

You are encouraged to read the whole book, and please make a proper citation if needed.

Rogers, C. (1941). *Client centered therapy: Its current practice, implications and theory*. Constable.

P.X

Preface

This book is about the suffering and the hope, the anxiety and the satisfaction, with which each therapist's counseling room is filled. It is about the uniqueness of the relationship each therapist forms with each client, and equally about the common elements which we discover in all these relationships. This book is about the highly personal experiences of each one of us. It is about a client in my office who sits there by the corner of the desk, struggling to be himself, yet deathly afraid of being himself — striving to see his experience as it is, wanting to *be* that experience, and yet deeply fearful of the prospect. The book is about me, as I sit there with that client, facing him, participating in that struggle as deeply and sensitively as I am able. It is about me as I try to perceive his experience, and the meaning and the feeling and the taste and the flavor that it has for him.

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But the book is also about my colleagues and me as we undertake the beginnings of scientific analysis of this living, emotional experience. It is about our conflicts in this respect — our strong feeling that the therapeutic process is rich in shadings, complexities, and subtleties, and our equally strong feeling that the scientific finding, the generalization, is cold, lifeless, and lacking in the fullness of the experience. But the book also expresses, I trust, our growing conviction that though science can never make therapists, it can help therapy; that though the scientific finding is cold and abstract, it may assist us in releasing forces that are warm, personal, and complex; and that though science is slow and fumbling, it represents the best road we know to the truth, even in so delicately intricate an area as that of human relationships.

Chaper 1

P4.

Because psychotherapy holds promise of resolving: some of those conflicts, of giving the individual a more satisfying adjustment within himself as well as a more satisfying relationship to and to his environment, it has become a significant focal point of both public and professional interest.

In this broadening stream of interest in and development of psychotherapeutic

procedures, non-directive or client-centered counseling has had growth. It is a product of its time and its cultural setting. Its development would not have been possible without the appreciation of man's unconscious strivings and complex emotional nature which was Freud's contribution to our culture.

P7.

A newer aspect of this volume, and one which has been less covered in journal publications, is the presentation of a theory of therapy and a theory of personality. Both in the attempt to explain the process of therapy, and in the desire to understand the basic personality structure which makes therapy possible, theory is being continually formulated and revised, and the ramifications of this thinking will be presented, with stress upon its fluid quality.

P11.

Thus we may say that at the present time the clinical thinking in regard to client-centered therapy has been fed by the wide range of problems and the great variation of intensity of its work. From the mildly misbehaving child to the psychotic adult, and from the person who gains some help in two interviews to the individual who undergoes an extensive reorganization of personality in one hundred and fifty interviews — these mark some of the greatly extended boundaries of the present practice of client-centered therapy.

P14.

Our concern has shifted from counselor technique to counselor attitude and philosophy.

P17.

This introductory chapter has endeavored to provide something of an external overview of the factors which have influenced the course of thinking client-centered therapy during the past eight or ten years.

P19.

Chapter 2. The attitude and orientation of the counselor

A General Consideration

It may more accurately be said that the counselor who is effective in client-centered therapy holds a coherent and developing set of attitudes deeply imbedded in his personal organization, a system of attitudes which is implemented by techniques and methods consistent with it. In our experience, the counselor who tries to use a "method" is doomed to be unsuccessful unless this method is genuinely in line with his own attitudes. On the other hand, the counselor whose attitudes are of the type which facilitate therapy may be only partially successful, because his attitudes are inadequately implemented by appropriate methods and techniques.

P20.

The Philosophical Orientation of the Counselor

The primary point of importance here is the attitude held by the counselor toward the worth and the significance of the individual. How do we look upon others? Do we see each person as having worth and dignity in his own right? If we do hold this point of view at the verbal level, to what extent is it operationally evident at the behavioral level? Do we tend to treat individuals as persons of worth, or do we subtly devalue them by our attitudes and behavior? Is our philosophy one in which respect for the individual is uppermost? Do we respect his capacity and his right to self-direction, or do we basically believe that his life would be best guided by us?

P21.

The therapist who endeavors to utilize this approach soon learns that the development of the way of looking upon people which underlies this therapy is a continuing process, closely related to the therapist's own struggle for personal growth and integration. He can be only as "nondirective" as he has achieved respect for others in his own personality organization.

P22.

Initially there is relatively little trust in the capacity of the client to achieve insight or constructive self-direction, although the counselor is intrigued intellectually by the possibilities of nondirective therapy and learns something of the techniques. He starts counseling clients with a very_limited hypothesis of respect, which might be stated somewhat in these terms: "I will hypothesize that the individual has a limited capacity to understand and reorganize himself to some degree in certain types of situations. In many situations and with many clients, I, as a more objective outsider, can better know the situation and better guide it."

This whole topic might be helpfully pursued on a deeper level. What permits the therapist to have a deep respect for, and acceptance of, another? In our experience, such a philosophy is most likely to be held by the person who has a basic respect for the worth and significance of himself. One cannot, in all likelihood, accept others unless he has first accepted himself. This could lead us off into various byways, to a consideration of those experiences, including therapy, which assist the therapist to gain an abiding and realistically founded self-respect.

P 23.

This type of process, which we have seen repeated many times, would appear to mean simply this: that the attitudinal orientation the philosophy of human relationships which seems to be a necessary basis for client-centered counseling, is not something which must be taken "on-faith," or achieved all at once. It is of view which may be adopted tentatively and partially, and put to the test. It is an hypothesis in human relationships, and will always remain so. Even for the

experienced counselor, who has observed in many many cases the evidence which supports the hypothesis, it is still true that, for the new client who comes in the door, the possibility of self-understanding and intelligent self-direction is still for this client a completely unproved hypothesis.

It would seem justifiable to say that the faith or belief in the capacity of the individual to deal with his psychological situation and with himself is of the same order as any scientific hypothesis. It is a positive basis for action, but it is open to proof or disproof.

P24.

Though he is alert to all the evidence, this does not mean that he keeps shifting his basic hypothesis in counseling situations. If the counselor feels, in the middle of an interview, that this client may not have the capacity for reorganizing himself, and shifts to the hypothesis that the counselor must bear a considerable responsibility for this reorganization, he confuses the client, and defeats himself. He has shut himself off from proving or disproving either hypothesis. This confused eclecticism, which has been prevalent in psychotherapy, has blocked scientific progress in the field. Actually it is only by acting *consistently* upon a well-selected hypothesis that its elements of truth and untruth can become known.

P25.

It is possible that one of the most significant general contributions of the client-centered approach has been its insistence upon investigating the detailed implementation of the counselor's point of view in the interview itself. Many different therapists from a number of differing orientations state their general purposes in somewhat similar terms. Only by a careful study of the recorded interview preferably with both the sound recording and transcribed typescript available — is it possible to determine what purpose or purposes are actually being implemented in the interview. "Am I actually doing what I think I am doing? Am I operationally carrying out the purposes which I verbalize?" These are questions which every counselor must continually be asking himself. There is ample evidence from our research analyses that a subjective judgment by the counselor himself regarding these questions is not enough. Only an objective analysis of words, voice and inflection can adequately determine the real purpose the therapist is pursuing.

P26.

The other hand, the counselor is always implementing, both in conscious and nonconscious ways, the attitudes which he holds toward the client. These attitudes can be inferred and discovered from their operational implementation. Thus a counselor, who basically does not hold the hypothesis that the person has significant capacity for integrating himself may think that he has used nondirective "method" and "techniques", and proved to his own satisfaction

that these techniques are unsuccessful.

P27.

In the first place, some counselors - usually those with little specific training - have supposed that the counselor's role in carrying on nondirective counseling was merely to be, passive and to adopt a laissez faire policy. Such a counselor has some willingness for the client to be self-directing. He is more inclined to listen than to guide. He tries to avoid imposing his own evaluations upon the client. He finds that a number of his clients gain help for themselves. He feels that his faith in the client's capacity is best exhibited by passivity, which involves a minimum of activity and emotional reaction on his part. He tries "to stay out of the client's way."

This misconception of the approach has led to considerable failure in counseling — and for good reasons. In the first place, the passivity and seeming lack of interest or involvement is experienced by the client as a rejection, since indifference is in no real way the same as acceptance. In the second place, a laissez faire attitude does not in any way indicate to the client that he is regarded as a person of worth. Hence the counselor who plays a merely passive role, a listening role, may be of assistance to some clients who are desperately in need of emotional catharsis, but by and large, his results will be minimal, and many clients will leave both disappointed in their failure to receive help and disgusted with the counselor for having nothing to offer.

P29.

At the present stage of thinking in client-centered therapy, there is another attempt to describe what occurs in the most satisfactory therapeutic relationships, another attempt to describe the way in which the basic hypothesis is implemented. This formulation would state that it is the counselor's function to assume, in so far as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client.

P34.

In psychological terms, it is the counselor's aim to perceive as sensitively and accurately as possible all of the perceptual field as it is being experienced by the client, with the same figure and ground relationships, to the full degree that the client is willing to communicate that perceptual field; and having thus perceived this internal frame of reference of the other as completely as possible, to indicate to the client the extent to which he is seeing through the client's eyes.

P35.

Suppose that we attempt a description somewhat more in terms of the

counselor's attitudes. The counselor says in effect, "To be of assistance to you I will put aside myself — the self of ordinary interaction — and enter into your world of perception as completely as I am able. I will become, in a sense, another self for you — an alter ego of your own attitudes and feelings — a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly."

Also the fact that I permit the outcome to rest upon this deep understanding is probably the most vital operational evidence which could be given that I have confidence in the potentiality of the individual for constructive, change and development in the direction of a more full and satisfying life. As a seriously disturbed client wrestles with his utter inability to make any choice, or another client struggles with his strong urges to commit suicide, the fact that I enter with deep understanding into the desperate feelings that exist but do not attempt to take over responsibility, is a most meaningful expression of basic confidence in the forward-moving tendencies in the human organism.

P36.

Initially we discussed the possibility of these interviews interfering with our relationship as co-workers. I very definitely feel that the interviews in no way altered this relationship. 'We were two entirely different people in our two relationships and the one interfered not at all with the other. I believe that this was due in large measure to the fact that we almost unconsciously, because of the nature of therapy, accepted each other and ourselves as being different people in our two relationships with each other. As workers we were two individuals working together on various everyday problems. In counseling we were mostly *me* working together on my situation as I found it. Perhaps the last sentence explains to a considerable extent how I felt in the counseling relationship. I was hardly aware during the interviews of just who it was sitting in the office with me. I was the one that mattered, my thinking was the thing that was important and my counselor was almost a part of me working on my problem as I wanted to work on it.

P38.

Notice how the significant theme of the relationship is, "we were mostly *me* working together on my situation as I found it." The two selves have somehow become one while remaining two — "we were *me*." "This idea is repeated several times; "my counselor was almost a part of me working on my problem as I wanted to work on it".

The impression is that the client was in one sense "talking to herself," and yet that this was a very different process when she talked to herself through the medium of another person.

P41.

Let us try to restate this idea in another way. In the emotional warmth of the relationship with the therapist, the client begins to experience a feeling of safety as he finds that whatever attitude he expresses is understood in almost the same way that he perceives it, and is accepted. He then is able to explore, for example, a vague feeling of guiltiness which he has experienced. In this safe relationship he can perceive for the first time the hostile meaning and purpose of certain aspects of his behavior, and can understand why he has felt guilty about it, and why it has been necessary to deny to awareness the meaning of this behavior. But this clearer perception is in itself disruption and anxiety-creating, not therapeutic. It is evidence to the client that there are disturbing inconsistencies in himself, that he is not what he thinks he is. But as he voices his new perceptions and their attendant anxieties, he finds that this acceptant alter ego, the therapist, this other person who is only partly another person, perceives these experiences too, but with a new quality. The therapist perceives the client's self as the client has known it, and accepts it; he perceives the contradictory aspects which have been denied to awareness and accepts those too as being a part of the client; and both of these acceptances have in them the same warmth and respect. Thus it is that the client, experiencing in another an acceptance of both these aspects of himself, can take toward himself the same attitude. He finds that he too can accept himself even with the additions and alterations that are necessitated by these new perceptions of himself as hostile. He can experience himself as a person having hostile as well as other types of feelings, and can experience himself in this way without guilt. He has been enabled to do this (if our theory is correct) because another person has been able to adopt his frame of reference, to perceive with him, yet to perceive with acceptance and respect.

P53.

What are the characteristics of this ideal relationship? When all the ratings are pooled, here are the items placed in the top two categories.

Most characteristic

The therapist is able to participate completely in the patient's communication.

Very characteristic

The therapist's comments are always right in line with what the patient is trying to convey.

P54.

The therapist sees the patient as a co-worker on a common problem.

The therapist treats the patient as an equal.

The therapist is well able to understand the patient's feelings.

The therapist really tries to understand the patient's feelings.

The therapist always follows the patient's line of thought.
The therapist's tone of voice conveys the complete ability to share the patient's feelings.

P63.

I feel that there is. If we consider the central thread which runs through these highly varied studies and experiences, it would seem that it may be summarized in an "if -then" type of statement.

If the individual or group is faced by a problem;

If a catalyst-leader provides a permissive atmosphere;

If responsibility is genuinely placed with the individual or group;

P64.

If there is basic respect for the capacity of the individual or group;

Then, responsible and adequate analysis of the problem is made;

responsible self-direction occurs;

the creativity, productivity, quality of product exhibited are superior to results of other comparable methods; individual and group morale and confidence develop.

It would appear that the hypothesis which is central to this chapter, and basic to the function of the client-centered therapist, is an hypothesis which has been and is being investigated in other types of human relationships as well, and that the evidence in regard to it has a significant and positive similarity no matter what the field of endeavor.

Chaper 3

The Therapeutic Relationship as Experienced by the Client

P65.

Our knowledge of therapy would be far advanced if we knew the answers to these two questions: What does it mean that the client experiences a relationship as therapeutic? and, how may we facilitate the experiencing of a relationship as therapeutic? We do not have the answers to these questions, but we have at least learned to ask them.

The way in which the client perceives or experiences the interviews is a field of inquiry which is new and in which the data are very limited.

P66.

Expectations

The manner in which the client perceives the counselor and the interview is initially influenced very deeply by his expectations.

P71.

HOW THERAPY IS EXPERIENCED BY THE CLIENT

The Experiencing of Responsibility

One of the elements which appears to stand out prominently in the initial reaction of the client is the discovery that he is responsible for himself in this relationship. Clients have used various ways of describing this.

P72.

The Experience of Exploration

Thus far the reactions given are those which lead up to therapy, or which make therapy possible. It is in the process of exploration of attitudes that the client first begins to feel that this process in which he is engaged will involve change in himself, of a sort he has not envisaged. He both fears and desires this change which he dimly sees.

An element which frequently enters into this period of searching is the experiencing of inconsistency in self. When it is possible to talk freely, express attitudes freely, then contradictions are discovered which had never been noticed before.

P73.

Perhaps one explanation of therapy is that the inconsistencies in self are recognized, faced, re-examined, and the self is altered in ways which bring about consistency.

P75.

The Discovery of Denied Attitudes

The outcome of the verbal exploration of attitudes and problems is the discovery of attitudes which the client has experienced, but which he has denied to awareness.

P77.

The Experience of Reorganizing the Self

As these denied elements of experience are brought into awareness, a process which we have come to think of as the reorganization of self is necessitated. The picture of self which the client has had must be altered to contain these new perceptions of experience. This may involve a very slight change when the denied experiences are only slightly inconsistent with the self; or it may involve the most drastic reorganization, in which the self and the self in its relationship to reality is so altered that few aspects remain untouched. In the first instance there may be mild discomfort.

P83.

The Experiencing of Progress

Contrary to what one might suppose, progress appears to be experienced by the client almost from the first. It is the fact that he discovers that some of the issues

he has discussed, some of the denied experiences which have been accepted, no longer cause him pain or anxiety, which encourages the client to go forward. The realization that one segment of personality organization has been reconstructed, and that new forms of behavior result from it - this it is that builds the client's confidence in his own ability to make progress in exploring himself.

Chapter 4 The Process of Therapy

P131.

Let it be said at the very outset that in the present state of our knowledge we do not really *know* what is the essential process of therapy.

P132.

In a general way, therapy is a learning process.

P133.

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 (166).

P133.

Still another aspect which has been studied is the type of attitude expressed. It was observed that while the client, at the outset of therapy, seemed to voice mostly negative feelings, there appeared to be a change in a positive direction.

P135.

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*.

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.

P136.

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."

P137.

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.

P139

The study upon which these statements are based is confirmed by others, most of them less rigorous in nature. From these other studies it would appear that the individual in "successful" therapy tends:

to perceive his abilities and characteristics with more objectivity and with greater comfort; (174)

to perceive all aspects of self and self-in-relationship with less emotion and more objectivity; (203)

to perceive himself as more independent and more able to cope with life problems; (117, 174)

to perceive himself as more able to be spontaneous and genuine; (117)

to perceive himself as the evaluator of experience, rather than regarding himself as existing in a world where the values are inherent in and attached to the objects of his perception; (101)

to perceive himself as more integrated, less divided. (117, 174)

How may we summarize these changes in self-perception? The essential elements would appear to be that the individual changes in three general ways. He perceives himself as a more adequate person, with more worth and more possibility of meeting life. He permits more experiential data to enter awareness, and thus achieves a more realistic appraisal of himself, his relationships, and his environment. He tends to place the basis of standards within himself, recognizing that the "goodness" or "badness" of any experience or perceptual object is not something

inherent in that object, but is a value placed on it by himself.

P149.

As therapy progresses, the client comes to realize that he is trying to live by what others think, that he is not being his real self, and he is less and less satisfied with this situation. But if he is to relinquish these introjected values, what is to take their place? There ensues a period of confusion and uncertainty as to values, a certain sense of insecurity in having no basis for judging what is right or wrong, good or bad.

P150.

Gradually this confusion is replaced by a dawning realization that the evidence upon which he can base a value judgment is supplied by his own senses, his own experience. Short term and long term satisfactions can be recognized, not by what others say, but by examining one's own experience.

P157.

This study permits the conclusion that there is a change in the valuing process during therapy, and that one characteristic of this change is that the individual moves away from a state where his thinking, feeling, and behavior are governed by the judgments and expectations of others, and toward a state in which he relies upon his own experience for his values and standards.

P158

Characteristic Developments in the Relationship

There are a number of therapists — in other orientations as well as in client-centered therapy — who take the point of view that the process of therapy is best described in terms of the changing emotional relationship existing between the client and the therapist. They believe that many of the verbal and attitudinal and perceptual changes are simply by-products of a basic emotional experience in a relationship between two human beings.

P159.

One hypothesis is that the client moves from the experiencing of himself as an unworthy, unacceptable, and unlovable person to the realization that he is accepted, respected, and loved, in this limited relationship with the therapist.

P160.

Another clinical hypothesis may be formulated in slightly different terms. As the client experiences the attitude of acceptance which the therapist holds toward him, he is able to take and experience this same attitude toward himself. As he thus begins to accept, respect, like, and love himself, he is capable of experiencing these attitudes toward others.

P178

Let us return to the question with which this section commenced: Do the changes which occur in client-centered therapy alter the basic structure of personality? The studies which have been cited would seem to justify an answer along these lines. When an investigation is made of a randomly selected group of clients receiving client-centered therapy, it is generally found that one outcome of the experience is a significant degree of change in the basic personality configuration. This change appears to be in the direction of: an increased unification and integration of personality; a lessened degree of neurotic tendency; a decreased amount of anxiety; a greater degree of acceptance of self and of emotionality as a part of self; increased objectivity in dealing with reality; more effective mechanisms for dealing with stress-creating situations; more constructive feelings and attitudes; and a more effective intellectual functioning. On the basis of limited evidence, it would appear that these personality changes are relatively permanent, often continuing in the directions already described.

P180.

The summarized finding will first be stated and then some amplification will follow.

- 1) During the latter part of therapy the client's conversation includes an increased discussion of plans and behavioral steps to be undertaken, and discussion of the outcomes of these steps.
- 2) In successful client-centered therapy, an examination of all references to current behavior indicates that there is a change from relatively immature behavior to relatively mature behavior during the course of the interviews.

P181.

- 3) In successful client-centered therapy there is a decrease in psychological tension as evidenced in the client's verbal production.

P182.

- 4) In successful client-centered therapy there appears to be a decrease in current defensive behaviors and a greater awareness of those defensive behaviors which are present.

P183.

- 5) As a result of therapy the client shows an increased tolerance for frustration as objectively measured in physiological terms.

P184.

- 6) One behavioral outcome of client-centered therapy is improved functioning in life task; improvement in reading on the part of school children, improvement in adjustment to job training and job performance on the part of adults.

P186

Pulling together the threads from these various studies, we may say that, during the process of client-centered therapy, the evidence at present available suggests that the client's behavior changes in these ways: he considers, and reports

putting into effect, behavior which is more mature, self-directing, and responsible than the behavior he has shown heretofore; his behavior becomes less defensive, more firmly based on an objective view of self and reality; his behavior shows a decreasing amount of psychological tension; he tends to make a more comfortable and more effective adjustment to school and to job; he meets new stress situations with an increased degree of inner calm, a calm which is reflected in less physiological upset and more rapid physiological recovery from these frustrating situations than would have been true if they had occurred prior to therapy.

P196.

It is a characteristic of the reformulated self which is achieved in therapy that it permits a fuller realization of the organism's potentialities, and that it is a more effective basis for further growth. Thus the therapeutic process is, in its totality, the achievement by the individual, in a favorable psychological climate, of further steps in a direction which has already been set by his growth and maturational development from the time of conception onward.

Chapter 11. A Theory of Personality and Behavior

P481.

As clinical and research evidence accumulates, it is inevitable that those interested in client-centered therapy should try to formulate theories which would contain and explain the observed facts, and which would point out profitable directions for further research. This chapter attempts to report the present stage of our thinking in this matter of constructing a more generalized statement of personality dynamics and behavior. In considerable degree; the task is simply that of pulling together the theoretical formulations which have been explicit or implicit in all our discussions of therapy and of its effect upon personality. It is hoped, however, that a focus upon, and a summarization of, the basic conceptual elements will prove useful.

P483.

D) Every individual exists in a continually changing world of experience of which he is the center.

It should be recognized that in this private world of experience of the individual, only a portion of that experience, and probably a very small portion; is *consciously* experienced. Many of our sensory and visceral sensations are not symbolized. It is also true, however, that a large portion of this world of experience is *available* to consciousness, and may become conscious if the need of the individual causes certain sensations to come into focus because they are associated with the satisfaction of a need. In other words, most of the individual's experiences constitute the ground of the perceptual field, but they can easily become figure, while other experiences slip back into ground.

P484.

II) *The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, "reality."*

This is a simple proposition, one of which we are all aware in our own experience, yet it is a point which is often overlooked. I do not react to some absolute reality, but to my perception of this reality. It is this perception which for me is reality.

III) *The organism reacts as an organized whole to this phenomenal field.*

P487.

The outstanding fact which must be taken into theoretical account is that the organism is at all times a total organized system, in which alteration of any part may produce changes in any other part. Our study of such part phenomena must start from this central fact of consistent, goal-directed organization.

IV) *The organism has one basic tendency and striving — to actualize, maintain, and enhance the experiencing organism.*

It is our experience in therapy which has brought us to the point of giving this proposition a central place. The therapist becomes very much aware that the forward-moving tendency of the human organism is the basis upon which he relies most deeply and fundamentally. It is evident not only in the general tendency of client to move in the direction of growth when the factors in the situation are clear, but is most dramatically shown in very serious cases where the individual is on the brink of psychosis or suicide. Here the therapist is very keenly aware that the only force upon which he can basically rely is the organic tendency toward ongoing growth and enhancement.

It would be grossly inaccurate to suppose that the organism operates smoothly in the direction of self-enhancement and growth. It would be perhaps more correct to say that the organism moves through struggle and pain toward enhancement and growth.

V) *Behavior is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.*

P492.

Often, of course, the perception has a high degree of correspondence with reality, but it is important to recognize that it is the perception, not the reality, which is crucial in determining behavior.

It should also be mentioned that in this concept of motivation all the effective elements exist in the present. Behavior is not "caused" by something which occurred in the past. Present tensions and present needs are the only ones which the organism endeavors to reduce or satisfy. While it is true that past experience has certainly served to modify the meaning which will be

perceived in present experiences, yet there it is no behavior except to meet a present need.

P494.

VII) *The best vantage point for understanding behavior is from the internal frame of reference of the individual himself.*

It was mentioned in Proposition I that the only person who could fully know his field of experience was the individual himself. Behavior is a reaction to the field as perceived. It would therefore appear that behavior might be best understood by gaining, in so far as possible, the internal frame of reference of the person himself, and seeing the world of experience as nearly as possible through his eyes.

P496.

It is probably for the reasons just stated that client-centered counseling has proved to be such a valuable method for viewing behavior from the person's frame of reference. The situation minimizes any need of defensiveness. The counselor's behavior minimizes any prejudicial influence on the attitudes expressed. The person is usually motivated to some degree to communicate his own special world, and the procedures used encourage him to do so. The increasing communication gradually brings more of experience into the realm of awareness, and thus a more accurate and total picture of this individual's world of experience is conveyed. On this basis a much more understandable picture of behavior emerges.

P497.

VIII) *A portion of the total perceptual field gradually becomes differentiated as the self.*

As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of self is formed – an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the “I” or the “me,” together with values attached to these concepts.

P501.

The self-structure is 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 the goals and ideals which are perceived as having positive or negative valence.

P503.

XI) *As experiences occur in the life of the individual, they are either (a) symbolized, perceived, and organized into some relationship to the self, (b) ignored, because there is*

no perceived relationship to the self-structure, (c) denied symbolization or given a distort symbolization because the experience is inconsistent with the structure of the self.

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This type of finding appears to support our clinical and theoretical hypothesis that the individual may deny experiences to awareness without ever having been conscious of them. There is at least a process of "subception," a discriminating evaluative physiological organismic response to experience, which may precede the conscious perception of such experience. This supplies a possible basic description of the way in which accurate symbolization and awareness of experiences threatening to the self may be prevented.

XII) Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self.:

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There are times, however, when the denial of experience, spoken of above, plays a part in this process. For example, a pilot who conceives of himself as a brave and relatively fearless individual is assigned to a mission which involves great risk. Physiologically he experiences fear and a need to escape from this danger. These reactions cannot be symbolized into consciousness, since they would be too contradictory to his concept of self. The organic need, however, persists.

In this example, as in many others which could be cited, the organic needs exist but cannot be admitted into consciousness. The behavior which is adopted is such that it satisfies the organic need, but it takes channels which are consistent with the concept of self. Most neurotic behavior is this type. In the typical neurosis, the organism is satisfying a need which is not recognized in consciousness, by behavioral means which are consistent with the concept of self and hence can be consciously accepted.

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XIII) Behavior may, in some instances, be brought about by organic experiences and needs which have not been symbolized. Such behavior may be inconsistent with the structure of the self, but in such instances the behavior is not "owned" by the individual.

P510.

In a great many cases of psychological maladjustment, one of the causes for concern of on the part of the individual is that certain types of behavior go on without his control or the possibility of his control. "I don't know why I do it. I don't want to do it, but yet I do," is a common enough type of statement. Also, the notion, "I'm just not myself when I do those things," "I didn't know what I was doing," "I have no control over those reactions." In each case the reference is to behavior which is organically determined on the basis of experiences denied accurate symbolization, and hence is carried through without having been brought into any consistent relationship with the concept of self.

XIV) *Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension.*

The basic for this proposition has become evident in the preceding statements. If we think of the structure of the self as being a symbolic elaboration of a portion of the private experiential world of the organism, we may realize that when much of this private world is denied symbolization, certain basic tensions result. We find, then, that there is a very real discrepancy between the experiencing organism as it exists, and the concept of self which exerts such a governing influence upon behavior. This self is now very inadequately representative of the experience of the organism. Conscious control becomes more difficult as the organism strives to satisfy needs which are not consciously admitted, and to react to experiences which are denied by the conscious self.

P512.

In other instances, the individual feels, as he explores his maladjustment, that he has no self, that he is a zero, that his only self consists of endeavoring to do what others believe he should do. The concept of self, in other words, is based almost entirely upon valuations of experience which are taken over from others and contain a minimum of accurate symbolization of experience, and a minimum of direct organismic valuing of experience. Since the values held by others have no necessary relationship to one's actual organic experiencings, the discrepancy between the self-structure and the experiential world gradually comes to be expressed as a feeling of tension and distress.

P513.

XV) *Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self*

P515.

Actually, when all experiences are assimilated in relationship to the self and made a part of the structure of self, there tends to be *less* of what is called "self-consciousness" on the part of the individual. Behavior becomes more spontaneous, expression of attitudes is less guarded, because the self can accept such attitudes and such behavior as a part of itself.

In this frame of mind, behavior must always be guarded, cautious, self-conscious. But when this same client has come to accept deeply the fact that "I am what I am," then she can be spontaneous and can lose her self-consciousness.'

XVI) *Any experience which is inconsistent with the organization or structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain itself*

XVII) Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self-revised assimilate and include such experiences.

To proceed from the more clear-cut examples to those less clear: In therapy of a client-centered form, by means of the relationship and the counselor's handling of it, the client is gradually assured that he is accepted as he is, and that each new facet of himself which is revealed is also accepted. It is then that experiences which have been denied can be symbolized, often very gradually, and hence brought clearly into conscious form. Once they are conscious, the concept of self is expanded so that they may be included as a part of a consistent total.

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If we try to analyze the elements which make possible this reorganization of the structure of self, there would appear to be two possible factors. One is the self-initiated apprehension of the new material. Exploration of experience is made possible by the counselor, and since the self is accepted at every step of its exploration and in any change, it may exhibit, it seems possible gradually to explore areas at a "safe" rate, and hitherto denied experiences are slowly and tentatively accepted just as a small child slowly and tentatively becomes acquainted with a frightening object. Another factor which may be involved is that the counselor is accepting toward all experiences, all attitudes, all perceptions. This social value may be introjected by the client, and applied to his own experiences. This last certainly cannot be the major reason, since it is often known to the client that the counselor is one among a thousand in holding such a value, and that society in general would not accept the client as he is. Nevertheless, this introjection of the counselor attitude may be at least a temporary or partial step toward the client's experiencing of himself as acceptable.

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It should also be obvious that what is being described here is a learning process, perhaps the most important learning of which the person is capable, namely the learning of self. It is to be hoped that those who have specialized in theory of learning may begin to utilize the knowledge from that field in helping to describe the way in which the individual learns a new configuration of self.

XVIII) When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.

If we try to understand the theoretical basis upon which this takes place, it appears to be as follows:

The person who denies some experiences must continually defend himself against the symbolization of those experiences.

As a consequence, all experiences are viewed defensively as potential threats, rather than for what they really are.

Thus, in interpersonal relationships, words or behaviors are experienced and perceived as threatening, which were not so intended.