets all these conditions he will be able to bring the group closer in their relationship.

VIII. evaluation

The impact of client-centered therapy has been tremendous over the years; Rogers, himself (1974, p. 115) says in effect: «The work that I and my colleagues have done has altered or made a difference in widely different enterprises... It turned the field of counseling upside down. It opened psychotherapy to public scrutiny and research investigation. It has made possible the empirical study of highly subjective phenomena. It has helped to bring some change in the methods of education at every level. It has been one of the factors bringing change in concepts of industrial (and even military) leadership, of social work practice, of nursing practice, and of religious work. It has been responsible for one of the major trends in the encounter group movement. It has, in small ways at least affected the

philosophy of science. It is beginning to have some influence in interracial and intercultural relationships. It has even influenced students of theology and of philosophy».

Many people have tried to explain its tremendous impact. Rogers himself feels that «it was the gradually formed and tested hypothesis that the individual has within himself vast resources for self-understanding, for altering his self-concept, his attitudes, and his self-directed behavior—and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided (Rogers, 1974, p. 116)».

Others attribute the influence of Rogers' formulations to the fact that he stated the conditions for effective therapeutic personality change, in readily tested hypotheses. It should be mentioned in relation to this statement that one of Rogers' early convictions was that both theory and research are important in that they aim toward the ordering of significant experiences. Scores of research programs and doctoral dissertations have investigated both the outcomes and the processes of client-centered therapy. Outcome research in client-centered therapy has been most concerned with the nature of the personality changes the experience produces. A thorough attempt to assess the results of these studies is reported in the book *Psychotherapy and Personality Change* by Rogers and Dymond (1954). A large number of research has also concentrated on the processes of therapy. Rogers saw the process of therapy as consisting of seven stages being in a continuum. At the one end is a condition in which the person is rigid, unaware of his own feelings, and at the other end is the condition of being open to experience, at harmony with one's own feelings, emotionally close to others. Progress in client-centered therapy involves movement on this continuum.

Still other researchers believe that one of the great contributions of client-centered therapy has been its focus to the whole person of the client, including the fundamental belief in his constructive capacity. Other acknowledged contributions of the client-centered approach include: providing the client with an opportunity to find his own mode of expression; providing the client with immediate and concrete feedback of what he has just communicated; allowing the therapist the opportunity for communications free from the professional terminology and interpretation which often is not understood by the client.

As with any other theory, however, client-centered therapy has received many criticisms as well. It has been called naive and superficial, useful only for mild disturbances, and with people who share the attitudes, the values, and the potentials of a polite middle class. However, no one can deny the tremendous stimulus the movement has given to the development of responsible research in psychotherapy, nor the deep sincerity

of Rogers' effort to develop order and system out of his many years of personal experience with clients (Sundberg and Tyler, 1962).

It seems appropriate to finish this paper by quoting one of Rogers' favorite sayings, from Lao-tse which sums up many of his deeper beliefs:

*If I keep from meddling with people, they take care
of themselves,*

*If I keep from commanding people, they
behave themselves,*

*If I keep from preaching at people, they
improve themselves,*

*If I keep from imposing on people, they
become themselves.*

(Friedman, 1972)

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