

Chapter 10

Rogers: Person-Centered Theory

Learning Objectives

After reading this chapter, students should be able to accomplish the following objectives:

1. State the basic assumptions of person-centered theory.
2. Identify the formative and actualizing tendencies.
3. Discuss Rogers' concept of self and its development.
4. Distinguish between self, self-actualization, self-concept, and ideal self.
5. List and describe Rogers' necessary and sufficient conditions for psychological growth.
6. Discuss the concept of the person of tomorrow and its implications for future humanity.
7. Discuss Rogers' philosophy of science.
8. Discuss the methods, procedures, and results of Rogers' research on the effectiveness of client-centered therapy.
9. Discuss research on Rogers' facilitative conditions in situations outside the therapeutic relationship.
10. Critique Rogers' person-centered theory based on the six criteria of a useful theory.

Lecture Outline

I. Overview of Client-Centered Theory

Although he is best known as the founder of **client-centered therapy**, Carl Rogers developed a humanistic theory of personality that grew out of his experiences as a practicing psychotherapist. Like many personality theorists, Rogers built his theory on the scaffold provided by experiences as a therapist. Rogers (1986) advocated a balance between tender-minded and hardheaded studies that would expand knowledge of how humans feel and think.

II. Biography of Carl Rogers

Carl Ransom Rogers was born on January 8, 1902, in Oak Park, Illinois, the fourth of six children born to Walter and Julia Cushing Rogers. Carl was closer to his mother than to his father who, during the early years, was often away from home working as a civil engineer. Rogers had intended to become a farmer, and after he graduated from high school, he entered the University of Wisconsin as an agriculture major. The interaction with other young religious leaders changed him into a more liberal thinker and moved him toward independence from the religious views of his parents.

In 1924, Rogers entered the Union Theological Seminary in New York with the intention of

becoming a minister. While at the seminary, he enrolled in several psychology and education courses at neighboring Columbia University.

In 1927, Rogers served as a fellow at the new Institute for Child Guidance in New York City and continued to work there while completing his doctoral degree. At the institute, he gained an elementary knowledge of Freudian psychoanalysis, but he was not much influenced by it, even though he tried it out in his practice. Rogers received a PhD from Columbia in 1931 after having already moved to New York to work with the Rochester Society for the Prevention of Cruelty to Children.

In 1944, as part of the war effort, Rogers moved back to New York as director of counseling services for the United Services Organization. After 1 year, he took a position at the University of Chicago, where he established a counseling center and was allowed more freedom to do research on the process and outcome of psychotherapy. His therapy evolved from one that emphasized methodology, or what in the early 1940s was called the “nondirective” technique, to one in which the sole emphasis was on the client–therapist relationship.

Wanting to expand his research and his ideas to psychiatry, Rogers accepted a position at the University of Wisconsin in 1957. The personal life of Carl Rogers was marked by change and openness to experience. When he originally entered the University of Wisconsin, he had only enough courage to ask out a young lady whom he had known in elementary school in Oak Park—Helen Elliott. Helen and Carl were married in 1924 and had two children—David and Natalie.

Rogers grew to become a leading proponent of the notion that the interpersonal relationship between two individuals is a powerful ingredient that cultivates psychological growth within both persons. He abandoned the formalized religion of his parents, gradually shaping a humanistic/existential philosophy that he hoped would bridge the gap between Eastern and Western thought.

Rogers was the first president of the American Association for Applied Psychology and helped bring that organization and the American Psychological Association (APA) back together. He served as president of APA for the year 1946–1947 and served as first president of the American Academy of Psychotherapists. In 1956, he was cowinner of the first Distinguished Scientific Contribution Award presented by APA. This award was especially satisfying to Rogers because it highlighted his skill as a researcher, a skill he learned well as a farm boy in Illinois (O’Hara, 1995). He died on February 4, 1987, following surgery for a broken hip.

III. Person-Centered Theory

During the early years, his approach was known as “nondirective,” an unfortunate term that remained associated with his name for far too long. Later, his approach was variously termed “client-centered,” “person-centered,” “student-centered,” “group-centered,” and “person to person.” The authors use the label *client-centered* in reference to Rogers’ therapy and the

more inclusive term **person-centered** to refer to Rogerian personality *theory*.

A. Basic Assumptions

Rogers postulated two broad assumptions—the formative tendency and the actualizing tendency. Rogers (1978, 1980) believed that there is a tendency for all matter, both organic and inorganic, to evolve from simpler to more complex forms. For the entire universe, a creative process, rather than a disintegrative one, is in operation. Rogers called this process the **formative tendency** and pointed to many examples from nature.

An interrelated and more pertinent assumption is the **actualizing tendency**, or the tendency within all humans (and other animals and plants) to move toward completion or fulfillment of potentials (Rogers, 1959, 1980). This tendency is the only motive people possess. Because each person operates as one complete organism, actualization involves the whole person—physiological and intellectual, rational and emotional, conscious and unconscious.

The need for **maintenance** is similar to the lower steps on Maslow’s hierarchy of needs. It includes such basic needs as food, air, and safety, but it also includes the tendency to resist change and to seek the status quo. Even though people have a strong desire to maintain the status quo, they are willing to learn and change. This need to become more, to develop, and to achieve growth is called **enhancement**. The need for enhancing the self is seen in people’s willingness to learn things that are not immediately rewarding.

Rogers contended that whenever congruence, unconditional positive regard, and empathy are present in a relationship, psychological growth will invariably occur. For this reason, he regarded these three conditions as both *necessary* and *sufficient* conditions for becoming a fully functioning or self-actualizing person. Although people share the actualizing tendency with plants and other animals, only humans have a concept of self and thus a potential for *self-actualization*.

B. The Self and Self-Actualization

According to Rogers (1959), infants begin to develop a vague concept of self when a portion of their experience becomes personalized and differentiated in *awareness* as “I” or “me” experiences. Once infants establish a rudimentary self-structure, their tendency to actualize the self begins to evolve. **Self-actualization** is a subset of the actualization tendency and is therefore not synonymous with it. The *actualization tendency* refers to organismic experiences of the individual; that is, it refers to the whole person—conscious and unconscious, physiological and cognitive. On the other hand, *self-actualization* is the tendency to actualize the self as *perceived in awareness*. Rogers (1959) postulated two self subsystems, the *self-concept* and the *ideal self*.

The **self-concept** includes all those aspects of one’s being and one’s experiences that are

perceived in awareness (though not always accurately) by the individual. The self-concept is not identical with the **organismic self**. Portions of the organismic self may be beyond a person's awareness or simply not owned by that person.

The second subsystem of the self is the **ideal self**, defined as one's view of self as one wishes to be. The ideal self contains all those attributes, usually positive, that people aspire to possess. A wide gap between the ideal self and the self-concept indicates **incongruence** and an unhealthy personality.

C. Awareness

Without awareness, the self-concept and the ideal self would not exist. Rogers (1959) defined *awareness* as "the symbolic representation (not necessarily in verbal symbols) of some portion of our experience" (p. 198).

Rogers (1959) recognized three levels of awareness. First, some events are experienced below the threshold of awareness and are either *ignored* or *denied*. Second, Rogers (1959) hypothesized that some experiences are *accurately symbolized* and freely admitted to the self-structure. Such experiences are both nonthreatening and consistent with the existing self-concept. A third level of awareness involves experiences that are perceived in a *distorted* form. When one's experience is not consistent with one's view of self, one reshapes or distorts the experience so that it can be assimilated into one's existing self-concept.

Compliments, even those genuinely dispensed, seldom have a positive influence on the self-concept of the recipient. They may be distorted because the person distrusts the giver, or they may be denied because the recipient does not feel deserving of them; in all cases, a compliment from another also implies the right of that person to criticize or condemn, and thus the compliment carries an implied threat (Rogers, 1961).

D. Becoming a Person

Rogers (1959) discussed the processes necessary to becoming a person. First, an individual must make *contact*—positive or negative—with another person. This contact is the minimum experience necessary for becoming a person.

As children (or adults) become aware that another person has some measure of regard for them, they begin to value positive regard and devalue negative regard. That is, the person develops a need to be loved, liked, or accepted by another person, a need that Rogers (1959) referred to as **positive regard**. Positive regard is a prerequisite for **positive self-regard**, defined as the experience of prizing or valuing one's self. Rogers (1959) believed that receiving positive regard from others is necessary for positive self-regard, but once positive self-regard is established, it becomes independent of the continual need to be loved. The source of positive self-regard lies in the positive regard one receives from

others, but once established, it is autonomous and self-perpetuating.

E. Barriers to Psychological Health

Not everyone becomes a psychologically healthy person. Rather, most people experience conditions of worth, incongruence, defensiveness, and disorganization. Instead of receiving unconditional positive regard, most people receive **conditions of worth**; that is, they perceive that their parents, peers, or partners love and accept them only if they meet those people's expectations and approval.

Conditions of worth become the criterion by which people accept or reject their experiences. From early childhood forward, most people learn to disregard their own organismic valuations and to look beyond themselves for direction and guidance. Other people's values can be assimilated only in distorted fashion or at the risk of creating disequilibrium and conflict within the self. Their perceptions of other people's view of them are called **external evaluations**. These evaluations, whether positive or negative, do not foster psychological health but, rather, prevent them from being completely open to their own experiences.

Psychological disequilibrium begins when people fail to recognize their organismic experiences as self-experiences: that is, when they do not accurately symbolize organismic experiences into awareness because they appear to be inconsistent with their emerging self-concept. This *incongruence* between their self-concept and their organismic experience is the source of psychological disorders.

The greater the incongruence between their perceived self (self-concept) and their organismic experience, the more vulnerable they are. Rogers (1959) believed that people are **vulnerable** when they are unaware of the discrepancy between their organismic self and their significant experience.

Whereas vulnerability exists when people have no awareness of the incongruence within their self, anxiety and threat are experienced as they gain awareness of such an incongruence. Rogers (1959) defined **anxiety** as "a state of uneasiness or tension whose cause is unknown" (p. 204). As people become more aware of the incongruence between their organismic experience and their perception of self, their anxiety begins to evolve into **threat**: that is, an awareness that their self is no longer whole or congruent. Anxiety and **threat** can represent steps toward psychological health because they signal to them that their organismic experience is inconsistent with their self-concept.

In order to prevent this inconsistency between one's organismic experience and one's perceived self, one reacts in a defensive manner. **Defensiveness** is the protection of the self-concept against anxiety and threat by the denial or distortion of experiences inconsistent with it (Rogers, 1959). The two chief defenses are *distortion* and *denial*. With **distortion**, people misinterpret an experience in order to fit it into some aspect of their

self-concept. With **denial**, they refuse to perceive an experience in awareness, or at least they keep some aspect of it from reaching symbolization. According to Rogers (1959), both distortion and denial serve the same purpose—they keep people’s perception of their organismic experiences consistent with their self-concept—which allows them to ignore or block out experiences that otherwise would cause unpleasant anxiety or threat.

Most people engage in defensive behavior, but sometimes defenses fail and behavior becomes disorganized or psychotic. In a state of disorganization, people sometimes behave consistently with their organismic experience and sometimes in accordance with their shattered self-concept.

IV. Psychotherapy

Client-centered therapy is deceptively simple in statement but decidedly difficult in practice. Briefly, the client-centered approach holds that in order for vulnerable or anxious people to grow psychologically, they must come into contact with a therapist who is congruent and whom they perceive as providing an atmosphere of unconditional acceptance and accurate empathy. If the *conditions* of therapist congruence, unconditional positive regard, and empathic listening are present in a client–counselor relationship, then the *process* of therapy will transpire. If the process of therapy takes place, then certain *outcomes* can be predicted. Rogerian therapy, therefore, can be viewed in terms of conditions, process, and outcomes.

A. Conditions

Rogers (1959) postulated that in order for therapeutic growth to take place, the following conditions are necessary and sufficient. First, an anxious or vulnerable client must come into contact with a congruent therapist who also possesses *empathy* and unconditional positive regard for that client. Next, the client must perceive these characteristics in the therapist. Finally, the contact between the client and the therapist must be of some duration.

With nearly any psychotherapy, the first and third conditions are present; that is, the client, or patient, is motivated by some sort of tension to seek help, and the relationship between the client and the therapist will last for some period of time. Client-centered therapy is unique in its insistence that the conditions of *counselor congruence*, unconditional *positive regard*, and *empathic listening* are both necessary and sufficient (Rogers, 1957). Even though all three conditions are necessary for psychological growth, Rogers (1980) believed that congruence is more basic than either unconditional positive regard or empathic listening. Congruence is a general quality possessed by the therapist, whereas the other two conditions are specific feelings or attitudes that the therapist has for an individual client.

Congruence exists when a person’s organismic experiences are matched by an awareness of them and by an ability and willingness to openly express these feelings (Rogers, 1980). Positive regard is the need to be liked, prized, or accepted by another person. When this

need exists without any conditions or qualifications, **unconditional positive regard** occurs (Rogers, 1980). Therapists have unconditional positive regard when they are “experiencing a warm, positive and accepting attitude toward what is the client” (Rogers, 1961, p. 62). The attitude is without possessiveness, without evaluations, and without reservations.

The third necessary and sufficient condition of psychological growth is **empathic listening**. Empathy exists when therapists accurately sense the feelings of their clients and are able to communicate these perceptions so that clients know that another person has entered their world of feelings without prejudice, projection, or evaluation. Client-centered therapists do not take empathy for granted; they check the accuracy of their sensings by trying them out on the client.

B. Process

The process of constructive personality change can be placed on a continuum from most defensive to most integrated. Rogers (1961) arbitrarily divided this continuum into seven stages. *Stage 1* is characterized by an unwillingness to communicate anything about oneself. In *Stage 2*, clients become slightly less rigid. They discuss external events and other people, but they still disown or fail to recognize their own feelings. As clients enter into *Stage 3*, they more freely talk about self, although still as an object. Clients in *Stage 4* begin to talk of deep feelings but not ones presently felt. By the time clients reach *Stage 5*, they have begun to undergo significant change and growth. They can express feelings in the present, although they have not yet accurately symbolized those feelings. People at *Stage 6* experience dramatic growth and an irreversible movement toward becoming fully functioning or self-actualizing. They freely allow into awareness those experiences that they had previously denied or distorted. *Stage 7* can occur outside the therapeutic encounter, because growth at Stage 6 seems to be irreversible. People at Stage 7 receive pleasure in knowing that these evaluations are fluid and that change and growth will continue.

When persons come to experience themselves as prized and unconditionally accepted, they realize, perhaps for the first time, that they are lovable. The example of the therapist enables them to prize and accept themselves, to have unconditional positive self-regard. They are freed to listen to themselves more accurately, to have empathy for their own feelings. As a consequence, when these persons come to prize themselves and to accurately understand themselves, their perceived self becomes more congruent with their organismic experiences. They now possess the same three therapeutic characteristics as any effective helper, and in effect, they become their own therapist.

C. Outcomes

The most basic outcome of successful client-centered therapy is a congruent client who is less defensive and more open to experience. Each of the remaining outcomes is a logical extension of this basic one. As a result of being more congruent and less defensive, clients

have a clearer picture of themselves and a more realistic view of the world.

Being realistic, they have a more accurate view of their potentials, which permits them to narrow the gap between self-ideal and real self. Because their ideal self and their real self are more congruent, clients experience less physiological and psychological tension, are less vulnerable to threat, and have less anxiety. They are less likely to look to others for direction and less likely to use others' opinions and values as the criteria for evaluating their own experiences. Their relationships with others are also changed. They become more accepting of others, make fewer demands, and simply allow others to be themselves.

V. The Person of Tomorrow

In 1951, Rogers first briefly put forward his "characteristics of the altered personality," then he enlarged on the concept of the **fully functioning person** in an unpublished paper (Rogers, 1953). Somewhat later, he described both the world of tomorrow and the **person of tomorrow** (Rogers, 1980).

If the three necessary and sufficient therapeutic conditions of congruence, unconditional positive regard, and empathy are optimal, then what kind of person would emerge? Rogers (1961, 1962, 1980) listed several possible characteristics. First, psychologically healthy people would be *more adaptable*. Second, persons of tomorrow would be *open to their experiences*, accurately symbolizing them in awareness rather than denying or distorting them. A related characteristic of persons of tomorrow would be a *trust in their organismic selves*. A third characteristic of persons of tomorrow would be a tendency to *live fully in the moment*. Rogers (1961) referred to this tendency to live in the moment as **existential living**. Fourth, persons of tomorrow would remain confident of their own ability to experience *harmonious relations with others*. Fifth, persons of tomorrow would be *more integrated*, more whole, with no artificial boundary between conscious processes and unconscious ones. Sixth, persons of tomorrow would have a *basic trust of human nature*. Finally, because persons of tomorrow are open to all their experiences, they would enjoy a *greater richness in life* than do other people.

VI. Philosophy of Science

According to Rogers (1968), science begins and ends with the subjective experience, although everything in between must be objective and empirical. Rogers (1968) believed that scientists should be completely involved in the phenomena being studied. Science begins when an intuitive scientist starts to perceive patterns among phenomena. At first, these dimly seen relationships may be too vague to be communicated to others, but they are nourished by a caring scientist until eventually they can be formulated into testable hypotheses.

At this point, methodology enters the picture. Although the creativity of a scientist may yield innovative methods of research, these procedures themselves must be rigorously controlled, empirical, and objective. It is only the *method* of science that is precise and objective. The

scientist then communicates findings from that method to others, but the communication itself is subjective. The people receiving the communication bring their own degrees of open-mindedness or defensiveness into this process.

VII. The Chicago Studies

Consistent with his philosophy of science, Rogers did not permit methodology to dictate the nature of his research. In his investigations of the outcomes of client-centered psychotherapy, first at the Counseling Center of the University of Chicago (Rogers & Dymond, 1954) and then with schizophrenic patients at the University of Wisconsin (Rogers, Gendlin, Kiesler, & Truax, 1967), he and his colleagues allowed the problem to take precedence over methodology and measurement. The purpose of the Chicago Studies was to investigate both the process and the outcomes of client-centered therapy. The therapists were of a “journeyman” level. They included Rogers and other faculty members, but graduate students also served as therapists. Though they ranged widely in experience and ability, all were basically client centered in approach (Rogers, 1961; Rogers & Dymond, 1954).

A. Hypotheses

Research at the University of Chicago Counseling Center was built around the basic client-centered hypothesis, which states that all persons have within themselves the capacity, either active or latent, for self-understanding as well as the capacity and tendency to move in the direction of self-actualization and maturity. More specifically, Rogers (1954) hypothesized that during therapy, clients would assimilate into their self-concepts those feelings and experiences previously denied to awareness. He also predicted that during and after therapy the discrepancy between real self and ideal self would diminish and that the observed behavior of clients would become more socialized, more self-accepting, and more accepting of others.

B. Method

To measure change from the client’s point of view, the researchers relied on the **Q sort** technique developed by William Stephenson of the University of Chicago (Stephenson, 1953). The Q sort technique begins with a universe of 100 self-referent statements printed on 3 × 5 cards, which participants are requested to sort into nine piles from “most like me” to “least like me.” Participants for the study were 18 men and 11 women who had sought therapy at the Counseling Center. These clients—called the experimental or *therapy group*—received at least six therapeutic interviews, and each session was electronically recorded and transcribed, a procedure Rogers had pioneered as early as 1938.

The researchers used two different methods of control. First, they asked half the people in the therapy group to wait 60 days before they would receive therapy. These participants, known as the own-control or *wait group*, were required to wait before receiving therapy in order to determine if motivation to change rather than the therapy itself might cause people

to get better. The other half of the therapy group, called the *no-wait group*, received therapy immediately.

The second control consisted of a separate group of “normals,” who had volunteered to serve as participants in a “research on personality” study. This comparison group allowed researchers to determine the effects of such variables as passage of time, knowledge that one is part of an experiment (the **placebo effect**), and the impact of repeated testing. The participants in this *control group* were divided into a *wait group* and a *no-wait group*, which corresponded to the wait and no-wait therapy groups.

C. Findings

The researchers found that the therapy group showed less discrepancy between self and ideal self after therapy than before, and they retained almost all those gains throughout the follow-up period. Participants in both the therapy and the control groups were asked to supply the experimenters with names of two intimate friends who would be in a position to judge overt behavioral changes.

Clients judged by their therapists as being most improved received higher posttherapy maturity scores from their friends, whereas those rated as least improved received lower scores from their friends. Interestingly, before therapy, clients typically rated themselves less mature than their friends rated them, but as therapy progressed, they began to rate themselves higher and, therefore, more in agreement with their friends’ ratings.

D. Summary of Results

The Chicago Studies demonstrated that people receiving client-centered therapy generally showed some growth or improvement. However, improvement fell short of the optimum. The therapy group began treatment as less healthy than the control group, showed growth during therapy, and retained most of that improvement throughout the follow-up period. However, they never attained the level of psychological health demonstrated by “normal” people in the control group. Client-centered therapy is effective, but it does not result in the fully functioning person.

VIII. Related Research

Rogers’ own research studies on the three necessary and sufficient conditions for psychological growth were precursors to positive psychology and have been further supported by modern research (Cramer, 1994, 2002, 2003). Moreover, Rogers’ notion of incongruence between real and ideal self and motivation to pursue goals have sparked continued interest from researchers.

A. Real–Ideal Self-Discrepancy, Online Gaming, and the Brain

In the 1980s, E. Tory Higgins developed a version of Rogers' theory that continues to be influential in personality and social psychological research. Higgins' version of the theory is called self-discrepancy theory and argues not only for the real self–ideal self discrepancy but also for real self–ought self discrepancy (Higgins, 1987). Although more specific, Higgins' theory nonetheless has essentially the same form and assumptions of Rogers' theory: Individuals with high levels of self-discrepancy are most likely to experience high levels of negative affect in their lives, such as anxiety and depression.

Most people currently have some kind of online presence, whether it is through social media, such as Instagram, Snapchat, Twitter, or Facebook, or online gaming. These platforms are popular in part because they allow people to be not only themselves but also their ideal selves. Bessiere, Seay, and Kiesler (2007) examined real–ideal self-identities in players of an online multiplayer game, where they created characters. Bessiere and colleagues argue that the findings suggest that gaming allows people the freedom to create successful and idealized selves regardless of their real selves. Similarly, Suh (2013) used self-discrepancy theory to examine whether differences between real-self and virtual-self are associated with positive psychological outcomes, such as autonomy and the ability to recover from injury or negative experiences in the real world. Suh found that people who have higher individual self-discrepancy (i.e., presented themselves as more educated, intelligent, and expert online than in real life) were best able to recover from injury and negative experiences. Also, people who act less pro-socially and morally in their virtual worlds than in their real worlds have lower levels of psychological well-being. Li, Liao, and Khoo (2011) in another study found that students with high real–ideal self-discrepancy and higher levels of depression had higher levels of escapism and were most likely to engage in pathological gaming.

Recently, some very interesting neuroscientific research has investigated the brain and genetic foundations of how people respond to the real–ideal self-discrepancy (Shi et al., 2016). Previous research has reported that when people reflect on their ideal compared to real selves, they feel embarrassment and shame (Higgins et al., 1985). Yet, these negative feelings can also lead to a desire to improve oneself and to feel good (Higgins, 1987). Other researchers have shown that there is a cluster of brain structures that are activated when people feel good (like when presented with food or drug cues). This cluster is informally known as the “reward center” (Franklin et al., 2007; Kober et al., 2010). Shi and colleagues found that students with the largest real–ideal discrepancy had more activity in the reward centers of the brain compared to those with smaller discrepancy. They also found that high reward center activation during discrepancy ratings was found in those who most desired ideal traits.

B. Motivation and Pursuing One's Goals

Rogers (1951) proposed that all people have an **organismic valuing process (OVP)**—that is, a natural instinct directing people toward the most fulfilling pursuits. Ken Sheldon and colleagues (2003) have explored the existence of an OVP in college students by designing

studies that ask students to rate the importance of several goals repeatedly over the course of multiple weeks. Sheldon and colleagues predicted that if people truly possess an OVP as Rogers theorized, then over time they will rate goals that are inherently more fulfilling as more desirable than goals that lead only to materialistic gains. What the researchers found was that, in line with the prediction that people possess an OVP, the participants tended to rate the more fulfilling goals with increasing importance over time and the materialistic goals with decreasing importance.

Ransom, Sheldon, and Jacobsen (2008) also explored Rogers' OVP process in the context of cancer survival. These researchers noted that many people with cancer report that they experience positive growth as a result of their disease and even say that cancer had a more positive than negative impact on their lives. Individuals might cope with the challenge that cancer provides by *perceiving* positive growth in themselves where no objective evidence for it exists. Eighty-three people with breast or prostate cancer completed measures of personal positive attributes and personal life goals before and after radiation therapy treatment. The findings strongly supported Rogers' conceptualization of the OVP.

Grit is conceived of as the disposition to pursue goals in a determined way for years or sometimes even decades and to passionately maintain that perseverance despite inevitable setbacks (Duckworth, Peterson, Matthews, & Kelly, 2007). Vainio and Daukantaitė (2015) conducted a study exploring whether grit is positively related to well-being and whether this relationship is mediated by two of Rogers' features of the OVP: authenticity and sense of coherence in the self (Rogers, 1961, 1964). Vainio and Daukantaitė found that grit was, as predicted, highly positively related to both well-being and life satisfaction. Grittier individuals had higher levels of psychological well-being as well as greater satisfaction with their lives overall. Authenticity and sense of coherence provide a connection to who people really are, and this may provide a "compass" for gritty individuals in pursuing their goals (Vainio & Daukantaitė, 2015). This means that grit, rather than being a dogged determination, blind to any costs that might accrue in pursuit of goals, is only "true" if the goals are consistent with one's inner values.

IX. Critique of Rogers

Does Rogerian theory *generate research* and suggest testable hypotheses? Although Rogerian theory has produced much research in the realm of psychotherapy and classroom learning (see Rogers, 1983), it has been only moderately productive outside these two areas and thus receives only an average rating on its ability to spark research activity within the general field of personality.

One can rate Rogerian theory high on *falsifiability*. His precise language facilitated research at the University of Chicago and later at the University of Wisconsin that exposed his theory of therapy to falsification. How well does person-centered theory serve as a *guide for the solution of practical problems*? To bring about personality change, the therapist must possess congruence and be able to demonstrate empathic understanding and unconditional positive

regard for the client.

One can rate person-centered theory very high for its consistency and its carefully worked-out operational definitions. Finally, is Rogerian theory *parsimonious* and free from cumbersome concepts and difficult language? The theory itself is unusually clear and economical, but some of the language is awkward and vague.

X. Concept of Humanity

Rogers contended that people have some degree of free choice and some capacity to be self-directed. Throughout his long career, Rogers remained cognizant of the human capacity for great evil, yet his concept of humanity is realistically *optimistic*. He believed that people are essentially forward moving and that, under proper conditions, they will grow toward self-actualization.

To the extent that people have awareness, they are able to make free choices and to play an active role in forming their personalities. Rogers' theory is also high on *teleology*, maintaining that people strive with purpose toward goals that they freely set for themselves. Rogers placed more emphasis on individual differences and *uniqueness* than on similarities.

Although Rogers did not deny the importance of unconscious processes, his primary emphasis was on the ability of people to *consciously* choose their own course of action. On the dimension of *biological versus social influences*, Rogers favored the latter. Rogers firmly held that, although much of people's behavior is determined by heredity and environment, they have within them the capacity to choose and to become self-directed. Rogers (1982) did not claim that, if left alone, people would be righteous, virtuous, or honorable. However, in an atmosphere without threat, people are free to become what they potentially can be.