

COMMENTS ON “THE NECESSARY AND SUFFICIENT CONDITIONS OF THERAPEUTIC PERSONALITY CHANGE”

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This commentary describes the impact of Carl Rogers’ classic article on the field of psychotherapy in general and on control-mastery theory and research in particular. The relevance of Rogers’ model in the current psychotherapy literature and debates is addressed as are some of the limitations of the model.

Keywords: control-mastery theory, psychotherapy, psychotherapy research, client-centered therapy, Carl Rogers

It is a privilege to be given the opportunity to comment on one of the seminal articles in the field of psychotherapy. Fifty years ago, Carl Rogers (1957) articulated his view of the necessary and sufficient conditions for psychotherapeutic change to occur. He presented his view with a level of clarity, precision, and conciseness that is all too rare in our field; moreover, his hypotheses are for the most part stated in operationalized terms with illustrations of how they could be empirically tested. I will briefly describe some of the ways this classic article has impacted the field, limitations of Rogers’ model, and its most enduring aspects in current psychotherapy literature and debates.

Rogers posited that in order for psychotherapeutic change to occur the following conditions must be present and must continue over a period of time. There must be “psychological contact” (i.e., a relationship) between the participants; in his view, change can occur *only* in the context of a relationship. One of the participants—the client—is in a state of heightened anxiety, vulnerability, or “incongruence,” and the other—the therapist—is a “congruent, genuine, integrated

person” (p. 97) within the particular relationship. The therapist expresses acceptance, “prizing,” or unconditional positive regard and has an accurate empathic understanding of the client’s feelings and experiences. Though rarely included in summaries of his work, the last condition described by Rogers is crucially important: The client must perceive the therapist’s acceptance and empathy, because if these therapist attitudes are not communicated in a manner that the client experiences or perceives them, then from the client’s perspective they do not exist.

The model that Rogers proposed in his 1957 article has had an enormous impact on the field of psychotherapy. The necessary and sufficient conditions that he described—especially his emphasis on the centrality of the therapeutic relationship—have been incorporated (to greater and lesser degrees) in all of the major “schools” of psychotherapy (Goldfried & Davila, 2005). In psychodynamic approaches, for instance, many contemporary theorists suggest that the therapeutic relationship plays a critical role in the change process. Self psychology, interpersonal, relational, and intersubjective perspectives all have much in common with Rogers’ model. There are particularly striking parallels between Rogers’ client-centered theory and Kohut’s self psychology (Kahn, 1985, 1989; Stolorow, 1976). Both emphasize that the therapist’s accepting, affirmative attitudes have powerful mutative effects in psychotherapy.

Beginning with the opening paragraphs of the article, Rogers makes clear that all of the terms in his model can be operationalized, measured, and thus empirically supported or refuted. His commitment to empirically validating hypotheses about therapeutic change processes was extremely rare 50 years ago, and yet the article fits very neatly in current literature on empirically validated and supported treatments. In fact, I would argue that his pioneering efforts helped to create and stimulate the field of psychotherapy research. Many studies on the therapist’s contri-

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tribution to the process and outcome of therapy and the voluminous research on the therapeutic alliance originated with Rogers. Recent work on empirically validated relationships (Norcross, 2002) can be traced back to Rogers' pioneering efforts.

The therapeutic model that Rogers proposed is highly compatible with the control-mastery theory (Silberschatz, 2005; Weiss, 1993) that has influenced most of my work in psychotherapy. When Weiss began developing his theory more than 50 years ago, he was not aware of Rogers' writing. There are, nonetheless, some striking similarities in the two approaches. A fundamental assumption in Rogers' thinking is that humans have a self-actualizing tendency and that it is crucially important for the therapist to create conditions that allow that tendency to flourish. This is essentially synonymous with the control-mastery concept that patients come to therapy with an unconscious plan to solve their problems and master trauma and that the therapist's primary role is to help the patient carry out that plan (Silberschatz, 2005). Rogers' thesis that meaningful change can occur only in the context of a relationship is shared by control-mastery theory. His emphasis on the therapist conveying a warm, accepting, genuine, and empathic stance is reflected in the emphasis in control-mastery theory on the therapist creating conditions of safety for the patient (Silberschatz, 2005; Weiss, 1993, 2005). Rogers' point that the client must perceive the therapist's acceptance and empathy implies that these therapist qualities cannot be assessed in a generic, one-size-fits-all manner. In a similar vein, my colleagues and I have strongly argued for the need for a case-specific approach that takes into account the suitability or goodness of fit between the therapist's stance and the patient's particular needs (e.g., Silberschatz, 2005; Silberschatz & Curtis, 1993; Silberschatz, Curtis, & Nathans, 1989; Silberschatz, Fretter, & Curtis, 1986).

What are the limitations of the model proposed by Rogers? I am in full agreement with Rogers that his proposed conditions are necessary for therapeutic change to occur, but I do question whether they are entirely sufficient in all cases. Rogers (1957) takes a very strong and clear stand on the technique versus relationship debate: "... [T]echniques of the various therapies are relatively unimportant except to the extent that they serve as channels for fulfilling one of the conditions" (p. 102). He argues that various techniques can play an important role in

communicating the elements that are essential for therapy, but they may also communicate attitudes that sharply contradict the hypothesized conditions for therapy (for empirical support of this point, see Silberschatz, Fretter, & Curtis, 1986). Techniques are thus seen as epiphenomena, and it is only the quality of the relationship that determines the success of therapy. 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.). Gelso and Hayes (1998) argued that technical and relationship factors are tightly intertwined such that techniques may enhance (or diminish) the therapeutic relationship and the quality of the relationship may enhance (or diminish) the effectiveness of techniques.

Although Rogers' approach is undoubtedly client centered, by prescribing the same set of conditions for all patients it is paradoxically lacking in case specificity. A warm, unconditionally accepting therapeutic stance is not universally helpful and may prove to be detrimental in certain cases (see Silberschatz, 2005, p. 13, for an example). I agree fully with Rogers' fundamental assumption that therapy helps to the extent that it creates an environment that promotes the client's self-actualizing tendencies. However, the numerous ways that therapists create such an environment are certainly not limited to the ones delineated in his article.

A more substantive limitation of Rogers' model is that it does not adequately consider the role of patient factors in therapeutic change processes. 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, yet Rogers' model does not take such important patient factors into account. Moreover, many of the therapist-offered conditions described by Rogers cannot be viewed simply or exclusively as therapist variables. Consider as an example therapist empathy, which is typically understood as a therapist variable that operates in a unidirectional manner. Meissner (1996) has pointed out that empathy is best

viewed in a relational and bidirectional context—the patient’s capacity to have empathy for the therapist influences the therapist’s level of empathy for the patient and it is this mutually regulated empathy that is essential for maintaining a productive therapeutic relationship. In short, patient factors clearly play an important role in many facets of therapeutic change processes, even those that appear to be predominantly therapist-generated or -offered conditions.

Despite these limitations, Rogers’ article is a classic in our field and appropriately so. Although it was written over 50 years ago, many of the ideas are pertinent to current, intensively debated issues such as the role of techniques in therapy, the therapeutic relationship, therapeutic alliance, and empirical research in psychotherapy. In my view, the key and most enduring points of the article are the following:

1. The relationship between therapist and client is central and therapeutic change happens only in the context of a relationship.
2. There is continuity between psychotherapeutic and other human relationships, and the principles that explain change in psychotherapy are applicable to all relationships.
3. The therapist must have accurate empathy for the client and, for significant change to occur, the client must perceive and experience the therapist’s empathic understanding.
4. Hypotheses about therapeutic change processes must be stated in measurable terms and must be empirically evaluated.
5. The potential for adaptation, growth, and self-actualization is an inherently human quality, and the therapist’s most critical task

is to create optimal conditions for this potential to be realized.

I believe that Rogers’ contributions place him among the most important figures in the history of psychotherapy.

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