

The Central Role of the Therapeutic Alliance: A Simulated Interview with Carl Rogers

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Abstract Carl Rogers developed Client-Centered Therapy as a comprehensive model of effective counseling and therapy. Rogers emphasized the central role of the therapeutic alliance and its three primary components in effective psychotherapy. First, empathy is required for the therapist to understand the client's subjective phenomenological experience. Second, unconditional positive regard helps to create a safe, warm, tolerant, and accepting environment in the treatment setting. Third, congruence requires the therapist to remain genuine, open, and honest throughout all therapeutic interactions. Rogers proposed that these three components were necessary and sufficient for enabling positive growth during therapy. The present manuscript highlights some of the clinical insights and strategies reported by Carl Rogers over his career, using a simulated interview format to provide an engaging dialogue.

Keywords Psychotherapy · Alliance · Client-Centered

The therapeutic alliance plays a central role in all forms of psychotherapy. Throughout his career, Carl Rogers emphasized the importance of the therapeutic relationship. Unfortunately, the pioneering work of Rogers seems to be neglected by the current generation of student therapists. Many trainees are familiar with Carl Rogers at a superficial level, but few have read Rogers' original works. The present paper provides a simulated interview of Carl R. Rogers (CRR) discussing issues with James C. Overholser (JCO) during which many topics related to contemporary psychotherapy are examined.

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JCO: What is your opinion of graduate training in psychotherapy?

CRR: "It seems to me that most of our professional training programs make it more difficult for the individual to be himself, and *more* likely that he will play a professional role. Often he becomes so burdened with theoretical and diagnostic baggage that he becomes *less* able to understand the inner world of another person as it seems to that person" (Rogers, 1962a, p. 428).

JCO: So what skills are needed to become a good therapist?

CRR: "The essential elements appear to be not technical knowledge nor ideological sophistication, but personal human qualities – something the therapist *experiences*, not something he *knows*" (Rogers, 1965a, p. 107). "I believe the quality of my encounter is more important in the long run than is my scholarly knowledge, my professional training, my counseling orientation, the techniques I use in the interview" (Rogers, 1962a, p. 416).

JCO: In your view, what factors are key to successful psychotherapy?

CRR: "Personality change is initiated by *attitudes* which exist in the therapist, rather than primarily by his knowledge, his theories, or his techniques" (Rogers, 1961b, p. 41). "I think that therapy is most effective when the therapist's goals are limited to the process of therapy and not the outcome" (Rogers, in Baldwin, 1987, p. 47).

JCO: So an effective therapist focuses on the process that occurs in session?

CRR: "Constructive personality growth and change comes about only when the client perceives and experiences a certain psychological climate in the relationship" (Rogers, 1962a, p. 422).

- JCO: Can you describe the psychological climate that seems essential to effective psychotherapy?
- CRR: “The therapist is most effective if he is: (a) genuine, integrated, transparently real in the relationship; (b) acceptant of the client as a separate, different person, and acceptant of each fluctuating aspect of the client as it comes to expression; and (c) sensitively empathetic in his understanding, seeing the world through the client’s eyes” (Rogers, 1961a, p. 397).
- JCO: How does the therapist use these qualities to help the client?
- CRR: “In the interchange of the moment, I don’t think my mind is filled with the thought of ‘now I want to help you.’ It is much more ‘I want to understand you’” (Rogers, 1960, p. 215). “The more the therapist is perceived by the client as being genuine, as having an empathic understanding, and an unconditional regard for him, the greater will be the degree of constructive personality change in the client” (Rogers, 1961b, p. 32).
- JCO: How quickly does the therapeutic relationship develop?
- CRR: “The different attitudinal elements of the therapeutic relationship appear to stabilize rather early in therapy and to remain at a rather consistent level throughout therapy” (Rogers, 1967a, p. 76).
- JCO: How have your ideas evolved over the years?
- CRR: “In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?” (Rogers, 1956a, p. 9).
- JCO: What advice can you give the novice who is just learning to do psychotherapy?
- CRR: “Very early in my work as a therapist I discovered that simply listening to my client, very attentively, was an important way of being helpful. So when I was in doubt as to what I should do, in some active way, I listened. It seemed surprising to me that such a passive kind of interaction could be so useful” (Rogers, 1975, p. 2).
- JCO: So listening has curative powers?
- CRR: “I had learned through hard and frustrating experiences that simply to listen understandingly to a client and to attempt to convey that understanding were potent forces for individual therapeutic change” (Rogers, 1974a p. 116).
- JCO: Are you recommending that a good therapist should passively listen and encourage the client to keep talking?
- CRR: “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” (Rogers, 1951, p. 27).
- JCO: Would you say that Client-Centered Therapy is the same as supportive psychotherapy?
- CRR: “Therapy, it cannot be stressed enough, is not merely being “nice” to a person in trouble. It is helping that person to gain insight into himself, to adjust to human relationships, with their positive and negative aspects, in a healthy fashion” (Rogers, 1942, p. 105).
- JCO: But doesn’t the client-centered therapist frequently repeat back statements made by the client?
- CRR: “He does not merely repeat his client’s words, concepts, or feelings. Rather, he seeks for the meaning implicit in the present inner experiencing toward which the client’s words and concepts point” (Rogers, 1966a, pp. 190–191).
- JCO: What is the primary goal that you try to accomplish in therapy?
- CRR: “Where client-centered therapy is judged to have been successful, an observable change in the direction of maturity of behavior takes place in the client” (Rogers, 1954a, p. 236). “When the counselor perceives and accepts the client as he is, when he lays aside all evaluation and enters into the perceptual frame of reference of the client, he frees the client to explore his life and experience anew” (Rogers, 1949, p. 94).
- JCO: So changing attitudes will change behavior?
- CRR: “Appropriate changes in behavior occur when the individual acquires a different view of his world of experience, including himself” (Rogers, 1947, p. 362).
- JCO: What do you see as the primary benefits that clients can achieve from therapy?
- CRR: “The individual, after therapy, will behave in ways which are less defensive, more socialized, more accepting of reality in himself and in his social environment, and will give more evidence of a socialized system of values” (Rogers, 1954a, p. 216).
- JCO: What do you see as the central problem that must be addressed in therapy?
- CRR: “If I were to search for the central core of difficulty in people as I have come to know them, it is that in the great majority of cases they despise themselves, regard themselves as worthless and unlovable. To be sure, in some instances this is covered by pretension, and in nearly all of us these feelings are covered by some kind of facade” (Rogers, 1956d, p. 14).
- JCO: So in simple terms, most clients dislike themselves?
- CRR: “The client tends to enter therapy regarding himself critically, feeling more or less worthless, and judging himself quite largely in terms of standards set by others. He has an ideal for himself, but sees this ideal as

very different from his present self” (Rogers, 1951, p. 141).

JCO: Do you feel therapy should try to promote more positive self-esteem?

CRR: “The characteristic person who enters therapy has a picture of himself which is far removed from—or even negatively correlated with—the concept of the person he would like to be. This seems to indicate a considerable degree of inner distress or tension. During the process of therapy sufficient change occurs so that at the conclusion of therapy, and at the follow-up point, there is a significantly greater congruence of self and ideal” (Rogers, 1954b, pp. 416–417).

JCO: So, how does therapy help to change the client’s negative view of self?

CRR: “In the rapport situation, where he is accepted rather than criticized, the individual is free to see himself without defensiveness, and gradually to recognize and admit his real self with its childish patterns, its aggressive feelings, and its ambivalences, as well as its mature impulses, and rationalized exterior” (Rogers, 1940, p. 162).

JCO: How much should the therapist help guide the client toward more constructive actions?

CRR: “Advice, suggestion, pressure to follow one course of action rather than another—these are out of place in therapy” (Rogers, 1942, p. 89). “The more I can keep a relationship free of judgment and evaluation, the more this will permit the other person to reach the point where he recognizes that the locus of evaluation, the center of responsibility, lies within himself” (Rogers, 1958, p. 14).

JCO: Why do you view therapy as a nondirective process?

CRR: “The therapist at his best does not suggest, advise, or persuade. He does not assume responsibility for the client’s decisions. Instead he encourages the individual . . . to take the responsibility for making new choices” (Rogers, 1940, pp. 162–163). “By accepting the client’s communication as significant, by keeping responsibility as much as possible with the client, by permitting the locus of evaluation to reside in the client, he encourages independence, and strengthens the client in a conception of himself as a worthy person, capable of coping with life” (Rogers, 1967b, p. 520).

JCO: What are your thoughts on the notion of guided discovery as a process in therapy?

CRR: “From the first the client is made aware of the fact that the counselor does not have the answers, but that the counseling situation does provide a place where the client can, with assistance, work out his own solutions to his problems.” (Rogers, 1942, pp. 32–33). “Real therapy relies for its motivation upon the im-

pulses toward growth and normality which exist in every individual” (Rogers, 1942, pp. 200–201).

JCO: I assume that you are opposed to psychoeducational strategies in treatment.

CRR: “It seems to me that anything that can be taught to another is relatively inconsequential, and has little or no significant influence on behavior . . . I have come to feel that the only learning which significantly influences behavior is self-discovered, self-appropriated learning” (Rogers, 1961a, p. 276).

JCO: How important is diagnosis?

CRR: “Diagnostic knowledge and skill is not necessary for good therapy” (Rogers, 1946a, p. 421).

JCO: But I was taught that evaluation is a key part of the initial stage of therapy.

CRR: “When the client is evaluated and comes to realize clearly in his own experience that this evaluation is more accurate than any he has made himself, then self-confidence crumbles, and a dependent relationship is built up. When the therapist is experienced as “knowing more about me than I know myself,” then there appears to the client to be nothing to do but to hand over the reins of his life into these more competent hands” (Rogers, 1951, pp. 215–216).

JCO: But shouldn’t the therapist bring a certain level of expertise to each session?

CRR: “Our first reaction to most of the statements which we hear from other people is an immediate evaluation, or judgment, rather than an understanding of it . . . very rarely do we permit ourselves to understand precisely what the meaning of his statement is to him” (Rogers, 1961a, p. 18).

JCO: What do you think is the most difficult aspect of conducting psychotherapy sessions?

CRR: “Probably the most difficult skill to acquire in counseling is the art of being alert to and responding to the feeling which is being expressed, rather than giving sole attention to the intellectual content” (Rogers, 1942, p. 133).

JCO: How can we help clients to become more in tune with their emotional experiencing?

CRR: “One of the major purposes of the counselor is to help the client to express freely the emotionalized attitudes which are basic to his adjustment problems and conflicts . . . Primarily the counselor endeavors to respond to, and verbally recognize, the feeling content, rather than the intellectual content, of the client’s expression” (Rogers, 1942, p. 173).

JCO: I guess I am still not clear on the technique of reflection of feelings.

CRR: “From my point of view as a therapist, I am *not* trying to “reflect feelings.” I am trying to determine whether my understanding of the client’s inner world is

correct—whether I am seeing it as he or she is experiencing at this moment So I suggest that these therapists' responses be labeled not "reflections of feeling," but "testing understandings," or "checking perceptions" (Rogers, 1986a, p. 375).

JCO: Why is it so important to focus on feelings?

CRR: "When the counselor responds on an intellectual basis to the ideas which the client expresses, he diverts expression into intellectual channels of his own choosing, he blocks the expression of emotionalized attitudes, and he tends wastefully to define and solve the problems in his own terms, which are often not the true terms for the client. On the other hand, when the counselor continually keeps himself alert not only to the content which is being stated, but to the feelings which are being expressed, and responds primarily in terms of the latter element, it gives the client the satisfaction of feeling deeply understood, it enables him to express further feeling, and it leads most efficiently and most directly to the emotional roots of his adjustment problem" (Rogers, 1942, p. 141).

JCO: So the therapist works to expand the client's awareness of feelings?

CRR: "Certainly, one of the significant goals of any counseling experience is to bring into the open those thoughts and attitudes, those feelings and emotionally charged impulses, which center around the problems and conflicts of the individual" (Rogers, 1942, p. 131).

JCO: But doesn't this awareness cause distress in the client?

CRR: "Before counseling can be effective, the tensions created by these conflicting desires and demands must be more painful to the individual than the pain and stress of finding a solution to the conflict" (Rogers, 1942, p. 54). "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" (Rogers, 1951, p. 149).

JCO: How does self-awareness facilitate therapeutic change?

CRR: "I have found that when man is truly free to become what he most deeply is, free to actualize his nature as an organism capable of awareness, then he clearly appears to move toward wholeness and integration" (Rogers, 1966a, p. 193). "In regard to his feelings and personal meanings, he moves away from a state in which feelings are unrecognized, unowned, unexpressed. He moves toward becoming a flowing process in which ever-changing feelings are experienced in the moment, knowingly and acceptingly, and may be accurately expressed" (Rogers, 1966a, p. 192).

JCO: So self-awareness promotes self-acceptance?

CRR: "During therapy the concept of self is revised to assimilate basic experiences which have previously been

denied to awareness as threatening" (Rogers, 1954b, p. 418). "He discovers how much of his life is guided by what he thinks he *should* be, not by what he is" (Rogers, 1956b, p. 17).

JCO: I worry that some clients could be fairly evil, and they might take advantage of the support offered by a kindly therapist.

CRR: "Yes, there are all kinds of evil abounding in the world, but I do not believe this is inherent in the human species any more than I believe that animals are evil" (Rogers, 1987, p. 202). "I do not believe that people are genetically evil. Something must have happened after birth to warp them" (Rogers, in Baldwin, 1987, p. 50). "The innermost core of man's nature . . . is positive in nature—is basically socialized, forward-moving, rational and realistic" (Rogers, 1961a, p. 91). "The basic nature of the human being, when functioning freely, is constructive and trustworthy" (Rogers, 1963a).

JCO: I hate to be disrespectful, but this sounds like a Pollyanna view of life.

CRR: "I do not have a Pollyanna view of human nature. I am quite aware that out of defensiveness and inner fear individuals can and do behave in ways which are horribly destructive, immature, regressive, antisocial, hurtful. Yet, one of the most refreshing and invigorating parts of my experience is to work with such individuals and to discover the strongly positive directional tendencies which exist in them, as in all of us, at the deepest levels" (Rogers, 1995, p. 21).

JCO: How do you deal with defensiveness or resistance in therapy?

CRR: "By creating a relationship that is safe, the client has no need to resist the therapist" (Rogers, 1986a).

JCO: So how do we accomplish this?

CRR: "The main aim of the counselor is to assist the client to drop any defensiveness, any feeling that attitude should not be brought into the open, any concern that the counselor may criticize or suggest or order. If this aim can be accomplished, then the client is freed to look at the total situation in its reality, without having to justify or protect himself. It is then that he can see relationships clearly, and can recognize the hitherto hidden impulses within himself" (Rogers, 1942, p. 195).

JCO: Many traditional therapists view the goal of psychotherapy is insight. What is your conceptualization of insight?

CRR: "In counseling, insight generally involves a choice between goals which give immediate and temporary satisfaction, and those which offer delayed, but more permanent, satisfactions" (Rogers, 1942, p. 210).

- JCO: That sounds surprisingly behavioral in orientation.
- CRR: “Direct attempts to alter habits are time-consuming and fruitless” (Rogers, 1956c, p. 119). “Therapy can only help an individual to find increased satisfactions, to adopt a course of action which is in the long run more rewarding. All too often the counselor acts as though he were endeavoring to force the client to give up satisfactions. This is quite impossible, unless more meaningful rewards are substituted” (Rogers, 1942, p. 209).
- JCO: How does a therapist facilitate this process?
- CRR: “The counseling relationship is a releasing, non-threatening relationship which makes it possible for him to consider his choices with greater objectivity and select those which offer the deepest satisfaction” (Rogers, 1942, p. 209).
- JCO: Is this a cognitive process in the client?
- CRR: “The individual has within himself the capacity, at least latent, to understand the factors in his life that cause him unhappiness and pain, and to reorganize himself in such a way as to overcome those factors” (Rogers, 1952a, p. 66). “The client has the capacity to come to a profound, accurate, and meaningful awareness of his own hidden motives and patterns” (Rogers, 1952b, p. 19).
- JCO: How does psychotherapy facilitate a process of self-discovery?
- CRR: “The more deeply he relies upon the strength and potentiality of the client, the more deeply does he discover that strength” (Rogers, 1951, p. 48). “The individual has within himself or herself vast resources for self-understanding, for altering his or her self concept, attitudes, and self-directed behavior” (Rogers, 1986b, p. 197). “The client can arrive at a richer, truer, more sensitive understanding of his own significant patterns than can possibly be given to him by a therapist” (Rogers, 1952b, p. 20).
- JCO: This whole process seems to focus heavily on the self. Shouldn’t therapy try to improve the client’s relationships with others?
- CRR: “The client perceives others in much the same terms that he perceives himself, and alteration in self perception brings about changes in the way others are perceived” (Rogers, 1951, p. 117).
- JCO: So if clients look at themselves differently, they should get better?
- CRR: “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” (Rogers, 1951, p. 139).
- JCO: How does therapy promote independence?
- CRR: “Clients in client-centered therapy tend to decrease in the extent to which they rely for guidance upon the values and expectations of others, and . . . they tend to increase in reliance upon self-evaluations based upon their own experiences” (Rogers, 1961a, p. 250).
- JCO: Can you explain your views of unconditional positive regard in therapy?
- CRR: “To the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client’s experience as being a part of that client, he is experiencing unconditional positive regard. It means that there are no conditions of acceptance, no feelings of ‘I like you only if you are thus and so’. It means a ‘prizing’ of the person” (Rogers, 1957, p. 98).
- JCO: Does unconditional positive regard mean that the therapist must approve of anything the client does?
- CRR: “An unconditional positive regard for the client . . . means that the therapist communicates to the client a deep and genuine caring for him as a person with human potentialities, a caring uncontaminated by evaluations of the patient’s thoughts, feelings, or behavior. The therapist experiences a warm acceptance of the client’s experience as a part of that person and places no conditions on his acceptance or warmth” (Rogers, 1966a, p. 186).
- JCO: What do you mean by “acceptance”?
- CRR: “By acceptance I mean a warm regard for him as a person of unconditional self-worth—of value no matter what his condition, his behavior, or his feelings” (Rogers, 1956a, p. 10).
- JCO: Why is unconditional positive regard so important?
- CRR: “By being accepting and nonjudgmental of the feelings within the client, the therapist is modeling a non-judgmental self-acceptance in the client” (Rogers, in Baldwin, 1987, p. 47). “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” (Rogers, 1951, p. 160). “I believe that the person can only accept the unacceptable in himself when he is in a close relationship in which he experiences acceptance” (Rogers, 1966b, p. 71).
- JCO: I would think that acceptance could make clients *less* motivated to change.
- CRR: “If I accept the other person as something fixed, already diagnosed and classified, already shaped by his

past, then I am doing my part to confirm this limited hypothesis. If I accept him as a process of becoming, then I am doing what I can to confirm or make real his potentialities” (Rogers, 1958, p. 14).

JCO: But it seems to take more than just social acceptance in order to promote change in clients.

CRR: “In therapy, with its climate of acceptance and safety and its freedom to explore one’s feelings whatever they may be, it becomes possible for the client to experience the feelings that have not been admitted into his concept of self. Once experienced in an accepting climate, they can gradually be incorporated into his self-picture, and he thereby achieves more unity and integration between the person he organismically is and the self he perceives himself as being” (Rogers, 1966a, p. 192).

JCO: How should a therapist convey an attitude of approval or acceptance?

CRR: “The security which the client feels . . . does not come from approval by the counselor, but from something far deeper—a thoroughly consistent acceptance. It is this absolute assurance that there will be no evaluation, no interpretation, no probing, no personal reaction by the counselor, that gradually permits the client to experience the relationship as one in which all defenses can be dispensed with—a relationship in which the client feels, “I can be the real me, no pretenses” (Rogers, 1951, pp. 208–209). “Acceptance does not mean much until it involves understanding. It is only as I understand the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre—it is only as I see them as you see them, and accept them and you that you feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience” (Rogers, 1961a, p. 34).

JCO: Can you share your thoughts on empathy?

CRR: “Accurate empathic understanding means that the therapist is completely at home in the universe of the client. It is a moment-to-moment sensitivity in the here and now, in the immediate present. It is a sensing of the client’s inner world of private personal meanings as if it were your own, while never forgetting that it is not yours” (Rogers, 1966a, p. 187). “Empathy is in itself a healing agent. It is one of the most potent aspects of therapy” (Rogers, 1987, p. 181).

JCO: I am still not clear about how empathy can cure?

CRR: “When the counselor can grasp the moment-to-moment experiencing occurring in the inner world of the client as the client sees it and feels it, then change is likely to occur” (Rogers, 1962a, p. 420). “Empathic understanding, when it is accurately and sensitively

communicated, seems crucially important in enabling the client more freely to experience his inward feelings, perceptions, and personal meanings. When he is thus in contact with his inward experiencing, he can recognize the points at which his experience is at variance with his concept of himself, and consequently, where he is endeavoring to live by a false conception. Such recognition of incongruence is the first step toward its resolution and the revision of the concept of self” (Rogers, 1966a, p. 187).

JCO: So the therapist uses empathy to guide the process of therapy?

CRR: “It is the counselor’s function to assume, insofar 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” (Rogers, 1951, p. 29).

JCO: What is required to bring empathy to a dialogue?

CRR: “To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another’s world without prejudice” (Rogers, 1975, p. 4).

JCO: How does empathy facilitate other aspects of therapy?

CRR: “Being listened to by an understanding person makes it possible for him to listen more accurately to himself” (Rogers, 1975, p. 8).

JCO: But is that enough—to help clients be themselves?

CRR: “I have come to trust persons—their capacity for exploring and understanding themselves and their troubles, and their ability to resolve those problems—in any close, continuing relationship where I can provide a climate of real warmth and understanding” (Rogers, 1973, p. 10).

JCO: What do you mean by genuineness?

CRR: “Genuineness in therapy means that the therapist is his actual self during the encounter with his client. Without facade, he openly has the feelings and attitudes that are flowing in him at the moment” (Rogers 1966a, p. 185).

JCO: So a therapist should disclose thoughts and feelings?

CRR: “I need to be aware of my own feelings, in so far as possible, rather than presenting an outward façade of one attitude, while actually holding another attitude at a deeper or unconscious level. Being genuine also involves the willingness to be and to express, in my words and my behavior, the various feelings and attitudes which exist in me. It is only in this way that the relationship can have reality” (Rogers, 1961a, p. 33).

- JCO: So genuineness in the therapist promotes genuineness in the client?
- CRR: “The more genuine and congruent the therapist in the relationship, the more probability there is that change in personality will occur” (Rogers, 1965a, p. 97).
- JCO: How does a novice therapist develop skill in genuineness?
- CRR: “The therapist should be, within the confines of this relationship, a congruent, genuine, integrated person. It means that within the relationship he is freely and deeply himself” (Rogers, 1957, p. 97).
- JCO: This sounds easy—just be yourself.
- CRR: “I feel that to listen to oneself accurately and to be ‘that which one truly is’ in the relationship with the client is one of the most difficult and demanding tasks I know” (Rogers, 1959, p. 310).
- JCO: So how does genuineness help promote positive change?
- CRR: “The therapist has the most to offer when what he transparently feels is a warmth and concern for his client, a willingness to accept the otherness of this person no matter how bizarre or deviant the feelings and behavior may be” (Rogers, 1959, p. 73).
- JCO: But genuineness seems dangerous in therapy?
- CRR: “It is preferable for the therapist to be real than to put on a false posture of interest, concern, and liking that the client is likely to sense as false” (Rogers 1966a, p. 185).
- JCO: In an effort to be genuine in therapy, should the therapist disclose his or her own personal issues to the client?
- CRR: “It does not mean that the therapist burdens his client with overt expression of all his feelings. Nor does it mean that the therapist discloses his total self to the client. It does mean, however, that the therapist denies to himself none of the feelings he is experiencing and that he is willing to experience transparently any persistent feelings that exist in the relationship and to let these be known to his client. It means avoiding the temptation to present a facade or hide behind a mask of professionalism” (Rogers 1966a, p.185).
- JCO: What is your opinion about the emphasis on empirical support for psychotherapy?
- CRR: “Though I have enormous admiration for what science has achieved and for the method of science, yet applied to the study of man I don’t like the fact that it always leads in the direction of reductionism” (Rogers, 1968, p. 162). “There is no special virtue attached to the policy of limiting our theories to observable behaviors” (Rogers, 1963b, p. 88). “It is obvious that an important aspect of life—the meaningfulness of experience—cannot possibly be adequately studied by conventional empirical methods” (Rogers, 1985, p. 16).
- JCO: Many academic psychologists believe that psychotherapy is too subjective.
- CRR: “The client-centered point of view puts a primary value on the subjective human being and believes that a thoroughly objective and empirical science can be utilized as one of the means and tools by which the human being can discover new ways to self-development and new means of achieving subjectively chosen goals. It thus places a secondary value on scientific method as a *tool*, rather than making scientific method a primary end in itself” (Rogers, 1974b, p. 10).
- JCO: Can we integrate the skill of therapy with the scientific methodology?
- CRR: “It has been demonstrated beyond question that psychotherapy may become a science, applied with art, rather than an art which has made some pretense of being a science” (Rogers, 1946b, p. 588).
- JCO: What can be done now to improve the field of psychotherapy?
- CRR: “I have heard much criticism in recent years of those who teach clinical psychology in the universities. The statement is often made that they are so intent on doing research in the field that they do no clinical work. But if what I have been saying is true, their only hope of doing *significant* research is to be immersed in clinical work” (Rogers, 1965b, p. 192).
- JCO: So how would you integrate the science and practice of psychotherapy?
- CRR: “Our science should be broad enough to include a concern with and an interest in the subjective, as well as the purely external behaviors” (Rogers & Skinner, 1962b, p. 135). “Even the meticulous analysis of the single case is seen as a source of emerging knowledge and generative hypotheses” (Rogers, 1986c, p. 258).
- JCO: Are the processes involved in psychotherapy unique to the clinical setting?
- CRR: “The kind of psychological climate which promotes growth and development is the same whether we are talking about therapy, or school, or the home” (Rogers & Skinner, 1962b, p. 140).
- JCO: Have you found any metaphors to be useful in your work?
- CRR: “My garden supplies the same intriguing question I have been trying to meet in all my professional life: what are the effective conditions for growth? But in my garden, though the frustrations are just as immediate, the results, whether success or failure, are more quickly evident. And when, through patient, intelligent, and understanding care I have provided the conditions that result in the production of a rare or glorious

bloom, I feel the same kind of satisfaction that I have felt in the facilitation of growth in a person or in a group of persons” (Rogers, 1974a, pp. 122–123).

JCO: It seems that we are out of time. Thank you for sharing your ideas. Many of your ideas have been quite influential in shaping my views of psychotherapy.

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