

Client-Centered Therapy - 1

Client-Centered Therapy by Carl R. Rogers. Houghton Mifflin Co., The Riverside Press Cambridge. 1951.

EDITOR'S INTRODUCTION (excerpt)

The point of view in regard to psychotherapy and counseling that is explained in this book is one which has from the first been hospitable to analysis of its results by scientific and experimental techniques. The amount of such research that is reported in the present volume may well surprise those whose field of specialization is not in this area of study. This attitude of open-mindedness and of welcome to valid new ideas that are developed by scientific techniques has by no means been characteristic of all previous psychotherapeutic systems.

The implications of the new and vital contributions of nondirective counseling to a number of novel and broad fields are presented in the book. The place of play therapy in work with children is explored in a special chapter. Group therapy is likewise given novel and interesting consideration. The importance of the therapeutic principles that are discussed in the book is treated in relation to problems of group leadership and administration. The application of a nondirective client-centered approach for teaching is evaluated. The special chapter which deals with the school situation cannot fail to be recognized as a significant challenge to the thinking of those who are interested in the improvement of all education that rises above the level of mere routine training. There is a chapter on the preparation of new professional workers in the field of counseling in which special insights are presented, dealing with some of the deepest aspects of the human personality as recognized by the author.

In every chapter of the book there are references to an active and growing theory of the nature of the personality and of the underlying mechanisms which determine human behavior. The final chapter of the book, however, presents a formal treatment of the psychological theory which is basic to the whole client-centered point of view not only in counseling but in all interpersonal relations. This theory concerns itself with a modern understanding of the psychology of the self. It gives a new point of view from which to consider the nature of the maladjustment of modern man in his physical and social environments. Here are outlined in detail therapeutic procedures which do not deal alone with obvious surface adjustments but which seek to reach deep aspects of the personality.

This book supplements, expands, and qualitatively enriches the views so well expressed previously in the author's *Counseling and Psychotherapy*. The present volume does not replace this earlier book. The student who is just becoming acquainted with this modern point of view in psychology may wish to use both books together. In some respects the older work still provides certain essential steps of introduction to the basic concepts of modern counseling which are not repeated in the same detail in this book. (vii-viii)

Excerpt from *Client-Centered Therapy*. Rogers, C.R. Boston: Houghton Mifflin Co., The Riverside Press Cambridge, 1951, 133-137.

CHAPTER 4: THE PROCESS OF THERAPY

Characteristic Change or Movement in Therapy

In Type of Material Presented

One of the first aspects of the therapeutic process to be studied by research methods was the movement in the type of verbal content presented by the client. It was observed that though the individual first tended to talk about his problems and his symptoms for a majority of the time, this type of talk tended to be replaced, as therapy progressed, by insightful statements showing some understanding of relationships between his past and present behavior and between current behaviors. Still later there seemed to be an increase in the discussion by the client of the new actions which were in accord with his new understanding of the situation. This process of exploration of feelings and attitudes related to the problem areas, followed by increased insight and self-understanding, followed by discussion of reoriented behavior in terms of the new insights, was the sequence most emphasized by the writer in describing client-centered therapy in his earlier book.

There are other ways of describing the changes which take place in the verbal material which the client expresses during the course of therapy. Several may be mentioned which have not yet been put to an objective test.

Clinically it seems clear that there is movement from *symptoms to self*. The client's exploration revolves first around the various aspects of the problem, but gradually the concern is more and more with self. What kind of person am I? What are my real feelings? What is my real self? An increasing amount of the conversation centers around these topics. Not only is there movement from symptoms to self, but from *environment to self* and from *others to self*. That is, the client verbally manipulates his situation, devoting a considerable portion of his time to a consideration of the nonself elements as well as those within himself. But gradually he explores himself almost to the exclusion of the nonself. This seems to be due in part to the fact that the therapist's focus is upon his feelings, perceptions, evaluations – in other words upon himself. It is also due to the fact that he senses that the self elements are the aspects of the situation which potentially are most certainly within his control. It is also because he senses that if he were unified and clear within himself as to his purposes and goals, he could deal with some success with the external aspects of his problem.

Another trend in the content of the conversation is from material which has always been available in awareness, to material which until therapy has not been available to conscious consideration. Of this we shall have more to say presently.

Still another change in material is from *past to present*. It may not be correct to say that there is a steady progression in this respect, since early interviews are often concerned with present problems. In the consideration of any particular conflict or relationship, especially if it is

threatening or painful, the client tends to begin with some past aspect and only gradually faces the more crucial and often unpleasant issue as it exists in the present. Thus therapy ends with the person dealing within himself – his attitudes, emotions, values, goals – as they currently exist. He has learned that it is safe to leave the less dangerous consideration of his symptoms, of others, of the environment, and of the past, and to focus upon the discovery of “me, here and now.”

Change in Perception of and Attitude Toward Self

The two previous chapters have already indicated that much of what occurs in the process of therapy seems best explained in reference to the construct of the self. The self has for many years been an unpopular concept in psychology, and those doing therapeutic work from a client-centered orientation certainly had no initial leanings toward using the self as an explanatory construct. Yet so much of the verbal interchange of therapy had to do with the self that attention was forcibly turned in this direction. The client felt he was not being his real self, often felt he did not know what his real self was, and felt satisfaction when he had become more truly himself. Clinically these trends could not be overlooked.

The clinical observations have now been buttressed and amplified with a considerable number of research studies. Raimy (153, 154)¹ was the first to work in this area, supplying an extensive theoretical framework of thinking about the self-concept, which unfortunately has never been published, and also carrying through the first objective study of attitudes toward the self. He has been followed by a number of others.

In all of this research, the central construct is the concept of self, or the self as a perceived object in the phenomenal field. If a definition seems useful, it might be said that clinical experience and research evidence would suggest a definition along these lines. The self-concept, or self-structure, may be thought of as an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the percepts and concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects; and goals and ideas which are perceived as having positive or negative valence. This definition has grown out of examination of the evidence and may change as our exploration of the phenomena of therapy continues.

With this definition in mind, let us return to our basic question: What changes characteristically occur in the self during the course of a series of therapeutic interviews? The several investigations mentioned above supply at least the beginning of an answer. We find that the attitudes toward the self as a perceived object change materially. In cases where there is any indication that change took place, or that therapy was “successful” (whether the criterion is client judgment, counselor judgment, or rating by another clinician), the following statements would be supported by the research evidence.

There is a trend toward an increasing number and proportion of positively toned self-references and self-regarding attitudes as therapy progresses.

There is a trend toward a decreasing number and proportion of self-references and self-regarding attitudes which are negative in emotional tone.

Attitudes of ambivalence toward the self, in which positive and negative feelings are expressed together, tend to increase slightly until somewhat beyond the midpoint of therapy, and then to decrease slightly. At no period are ambivalent attitudes a frequent expression.

At the conclusion of therapy there are more positively toned self-references than negative.

These trends are not found, or are found in lesser degree, in cases regarded as unsuccessful.

In the initial phases of therapy self-references tend to be negative expressions, emotional in tone or objectively negative; at the conclusion of therapy the self-references tend to be either objective expressions, neutral in emotional tone, or objectively positive expressions.

¹Raimy, Victor C. "Self Reference in Counseling Interviews. *Consult. Psychol.*, 1948, 12.