

**A THEORY OF THERAPY,
PERSONALITY,
AND INTERPERSONAL
RELATIONSHIPS,
AS DEVELOPED IN THE
CLIENT-CENTERED
FRAMEWORK**

CARL R. ROGERS

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- Page 220: spelling correction, original reads “omitting
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CARL R. ROGERS
*University of
Wisconsin*

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INTRODUCTION

Being one who has deprecated the use of compulsion as a means of altering personality and behavior, it is no doubt singularly appropriate that I should be forced to acknowledge the value of the gentle compulsion of a formal request. For some time I had recognized the need of a more adequate and more up-to-date statement of the theories which have been developing in the group associated with client-centered therapy. This might well have remained in the realm of good intentions, had it not been for the formal request from the American Psychological Association, in connection with its Study of the Status and Development of Psychology in the United States, to prepare a systematic statement of this developing theory. To join with others who were endeavoring to formulate their own theories and to use, so far as possible, a common outline—this seemed to be both an obligation and an opportunity which could not be refused. It is this softly voiced but insistent pressure from my colleagues which has caused me to write the following pages now, rather than at some later date. For this pressure I am grateful.

The soil of the theory. No theory can be adequately understood without some knowledge of the cultural and personal soil from which it springs. Consequently I am pleased that the first item of the suggested outline requests a thorough discussion of background factors. This means, I fear, that I must take the reader through some autobiographical material since, although the client-centered orientation has become very much of a group enterprise in every respect, I, as an individual, carry a considerable responsibility for its initiation and for the beginning formulation of its theories. I shall, therefore, mention briefly some cultural influences and personal experiences which may or may not

have relevance to the theory itself. I shall not attempt to evaluate these influences, since I am probably a poor judge of the part they have played.

I lived my childhood as a middle child in a large, close-knit family, where hard work and a highly conservative (almost fundamentalist) Protestant Christianity were about equally revered. When the family moved to a farm at the time I was twelve, I became deeply interested and involved in scientific agriculture. The heavy research volumes I read on my own initiative in the next few years regarding feeds and feeding, soils, animal husbandry, and the like, instilled in me a deep and abiding respect for the scientific method as a means of solving problems and creating new advances in knowledge. This respect was reinforced by my first years in college, where I was fond of the physical and biological sciences. In my work in history I also realized something of the satisfactions of scholarly work.

Having rejected the family views of religion, I became interested in a more modern religious viewpoint and spent two profitable years in Union Theological Seminary, which at that time was deeply committed to a freedom of philosophical thought which respected any honest attempt to resolve significant problems, whether this led into or away from the church. My own thinking led me in the latter direction, and I moved "across the street" to Teachers College, Columbia University. Here I was exposed to the views of John Dewey, not directly, but through William H. Kilpatrick. I also had my first introduction to clinical psychology in the warmly human and common-sense approach of Leta Stetter Hollingworth. There followed a year of internship at the Institute for Child Guidance, then in its chaotic but dynamic first year of existence. Here I gained much from the highly Freudian orientation of most of its psychiatric staff, which included David Levy and Lawson Lowrey. My first attempts at therapy were carried on at the Institute. Because I was still completing my doctorate at Teachers College, the sharp incompatibility of the highly speculative Freudian thinking of the Institute with the highly statistical and Thorndikean views at Teachers College was keenly felt.

There followed twelve years in what was essentially a community child guidance clinic in Rochester, New York. This was a period of comparative isolation from the thinking of others. The psychology department of the University of Rochester was uninterested in what we were doing because our work was not, in its opinion, in the field of psychology. Our colleagues in the social agencies, schools, and courts knew little and cared less about psychological ideologies. The only element which carried weight with them was the ability to get results in working with maladjusted individuals. The staff was eclectic, of diverse

background, and our frequent and continuing discussion of treatment methods was based on our practical everyday working experience with the children, adolescents, and adults who were our clients. It was the beginning of an effort, which has had meaning for me ever since, to discover the order which exists in our experience of working with people. The volume on the *Clinical Treatment of the Problem Child* was one outcome of this effort.

During the second half of this period there were several individuals who brought into our group the controversial therapeutic views of Otto Rank and the Philadelphia group of social workers and psychiatrists whom he had influenced. Personal contact with Rank was limited to a three-day institute we arranged; nevertheless his thinking had a very decided impact on our staff and helped me to crystallize some of the therapeutic methods we were groping toward. For by this time I was becoming more competent as a therapist, and beginning to sense a discoverable orderliness in this experience, an orderliness which was inherent *in* the experience, and (unlike some of the Freudian theories which had grown so far from their original soil) did not have to be imposed *on* the experience.

Though I had carried on some part-time university teaching throughout the Rochester years, the shift to a faculty position at Ohio State University was a sharp one. I found that the emerging principles of therapy, which I had experienced largely on an implicit basis, were by no means clear to well-trained, critically minded graduate students. I began to sense that what I was doing and thinking in the clinical field was perhaps more of a new pathway than I had recognized. The paper I presented to the Minnesota chapter of Psi Chi in December, 1940, (later chapter 2 of *Counseling and Psychotherapy*) was the first conscious attempt to develop a relatively new line of thought. Up to that time I had felt that my writings were essentially attempts to distill out more clearly the principles which "all clinicians" were using.

The new influence at Ohio State, which continued to be felt in my years at Chicago, was the impact of young men and women—intellectually curious, often theoretically oriented, eager to learn from experience and to contribute through research and theory to the development of a field of knowledge. Through their mistakes as well as their successes in therapy, through their research studies, their critical contributions, and through our shared thinking, have come many of the recent developments in this orientation.

In the past decade at the University of Chicago the new elements which stand out most sharply are the opportunity for and the encouragement of research, the inclusion of graduate students from education, theology, human development, sociology, industrial relations, as well as

psychology, in the ramified activities of the Counseling Center, and the creative thinking of my faculty colleagues, especially those connected with the Center.

The persistent influence which might not be fully recognized, because it is largely implicit in the preceding paragraphs, is the continuing clinical experience with individuals who perceive themselves, or are perceived by others to be, in need of personal help. Since 1928, for a period now approaching thirty years, I have spent probably an average of 15 to 20 hr per week, except during vacation periods, in endeavoring to understand and be of therapeutic help to these individuals. To me, they seem to be the major stimulus to my psychological thinking. From these hours, and from my relationships with these people, I have drawn most of whatever insight I possess into the meaning of therapy, the dynamics of interpersonal relationships, and the structure and functioning of personality.

Some basic attitudes. Out of this cultural and personal soil have grown certain basic convictions and attitudes which have undoubtedly influenced the theoretical formulation which will be presented. I will endeavor to list some of these views which seem to me relevant :

1. I have come to see both research and theory as being aimed toward the inward ordering of significant experience. Thus research is not something esoteric, nor an activity in which one engages to gain professional kudos. It is the persistent, disciplined effort to make sense and order out of the phenomena of subjective experience. Such effort is justified because it is satisfying to perceive the world as having order and because rewarding results often ensue when one understands the orderly relationships which appear to exist in nature. One of these rewarding results is that the ordering of one segment of experience in a theory immediately opens up new vistas of inquiry, research, and thought, thus leading one continually forward.

Thus the primary reason for research and systematic theory in the field of therapy is that it is personally dissatisfying to permit the cumulating experiences of therapeutic hours to remain as a conglomeration of more or less isolated events. It feels as though there is an order in these events. What could it be? And of any hunch regarding the inherent order, it is necessary to ask the question, is this really true, or am I deceiving myself? Thus slowly there is assembled a body of facts, and systematic constructs to explain those facts, which have as their basic function the satisfaction of a need for order which exists in me.

(I have, at times, carried on research for purposes other than the above to satisfy others, to convince opponents and sceptics, to gain prestige, and for other unsavory reasons. These errors in judgment and activity have only deepened the above positive conviction.)

2. It is my opinion that the type of understanding which we call science can begin anywhere, at any level of sophistication. To observe acutely, to think carefully and creatively—these activities, not the accumulation of laboratory instruments, are the beginnings of science. To observe that a given crop grows better on the rocky hill than in the lush bottom land, and to think about this observation, is the start of science. To notice that most sailors get scurvy but not those who have stopped at islands to pick up fresh fruit is a similar start. To recognize that, when a person's views of himself change, his behavior changes accordingly, and to puzzle over this, is again the beginning of both theory and science. I voice this conviction in protest against the attitude, which seems too common in American psychology, that science starts in the laboratory or at the calculating machine.

3. A closely related belief is that there is a natural history of science — that science, in any given field, goes through a patterned course of growth and development. For example, it seems to me right and natural that in any new field of scientific endeavor the observations are gross, the hypotheses speculative and full of errors, the measurements crude. More important, I hold the opinion that this is just as truly science as the use of the most refined hypotheses and measurements in a more fully developed field of study. The crucial question in either case is not the degree of refinement but the direction of movement. If in either instance the movement is toward more exact measurement, toward more clear-cut and rigorous theory and hypotheses, toward findings which have greater validity and generality, then this is a healthy and growing science. If not, then it is a sterile pseudo science, no matter how exact its methods. Science is a *developing* mode of inquiry, or it is of no particular importance.

2. In the invitation to participate in the APA study, I have been asked to cast our theoretical thinking in the terminology of the independent-intervening-dependent variable, in so far as this is feasible. I regret that I find this terminology somehow uncongenial. I cannot justify my negative reaction very adequately, and perhaps it is an irrational one, for the logic behind these terms seems unassailable. But to me the terms seem static—they seem to deny the restless, dynamic, searching, changing aspects of scientific movement. There is a tendency to suppose that a variable thus labeled, remains so, which is certainly not true. The terms also seem to me to smack too much of the laboratory, where one undertakes an experiment *de novo*, with everything under control, rather than of a science which is endeavoring to wrest from the phenomena of experience the inherent order which they contain. Such terms seem to be more applicable to the advanced stages of scientific endeavor than to the beginning stages.

Please do not misunderstand. I quite realize that *after the fact*, any research investigation, or any theory constructed to relate the discovered facts, should be translatable into the language of independent and dependent variables or there is something wrong with the research or theory. But the terms seem to me better adapted to such autopsies than to the living physiology of scientific work in a new field.

5. It should be quite clear from the foregoing that the model of science which I find most helpful is not taken from the advanced stages of theoretical physics. In a field such as psychotherapy or personality the model which seems more congenial to me would be taken from the much earlier stages of the physical sciences. I like to think of the discovery of radioactivity by the Curies. They had left some pitchblende ore, which they were using for some purpose or other, in a room where they stored photographic plates. They discovered that the plates had been spoiled. In other words, first there was the observation of a dynamic event. This event might have been due to a multitude of causes. It might have been a flaw in the manufacture of the plates. It might have been the humidity, the temperature, or any one of a dozen other things. But acute observation and creative thinking fastened on a hunch regarding the pitchblende, and this became a tentative hypothesis. Crude experiments began to confirm the hypothesis. Only slowly was it discovered that it was *not* the pitchblende, but a strange element *in* the pitchblende which was related to the observed effect. Meanwhile a theory had to be constructed to bring this strange phenomenon into orderly relationship with other knowledge. And although the theory in its most modest form had to do with the effect of radium on photographic plates, in its wider and more speculative reaches it was concerned with the nature of matter and the composition of the universe. By present-day standards in the physical sciences, this is an example of a primitive stage of investigation and theory construction. But in the fields in which I am most deeply interested I can only hope that we are approaching such a stage. I feel sure that we are not beyond it.

6. Another deep-seated opinion has to do with theory. I believe that there is only one statement which can accurately apply to all theories—from the phlogiston theory to the theory of relativity, from the theory I will present to the one which I hope will replace it in a decade—and that is that at the time of its formulation every theory contains an unknown (and perhaps at that point an unknowable) amount of error and mistaken inference. The degree of error may be very great, as in the phlogiston theory, or small, as I imagine it may be in the theory of relativity, but unless we regard the discovery of truth as a closed and finished book, then there will be new discoveries which will contradict the best theories which we can now construct.

To me this attitude is very important, for I am distressed at the manner in which small-caliber minds immediately accept a theory—almost any theory—as a dogma of truth. If theory could be seen for what it is—a fallible, changing attempt to construct a network of gossamer threads which will contain the solid facts—then a theory would serve as it should, as a stimulus to further creative thinking.

I am sure that the stress I place on this grows in part out of my regret at the history of Freudian theory. For Freud, it seems quite clear that his highly creative theories were never more than that. He kept changing, altering, revising, giving new meaning to old terms—always with more respect for the facts he observed than for the theories he had built. But at the hands of insecure disciples (so it seems to me), the gossamer threads became iron chains of dogma from which dynamic psychology is only recently beginning to free itself. I feel that every formulation of a theory contains this same risk and that, at the time a theory is constructed, some precautions should be taken to prevent it from becoming dogma.

7. I share with many others the belief that truth is unitary, even though we will never be able to know this unity. Hence any theory, derived from almost any segment of experience, if it were complete and completely accurate, could be extended indefinitely to provide meaning for other very remote areas of experience. Tennyson expressed this in sentimental fashion in his "Flower in the Crannied Wall." I too believe that a complete theory of the individual plant would show us "what God and man is."

The corollary, however, is of equal importance and is not so often stated. A slight error in a theory may make little difference in providing an explanation of the observed facts out of which the theory grew. But when the theory is projected to explain more remote phenomena, the error may be magnified, and the inferences from the theory may be completely false. A very slight error in the understanding of Tennyson's flower may give a grossly false understanding of man. Thus every theory deserves the greatest respect in the area from which it was drawn from the facts and a decreasing degree of respect as it makes predictions in areas more and more remote from its origin. This is true of the theories developed by our own group.

8. There is one other attitude which I hold, which I believe has relevance for the proper evaluation of any theory I might present. It is my belief in the fundamental predominance of the subjective. Man lives essentially in his own personal and subjective world, and even his most objective functioning, in science, mathematics, and the like, is the result of subjective purpose and subjective choice. In relation to research and theory, for example, it is my subjective perception that the machinery of

science as we know it—operational definitions, experimental method, mathematical proof—is the best way of avoiding self-deception. But I cannot escape the fact that this is the way it appears to me, and that had I lived two centuries ago, or if I were to live two centuries in the future, some other pathway to truth might seem equally or more valid. To put it more briefly, it appears to me that though there may be such a thing as objective truth, I can never know it; all I can know is that some statements appear to me subjectively to have the qualifications of objective truth. Thus there is no such thing as Scientific Knowledge; there are only individual perceptions of what appears to each person to be such knowledge.

Since this is a large and philosophical issue, not too closely related to what follows, I shall not endeavor to state it more fully here but refer any who are interested to an article in which I have tried to expound this view somewhat more fully [67]. I mention it here only because it is a part of the context in which my theoretical thinking has developed.

THE GENERAL STRUCTURE OF OUR SYSTEMATIC THINKING

Before proceeding to the detailed statement of some of our theoretical views, I believe it may be helpful to describe some of the interrelationships between various portions of our theoretical formulations.

The earliest portion, most closely related to observed fact, most heavily supported by evidence, is the theory of psychotherapy and personality change which was constructed to give order to the phenomena of therapy as we experienced it.

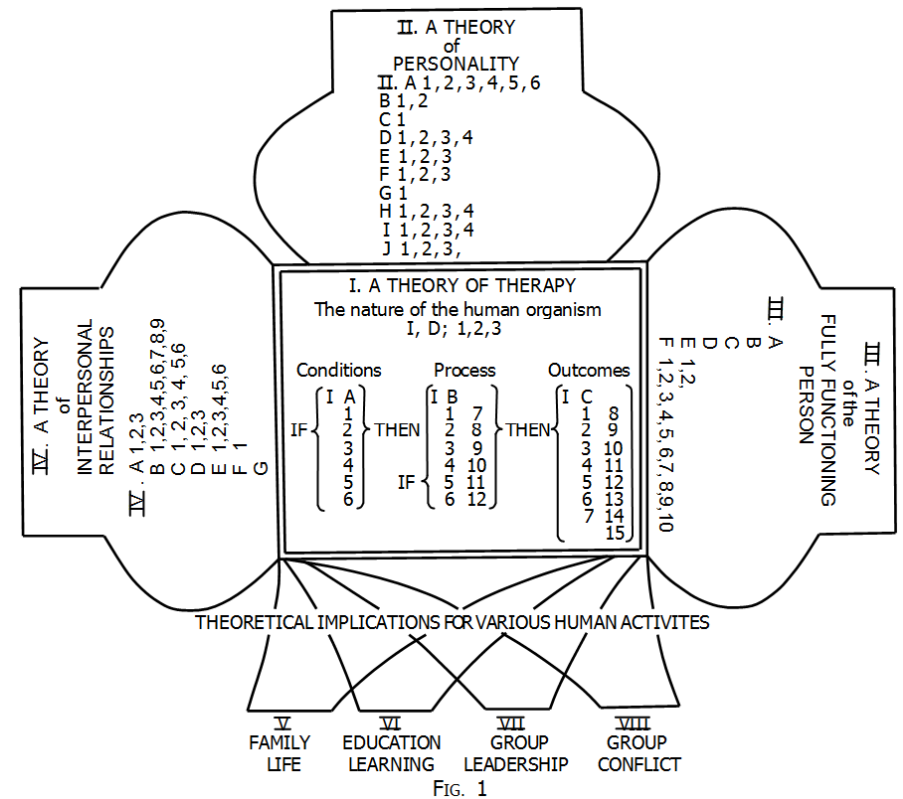
In this theory there were certain hypotheses regarding the nature of personality and the dynamics of behavior. Some of these were explicit, some implicit. These have been developed more fully into a theory of personality. The purpose has been to provide ourselves with a tentative understanding of the human organism and its developing dynamics—an attempt to make sense of this person who comes to us in therapy.

Implicit in the theories of therapy and of personality are certain hypotheses regarding the outcomes of therapy—hence, hypotheses regarding a more socially constructive or creative individual. In the last few years we have endeavored to spell out the picture of the theoretical end point of therapy, the maximally creative, self-actualizing, or fully functioning person.

In another direction, our understanding of the therapeutic relationship has led us to formulate theoretical statements regarding all interpersonal relationships, seeing the therapeutic relationship simply

as one special case. This is a very new and tentative development, which we believe has promise.

Finally, it has seemed that if our views of therapy have any validity they have application in all those fields of human experience and endeavor which involve (a) interpersonal relationships and (b) the aim or potentiality of development or change in personality and behavior.



Consequently a cluster of partially developed theories exists in relation to such fields as family life, education, group leadership, and situations of group tension and conflict.

The accompanying chart may help the reader to see and understand these relationships between different aspects of our theories. It should be clear that the chart reads from the center, and that the developments have taken place in the four directions indicated. It should also be remembered that the possibility of magnification of error in the theory increases as one goes out from the center. By and large, there is less

evidence available in these peripheral areas than in the center. Entered in the chart are the identifying numbers of the various propositions which follow, so that in reading any specific portion of the theory the reader may refer back to see its organic relationship to other parts of the theoretical structure.

Before proceeding to set forth something of the theories themselves, I should like gratefully to stress the extent to which this is basically a group enterprise. I have drawn upon specific written contributions to theory made by Victor Raimy, Richard Hogan, Stanley Standal, John Butler, and Thomas Gordon. Many others have contributed to my thinking in ways known and unknown, but I would particularly like to mention the valuable influence of Oliver Bown, Desmond Cartwright, Arthur Combs, Eugene Gendlin, A. H. Maslow, Julius Seeman, John Shlien, and Donald Snygg on the theories which I am about to present. Yet these individuals are by no means to be held responsible for what follows, for their own attempts to order experience have often led them into somewhat different channels of thinking.

Definitions of constructs. In the development of our theories various systematic constructs have emerged, gradually acquiring sharper and more specific meaning. Also terms in common usage have gradually acquired somewhat specialized meanings in our theoretical statements. In this section I have endeavored to define, as rigorously as I am able, these constructs and terms. These definitions supply the means by which the theory may be more accurately understood.

In this section one will find first a numbered list of all of the constructs defined, grouped in related clusters. There are eleven of these clusters, each with a focal concept. If these focal concepts are understood, the understanding of each of the related terms should not be difficult, since each of the constructs within a group has a close and meaningful relationship to the others.

Following the list one will find each of the constructs in the order numbered. Each is defined, and explanatory comment is often added.

In connection with one cluster of concepts, those having to do with the self, there is a long digression giving the "case history" of the development of that construct. This is intended to illustrate the way in which most of the constructs in this theoretical system have been developed, not as armchair constructs but out of a continuing interplay between therapeutic experience, abstract conceptualizing, and research using operationally defined terms.

It is quite possible that such a section, devoted entirely to definitions, will prove dull reading. The reader may prefer to go at once to the theory of therapy in the following section, where he will find each defined term printed in italics. He may then refer back to this section for the exact meaning of each such term.

Grouping of Definitions

Actualizing tendency and related construct

1. Actualizing tendency
2. Tendency toward self-actualization

Experience and related constructs

3. Experience (noun)
4. Experience (verb)
5. Feeling, Experiencing a feeling

Awareness and related constructs

6. Awareness, Symbolization, Consciousness
7. Availability to awareness
8. Accurate symbolization
9. Perceive, Perception

10. Subceive, Subception Self

and related constructs

11. Self-experience
12. Self, Concept of self, Self-structure
13. Ideal self

Incongruence and related constructs

14. Incongruence between self and experience
15. Vulnerability
16. Anxiety
17. Threat
18. Psychological maladjustment

The response to threat

19. Defense, Defensiveness
20. Distortion in awareness, Denial to awareness
21. Intensionality

Congruence and related constructs

22. Congruence of self and experience
23. Openness to experience
24. Psychological adjustment
25. Extensionality
26. Mature, Maturity

Unconditional positive regard and related constructs

27. Contact
28. Positive regard
29. Need for positive regard
30. Unconditional positive regard
31. Regard complex
32. Positive self-regard
33. Need for self-regard
34. Unconditional self-regard

Conditions of worth

35. Conditions of worth

Constructs related to valuing

36. Locus of evaluation

37. Organismic valuing process Constructs

related to source of knowledge

38. Internal frame of reference

39. Empathy

40. External frame of reference

1. *Actualizing tendency*. This is the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism. It involves not only the tendency to meet what Maslow [45] terms "deficiency needs" for air, food, water, and the like, but also more generalized activities. It involves development toward the differentiation of organs and of functions, expansion in terms of growth, expansion of effectiveness through the use of tools, expansion and enhancement through reproduction. It is development toward autonomy and away from heteronomy, or control by external forces. Angyal's statement [2] could be used as a synonym for this term: "Life is an autonomous event which takes place between the organism and the environment. Life processes do not merely tend to preserve life but transcend the momentary status quo of the organism, expanding itself continually and imposing its autonomous determination upon an ever increasing realm of events."

It should be noted that this basic actualizing tendency is the only motive which is postulated in this theoretical system. It should also be noted that it is the organism as a whole, and only the organism as a whole, which exhibits this tendency. There are no homunculi, no other sources of energy or action in the system. The self, for example, is an important construct in our theory, but the self does not "do" anything. It is only one expression of the general tendency of the organism to behave in those ways which maintain and enhance itself.

It might also be mentioned that such concepts of motivation as are termed need-reduction, tension-reduction, drive-reduction, are included in this concept. It also includes, however, the growth motivations which appear to go beyond these terms: the seeking of pleasurable tensions, the tendency to be creative, the tendency to learn painfully to walk when crawling would meet the same needs more comfortably.

2. *Tendency toward self-actualization*. Following the development of the self-structure, this general tendency toward actualization expresses itself also in the actualization of that portion of the experience of the organism which is symbolized in the self. If the self and the total

experience of the organism are relatively congruent, then the actualizing tendency remains relatively unified. If self and experience are incongruent, then the general tendency to actualize the organism may work at cross purposes with the subsystem of that motive, the tendency to actualize the self.

This definition will be better understood when various of its terms—self, incongruence, etc.—are defined. It is given here because it is a sub-aspect of motivation. It should perhaps be reread after the other terms are more accurately understood.

3. *Experience* (noun). This term is used to include all that is going on within the envelope of the organism at any given moment which is potentially available to awareness. It includes events of which the individual is unaware, as well as all the phenomena which are in consciousness. Thus it includes the psychological aspects of hunger, even though the individual may be so fascinated by his work or play that he is completely unaware of the hunger; it includes the impact of sights and sounds and smells on the organism, even though these are not in the focus of attention. It includes the influence of memory and past experience, as these are active in the moment, in restricting or broadening the meaning given to various stimuli. It also includes all that is present in immediate awareness or consciousness. It does not include such events as neuron discharges or changes in blood sugar, because these are not directly available to awareness. It is thus a psychological, not a physiological definition.

Synonyms are "experiential field," or the term "phenomenal field" as used by Snygg and Combs, which also covers more than the phenomena of consciousness. I have in the past used such phrases as "sensory and visceral experiences" and "organic experiences" in the attempt to convey something of the total quality of this concept.

It is to be noted that experience refers to the given moment, not to some accumulation of past experience. It is believed that this makes the operational definition of experience, or of *an* experience, which is a given segment of the field, more possible.

4. *Experience* (verb). To experience means simply to receive in the organism the impact of the sensory or physiological events which are happening at the moment.

Often this process term is used in the phrase "to experience in awareness" which means to symbolize in some accurate form at the conscious level the above sensory or visceral events. Since there are varying degrees of completeness in symbolization, the phrase is often "to experience more fully in awareness," thus indicating that it is the extension of this

process toward more complete and accurate symbolization to which reference is being made.

5. *Feeling, Experiencing a feeling.* This is a term which has been heavily used in writings on client-centered therapy and theory. It denotes an emotionally tinged experience, together with its personal meaning. Thus it includes the emotion but also the cognitive content of the meaning of that emotion in its experiential context. It thus refers to the unity of emotion and cognition as they are experienced inseparably in the moment. It is perhaps best thought of as a brief theme of experience, carrying with it the emotional coloring and the perceived meaning to the individual. Examples would include "I feel angry at myself," "I feel ashamed of my desires when I am with her," "For the first time, right now, I feel that you like me." This last is an example of another phenomenon which is relevant to our theory, and which has been called *experiencing a feeling fully*, in the immediate present. The individual is then congruent in his experience (of the feeling), his awareness (of it), and his expression (of it).

6. *Awareness, Symbolization, Consciousness.* These three terms are defined as synonymous. To use Angyal's expression, consciousness (or awareness) is the symbolization of some of our experience. Awareness is thus seen as the symbolic representation (not necessarily in verbal symbols) of some portion of our experience. This representation may have varying degrees of sharpness or vividness, from a dim awareness of something existing as ground, to a sharp awareness of something which is in focus as figure.

7. *Availability to awareness.* When an experience can be symbolized freely, without defensive denial and distortion, then it is available to awareness.

8. *Accurate symbolization.* The symbols which constitute our awareness do not necessarily match, or correspond to, the "real" experience, or to "reality." Thus the psychotic is aware of (symbolizes) electrical impulses in his body which do not seem in actuality to exist. I glance up quickly and perceive a plane in the distance, but it turns out to be a gnat close to my eye. It seems important to distinguish between those awarenesses which, in common-sense terms, are real or accurate and those which are not. But how can this be conceptualized if we are trying to think rigorously?

The most adequate way of handling this predicament seems to me to be to take the position of those who recognize that all perception (and I would add, all awareness) is transactional in nature, that it is a construction from our past experience and a hypothesis or prognosis for the future. Thus the examples given are both hypotheses which

can be checked. If I brush at the gnat and it disappears, it increases the probability that what I was aware of *was* a gnat and not a plane. If the psychotic were able to permit himself to check the electric currents in his body, and to see whether they have the same characteristics as other electric currents, he would be checking the hypothesis implicit in his awareness. Hence when we speak of accurate symbolization will in awareness, we mean that the hypotheses implicit in the awareness be borne out if tested by acting on them.

We are, however, well over the border line of simple awareness and into the realm which is usually classified as perception, so let us proceed to a consideration of that concept.

9. *Perceive, Perception.* So much has the meaning of this term changed that one definition has been given as follows: "Perception is that which comes into consciousness when stimuli, principally light or sound, impinge on the organism from the outside" [40, p. 250]. Although this seems a bit too general, it does take account of the work of Hebb, Riesen, and others, which indicates that the impingement of the stimuli and the meaning given to the stimuli are inseparable parts of a single experience.

For our own definition we might say that a perception is a hypothesis or prognosis for action which comes into being in awareness when stimuli impinge on the organism. When we perceive "this is a triangle," "that is a tree," "this person is my mother," it means that we are making a prediction that the objects from which the stimuli are received would, if checked in other ways, exhibit properties we have come to regard, from our past experience, as being characteristic of triangles, trees, mother.

Thus we might say that perception and awareness are synonymous, perception being the narrower term, usually used when we wish to emphasize the importance of the stimulus in the process, and awareness the broader term, covering symbolizations and meanings which arise from such purely internal stimuli as memory traces, visceral changes, and the like, as well as from external stimuli.

To define perception in this purely psychological fashion is not meant to deny that it can be defined in physiological fashion by referring to the impact of a pattern of light rays upon certain nerve cells, for example. For our purpose, however, the psychological definition seems more fruitful, and it is in this sense that the term will be used in our formulations.

10. *Subceive, Subception.* McCleary and Lazarus [46] formulated this construct to signify discrimination without awareness. They state that "even when a subject is unable to report a visual discrimination he is still able to make a stimulus discrimination at some level below that

required for conscious recognition." Thus it appears that the organism can discriminate a stimulus and its meaning for the organism without utilizing the higher nerve centers involved in awareness. It is this capacity which, in our theory, permits the individual to discriminate an experience as threatening, without symbolization in awareness of this threat.

11. *Self-experience*. This is a term coined by Standal [80], and defined as being any event or entity in the phenomenal field discriminated by the individual which is also discriminated as "self," "me," "I," or related thereto. In general self-experiences are the raw material of which the organized self-concept is formed.

12. *Self, Concept of self, Self-structure*. These terms refer to the organized, consistent conceptual gestalt composed of perceptions of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions. It is a gestalt which is available to awareness though not necessarily in awareness. It is a fluid and changing gestalt, a process, but at any given moment it is a specific entity which is at least partially definable in operational terms by means of a Q sort or other instrument or measure. The term self or self-concept is more likely to be used when we are talking of the person's view of himself, self-structure when we are looking at this gestalt from an external frame of reference.

13. *Ideal self*. Ideal self (or self-ideal) is the term used to denote the self-concept which the individual would most like to possess, upon which he places the highest value for himself. In all other respects it is defined in the same way as the self-concept.

A digression on the case history of a construct. Since the abstraction which we term the self is one of the central constructs in our theory, it may be helpful to interpose a somewhat lengthy digression at this point in our list of definitions in order to relate something of the development of this construct. In so doing we will also be illustrating the manner in which most of these defined constructs have come into being in our theory.

Speaking personally, I began my work with the settled notion that the "self" was a vague, ambiguous, scientifically meaningless term which had gone out of the psychologist's vocabulary with the departure of the introspectionists. Consequently I was slow in recognizing that when clients were given the opportunity to express their problems and their attitudes in their own terms, without any guidance or interpreta-

tion, they tended to talk in terms of the self. Characteristic expressions were attitudes such as these: "I feel I'm not being my real self." "I wonder who I am, really." "I wouldn't want anyone to know the real me." "I never had a chance to be myself." "It feels good to let myself go and just *be* myself here." "I think if I chip off all the plaster facade I've got a pretty solid self—a good substantial brick building, underneath." It seemed clear from such expressions that the self was an important element in the experience of the client, and that in some odd sense his goal was to become his "real self."

Raimy [54] produced a careful and searching definition of the self-concept which was helpful in our thinking. There seemed to be no operational way of defining it at that point. Attitudes toward the self could be measured, however, and Raimy and a number of others began such research. Self-attitudes were determined, operationally, by the categorizing of all self-referent terms in interviews preserved in verbatim form by electrical recording. The categories used had a satisfactory degree of interjudge reliability, thus making them suitable scientific constructs for our work. We were encouraged to find that these self-referent attitudes altered significantly in therapy as we had hypothesized they would.

As we focused more upon the concept of the self, clinical experience again gave us further clues as to its nature. For example, in the process of change which appeared to occur in therapy, it was not at all uncommon to find violent fluctuation in the concept of the self. A client, during a given interview, would come to experience himself quite positively. He felt he was worthwhile, that he could meet life with the capacities he possessed, and that he was experiencing a quiet confidence. Three days later he might return with a completely reversed conception of himself. The same evidence now proved an opposite point. The positive new choice he had made now was an instance of silly immaturity; the valid feelings courageously expressed to his colleagues now were clearly inadequate. Often such a client could date, to the moment, the point at which, following some very minor incident, the balance was upset, and his picture of himself had undergone a complete flip-flop. During the interview it might as suddenly reverse itself again.

Consideration of this phenomenon made it clear that we were not dealing with an entity of slow accretion, of step-by-step learning, of thousands of unidirectional conditionings. These might all be involved, but the product was clearly a gestalt, a configuration in which the alteration of one minor aspect could completely alter the whole pattern. One was forcibly reminded of the favorite textbook illustration of a gestalt, the double picture of the old hag and the young woman. Looked at with one mind set, the picture is clearly that of an ugly old woman. The

slightest change, and the whole becomes a portrait of an attractive girl. So with our clients. The self-concept was clearly configurational in nature.

Our clinical experience gave us another clue to the manner in which the self functioned. The conventional concept of repression as having to do with forbidden or socially taboo impulses had been recognized as inadequate to fit the facts. Often the most deeply denied impulses and feelings were positive feelings of love, or tenderness, or confidence in self. How could one explain the puzzling conglomeration of experience which seemingly could not be permitted in awareness? Gradually it was recognized that the important principle was one of consistency with the self. Experiences which were incongruent with the individual's concept of himself tended to be denied to awareness, whatever their social character. We began to see the self as a criterion by which the organism screened out experiences which could not comfortably be permitted in consciousness. Lecky's little posthumous book [43] reinforced this line of thought. We also began to understand other functions of the self in its regulatory influence on behavior, and the like.

At about this juncture Stephenson's Q technique [81] opened up the possibility of an operational definition of the self-concept. Immediately, research burgeoned. Though we feel it has barely made a start in exploiting the possible testing of hypotheses, there have already been measurements and predictions regarding the self as of this moment, the self in the past, "myself as I am with my mother," "the self I would like to be," etc. Probably the most sophisticated and significant of these studies is that completed by Chodorkoff [10], in which his hypothesis, stated informally, is as follows: that the greater the agreement between the individual's self-description and an objective description of him, the less perceptual defensiveness he will show, and the more adequate will be his personal adjustment. This hypothesis is upheld and tends to confirm some important aspects of our theory. In general the various investigations have agreed in indicating that the self-concept is an important variable in personality dynamics and that change in the self is one of the most marked and significant changes occurring in therapy.

It should be recognized that any construct is a more or less arbitrary abstraction from experience. Thus the self could be defined in many different ways. Hilgard, for example [34], has proposed that it be defined in such a way as to include unconscious material, not available to awareness, as well as conscious material. Although we recognize that this is certainly a legitimate way of abstracting from the phenomena, we believe it is not a useful way because it produces a concept which cannot at this point be given operational definition. One cannot obtain sufficient agreement as to the content of the individual's unconscious to make

research possible. Hence we believe that it is more fruitful to define the self-concept as a gestalt which is available to awareness. This has permitted and encouraged a flood of important research.

At all times, however, we endeavor to keep in the forefront of our thinking the fact that each definition is no more than an abstraction and that the same phenomena might be abstracted in a different fashion. One of our group is working on a definition of self which would give more emphasis to its process nature. Others have felt that a plural definition, indicating many specific selves in each of various life contexts, would be more fruitful, and this way of thinking has been embodied in, for example, Nunnally's [50] research. So the search continues for a more adequate conceptualization of this area of our therapeutic experience and for more adequate technical means of providing operational definitions for the concepts which are formulated.

This concludes our interruption of the list of definitions. It is hoped that this one example will give an indication of the way in which many of our basic constructs have developed—not only the self-concept but the constructs of congruence, incongruence, defensiveness, unconditional positive regard, locus of evaluation, and the like. Although the process has been irregular, it has tended to include clinical observation, initial conceptualization, initial crude research to test some of the hypotheses involved, further clinical observation, more rigorous formulation of the construct and its functional relationships, more refined operational definitions of the construct, more conclusive research.

14. *Incongruence between self and experience.* In a manner which will be described in the theory of personality a discrepancy frequently develops between the self as perceived, and the actual experience of the organism. Thus the individual may perceive himself as having characteristics *a*, *b*, and *c*, and experiencing feelings *x*, *y*, and *z*. An accurate symbolization of his experience would, however, indicate characteristics *c*, *d*, and *e*, and feelings *v*, *w*, *x*. When such a discrepancy exists, the state is one of incongruence between self and experience. This state is one of tension and internal confusion, since in some respects the individual's behavior will be regulated by the actualizing tendency, and in other respects by the self-actualizing tendency, thus producing discordant or incomprehensible behaviors. What is commonly called neurotic behavior is one example, the neurotic behavior being the product of the actualizing tendency, whereas in other respects the individual is actualizing the self. Thus the neurotic behavior is incomprehensible to the individual himself, since it is at variance with what he consciously "wants" to do, which is to actualize a self no longer congruent with experience.

15. *Vulnerability.* Vulnerability is the term used to refer to the

state of incongruence between self and experience, when it is desired to emphasize the potentialities of this state for creating psychological disorganization. When incongruence exists, and the individual is unaware of it, then he is potentially vulnerable to anxiety, threat, and disorganization. If a significant new experience demonstrates the discrepancy so clearly that it must be consciously perceived, then the individual will be threatened, and his concept of self disorganized by this contradictory and unassimilable experience.

16. *Anxiety*. Anxiety is phenomenologically a state of uneasiness or tension whose cause is unknown. From an external frame of reference, anxiety is a state in which the incongruence between the concept of self and the total experience of the individual is approaching symbolization in awareness. When experience is *obviously* discrepant from the self-concept, a defensive response to threat becomes increasingly difficult. Anxiety is the response of the organism to the "subception" that such discrepancy may enter awareness, thus forcing a change in the self-concept.

17. *Threat*. Threat is the state which exists when an experience is perceived or anticipated (subceived) as incongruent with the structure of the self. It may be regarded as an external view of the same phenomenon which, from the internal frame of reference, is anxiety.

18. *Psychological maladjustment*. Psychological maladjustment exists when the organism denies to awareness, or distorts in awareness, significant experiences, which consequently are not accurately symbolized and organized into the gestalt of the self-structure, thus creating an incongruence between self and experience.

It may help to clarify this basic concept of incongruence if we recognize that several of the terms we are defining are simply different vantage points for viewing this phenomenon. If an individual is in a state of incongruence between self and experience and we are looking at him from an external point of view we see him as vulnerable (if he is unaware of the discrepancy), or threatened (if he has some awareness of it). If we are viewing him from a social point of view, then this incongruence is psychological maladjustment. If the individual is viewing himself, he may even see himself as adjusted (if he has no awareness of the discrepancy) or anxious (if he dimly subceives it) or threatened or disorganized (if the discrepancy has forced itself upon his awareness).

19. *Defense, Defensiveness*. Defense is the behavioral response of the organism to threat, the goal of which is the maintenance of the current structure of the self. This goal is achieved by the perceptual distortion of the experience in awareness, in such a way as to reduce the incongruity between the experience and the structure of the self, or by the denial

to awareness of an experience, thus denying any threat to the self. Defensiveness is the term denoting a state in which the behaviors are of the sort described.

20. *Distortion in awareness, Denial to awareness*. It is an observed phenomenon that material which is significantly inconsistent with the concept of self cannot be directly and freely admitted to awareness. To explain this the construct of denial or distortion has been developed. When an experience is dimly perceived (or "subceived" is perhaps the better term) as being incongruent with the self-structure, the organism appears to react with a distortion of the meaning of the experience, (making it consistent with the self) or with a denial of the existence of the experience, in order to preserve the self-structure from threat. It is perhaps most vividly illustrated in those occasional moments in therapy when the therapist's response, correctly heard and understood, would mean that the client would necessarily perceive openly a serious inconsistency between his self-concept and a given experience. In such a case, the client may respond, "I can hear the words you say, and I know I should understand them, but I just can't make them convey any meaning to me." Here the relationship is too good for the meaning to be distorted by rationalization, the meaning too threatening to be received. Hence the organism denies that there is meaning in the communication. Such outright denial of experience is much less common than the phenomenon of distortion. Thus if the concept of self includes the characteristic "I am a poor student" the experience of receiving a high grade can be easily be distorted to make it congruent with the self by perceiving in it such meanings as, "That professor is a fool"; "It was just luck"; etc.

21. *Intensionality*. This term is taken from general semantics. If the person is reacting or perceiving in an intensional fashion he tends to see experience in absolute and unconditional terms, to overgeneralize, to be dominated by concept or belief, to fail to anchor his reactions in space and time, to confuse fact and evaluation, to rely upon abstractions rather than upon reality-testing. This term covers the frequently used concept of rigidity but includes perhaps a wider variety of behaviors than are generally thought of as constituting rigidity.

It will perhaps be evident that this cluster of definitions all have to do with the organism's response to threat. Defense is the most general term: distortion and denial are the mechanisms of defense; intensionality is a term which covers the characteristics of the behavior of the individual who is in a defensive state.

22. *Congruence, Congruence of self and experience*. This is a basic concept which has grown out of therapeutic experience, in which the

individual appears to be revising his concept of self to bring it into congruence with his experience, accurately symbolized. Thus he discovers that one aspect of his experience if accurately symbolized, would be hatred for his father; another would be strong homosexual desires. He reorganizes the concept he holds of himself to include these characteristics, which would previously have been inconsistent with self.

Thus when self-experiences are accurately symbolized, and are included in the self-concept in this accurately symbolized form, then the state is one of congruence of self and experience. If this were completely true of all self-experiences, the individual would be a fully functioning person, as will be made more clear in the section devoted to this aspect of our theory. If it is true of some specific aspect of experience, such as the individual's experience in a given relationship or in a given moment of time, then we can say that the individual is to this degree in a state of congruence. Other terms which are in a general way synonymous are these : integrated, whole, genuine.

23. *Openness to experience.* When the individual is in no way threatened, then he is open to his experience. To be open to experience is the polar opposite of defensiveness. The term may be used in regard to some area of experience or in regard to the total experience of the organism. It signifies that every stimulus, whether originating within the organism or in the environment, is freely relayed through the nervous system without being distorted or channeled off by any defensive mechanism. There is no need of the mechanism of "subception" whereby the organism is forewarned of experiences threatening to the self. On the contrary, whether the stimulus is the impact of a configuration of form, color, or sound in the environment on the sensory nerves, or a memory trace from the past, or a visceral sensation of fear, pleasure, or disgust, it is completely available to the individual's awareness. In the hypothetical person who is completely open to his experience, his concept of self would be a symbolization in awareness which would be completely congruent with his experience. There would, therefore, be no possibility of threat.

24. *Psychological adjustment.* Optimal psychological adjustment exists when the concept of the self is such that all experiences are or may be assimilated on a symbolic level into the gestalt of the self-structure. Optimal psychological adjustment is thus synonymous with complete congruence of self and experience, or complete openness to experience. On the practical level, improvement in psychological adjustment is equivalent to progress toward this end point.

25. *Extensionality.* This term is taken from general semantics. If the person is reacting or perceiving in an extensional manner he tends to see experience in limited, differentiated terms, to be aware of the

space-time anchorage of facts, to be dominated by facts, not by concepts, to evaluate in multiple ways, to be aware of different levels of abstraction, to test his inferences and abstractions against reality.

26. *Mature, Maturity.* The individual exhibits mature behavior when he perceives realistically and in an extensional manner, is not defensive, accepts the responsibility of being different from others, accepts responsibility for his own behavior, evaluates experience in terms of the evidence coming from his own senses, changes his evaluation of experience only on the basis of new evidence, accepts others as unique individuals different from himself, prizes himself, and prizes others. (If his behavior has these characteristics, then there will automatically follow all the types of behavior which are more popularly thought of as constituting psychological maturity.)

These last five definitions form a cluster which grows out of the concept of congruence. Congruence is the term which defines the state. Openness to experience is the way an internally congruent individual meets new experience. Psychological adjustment is congruence as viewed from a social point of view. Extensional is the term which describes the specific types of behavior of a congruent individual. Maturity is a broader term describing the personality characteristics and behavior of a person who is, in general, congruent.

The concepts in the group of definitions which follow have all been developed and formulated by Scandal [80], and have taken the place of a number of less satisfactory and less rigorously defined constructs. Essentially this group has to do with the concept of positive regard, but since all transactions relative to this construct take place in relationships, a definition of psychological contact, or minimal relationship, is set down first.

27. *Contact.* Two persons are in psychological contact, or have the minimum essential of a relationship, when each makes a perceived or subceived difference in the experiential field of the other.

This construct was first given the label of "relationship" but it was found that this led to much misunderstanding, for it was often understood to represent the depth and quality of a good relationship, or a therapeutic relationship. The present term has been chosen to signify more clearly that this is the *least* or minimum experience which could be called a relationship. If more than this simple contact between two persons is intended, then the additional characteristics of that contact are specified in the theory.

28. *Positive regard.* If the perception by me of some self-experience in another makes a positive difference in my experiential field, then I

am experiencing positive regard for that individual. In general, positive regard is defined as including such attitudes as warmth, liking, respect, sympathy, acceptance. To perceive oneself as receiving positive regard is to experience oneself as making a positive difference in the experiential field of another.

29. *Need for positive regard.* It is postulated by Standal that a basic need for positive regard, as defined above, is a secondary or learned need, commonly developed in early infancy. Some writers have looked upon the infant's need for love and affection as an inherent or instinctive need. Standal is probably on safer ground in regarding it as a learned need. By terming it the need for positive regard, he has, it is believed, selected out the significant psychological variable from the broader terms usually used.

30. *Unconditional positive regard.* Here is one of the key constructs of the theory, which may be defined in these terms: if the self-experiences of another are perceived by me in such a way that no self-experience can be discriminated as more or less worthy of positive regard than any other, then I am experiencing unconditional positive regard for this individual. To perceive oneself as receiving unconditional positive regard is to perceive that of one's self-experiences none can be discriminated by the other individual as more or less worthy of positive regard.

Putting this in simpler terms, to feel unconditional positive regard toward another is to "prize" him (to use Dewey's term, recently used in this sense by Butler). This means to value the person, irrespective of the differential values which one might place on his specific behaviors. A parent "prizes" his child, though he may not value equally all of his behaviors. Acceptance is another term which has been frequently used to convey this meaning, but it perhaps carries more misleading connotations than the phrase which Standal has coined. In general, however, acceptance and prizing are synonymous with unconditional positive regard.

This construct has been developed out of the experiences of therapy, where it appears that one of the potent elements in the relationship is that the therapist "prizes" the whole person of the client. It is the fact that he feels and shows an unconditional positive regard toward the experiences of which the client is frightened or ashamed, as well as toward the experiences with which the client is pleased or satisfied, that seems effective in bringing about change. Gradually the client can feel more acceptance of all of his own experiences, and this makes him again more of a whole or congruent person, able to function effectively. This clinical explanation will, it is hoped, help to illuminate the meaning contained in the rigorous definition.

31. *Regard complex.* The regard complex is a construct defined by

Standal as all those self-experiences, together with their interrelationships, which the individual discriminates as being related to the positive regard of a particular social other.

This construct is intended to emphasize the gestalt nature of transactions involving positive or negative regard, and their potency. Thus, for example, if a parent shows positive regard to a child in relationship to a specific behavior, this tends to strengthen the whole pattern of positive regard which has previously been experienced as coming from that parent. Likewise specific negative regard from this parent tends to weaken the whole configuration of positive regard.

32. *Positive self-regard.* This term is used to denote a positive regard satisfaction which has become associated with a particular self-experience or a group of self-experiences, in which this satisfaction is independent of positive regard transactions with social others. Though it appears that positive regard must first be experienced from others, this results in a positive attitude toward self which is no longer directly dependent on the attitudes of others. The individual, in effect, becomes his own significant social other.

33. *Need for self-regard.* It is postulated that a need for positive self-regard is a secondary or learned need, related to the satisfaction of the need for positive regard by others.

34. *Unconditional self-regard.* When the individual perceives himself in such a way that no self-experience can be discriminated as more or less worthy of positive regard than any other, then he is experiencing unconditional positive self-regard.

35. *Conditions of worth.* The self-structure is characterized by a condition of worth when a self-experience or set of related self-experiences is either avoided or sought solely because the individual discriminates it as being less or more worthy of self-regard.

This important construct has been developed by Standal to take the Place of "introjected value," which was a less exact concept used in earlier formulations. A condition of worth arises when the positive regard of a significant other is conditional, when the individual feels that in some respects he is prized and in others not. Gradually this same attitude is assimilated into his own self-regard complex, and he values an experience positively or negatively solely because of these conditions of worth which he has taken over from others, not because the experience enhances or fails to enhance his organism.

It is this last phrase which deserves special note. When the individual has experienced unconditional positive regard, then a new experience is valued or not, depending on its effectiveness in maintaining or en-

hancing the organism. But if a value is "introjected" from a significant other, then this condition of worth is applied to an experience quite without reference to the extent to which it maintains or enhances the organism. It is an important specific instance of inaccurate symbolization, the individual valuing an experience positively or negatively, *as if* in relation to the criterion of the actualizing tendency, but not actually in relation to it. An experience may be perceived as organismically satisfying, when in fact this is not true. Thus a condition of worth, because it disturbs the valuing process, prevents the individual from functioning freely and with maximum effectiveness.

36. *Locus of evaluation.* This term is used to indicate the source of evidence as to values. Thus an internal locus of evaluation, within the individual himself, means that he is the center of the valuing process, the evidence being supplied by his own senses. When the locus of evaluation resides in others, their judgment as to the value of an object or experience becomes the criterion of value for the individual.

37. *Organismic valuing process.* This concept describes an ongoing process in which values are never fixed or rigid, but experiences are being accurately symbolized and continually and freshly valued in terms of the satisfactions organismically experienced; the organism experiences satisfaction in those stimuli or behaviors which maintain and enhance the organism and the self, both in the immediate present and in the long range. The actualizing tendency is thus the criterion. The simplest example is the infant who at one moment values food, and when satiated, is disgusted with it; at one moment values stimulation, and soon after, values only rest; who finds satisfying that diet which in the long run most enhances his development.

38. *Internal frame of reference.* This is all of the realm of experience which is available to the awareness of the individual at a given moment. fully. It includes the range of sensations, perceptions, meanings, and memories, which are available to consciousness.

The internal frame of reference is the subjective world of the individual. Only he knows it fully. It can never be known to another except through empathic inference and then can never be perfectly known.

39. *Empathy.* The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the "as if" condition. Thus it means to sense the hurt or the pleasure of another as he senses it, and to perceive the causes thereof as he perceives them, but without

ever losing the recognition that it is *as if* I were hurt or pleased, etc. If this "as if" quality is lost, then the state is one of identification.

40. *External frame of reference.* To perceive solely from one's own subjective internal frame of reference without empathizing with the observed person or object, is to perceive from an external frame of reference. The "empty organism" school of thought in psychology is an example of this. Thus the observer says that an animal has been stimulated when the animal has been exposed to a condition which, in the observer's subjective frame of reference, is a stimulus. There is no attempt to understand, empathically, whether this is a stimulus in the animal's experiential field. Likewise the observer reports the animal emits a response when a phenomenon occurs which, in the observer's subjective field, is a response.

We generally regard all "objects" (stones, trees, or abstractions) from this external frame of reference since we assume that they have no "experience" with which we can empathize. The other side of this coin is that anything perceived from an external frame of reference (whether an inanimate thing, an animal, or a person) becomes for us an "object" because no empathic inferences are made.

This cluster of three ways of knowing deserves some further comment. In so far as we are considering knowledge of human beings we might say that these ways of knowing exist on a continuum. They range from one's own complete subjectivity in one's own internal frame of reference to one's own complete subjectivity about another (the external frame of reference). In between lies the range of empathic inference regarding the subjective field of another.

Each of these ways of knowing is essentially a formulation of hypotheses. The differences lie in the way the hypotheses are checked. In my own internal frame of reference if I experience love or hate, enjoyment or dislike, interest or boredom, belief or disbelief, the only way I can check these hypotheses of experience is by further focusing on my experience. Do I really love him? Am I really enjoying this? Do I really believe this? are questions which can only be answered by checking with my own organism. (If I try to find out whether I really love him by checking with others, then I am observing myself as an object, am viewing myself from an external frame of reference.)

Although in the last analysis each individual lives in and by his own subjective knowledge, this is not regarded socially as "knowledge" and certainly not as scientific knowledge.

Knowledge which has any "certainty," in the social sense, involves the use of empathic inference as a means of checking, but the direction of that empathy differs. When the experience of empathic understanding is used as a source of knowledge, one checks one's empathic inferences

with the subject, thus verifying or disproving the inferences and hypotheses implicit in such empathy. It is this way of knowing which we have found so fruitful in therapy. Utilizing empathic inference to the fullest, the knowledge thus gained of the client's subjective world has led to understanding the basis of his behavior and the process of personality change.

In knowing a person or an object from the external frame of reference, our implicit hypotheses are checked with other people, but not with the subject of our concern. Thus a rigorous behaviorist believes that **S** is a stimulus for his experimental animal and **R** is a response, because his colleagues and even the man in the street agree with him and regard **S** and **R** in the same way. His empathic inferences are made in regard to the internal frame of reference of his colleagues, rather than in regard to the internal frame of reference of the animal.

Science involves taking an external frame of reference, in which we check our hypotheses basically through empathic inferences as to the internal frame of reference of our colleagues. They perform the same operations we have (either actually or through symbolic representation), and if they perceive the same events and meanings, then we regard our hypotheses as confirmed.

The reason for thus elaborating the different ways of knowing is that it seems to us that all ways of knowing have their usefulness, and that confusion arises only when one is not clear as to the type of knowledge which is being specified. Thus in the theory of therapy which follows one will find certain conditions of therapy specified as subjective experiencing states, another as an empathic knowledge of the client, and yet the scientific checking of the hypotheses of the theory can only be done from an external frame of reference.

I. A THEORY OF THERAPY AND PERSONALITY CHANGE

This theory is of the if-then variety. If certain conditions exist (independent variables), then a process (dependent variable) will occur which includes certain characteristic elements. If this process (now the independent variable) occurs, then certain personality and behavioral changes (dependent variables) will occur. This will be made specific.

In this and the following sections the formal statement of the theory is given briefly, in smaller type. The italicized terms or phrases in these formal statements have been defined in the previous section and are to be understood as defined. The remaining paragraphs are explanatory and do not follow the rigorous pattern of the formal statements.

A. Conditions of the Therapeutic Process

For therapy to occur it is necessary that these conditions exist.

1. That two persons are in *contact*.
2. That the first person, whom we shall term the client, is in a state of *incongruence*, being *vulnerable*, or *anxious*.
3. That the second person, whom we shall term the therapist, is *congruent* in the *relationship*.
4. That the therapist is *experiencing unconditional positive regard* toward the client.
5. That the therapist is *experiencing* an *empathic* understanding of the client's *internal frame of reference*.
6. That the client *perceives*, at least to a minimal degree, conditions 4 and 5, the *unconditional positive regard* of the therapist for him, and the *empathic* understanding of the therapist.

Comment. These seem to be the necessary conditions of therapy, though other elements are often or usually present. The process is more likely to get under way if the client is anxious, rather than merely vulnerable. Often it is necessary for the contact or relationship to be of some duration before the therapeutic process begins. Usually the empathic understanding is to some degree expressed verbally, as well as experienced. But the process often commences with only these minimal conditions, and it is hypothesized that it never commences *without* these conditions being met.

The point which is most likely to be misunderstood is the omission of any statement that the therapist *communicates* his empathic understanding and his unconditional positive regard to the client. Such a statement has been omitted only after much consideration, for these reasons. It is not enough for the therapist to communicate, since the communication must be received, as pointed out in condition 6, to be effective. It is not essential that the therapist *intend* such communication, since often it is by some casual remark, or involuntary facial expression, that the communication is actually achieved. However, if one wishes to stress the communicative aspect which is certainly a vital part of the living experience, then condition 6 might be worded in this fashion:

6. That the communication to the client of the therapist's empathic understanding and unconditional positive regard is, at least to a minimal degree, achieved.

The element which will be most surprising to conventional therapists is that the same conditions are regarded as sufficient for therapy, regardless of the particular characteristics of the client. It has been our experience to date that although the therapeutic relationship is used dif-

ferently by different clients, it is not necessary nor helpful to manipulate the relationship in specific ways for specific kinds of clients. To do this damages, it seems to us, the most helpful and significant aspect of the experience, that it is a genuine relationship between two persons, each of whom is endeavoring, to the best of his ability, to be himself in the interaction.¹

The "growing edge" of this portion of the theory has to do with point 3, the congruence or genuineness of the therapist in the relationship. This means that the therapist's symbolization of his own experience in the relationship must be accurate, if therapy is to be most effective. Thus if he is experiencing threat and discomfort in the relationship, and is aware only of an acceptance and understanding, then he is not congruent in the relationship and therapy will suffer. It seems important that he should accurately "be himself" in the relationship, whatever the self of that moment may be.

Should he also express or communicate to the client the accurate symbolization of his own experience? The answer to this question is still in an uncertain state. At present we would say that such feelings should be expressed, if the therapist finds himself persistently focused on his own feelings rather than those of the client, thus greatly reducing or eliminating any experience of empathic understanding, or if he finds himself persistently experiencing some feeling other than unconditional positive regard. To know whether this answer is correct demands further testing of the hypothesis it contains, and this is not simple since the courage to do this is often lacking, even in experienced therapists. When the therapist's real feelings are of this order: "I find myself fearful that you are slipping into a psychosis," or "I find myself frightened because you are touching on feelings I have never been able to resolve," then it is difficult to test the hypothesis, for it is very difficult for the therapist to express such feelings.

Another question which arises is this: is it the congruence, the wholeness, the integration of the therapist in the relationship which is important, or are the specific attitudes of empathic understanding and un-

¹This paragraph may have to be rewritten if a recent study of Kirtner [42] is confirmed. Kirtner has found, in a group of 26 cases from the Counseling Center at the University of Chicago, that there are sharp differences in the client's mode of approach to the resolution of life difficulties and that these differences are related to success in therapy. Briefly, the client who sees his problem as involving his relationships, and who feels that he contributes to this problem and wants to change it, is likely to be successful. The client who externalizes his problem and feels little self-responsibility is much more likely to be a failure. Thus the implication is that different conditions of therapy may be necessary to make personality change possible in this latter group. If this is verified, then the theory will have to be revised accordingly.

conditional positive regard vital? Again the final answer is unknown, but a conservative answer, the one we have embodied in the theory, is that for therapy to occur the wholeness of the therapist in the relationship is primary, but a part of the congruence of the therapist must be the experience of unconditional positive regard and the experience of empathic understanding.

Another point worth noting is that the stress is upon the experience *in the relationship*. It is not to be expected that the therapist is a completely congruent person at all times. Indeed if this were a necessary condition there would be no therapy. But it is enough if in this particular moment of this immediate relationship with this specific person he is completely and fully himself, with his experience of the moment being accurately symbolized and integrated into the picture he holds of himself. Thus it is that imperfect human beings can be of therapeutic assistance to other imperfect human beings.

The greatest flaw in the statement of these conditions is that they are stated as if they were all-or-none elements, whereas conditions 2 to 6 all exist on continua. At some later date we may be able to say that the therapist must be genuine or congruent to such and such a degree in the relationship, and similarly for the other items. At the present we can only point out that the more marked the presence of conditions 2 to 6, the more certain it is that the process of therapy will get under way, and the greater the degree of reorganization which will take place. This function can only be stated qualitatively at the present time.

Evidence. Confirmatory evidence, particularly of item 5, is found in the studies by Fiedler [19, 20] and Quinn [52]. Fiedler's study showed that experienced therapists of different orientations created relationships in which one of the most prominent characteristics was the ability to understand the client's communications with the meaning these communications had for the client. Quinn found that the quality of therapist communication was of crucial significance in therapy. These studies add weight to the importance of empathic understanding.

Seeman [75] found that increase in the counselor's liking for the client during therapy was significantly associated with therapeutic success. Both Seeman and Lipkin [44] found that clients who felt themselves to be liked by the therapist tended to be more successful. These studies tend to confirm condition 4 (unconditional positive regard) and condition 6 (perception of this by the client).

Though clinical experience would support condition 2, the client's vulnerability or anxiety, there is little research which has been done in terms of these constructs. The study by Gallagher [21] indicates that less anxious clients tend never to become involved in therapy, but drop out.

B. The Process of Therapy

When the preceding conditions exist and continue, a process is set in motion which has these characteristic directions:

1. The client is increasingly free in expressing his *feelings*, through verbal and/or motor channels.
2. His expressed feelings increasingly have reference to the *self*, rather than nonself.
3. He increasingly differentiates and discriminates the objects of his *feelings* and *perceptions*, including his environment, other persons, his *self*, his *experiences*, and the interrelationships of these. He becomes less *intensional* and more *extensional* in his *perceptions*, or to put it in other terms, his experiences are more *accurately symbolized*.
4. His expressed *feelings* increasingly have reference to the *incongruity* between certain of his *experiences* and his *concept of self*.
5. He comes to experience in awareness the threat of such *incongruence*.
 - a. This *experience of threat* is possible only because of the continued *unconditional positive regard* of the therapist, which is extended to *incongruence* as much as to *congruence*, to *anxiety* as much as to absence of *anxiety*.
6. He *experiences* fully, in *awareness*, feelings which have in the past been *denied to awareness*, or *distorted in awareness*.
7. His *concept of self* becomes reorganized to assimilate and include these *experiences* which have previously been *distorted in* or *denied to awareness*.
8. As this reorganization of the *self-structure* continues, his *concept of self* becomes increasingly *congruent* with his *experience*; the *self* now including *experiences* which previously would have been too *threatening* to be in *awareness*.
 - a. A corollary tendency is toward fewer perceptual *distortions in awareness*, or *denials to awareness*, since there are fewer *experiences* which can be *threatening*. In other words, *defensiveness* is decreased.
9. He becomes increasingly able to *experience*, without a feeling of *threat*, the therapist's *unconditional positive regard*.
 1. He increasingly feels an *unconditional positive self-regard*.
 2. He increasingly *experiences* himself as the *locus of evaluation*.
 3. He reacts to *experience* less in terms of his *conditions of worth* and more in terms of an *organismic valuing process*.

Comment. It cannot be stated with certainty that all of these are *necessary* elements of the process, though they are all characteristic. Both from the point of view of experience, and the logic of the theory, 3, 6, 7,

8, 10, 12, are necessary elements in the process. Item 5a is not a logical step in the theory but is put in as an explanatory note.

The element which will doubtless be most puzzling to the reader is the absence of explanatory mechanisms. It may be well to restate our scientific purpose in terms of an example. *If* one strokes a piece of steel with a magnet, and *if* one places the piece of steel so that it can rotate freely, *then* it will point to the north. This statement of the if-then variety has been proved thousands of times. Why does it happen? There have been various theoretical answers, and one would hesitate to say, even now, that we know with certitude *why* this occurs.

In the same way I have been saying in regard to therapy, "If these conditions exist, *then* these subsequent events will occur." Of course we have speculations as to *why* this relationship appears to exist, and those speculations will be increasingly spelled out as the presentation continues. Nevertheless the most basic element of our theory is that if the described conditions exist, then the process of therapy occurs, and the events which are called outcomes will be observed. We may be quite wrong as to *why* this sequence occurs. I believe there is an increasing body of evidence to show that it *does* occur.

Evidence. There is confirming evidence of varying degrees of relevance for a number of these items describing the therapeutic process. Item 2 (increasing self-reference) is supported by our many recorded therapeutic cases, but has not been reduced to a statistical finding. Stock's study [82] supports item 3, indicating that client self-referent expressions become more objective, less strongly emotional. Mitchell [47] shows that clients become more extensional.

Objective clinical evidence supporting items 4, 5, and 6 is provided in the form of recordings from a case by Rogers [67].

The findings of Vargas [85] are relevant to item 7, indicating the way the self is reorganized in terms of emergent new self-perceptions. Hogan [36] and Haigh [29] have studied the decrease in defensiveness during the process, as described in item 8a, their findings being confirmatory. The increased congruence of self and experience is supported in an exhaustive single case investigation by Rogers [67]. That such congruence is associated with lack of defensiveness is found by Chodorkoff [10].

Item 10, the increase in the client's positive self-regard, is well attested by the studies of Snyder [79], Seeman [76], Raimy [55], Stock [82], Strom [83], Sheerer [78], Lipkin [44]. The client's trend toward experiencing himself as the locus of evaluation is most clearly shown by Raskin's research [56], but this is supported by evidence from Sheerer [78], Lipkin [44], Kessler [41].

C. Outcomes in Personality and Behavior

There is no clear distinction between process and outcome. Items of process are simply differentiated aspects of outcome. Hence the statements which follow could have been included under process. For reasons of convenience in understanding, there have been grouped here those changes which are customarily associated with the terms outcomes, or results, or are observed outside of the therapeutic relationship. These are the changes which are hypothesized as being relatively permanent:

1. The client is more *congruent*, more *open to his experience*, less *defensive*.
2. He is consequently more realistic, objective, *extensional* in his *perceptions*.
3. He is consequently more effective in problem solving.
4. His *psychological adjustment* is improved, being closer to the optimum.
 - a. This is owing to, and is a continuation of, the changes in *self-structure* described in *B7* and *B8*.
5. As a result of the increased *congruence* of *self* and *experience* (*C4* above) his *vulnerability to threat* is reduced.
6. As a consequence of *C2* above, his perception of his *ideal self* is more realistic, more achievable.
7. As a consequence of the changes in *C4* and *C5* his *self* is more *congruent* with his *ideal self*.
8. As a consequence of the increased *congruence* of *self* and *ideal self* (*C6*) and the greater *congruence* of *self* and *experience*, tension of all types is reduced—physiological tension, psychological tension, and the specific type of psychological tension defined as *anxiety*.
9. He has an increased degree of *positive self-regard*.
10. He *perceives* the *locus of evaluation* and the locus of choice as residing within himself.
 - a. As a consequence of *C9* and *C10* he feels more confident and more self-directing.
 - b. As a consequence of *C1* and *C10*, his values are determined by an *organismic valuing process*.
11. As a consequence of *C1*, and *C2*, he *perceives* others more realistically and accurately.
12. He *experiences* more *acceptance* of others, as a consequence of less need for distortion of his perceptions of them.
13. His behavior changes in various ways.
 - a. Since the proportion of *experience* assimilated into the *self-structure* is increased, the proportion of behaviors which can be "owned" as belonging to the *self* is increased.

- b. Conversely, the proportion of behaviors which are disowned as *self-experiences*, felt to be "not myself," is decreased.
- c. Hence his behavior is *perceived* as being more within his control.
14. His behavior is perceived by others as more socialized, more *mature*.
15. As a consequence of *C1*, 2, 3, his behavior is more creative, more uniquely adaptive to each new situation, and each new problem, more fully expressive of his own purposes and values.

Comment. The statement in part *C* which is essential is statement *C1*. Items 2 through 15 are actually a more explicit spelling out of the theoretical implications of statement 1. The only reason for including them is that though such implications follow readily enough from the logic of the theory, they are often not perceived unless they are pointed out.

Evidence. There is much confirmatory and some ambiguous or non-confirming evidence of the theoretical statement of outcomes. Grummon and John [28] find a decrease in defensiveness, basing judgements on the TAT. Hogan [36] and Haigh [29] also supply some scanty evidence on this point. As to the greater extensionality of perceptions (item 2), Jonietz [38] finds that therapy produces changes in perceptions and Mitchell [47] finds these changes to be in the direction of extensionality.

Item 4, stating that adjustment is improved, is supported by evidence based upon TAT, Rorschach, counselor rating, and other indexes, in the studies of Dymond [15, 16], Grummon and John [28], Haimowitz [30], Muench [49], Mosak [48], Cowen and Combs [13]. Carr [8], however, found no evidence of change in the Rorschach in nine cases.

Rudikoff [73] found that the self-ideal becomes more achievable, as stated in item 6. The increased congruence of self and ideal has been confirmed by Butler and Haigh [7], Hartley [33], and its significance for adjustment supported by Hanlon, Hofstaetter, and O'Connor (32).

The decrease in physiological tension over therapy is attested by the studies of Thetford [84] and Anderson [1]. The reduction in psychological tension as evidenced by the Discomfort-Relief Quotient has been confirmed by many investigators: Assum and Levy [4], Cofer and Chance [12], Kaufman and Raimy [39], N. Rogers [72], Zimmerman [86].

The increase in positive self-regard is well attested, as indicated in *IB*, Evidence. The shift in the locus of evaluation and choice is supported in the evidence provided by Raskin [56] and Sheerer [78]. Rudikoff [73] presents evidence which suggests that others may be perceived with greater realism. Sheerer [78] and Stock [82] and Rudikoff [73] show that others are perceived in a more acceptant fashion as postulated in item 11. Gordon and Cartwright [25] provide evidence which is

complex but in general nonconfirming on this point. M. Haimowitz [30] also has findings which seem to indicate that nonacceptance of minority groups may be more openly expressed.

The behavior changes specified in items 13 and 14 find support in the Rogers study [68] showing that in improved cases both the client and his friends observe greater maturity in his behavior. Hoffman [35] finds that the behavior the client describes in the interviews becomes more mature. Jonietz's study of [38] of perception of ink blots might lend some support to the postulate of item 15.

Comments on the theory of therapy. It is to be noted that this theory of therapy involves, basically, no intervening variables. The conditions of therapy, given in A, are all operationally definable, and some have already been given rather crude operational definitions in research already conducted. The theory states that if A exists, then B and C will follow. B and C are measurable events, predicted by A.

It should also be pointed out that the logic of the theory is such that: if A, then B; if A, then B and C; if A, then C (omitting consideration of B), if B, then C (omitting consideration of A).

Specification of functional relationships. At this point, the functional relationships can only be stated in general and qualitative form. The greater the degree of the conditions specified in A, the more marked or more extensive will be the process changes in B, and the greater or more extensive the outcome changes specified in C. Putting this in more general terms, the greater the degree of anxiety in the client, congruence in the therapist in the relationship, acceptance and empathy experienced by the therapist, and recognition by the client of these elements, the deeper will be the process of therapy, and the greater the extent of personality and behavioral change. To revert now to the theoretical logic, all we can say at present is that

$$B = (f)A \quad C = (f)A \quad B + C = (f)A \quad C = (f)B$$

Obviously there are many functional interrelationships not yet specified by the theory. For example, if anxiety is high, is congruence on the part of the therapist less necessary? There is much work to be done in investigating the functional relationships more fully.

D. Some Conclusions Regarding the Nature of the Individual

From the theory of therapy as stated above, certain conclusions are implicit regarding the nature of man. To make them explicit involves little more than looking at the same hypotheses from a somewhat different vantage point. It is well to state them explicitly, however, since they constitute an important explanatory link of a kind which gives this theory what-

ever uniqueness it may possess. They also constitute the impelling reason for developing a theory of personality. If the individual is what he is revealed to be in therapy, then what theory would account for such an individual?

We present these conclusions about the characteristics of the human organism:

1. 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*.
2. 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*.
3. 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, of course, the characteristics already given under IA3, 4, 5, 6.)

It is this tendency which, in the following theory of personality, is elaborated into the tendency toward actualization.

I believe it is obvious that the basic capacity which is hypothesized is of very decided importance in its psychological and philosophical implications. It means that psychotherapy is the releasing of an already existing capacity in a potentially competent individual, not the expert manipulation of a more or less passive personality.² Philosophically it means that the individual has the capacity to guide, regulate, and control himself, providing only that certain definable conditions exist. Only in the absence of these conditions, and not in any basic sense, is it necessary to provide external control and regulation of the individual.

II. A THEORY OF PERSONALITY

In endeavoring to order our perceptions of the individual as he appears in therapy, a theory of the development of personality, and of the dynamics of behavior, has been constructed. It may be well to repeat the warning previously given, and to note that the initial propositions

²In order to correct a common misapprehension it should be stated that this tentative conclusion in regard to human capacity grew out of continuing work with clients in therapy. It was not an assumption or bias with which we started our therapeutic endeavors. A brief personal account of the way in which this conclusion was forced upon me is contained in an autobiographical paper [69].

of this theory are those which are furthest from the matrix of our experience and hence are most suspect. As one reads on, the propositions become steadily closer to the experience of therapy. As before, the defined terms and constructs are italicized, and are to be understood as previously defined.

A. Postulated Characteristics of the Human Infant

It is postulated that the individual, during the period of infancy, has at least these attributes.

1. He perceives his *experience* as reality. His *experience* is his reality.
 - a. As a consequence he has greater potential *awareness* of what reality is for him than does anyone else, since no one else can completely assume his *internal frame of reference*.
2. He has an inherent tendency toward *actualizing* his organism.
3. He interacts with his reality in terms of his basic *actualizing* tendency. Thus his behavior is the goal-directed attempt of the organism to satisfy the experienced needs for *actualization* in the reality as *perceived*.
4. In this interaction he behaves as an organized whole, as a gestalt.
5. He engages in an *organismic valuing process*, valuing *experience* with reference to the *actualizing tendency* as a criterion. *Experiences* which are *perceived* as maintaining or enhancing the organism are valued positively. Those which are *perceived* as negating such maintenance or enhancement are valued negatively.
6. He behaves with adience toward positively valued *experiences* and with avoidance toward those negatively valued.

Comment. In this view as formally stated, the human infant is seen as having an inherent motivational system (which he shares in common with all living things) and a regulatory system (the valuing process) which by its "feedback" keeps the organism "on the beam" of satisfying his motivational needs. He lives in an environment which for theoretical purposes may be said to exist only in him, or to be of his own creation.

This last point seems difficult for some people to comprehend. It is the perception of the environment which constitutes the environment, regardless as to how this relates to some "real" reality which we may philosophically postulate. The infant may be picked up by a friendly, affectionate person. If his perception of the situation is that this is a strange and frightening experience, it is this perception, not the "reality" or the "stimulus" which will regulate his behavior. To be sure, the relationship with the environment is a transactional one, and if his continuing experience contradicts his initial perception, then in time his

perception will change. But the effective reality which influences behavior is at all times the perceived reality. We can operate theoretically from this base without having to resolve the difficult question of what "really" constitutes reality.

Another comment which may be in order is that no attempt has been made to supply a complete catalogue of the equipment with which the infant faces the world. Whether he possesses instincts, or an innate sucking reflex, or an innate need for affection, are interesting questions to pursue, but the answers seem peripheral rather than essential to a theory of personality.

B. The Development of the Self

1. In line with the tendency toward differentiation which is a part of the *actualizing tendency*, a portion of the individual's *experience* becomes differentiated and *symbolized* in an *awareness* of being, *awareness* of functioning. Such awareness may be described as *self-experience*.

2. This representation in *awareness* of being and functioning, becomes elaborated, through interaction with the environment, particularly the environment composed of significant others, into a *concept of self*, a perceptual object in his *experiential field*.

Comment. These are the logical first steps in the development of the self. It is by no means the way the construct developed in our own thinking, as has been indicated in the section of definitions. (A digression on the case history of a construct, p. 200.)

C. The Need for Positive Regard

1. As the awareness of self emerges, the individual develops a *need for positive regard*. This need is universal in human beings, and in the individual, is pervasive and persistent. Whether it is an inherent or learned need is irrelevant to the theory. Scandal [80], who formulated the concept, regards it as the latter.

- a. The satisfaction of this need is necessarily based upon inferences regarding the experiential field of another.
 - (1) Consequently it is often ambiguous.
- b. It is associated with a very wide range of the individual's *experiences*.
- c. It 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*.
 - (1) Hence it is rewarding both to satisfy this need in another, and to experience the satisfaction of one's own need by another.

d. It is potent, in that the *positive regard* of any social other is communicated to the total *regard complex* which the individual associates with that social other.

- (1) Consequently the expression of positive regard by a significant social other can become more compelling than the *organismic valuing process*, and the individual becomes more adient to the *positive regard* of such others than toward *experiences* which are of positive value in *actualizing* the organism.

D. The Development of the Need for Self-regard

1. The positive regard satisfactions or frustrations associated with any particular *self-experience* or group of *self-experiences* come to be *experienced* by the individual independently of *positive regard* transactions with social others. *Positive regard experienced* in this fashion is termed *self-regard*.

2. A *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*.

3. The individual thus comes to *experience positive regard* or loss of *positive regard* independently of transactions with any social other. He becomes in a sense his own significant social other.

4. Like *positive regard*, *self-regard* which is *experienced* in relation to any particular *self-experience* or group of *self-experiences*, is communicated to the total *self-regard complex*.

E. The Development of Conditions of Worth

1. When *self-experiences* of the individual are discriminated by significant others as being more or less worthy of *positive regard*, then *self-regard* becomes similarly selective.

2. 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*.

3. If an individual should *experience* only *unconditional positive regard*, then no *conditions of worth* would develop, *self-regard* would be unconditional, the needs for *positive regard* and *self-regard* would never be at variance with *organismic evaluation*, and the individual would continue to be *psychologically adjusted*, and would be fully functioning. This chain of events is hypothetically possible, and hence important theoretically, though it does not appear to occur in actuality.

Comment. This is an important sequence in personality development, stated more fully by Scandal [80]. It may help to restate the sequence in informal, illustrative, and much less exact terms.

The infant learns to need love. Love is very satisfying, but to know whether he is receiving it or not he must observe his mother's face, gestures, and other ambiguous signs. He develops a total gestalt as to the way he is regarded by his mother and each new experience of love or rejection tends to alter the whole gestalt. Consequently each behavior on his mother's part such as a specific disapproval of a specific behavior tends to be experienced as disapproval in general. So important is this to the infant that he comes to be guided in his behavior not by the degree to which an experience maintains or enhances the organism, but by the likelihood of receiving maternal love.

Soon he learns to view himself in much the same way, liking or disliking himself as a total configuration. He tends, quite independently of his mother or others, to view himself and his behavior in the same way they have. This means that some behaviors are regarded positively which are not actually experienced organismically as satisfying. Other behaviors are regarded negatively which are not actually experienced as unsatisfying. It is when he behaves in accordance with these introjected values that he may be said to have acquired conditions of worth. He cannot regard himself positively, as having worth, unless he lives in terms of these conditions. He now reacts with adience or avoidance toward certain behaviors solely because of these introjected conditions of self-regard, quite without reference to the organismic consequences of these behaviors. This is what is meant by living in terms of introjected values (the phrase formerly used) or conditions of worth.

It is not theoretically necessary that such a sequence develop. If the infant always felt prized, if his own feelings were always accepted even though some behaviors were inhibited, then no conditions of worth would develop. This could at least theoretically be achieved if the parental attitude was genuinely of this sort: "I can understand how satisfying it feels to you to hit your baby brother (or to defecate when and where you please, or to destroy things) and I love you and am quite willing for you to have those feelings. But I am quite willing for me to have my feelings, too, and I feel very distressed when your brother is hurt, (or annoyed or sad at other behaviors) and so I do not let you hit him. Both your feelings and my feelings are important, and each of us can freely have his own." If the child were thus able to retain his own organismic evaluation of each experience, then his life would become a balancing of these satisfactions. Schematically he might feel, "I enjoy hitting baby brother. It feels good. I do not enjoy mother's distress. That feels dissatisfying to me. I enjoy pleasing her." Thus his behavior would sometimes involve the satisfaction of hitting his brother, sometimes the satisfaction of pleasing mother. But he would never have to disown the

feelings of satisfaction or dissatisfaction which he experienced in this differential way.

F. The Development of Incongruence between Self and Experience

1. Because of the need for *self-regard*, the individual *perceives* his *experience* selectively, in terms of the *conditions of worth* which have come to exist in him.
 - a. Experiences which are in accord with his *conditions of worth* are *perceived* and *symbolized* accurately in *awareness*.
 - b. Experiences which run contrary to the *conditions of worth* are *perceived* selectively and distortedly as if in accord with the *conditions of worth*, or are in part or whole, *denied to awareness*.
2. Consequently some experiences now occur in the organism which are not recognized as *self-experiences*, are not accurately *symbolized*, and are not organized into the *self-structure* in *accurately symbolized* form.
3. Thus from the time of the first selective *perception* in terms of *conditions of worth*, the states of *incongruence between self and experience*, of *psychological maladjustment* and of *vulnerability*, exist to some degree.

Comment. It is thus because of the distorted perceptions arising from the conditions of worth that the individual departs from the integration which characterizes his infant state. From this point on his concept of self includes distorted perceptions which do not accurately represent his experience, and his experience includes elements which are not included in the picture he has of himself. Thus he can no longer live as a unified whole person, but various part functions now become characteristic. Certain experiences tend to threaten the self. To maintain the self-structure defensive reactions are necessary. Behavior is regulated at times by the self and at times by those aspects of the organism's experience which are not included in the self. The personality is henceforth divided, with the tensions and inadequate functioning which accompany such lack of unity.

This, as we see it, is the basic estrangement in man. He has not been true to himself, to his own natural organismic valuing of experience, but for the sake of preserving the positive regard of others has now come to falsify some of the values he experiences and to perceive them only in terms based upon their value to others. Yet this has not been a conscious choice, but a natural—and tragic—development in infancy. The path of development toward psychological maturity, the path of therapy, is the undoing of this estrangement in man's functioning, the dissolving of conditions of worth, the achievement of a self which is congruent

with experience, and the restoration of a unified organismic valuing process as the regulator of behavior.

G. The Development of Discrepancies in Behavior

1. As a consequence of the incongruence between self and experience described in *F*, a similar incongruence arises in the behavior of the individual.
 - a. Some behaviors are consistent with the *self-concept* and maintain and actualize and enhance it.
 - (1) Such behaviors are *accurately symbolized* in *awareness*.
 - b. Some behaviors maintain, enhance, and actualize those aspects of the experience of the organism which are not assimilated into the *self-structure*.
 - (1) These behaviors are either unrecognized as *self-experiences* or *perceived* in distorted or selective fashion in such a way as to be *congruent* with the *self*.

H. The Experience of Threat and the Process of Defense

1. As the organism continues to *experience*, an *experience* which is incongruent with the self-structure (and its incorporated *conditions of worth*) is *perceived as threatening*.
2. The essential nature of the *threat* is that if the *experience* were *accurately symbolized* in *awareness*, the *self-concept* would no longer be a consistent gestalt, the *conditions of worth* would be violated, and the *need for self-regard* would be frustrated. A state of *anxiety* would exist.
3. The process of *defense* is the reaction which prevents these events from occurring.
 - a. This process consists of the selective *perception* or *distortion* of the *experience* and/or the *denial to awareness* of the *experience* or some portion thereof, thus keeping the total *perception* of the *experience* consistent with the individual's *self-structure*, and consistent with his *conditions of worth*.
4. The general consequences of the process of *defense*, aside from its preservation of the above consistencies, are a rigidity of *perception*, due to the necessity of distorting *perceptions*, an inaccurate *perception* of reality, due to distortion and omission of data, and *intensionality*.

Comment. Section *G* describes the psychological basis for what are usually thought of as neurotic behaviors, and Section *H* describes the mechanisms of these behaviors. From our point of view it appears more fundamental to think of defensive behaviors (described in these two sections) and disorganized behaviors (described below). Thus the de-

fensive behaviors include not only the behaviors customarily regarded as neurotic—rationalization, compensation, fantasy, projection, compulsions, phobias, and the like—but also some of the behaviors customarily regarded as psychotic, notably paranoid behaviors and perhaps catatonic states. The disorganized category includes many of the "irrational" and "acute" psychotic behaviors, as will be explained below. This seems to be a more fundamental classification than those usually employed, and perhaps more fruitful in considering treatment. It also avoids any concept of neurosis and psychosis as entities in themselves, which we believe has been an unfortunate and misleading conception.

Let us consider for a moment the general range of the defensive behaviors from the simplest variety, common to all us, to the more extreme and crippling varieties. Take first of all, rationalization. ("I didn't really make that mistake. It was this way. . . .") Such excuses involve a perception of behavior distorted in such a way as to make it congruent with our concept of self (as a person who doesn't make mistakes). Fantasy is another example. ("I am a beautiful princess, and all the men adore me.") Because the actual experience is threatening to the concept of self (as an adequate person, in this example), this experience is denied, and a new symbolic world is created which enhances the self, but completely avoids any recognition of the actual experience. Where the incongruent experience is a strong need, the organism actualizes itself by finding a way of expressing this need, but it is perceived in a way which is consistent with the self. Thus an individual whose self-concept involves no "bad" sexual thoughts may feel or express the thought "I am pure, but you are trying to make me think filthy thoughts." This would be thought of as projection or as a paranoid idea. It involves the expression of the organism's need for sexual satisfactions, but it is expressed in such a fashion that this need may be denied to awareness and the behavior perceived as consistent with the self. Such examples could be continued, but perhaps the point is clear that the incongruence between self and experience is handled by the distorted perception of experience or behavior, or by the denial of experience in awareness (behavior is rarely denied, though this is possible), or by some combination of distortion and denial.

1. The Process of Breakdown and Disorganization

Up to this point the theory of personality which has been formulated applies to every individual in a lesser or greater degree. In this and the following section certain processes are described which occur only when certain specified conditions are present.

1. If the individual has a large or significant degree of *incongruence between self and experience* and if a significant experience demonstrating

this *incongruence* occurs suddenly, or with a high degree of obviousness, then the organism's process of *defense* is unable to operate successfully.

2. As a result *anxiety* is experienced as the *incongruence* is subceived. The degree of *anxiety* is dependent upon the extent of the *self-structure* which is *threatened*.

2. The process of *defense* being unsuccessful, the *experience* is *accurately symbolized in awareness*, and the gestalt of the *self-structure* is broken by this *experience* of the *incongruence* in *awareness*. A state of disorganization results.

3. In such a state of disorganization the organism behaves at times in ways which are openly consistent with experiences which have hitherto been distorted or denied to awareness. At other times the self may temporarily regain regnancy, and the organism may behave in ways consistent with it. Thus in such a state of disorganization, the tension between the concept of self (with its included distorted perceptions) and the experiences which are not accurately symbolized or included in the concept of self, is expressed in a confused regnancy, first one and then the other supplying the "feedback" by which the organism regulates behavior.

Comment. This section, as will be evident from its less exact formulation, is new, tentative, and needs much more consideration. Its meaning can be illuminated by various examples.

Statements 1 and 2 above may be illustrated by anxiety-producing experiences in therapy, or by acute psychotic breakdowns. In the freedom of therapy, as the individual expresses more and more of himself, he finds himself on the verge of voicing a feeling which is obviously and undeniably true, but which is flatly contradictory to the conception of himself which he has held. [See 62, pp. 78-80, for a striking verbatim example of this experience.] Anxiety results, and if the situation is appropriate (as described under *J*) this anxiety is moderate, and the result is constructive. But if, through overzealous and effective interpretation by the therapist, or through some other means, the individual is brought face to face with more of his denied experiences than he can handle, disorganization ensues and a psychotic break occurs, as described in statement 3. We have known this to happen when an individual has sought "therapy" from several different sources simultaneously. It has also been illustrated by some of the early experience with sodium pentathol therapy. Under the drug the individual revealed many of the experiences which hitherto he had denied to himself, and which accounted for the incomprehensible elements in his behavior. Unwisely faced with the material in his normal state he could not deny its authenticity, his defensive processes could not deny or distort the experience, and hence the self-structure was broken, and a psychotic break occurred.

Acute psychotic behaviors appear often to be describable as behaviors which are consistent with the denied aspects of experience rather than consistent with the self. Thus the person who has kept sexual impulses rigidly under control, denying them as an aspect of self, may now make open sexual overtures to those with whom he is in contact. Many of the so-called irrational behaviors of psychosis are of this order.

Once the acute psychotic behaviors have been exhibited, a process of defense again sets in to protect the organism against the exceedingly painful awareness of incongruence. Here I would voice my opinion very tentatively as to this process of defense. In some instances perhaps the denied experiences are now regnant, and the organism defends itself against the awareness of the self. In other instances the self is again regnant, and behavior is consistent with it, but the self has been greatly altered. It is now a self concept which includes the important theme, "I am a crazy, inadequate, unreliable person who contains impulses and forces beyond my control." Thus it is a self in which little or no confidence is felt.

It is hoped that this portion of the theory may be further elaborated and refined and made more testable in the future.

J. The Process of Reintegration

In the situations described under sections *G* and *H*, (and probably in situations of breakdown as described under *I*, though there is less evidence on this) a process of reintegration is possible, a process which moves in the direction of increasing the congruence between *self* and *experience*. This may be described as follows:

1. In order for the process of *defense* to be reversed—for a customarily *threatening experience* to be *accurately symbolized* in *awareness* and assimilated into the *self-structure*, certain conditions must exist.

- a. There must be a decrease in the *conditions of worth*.
- b. There must be an increase in *unconditional self-regard*.

2. The communicated *unconditional positive regard* of a significant other is one way of achieving these conditions.

- a. In order for the *unconditional positive regard* to be communicated, it must exist in a context of *empathic* understanding.
- b. When the individual *perceives* such *unconditional positive regard*, existing *conditions of worth* are weakened or dissolved.
- c. Another consequence is the increase in his own *unconditional positive self-regard*.

d. Conditions 2a and 2b above thus being met, *threat* is reduced, the process of *defense* is reversed, and *experiences* customarily *threatening* are *accurately symbolized* and integrated into the *self concept*.

3. The consequences of 1 and 2 above are that the individual is less likely to encounter *threatening experiences*; the process of *defense* is less frequent and its consequences reduced; *self* and *experience* are more *congruent*; *self-regard* is increased; *positive regard* for others is increased; *psychological adjustment* is increased; the *organismic valuing process* becomes increasingly the basis of regulating behavior; the individual becomes nearly fully functioning.

Comment. This section is simply the theory of therapy which we presented earlier, now stated in a slightly more general form. It is intended to emphasize the fact that the reintegration or restoration of personality occurs always and only (at least so we are hypothesizing) in the presence of certain definable conditions. These are essentially the same whether we are speaking of formal psychotherapy continued over a considerable period, in which rather drastic personality changes may occur, or whether we are speaking of the minor constructive changes which may be brought about by contact with an understanding friend or family member.

One other brief comment may be made about item 2a, above. Empathic understanding is always necessary if unconditional positive regard is to be fully communicated. If I know little or nothing of you, and experience an unconditional positive regard for you, this means little because further knowledge of you may reveal aspects which I cannot so regard. But if I know you thoroughly, knowing and empathically understanding a wide variety of your feelings and behaviors, and still experience an unconditional positive regard, this is very meaningful. It comes close to being fully known and fully accepted.

Specification of Functional Relationships in the Theory of Personality

In a fully developed theory it would be possible to specify, with mathematical accuracy, the functional relationships between the several variables. It is a measure of the immaturity of personality theory that only the most general description can be given of these functional relationships. We are not yet in a position to write any equations. Some of the relationships implied in section II may be specified as follows:

The more actualizing the experience, the more adient the behavior (*A5, 6*).

The more numerous or extensive the conditions of worth, the greater the proportion of experience which is potentially threatening (*F1, 2*).

The more numerous or extensive the conditions of worth, the greater the degree of vulnerability and psychological maladjustment (*F3*).

The greater the proportion of experience which is potentially threatening, the greater the probability of behaviors which maintain and en-

hance the organism without being recognized as self-experiences (*G1a, b*).

The more congruence between self and experience, the more accurate will be the symbolizations in awareness (*G1a, and H1, 2, 3*).

The more numerous or extensive the conditions of worth, the more marked will be the rigidity and inaccuracies of perception, and the greater the degree of intensionality (*H4*).

The greater the degree of incongruence experienced in awareness, the greater the likelihood and degree of disorganization (*I3*).

The greater the degree of experienced unconditional positive regard from another, based upon empathic understanding, the more marked will be the dissolution of conditions of worth, and the greater the proportion of incongruence which will be eliminated (*J2, 3*).

In other respects the relationships in section *J* have already been specified in the theory of therapy.

Evidence. The first sections of this theory are largely made up of logical constructs, and propositions which are only partly open to empirical proof or disproof.

Section *F* receives some confirmation from Cartwright [9], and Diller [14], Section *H* from Chodorkoff [10] and Cartwright [9], whereas Goldiamond [22] introduces evidence which might modify the definition of subception. Section *J* is supported by the evidence previously given for the theory of therapy in Part I.

Because it is a closely reasoned and significant experimental testing of certain of the hypotheses and functional relationships specified in this portion of the theory, Chodorkoff's study [10] will be described briefly. His definitions were taken directly from the theory. Defensiveness, for example, is defined as the process by which accurate symbolizations of threatening experiences are prevented from reaching awareness.

He concentrated on three hypotheses which may be stated in theoretical terms as follows:

1. The greater the congruence between self and experience, the less will be the degree of perceptual defensiveness exhibited.

1. The greater the congruence between self and experience, the more adequate will be the personality adjustment of the individual, as this phrase is commonly understood.

2. The more adequate the personality adjustment of the individual (as commonly understood), the less will be the degree of perceptual defensiveness exhibited.

Thus it will be seen that he was testing one of the definitions of the theory (Congruence equals psychological adjustment) against clinical and common-sense reality. He was also testing one of the relationships specified by the theory (Degree of congruence is inversely related to de-

gree of defensiveness). For good measure he also completes the triangle by testing the proposition that adjustment as commonly understood is inversely related to degree of defensiveness.

He gave the following operational meanings to the essential terms:

1. Self is defined as a *Q* sort of self-referent items sorted by the individual to represent himself as of now.

2. Experience. An exact matching of the theoretical meaning with given operations is of course difficult. Chodorkoff avoids the term "experience," but operationally defines it by an "objective description" which is a *Q* sort by a clinician of the same self-referent items, this sorting being based on a thorough clinical knowledge of the individual, gained through several projective tests. Thus the total experiencing of the individual, as distinct from the self-concept he possesses in awareness, is given a crude operational definition by this means.

3. Perceptual defensiveness is defined as the difference in recognition time between a group of neutral words tachistoscopically presented to the individual, and a group of personally threatening words similarly presented. (The selection of the words and the technique of presentation were very carefully worked out, but details would be too lengthy here.)

4. Personal adjustment as commonly understood was defined as a combined rating of the individual by four competent judges, the rating being based on biographical material, projective tests, and other information.

These definitions provide an operational basis for four measures entirely independent of one another.

Chodorkoff translates his hypotheses into operational predictions as follows:

1. The higher the correlation between the individual's self-sort and the clinician's sorting for his total personality, the less will be the difference in his recognition threshold between neutral and threatening words.

2. The higher the correlation between the self-sort and the clinician's sorting for the total personality the higher will be the rating of personal adjustment by the four judges.

3. The higher the adjustment rating by the four judges, the lower will be the difference in recognition threshold between neutral and threatening words.

All three of these predictions were empirically upheld at levels of statistical significance, thus confirming certain portions of the theory.

This study illustrates the way in which several of the theoretical constructs have been given a partial operational definition. It also shows how propositions taken or deduced from the theory may be empirically tested. It suggests, too, the complex and remote behavioral predictions which may be made from the theory.

III. A THEORY OF THE FULLY FUNCTIONING PERSON

Certain directional tendencies in the individual (*ID* and *IIA2*) and certain needs (*IIC*, *D*) have been explicitly postulated in the theory thus far presented. Since these tendencies operate more fully under certain defined conditions, there is already implicit in what has been given a concept of the ultimate in the actualization of the human organism. This ultimate hypothetical person would be synonymous with "the goal of social evolution," "the end point of optimal psychotherapy," etc. We have chosen to term this individual the fully functioning person.

Although it contains nothing not already stated earlier under **I** and **II**, it seems worthwhile to spell out this theoretical concept in its own right.

A. The individual has an inherent tendency toward *actualizing* his organism.

B. The individual has the capacity and tendency to *symbolize experiences* accurately in *awareness*.

1. A corollary statement is that he has the capacity and tendency to keep his *self-concept* congruent with his *experience*.

C. The individual has a *need for positive regard*.

D. The individual has a *need for positive self-regard*.

E. Tendencies *A* and *B* are most fully realized when needs *C* and *D* are met. More specifically, tendencies *A* and *B* tend to be most fully realized when

1. The individual *experiences unconditional positive regard* from significant others.

2. The pervasiveness of this *unconditional positive regard* is made evident through relationships marked by a complete and communicated *empathic understanding* of the individual's *frame of reference*.

F. If the conditions under *E* are met to a maximum degree, the individual who experiences these conditions will be a fully functioning person. The fully functioning person will have at least these characteristics:

1. He will be *open to his experience*.

a. The corollary statement is that he will exhibit no *defensiveness*.

2. Hence all *experiences* will be *available to awareness*.

3. All *symbolizations* will be as accurate as the experiential data will permit.

4. His *self-structure* will be congruent with his *experience*.

5. His *self-structure* will be a fluid gestalt, changing flexibly in the process of assimilation of new *experience*.

6. He will *experience* himself as the *locus of evaluation*.

a. The *valuing process* will be a continuing *organismic* one.

7. He will have no *conditions of worth*.

a. The corollary statement is that he will *experience unconditional self-regard*.

8. He will meet each situation with behavior which is a unique and creative adaptation to the newness of that moment.

9. He will find his *organismic valuing* a trustworthy guide to the most satisfying behaviors, because

a. All available experiential data will be available to *awareness* and used.

a. No datum of *experience* will be *distorted in*, or *denied to*, *awareness*.

a. The outcomes of behavior in *experience* will be *available to awareness*.

b. Hence any failure to achieve the maximum possible satisfaction, because of lack of data, will be corrected by this effective reality testing.

10. He will live with others in the maximum possible harmony, because of the rewarding character of reciprocal *positive regard (IIC1c)*.

Comment. It should be evident that the term "the fully functioning person" is synonymous with optimal psychological adjustment, optimal psychological maturity, complete congruence, complete openness to experience, complete extensionality, as these terms have been defined.

Since some of these terms sound somewhat static, as though such a person "had arrived," it should be pointed out that all the characteristics of such a person are *process* characteristics. The fully functioning person would be a person-in-process, a person continually changing. Thus his specific behaviors cannot in any way be described in advance. The only statement which can be made is that the behaviors would be adequately adaptive to each new situation, and that the person would be continually in a process of further self-actualization. For a more complete exposition of this whole line of thought the reader may wish to see my paper on the fully functioning person [64].

Specification of Functions. Our present state of thinking can be given in one sentence. The more complete or more extensive the conditions *E1*, *E2*, the more closely will the individual approach the asymptotic characteristics *F1* through *F10*.

Evidence. The evidence regarding outcomes of therapy is in a general way confirmatory of the direction taken in this theory, though by its very nature it can never be completely tested, since it attempts to define an asymptote.

IV. A THEORY OF INTERPERSONAL RELATIONSHIP

The most recent extension of our theoretical constructs has been the attempt to formulate the order which appears to exist in all interpersonal relationships and interpersonal communication. This formulation

springs, as will be evident, primarily from the theory of therapy, viewing the therapeutic relationship as simply one instance of interpersonal relationship. For clarity of presentation the conditions, process, and outcome of a deteriorating relationship and a deepening or improving relationship will be set forth separately. Actually these are two points or spaces on a continuum.

A. The Conditions of a Deteriorating Relationship

For communication to be reduced, and for a relationship to deteriorate, the following conditions are necessary:

1. A person Y is willing to be in *contact* with person X and to receive communication from him. (Note: Y's characteristics do not need to be specified, beyond saying that he is an "average person," with some *maladjustment*, some *incongruence*, some *defensiveness*. The theory is stated largely in terms of person X.)
2. Person X desires (at least to a minimal degree) to communicate to and be in *contact* with Y.
3. Marked *incongruence* exists in X among the three following elements:
 - a. His *experience* of the subject of communication with Y. (Which may be the relationship itself, or any other subject.)
 - b. The *symbolization* of this *experience* in his *awareness*, in its relation to his *self-concept*.
 - c. His *conscious* communicated expression (verbal and/or motor) of this *experience*.

Comment. If the discrepancy in 3 is *a* vs. *b*, *c*, then X is psychologically maladjusted in this respect, and the immediate consequences of the condition tend to be personal. If the discrepancy is *a*, *b*, vs. *c*, then the state tends to be labeled deceit, and the immediate consequences tend to be social.

The extreme of this incongruence, and hence one end point of the continuum, would be a complete or almost complete incongruence or dissociation between the experience, its cognitive meaning (symbolization), and its expression.

B. The Process of a Deteriorating Relationship

When the preceding conditions exist and continue, a process is initiated which tends to have these characteristics and directions:

1. The communications of X to Y is contradictory and/or ambiguous, containing
 - a. Expressive behaviors which are consistent with X's *awareness* of the *experience* to be communicated.

- b. Expressive behaviors which are consistent with those aspects of the experience not accurately symbolized in X's *awareness*. (See IIG above.)
2. Y *experiences* these contradictions and ambiguities.
 - a. He tends to be *aware* only of *B1a*, that is X's conscious communication.³
 - b. Hence his *experience* of X's communication tends to be incongruent with his *awareness* of same.
 - c. Hence his response tends also to be contradictory and/or ambiguous, his responses having the same qualities described for X in *B1a*, *b*.
3. Since X is *vulnerable*, he tends to *perceive* Y's responses as potentially *threatening*.
 - a. Hence he tends to *perceive* them in *distorted* fashion, in ways which are *congruent* with his own *self-structure*.
 - b. Hence he is inaccurate in his *perception* of Y's *internal frame of reference*, and does not *experience* a high degree of *empathy*.
 - c. Because Y is *perceived* as a potential *threat*, X cannot and does not *experience unconditional positive regard* for Y. (Note: thus X provides the reverse of the conditions for therapy as described in I43, 4, 5.)
4. Y *experiences* himself as receiving at most a selective *positive regard*.
5. Y *experiences* a lack of understanding or *empathy*.
6. The more Y *experiences* a selectiveness of *positive regard* and an absence of *empathy*, the less free he is to express *feelings*, the less likely he is to express self-referent feelings, the less likely he is to be *extensional* in his *perceptions*, the less likely he is to express incongruencies between *self* and *experience*, the less likely he is to reorganize his *self-concept*. (Note: in general, the process of personality changes as described in IB is reversed.)
7. Since Y is expressing less of his *feelings*, X is even more unlikely to *perceive* Y's *internal frame of reference* with accuracy, and both inaccuracy of *perception* and *distortion of perception* make *defensive* reactions on X's part more likely.
8. Another characteristic which may exist, particularly if X's communication is primarily of negative feelings, is that those aspects of *experience* which are not accurately *symbolized* by X in his *awareness* tend, by *defensive distortion of perception*, to be *perceived* in Y.
9. If this occurs, Y tends to be *threatened* to the degree that these relate to his own *incongruences*, and to exhibit *defensive* behaviors.

³This is a crucial point. If Y is sufficiently *open to his experience* that he is *aware* of X's other communication—described in *B1b*—then *b* and *c* below do not follow, and his own response to X is clear and *congruent*. If in addition to his *awareness* of all of X's communication he experiences an *unconditional positive regard* for X, then this would become an improving relationship, as described in sections *D*, *E*, and *F* which follow.

C. The Outcome of a Deteriorating Relationship

The continuance of this process results in

1. Increased *defensiveness* on the part of X and Y.
2. Communication which is increasingly superficial, expressive of less of the total individual.
3. The *perceptions* of *self* and others, because of the increased *defensiveness*, are organized more tightly.
4. Hence *incongruence* of *self* and *expression* remains in *status quo*, or is increased.
5. *Psychological maladjustment* is to some degree facilitated in both.
 1. The relationship is *experienced* as poor.

Comment on A, B, C. It may clarify this technical and theoretical description of a deteriorating relationship to illustrate it from some commonplace experience. Let us, for example, take the relationship of a mother, X, toward her child, Y. There is, of course, mutual willingness to be in psychological contact. The mother feels "You annoy me because you interfere with my career," but she cannot be aware of this because this experience is incongruent with her concept of herself as a good mother. Her perception of this experience in herself is distorted, becoming "I am annoyed at this instance of your behavior. I love you but I must punish you." This is an acceptable symbolization of her experience, and it is this which she consciously communicates to the child.

But Y receives not only this conscious communication. He also experiences (but tends to be unaware of) the expressive behaviors indicating a more general dislike of himself. His response may be of several sorts, but its essential characteristic is that it will express the incongruence which her divided communication has set up in him. One possibility is that he will experience himself as bad and unloved, even when his awareness of his behavior is that he is "good." Hence he will act and feel guilty and bad, even when behaving in an approved manner. This type of response is threatening to the mother, because his behaviors expressing badness and unlovedness threaten to bring into awareness her own rejecting feelings. Consequently she must further distort her perception of his behavior, which now seems to her "sneaky" or "hangdog" as well as being occasionally annoying. The more this cycle continues, the less acceptance Y feels, the less adequately he can express his feelings, the more difficult it is for his mother to achieve any empathic understanding, the more completely the two are estranged in the relationship, the more maladjusted each becomes. It is the exact steps in such a relationship which we have endeavored to describe in the three foregoing sections—the conditions which bring it about, the process

by which deterioration takes place, and the outcomes of such a deteriorated relationship.

D. The Conditions of an Improving Relationship

For communication to increase, and the relationship to improve, the following conditions are necessary:

1. A person, Y', is willing to be in *contact* with person X', and to receive communication from him.
2. Person X' desires to communicate to and be in *contact* with Y'.
3. A high degree of *congruence* exists in X' between the three following elements:
 - a. His *experience* of the subject of communication with Y.
 - b. The *symbolization* of this *experience* in *awareness* in its relation to his *self-concept*.
 - c. His communicative expression of this *experience*.

E. The Process of an Improving Relationship

1. The communication of X' to Y' is characterized by congruence of *experience*, *awareness*, and communication.
2. Y' *experiences* this *congruence* as clear communication. Hence his response is more likely to express a *congruence* of his own *experience* and awareness.
3. Since X' is *congruent* and not *vulnerable* in the area related to his communication, he is able to *perceive* the response of Y' in an accurate and *extensional* manner, *with empathy* for his *internal frame of reference*.
4. Feeling understood, Y' *experiences* some satisfaction of his *need for positive regard*.
5. X' *experiences* himself as having made a positive difference in the *experiential field* of Y'.
 - a. Hence reciprocally, X' tends to increase in *feeling of positive regard* for Y'.
 - b. Since X' is not *vulnerable* in the area of the communication, the *positive regard* he feels for Y' tends to be an *unconditional positive regard*.
 6. Y' *experiences* himself in a *relationship* which, at least in the area of communication, is characterized by congruence on the part of X', an *empathic* understanding by X' of the *internal frame of reference*, and an *unconditional regard*. (See I43, 4, 5.)
 - a. Hence all the characteristics of the process of therapy (IB) are initiated, within the confines of the subject of communication.
 - b. Because Y' has less need of any of his *defenses* in this *relationship*, any need for *distortion of perception* is decreased.
 - c. Hence he *perceives* the communications of X' more accurately.

7. Hence communication in both directions becomes increasingly *congruent*, is increasingly accurately *perceived*, and contains more reciprocal *positive regard*.

F. Outcomes of an Improving Relationship

The continuance of this process results in the following:

1. All of the outcomes of therapy (IC1 through 15) may occur, subject to the time limitation of the relationship between X' and Y', and also to the mutually understood limitations of the area of the relationship (e.g., it may be mutually understood that it is only a lawyer-client relationship, or only a teacher-pupil relationship, thus tending to exclude many areas of expression and hence to that degree limiting the extent of the outcomes). Thus, within these limitations, the relationship facilitates improved congruence and psychological adjustment in both X' and Y'.

G. A Tentative Law of Interpersonal Relationships

Taking all of this section, we may attempt to compress it into one overall law governing interpersonal relationships, specifying the functional relationship between the constructs. Here is such an attempt.

Assuming a minimal mutual willingness to be in *contact* and to receive communications, we may say that the greater the communicated *congruence of experience, awareness*, and behavior on the part of one individual, the more the ensuing relationship will involve a tendency toward reciprocal communication with the same qualities, mutually accurate understanding of the communications, improved *psychological adjustment* and functioning in both parties, and mutual satisfaction in the relationship.

Conversely, the greater the communicated *incongruence of experience, awareness*, and behavior, the more the ensuing relationship will involve further communication with the same quality, disintegration of accurate understanding, lessened *psychological adjustment* in both parties, and mutual dissatisfaction in the relationship.

Comment. This is still a theory in the making, rather than a finished product. It does not grow out of consideration of research data and grows only partly out of experience. Basically, it is deduced from the theory of therapy and projects into a new area a series of hypotheses which now require confirmation or disproof. The evidence gained in such studies should not only modify or confirm the theory of interpersonal relationships but should reflexively throw new light on the theory of therapy as well.

Evidence. It is believed that there is evidence from experience and some research evidence concerning this theory. It seems preferable, however, simply to present it as a deduced theory.

V. THEORIES OF APPLICATION

To spell out in detail the various theories of application which have been partially developed, would be too repetitious of what has gone before. Hence only a descriptive suggestion will be given in each area of the aspects of theory which would be applicable.

Family life. The theoretical implications would include these:

1. The greater the degree of *unconditional positive regard* which the parent experiences toward the child:
 - a. The fewer the *conditions of worth* in the child.
 - b. The more the child will be able to live in terms of a continuing *organismic valuing process*.
 - c. The higher the level of *psychological adjustment* of the child.
2. The parent experiences such *unconditional positive regard* only to the extent that he *experiences unconditional self-regard*.
3. To the extent that he *experiences unconditional self-regard*, the parent will be congruent in the relationship.
 - a. This implies genuineness or congruence in the expression of his own *feelings* (positive or negative).
4. To the extent that conditions 1, 2, and 3 exist, the parent will realistically and *empathically* understand the child's *internal frame of reference* and *experience an unconditional positive regard* for him.
5. To the extent that conditions 1 through 4 exist, the theory of the process and outcomes of therapy (IB, C), and the theory of the process and outcomes of an improving relationship (IVE, F), apply.

Comment. Stated thus briefly, the applications to family life may easily be misunderstood. For a presentation of these and related ideas, the reader is referred to [65].

Education and learning. To the extent that education is concerned with learnings which significantly influence behavior and facilitate change in personality, then the conditions of therapy (IA) and the conditions of an improving relationship (IVD) apply. This leads, among other things, to more realistic, accurate, and differentiated perceptions (IC1, 2) and to more responsible basing of behavior upon these perceptions (IC3, 10, 15).

Comment. Since a reasonably full statement of the theory of facilitating learning has already been set forth [62, chap. 9], no attempt will be made to spell it out in detail here, even though a number of the terms and constructs in this earlier presentation are not precisely those which are used here.

Evidence. Several studies of the application of this theory to the educational process have been made. Gross [26], Schwebel and Asch [74], Asch [3], and Faw [17, 18], supply evidence which in general is confirmatory.

Group leadership. Building upon the postulate regarding the nature of the individual (*ID*) and extending this to apply to groups, it has been hypothesized that to the extent that a perceived leader provides the conditions of therapy (*IA3*, 4, 5) or of an improving relationship (*IVD*), 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 perceptions will become more extensional, self-responsible thinking and action will increase, a greater degree of distributive leadership will develop, and there will be more effective long-range problem solving. All of these consequences flow logically from the theory thus far presented.

In two major expositions [24, 23], Gordon has set forth carefully the theory of application in this field, and it will not be repeated here. The reader is referred to these presentations for more detail.

Evidence. The studies by Roethlisberger and Dickson [57], Coch and French [11], Radke and Klisurich [53], Gordon, and others supply some confirmatory evidence of different aspects of the theory.

Group tension and conflict. In serious situations of group conflict, the conditions of a deteriorating interpersonal relationship (*IVA*) usually exist. Drawing both from the theory of therapy and the theory of interpersonal relationships, certain hypotheses have been formulated in regard to such situations. Since these introduce a somewhat new point, they will be formulated in more detail.

For our present purpose we may assume as given a group situation in which the conditions of a deteriorating relationship (*IVA*) already exist, with defensive behaviors and expressions being mutually increased between X and Y and Z, different members of the group, or between different subgroups represented by X, Y, and Z.

A. Conditions of Reduction in Group Conflict

Group conflict and tension will be reduced if these conditions exist.

1. A person (whom we term a facilitator) is in *contact* with X, Y, and Z.
2. The facilitator is *congruent* within himself in his separate *contacts* with X, Y, and Z.
3. The facilitator experiences toward X, Y, and Z, separately:
 - a. An *unconditional positive regard*, at least in the area in which the members of the group are communicating.

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- b. An *empathic* understanding of the *internal frame of reference* of X, Y, Z, at least in the area in which the members of the group are communicating.
4. X, Y, and Z *perceive*, at least to a minimal degree, conditions 3a and 3b. (This is generally because 3b is communicated verbally.)

B. The Process of Reduction of Group Conflict

If the above conditions exist and continue, then:

1. The various elements of the process of therapy (*IB*) take place to some degree, at least within the area involved in the group communication.
 - a. One of the important elements of this process is the increase in differentiated *perceptions* and in *extensionality*.
 - b. Another important element is the reduction of *threat* (see *IB8*, 8a) in the experience of X, Y, Z.
2. Consequently the communications of Y to X or Z to X, are less *defensive*, and more nearly *congruent* with the *experience* of Y, and with the *experience* of Z.
3. These communications are perceived with increasing accuracy and *extensionality* by X.
 - a. Consequently X *experiences* more *empathic* understanding of Y and Z.
4. Because he is *experiencing* less *threat* from Y and Z and more *empathy* with their *internal frame of reference*:
 - a. X now symbolizes in awareness *incongruencies* which formerly existed between *experience* and *awareness*.
 - b. Consequently his *defensive* distortions of his own *experience* are reduced.
 - c. Hence his communication to Y and Z becomes a more *extensional* expression of his own total *experience* in regard to the area of communication.
5. The conditions now exist for the process of an improving relationship, and the phenomena described in *IVE* occur.

Comment. A more general statement of the views presented here theoretically will be found in two previous papers [63, 61]. This theory is a deduction from the theory of therapy, and the theory of interpersonal relationships.

Evidence. Although clinical evidence tends to confirm the theory in small face-to-face groups, and Axline [5] has given an account of such a clinical situation, there is as yet, I believe, no research evidence bearing on this aspect of the theory. Particularly crucial and important from a social point of view will be investigations involving different sizes of groups. Even if the theory is fully confirmed in small face-to-face groups, will it hold true in larger groups where communication is not face-to-

face? There is also a question involving groups composed of spokesmen, or representatives, where the individual feels that he cannot speak out of his own experience and feeling, but only in a way dictated by his constituents, who are not present. It is quite clear that the theory, as formulated here, would not directly apply to this last type of situation.

THE THEORETICAL SYSTEM IN A CONTEXT OF RESEARCH

Our presentation of the theoretical system is completed. It is to be hoped that the presentation has made it clear that this is -a developing system, in which some of the older portions are being formulated with considerable logical rigor, while newer portions are more informal, and contain some logical and systematic gaps and flaws, and still others (not presented) exist as highly personal and subjective hunches in the minds of members of the client-centered group. It is also to be hoped that it is evident that this is a system which is in a continual state of modification and clarification. Comparison of the theory as given above with the theory of therapy and personality given in *Client-centered Therapy* in 1951 [62, chaps. 4, 11] or with the paper presented to the APA in 1947 [60] will show that although the major directions have not markedly changed, there have been many changes in the constructs employed, and far-reaching changes in the organization of the theory. This ongoing process of revision is expected to continue.

The major usefulness of the systematic theoretical thinking, aside from the personal satisfaction it has given, has been the stimulation of research. In this respect there seems little doubt that it has had considerable success. By and large the order of events seems to have been this—clinical therapeutic experience, formulation of theory, research which tests the theory, new aspects of experience perceived because of the research, modification of the theory in the light of the new experience and the research, further empirical testing of the revised hypotheses.

It would take too much space to review or even list the studies which have been made. This would also be an unnecessary duplication since Seeman and Raskin [77] have written a thoughtful analysis and criticism of 55 of the research studies in therapy and personality which have been stimulated by this point of view and completed during the years 1942-1951.⁴ Suffice it to say that clusters of research investigations have been made around each of the following subjects of inquiry:

1. The events and process of therapy. Analysis of recorded therapeutic interviews in terms of theoretical constructs has been a major tool here.

⁴Since writing the above D. S. Cartwright has published: Annotated bibliography of research and theory construction in client-centered therapy, *J. counsel. Psychol.*, 1937, 4, 82-100.

2. The results or outcomes of therapy. Tests of personality and measures of different aspects of behavior have been the major instrumentation.

3. Investigation of personality theory. Hypotheses regarding perception of self, others, external reality, and perceived locus of evaluation have been investigated with a wide range of instruments.

4. Application of theory in specific fields. Investigations particularly in the facilitation of learning and in group leadership.

Since 1951, many more studies have been completed in the outcomes of therapy, an important collection of these being gathered in *Psychotherapy and Personality Change* [70]. In these studies the problem of a control group is much more adequately handled than heretofore, giving the findings a solidity which is noteworthy. If the reader wishes to obtain a first-hand grasp of the way in which refinements of instrumentation and general scientific sophistication have developed in this field, he should compare the seven studies of therapeutic outcome published in the *Journal of Consulting Psychology* in 1949 (the entire July issue, pp. 149-220) with the thirteen studies published in *Psychotherapy and Personality Change* (1954).

In addition to the many studies of outcome there are an increasing number which have as their primary purpose the investigation of empirical predictions made from personality theory. The study of Chodorkoff [10], already cited, is an excellent example of this group. There are also studies now in progress which draw their hypotheses from an integration of the theory of therapy with a theory of perception or a theory of learning. Such studies will, it is hoped, link the findings in the field of therapy to the findings in older and more established fields of psychology.

The bases of stimulation of research. There are, in the writer's opinion, several basic reasons why this theoretical system has been helpful in giving impetus to a wide variety of research investigations.

The first is the orienting attitude mentioned in the first section of this document, that scientific study can begin anywhere, at any level of crudity or refinement, that it is a direction, not a fixed degree of instrumentation. From this point of view, a recorded interview is a small beginning in scientific endeavor, because it involves greater objectification than the memory of an interview; a crude conceptualization of therapy and crude instruments for measuring these concepts, are more scientific than no such attempts. Thus individual research workers have felt that they could begin to move in a scientific direction in the areas of greatest interest to them. Out of this attitude has come a series of instruments of increasing refinement for analyzing interview protocols, and significant beginnings have been made in measuring such seemingly intangible con-

structs as the self-concept and the psychological climate of a therapeutic relationship.

This leads me to what I believe to be the second major reason for the degree of success the theory has had in encouraging research. The constructs of the theory have, for the most part, been kept to those which can be given operational definition. This has seemed to meet a very pressing need for psychologists and others who have wished to advance knowledge in the field of personality but who have been handicapped by theoretical constructs which cannot be defined operationally. Take, for example, the general phenomena encompassed in such terms as the self, the ego, the person. If a construct is developed—as has been done—which includes those inner events not in the awareness of the individual as well as those in awareness, then there is no satisfactory way at the present time to give such a construct an operational definition. But by limiting the self-concept to events in awareness, the construct can be given increasingly refined operational definition through the Q technique, the analysis of interview protocols, etc., and thus a whole area of investigation is thrown open. In time the resulting studies may make it possible to give operational definition to the cluster of events not in awareness.

The use of operationally definable constructs has had one other effect. It has made completely unnecessary the use of "success" and "failure"—two terms which have no scientific usefulness—as criteria in studies of therapy. Predictions can instead be made in terms of operationally definable constructs, and these predictions can be confirmed or disconfirmed, quite separately from any value judgments as to whether the change represents "success" or "failure." Thus one of the major barriers to scientific advance in this area has been removed.

A third and final reason for whatever effectiveness the system has had in mediating research is that the constructs have generality. Because psychotherapy is such a microcosm of significant interpersonal relationship, significant learning, and significant change in perception and in personality, the constructs developed to order the field have a high degree of pervasiveness. Such constructs as the self-concept, or the need for positive regard, or the conditions of personality change, all have application to a wide variety of human activities. Hence such constructs may be used to study areas as widely variant as industrial or military leadership, personality change in psychotic individuals, the psychological climate of a family or a classroom, or the interrelation of psychological and physiological change.

The problem of measurement and quantification. I do not feel competent to discuss, at a sophisticated level of statistical knowledge, the problems of measurement which have been met by our group. This is

best left to others. I will only mention three examples of the continuing trend toward ever more refined quantification of the data of psychotherapy and personality.

The researches which have taken their start from client-centered theory have significantly advanced the field of analysis of verbal protocols. Working with recorded interviews, increasingly exact methods have been devised, so that reliability of categorization is high, and very subtle constructs, such as, for example, an "emergent self-perception" can be objectified and measured. The attempt has been made by Grummon [27] to integrate some of the methods we have developed with the more formal methods of language analysis.

Other research workers have taken the Q technique as developed by Stephenson [81], and have exploited it in a variety of ways. It has been used to give an operational definition to the self-concept, to provide objectifications of a diagnostician's perception of an individual immediately comparable to that individual's self-perception, to measure the quality of a relationship as perceived by the two participants, and to test a variety of hypotheses growing from personality theory.

Butler [6] has developed a new method for discovering the order which exists in such material as interview protocols. A number of people working with him have begun to apply this method—termed Rank Pattern Analysis—to problems of complex analysis which hitherto had been baffling.

Thus in a number of different areas the researches stimulated by client-centered theory have not only contributed to the empirical base of the theory, but have contributed to the development of methodology as well. In principle there seems no limit to the refinement of measurement in the areas covered by the theory. The major obstacle to progress has been the lack of sufficient inventiveness to develop tools of measurement adequate for the tasks set by the theory.

Incompatible evidence. Some of the evidence related to the theory has been cited in each section. It will have been noted that nearly all of this evidence has been confirmatory and that which is not confirming has tended to be confused. There is almost no research evidence which appears flatly to contradict the predictions from the theory.

Two related exceptions are the study reported by Carr [8], and a portion of the study made by Grummon and John [28, also 37] which is discussed by Vargas [85]. Briefly, the facts seem to be that Carr and John had pre- and posttherapy projective tests analyzed by psychologists who were basically diagnosticians. They found little or no change in the degree of adjustment, in the projective material. In a series of 10 cases, the John ratings as discussed by Vargas had a significant negative correlation with counselor ratings. Yet when these

same materials are analyzed "blind" by therapeutically oriented researchers (for example, Dymond) positive change is found, and the correlation with counselor ratings is significantly positive.

The explanation suggested by Vargas is that the diagnostician tends to think of adjustment as stability, a more or less fixed "level of defense" which is socially acceptable. The therapeutically oriented worker—especially if influenced by client-centered theory—tends to think of psychological adjustment as an openness to experience, a more fluid expressiveness and adaptiveness. Hence what the diagnostician perceives as loss of control or even disorganization may be perceived by the therapeutically oriented person as progress toward reduced defensiveness and greater openness to experience. How deep this contradiction goes, and its full implications, can only be evaluated in the light of further research.

The main source of incompatible evidence is not research evidence, but a clinical point of view. By and large the psychoanalytically oriented Freudian group has developed, out of its rich clinical experience, a point of view which is almost diametrically opposed to the hypotheses regarding the capacities and tendencies of the human organism formulated above in D1, 2, 3, and also diametrically opposed to the theory of the fully functioning person in III. Very briefly stated, the Freudian group, on the basis of its experience, tends to see the individual as "innately destructive" (to use Karl Menninger's words) and hence in need of control. To members of this group the hypothetical individual pictured earlier under A Theory of the Fully Functioning Person is a psychopathic personality, because they see nothing that would control him. The hypothesis that self-control would be natural to the person who is without defenses appears to them untenable.

In very much related fashion, the theory which Gordon and others have formulated regarding group behavior and group leadership is almost diametrically opposed to the Freudian theory in this respect. Freud's statements that "groups have never thirsted after truth" and that "a group is an obedient herd which could never live without a master" suggests something of the deep discrepancy which exists between the two views.

Though the psychoanalytic theory in these two respects is not supported by any research evidence, it nevertheless deserves serious consideration because of the soil of clinical experience out of which it originally grew. The discrepancy seems even more puzzling and challenging when it is realized that both the Freudian group and the client-centered group have developed their theories out of the deep and intimate personal relationships of psychotherapy.

It is my belief that the discrepancy can be understood in a way

which leaves the client-centered theory intact, but this does not seem to be the place for such a discussion. It seems best to present these incompatible views for what they are, two theoretical stands which are in flat contradiction on some basic points. Only new integrations of theory and much deeper research investigations can resolve the difference.

A continuing program of theory and research. The theoretical system and the research program which are connected with client-centered therapy have grown from within themselves. This point can hardly be overemphasized. The thought that we were making a start on a theoretical system would for me have been a most distasteful notion even as little as a dozen years ago. I was a practical clinician and held (*horrible dictu!*) an open scorn of all psychological theory, as my early students at Ohio State can testify. This was true even at the same time that I was beginning to discern the orderliness which existed in the therapeutic process. I like to think that the theoretical system and far-reaching web of research which have developed, have grown in an organic fashion. Each plodding step has simply been a desire to find out this, a desire to find out that, a need for perceiving whatever consistencies, or invariances, or order exists in the material thus far unearthed.

Consequently when I am asked, as I am in the outline suggested for this paper, "the extent to which the systematic program has been realized," I feel it is the wrong question for this system. I have no idea what will be the ultimate realization of the living program which has developed. I can see some of the likely next steps, or the current directions, but have no assurance that these will be taken. We have continued to move in the directions which are *experienced* as rewarding, not necessarily in those directions which logic points out. I believe this has been the strength of the program, and I trust it will continue.

Thus I believe that we are likely to see progress in the following directions, but I am not sure of any of them. It seems likely that further moves will be made toward theory and research in the field of perception, enriching that field by the insights gained in therapy, and being enriched by the wealth of research data and theory in perception which can be brought to bear in the refinement of the theories we are developing. One such study now in progress, for example, is attempting to investigate perceptual changes which occur during therapy. The measures range from those entirely concerned with social perception—of people, of relationships—to those entirely concerned with the physical perception of form, color, and line. Does therapy change only social perception, or does it alter even the most basic perceptual processes? If not, where on this continuum does change cease to occur?

I visualize the same type of *rapprochement* with learning theory,

where in my judgment we have much to offer in the way of new directions in that field, as well as being able to use much of the material available there. It also seems likely that a number of the hypotheses we are formulating may be tested in the laboratory, some on human and some on animal subjects, thus linking the field of personality and therapy with so-called experimental psychology. There seems no reason, for example, why research on the establishment and consequences of conditions of worth, as spelled out in this theory, might not be carried out on higher animals, with a wider range of experimental conditions and more adequate controls than could be achieved with human subjects.

I regard it as possible that there may be a closer linking of our theory with the developing interest in creativity in the humanities and social sciences generally, and I trust that this theory may provide a number of relevant hypotheses for testing. I regard it as very likely that the implications of this body of theory for industrial production will be developed much more fully—the beginnings, as described by Richard in Gordon's book [23], seem very exciting. I believe it is possible that the near future may see a clear linking with the psychiatric group and a testing of the theory in a wider variety of human disorders, with a reduction in the professional parochialism which has thus far kept the medical group largely ignorant of the research in this field.

One direction which appears only theoretically possible is the exploitation in governmental affairs and international relations of some of the implications of this theory. I do not regard this as likely in the near future.

I suspect that the discovery and development of a contextual basis for this theory in some form of existential philosophy will continue. The general orientation of philosophical phenomenology is also likely to continue to have its influence in this respect. These are some of the potentialities for future development—rather grandiose, to be sure—which I see. The extent to which any of them will organically grow is a matter which demands a gift of prophecy I do not have.

Immediate strategy of development. To return, in closing, to the much more immediate issues facing us in the systematic development of the theory, I see several problems which have very high priority if our general systematic thinking is to have a healthy development. I will list these problems and tasks, but the order of listing has no significance, since I cannot determine the priority.

1. We are urgently in need of new and more ingenious tools of measurement. Stephenson's *Q* technique [81] has been most helpful and Osgood's method for quantifying semantic space [51] also seems promising. But most urgently needed of all is a method whereby we might give operational definition to the construct *experience* in our theory, so

that discrepancies between self-concept and experience, awareness and experience, etc., might be measured. This would permit the testing of some of the most crucial hypotheses of the theoretical system. To be sure, some attempts have been made to approach such an operational definition, but the instrumentation is exceedingly cumbersome and admittedly inadequate.

2. An increased amount of experience with individuals classed as psychotic, and the testing of a variety of the theoretical hypotheses in therapeutic work with this group and in research with psychotics as subjects, would round out and enrich our systematic thinking in an area in which it is at present inadequate. It would provide the type of extreme reality test which is most helpful in the confirmation, modification, or disproof of a theoretical system. There would seem to be no barriers except practical ones to such a development.

3. An increased amount of experience and careful studies of hypotheses developed from the theory are needed in the area of group relationships. Hypotheses regarding leadership, facilitation of learning, and reduction of social conflict seem particularly fruitful to study. Here again, the test of the theory at one of its deduced extremes would be most helpful in confirming or revising its core.

4. Still another urgent need—no doubt quite evident to readers of this presentation—is the translation of the present theory into terms which meet the rigorous requirements of the logic of science. Although progress in this direction has been made there is still a woefully long distance to go. Such a development, carried through by competent persons, would greatly sharpen the deductive hypotheses which might be drawn from the system, and hence provide more crucial tests of it.

2. The final need I wish to mention may seem to some very contradictory to the one just voiced. Personally I see it as a possible evolutionary step, not as a contradictory one. I see a great need for creative thinking and theorizing in regard to the methods of social science. There is a rather widespread feeling in our group that the logical positivism in which we were professionally reared is not necessarily the final philosophical word in an area in which the phenomenon of subjectivity plays such a vital and central part. Have we evolved the optimal method for approximating the truth in this area? Is there some view, possibly developing out of an existentialist orientation, which might preserve the values of logical positivism and the scientific advances which it has helped to foster and yet find more room for the existing subjective person who is at the heart and base even of our system of science? This is a highly speculative dream of an intangible goal, but I believe that many of us have a readiness to respond to the person or persons who can evolve a tentative answer to the riddle.

CONCLUSION

I find myself somewhat appalled at the length and scope of the material which has been presented. I suspect the reader shares this feeling. I can only say, somewhat apologetically, that I had not fully recognized the ramifying pervasiveness of our theoretical thinking until I endeavored to bring it all under one verbal roof. If many of the outlying structures appear to the reader flimsy or unfit for occupancy, I hope that he will find the central foundation, the theory of therapy, more solid. If to some degree this formulation bestirs individuals to more activity in research designed to prove or disprove these hypotheses, or to more activity in building a better, more rigorous, more integrated theory, then the group which is collectively responsible for the foregoing theories will be fully satisfied.

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