

Carl Rogers's Life and Work: An Assessment on the 100th Anniversary of His Birth

Howard Kirschenbaum

This article summarizes the life and work of America's most influential counselor and psychotherapist, Carl Rogers. He developed the client-centered, person-centered approach; popularized the term client; pioneered the recording of counseling cases; conducted landmark research on counseling and psychotherapy; and was a leader in the humanistic psychology movement, and more. Later, he applied the person-centered approach to resolving intergroup and international conflict. Work on the client-centered approach continues, and current research validates many of Rogers's earlier contributions.

Carl Rogers (1902–2002) was America's most influential counselor and psychotherapist—and one of its most prominent psychologists. On the occasion of the 100th anniversary of his birth, it seems fitting to review his life, work, and professional contributions and to assess his historical and current influence on counseling and counseling psychology.

EARLY YEARS

Born in Oak Park, Illinois, a suburb of Chicago, Rogers was the third son in a family of five brothers and a sister. His parents, Walter and Julia Rogers, were conservative, Protestant Midwesterners who led family prayers daily and tried to keep their children free from society's corrupt influences. Hence, Carl had few real friends outside the family. He was a sensitive child, easily hurt by the family's teasing. The expression of feelings was not encouraged in the Rogers family, so Carl's emotions and imagination were often expressed in creative school papers and childhood games. (Biographical detail throughout is derived from Kirschenbaum, 1979, 1995; Rogers, 1967; and Rogers & Russell, 2002.)

Walter Rogers owned a successful construction company business, and when Carl was a teenager, his father purchased a working farm and manor house in Glen Ellen, Illinois, where he moved the family. Here Carl developed a love of nature and a serious working knowledge of scientific method, as he and his younger brothers conducted agricultural experiments on a plot they managed. As a result, Rogers decided to become a farmer.

He enrolled in the University of Wisconsin at Madison, following in his father and older siblings' footsteps. There he made his first close friends, and after a series of Christian revival meetings, he experienced the call to religious work, switching majors from agriculture to history as a better preparation for the ministry. In his junior year, he was selected as 1 of 10 American students to attend an international Christian youth conference in China—a trip that lasted 6 months and helped broaden his religious and social philosophy. Now motivated more by the "social gospel" than theological conviction, he applied to the liberal Union Theological Seminary in New York City. Upon college graduation, he married his childhood friend and college sweetheart, art student Helen Elliott—a union that would last 55 years.

NEW YORK CITY—CHOOSING A PROFESSION

In addition to studying at the Seminary, Rogers also took psychology courses at the adjoining Teachers College of Columbia University. There his religious doubts combined with his fascination with psychology and progressive education. Influenced by instructors Leta Stetter Hollingworth, Goodwin Watson, and William Heard Kilpatrick, the leading interpreter of John Dewey's education philosophy, Rogers transferred to Teachers College to pursue a doctorate in clinical psychology.

At Columbia he was exposed to the testing and measurement movement of E. L. Thorndike, but this was balanced by his clinical fellowship at the Institute for Child Guidance, where he encountered Freudian thought, a lecture by

Howard Kirschenbaum, Department of Counseling and Human Development, Warner Graduate School of Education and Human Development, University of Rochester. This article is based on a featured presentation given at the American Counseling Association's annual conference in New Orleans, LA, on March 26, 2002. Correspondence concerning this article should be addressed to Howard Kirschenbaum, Warner School, University of Rochester, Rochester, NY 14627 (e-mail: Howard.Kirschenbaum@rochester.edu).

Alfred Adler, Rorschach testing, and other psychoanalytic and psychiatric approaches. Seeking to integrate psychological measurement with clinical practice, Rogers came to appreciate the importance of understanding clients' inner world while also objectively assessing the outcomes of treatment.

Rogers's (1931a) doctoral dissertation, in which he created a test for measuring personality adjustment in children 9 to 13 years of age, combined both subjective and objective measures, from children's self-reports of their feelings to assessment by outside observers. On the basis of his dissertation, Rogers's (1931b) Personality Adjustment Inventory was published by the YMCA's press and sold a half million copies over a period of 50 years.

ROCHESTER—YEARS OF EXPERIMENTATION

While working on his dissertation, Rogers needed to find a job to support himself, Helen, 2-year-old David, and Natalie, who was on the way. In 1928, however, jobs for clinical psychologists were not easy to come by, so he ended up taking a position in Rochester, New York, some 300 miles from New York City, where his academic colleagues predicted he would never be heard from again. There he spent the next 12 years—as director of the Child Study Department of the Rochester Society for the Prevention of Cruelty to Children and then director of the new Rochester Guidance Center.

Rogers's years in Rochester provided a laboratory in which he worked with thousands of troubled children and adults and gradually developed his own ideas about counseling and psychotherapy. During this period, he was influenced by students of Otto Rank, especially Jessie Taft (1933) whose "relationship therapy" shifted emphasis from past content to a focus on the patient's self-insight and self-acceptance within the therapeutic relationship. Later, he often described three experiences in Rochester that gradually influenced his thinking (Rogers, 1961c, 1967).

In one therapeutic relationship, he was working with a young boy who had a compulsion to set fires. At the time, Rogers was impressed with the work of a noted psychotherapist whose theory was that juvenile delinquency could be traced to unresolved sexual conflicts. Over several sessions, Rogers used leading questions and skillful interpretations to help the boy see how his pyromania was the result of a sexual impulse regarding masturbation. Rogers thought the case was solved, but when the boy was released on probation, he continued to set fires. Rogers said this incident caused him to be more skeptical about expert theories and began to think that *he* might have a role in discovering new knowledge about helping people.

On another occasion, Rogers observed a renowned hypnotherapist work with a young bed wetter. The therapist gradually succeeded in inducing a trance state in the boy, but when he began making posthypnotic suggestions related to ceasing the bed-wetting, the boy became resistant to the point of no longer entering the trance state. Rogers was impressed at how strong the human will is and how patients will resist even the most skillful therapist inter-

ventions when it goes against their purposes or they have not chosen to change themselves.

In the most telling anecdote, Rogers had been working with the mother of a troubled boy. He explored with her, skillfully he thought, how her rejection of her son was causing much of the difficulty, but she continued to resist his interpretation. Finally, he acknowledged to her that they were not making any progress, and they agreed to end their sessions. On her way out the door, she turned to him and asked, "Do you ever take adults for counseling here?" Upon his affirmative reply, she returned to her chair, sat down, and began pouring her heart out about the troubles she was experiencing with her marriage and her sense of failure. As they explored these issues, over time, she began to make real progress with helping her son. This incident, Rogers (1961c) wrote,

helped me to experience the fact—only fully realized later—that it is the *client* who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely on the client for the direction of movement in the process. (p. 11)

In his last years in Rochester, Rogers (1939) wrote his first book, *The Clinical Treatment of the Problem Child*. It described the range of methods for working with young people—from institutional and foster home placement; to modifying their school program and using clubs, groups, and camps; to treatment interviews using education, persuasion, and release; and to deeper therapies. On the strength of the aforementioned book and his part-time teaching experience at the University of Rochester, he was offered and accepted a full-professorship at Ohio State University.

OHIO STATE UNIVERSITY—THE NONDIRECTIVE APPROACH

At Ohio State, Rogers's students were not satisfied with his simply reviewing all the methods for helping children or counseling adults. They wanted to know what *he believed* was effective. And so Rogers began to articulate his own views on counseling and psychotherapy, which resulted in a second book of that same title, *Counseling and Psychotherapy: Newer Concepts in Practice* (Rogers, 1942). It was a book that challenged the field of psychotherapy to its core, and as most introductory counseling textbooks state, the book (and author) virtually founded the field of professional counseling (Capuzzi & Gross, 2001; Gibson & Mitchell, 1999; Gladding, 2000; Nugent, 2000). How could one book have such a profound influence?

First, although Rogers was not the first author to use the term *client* for the recipient of therapy, with *Counseling and Psychotherapy*, Rogers popularized it. More than a semantic distinction, the word connotes a departure from the medical model of illness, emphasizing that a person seeking help should be not treated as a *dependent patient* but as a *responsible client* and that those in psychological distress were not necessarily "sick," therefore requiring treat-

ment by medical specialists. Rather, Rogers demonstrated that all people could be helped by the growth-producing process of counseling and that professionals from many fields could be trained to provide this help. Thus, counselors, social workers, clergy, medical workers, youth and family workers, and other helping professionals could use counseling methods.

Second, Rogers introduced his "nondirective" method. He credited others with working in this same direction, but his own statement of the position was the most extreme, and what he called "a newer psychotherapy" (Rogers, 1942, p. 27) became identified with him. His method was based on a core hypothesis about human growth and personality change, which he summarized a few years later:

'This hypothesis is that the client has within himself the capacity, latent if not evident, to understand those aspects of his life and of himself which are causing him pain, and the capacity and the tendency to reorganize himself and his relationship to life in the direction of self-actualization and maturity in such a way as to bring a greater degree of internal comfort. The function of the therapist is to create such a psychological atmosphere as will permit this capacity and this strength to become effective rather than latent or potential. (Rogers, 1950, p. 443)

Although other therapies might profess similar belief, Rogers's method of creating the therapeutic psychological atmosphere was radically different from other approaches commonly used. Rogers's initial "nondirective method" totally avoided questions, interpretation, suggestions, advice, or other directive techniques. Rather, it relied exclusively on a process of carefully listening to the client, accepting the client for who he or she is—no matter how confused or antisocial that might be at the moment—and skillfully reflecting back the client's feelings. The acceptance and reflection of feelings would create a level of safety for deeper exploration and a mirror in which to further understand and reflect on the client's own experience, which would lead the individual to further insight and positive action.

Not only was Rogers's "nondirective method" a more extreme statement of what he called the "newer direction" in psychotherapy, it blurred the boundary between counseling and psychotherapy. Before Rogers, it was assumed that "counseling" applied to mild problems of adjustment or career guidance, whereas "psychotherapy" was needed for more deep-seated psychological problems. *Counseling and Psychotherapy* suggested that the same nondirective method of helping could be applied to all problems along the adjustment continuum. Consider for example, the case of Loretta—a hospitalized woman with a diagnosis of schizophrenia whom Rogers was counseling. In the following recorded counseling session, Loretta was discussing with Rogers whether she was ready for a change in her work assignment in the hospital. The next 6 minutes of the session are given verbatim. The client speaks rapidly. Rogers, on the other hand, takes his time responding, letting the meaning of her words sink in as she tries to understand her experience.

L: I don't think I'm going to like working in the laundry—that I know. Cause I didn't like it either the other two times. And I don't think I care too much working in the food center over there either

because I've worked there before, and I didn't care for it. Well, I didn't have anything, I, the first day I worked all right; the second day I worked. But a half an hour and I blacked out and I tried it three more days and I blacked out each day, so I just quit trying to work there then. There was too much electricity or something.

R: Uh-hum, uh-hum. You feel . . . something was wrong over there, too much electricity or something. *It really had a bad effect on me when I was working . . .*

L: It did! I blacked out completely. If I hadn't gone and sat down I would have fainted.

R: You feel really you were, you were in kind of a desperate way at those points.

L: No, I didn't feel desperate. I just, I didn't understand that I didn't know why I blacked out.

R: I see.

L: It did frighten me though. I just couldn't work so . . .

R: You felt something very odd was happening to you, more.

L: Cause I don't have epilepsy seizures or anything like that so I couldn't imagine what it was. And I don't, I'm not, I don't usually have fainting spells.

R: It made you feel real puzzled. *What is happening to me?*

L: What it was, yeah. I tried to work and I couldn't work and they wanted me to work, so . . . Sometimes I think you get put back on treatment if you refuse to work.

R: Uh-huh. So maybe, maybe shock treatment is really something they may use for punishment if you don't do the things they want you to do . . .

L: Well, it would appear that way from what everybody says, but I don't think it was even—I don't know even why they even gave it to me in the first place. I was just beginning to come to enough to realize that I was in an institution, I think, and the next thing I knew they said, "You're outa here on treatment," and I said, "Why? I didn't do anything. I haven't had any fights or anything with anybody." And they said, "Well, doctor's orders," and I said, "Well, I haven't even talked to a doctor," because I hadn't talked to one, at least I didn't know it if I had. . . . And so . . .

R: So to you it seemed, *Here I was just beginning to come to life a little bit, to really to know a little bit what was going on . . .*

L: I was just beginning to realize I was in the hospital when they put me on it. And they put me to work the same day.

R: And then you feel that for no reason you could discern, zingo, you were right . . .

L: And I began talking very badly and everything and I still have forgotten some of the things they said.

R: It feels that as though that somehow sort of brought out the worst in you, is that what you mean?

L: If I had a worst part. Uh, uh, it was like it wasn't even me talking

R: Uh, huh. Almost seemed as though this was . . .

L: And then I went home weekends and I got in trouble there because I talked so much. Of course I was getting sodium amytol too, so it might have been the combination of the two—not just the one thing.

R: But there, too, I guess I get the feeling that you're wishing you could understand that part of yourself, why there's this something that was not you talking, or was it just the effect of the drugs or what was it that made you . . .

L: It was the combination, I think, of all. . . . As you notice my, I move my feet . . . as I . . .

R: Yes I did notice that.

L: said, my knees tickle.

R: Uh-hum.

L: And I don't know if it's the drugs I'm getting or what, but it's something I can't help. It isn't that I'm so terribly nervous that I can't sit still; that isn't it. I do that at group meetings or anything, and I can't control them. And it's rather embarrassing.

R: Uh, hum. And you would like me to understand that it isn't just tenseness or something.

L: No.

R: It's, uh, simply . . .
 L: I can't control.
 R: [An] uncontrollable tickling sensation.
 L: In my knees and therefore, and my feet just move. If I'm sitting up there in the corner alone that isn't so much, but my knees still tickle.
 R: Uh-hum.
 L: But when I get in the group and that's my . . . so I don't know, they just move.
 R: It seems as though being in a group makes this worse.
 L: Well, I have it when I'm alone sometimes, too. I think it's the medication I'm getting.
 R: You feel probably it's just the drugs.
 L: I think it's the green medication I'm getting. I don't even know what it is, cause I haven't asked. I inquired once but then I . . .
 R: Uh-hum.
 L: [After a long pause] . . . I think these meetings are very enlightening.
 R: Do you?
 L: Well, if you can't think quite clear at the time, you can think about it later on.
 R: Uh-hum. Uh-hum. And in that sense they, they're somewhat helpful in that you can . . .
 L: I think I've been helped a lot, more by talking than I have by the pills and that.
 R: Uh-hum, uh-hum. . . . It really seems as though getting things out to some degree in talk . . .
 L: Seems to alleviate whatever the situation is.
 R: Uh-hum
 L: If it's a created situation, that seems to alleviate [it]
 (Rogers, n.d.)

One reason that Rogers was able to demonstrate the propositions of nondirective therapy so cogently was that he was the first person ever to record and publish complete cases of psychotherapy. This fourth innovation of *Counseling and Psychotherapy* was illustrated in the last 170 pages of the book—"The Case of Herbert Bryan," which included, verbatim, every client statement and every counselor statement for the eight sessions of counseling. This was a remarkable achievement before the invention of tape recorders. It required a microphone in the counseling room connected to two alternating phonograph machines in an adjoining room, which cut grooves in blank record disks that had to be changed every 3 minutes. With graduate student Bernard Covner, Rogers and his team recorded thousands of disks involving scores of clients. These recordings became pivotal in the clinical training of psychotherapists, which, in the 1940s, Rogers may have been the first to offer in an American university setting.

The recordings and transcripts also allowed Rogers and his students to begin undertaking scientific research on the process of therapy—another important feature of *Counseling and Psychotherapy*. For example, Rogers could classify counselor responses as to degree of directiveness, count their frequency of occurrence, and correlate them with subsequent client statements of insight. He made many counselors uncomfortable by reporting how directive counselors used 6 times as many words as nondirective ones.

CHICAGO—THE CLIENT-CENTERED APPROACH AND RESEARCH

Because he wanted to do much more research on the process and outcomes of counseling and psychotherapy, Rogers

left Ohio State after only 4 years to move to the University of Chicago, where he developed and ran the internationally renowned Counseling Center and taught in the Psychology Department from 1945 to 1957.

But first he spent an interim year training United Service Organization (USO) workers to counsel returned servicemen who were having problems adjusting to civilian life (Rogers & Wallen, 1946). On the last evening of each of the weeklong workshops, there was a social event in which participants entertained and performed skits. Invariably there would be a skit satirizing Carl Rogers in his tenth floor office counseling a suicidal client (see Kirschenbaum, 1979):

"Dr. Rogers," the client would say, "I'm feeling suicidal."
 "You're feeling suicidal?" Rogers would answer.
 "Yes, I'm walking over to the window, Dr. Rogers."
 "I see. You're walking over to the window," Rogers answers.
 "Look, Dr. Rogers, I'm opening the window," the client says.
 "You feel like opening the window?" Rogers reflects.
 "Yes, I'm putting one foot out of the window, now."
 "You're halfway out, is that it?"
 "Yes, now I'm jumping Dr. Rogers"
 "Uh, huh, uh, huh, you're jumping," says Rogers.
 And, sure enough the client jumps, making a whooshing sound as he falls through the air before landing with a crash.
 Thereupon Rogers walks over to the window, looks out and reflects, "Whoooooosh . . . Plop!"

As he continued at the University of Chicago to teach, write, and conduct research on what he soon was calling the "client-centered approach" to counseling and psychotherapy, Rogers soon came to recognize that the satire he endured so many times the previous year, and would endure all his life, had a serious point to make. Although he always remained primarily nondirective in his own practice, Rogers soon recognized that the counselor's *attitudes* were as important as his particular techniques. The techniques or methods were the way to implement the facilitative attitudes of *accepting* and *understanding*. Moreover, if these attitudes of the counselor were not *genuine*, all the reflecting of feelings in the world would not be of much help to the client.

Still later, Rogers clarified that it was the therapeutic *relationship*, which the attitudes helped create, that was most growth producing, and he continued to refine the three key "conditions" in the client-centered relationship that brought about positive change in clients. The first condition is to accept the client as he or she is, as a person of inherent worth possessing both positive and negative feelings and impulses. Rogers adopted a term from his student Standal (1954) and called this acceptance and prizing of the person "unconditional positive regard." Second is *empathy*—"the therapist's willingness and sensitive ability to understand the client's thoughts, feelings and struggles from the client's point of view . . . to adopt his frame of reference" (Rogers, 1949, p. 84.). Third is *congruence*—to be genuine, real, authentic, or congruent in the relationship. Rogers (1956) wrote, "It is only as [the therapist] is, in that relationship, a unified person, with his experienced feeling, his awareness of his feelings, and his expression of those feelings all congruent or similar, that he is most able to facilitate therapy" (pp. 199–206).

Rogers's appreciation of congruence was advanced by his own struggle in 1949–1951, when a difficult relationship with a schizophrenic client caused Rogers to become confused about his own sense of self. This led to a near breakdown, a "runaway trip" of several months with Helen, and a year or so of receiving counseling himself. The childhood teasing, suppression of feelings, and isolation from peers had left their mark. Through counseling, Rogers developed a newfound self-esteem, capacity to experience more of his feelings, and ability to be increasingly congruent in personal and professional relationships.

In one of his most important essays, Rogers (1957a) wrote that when a counselor communicates this congruence, unconditional positive regard, and empathic understanding so that the client perceives them at least to a minimal degree, then the "necessary and sufficient conditions for therapeutic personality change" (p. 95) are present. Rogers argued and demonstrated that the client has within himself the ability and tendency to understand his needs and problems, to gain insight, to reorganize his personality, and to take constructive action. What clients need, said Rogers, is not the judgment, interpretation, advice or direction of experts, but supportive counselors and therapists to help them rediscover and trust their "inner experiencing" (a concept borrowed from Gendlin, 1958), achieve their own insights, and set their own direction.

Rogers's (1951) next book, *Client-Centered Therapy: Its Current Practice, Implications, and Theory*, and subsequent articles described these principles of effective therapy and presented ample case studies from recorded sessions to illustrate his points. Beyond audio recording of therapy sessions, Rogers also was among the first to make cinematic recordings of counseling and psychotherapy. The American Academy of Psychotherapists became a leading distributor of training tapes and movies, with Rogers the most frequent therapist portrayed. A still widely distributed set of training films showed Rogers, gestalt therapist Frederick Perls, and rational-emotive therapist Albert Ellis each demonstrating his method with the same client.

The audiovisual recording of actual therapy sessions provided the data, and the Ford, Rockefeller, and other foundations provided the financial support (about \$650,000, which was a small fortune in the 1940s and 1950s) with which Rogers and his colleagues conducted more scientific research on one therapeutic approach than had ever been undertaken before (e.g., Rogers & Dymond, 1954). Rogers and his team devised and used numerous instruments for measuring the variables of client-centered therapy and its outcomes, including measuring the therapist's acceptance, empathy, and congruence; the client's expression of feelings, insight, self-concept, self-acceptance, and self ideal; the client's positive actions, emotional maturity, and social adjustment; and numerous other variables. In 1956, the American Psychological Association (1957) awarded Rogers its first "Distinguished Scientific Contribution Award"

for developing an original method to objectify the description and analysis of the psychotherapeutic process, for formulating a testable theory of psychotherapy and its effects on personality and behavior, and for extensive systematic research to exhibit the value

of the method and explore and test the implications of the theory. His imagination, persistence, and flexible adaptation of scientific method . . . have moved this area of psychological interest within the boundaries of scientific psychology. (p. 128)

As the award citation suggests, Rogers was interested in psychological *theory* and in the effects of therapy on *personality* as well as behavior. Building upon the Gestalt and phenomenological movements in psychology, and on the work of his students Victor Raimy (1943, 1948) and Donald Snygg and Arthur Combs (1949), he developed a "self-theory" of personality, which is still included in many psychology textbooks. The theory describes how an individual's concept of self emerges; how the process of socialization causes individuals to distrust their feelings and sense of self; how experiences that are inconsistent with the concept of self become denied and distorted causing personal distress and psychological problems; and how the therapeutic relationship can help the individual restructure the sense of self, allowing previously denied and distorted experience into awareness, leading to reduction in stress and openness to new experiencing.

Rogers's impact on psychology and the helping professions came about not only through research, teaching, and practice, but also through leadership in many professional associations. Earlier in his career he was active in the social work field—serving in national positions in the American Association of Social Workers and the American Association of Orthopsychiatry. In the 1940s and 1950s, he was president of the American Psychological Association, the American Association of Applied Psychology, and the American Academy of Psychotherapists, among other distinguished positions and honors.

WISCONSIN—RESEARCH AND HUMANISTIC PSYCHOLOGY

Seemingly at the peak of his career, after 12 years at Chicago, Rogers surprised the profession by moving in 1957 to the University of Wisconsin. By now the children were grown. David had begun medical school, on his way to a distinguished career, including dean of medicine at Johns Hopkins and president of the Robert Wood Johnson Foundation. Natalie would go on to become an art therapist ("client-centered expressive therapist") and an author. Helen Rogers continued with her love of painting while taking primary responsibility for raising the family and running the household. When the children left home, she and Carl took long winter vacations in the Caribbean and traveled widely—on holidays, to visit their children and eventually six grandchildren, and in connection with professional activities.

In moving to Wisconsin, Rogers had joint appointments in the Departments of Psychology and Psychiatry. This would allow him to conduct further research on therapy with patients diagnosed with schizophrenia residing in the Mendota state psychiatric hospital, work that he hoped would have an impact on the psychiatric profession. The massive and well-funded research project went forward, and after years of delay because of complications involving authorship and the unethical behavior of one of the team members, it was eventu-

ally published (Rogers, Gendlin, Kiesler, & Truax, 1967). The results were important. The client-centered therapists achieved *no better* patient outcomes than therapists of other orientations; however, regardless of orientation, those therapists who demonstrated higher levels of unconditional positive regard, empathy, and congruence achieved better patient outcomes than therapists who provided lower levels of the three conditions. This was but one of several important findings.

While at Wisconsin, Rogers (1961a) wrote his most famous book, *On Becoming a Person: A Therapist's View of Psychotherapy*. Aimed at both a professional and lay audience, in a personal style, the collection of essays written over the past decade or more explored Rogers's learning about counseling and psychotherapy and its application to other helping professions and to the areas of creativity, philosophy, and the behavioral sciences. One reason the book was so popular, and remains widely read today, was a growing interest by the public in psychology in general and in what Abraham Maslow described as a "third force" in psychology, which became prominent in the latter half of the twentieth century.

"Humanistic psychology," as it came to be known, differed from psychoanalysis and behaviorism in at least three ways. First, this psychology gave more emphasis and credence to the individual's *phenomenal field*, for example, the client-centered therapist's empathizing with the client's frame of reference rather than evaluating or diagnosing from the outside, or the existential psychotherapist's helping the patient find "meaning" in life—meaning as perceived by the *client*. Second, this psychology focused not just on remediation of psychological problems but on psychological *health, wellness, creativity, self-actualization*, or what Rogers (1957b, 1961b) described as "the fully functioning person." The goal was more than "adjustment," but helping people experience their full human potential. Third, it was a psychology interested in what distinguishes human beings from other species. Choice, will, freedom, values, feelings, goals, and other *humanistic* concerns were all central subjects of study.

Because Rogers's career and that of leading behavioral psychologist B. F. Skinner were parallel—in timing, productivity, and influence—their views inevitably were contrasted. Meeting on several occasions, including a 6-hour debate-dialogue in 1962 (Rogers & Skinner, 1989), their earliest exchange on "Some Issues Concerning the Control of Human Behavior" (Rogers & Skinner, 1956) became one of the most reprinted articles in the behavioral sciences, and Rogers became a leading spokesperson for the humanistic psychology movement.

CALIFORNIA—THE PERSON-CENTERED APPROACH

As Rogers's professional interests and influence increasingly extended beyond the fields of counseling and psychotherapy, and as his frustrations with the research project in Wisconsin continued, in 1963 the Rogers moved to La Jolla, California, where Rogers joined the staff of the Western Behavioral Sciences Institute. After 10 years, he and others then

formed their own organization, Center for Studies of the Person, where Rogers remained for another 15 years.

In California, for a quarter century, Rogers continued to promulgate the client-centered approach and to apply his theory and method to other fields—education, parenting, group leadership, and the health professions, to name a few. In each instance, he demonstrated how the facilitative conditions of positive regard, empathy, and congruence could unleash growth, creativity, learning, and healing in children, students, group members, clients, and others. Drawing on earlier essays, he expanded his ideas into many new books that explored the implications of his thinking in diverse fields.

Applied to education, Rogers's work on "student-centered learning" illustrated how a teacher or, as he preferred, a "facilitator of learning" could provide the trust, understanding, and realness to free his or her students to pursue significant learning. Rogers's work coincided with and contributed to the "open education" movement in the United States, Great Britain, and elsewhere. His book *Freedom to Learn: A View of What Education Might Become* (Rogers, 1969) went through two new editions over the next 25 years (including posthumously, Rogers & Freiberg, 1994).

His book on marriage, *Becoming Partners: Marriage and Its Alternatives* (Rogers, 1972), used case studies of couples to explore new forms of relationships that young people were implementing in the 70s. He somewhat naively and somewhat accurately predicted the relegation of traditional marriage to only one of many alternatives for what he sometimes called "the person of tomorrow." Rogers and William Coulson's (1968) book on the behavior sciences, *Man and the Science of Man*, included proceedings and commentary from an international conference they organized on the philosophy of science, including major addresses by scientist, philosopher, and Nobel laureate Michael Polanyi; Jacob Brownowski; and Rogers.

But most of all, during the late 1960s and the 1970s, Rogers and his colleagues explored the applications of client-centered thinking to groups and group leadership. In the 1940s and 1950s, Rogers, Thomas Gordon (1951), and colleagues at the University of Chicago had experimented with "group-centered leadership," whereby the leader's acceptance, understanding, genuineness, and willingness to let the group set its own directions stimulated great energy, creativity, and productivity among group members. In the late 1950s and 1960s, Gordon, Richard Farson, Rogers, and associates extended this approach to what Rogers called the "basic encounter group"—an unstructured group experience in which so-called "normal" group members came to greater self-understanding, spontaneity, improved communication, and genuineness in relationships. Rogers led scores of encounter groups in professional, business, religious, medical, academic, personal growth, and organizational settings. *Look* magazine called Rogers an "elder statesman of encounter groups." Rogers's (1970) book, *Carl Rogers on Encounter Groups*, was a major seller, and Bill McGaw's (1968) filmed encounter group, *Journey Into Self*, featuring Rogers and Dick Farson as the group facilitators, won an Academy Award (an "Oscar") for best full-length feature documentary in 1968.

Recognizing the ever-widening applicability of the client-centered, student-centered, group-centered approach, Rogers and his colleagues at Center for Studies of the Person increasingly used a broader term—*person-centered*—to describe their work. (In the counseling literature, “person-centered” and “client-centered” are often used interchangeably today.)

INTERNATIONAL CONFLICT RESOLUTION AND PEACE

In the 1970s and 1980s, Rogers experimented with a person-centered approach to resolving intergroup and international conflict. Through workshops and filmed encounter groups with multicultural populations, such as Catholics and Protestants from Northern Ireland and Blacks and Whites in South Africa, Rogers demonstrated how positive regard, empathy, and congruence—the same growth-promoting conditions useful in all helping relationships—can enhance communication and understanding among antagonistic groups. He and his colleagues led person-centered workshops for groups of 100 to 800 participants around the world, including Brazil, Mexico, South Africa, Hungary, Soviet Union (Rogers, 1987), and other newly emerging democracies. They organized a gathering of international leaders in Rust, Austria, about resolving tensions in Central America—an experience that vividly demonstrated the potential of the person-centered approach for resolving international conflict (Rogers, 1986).

Testimonials suggested that these efforts in professional development and citizen diplomacy helped foster peace and democratization in several countries. Of the Austria gathering, Rodrigo Carazo (2002), former President of Costa Rica and of the United Nations University for Peace, later wrote,

Previous efforts for achieving peace in Central America, which were plenty, culminated in the Austria meeting. . . . Carl made it possible. There, for the first time, I repeat, representatives from all groups in conflict met and the first step in reaching peace in Central America was taken. This was the real beginning of many things toward peace. There is a picture of Carl Rogers in the central building of the University for Peace. Carl Rogers is in our memory and the master in our heart.

For Rogers’s 85th birthday party, former U.S. President Jimmy Carter sent these words:

To Carl Rogers—Congratulations and sincere best wishes on your 85th birthday celebration. It’s wonderful that so many of your friends and supporters can be with you tonight. Your work as a peacemaker is internationally known and highly regarded. As you embark on still another mission, this time to South Africa, please know that you are in our thoughts. God speed your journey. The world can use more global citizens like you. With warm regards, Jimmy Carter. (Kirschenbaum, 2003)

In acknowledgment of his efforts to bring about international understanding and conflict resolution, although he was not ultimately selected, Carl Rogers was nominated posthumously in 1987 for the Nobel Prize for Peace.

In his later years, personally, Rogers continued to pursue lifelong hobbies of photography, making mobiles, and gardening. When Helen became ill in her 70s, Carl cared for her until her death in 1979. Thereafter he remained involved in his work—writing (e.g., Rogers, 1980), traveling the world,

leading groups and workshops on the person-centered approach, and developing the Carl Rogers Peace Project. He had rich friendships with both men and women, and his daughter Natalie was a frequent colleague and companion. Rogers was active until his death at age 85, on February 4, 1987, from complications resulting from a fall and hip injury in his home in La Jolla.

CONTINUING INFLUENCE

Carl Rogers’s career spanned six decades. For most of these, he presented a vivid role model of the person-centered approach, demonstrating his theories and methods through teaching, lecturing, live demonstrations, workshops, and audiovisual recordings. By all accounts, he embodied his theories by being an exceptional listener and communicator and a decent, honorable person. He wrote some 15 books and well over 200 professional articles, book chapters, and research studies. Millions of copies of his books have been printed, including over 60 foreign language editions. Two volumes of his major writings and dialogues with intellectual leaders of the twentieth century were published after his death (Kirschenbaum & Henderson, 1989a, 1989b), and a long-awaited, lengthy, oral history (Rogers & Russell, 2002) has recently been released.

In 1972, Rogers had received the American Psychological Association’s Distinguished Professional Contribution Award, becoming the first psychologist ever to receive that organization’s highest scientific honor and its highest professional honor. The citation read as follows:

His commitment to the whole person has been an example which has guided the practice of psychology in the schools, in industry and throughout the community. By devising, practicing, evaluating and teaching a method of psychotherapy and counseling which reaches to the very roots of human potentiality and individuality, he has caused all psychotherapists to reexamine their procedures in a new light. Innovator in personality research, pioneer in the encounter movement, and respected gadfly of organized psychology, he has made a lasting impression on the profession of psychology. (APA, 1973, p. 71)

Not everyone agrees that Rogers’s lasting impression is a positive one. As critic Christopher Lasch (1979) began his book review of the first English-language biography of Rogers (i.e., Kirschenbaum, 1979), “As a founding father of humanistic psychology, the human potential movement and the encounter group, Carl Rogers has a lot to answer for” (p. 30).

Critics of Rogers’s work have argued that client-centered therapy is superficial (De Mott, 1979; Friedenber, 1971), unworkable with some populations, and unmindful of multicultural and feminist issues (Usher, 1989; Waterhouse, 1993), the social context, and recent advances in behavioral, drug, and alternative therapies; that Rogers’s views on human nature are unrealistically optimistic and underestimate human evil (May, 1982); that encounter groups and humanistic psychology have fostered widespread selfishness, narcissism, and moral permissiveness (Coulson, 1988, 1989; Lasch, 1979); and that Rogers’s experiments with organizational change were naïve (Kirschenbaum, 1979) and counterpro-

ductive (Coulson, 1988). Such criticisms have sometimes been fair; for Rogers, like any other individual, was a product of his times, with personal and historical limitations. Just as often, criticisms of Rogers and his work have been wanting, because the critic was unfamiliar with the full scope of Rogers's theories, research, and ever-widening practice.

Critics notwithstanding, Rogers more than anyone helped spread professional counseling and psychotherapy beyond psychiatry and psychoanalysis to psychology and other helping professions. Near the end of his career, surveys in the *Journal of Counseling Psychology* (Heesacker, Heppner, & Rogers [no relation], 1982) and *American Psychologist* (Smith, 1982) still ranked Carl Rogers as the most influential author and counselor/psychotherapist.

A generation later, the client-centered/person-centered approach continues to exert a significant influence on the world of counseling and psychotherapy. Although database searches show many more citations for cognitive and behavioral therapy than references to the client-centered/person-centered approach, attention to the person-centered approach remains strong, with more books, articles, and research studies appearing in the 15 years since Rogers's death than in the 40 years before (Kirschenbaum & Jourdan, in press).

Moreover, Rogers's work continues to serve as a foundation for the counseling profession (Capuzzi & Gross, 2001; Gibson & Mitchell, 1999; Gladding, 2000; Nugent, 2000). It also plays a major part in the practice of the vast number of counselors, clinical psychologists, and psychotherapists who describe their practice as "eclectic" or "integrative," including the client-centered approach as a major component in their repertoire (Aspy, Aspy, Russel, & Wedel, 2000; Bergin & Garfield, 1994; Sharf, 2000). And it continues to exert a significant influence on numerous helping professions from social work to pastoral counseling to the health professions.

It is interesting that, as meta-analyses of psychotherapy research continue to emerge (see summaries in Sexton, Whiston, Bleuer, & Walz, 1997; Wampold, 2001), the data increasingly suggest that the success of counseling and therapy is not due to any particular method, whether cognitive behavioral, psychodynamic, client-centered, or other. Rather, the research demonstrates that there are a number of "common factors" in the context of the therapy relationship that account for successful outcomes (e.g., Grencauge & Norcross, 1990; Lambert, 1992). What are these common factors? Many of them point back to the therapist's support, empathic understanding, and ability to form a therapeutic alliance with the client. Ironically, Rogers's core conditions for therapeutic change, decades later, are being validated by the latest generation of scientific research (e.g., Elliott, Greenberg, & Lietaer, 2003; Norcross, 2002). Although this research suggests that positive regard, empathy, and congruence may not be absolutely necessary in every case, nor sufficient for all counseling relationships, what the research does affirm is the following: first, Rogers's initial insights about the importance of the therapeutic relationship; second, the usefulness and practicality of the core conditions for forming the essential therapeutic alliance; and third, the definite or probable effi-

cacy of empathy, positive regard/acceptance, and congruence for achieving positive counseling outcomes.

Since Rogers's death in 1987, perhaps the greatest new interest in his work has been outside the United States. In Europe, the person-centered approach has become one of the leading counseling and therapeutic approaches of the twenty-first century, with major organizations and centers for person-centered research and practice throughout Western and Central Europe. Equally significant, there has also been a great deal of interest in the person-centered approach in emerging democracies in Eastern Europe, Russia, and Latin America. As a Japanese counselor explained in the 1960s, Rogers helped "teach me . . . to be democratic and not authoritative." Rogers (1977) eventually recognized the political implications of his theories and methods and explored these in *Carl Rogers on Personal Power: Inner Strength and Its Revolutionary Impact*. His life's work demonstrated how supportive, growth-producing conditions can unleash healing, responsible self-direction, and creativity in individuals and groups in all walks of life. As countries around the world strive to resolve intergroup tensions and practice self-government and self-determination, many have recognized in Rogers's work not only useful methods for helping professionals, but also a positive, person-centered, empowering, democratic philosophy consistent with their national aspirations. At Rogers's memorial service (and earlier), Richard Farson (1975) described Carl Rogers as "a quiet revolutionary."

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