

Summary and Evaluation of Carl Rogers' Necessary and Sufficient Conditions of Therapeutic Personality Change

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The Necessary and Sufficient Conditions

Carl Rogers (1957) posited six necessary and sufficient conditions of therapeutic personality change. He proposed that “if all six conditions are present, then the greater the degree to which Conditions 2 to 6 exist, the more marked will be the constructive personality change in the client” (In Kirschenbaum, 2007, p. 830). Rogers’ six conditions appear in *The Necessary and Sufficient Conditions of Therapeutic Personality Change* (1992) as follows:

- 1) Two persons are in psychological contact.
- 2) The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
- 3) The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
- 4) The therapist experiences unconditional positive regard for the client.
- 5) The therapist experiences an empathic understanding of the client’s internal frame of reference and endeavors to communicate this experience to the client.
- 6) The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved (p. 827).

Condition 1: Psychological Contact

Rogers’ first condition is hypothetical. Client change outside of the context of a relationship may be possible, since Rogers’ research presumed the presence of a client-therapist relationship. Alternatively,

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people can naturally evolve and change without direct influence from others. Accordingly, Bozarth (1988) proposes that the core conditions are “not necessarily necessary, but always sufficient.”

Condition 2: Client Incongruence

The second condition identifies incongruence as the state of being that compels the client to seek therapeutic intervention. Rogers (1957, p. 828) defines incongruence as “a discrepancy between the actual experience of the organism and the self picture of the individual insofar as it represents that experience....” Furthermore, “...there is a fundamental discrepancy between the experienced meaning of the situation as it registers in his organism and the symbolic representation of that experience in awareness in such a way that it does not conflict with the picture he has of himself.” When a person perceives their incongruence, a state of anxiety is produced and they may wish to seek help.

Condition 3: Counselor Congruence

The third condition establishes that the therapist must strive to be congruent in the therapy relationship. Congruence is a stable and balanced state of self-experience and self-perception. Experience and self-awareness depend upon one another, while genuineness expresses that interdependency. Congruence is “a therapeutic attitude of genuineness or wholeness...a state of integration in which self-experiences are accurately symbolized and which, if true of all self-experiences all the time, would lead the individual to being a fully functioning person...” (Tudor & Merry, 2006, p. 29).

Rogers thought therapists should be as genuine as possible during therapy. Genuineness involves attempting to not put on facades for the client. Rogers moreover considered the therapeutic relationship to be the most important part of effective therapy. “It is not necessary (nor is it possible) that the therapist be a paragon who exhibits this degree of integration, of wholeness, in every aspect of his life” (Rogers, 1957, p. 828). However, therapeutic relationships can be compromised by a less than fully functioning therapist. “...Rogers (1959) suggests

that openness to experience, psychological adjustment, extensionality and maturity, all derive from the concept of congruence” (Tudor & Merry, 2006, p. 29).

Rogers (1957) considered “congruence - the ability of the therapist to be his or her true feelings – the most essential of the essential conditions. Neither positive regard nor empathy could be meaningful, he thought, ‘unless they are real, so I must first of all be integrated and genuine within the therapeutic encounter’” (Rogers & Woods, 1974, p. 236). A recent formulation on the significance of congruence is provided by Klein, Kolden, Michels, and Chishold-Stockard (2002), who discuss congruence as a needed prerequisite of unconditional positive regard and empathy.

Condition 4: Unconditional Positive Regard

The fourth condition emphasizes that the therapist must endeavor to have unconditional positive regard (UPR) for the client. On unconditional positive regard, Rogers (1957, p. 829) says, “It means a caring for the client, but not in a possessive way or in such a way as simply to satisfy the therapist’s own needs. It means a caring for the client as a separate person, with permission to have his own feelings, his own experiences.” Other terms utilized in reference to UPR include warmth, respect and even love. Unconditional positive regard is not a technique or skill that a therapist can acquire, but a system of values and an integrated part of the person.

Unconditional positive regard helps to foster a foundation of trust that enables the therapeutic relationship to flourish. Tudor and Merry (2006) define UPR as “a consistent acceptance of each aspect of a person’s experience...it involves feelings of acceptance for both so-called ‘positive’ and ‘negative’ aspects of a person, and can be expressed as non-possessive caring for a person as a separate individual” (p. 146). Clients should “experience UPR as a quality exhibited by their therapist that makes it possible for them to express any part of themselves and their experience without the fear that they will be judged as persons” (Tudor and Merry, 2006, p. 146).

Condition 5: Empathy

In the fifth condition, the therapist attempts to understand the client's world from the client's internal frame of reference, and communicates this experience to the client. Empathic understanding comes from grasping the true meanings of experience within the client's perspective. "To sense the client's private world as if it were your own, but without ever losing the 'as if' quality...to sense the client's anger, fear, or confusion as if it were your own, yet without your anger, fear, or confusion getting bound up in it" (Rogers, 1957, p. 829).

According to Donner (1991, p. 53), "in any therapy in which relationship serves as the crucible for change, *empathy is imperative*, as it is the connection which sparks the relationship [italics added]. Without empathy there is no meaningful relationship and no access to experiences and data by which the self becomes known. Only empathy can offer a convincingly safe invitation to a meeting attended by patient and therapist in which the subjective world of the patient creatively unfolds. As such, empathy is a prerequisite for all other therapeutic interventions."

Rogers addressed empathy as three ways of knowing: subjective, interpersonal, and objective. Within the subjective way of knowing, individuals have capacities for empathic understanding of their own internal frame of reference. They attempt to comprehend implicit meanings of experience in the interactions between individual and external stimuli and cues. In interpersonal knowing, "The direction of an individual's empathy is toward another person in an effort to grasp his or her phenomenological functioning. In a therapeutic context, a counselor or therapist momentarily restrains one's own subjective views and values when the focus is on a client's frame of reference" (Clark, 2004, p. 143). Finally, in the objective way of knowing, empathic understanding is directed toward groups who have a frame of reference that is external.

"Rogers recognized the importance of an objective way of knowing with respect to highly regarded advances in science and technology, and he cites examples from physics and psychology that involve inherent human qualities and limitations in the pursuit of

objective knowledge” (Clark, 2004, p. 143). But Rogers advocated most strongly for the interpersonal way of knowing, because he believed that it was interpersonal knowing that cultivated a psychologically safe environment where the client could be encouraged to share perspectives from his or her own frame of reference.

Condition 6: Communication of Conditions Achieved/Perceived

Rogers (1959) postulated that it is enough that the therapist demonstrates empathy toward the client’s internal frame of reference and the client perceives the empathic understanding. Ways therapists can receive and convey understanding are potentially infinite, and may involve bodily movements, attentiveness, and eye contact toward the client. The therapist can verbally reaffirm what the client is saying by using reflective statements, which serve as mirrors of the client’s experience. Reflective statements also help the client to clarify further a statement or feeling.

Ruth Sanford (personal communication with Jo Cohen Hamilton June 17, 2009) posited that unconditional positive regard, empathy and genuineness are not separate conditions, but that these three concepts are intertwined. Rogers thought that the therapeutic process could not be initiated unless all of the conditions work off each other to allow the maximum potential of the client to be realized.

The sixth condition ties unconditional positive regard and empathic understanding together as the therapist successfully communicates these therapeutic interventions to the client. Rogers (1957) posited “The client perceives the acceptance and empathy which the therapist experiences for him. Unless some communication of these attitudes has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned” (p. 830).

Praise and Criticism of the Core Conditions

Wachtel

Wachtel (2007, p. 280) considers Rogers’ true aim to contrast with psychoanalysis. It was “not to enable the client to see what he or

she had been unconsciously thinking and feeling all along if only he or she could acknowledge it, but rather to develop the thoughts and feelings that were incipient but blocked by anxiety and self-disparagement.” Wachtel (2007) also compares unconditional positive regard to the psychoanalytic concept of neutrality. Neutrality means that the therapist does not make judgments on the client, nor direct the client in a specific direction, but instead aims at understanding the individual in his or her own terms. Because it is difficult to define and plagued by ambiguities, says Wachtel, neutrality is not as worthwhile a formulation for a therapeutic relationship as unconditional positive regard. Still, Wachtel (2007, p. 280) argues that “being in a relationship with the patient, while a crucial grounding condition, is necessary but not sufficient.”

Farber

According to Farber (2007) “while each of the conditions that Rogers postulated has been linked to positive therapeutic outcome, taken together they have never been conclusively proved (nor disproved) to be either necessary or sufficient for positive outcome” (p. 289). Farber notes that some of Rogers’ terminology was rooted in psychoanalysis, and that he referred to therapeutic outcomes as: “greater integration, less internal conflict, more energy utilizable for effective living; change in behavior away from behavior generally regarded as immature and toward behavior regarded as mature.” (in Farber, 2007, p. 290) Farber additionally notes that “Rogers specified ‘personality change; at both ‘surface and deeper levels’ as his therapeutic goal, which seems inconsistent with the essential client-centered notion of non-directiveness.

Hill

Hill (2007, p. 261) found a correlation exists in psychotherapy research, between the therapeutic relationship and outcome. The relationship may not be either necessary or sufficient for any kind of change, says Hill, but it makes a big difference in therapy. Hill (2007) cites Asay and Lambert’s research on the client’s active role in the

change process (about 40% of improvement in outcome is due to client variables). Three client qualities which seem especially helpful are: a self-healing ability, the willingness for change, and involvement in therapy. For Hill (2007), the concept of unconditional positive has conceptual concerns, is not a clearly defined construct, and seems to overlap with empathy and genuineness. Hill quotes Lietaer's 1984 position that "UPR and genuineness are parts of a more basic attitude of 'openness,' but that there is inherent tension between the two constructs in that therapists' own issues influence how much they can truly accept others, and it is impossible to be consistently and genuinely unconditional" (as cited in Hill, 2007, p. 262). Hill also points to Duan and Hill's 1996 observation that Rogers' use of the word sensing instead of feeling in regards to empathy (as cited in Hill, 2007), indicates a cognitive type rather than an emotional empathy or attunement to the client. Of course empathy cannot be the same for every individual client, and Hill (2007) speculates that "preferences for different types of empathy or alliance are based on attachment history...clients with an avoidant attachment history might prefer a distant relationship with a therapist, whereas clients who are insecure or dependent might prefer an extremely close therapeutic relationship" (p. 262). Such factors are not explicit in the person-centered approach.

Bohart, Elliott, Greenberg, and Watson

Bohart, Elliott, Greenberg, & Watson (2002) believe that empathy may lead to positive outcomes for numerous reasons. Because empathy increases client fulfillment with therapy, it may increase compliance with therapeutic interventions. It may give a curative emotional experience, which may allow clients to feel worthy of respect. Empathy promotes the client to explore feelings, may facilitate emotional re-processing, and may encourage clients' efforts for personality change.

Silberschatz

Silberschatz (2007) found that Rogers' six conditions were necessary for therapeutic initiation but not sufficient in all cases.

Silberschatz (2007) posited that while Rogers thought the relationship alone could determine the success of the therapy, the author found “although many patients undoubtedly benefit enormously from the therapist-offered conditions and relationship qualities that Rogers described, there are patients who require more technical approaches (e.g., interpretations, homework, relaxation techniques, mindfulness training, etc.)” (p.266).

Silberschatz (2007) also takes into account that it is not universally helpful for the therapeutic stance to be a warm, accepting and unconditional one, and at times it may turn out to be detrimental. Silberschatz (2007) also addresses that Rogers’ model did not consider patient factors in the therapeutic process of change. “Patients clearly differ in their abilities to utilize treatment, and such differences account – at least to some extent – for therapeutic changes. Patient factors such as motivation or readiness for change, level or quality of attachment style, reality testing, emotional regulation, and severity and chronicity of problems all play some role in predicting therapy outcome” (Silberschatz, 2007, p. 266).

Personal Reaction to Application of Theory

It was interesting to see an actual demonstration of client-centered therapy at the person-centered conference. The most marked was a situation in which the therapist used silence the entire time, which I believe worked because he knew his client very well and they were friends. The practical application of the theory and therapy were very beneficial to me. I was awakened to see different therapeutic styles of the therapists, all of whom considered themselves person-centered. One therapist was able to show empathy very well to her client as she continually reflected back what the client was saying. This was very helpful in aiding the client to express herself more fully, which helped the therapist to know if she was correct in understanding what the client was trying to express.

I learned quite a bit about intentionality at the conference. A lot of people seemed to get upset if they thought a therapist was not strictly practicing person-centered therapy. I don’t believe that Rogers would be so upset if a therapist used a multi-directional approach. The

person-centered theory is more about the positive therapeutic attitudes that the therapist should adopt if the therapy is going to be successful; not about specific techniques or procedures. Rogers (1957) posited that unconditional positive regard may never exist except within theory, and his concept of empathy was hard to measure and define. In my opinion, being person-centered does not mean strict adherence to one set of principles, but is a basic foundation and set of values. I believe that clients may benefit from cognitive or behavioral assignments, such as homework, and would have no qualms in utilizing these techniques. In utilizing various techniques, but still embodying the person-centered mind-set, I would not consider myself to be less person-centered. The most important aim of therapy is to help the client, after all. Some people think that person centered therapy does not have enough structure but I like the freedom the approach allows. It gives a quality of being able to adapt and change. I think the person centered theory provides this liberty compared to more rigid approaches to therapy.

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