Actualisation: A Functional Concept in Client-Centered Therapy

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Abstract:
This paper reviews CarI R. Rogers' concept of the actualising tendency as an operational premise in client-centred therapy. Rogers' view of actualisation is clarified including the relationship of the concept to Rogers' speculations about the "fully functioning person." The function of the actualising concept in therapy is demonstrated by reviewing segments of a therapy session. The client-centred therapist implements the actualising tendency by creating a specific interpersonal climate during the therapy session. This climate is created by means of the therapist experiencing and communicating certain attitudes toward the client. These attitudes are identified as congruency, unconditional positive regard, and empathic understanding. Rather than intervening and thereby assuming therapeutic expertise about the client, the client- centred therapist trusts the client to move forward in a constructive direction. The constructive forward movement of the client is propelled by the sole and inherent motivation in human beings; that is, the actualising tendency.

Actualisation is a concept that has been discussed at length by many psychologists including Erich Fromm, Karen Homey, Robert white, Abraham Maslow, Andras Angyal, Kurt Goldstein, and Carl Rogers. Only in Client-Centered Therapy (also identified as Person-Centered Therapy) is the concept of actualization a practical and functional premise for the work of the therapist.

The intent of this paper is to clarify Carl R. Rogers' view of the actualising tendency as the foundation block of Client-Centered Therapy and to discuss the implications of actualisation as a pragmatic and functional concept in this therapeutic approach. Specifically, the paper (1) examines Rogers' view on actualisation and his rationale for therapy, (2) clarifies the relation between Rogers' concepts of the actualising tendency and the fully functioning person, (3) discusses the function of Rogers' concept of actualisation in the practice of psychotherapy, and (4) presents a therapy segment in order to illustrate the function of a therapist who operates with the cognitive underpinning of the actualising tendency.

The client-centred approach has generated extensive research (Lam- bert, Shapiro, & Bergin, 1986) and has been the most research supported model of psychotherapy (Goodyear, 1987; Patterson, 1984). However, there has been a sparcity of research on, and limited understanding of, the concept and functional implications of Rogers' actualising tendency.

ROGERS' VIEWS ON ACTUALISATION AND HIS RATIONALE FOR PSYCHOTHERAPY

One of Rogers' earliest writings on psychotherapy (Rogers, 1942) assumed the natural growth tendency as the healing factor. Later Rogers (1980) added the concept of the "formative tendency" as the broader foundation block of the person-centred approach. He referred to the formative tendency as the

directional tendency in the universe. The actualising tendency is more specifically that tendency in organisms and is the foundation block for Client-Centered Therapy. In 1942, Rogers wrote:

Therapy is not a matter of doing something to the individual, or of inducing him to do something about himself. It is instead a matter of freeing him for normal growth and development. (p.29)

Rogers acknowledged that his ideas about actualisation were influenced by the work of Kun Goldstein, Maslow, Angyal and others but noted that his formulation emerged primarily from his own naturalistic observations. Only after formulating his own theory did he become aware of some of the supporting work in biology (e.g., Bertalanffy, 1960).

Rogers observed that behaviours of organisms (including individuals in therapy) move in the direction of maintaining and enhancing themselves. Emphasizing this observation he asserted the idea of the actualising tendency its involving all motivation, expansion and enhancement. The basis for all of his thinking about therapy, human development, personality and interpersonal relationships (1959) was the actualisation tendency (1963). He stated:

In client-centred therapy, the person is free to choose any directions, but actually selects positive and constructive pathways. I can only explain this in terms of a directional tendency inherent in the human organism-a tendency to grow, to develop, to realize its full potential. (Rogers, 1986a, p.127)

The rationale for client-centred therapy and the person-centred approach in interpersonal interactions rests on the actualising construct in the following ways: (I) The actualising tendency is the basic and sole motivation of persons. (2) The actualising tendency is constructively directional, aiming toward increasing differentiation and complexity and resulting in growth, development and fulfilment of potentialities. (3) The effects of this sole motivational tendency on the person's experience and behaviour can be distorted or stunted by interaction with unfavourable, inadequate or destructive environmental circumstances. (4) These distorted or stunted realizations of the person create the need for psychotherapy. (5) Client-centred therapy is an attempt to create an optimal psychological climate for the person by means of the therapist providing a special kind of relationship that involves certain attitudinal qualities of the therapist. (6) This relationship fosters the person's natural actualising tendency to function in ways that overcome the effects on his/her organism of unfavourable or destructive circumstances. (7) The result of therapy is that the person's experience and behaviour become more purely constructive and more powerfully developmental and enhancing. Using the same logic, the promotion of a person's constructive growth tendency was extended beyond psychotherapy to include any interpersonal relationship where one individual can create a climate that promotes the other individual's actualising tendency.

CHARACTERISTICS OF THE ACTUALISING TENDENCY IN ROGERS' THEORY

Rogers' construct of the actualising tendency is an organismic theory with the fundamental qualities in human nature being viewed as those of growth, process and change. In Rogers' theory, "Man is an actualising process" (Van Belle, 1980, p.70). Actualisation is the motivational construct in organismic theory and, thus, is embedded in the organismic growth process and is the motivator for change. The organism/person is the basic unit of inquiry in Rogers' thought. The principle characteristics of all organisms, including the human, have this tendency in common although Rogers' term "person" is the one used for the distinctly human realization of organismic nature.

In describing this motivational principle, the other main characteristics of organisms and those peculiar to persons are necessarily brought into view. The major properties of Rogers' "actualising tendency" construct in organisms/persons are as follows:

1. The actualising tendency is individual and universal (Rogers 1980). The expression of the tendency is always unique to the individual and also the presence of the tendency is a motivating tendency for all organisms.

2. The actualising tendency is holistic (Rogers, 1959). The organism/ person is a fluid, changing gestalt with different aspects assuming figure and ground relations depending upon the momentary specific aims of the person and upon the immediate demands of the environment. The actualising tendency as the motivational force functions throughout all systems of the person. It is expressed in a variable, dynamic and fluctuating manner through the subsystems of the whole person while maintaining wholeness and organization.

3. The actualising tendency is ubiquitous and constant (Rogers, 1963; Rogers & Sanford, 1984). It is the motivation for all activity of the person, under all circumstances, favourable and unfavourable to the specific person. It functions as long as the person is alive. The moment by moment living-the moving, responding, maintaining of wholeness, feeling, thinking, striving-are all manifestations of the actualising tendency.

4. The actualising tendency is a directional process. Although it involves assimilation and differentiation activities while maintaining wholeness, the wholeness is perpetually changing. It is a tendency towards realization, fulfilment and perfection of inherent capabilities and potentialities of the individual (Rogers, 1963). It is a selective process in that it is directional and constructive. It tends to enhance and maintain the whole organism/person.

5. The actualising tendency is tension increasing (Rogers, 1959). The organism/person is not a drive reduction system but one which inherently and spontaneously increases tension levels to expand, grow and further realize inherent capabilities. The directionality of the actualising tendency requires its tension increasing characteristic.

6. The actualising tendency is a tendency toward autonomy and away from heteronomy (Rogers, 1963). The person moves inherently toward self-regulation and away from being controlled.

7. The actualising tendency is vulnerable to environmental circumstances (Rogers, 1980; Rogers & Sanford, 1984). Under unfavourable circumstances to the organism the expression of the actualising tendency may be affected such that the organism becomes distorted although the tendency remains as constructive as possible under the circumstances. Rogers (1980) uses the metaphor of the potato sprout growing towards the tiny source of light in the dark cellar to clarify his point. He said:

The conditions were unfavourable, but the potatoes would begin to sprout-pale white sprouts, so unlike the healthy green shoots they sent up when planted in the soil in the spring. But these sad, spindly sprouts would grow 2 or 3 feet in length as they reached toward the distant light of the window. The sprouts were, in their bizarre futile growth, a sort of desperate expression of the directional tendency I have been describing. They would never become plants, never mature, never fulfil their real potential. But under the most adverse circumstances, they were striving to become. Life would not give up, even if it could not flourish. (p.118)

8. The concept identified as "Self-Actualisation is a Construct referring to the actualisation tendency manifest in the "self - a sub-system that becomes differentiated within the whole person (Rogers, 1951; 1959). This construct is crucial to Rogers' theory of the development of normal personality and psychological disturbances. He theorizes that under unfavourable conditions the actualisation of the self sub-system (dictated by self-concepts) may become discrepant from and in conflict with organismic experiencing. Such conflict results in loss of the person's wholeness and integration with consequent disturbance. Alternatively, under favourable developmental circumstances, persons are theorized as remaining open to experience and as developing self-concepts which are harmonious with organismic experiencing, with the consequence that wholeness and integration of the person is fostered.

9. The concept of consciousness, in the sense of capacity for self-awareness, is viewed as a distinctive human channel of the actualising tendency (Rogers, 1980). Consciousness gives the person a greater range of choices for self-regulation and permits potentialities not present in other organisms.

10. Human beings have a social nature, consequently a basic directionality of the actualising tendency in humans is toward constructive social behaviour (Rogers, 1982). It is true of all directional characteristics of individuals and species, that the better the environmental/social conditions of the organism, the stronger the expression of the directional characteristic. Thus, in humans, the capacities of empathy, affiliation and language result in constructive social behaviour under adequate (or better than adequate) conditions. It is important to recognize that in Rogers' thinking all potentialities of individuals and of species are not aspects of the directionality of the actualising tendency (Rogers, 1989). For example, people have the potential to vomit or to commit murder. In Rogers' view, these potentials do not show expression under such favourable circumstances as the interpersonal climate of client-centred therapy.

The first seven of the above characteristics of the actualising tendency, according to Rogers, are common to organisms. The last three characteristics, points eight, nine and ten, are considered distinctive to the human organism and are crucial in his theories of personality and psycho logical disturbance as well as relevant to therapeutic process.

Rogers (1980), while viewing the actualisation tendency from the stance of his scientific orientation, always asserted that it is a hypothesis, "open to disproof." Nevertheless, the conception of actualisation functions in Rogers' theory as an axiom; that is, it functions as a principle that directs therapist behaviours. Specifically, the organism/person is always actualising because actualisation is the motivational concept that accounts for all living activity. In effect, the person is always actualising him/herself as best as he/she can under the circumstances. Whenever destructive or self-limiting behaviour is observed, the actualising tendency concept directs inquiry toward the circumstances that have distorted or limited constructiveness.

THE RELATION BETWEEN ROGERS' CONCEPTS OF THE ACTUALISING TENDENCY AND THE FULLY FUNCTIONING PERSON

Rogers' concept of the "fully functioning person" is often misunderstood as being a goal for clients in Rogers' therapy. In fact, Rogers is presenting his views on the meaning of "the good life" and clarifying the manner in which the actualising tendency functions in human beings. Rogers formulated his concept of the "fully functioning person" as well as his whole theory from the context and vantage point of his experience as a client-centred therapist The characteristics of the "fully functioning person" are an extrapolation from concrete observation of his individual clients and are based on the common

features of his clients who progressed in therapy. The common features which Rogers expressed as the "fully functioning person" are features of directional development in persons. Rogers (1961) said:

If I attempt to capture in a few words what seems to me to be true of these people (who showed positive movement in client-centred therapy), I believe it will come out something like this: The good life is a process, not a state of being. It is a direction, not a destination. It is not...a state of virtue, or contentment, or nirvana or happiness. It is not a condition in which the individual is adjusted, or fulfilled or actualised (pp. 186-187) (The italics are the authors).

In other words, the "fully functioning person" does not represent a state of being, a class of persons as in Maslow's (1970) "actualising personalities," nor a developmental level in Rogers' theory. Instead, Rogers is expressing dimensions of directionality that he believes are inherent and ubiquitous in human beings but which show obvious and accelerated development under favourable psychological conditions. Such conditions are described by Rogers as the necessary and sufficient conditions for constructive personality change and notably associated with client-centred therapy.

There are three major dimensions of the directionality in Rogers' description of the "fully functioning person." These are: (I) "an increasing openness to experience," (2) "increasingly existential living," and (3) "an increasing trust in his (or her) organism (Rogers, 1961, 187-189). It is the extent of the development of the three directions in an individual that determines the extent of the psychological freedom of the individual. Psychological freedom is a process of growth, development and realization. Thus, it is through increasing openness to experience, increasingly existential living and increasing trust in one's organism that the inherent actualising tendency operates more effectively and fully. Rogers has described the psychological dimensions of the expression of the actualising tendency in human beings in his description of the "fully functioning person" (Rogers, 1961).

Rogers' and Maslow's theories of actualisation are often mistakenly equated. In addition to the differences in their views concerning the "hilly functioning" person, Rogers (1959) clarified a major difference between the theories early in his formulations when he defined the "actualising tendency" as the sole motivational construct The motivations conceptualised as "deficiency needs," i.e., the physiological needs, needs for safety, belonging, love and esteem, hypothesized by Maslow (1970) as preceding the self-actualisation of persons, are included in Rogers' sole motivational construct.

THE FUNCTIONAL ROLE OF THE ACTUALISING TENDENCY IN CLIENT-CENTERED THERAPY

The fundamental notion of Client-Centered Therapy is that the therapist can trust the tendency of the client and the only role of the therapist is to create an interpersonal climate that promotes the individual's actualising tendency. Rogers adopted the construct of the actualising tendency principle as a cognitive underpinning that implied attitudes of trust in and respect for the client in a helping relationship. When a person has emotional disturbances and problems, according to Rogers' organismic theory, what is required to help the person is a situation or conditions that foster and facilitate the vitality of the person's innate recuperative and growth capabilities.

The therapeutic attitudes of trust and respect and the desirability of a fostering situation which can free the person's capacities for health and growth created some logical parameters for the therapist's approach. These parameters, in effect, eschew standard clinical thinking about psychotherapy, such as the need for diagnosis and treatment plans with treatment goals and strategies. Instead, it followed from the idea of the actualising tendency and the therapeutic attitudes of trust and respect that the therapist

need not conceptualise the client's illness, nor conceptualise any concrete goals that might affect the therapist's attitudes or behaviour in relation to the client. It also followed that the therapist need not engage in interventions, strategies or manipulations based upon speculations concerning the client's disturbance or upon ideas about what would constitute healthy directions for the client It was also logically consistent that the therapist need not determine the frequency of therapy interviews, the length of the therapy, nor when the client should stop therapy. Instead, Rogers thought the client should be approached naively without preconceptions as a unique individual and be allowed to develop his/her own therapy process. The assumption was that die client's innate actualising tendency could be fostered most effectively by the creation of a distinctive interpersonal environment fundamentally based on the trust and respect that was implied by belief in the actualising tendency. The client would be given, in effect, control over the therapeutic situation and therapeutic process up to the limits of the therapist's capacity (and the demands of the work situation). The therapist's basic task is to listen with respect and understanding and help the client to clarify his/her feelings and thoughts as they are expressed to the therapist.

Rogers and his colleagues functioned with this philosophy of trust in the client and, as well, systematically researched their work (Cartwright, 1957). Out of all these endeavours Rogers conceptualised his theory of client-centred therapy. The specific features of the theory evolved out of and continued to be based on the organismic theory of the actualising tendency and the fundamental philosophy and attitudes of trust in and respect for persons.

THE THEORY

Client-centered theory posits the presence of a client who is incongruent, vulnerable and anxious but who is also in psychological contact with an attentive therapist. The therapist experiences and manifests three basic attitudes in the relationship. These attitudes are labelled as (1) congruency (or genuineness), (2) unconditional positive regard, and (3) empathic understanding of the client's internal frame of reference (Rogers, 1957; 1959). The particular manifestations or implementation of these attitudes is variable, within limits, depending upon the personal characteristics of both therapist and client. The theory also asserts that the therapeutic attitudes must be perceived to some degree by the client, Rogers hypothesized that the more fully and consistently the therapeutic attitudes are provided by the therapist and perceived by the client, the greater the constructive movement that will occur in the client (Rogers, 1959). The actualising concept functions in the practice of therapy by influencing the attitudes that are experienced and expressed by the therapist in relation to the client/other.

The client-centred therapist operates on a number of assumptions associated with the actualising tendency. These assumptions include:

1. Motivation is considered intrinsic, directional, and constructive; the person's tendency is for self-regulation and self-knowledge. The therapist is, thus, oriented to the world of the whole Person. The therapist eschews knowledge "about" the client, relates as an equal to the client, trusts and respects the client's perceptions as authority about him/herself and trusts the client.

2. The conception of therapy is one which provides a favourable to optimal psychological and personal environment for the client. The therapist is not precipitating change by manipulating or directing the client.

3. Consciousness/perceptions affect the person's behaviour. This assumption results in the need for the therapist's empathic atonement to the phenomenal world of the client.

4. The therapist attitude of unconditional positive regard is based on the organismic assumption that the person is always doing the best that he/she can under the particular existing inner and outer circumstances. The actualising tendency is the motive for changing circumstances that result in "doing better."

5. The disease or disturbance of an individual which responds to psychotherapy is due to inadequate environments (inner/perceptual; outer/physical-social) that distort or stunt realization of inherent capabilities. The therapist uses no other theoretical models to explain behaviours.

The basic client/person-centred value is that the authority about the person rests in the person, not in an outside expert This value emphasizes the internal (i.e., the client's) rather than the external (i.e., the therapist's) view. The client is viewed as going in his/her own way, allowed to go at his/her own pace, and to pursue his/her growth in his/her unique way. The external view is meaningless in a constructive therapy process since the only function of the therapist is to facilitate the client's actualising process. Bozarth (1985) contends that Client-Centered Therapy operates within a different paradigm than other therapies because of the extreme focus on the "self authority" of the client This focus on "self-authority" is buttressed in the therapist's trust and belief in the actualising tendency. Rogers (1986b) stated:

Practice, theory and research make it clear that the person-centred approach is built on a basic trust in the person...(It) depends on the actualising tendency present in every living organism's tendency to grow, to develop, to realize its full potential. This way of being trusts the constructive directional flow of the human being toward a more complex and complete development. It is this directional flow that we aim to release. (p.198)

The Functional Role of the Actualising Tendency in Therapy Practice

In the day to day work of the client-centred therapist, the idea of the actualising tendency remains a conscious cognitive foundation. It continuously supports the therapist's trust in, and respect for, the client and supports the therapist's inner activity of generating and maintaining the therapeutic attitudes of congruency, unconditional positive regard and empathic understanding in relation to clients. The remainder of this paper presents a segment from a therapy session that demonstrates the application of the trust and respect of the therapist that is predicated upon the fundamental notion of the actualising tendency.

Therapy Session Segment

This session is presented and then discussed in terms of the actualising tendency. The session is that of a female client with a female therapist. The female client is identified as "Angela." The client is depicted with, "C" and the therapist with, "T."

C-1 Over the weekend... its hard to explain. I noticed my pain, it was still there and I couldn't believe that I was functioning and feeling like a whole person. Even though I had the pain.

T-1 It was a new experience to have the pain coexist with a sense of wholeness.

C-2 Right Yeah, and I'm still not comfortable with that. If I don't keep after my doctors and myself... you know, things still aren't perfect... I just say o.k., it's liveable, so I can live like this. And I might end

up living with the pain when I could have gotten rid of it. I feel, if I don't keep after it, if I don't keep it in mind, and I don't keep bitching at my doctors, that somehow it's going to get lost... and I'll live that way.

T-2 But you won't have had to, (C: Yeah) you won't have had to have that pain continue but it will continue because you didn't keep at it.

C-3 Right.

T-3 If you don't keep vigilant.

C-4 Yeah, that's it And this other thing... when I don't feel good about my physical self... like... I went to the doctor and I gained a few more pounds and I'm upset about that. I was doing so well and so I decided o.k., that's it You know, I know I can do it, so I'm de-pressed that I even let myself gain a few pounds. It goes the other way, too. When I look in the mirror and I'll go, 'God, you look so good today, why do you feel so shitty?' I have this mental image with my weight too, if it's not where I want it to be, it's kind of like I walk around in my head, when my head hurts. I feel fragmented. If this is the way my inside feels, then this is the way my outside self is going to look to others. But it doesn't, I know that, but it feels like it is not right...

T-4 How you look and feel should be consistent, but it isn't that way and somehow you can't..

C-5 Yeah, It's like... sometimes I used to just look in the mirror and say, 'God, how come my pain doesn't show?' Cr Uh huh) where my pain is I imagine like cracks in my face, something concrete that I can see.

T-5 You would be shocked, 'how could it be?'

C-6 Yeah, I'd look in the mirror and I'd flip myself out, I'd just stand there...

T-6 'How could it be?'

C-7 Yeah... And when I'm feeling like that or when I'm feeling overweight or whatever, when I don't feel my body is physically in check, something feels, um, it feels like.... I don't know... it feels like I'm not a whole person... Which is, I guess, what's different about this past weekend, how I perceived myself, because... It's like I don't feel like a whole person when I'm like that and even though others can't tell... I feel like I'm being dishonest, Because they can't see what's really inside of me. I have a big problem with that, talking to people when I feel like shit, I feel dishonest because I really don't feel like I'm me. I feel angry, I feel depressed, I feel fragmented.. I got the word, it's a good client-centred word, I just thought, 'congruent', I don't feel congruent. That's what it is.

T-7 In your appearance and your behaviour, your appearance is one kind of person.... but inside you're...

C-8 It's that they're not congruent, they're different And to me that's why I can't feel like a whole person. But 'his weekend, I did feel like a whole person, even though I was still incongruent And it felt good, but, yet, it was upsetting too. Because then, I guess, I feel if I'm not vigilant that I never am going to be congruent.

T-8 The thing is you felt congruent, you felt (C-right) a whole person in spite of the fact that you still have the pain. So, you had the same combination of contradictory realities and yet you had a feeling of wholeness. (C-right) But there was the worry that you would, in feeling whole, let the pain stay by giving up on doing your utmost to get rid of it.

C-9 That's it.

A more detailed analysis of this therapy segment is presented in order to identify the relationship of the therapist's efforts to be consistent with the underpinning of the actualising tendency. The segment is from the fortieth therapy session. Angela's first response (C-1) illustrates her experience of surprise during the previous weekend. She says: "It's hard to explain" and, indeed, it is, at this point, not clear exactly what Angela means by "whole person" nor what her typical experience of herself may have been that made the weekend experiences so surprising. The therapist's first response (T-1) simply checks or tests understanding with a brief restatement for Angela to verify or correct. The therapist makes no attempt to pursue clarification or elaboration through questions or guesses. She simply expresses her understanding of the client as far as it goes. The therapist's trust is that the open acceptance of the client's statements will cumulate to foster the client's natural process of actualisation.

Angela (C-2) reveals that there is more to this surprising feeling of wholeness co-existing with physical pain. She says it was accompanied by a feeling of fear. The therapist (T-2) again tests her understanding by expressing Angela's point that she expects she would have to continue to live with pain if she were to accept the pain. Wholeness apparently involves accepting the pain. Accepting the pain means, to Angela, that she would give up pushing to find treatments.

Angela (C-4) verifies the correctness of her therapist's response (in T-2). The therapist then (T-3) responds with an emphasis on Angela's felt need for vigilance. The word "vigilance" was not used by Angela but is used by the therapist in her effort to understand the importance, to Angela, of keeping on the lookout for, and seeking treatment for, her pain. To this point, the therapist has consistently tried to follow the client's meanings and feelings by checking or testing her understanding with Angela. The therapist continues to trust Angela's own capacity for forward movement.

Next, in CA, Angela expresses two new points. The first point is that she doesn't feel good about herself. For example, because she gained weight, she says she must gain control. She expresses this as "0. K., that's it!", meaning that she must stop eating too much. She says that she can do what she needs to do when she reaches that point. The second point is expressed when she harks back to her first statement which had implied that previous to the weekend she had not ever been able to feel whole when in pain. Here (in CA) she is expressing a sense of confusion and disturbance when she feels "shitty" and at the same time is looking good. Apparently, previously she had not been able to reconcile this discrepancy between her feelings and her appearance into an experience of wholeness. Instead she would feel "fragmented."

The therapist is not able to complete her response (T-4) to Angela's C-4. But she again is trying to test her understanding. She does this in the form of a restatement of Angela's expectation of being consistent in her feelings and her appearance that is not realized in her actual experience of herself. The therapist does not attempt to explain or push Angela towards closure or resolution.

Angela (C-5) then vividly represents her previous point by quoting her thoughts when looking in her mirror and by stating the image she expects to see in her mirror. The therapist (T--S) responds by

representing herself as Angela, stating, in her own words, what might be Angela's words of shock when she finds her face in the minor is not racked and distorted as her pain makes her feel it might be.

Angela (C-6) further expresses her distress about the event of seeing she looks good while she's in pain. The therapist responds (T--6) by repeating what she said in T-5 as if they were Angela's thoughts or words, "How could it be?"

Angela (C-7) continues with a complex statement in which she first summarizes the basis for not feeling like a whole person. Then she restates the fact that the preceding weekend she felt whole while still experiencing pain. She then elaborates on the problem of feeling pain while looking good. She says it stimulates a feeling of being dishonest with people. Finally, still in C-7, Angela expresses her awareness of the therapist's client-centered approach with a positive emotional tone. She uses the Rogerian term "congruence" while explaining her new, recent, feeling of wholeness in the context of pain. In her response (T--7), the therapist starts to check her understanding by restatement, but is interrupted. Angela (C-9) verifies the therapist's grasp of what she has been expressing. Through the entire interview segment she actualising tendency construct has been functioning as an intellectual underpinning for the therapist's attitudes of trust in and respect for the client. These basic attitudes toward the client are channelled directly into the therapist's efforts to experience and express the specific therapeutic therapist attitudes identified by Rogers as congruency, unconditional positive regard and empathic understanding.

In the sequence of interactions between Angela and her therapist, Angela leads as she fills out the meanings of her initial statement (C-I) and adds other feelings that are related (e.g., C-2, CA, C-S). Angela's leading is a process of developing awareness, recollections and unfolding associations. How and what is revealed emanate from the process within Angela rather than from ideas put forth by the therapist. The therapist is not intervening with any theoretical conceptions whatsoever in Angela's actualising process (which includes self awareness and self-disclosure for Angela). The actualising tendency is immediately functional in the therapist's interaction with Angela. It is the basis underlying the attitudes that result in the therapist's non-interfering and non-directive empathic following of Angela's responses. The therapist's only verbal behaviour is her attempt to check or test her understanding of what Angela expresses. The question that is implicit in all of the therapist's restatements is, "Do I understand you correctly?" or "Is this what you are telling me?" Angela's responses indicate that she does feel understood. The therapist, thus, does not intervene, bring in "expert" suggestions or prescribe treatments. The therapist trusts the natural constructive direction of the client and strives only to implement the atmosphere that will foster the actualising tendency.

SUMMARY

This paper reviews Carl R. Rogers' concept of the actualising tendency as an operational premise in Client-Centered Therapy. Rogers' concept of the relation of the actualizing tendency and the fully functioning person is clarified. The role of the actualising tendency as a functional cognitive underpinning in Client-Centered Therapy is demonstrated by reviewing and commenting upon a client-centred therapy segment.

The client-centred therapist implements the actualising tendency by creating a specific interpersonal climate during the therapy session. This climate is created by means of the therapist experiencing and communicating certain attitudes toward the client. These attitudes are identified as the qualities of congruency, unconditional positive regard, and accurate empathy. These were considered by Rogers to be the necessary and sufficient conditions for constructive personality change. Since the experience of

these attitudes by the client fosters an individual's actualising tendency, the client-centred therapist trusts the client to move forward in a constructive direction without intervening and assuming therapeutic expertise about the client. The constructive forward movement of the client is propelled by the sole and inherent motivation in human beings; that is, the actualising tendency.

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