

# Client-Centered Theory

*Carl Rogers developed a **humanistic theory of personality** rooted in his experiences as a practicing psychotherapist. Unlike Freud, Rogers was primarily a therapist who built theory from clinical practice, always **advocating for empirical research** to support his approach.*







# Carl Rogers: The Man Behind the Theory

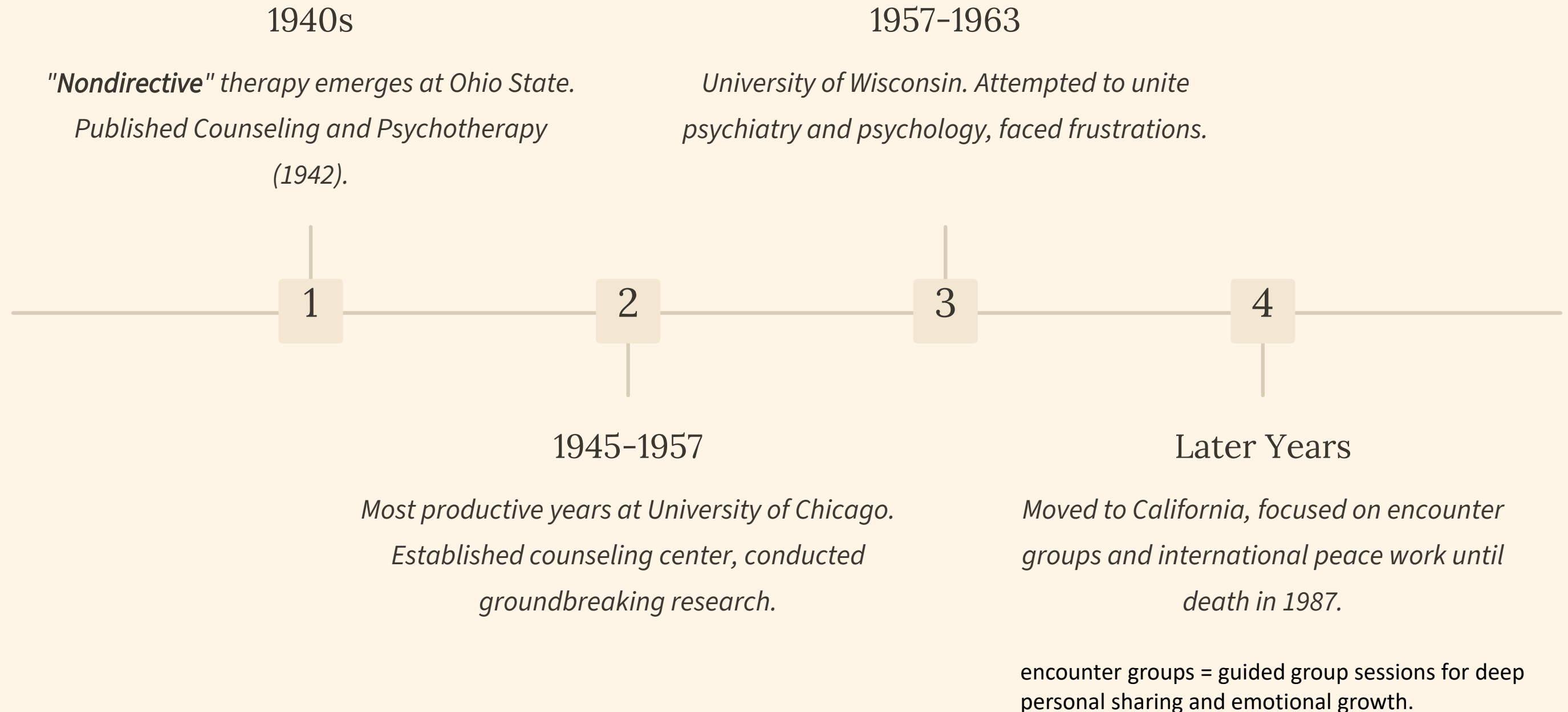
## Early Life

*Born January 8, 1902, in Oak Park, Illinois. Raised in a devoutly religious family, Rogers was **shy and socially inept** (incompetent) as an adolescent, with an active fantasy life he later described as potentially "schizoid."*

## Professional Journey

*Started in agriculture at University of Wisconsin, shifted to religion, then psychology. Received PhD from Columbia in 1931. Worked at Rochester Society for Prevention of Cruelty to Children before teaching at Ohio State, Chicago, and Wisconsin.*

# Evolution of His Approach



# Personal Transformation



## Adolescent Isolation

*Extremely shy, no close friends, "socially incompetent in any but superficial contacts."*



## Breaking Free

*Trip to China for religious conference changed him, moved toward independence from parents' religious views.*



## Relationship Pioneer

*Became leading proponent (advocate) that **interpersonal relationships cultivate psychological growth in both persons.***



# Two Fundamental Assumptions

## Formative Tendency

*All matter—organic and inorganic—evolves **from simpler to more complex forms**. A creative process operates throughout the universe: galaxies form from mass, crystals emerge from vapor, organisms develop from single cells.*

## Actualizing Tendency

*The **single motive within all** humans, animals, and plants to move **toward completion or fulfillment** of potentials. This tendency **encompasses the whole person**—physiological and intellectual, rational and emotional, conscious and unconscious.*



# Maintenance vs. Enhancement

## Maintenance Needs

*Similar to Maslow's lower hierarchy: food, air, safety. The **conservative tendency** to resist change and **seek the status quo**. People protect their current, comfortable self-concept, fighting against new ideas and **finding change painful**.*

## Enhancement Needs

*The **need to become more**, to develop, to achieve growth. Expressed through curiosity, playfulness, self-exploration, friendship, and confidence in achieving psychological growth. People willing to face threat and pain due to **biologically-based tendency toward fulfillment**.*

# Conditions for Actualization

*The actualizing tendency is realized only under certain conditions. People must be involved in a relationship with a partner who possesses three essential qualities:*



## Congruence

*Being authentic, real, and genuine in the relationship*



## Unconditional Positive Regard

*Accepting without judgment or conditions*



## Empathy

*Understanding and sensing the other's feelings accurately*

□ *These three conditions are both **necessary and sufficient** for psychological growth. They don't cause change—they permit the innate tendency toward self-fulfillment to flourish.*



## The Self and Self-Actualization

*Infants develop a vague concept of self when experiences become personalized as "I" or "me." They learn what tastes good, what feels pleasant, and begin evaluating experiences using the actualizing tendency as criterion.*

*Self-actualization is a subset of the actualization tendency—it refers to actualizing the self as perceived in awareness, not the whole organismic experience. When organism and perceived self are in harmony, the two (actualization & self-actualization) tendencies align. When not, conflict and inner tension result.*



# Two Subsystems of Self

## Self-Concept

*All aspects of one's being and experiences perceived in awareness. Not identical with organismic self—portions may be beyond awareness or disowned (rejected).*

*Once formed, the self-concept makes change difficult. Inconsistent experiences are denied or accepted only in distorted forms.*

## Ideal Self

*One's view of self as one wishes to be. Contains all attributes people aspire to possess.*

*A wide gap between ideal self and self-concept indicates incongruence and unhealthy personality. Psychologically healthy individuals perceive little discrepancy.*

# Three Levels of Awareness



## Below Threshold

*Events either **ignored or denied**.  
Example: A mother's hidden anger toward unwanted children, never reaching consciousness but coloring her behavior.*



## Accurately Symbolized

*Experiences **nonthreatening and consistent with existing self-concept** are freely admitted. A confident pianist hearing genuine praise from a trusted friend.*



## Distorted Form

***Inconsistent** experiences are **reshaped to fit self-concept**. The same pianist hearing identical praise from a competitor but **distrusting the intent**.*

# Denial of Positive Experiences

*Not only negative experiences are distorted—many people struggle accepting genuine compliments and **positive** feedback, even when deserved.*

*"I know this grade should be evidence of my scholastic ability, but somehow I just don't feel that way. This class was the easiest one on campus."*

*Compliments seldom positively influence self-concept. They may be distorted due to distrust or denied because the recipient feels undeserving. Additionally, a compliment implies the giver's right to criticize, carrying an implied threat.*

"If they really knew me, they wouldn't love me." Here, the organismic experience (being loved) clashes with the self-concept ("I'm not lovable"), creating incongruence.

## Why Do People Deny Positive Experiences?

- **Self-concept protection:** Accepting positive feedback that doesn't match one's self-image causes anxiety — it threatens the consistency of the self.
- **Past conditioning:** Repeated criticism, lack of unconditional positive regard, or perfectionistic environments make people distrust positive feedback.
- **Fear of change:** Accepting new, positive information may require changing one's self-view — a process that can be emotionally difficult.
- **Low self-worth:** People who don't believe they deserve good things will unconsciously reject them.



# Becoming a Person

01

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## Contact

*Individual makes **contact**—positive or negative—with another person.*

***Minimum experience** necessary for becoming a person.*

02

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## Positive Regard

*As children **become aware another person has regard** for them, they **develop a need** to be loved, liked, or accepted.*

03

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## Positive Self-Regard

*Receiving positive regard from others leads to **prizing or valuing one's self**. Once established, becomes independent of continual need to be loved.*

# Barriers to Psychological Health

## Conditions of Worth

*Perceiving that parents, peers, or partners love and accept us **only if we meet their expectations**. We assimilate others' attitudes and evaluate experiences on this basis, becoming estranged from our organismic self.*

## Incongruence

*Discrepancy between self-concept and organismic experience. We fail to recognize organismic experiences as self-experiences, distorting awareness and creating psychological disequilibrium.*

## Vulnerability

*Exists when **unaware of discrepancy** between organismic self and significant experience. Vulnerable people behave in ways incomprehensible to others and themselves.*

## Anxiety and Threat

***Anxiety:** uneasiness when dimly aware of incongruence.  
**Threat:** awareness that self is no longer whole or congruent. Can represent steps toward health by signaling inconsistency.*



# Defense Mechanisms

## Distortion

*Misinterpreting an experience to fit it into some aspect of self-concept. We perceive the experience in awareness but fail to understand its true meaning. **Most common defense** because most experiences can be **twisted to fit current self-concept**.*

## Denial

*Refusing to perceive an experience in awareness, or keeping some aspect from reaching symbolization. **Less common** than distortion but serves same **purpose: keeping perception of organismic experiences consistent with self-concept**.*



# When Defenses Fail: Disorganization

*Sometimes defenses fail and behavior becomes **disorganized or psychotic**. This occurs when incongruence between perceived self and organismic experience is too obvious or happens too suddenly to be denied or distorted.*

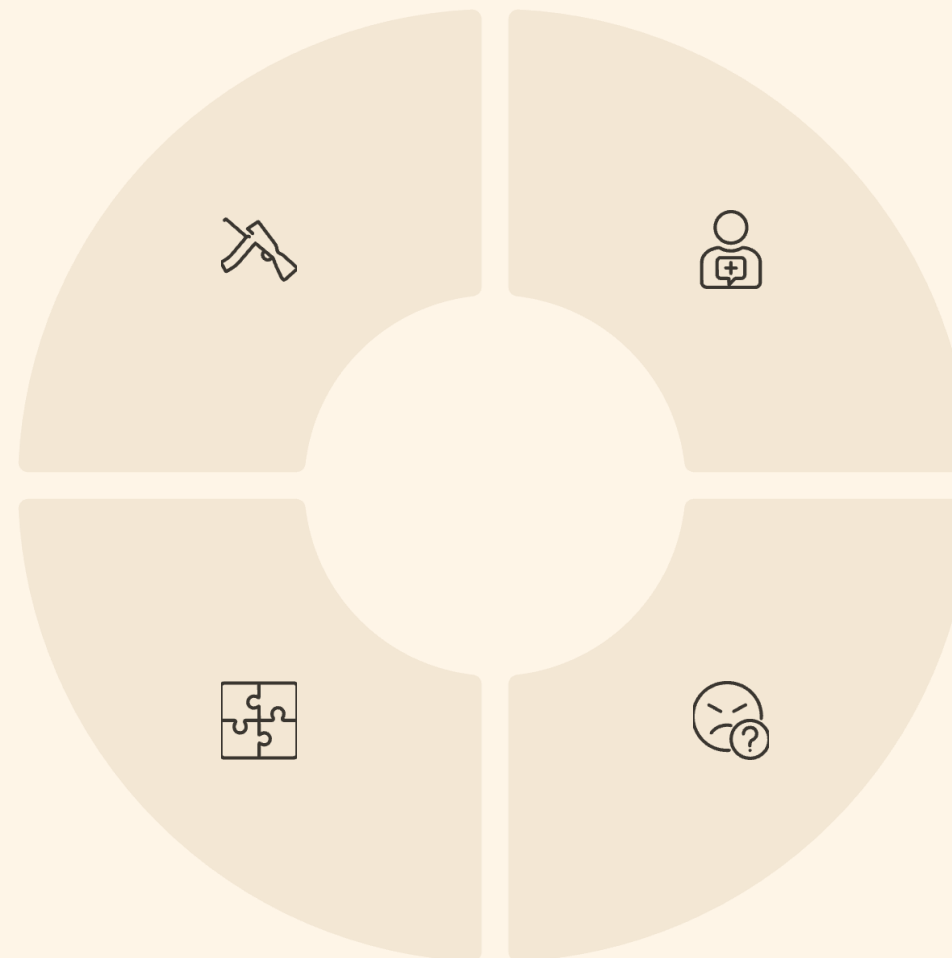
## **Sudden Onset**

*Disorganization can occur **suddenly** during crisis or **gradually** over time*

## **Broken Gestalt**

*(collapse of psychological wholeness)*

*Self-concept **no longer unified whole**, behavior appears bizarre and confusing*



## **Therapy Vulnerability**

*People particularly vulnerable during therapy if therapist interprets actions prematurely*

## **Inconsistent Behavior**

*People behave sometimes with organismic experience, sometimes with shattered self-concept*

# Client-Centered Therapy: The If-Then Framework

(If certain conditions exist in the person's experience, **then** specific patterns of behavior or emotional responses will follow.)

1

## **IF: Conditions Present**

*Therapist congruence, unconditional positive regard, and empathic listening exist in relationship*

2

## **THEN: Process Occurs**

*Therapeutic growth and change transpire (emerge) within the client*

3

## **THEN: Outcomes Follow**

*Predictable positive changes in client's self-acceptance, trust, and psychological health*

- ❏ *Rogers' revolutionary hypothesis: These conditions are both **necessary and sufficient** for therapeutic change. No other interventions required.*

# Therapist Congruence: Being Real

*"It does not help, in the long run, to act as though I were something that I am not... It does not help to act calm and pleasant when actually I am angry and critical."*

—Carl Rogers

***Congruence means organismic experiences match awareness and ability to openly express feelings. A congruent therapist is not passive or aloof (distant) but a complete human being whose feelings flow easily into awareness and are freely expressed—no masks, no pretense (claim).***





# Unconditional Positive Regard

*Experiencing warm, positive, and accepting attitude toward the client without possessiveness, evaluations, or reservations.*



## **Nonpossessive Warmth**

*Caring without smothering (suffocate) or owning.*

*Permitting autonomy and independence from evaluations and restrictions.*



## **No External Evaluation**

*Accepting and prizing clients without restrictions, regardless of behavior. Not evaluating or accepting one action while rejecting another.*



## **Constant and Unwavering**

*Positive regard remains steady, not dependent on specific behaviors, doesn't need to be continually earned.*



# Empathic Listening: The Power of Understanding

## What It Is

*Accurately sensing clients' feelings and communicating these perceptions so clients know another person has entered their world **without** prejudice, projection, or evaluation.*

*"Temporarily living in the other's life, moving about in it delicately without making judgments."*

## What It's Not

- *Not sympathy (feeling for vs. feeling with)*
- *Not interpreting meanings or uncovering unconscious feelings*
- *Not having the same feelings as the client*
- *Not taking ownership of client's experiences*

**Feeling for** someone → Sympathy.  
Sympathy involves pity or concern.  
"Oh, you must feel terrible. I feel bad for you."  
(Outside the person's experience)

**Feeling with** someone → Empathy.  
Try to feel with them, from their perspective.  
"I can sense how helpless that must have felt for you." (Inside the person's experience)

# The Transformative Power of Empathy

*"When persons are perceptively understood, they find themselves coming in closer touch with a wider range of their experiencing. This gives them an expanded referent to which they can turn for guidance in understanding themselves and directing their behavior."*

—Carl Rogers

***Empathy enables*** clients to listen to themselves and become their ***own therapists***.

When empathy is ***accurate and deep***, clients can ***unblock a flow of experiencing*** and permit it to run its ***uninhibited course*** toward ***psychological growth and self-actualization***.





# The Process of Therapeutic Change

*When **therapist congruence**, **unconditional positive regard**, and **empathy** are present, **therapeutic change** begins.*

*Rogers believed a lawful process characterizes therapy, moving clients from **defensiveness** to **integration** through **seven distinct stages**.*





# Stage 1: Maximum Defensiveness

## **Unwilling to Communicate**

*Clients refuse to discuss themselves or acknowledge problems.*

## **Extreme Rigidity**

*Resistant to change and unwilling to seek help voluntarily.*

## **Disowning Feelings**

*Refuse to recognize or own personal emotions.*



# Stages 2-3: Beginning Movement

## Stage 2: Slight Flexibility

*Clients **discuss external events and others**, but still disown feelings. They may talk about emotions as objective phenomena rather than personal experiences.*

## Stage 3: Self as Object

*Clients talk more freely about self, though **still as an object**. They discuss past or future feelings while **avoiding present emotions** and denying personal responsibility.*

# Stage 4: Emerging Awareness

01

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## Discussing Deep Feelings

*Clients begin talking about **deep feelings**, though **not presently felt** ones.*

02

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## Surprised by Expression

*When **present** feelings emerge, clients are often **surprised by their expression**.*

03

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## Questioning Values

*They start **questioning** introjected values and **recognizing incongruence**.*

04

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## Tentative Involvement

*Begin **accepting** more responsibility and **engaging** with the therapist.*



# Stage 5: Significant Growth Begins



## Present Feelings

*Express **feelings in the present**, though not yet accurately symbolized. (when the emotion becomes symbolized — it's understood and integrated into awareness.)*



## Internal Evaluation

*Begin relying on internal locus of evaluation for feelings.*



## Personal Responsibility

*Make **own decisions** and accept **responsibility** for choices.*

# Stage 6: Dramatic Transformation

"Stage 6 experiences *dramatic growth and irreversible movement* toward becoming fully functioning or self-actualizing."

1

## **Awareness**

*Freely allow previously denied experiences into awareness.*

2

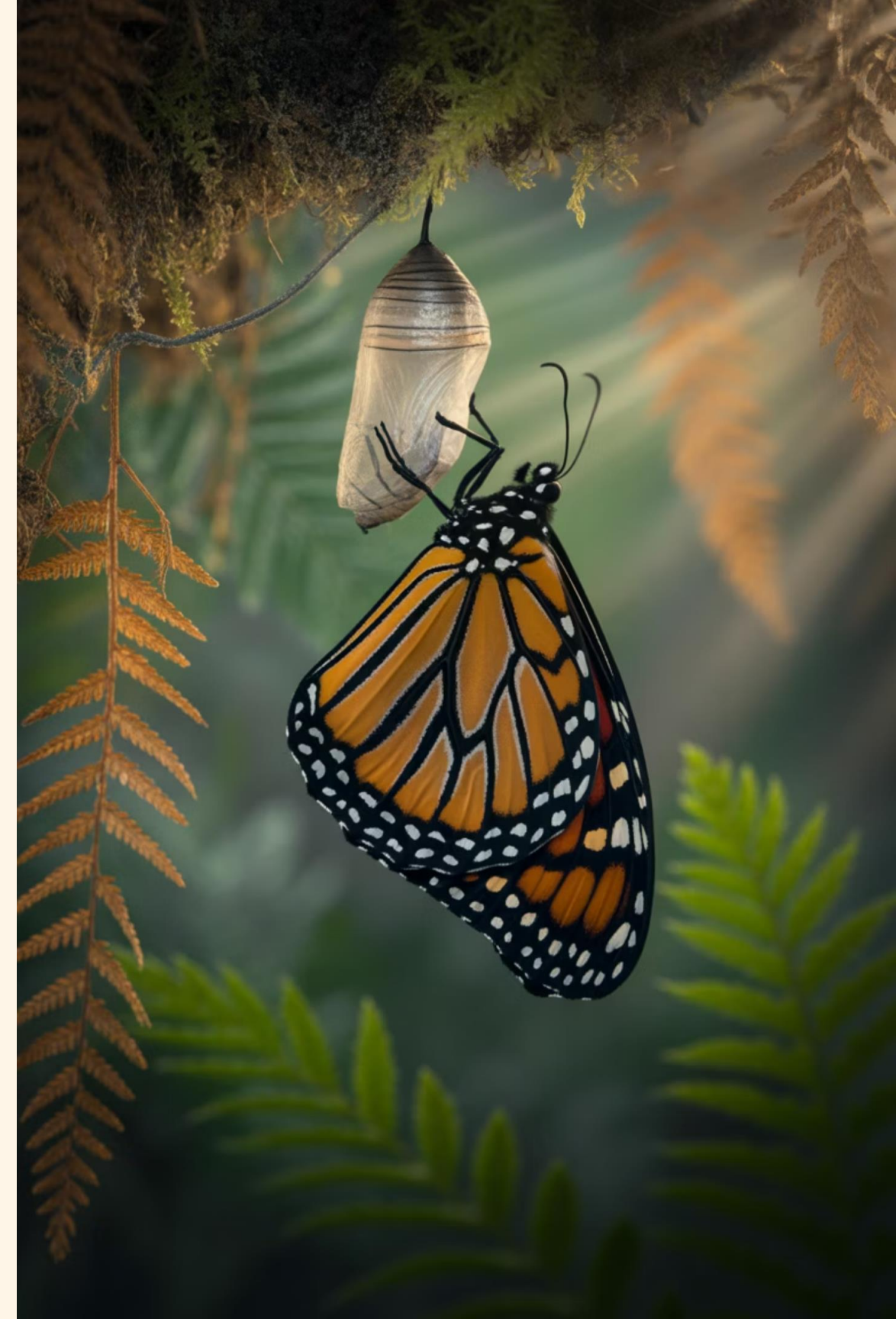
## **Congruence**

*Match present experiences with awareness and expression.*

3

## **Self-Regard**

*Develop unconditional positive self-regard.*



# Physiological Changes at Stage 6



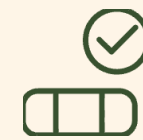
## Physical Relaxation

*Muscles relax as psychological tension releases.*



## Improved Circulation

*Blood flow improves throughout the body.*



## Symptom Relief

*Physical symptoms begin to disappear.*

*Clients **experience** their **whole organismic self** as their body responds to psychological healing.*



A person wearing a red cape stands on the peak of a dark, rocky mountain covered in patches of snow. The background shows a vast, hazy mountain range under a soft, golden sunset sky with wispy clouds.

# Stage 7: The Fully Functioning Person



## Beyond Therapy

*Growth continues outside therapeutic encounters.*



## Living Authentically

*Confidence to be themselves at **all** times.*



## Present-Centered

*Live experiences fully in the **present** moment.*



# Theoretical Explanation for Change

## Unconditional Acceptance

*Clients experience being prized and accepted.*

## Self-Therapy

*Clients become their own therapist.*



## Self-Prizing

*They learn to prize and accept themselves.*

## Self-Understanding

*Empathic understanding enables self-empathy.*

## Congruence

*Perceived self aligns with organismic experience.*

# Primary Outcomes of Therapy

1

## Greater Congruence

*Clients become less defensive and more open to experience.*

2

## Realistic Worldview

*Clearer picture of self and more realistic view of the world.*

3

## Enhanced Self-Regard

*Higher level of positive self-regard develops.*

4

## Narrowed Gap

*Reduced discrepancy between ideal self and real self.*



# Reduced Vulnerability and Anxiety

## Less Threat

*Clients experience **less** physiological and psychological **tension**.*

*They become **less vulnerable** to threat and have reduced anxiety.*

## Internal Direction

***Less** likely to seek direction from others or use **external values** as evaluation criteria.*

***Locus** of evaluation resides **within** themselves.*







# Transformed Relationships

## **Greater Acceptance**

*Become **more accepting** of others with **fewer demands**.*

## **Allowing Others**

*Simply allow others to be themselves **without forcing expectations**.*

## **Perceived Maturity**

*Others view them as **more mature, likable, and socialized**.*



# The Person of Tomorrow: Core Characteristics



# Additional Qualities of Tomorrow's Person

## Integration

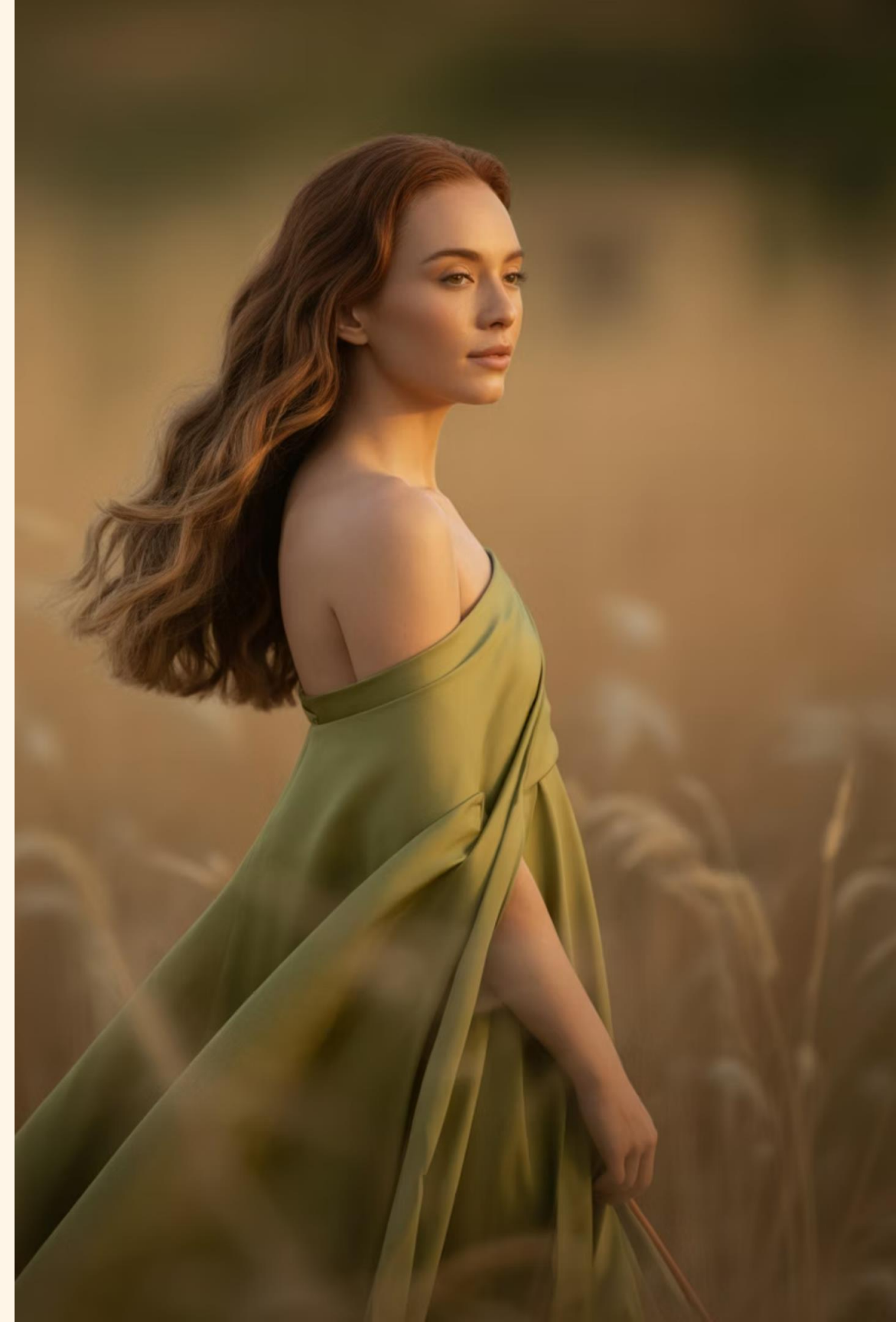
*More whole, with no artificial boundary between conscious and unconscious processes.*

## Basic Trust

*Trust in human nature **without harming** others for personal gain.*

## Richness of Life

*Enjoy greater **richness** by being **open to all** experiences **without distortion**.*



# Rogers' Philosophy of Science

*"Science begins and ends with subjective experience, although everything in between **must be objective and empirical.**"*

## Subjective Beginning

*Scientists perceive patterns through **intuition and creativity.***

## Subjective Communication

*Findings received through personal **subjective lens.***

1

2

3

## Objective Method

*Rigorous, controlled, empirical procedures **prevent self-deception.***

# The Chicago Studies: Research Design

## Participants

*29 clients (18 men, 11 women)  
seeking therapy at University of  
Chicago Counseling Center.*

*Mix of university students and  
community members.*

## Control Methods

***Own-control group:** Wait 60 days  
before therapy*

***Comparison group:** "Normal"  
volunteers for personality  
research*





# Measuring Therapeutic Change



## External Measures

*TAT, Self-Other Attitude Scale, Willoughby Emotional Maturity Scale assessed change from external viewpoint.*

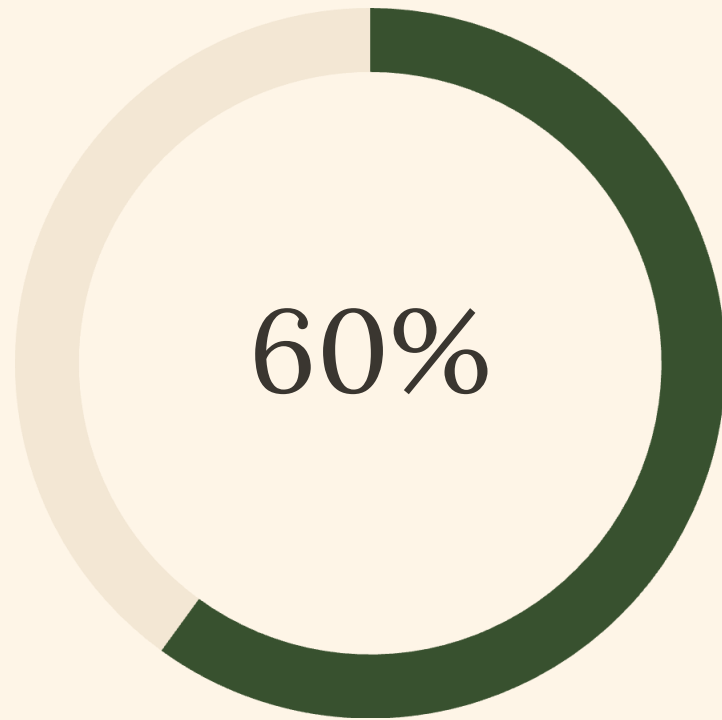


## Q-Sort Technique

*100 self-referent statements sorted into nine piles to measure client's internal perspective on change.*

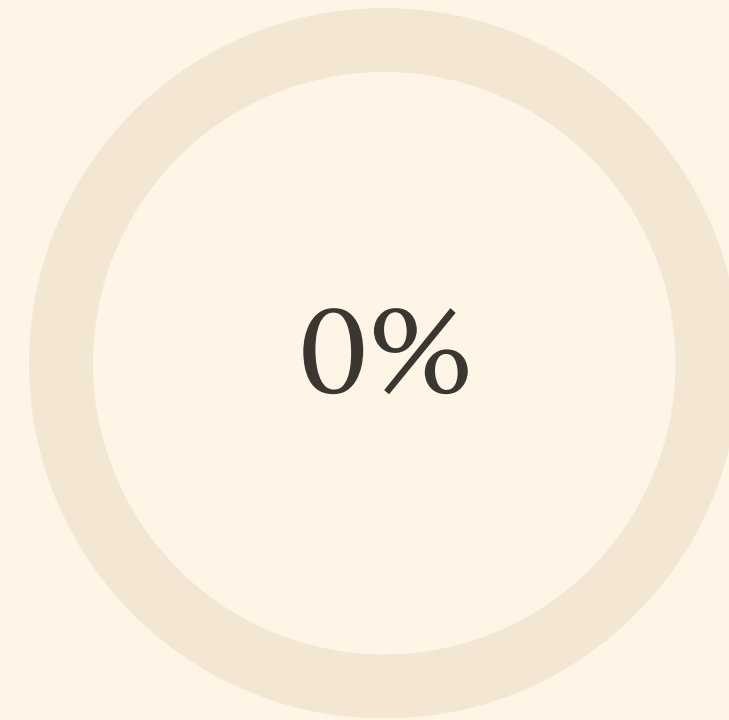
*All therapy sessions were electronically recorded and transcribed—a pioneering practice Rogers introduced in 1938.*

# Key Findings from Chicago Studies



## Reduced Discrepancy

*Therapy group showed less gap between self and ideal self after therapy.*



## Control Group Change

*"Normal" controls showed almost no change in self-ideal congruence.*

*Clients changed self-concept more than perception of ordinary person, suggesting intellectual insight alone doesn't produce growth.*

# Behavioral Changes and Friend Ratings

## Mixed Results

*Friends reported no significant global behavioral changes from pre- to post-therapy.*

*However, clients rated as most improved by therapists received higher maturity scores from friends.*

## Self-Perception Shift

*Before therapy: clients rated themselves less mature than friends rated them.*

*After therapy: self-ratings increased to match friends' ratings.*



# Summary: Effectiveness of Client-Centered Therapy



*Client-centered therapy is effective and produces real growth. However, clients typically advance to Stage 3 or 4 rather than Stage 7. They show improvement but may not reach the level of "normal" controls or become fully functioning persons.*



# Evaluating the Theory



## Research Generation

*Moderately productive in psychotherapy and classroom learning, but limited outside these areas. **Average** rating overall.*



## Falsifiability

***High** rating. Rogers used precise if-then framework that allows confirmation or disconfirmation through testing.*



## Knowledge Organization

***High** rating. Extends beyond therapy to group dynamics, classroom learning, social problems, and international relations.*

## Practical Application

***Unequivocal** for psychotherapists. Three conditions—congruence, empathic understanding, and unconditional positive regard—are necessary and sufficient for growth.*

## Internal Consistency

***Very high** rating. Carefully constructed operational definitions serve as model for future theory builders.*

## Parsimony

*Theory is **clear and economical**, though some language like "organismic experiencing" and "fully functioning" remains vague.*



# Rogers vs. Skinner: The Freedom Debate

## Skinner's Position

*People are always controlled by contingencies, whether they realize it or not. Freedom is merely an illusion created by haphazard environmental factors.*

## Rogers' Position

*People possess genuine free choice and self-direction. While some behavior is controlled and predictable, important values and choices remain within personal control.*

*"I do not have a Pollyanna view of human nature... Yet, one of the most refreshing parts of my experience is to work with such individuals and to discover the strongly positive directional tendencies which exist in them, as in all of us, at the deepest levels."*

# Rogers' Concept of Humanity



Rogers maintained a **realistically optimistic** view: people are essentially **forward-moving**, trustworthy, and constructive. In threat-free atmospheres, they become more self-aware, **congruent**, and self-directed—qualities of "**persons of tomorrow**."