Excerpt from *Psychotherapy and Personality Change*. Rogers, C.R. and Dymond, R. (Eds.) Chicago: University Press, 1954, 3-5.

Introduction

CARL R. ROGERS

I. THE PROGRAM AND ITS ORIGIN

This volume describes a large-scale research program in psychotherapy which has been under way for more than four years at the Counseling Center of the University of Chicago. It is a continuing program, and the present report is a statement of findings to date rather than a closing of the door upon something completed and finished.

The program is, first of all, a research in the outcomes or concomitants of psychotherapy. This is particularly true of the studies contained in this book. It is also, however, an investigation of the processes which operate in psychotherapy, as will be evident in some of the following chapters and in studies still to be completed. It is a study of the outcomes and process of one approach to therapy - the approach usually known as client-centered or nondirective. In these various respects the program grows naturally out of the views and interests of the group which is responsible for it.

The Counseling Center of the University of Chicago is, as its name indicates, a resource for individuals who desire personal counseling or psychotherapy. It has become a focal center for the objective investigation of many aspects of psychotherapy, for the continuing formulation of a developing theory of personality and therapy, and for the training of counselors and therapists.

The staff of the Center, in endeavoring to be of the most effective help to disturbed or maladjusted individuals, has come to utilize certain hypotheses in regard to the capacities of the client, the function of the therapist, and the process of therapy. The formulation of these hypotheses as a group of tentative principles constitutes the client-centered approach to psychotherapy. This point of view has been set forth in a number of books and many articles. It is the continuous testing of these hypotheses which has been the motivation for the previous research conducted by the staff and for this present research program as well.

II. THE HYPOTHESES OF CLIENT-CENTERED THERAPY

Without attempting to describe in any complete sense the client-centered approach, it may be helpful to remind the reader of a few of its central hypotheses. These are the working principles of the staff - hypotheses which appear to be supported by our clinical experience and which we wish increasingly to test by our research.

1. The first hypothesis is that the individual has within himself the capacity, latent if not evident, to understand those aspects of himself and of his life which are causing him dissatisfaction, anxiety, or pain and the capacity and the tendency to reorganize himself and his relationship to life in the direction of self-actualization and maturity in such a way as to bring a greater degree of internal comfort.

2. This capacity will be released, and therapy or personal growth will be most facilitated,

when the therapist can create a psychological climate characterized by (a) a genuine acceptance of the client as a person of unconditional worth; (b) a continuing, sensitive attempt to understand the existing feelings and communications of the client, as they seem to the client, without any effort to diagnose or alter those feelings; and (c) a continuing attempt to convey something of this empathic understanding to the client.

3. It is hypothesized that, in such an acceptant, understanding, and nonthreatening psychological atmosphere, the client will reorganize himself at both the conscious and the deeper levels of his personality in such a manner as to cope with life more constructively, more intelligently, and in a more socialized as well as a more satisfying way. More specifically it is hypothesized that the client will change in his perception of self, will become more understanding of self and others, more accepting of self and others, more creative, more adaptive, more self-directing and autonomous, more mature in his behavior, less defensive, and more tolerant of frustrations.

4. It is hypothesized that the therapeutic relationship is only one instance of interpersonal relationships and that the same lawfulness governs all such relationships. Thus, if the parent creates such a climate for his child, the child will become more self-directing, socialized, and mature; if the teacher creates such a climate for his class, the student will become a self-initiated learner, more original, more self-disciplined; if the administrator or executive creates such a climate for his organization, the staff will become more self-responsible, more creative, better able to adapt to new problems, more basically co-operative.

These four hypotheses are a distillation of the experience of the staff. It should be clear that they all imply, or build upon, a confidence in the essentially constructive nature of the human organism. The reader who wishes to understand the way in which such hypotheses become operative in the counseling relationship, or who wishes to understand the personality theory which is developing out of experience with them, will do well to consult other sources. This statement of hypotheses may, however, suggest at least the trend of experience and thinking out of which this ramified program grows.

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CHAPTER *17*

An Overview of the Research and Some Questions for the Future

CARL R. ROGERS

It is the purpose of this chapter to present, in brief compass and in nontechnical terms, the plan of this research, its major findings, and some of the issues which it raises.

I. THE RESEARCH DESIGN

The general aim of the total program was to gain objective knowledge in regard to the end results and the process of one form of psychotherapy - the client-centered approach. Without trying to use such unsatisfactory global concepts as "success" or "failure," it was desired to learn more precisely what the measurable concomitants of a period of client-centered therapy are.

To this end, it was planned to use a series of objective research instruments to measure various characteristics of a group of clients before therapy, after the completion of therapy, and at a follow-up point six months to one year later. The clients were to be roughly typical of those coming to the Counseling Center of the University of Chicago, and the aim was to collect these data, including the recording of all interviews, for at least twenty-five clients. The choice was made to make an intensive study of a group of moderate size rather than a more superficial analysis of a larger number.

A part of the therapy group was set aside as an own-control group. This group was given the battery of research instruments, asked to wait during a sixty-day control period, and then given the battery a second time before beginning counseling. Thus if change occurs in individuals simply because they are motivated for therapy, or because they have a certain type of personality structure, then such change should occur during this control period.

Another group of individuals not in therapy was selected as an equivalent-control group. This group was equivalent in age and age distribution to the therapy group and roughly equivalent in socio-economic status, in the proportion of men and women, and of students and nonstudents. This group was given, at matched time intervals, the same tests as the therapy group. Thus if change occurs in individuals as the result of passage of time only, or as the result of repeated contact with the tests, it should be evident in the findings from this group. Obviously if the therapy group shows changes during and after the therapy period which are greater than those which occur in the own-control period or in the equivalent control group, then it will be reasonable to attribute these changes to the influence of the therapy.

It was recognized from the first that, in obtaining the material desired from the "therapy group" of clients, some of them might fail to begin therapy, drop out of therapy for various reasons, or end their contacts in such a short time that personality change could not be presumed to have occurred. It was planned to study and investigate these individuals as a separate group.

II. THE THERAPY GROUP

There were nearly thirty clients in the therapy group. They came to the Counseling Center voluntarily for personal help. In age they ranged from twenty-one to forty. There were more men than women, as is characteristic of the clientele of the Center, and more students than nonstudents. In socioeconomic status they ranged from "lower-lower" class to "upper-middle," but they tended to cluster at the lower-middle class level. They presented a wide range of initial problems, from concern over near-psychotic behavior to concern over a lack of positive goals; from homosexuality, unhappy marital life, or failure on the job or at school to more general problems, such as difficulty in making decisions or feelings of social inadequacy *(3).*[1] In their adjustment, in their degree of inner tension, and in their degree of personality disturbance they were significantly worse off than the control group *(4, 8).* They were like the control group, however, in being, on the average, somewhat accepting and democratic in their attitudes *(11).*

1. Throughout this chapter each significant factual statement-sentence or paragraph is followed by the number (in italics) of the chapter giving the data upon which the statement is based. Thus the basis for these condensed statements about our therapy group is found in Chapter 3.

III. THE COUNSELORS

It was the goal of the program to discover the results of therapy as carried on by a group of average counselors, not by some select group of experts. The sixteen therapists who carried on the therapy for this program were individuals who had had at least one year of experience in counseling, and most had had from one to six years of experience. The writer was an exception, with more than twenty years of experience. Six of the group had Doctor's degrees in psychology; the others were close to the doctorate level *(3).* The counseling of the experimental clients by these counselors was judged by the counselors to be, on the average, modestly successful. The counselor ratings of the therapeutic experience of these clients at the close of therapy ran the whole gamut from completely unsuccessful to highly successful *(7).*

IV. THE HYPOTHESES AND INSTRUMENTS

The many hypotheses out of which the separate projects grew were derived from the theory of client-centered therapy or out of other bodies of recognized psychological theory. In general, a variety of changes were hypothesized in the self of the therapy client, in his personality characteristics and structure, in his personal integration and adjustments, in his attitudes toward others, and in the maturity of his behavior. In regard to each of these it was hypothesized that there would be significantly more change in the clients in therapy than in the control group or in the control period *(3).* In some of the special studies there were hypotheses having to do with the nature of the process of therapy and with the limitations of its application.

The instruments used to test these hypotheses included a variety of psychological tests previously developed by others, some developed for the purpose, and other special instruments such as the Q-technique. Some use was made of ratings scales, but, except in the case of the counselor's rating, all ratings were made "blind" so as to eliminate any subjective bias - that is, the rater did not know whether the material he was rating was produced before therapy began or after it was completed or whether it came from a client or a control individual.

V. THE TASK

With this general plan of operation we then launched on a program which involved complex and frequent contacts with nearly eighty individuals - clients, "drop-outs," and controls - over periods ranging from a few months to four years. Involved was the administration of a six-hour battery of tests on more than two hundred occasions to these individuals, the recording of well over a thousand therapeutic interviews, and the transcription of many of these interviews for further research analysis. It has been estimated that over five hundred man-hours of effort were necessary to collect and transcribe the data from one typical client (thirty interviews) and the matched control individual; this does not include any of the time given to analysis of the data. The general design of the research, in other words, is relatively simple and clear cut; its application to a group of human beings has proved to be a task of massive complexity.

VI. THE FINDINGS

The previous chapters have given, in considerable detail, the methods leading to them, and the qualifications which should be made in regard to each one. Here the attempt will be made to weave all these into a meaningful pattern which the reader can trace back to multiple origins by means of the parenthetical chapter references. There is no doubt that deeper meanings, more significant interrelationships, will be discovered in these data as we continue to study the different investigations; but it is hoped that the following summary will at least accurately reflect our results as they have emerged in the various studies and as we at present understand their interrelated meaning.

Changes in the Self and the Self-In-Relationship

Let us first approach the outcomes of therapy from the vantage point of the client himself and take note of the measurements made point of the client himself at various points (by means of Q-technique) of the client's perception of himself, of the person he would like to be, and of the ordinary "other" person.

The characteristic person who enters therapy has a picture of himself which is far removed from - or even negatively correlated with - the concept of the person he would like to be. This seems to indicate a considerable degree of inner distress or tension *(4, 6).* During the process of therapy sufficient change occurs so that at the conclusion of therapy, and at the follow-up point, there is a significantly greater congruence of self and ideal *(4, 6, 15).* In other words, the client has come to be - in his own eyes - a person who is much more similar to the person he would like to be. This change is especially marked in those clients rated as showing considerable therapeutic movement *(4).* During the follow-up period there may be some falling-away from this achievement, some small degree of regression in the direction of the previous state *(4, 6).* In some individuals this regression has been sharp, and little of the gain of therapy has been retained *(16);* in others there has been no regression at all, but a continuance of the trend noted in therapy, so that the individual has become increasingly a person such as he would like to be, a person whom he values more highly *(6, 15).*

That this whole process of change is due to therapy seems abundantly clear. The control group shows little tension to begin with and no significant change in this respect *(4).* In our therapy clients the change during therapy is significantly greater than during the control period *(4, 6)* and significantly greater than the change occurring in the control group *(4).* The fact that this change in self-perception is quite central to therapy is perhaps indicated by the fact that the self changes much more than the concept of the ideal self or of the ordinary person *(6).*

Thus far we have mentioned only that the self has changed but nothing of the generalized direction of the change. In terms of adjustment, as defined by psychologists, our clients see themselves when entering therapy in ways that clinicians would term "poorly adjusted." This is not true of the control group *(5).* Over a sixty day waiting period our clients show no change in their adjustment picture. It appears that a desire for help and personal reorganization is not by itself sufficient to bring change. During the process of therapy the clients change markedly to self-descriptions indicative of much better adjustment. At the conclusion of therapy they are still somewhat less well adjusted, in their self-descriptions, than are the controls, but this is no longer a significant difference *(5).* In general, these changes in the self are in the direction of greater self-understanding, increased inner comfort, greater confidence and optimism, increased self-direction and self-responsibility, more comfortable relationships with others, and less need for self-concealment *(6, 15).* During the follow-up period there is somewhat less feeling of ability to cope with the problems of life *(6).*

Not only has the self changed in these ways, but some of its relationships are also perceived

as changing. The goal of what the client would like to be has become less perfect, less "adjusted," more realistic, thus becoming a more achievable goal *(6).* Likewise the perception of others has altered. The ordinary person is seen as more like the client's self and as being somewhat better adjusted. At the conclusion of therapy the gap between the self and others is perceived as significantly less *(6).*

One of the major theoretical hypotheses of client-centered therapy is that during therapy the concept of the self is revised to assimilate basic experiences which have previously been denied to awareness as threatening. The tools of the current research are not adequate to test this hypothesis, but there is some pertinent and suggestive data. In a detailed study of a case which therapy brought about constructive change, the client's perception of self came to have a substantial similarity to a diagnostician's perception of the client. Since the diagnostician was attempting to assess the total personality, including the denied or repressed elements, it seems accurate to draw this conclusion; at follow-up time the self of the client had assimilated into itself a greater proportion of the individual's total experience, including those sorts of experiences previously denied to awareness *(15).* In a case in which therapy was a failure, studied in equal detail, the reverse was found to be true. The client's self-perception came to be increasingly *unlike* the diagnostician's perception of the client *(16).*

In general, then, the individual sees himself as entering therapy in distress decidedly maladjusted, very unlike the person he wants to be. During therapy he moves significantly in the direction of adjustment and integration, becomes inwardly more comfortable and less tense, sees others as more like himself, and relates more comfortably to them. He understands himself better and is more confident and self-directing. He alters his personal goal in a realistic and more achievable direction. There is some data suggesting that the new self-concept includes more of his inner experience than the old and is thus less easily threatened. During the period following therapy he may retreat in some degree from these gains he has made, or he may continue in the directions he has begun during his interviews.

Neither the control group nor the clients during the control period show significant changes in self-perception or in the perception of the self-ideal or other people. Unlike the group in therapy, their perceptions remain relatively constant. The significant differences between the therapy and no-therapy groups seem to be attributable to the influence of the counseling hours.

Changes in Personality and Integration

We now shift from this internal frame of reference of the client to an external view, in order to see what changes in personality characteristics and in degree of integration may be observed from a diagnostic point of view.

A trained psychologist took the projective personality tests (Thematic Apperception Test) which had been administered to clients and controls and rated them on a scale which ranged from psychotic, or severe disturbance bordering on psychotic, to "well-integrated, happy person, socially effective." In making these ratings, the psychologist had no knowledge about the specific test whether it came from a client or a control or from a pre-therapy, post-therapy, or follow-up point.

When the results were analyzed, it was found that the therapy group was significantly more disturbed than the controls at the pre-therapy point, ranging from maximum disturbance to "problems of some difficulty." During therapy there was significant change in a positive direction, and this gain was maintained through the follow-up period. The improvement was not due to the phenomenon of regression toward the mean. The control group showed no change during the period studied *(8).*

Of the therapy group, twenty of the twenty-five showed personality change in a positive direction. In most instances, however, this change was not extreme, and even at the follow-up

point the test protocols of over half the group were rated as showing the existence of serious problems. The alteration in personality structure and in personal integration was, in other words, moderate and did not constitute a change to complete integration or a problem-free personality *(8).*

The changes found through this "blind" analysis of the personality measure correlated positively and significantly with the changes in adjustment score based on the client's own perceptions of himself. They also were positively and significantly related to the counselor's rating of "success" or movement in therapy *(8).*

In another study a "blind" analysis of the same TAT material was made, using scales based on classical psychoanalytic theory, the ratings being made by a research worker with a strongly diagnostic orientation. The central findings were the same. On one of the major scales which rated the diagnostic status of the individual from psychotic to healthy adult, significant positive change was found in the clients during the therapy period. No marked change was found in the control group, and the difference between the two groups was significant. For the clients who underwent a sixty-day control period before therapy, it was found that they evidenced more personality change during therapy than during the control period. The findings from this study, however, showed no significant correlation with any other measure used, except for a rather low correlation with the preceding TAT study *(9).* It appears that a different type of change was being measured by this method, and, while this change was positive, it was not significantly related to the kinds of change hypothesized by the theory of client-centered therapy.

In general, then, the personality characteristics of clients in therapy tended to show significant change away from those labeled as border-line psychotic, severely neurotic, and severe discomfort, in the direction of those characteristics labeled as milder problems or as being the essentially well-functioning person. This change, while on the average not great, tends to be maintained through the period following therapy. No such change is discovered in the control individuals or in therapy clients during a control period.

Changes in Attitudes toward Others

To what extent do our clients, as a concomitant of psychotherapy, change in their general attitudes toward others? When this problem was examined in a small group of cases studied intensively, it was found that certain changes occurred in the perception of others. The ordinary person came to be seen as better adjusted, more of a separate individual, with his own standards and values, more responsible, and less guilty. These trends were not all statistically significant, but they tended to confirm previous studies of this question. Perhaps the most significant finding was that others came to be perceived as being much more like the client *(6).*

When the question is asked regarding the whole group, as to whether the clients become more acceptant and democratic in their attitudes toward others, or more nonacceptant and authoritarian, then the answer is inconclusive. In terms of the test used, both clients and controls are rather accepting in their attitudes, and neither shows any significant over-all change during the periods studied. There is a tendency for the clients who show the greatest therapeutic change (as judged by a number of criteria) to become more acceptant of others, while those showing the least change move in the reverse direction. This tendency is not significant, however. It also appears that the clients who show the greatest movement in therapy tend to de-emphasize their attitudes toward others, becoming less insistently acceptant or less strongly rejectant *(11).*

The methods used in these studies reveal no clear-cut change in the attitudes toward others during or following the period of therapy. The findings are complex, and, though suggestive trends emerge, the major hypothesis is not upheld. Since some of the findings are at variance

with earlier studies, further investigation is needed.

Changes in Behavior

Thus far our concern has been entirely with psychological change within the individual client. In what way, if any, does his everyday behavior change? In order to measure his behavior, both the client himself and two of his friends were asked to indicate, from a list of specific behaviors, those which were characteristic of the client. By comparing the ratings made at different times, any change could be detected. The behaviors on the list had been evaluated by a group of a hundred clinical experts as to the degree of maturity of behavior each represented.

It was found that there was no significant difference between the pre-therapy and post-therapy behavior of our clients, on the average, according to the friends' observations. However, this lack of change in the average was found to be due to two divergent underlying trends. The friends (who were not in contact with the Center and knew nothing of the therapy) observed a definite increase in the maturity of behavior of those clients judged to be showing movement in therapy and a definite decrease in the maturity of behavior in those clients judged to be failing to progress in therapy. This relationship was significant and was even more marked when the whole period from pre-therapy to follow-up was considered *(13).*

The clients themselves observed a significant change in their behavior over the therapy period, a gain which was held, but did not significantly increase, over the follow-up period *(13).*

When the clients' ratings of their own behavior were compared with the ratings by their friends, it was discovered that our clients consistently rated themselves less favorably than did their friends; but this discrepancy steadily diminished, so that by the follow-up point their perception agreed much more closely with that of their friends *(13).*

It was also found that the clients' estimates of amount and direction of behavior change tended to agree with the friends' ratings and with the counselor's judgment of therapeutic movement, except in those cases which the counselor deemed unsuccessful. In such cases, the counselor saw little or no movement in therapy, and the friends saw marked deterioration in behavior; but these "failure" clients perceived themselves as having made marked gains in their behavior. This appears to be a pure and measured instance of defensiveness in self-appraisal *(13).*

No significant change was found in the maturity of behavior of control individuals rated by friends or in the behavior of the clients during a no-therapy period *(13).*

Thus we may conclude that the quality of the therapeutic experience is responsible for the fact that, where therapy "takes," the client becomes more mature in his behavior-becoming less dependent, less boastful, less compulsive, less easily upset, better organized, more tolerant, more open to the evidence, behaving in ways that show more concern for the discovery of the facts in the case, more concern for the welfare of all. On the other hand, where therapy is judged by the counselor to be a failure, there is a marked deterioration in these same qualities of behavior *(13).*

Factors Which Favor or Limit Change

What factors make it likely that a client will make progress in therapy? Or fail to make progress? Our studies throw a certain amount of light on these questions.

Age, for example, which is often thought to be an important consideration, shows no relationship to movement in our clients *(7).* However, it must be remembered that the age range is from twenty-one to forty only. The initial adjustment or integration of the client likewise shows no relationship to the gains made in therapy, the deeply disturbed and the

mildly disturbed progressing about equally well *(7, 8).*

It is a clear-cut fact that in our group the women clients made significantly more progress than did the men *(5, 7, 8).* Since our counselors were, with one exception, men, it cannot be said whether this means that clients make more gain when working with a counselor of the opposite sex or whether women are more able to effect a personality reorganization than men.

Another factor associated with therapeutic movement is the length of the series of interviews. Where there were more than twenty interviews, there is considerable assurance of therapeutic gain, while in shorter cases the results are more variable *(7).* It is also perhaps important that a seriously disturbed client can show evidence, on almost every measure, of having made progress and yet regress to his former disturbed state primarily because therapy was too brief *(16).*

An unexpected finding was that those clients who were asked to wait for sixty days before beginning therapy were less likely to become involved in therapy, became more extreme in their social attitudes, liked the counselor less when they began their interviews, and showed less benefit from therapy. From this evidence in a small number of cases, it appears that having to wait for therapy (or at least where this wait is in part necessitated by a research design) makes therapeutic gain less likely.

It has sometimes been suggested that the most important factor in change is the client's decision to change - that the motivation for therapy is itself perhaps a sufficient cause of change. Our findings show that, for the group which waited sixty days before beginning therapy, no significant degree of constructive change occurred during that period, although there was some trend in that direction on several of the measures *(14).*

In this connection it is of interest that, of this "wait" group, those who dropped out of therapy after a few interviews were those who were somewhat better adjusted to begin with *(7, 14)* and who had made positive gains on most of our measures during the sixty-day waiting period *(14).* It seems to be at least suggested that there is an element of "spontaneous recovery" in some of the less disturbed individuals and that these clients then fail to become really involved in therapy.

In certain ways our findings are related to recent studies of the authoritarian personality. There is a suggestion in our material that clients with moderately democratic and acceptant attitudes toward others benefit the most from therapy *(11).* Conversely, clients with a high degree of ethnocentrism, who make sharp and rigid distinctions between their own and other groups *(12),* and those who are generally anti-democratic *(11),* tend to be failures in therapy *(11, 12).*

While further study is clearly needed on a number of these points, it appears that empirical studies can help to discover the factors which make it likely that client-centered therapy, as it exists at the present time, will be effective or ineffective in helping the client to change.

The Therapeutic Process

Though most of the studies reported in this volume deal primarily with the outcomes of psychotherapy, the findings in a number of ways help us to give a more complete and objective account of the process of client-centered therapy.

A relationship in which the client comes to feel a strong liking and respect for the counselor is the type of relationship most associated with progress in therapy *(7).* When the counselor develops similar feelings for the client *(7)* or an attitude of caring which is not possessive or demanding *(15),* then success is likely.

Although the therapist endeavors to relate to the client as the client sees himself, he may actually be relating to the client as the latter will come to see himself when he is more aware of all his feelings *(15).*

During the interviews the most distinctive characteristic is for the client to move, in his discussion, away from specific and situational problems to an exploration of himself. His interviews also become less an intellectual or cognitive or thinking process and more and more an emotional or experiencing process, in which he is feeling and being rather than dealing with problems on an intellectual basis *(7).* It appears that perhaps "experiencing" - the complete awareness of his total organismic response to a situation - is an important concomitant of the process of therapy *(15).* These directions in the interviews are associated with constructive change in therapy *(7).* Interestingly enough, though the quality of the relationship is important, as indicated in the preceding paragraph, the extent to which the client focuses on the relationship itself in his interviews has little correlation with the degree of personality reorganization which will be effected *(7).*

The change in self-perception appears to be a central element in the process of client-centered therapy. The emergence into awareness of new perceptions of self is characteristic of our cases, particularly of those rated as successful *(10, 15).* There is some evidence that these emerging self-perceptions are based on material previously denied to awareness *(15).*

The degree of emergence of new self-perceptions correlates positively with three other criteria of progress in therapy but correlates negatively with a measure developed out of a diagnostic and psychoanalytic orientation. There is a suggestion that client-centered therapy produces the changes hypothesized by client-centered theory but may not necessarily produce those changes hypothesized by other theories of personality or therapy. The evidence is insufficient to make a definite statement *(10).*

In summary, then, the process of client-centered therapy, as caught in the factual evidence of these various studies, appears to be based on a warm relationship of mutual liking and respect. The client begins with a somewhat intellectual discussion of his "problems" but moves toward a personal exploration of himself and an experiencing of his actual organismic reactions to situations. As he permits more of these actual experiences to enter his awareness, his picture of himself keeps changing and enlarging to include these newly discovered facets of self. When the process is of the sort we have just described, the degree of reorganization of personality and behavior is likely to be considerable.

VII. SOME PERPLEXING ISSUES

For those of us who have carried on the research, each aspect of it contains a multitude of tantalizing unanswered questions, tempting us forward into further investigations which may discover further aspects of lawfulness in this most subjective of relationships. It would be impossible to list all the questions which have been raised for us by these studies, but we trust that the reader will already have experienced many of these questions in himself. It may be profitable, however, to describe and discuss briefly a very few of the more important issues which remain unanswered by the studies completed to date.

The Question of Selective Regression

Several of our studies have shown in our total client group, or in certain subgroups, a slight average regression from the end of therapy to the follow-up point *(4, 5, 6,13).* This falling-away from the peak point of therapy is not significant and from a statistician's point of view could be ignored. However, a close examination of the data in chapter 6, for example, shows that the slight average regression in the correlation of self and ideal is actually based, in these eight intensively studied cases, on a somewhat dichotomous picture. Two clients regressed very sharply, and two clients made sharp gains during the follow-up period, only four

remaining relatively constant (two gaining slightly, two regressing slightly) *(6).* This sort of contrast is made even sharper in the complete analysis of two cases, one showing constructive change during follow-up *(15),* and one showing significant regression *(16).*

What underlies this difference? Why is it that, following the conclusion of therapy, some clients continue to show marked personality and behavioral change of a constructive sort, and others equally sharply regress? Is it due to the initial personality characteristics of the client, to factors in the relationship, to the attitudes or feelings in the counselor, to the length of therapy, to the presence or absence of certain elements in the process of therapy? At the present time we do not know. It is possible that further analysis of the available data may assist us in finding partial answers. It may be that new studies will be necessary. It is obvious that, if the answers were available, we might be able to be more effective in providing the conditions for permanent positive personality change.

Factors Favoring or Limiting Therapeutic Change

A somewhat similar but broader question is: What are the factors which facilitate or block therapeutic change? If we consider our twenty-five "attrition" cases - those who never became deeply involved in therapy - we find that two were dropped because of circumstances, and six gained real help in a few interviews in mastering a situational problem. This leaves seventeen who "dipped their toes" into therapy and retreated, compared with twenty-nine who entered fully *(3).* This is, we believe, characteristic of the experience of most organizations offering psychotherapy. Then, of the twenty-nine entering therapy, there were varying degrees of personality reorganization and "success."

What personality factors are associated with this facilitation or lack of movement in therapy? One bit of objective evidence had been provided by Haimonwitz [2] before the present program commenced. The studies reported here add some additional evidence. We may now say that the data suggest that those who are poorly adjusted *(5),* conscious of a high degree of internal tension *(4, 14),* intra-punitive in their personality characteristics (Halmowitz), and moderately acceptant of others in their attitudes *(11),* are likely to make constructive change in therapy. Conversely there is some evidence that those who are better adjusted *(14),* who are aware of less internal tension *(14)*, who are ethnocentric in their attitudes *(12),* and extra-punitive in their personality characteristics (Haimowitz), are more likely to drop out of therapy or, if they remain, are less likely to profit from it. Also, in the judgments of counselors, whose ratings have proved to have validity in other respects, a relationship of mutual liking and respect is associated with favorable outcomes *(7).* On the negative side, we find nothing in our data to indicate that the initial diagnostic status of the individual has any marked relationship to therapeutic outcome *(7, 9).*

This is a beginning - but only a beginning. These findings are suggestive, not conclusive. They need much more thorough investigation. And there are many other aspects of this question which have not even been touched. Does the personality of the therapist make a difference? (Probably not, judging by one unpublished pilot study.) Do the attitudes of the therapist make a difference, as seems clinically to be true, Is the number of years of experience of the therapist related to favorable outcome? The content of his professional preparation? Is the preconceived picture of the therapeutic relationship, on the part of both client and therapist, related to the likelihood of therapeutic movement? These and many other questions remain as no more than interrogation points at the present time.

2. See Natalie R. and Morris L. Hairnowitz, "Personality Changes in Client-centered Therapy," in Werner Wolff (ed.), Success in *Psychotherapy* (New York: Grune & Stratton, 1952).

It should be emphasized that such a search as has here been suggested would not have as its goal the discovery of those individuals who are "untreatable," who cannot profit by psychotherapy. Rather its goal would be to find those individuals or groups who have not found client-centered therapy, as it exists today, a fruitful approach to the personality and behavioral changes which they desire. Such findings would constitute a challenge to therapists to discover new or revised ways of dealing with their clients to the end that the desired personality reorganization can be more widely achieved.

How To Make the Best Use of Phenomenological Data?

This is possibly the first major psychological research to build heavily on the objective analysis of phenomenological data. In our use of the Q-sort to obtain the client's picture of self, self-ideal, and other *(4, 6,15,16),* in our study of the counselor's frame of reference as a worth-while datum *(7),* in the use of the client's awareness of self as revealed in the interviews *(10),* we have frequently used material which is gained by sampling the individual's awareness, his phenomenological field, as a basis for our study. In one sense there is nothing new in this. Psychologists have in many ways drawn upon such samplings of consciousness - in questionnaires, in survey interviews, in responses to inkblots and pictures, in responses to intelligence tests. But the usual use of such material has been to make inferences from it regarding some concept *not* in the subject's frame of reference - his "intelligence," "schizophrenia," "social maladjustment," "psychopathy," and the like. We too have used such material in this fashion in our analysis of the TAT *(8)* in determining the degree of ethnocentrism (12) and in other ways. But we have also made our heaviest use of this material to infer from it the client's internal frame of reference - to infer his own picture of some aspect of his world. In this respect our work has been similar in intent to that of Piaget, for example, rather than to that of most American psychologists. Piaget's study of the stages in the development of intelligence and reasoning in the child, based on the analysis of the way these processes seem to *the child, is* a significant instance of this sort of approach.

With a similar type of intent, we too have aimed at discovering the order which exists in the phenomenal world of the individual. We may thus investigate the relationship between perception of self and perception of the ordinary person and determine whether this relationship alters during therapy. In so doing, we regard it as quite irrelevant for the moment whether the self is "really" as it is perceived, or whether the ordinary person "really" has the characteristics perceived by the client. It is the possibility of lawful relationships within the phenomenal field which interests us.

Now we have found this approach most fruitful and rewarding. In fact, it appears to the writer that, in those portions of our research where we have endeavored to discover the underlying order or lawfulness in such phenomenological data, the findings contain much more stimulation in the direction of forming new hypotheses, and in raising new and profound issues, than in those portions where our approach has been more conventional. In those instances where we have tried to relate the order discovered in the phenomenal field to some of the external observations - perception of self compared with diagnosis, for example *(15,16)* - we seemed to have uncovered some unexpected and important relationships. Thus we have little question as to the profitable nature of this whole quest for the natural order inherent in the internal frame of reference, the private perceptual world, of the individual.

But being pioneers in this field, we are also very much aware of the puzzles which attend the use of such data. Let me try to state very briefly the most serious practical problem. A negatively described aspect of the individual's private world - a depreciative self-sort, a high

discrepancy between self and ideal, or a perception of one's behavior as immature - has, we have found, only one sort of meaning. It indicates stress, tension, maladjustment, etc., within the individual, and this meaning tends to be definitely corroborated by evidence external to the person's frame of reference. A positively described aspect of the individual's private world - a confident self-picture, a small discrepancy between self and ideal, a positive picture of one's behavior - may, on the other hand, have either one of two meanings. It may mean, as in the case of Mrs. Oak *(15),* a reasonable degree of adjustment, inner comfort, and maturity, a meaning which is verified by external evidence. Or it may mean, as mentioned by Butler *(4),* a highly defensive paranoid individual. It may be the defensively "good" picture of behavior put forth by individuals who are threatened by their failure to experience progress in therapy *(13).* Each picture is a "real" picture of the phenomenal field of the individual, but this picture may have one of two quite discrepant generalized meanings.

In other words, we have not learned how to adapt most effectively to what the writer has come to think of as "the Y-shaped meaning" of most measures of the phenomenal field. If one thinks of the base of the Y as representing negative aspects of the phenomenal field, direct inferences may be made from these as to internal states of tension, which will be corroborated by other evidence. But those aspects of the phenomenal field which are positive may have one or the other of two widely divergent meanings: *(a)* a general validity borne out by other evidence in those individuals for whom the pertinent experiences are accessible to awareness or *(b)* a defensive or "façade" meaning in those individuals in whom the relevant experiences are denied to awareness.

For the present, this constitutes a dilemma. Some would have us resolve it by throwing overboard any attempt to make objective measurements of the phenomenal field. This seems most unwise in view of the tremendous fruitfulness of this approach *(4, 6,10, 14, 15, 16)* and in the richly stimulating findings which emerge when efforts are made to relate these measurements of the internal frame of reference to measurements of a more external order *(5, 6,10,14, 15,16).* Consequently, we prefer to live with this dilemma until we understand it more deeply and perhaps can develop more sensitive theories as well as better instruments to deal with it.

The Problem of Perceptual Vantage Points

There is a closely related problem which perplexes us. The observant reader may have noted, as he went along, this odd assortment of facts which seem to be variations on one theme. When the client describes himself, and is in turn described on the same instrument by a diagnostician, the correlation is generally low *(15, 16).* When the clients describe their behavior, and their friends describe their behavior on the same instrument, the correlation is low *(13).* Such facts are easily brushed aside by most psychologists, because it is easy to mistrust the client. But the other facts are not so easily evaded. When two diagnosticians report objectively their diagnostic picture of a client, the correlations between the two are in the thirties and forties *(15, 16).* When two friends observe the behavior of each client, the correlation between the observations by the "first" friend and the observations by the "second" friend is in the twenties *(13).* When one psychologist analyzes the TAT from one orientation, and another psychologist from another, the correlation is low, or in some aspects even negative *(9, 10).* Yet in every one of these instances the individual observer or perceiver - whether the client, the diagnostician, the TAT analyst, or the client's friend - exhibits a high degree of consistency with himself in his repeated observations and judgments. As one examines this complex material, which has been considerably oversimplified in this description, one gets the picture of each observer (including the client as an observer of himself) consistently and reliably reporting, in objective fashion, a given aspect of the client's personality or behavior. Yet, when another individual is

asked to make the same type of objective report of the same aspect of personality or behavior, this report may differ considerably.

It would be quite easy to attribute all this to the crudity of our measures and the newness of the field and to say that as yet we have no adequate way of measuring what the person "really" is or what his behavior "really" is. This kind of explanation, however, does not account for the significant relationships found, and the high degree of order discovered, when our methods of analysis are such as to stay within one given perceptual vantage point at a time. Nor would it account for such findings as the significant relationship between the counselor's judgment of movement in therapy and the friend's observations of change in behavior *(13).*

There is at least another possibility which may be approached by way of analogy. The physicist has become accustomed to the fact that he cannot know "reality." Even time and space and motion have no absolute meaning but exist only as the ordering of events in the mind of an observer and are relative to the vantage point of the observer. There is not even any such thing as "now" - the present instant - which applies to the universe as a whole, but only a "now" for a given vantage point.[3] Is it possible that in dealing with problems of personality the quest for "reality" may be equally unsound? Is it possible that in place of this hypothetical single reality we shall have to substitute a recognition that there are various perceptual vantage points from which to view the person, one of these being from within the consciousness of the person himself? Certainly our evidence would suggest the lawfulness and internal order within each of these perceptual views. There is also the suggestion of significant and perhaps predictable relationships between these perceptual systems. But whether there is a reality with which the science of personality may deal remains a question.

3. See Lincoln Barnett, *The Universe and Dr. Einstein* (New York: William Sloane Associates, Inc., 1948), for an interpretation of the findings of modern physics.

Issues as a *Result of Research*

The four perplexing questions which have been singled out are not necessarily the most important issues to emerge from our research program. It is not at all certain that there would be any agreement among our staff as to what constitutes the most important unresolved questions. They are presented merely as a sampling of the many perplexities which have grown out of our investigations. It is to be hoped that both our own efforts and those of the readers of this volume will move such issues in the direction of solution. And if in the process of resolving these questions even more perplexities are discovered, then we will know that the pursuit of a scientific search is having its usual result.

VIII. CONCLUSION

This chapter has endeavored to give a condensed and simplified account of the research program described in this volume. It has indicated that various changes in the self-perception of the client, in his personality organization, and in his daily behavior occur as a concomitant of a period of client-centered therapy. It appears reasonable to conclude that the psychotherapy is the effective agent of change, since changes of comparable magnitude do not occur in a control group or in our clients during a control period. In our judgment the research sets forth for the first time objective evidence that one defined approach to psychotherapy produces certain measurable and significant changes in the individual coming for help and that certain other changes which have also been hypothesized failed to occur in significant degree.

In addition, the findings from our studies have been analyzed for the light they throw on the process of therapy. In general, these findings tend to support the description of the process as set forth by the theory of client-centered therapy. Finally, a presentation has been made of a few of the many unanswered questions and unresolved issues posed by the research. Though to the community at large the most significant outcome of our studies lies in their positive factual findings, to us as therapists and research psychologists it is the unanswered questions which are most important. These will, we trust, lead us further into unexplored areas as we attempt to comprehend and identify the orderly processes by which the human personality is altered through the influence of experience in an interpersonal relationship.