

The characteristics of a helping relationship

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This article, written in 1958, by Carl Rogers is his most quoted and reprinted article. It has been republished in sourcebooks, Harvard Business Review and many other publications. It helped introduce a profound change in the way people look at professional relationships. This article's ripples still affect us today. This article includes Rogers' famous 10 "Can I" questions.

I have long had a long strong conviction - some might say it was obsession - that therapeutic relationships are only a special instance of interpersonal relationships in general, and that the same lawfulness governs all such relationships. This was the theme I chose to work out for myself when I asked to give and address to the convention of the American Personnel and Guidance Association at St. Louis, in 1958. Evident in this paper is the dichotomy between the objective and the subjective which has been such an important part of my experience during recent years. I find it very difficult to give a paper, which is either wholly objective or wholly subjective. I like to bring the two worlds into close juxtaposition, even if I cannot fully reconcile them.

My interest in psychotherapy has brought about in me, an interest in every kind of helping relationship. By this term I mean a relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved coping with life of the other. The other, in this sense, may be one individual or a group. **To put it in another way, a helping relationship might be defined as one in which one of the participants intends that there should come about, in one or both parties, more appreciation of, more expression of, more functional use of the latent inner resources of the individual.**

Now it is obvious that such a definition covers a wide range of relationships, which usually are intended to facilitate growth. It would certainly include the relationship between mother and child, father and child. It would include the relationship between the physician and his patient. The relationship between teacher and pupil would often come under this definition, though some teachers would not have the promotion of growth as their intent. It includes almost all counseling. In this last-mentioned area, it would include the wide range of relationships between the psychotherapist and the hospitalized

psychotic, the therapist and the troubled neurotic individual, and therapist and the increasing number of so-called "normal" individuals who enter therapy to improve their own functioning or accelerate their personal growth.

These are largely one -- to one relationships. However, we should also think of the large number of individual - group interactions, which are intended as helping relationships. Some administrators intend that their relationships to their staff groups shall be of the sort, which promotes growth, though other administrators would not have this purpose.

The interaction between the group therapy leader and his group belongs here. So does the relationship of the community consultant and community group. Increasingly the interaction between the industrial consultant and a management group is intended as a helping relationship. Perhaps this listing will point up the fact that a great many of the relationships in which others are involved fall within this category of interactions in which there is the purpose of promoting development and more mature and adequate functioning.

THE QUESTION

However, what are the characteristics of those relationships, which do help, which do facilitate growth? And at the other end of the scale, is it possible to discern those characteristics, which make a relationship unhelpful, although it was the sincere intent to promote growth and development? **It is to these questions, particularly the first, that I would like to take you with me over some of the paths I have explored, and to tell you where I am, as of now, in my thinking on these issues.**

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THE ANSWERS GIVEN BY RESEARCH

It is natural to ask first of all whether there is any empirical research, which would give us an objective answer to these questions. There has not been a large amount of research in this area yet, but what there is, is stimulating and suggestive. I cannot report all of it, but I would like to make a somewhat, extensive sampling of the studies which have been done and state briefly some of the findings.

In doing so, oversimplification is necessary, and I am quite aware that I am not doing full justice to the researches I am mentioning, but it may give you the feeling that factual advances are being made and pique your curiosity enough to examine the studies themselves, if you have not already done so.

STUDIES OF ATTITUDES

Most of the studies throw light on the attitudes on the part of the helping person, which make a relationship growth promoting or growth inhabiting. Let us look at some of these.

A careful study of parent-child relationships made some years ago by Baldwin (1945) and others at the Fels Institute contains interesting evidence. Of the various clusters of prenatal attitudes toward children, the "acceptant-democratic" seemed most growth facilitating. Children of these parents with there warm and equalitarian attitudes showed an accelerated intellectual development (an increasing I.Q.), more originality, more emotional security, and control, less excitability than children from other types of homes.

Though somewhat slow initially in social development, they were, by the time they reached school age, popular, friendly, non-aggressive leaders. Where parents' are classed as "actively rejectant" the children show a slightly decelerated intellectual development, relatively poor use of the abilities they do posses, and some lack of originality. They are emotionally unstable, rebellious, , aggressive and quarrelsome.

The children of the parent with other attitude syndromes tend in various respects to fall in between these extremes.

I am sure that these findings do not surprise us as related to child development. **I would like to suggest that they probably apply to other relationships as well**, and that the counselor or physician or administrator who is warmly emotional and expressive, respectful of the individuality of himself and of the other, and who exhibits a non-possessive caring, probably facilitates self-realization much as does a parent with these attitudes.

Let me turn to another careful study in a different area. Whitehorn and Betz (1956) investigated the degree of success achieved by young resident physicians in working with schizophrenic patients on a psychiatric ward. They chose for special study the seven who had been outstandingly helpful, and seven whose patients had shown the least degree of improvement. Each group had treated about fifty patients. They investigators examined all the available evidence to discover in what ways the A group (the successful group) differed from the B group. Several significant differences were found.

The physicians in the A group tended to see the schizophrenic in terms of the personal meaning which various behaviors had to the patient, rather than seeing him as a case history or descriptive diagnosis. They also tended to work toward goals, which were oriented to the personality of the patient, rather than such goals as reducing the symptoms or curing the disease. It was found that the helpful physicians, in their day-by-day interaction primarily made use of active personal participation - a person-to-person relationship. They made less use of procedures, which could be classed as "passive permissive."

They were even less likely than the B group to use such procedures as interpretation, instruction or advice, or emphasis upon practical care of the patient. Finally, they were much more likely than the B group to develop a relationship in which the patient felt trust and confidence in the physician.

Although the authors cautiously emphasize that these findings relate only to the treatment of schizophrenia, I am inclined to disagree. I suspect that similar facts would be found in a research study of almost any class of helping relationship.

Another interesting study focuses upon the way in which the person being helped perceives the relationship. Heine (1950) studied individuals who had gone for psychotherapeutic help to psychoanalytic, client-centered, Adlerian therapists. Regardless of the type of therapy, these clients report similar changes in themselves. However, it is their perception of the relationship, which is of particular interest to us here. When asked what accounted for the changes, which had occurred, they expressed some differing explanations, depending on the orientation of the therapists. However, their agreement on the major elements they had found helpful was even more significant. But their agreement on the major elements they found helpful was even more significant. They indicated that these attitudinal elements in the relationship accounted for the changes, which had taken place in themselves:

the trust they had felt in the therapist

being understood by the therapist

the feeling of independence they had in making choices and decisions. The therapist procedure, which they had found most helpful, was that the therapist had clarified and openly stated feelings, which the client had been approaching hazily and hesitantly.

There was also a high degree of agreement among these clients, regardless of their orientation of their therapists, as to what element had been unhelpful in the relationship. Such therapist's attitudes as lack of interest, remoteness, or distance, and an over-degree of sympathy, were perceived as unhelpful. As to procedures, they found it unhelpful when the therapists had given direct, specific advice regarding decisions or had emphasized past history rather than present problems. Guiding suggestions mildly given were perceived in an intermediate range - neither clearly, helpful nor unhelpful.

Fiedler, in a much-quoted study (1953), found that expert therapists of differing orientations formed similar relationships with their clients. Less well known are the elements which characterize these relationships, differentiating them from the relationships formed by less expert therapists.

These elements are:

an ability to understand the client's meanings and feelings

sensitivity to the client's attitudes

a warm interest without any emotional involvement

A study by Quinn (1950) throws light on what is involved in understanding the client's meanings and feelings. His study is surprising in that it shows that "understanding" of the client's meanings is essentially an attitude of desiring to understand. Quinn presented his judges only with recorded therapists' statements taken from interviews. The raters had no knowledge of what the therapist was responding to or how the client reacted to his response. Yet, it was found that the degree of understanding could be judged about as well from this material as from listening to the response in context. **This seems rather conclusive evidence that it is an attitude of wanting to understand which is communicated.**

As to the emotional quality of the relationship, Seeman (1954) found that the success in psychotherapy is closely associated with a strong and growing mutual liking and respect between client and therapist.

An interesting study by Dittes (1957) indicates how delicate this relationship is. Using a physiological measure, the psycho galvanic reflex, to measure the anxious or threatened or alerted reactions of the client, Dittes correlated the deviations on this measure with the judges' ratings of the degree of warmth and acceptance and permissiveness on the part of the therapist. It was found that whenever the therapist's attitudes changed even slightly in the direction of a lesser degree of acceptance, the number of abrupt GSR deviations significantly increased. Evidently, when the relationship is experienced as less acceptant the organism organizes against threat, even at the physiological level.

Without trying fully to integrate the findings from these various studies, it can at least be noted that a few things stand out. One is the fact that the attitudes and feelings of the therapist, rather than his theoretical orientation, which are important. His procedures and techniques are less important than his attitude. It is also worth noting that it is the way in which his attitudes and procedures are perceived which makes a difference to the client, and that is the perception, which is crucial.

"MANUFACTURED" Relationships.

Let me turn to research of a very different sort, some of which you may find rather abhorrent, but which has a bearing upon the nature of a facilitating relationship. These studies have to do with what we might think of as a manufactured relationship. Verplanck (1955) and others

have shown that operant conditioning of verbal behavior is possible in a relationship. Very briefly, if the experimenter says "Mhm," or "Good," or nods his head after certain types of words or statements, those classes of words tends to increase because of being reinforced. It has been shown that by using such procedures one can bring about increases in such diverse verbal categories as plural nouns, hostile words, and statements of opinion. The person is completely unaware that he is being influenced in any way by these reinforces. The implication is that by such selective reinforcement we could bring it about that the other person in the relationship would be using whatever kinds of words and making whatever kinds of statements we had decided to reinforce.

Following still further the principals of operant conditioning as developed by Skinner and his group, Lindsey (1956) has shown that a chronic schizophrenic can be placed in a "helping relationship" with a machine. The machine much like a vending machine can be set to reward a variety of behaviors. Initially it simply rewards - with candy, a cigarette, or the display of picture - the lever pressing behavior of the patient. However, it is possible to set it so that many pulls on the lever may supply a hungry kitten - visible in a separate enclosure - with a drop of milk.

In this case, the satisfaction is an altruistic one. Plans are being developed to reward similar social or altruistic behavior directed toward another patient, placed in the next room. The only limit to the kind of behavior, which might be rewarded lies in the degree of mechanical ingenuity of the experimenter.

Lindsley reports that in some patients there has been a marked clinical improvement. Personally I cannot help but be impressed by the description of one patient who had gone from a deteriorating chronic state to being given free grounds privileges, this change being quite clearly associated with his interaction with the machine. Then the experimenter decided to study experimental extinction, which put in more personal terms, means that no matter how many thousands of times the lever was pressed, no reward of any kind was forthcoming. The patient gradually regressed, grew untidy, uncommunicative, and his grounds privilege had to be revoked. This (to me) pathetic incident would seem to indicate that even in a relationship with a machine, trustworthiness is important if the relationship is to be helpful.

Still another interesting study of a manufactured relationship is being carried on by Barlow and his associates (1953), this time with monkeys. Infant monkeys, removed from their mothers almost immediately after birth, are, in one phase of the experiment, presented with two objects. One might be termed the "hard mother" a sloping cylinder of wire netting with a nipple from which the baby may feed. The other is a "soft mother" a similar cylinder made of foam rubber

and terry cloth. Even when the infant gets all of his food from the "hard mother", he clearly and increasingly prefers the "soft mother". Motion pictures show that he definitely "relates" to this subject, playing with it, enjoying it, finding security in clinging to it when strange objects are near, and using that security as a home base for venturing into the frightening world. Of the many interesting and challenging implications of this study, one seems reasonably clear. It is that no amount of direct food reward can take the place of certain perceived qualities, which the infant appears to need and desire.

Let me close this wide ranging - and perhaps perplexing - sampling of research studies with an account of two very recent investigations. The first is an experiment conducted by Ends and Page (1957). Working with hardened chronic hospitalized alcoholics who had been committed to a state hospital for sixty days, they tried three different methods of group psychotherapy.

The method, which they believed would be most effective, was therapy based on a two-factor theory of learning; a client-centered approach was expected to be second; a psychoanalytically oriented approach was expected to be the least efficient.

Their results showed that the therapy based upon a learning theory approach was not only not helpful, but was somewhat deleterious. The outcomes were worse than those in the control group, which had no therapy. The analytically oriented therapy produced some positive gain, and the client-centered group therapy was associated with the greatest amount of positive change. Follow up data, extending over one and a half years, confirmed the in-hospital findings, with the lasting improvement being greatest in the client-centered approach, next in the analytic, next in the control group, and least in those handled by a learning theory approach.

As I have puzzled over this study, unusual in that the approach to which the authors were committed proved less effective, I find a clue, I believe, in the description of the therapy based on a learning theory. Essentially it consists (a) of pointing out and labeling the behaviors, which have proved unsatisfying, (b) of exploring objectively with the client the reasons behind the behaviors, and (c) of establishing through re-education more effective problem solving habits. But in this entire interaction the aim, as they formulated it was to be impersonal. The therapists "permits as little of his own personality to intrude as is humanly possible."

The "therapist stresses personal anonymity in his activities. I.e., he must studiously avoid impressing the patient with his own (therapist's) individual personality characteristics." To me, this seems the most likely clue to the failure of this approach, as I try to interpret the facts in the light of the others research studies. To withhold one's self as a

person and to deal with the other person as an object does not have a high probability of being helpful.

The final study I wish to report is one being completed by Halkides (1958). She started from theoretical formulation of mine regarding the necessary and the sufficient conditions for therapeutic change (1957). She hypothesized that there would be a significant relationship between the extent of constructive personality change in the client and four counselor variables;

(a) the degree of empathic understanding of the client manifested by the counselor;

(b) the degree of positive affective attitude (unconditional positive regard) manifested by the counselor toward the client;

(c) the extent to which the counselor is genuine. His words matching his own internal feeling;

and (d) the extent to which the counselor's response matches the client's expression in the intensity of affective expression.

To investigate the hypotheses she first selected, by multiple objective criteria, a group of ten cases, which could be classes as "most successful", and a group of ten "least successful" cases. She then took an early and late recorded interview from each of these cases. On a random basis, she picked nine client-counselor- interaction units-a client statement and a counselor response-from each of these interviews. She thus had nine early interactions and nine later interactions from each case. This gave her several hundred units, which were placed in random order. The units from an early interview of an unsuccessful case might be followed by the units from a late interview of a successful case, etc. Three judges, who did not know the cases or their degree of success, or the source of any given unit, now listened to this material four different times. They rated each unit on a seven point scale, first to the degree of empathy, second as to the counselor's positive attitude toward the client, third as to the counselor's congruence or genuineness and forth as to the degree to which the counselor's response matched the emotional intensity of the client's expression.

I think that all of us that knew of the study regarded it as a very bold venture. Could judges listening to single units of interaction possibly make a reliable rating of such subtle qualities as I have mentioned? And even if suitable reliability could be obtained, could eighteen counselor-client interchanges from each case-a minute sampling of the hundreds or thousands of such interchanges, which occurred in each case possibly, bear any relationship to the therapeutic outcome? The chance seemed slim.

The findings are surprising. It proved possible to achieve high reliability between the judges, most of the inter-judge correlation's being in the

0.80's or 0.90's, except on the last variable. It was found that a high degree of empathic understanding was significantly associated, at a .001 level, with the more successful cases. A high degree of unconditional positive regards was likewise associated with the more successful cases, at the .001 level. Even the rating of the counselor's genuineness or congruence- the extent to which his words matched his feelings-was associated with the successful outcome of the case, and again at the .001 level of significance. Only in the investigation of the matching intensity of affective expression were the results equivocal. It is of interest too that high ratings of these variables were not associated more significantly with units from later interviews than with units from early interviews, This means that the counselor's attitudes were quite constant throughout the interviews. If he was highly empathetic, he tended to be so from first to last. If he was lacking this genuineness, this tended to be true of both early and late interviews. As with any study, this investigation has its limitations. It is concerned with a certain type of helping relationship, psychotherapy. It investigated only four variables thought to be significant. Perhaps there are many others. Nevertheless, it represents a significant advance in the study helping relationships. Let me try to state the findings in the simplest possible fashion. It seems to indicate that the quality of the counselor's interaction with a client can be satisfactorily judged based on a very small sampling of his behavior. It also means that if the counselor is congruent or transparent, so that his words are inline with his feelings rather than two being discrepant. If the counselor likes the client, unconditionally; and if the counselor understands the essential feelings of the client as they seem to the client - then there is a strong probability that this will be an effective helping relationship.

Some Comments

These then are some of the studies, which throw at least a measure of light on the nature of the helping relationship. They have investigated different facets of the problem. They have approached it from very different theoretical contexts. They have used different methods. They are not directly comparable. Yet, they seem to me to point to several statements, which may be made with some assurance.

It seems clear that relationships, which are helpful, have different characteristics from relationships, which are unhelpful. These differential characteristics have to do primarily with the attitudes of the helping person on the one hand and with the perception of the relationship by the "helpee" on the other hand. It is equally clear that the studies thus far made, do not give us any final answers as to what is a helping relationship, nor how it is to be formed.

How Can I Create A Helping Relationship?

I believe that each of us working in the field of human relationships has a similar problem in knowing how to use such research knowledge. We cannot slavishly follow such findings in a mechanical way or we destroy the personal qualities which these very studies show to be valuable. It seems to me that we have to use these studies, testing them against our own experience and forming new and further personal hypothesis to use and test in our own further personal relationships.

So rather than try and tell you how you should use the findings I have presented, I should like to tell you the kind of questions, which these studies and my own clinical experience raise for me. Some of the tentative and changing hypothesis which guide my behavior as, I enter what I hope may be a helping relationship, whether with students, staff or family and clients. Let me list a number of these questions and considerations.

1. Can I be in some way which will be perceived by the other persons as trustworthy, as dependable or consistent in some deep sense. Both research and experience indicate that this is very important, and over the years I have found what I believe are deeper and far better ways of answering this question. I used to feel that if I fulfilled all the outer conditions of trustworthiness--keeping appointments, respecting the confidential nature of the interviews, etc. - and if I acted consistently the same during the interview, then this condition would be fulfilled. But experience drove home the fact that to act consistently acceptant, for example, if in fact I was feeling annoyed or skeptical or some other non-acceptant feeling, was certain in the long run to be perceived as inconsistent or untrustworthy.

I have come to recognize that being trustworthy does not demand that I be rigidly consistent but that I be dependably real. The term "congruent" is one I have used to describe the way I would like to be. By this, I mean that whatever feeling or attitude I am experiencing would be matched by my awareness of the attitude. When this is true, then I am a unified or integrated person in that moment, and hence I can be whatever I deeply am. This is a reality which I find others experience as dependable.

2. A very closely related question is this: Can I be expressive enough as a person that what I am will be communicated unambiguously? I believe that most of my failures to achieve a helping relationship can be traced to unsatisfactory answers to these two questions. When I am experiencing a attitude of annoyance toward another person but am unaware of it, then my communication contains contradictory messages. My words are giving one message, but I am also in subtle ways communicating the annoyance I feel and this confuses the other person and makes him distrustful, though he may be unaware of what is causing him the difficulty.

When as a parent or teacher or therapist or administrator I fail to listen to what is going on in me, I fail because of my own defensiveness to sense my own feelings. It has made it seem to me that the most basic learning for anyone who hopes to establish any kind of helping relationship is that it is safe to be transparently real.

If in a given relationship I am reasonably congruent, if no feelings relevant to the relationship are hidden either to the other person or me, then I can be almost sure that the relationship will be a helpful one.

One way of putting this which may seem strange to you is that if I can form a helping relationship to myself - if I can be sensitively aware of and acceptant toward my own feelings - then the likelihood is great that I can form a helping relationship towards another.

Now, acceptantly to be what I am, in this sense, and to permit this to show through to the other person, is the most difficult task I know and one that I never fully achieve. But, to realize that this is my task has been most rewarding because it has helped me to find what has gone wrong with interpersonal relationships, which have become snarled, and to put them on a constructive track again. It has meant that if I am to facilitate the personal growth of others in relation to me, then I must grow, and while this is often painful, is also enriching.

3. A third Question is: **Can I let myself experience positive attitudes toward another person-attitudes of warmth, caring, liking, interest, and respect?** It is not easy. I find in myself and feel that I often see in others, a certain amount of fear of these feelings. We are afraid that if we allow ourselves to freely experience the positive feelings toward another they may trap us. They may lead to demands on us or we may be disappointed in our trust, and the outcomes we fear. So as a reaction, we tend to build up distance between others - aloofness and "professional" attitude, an impersonal relationship.

I feel quite strongly that one of the important reasons for the professionalization of every field is that it helps to keep this distance. In the clinical areas, we develop elaborate diagnostic formulations seeing the person as an object. In teaching and administration, we develop all kinds of evaluative procedures, so that again the person is perceived as an object. In these ways, I believe we can keep ourselves from experiencing the caring which would exist if we recognized the relationship as one between two persons. It is a real achievement when we can learn, even in certain relationships or at certain times in those relationships, that it is safe to care, that it is safe to relate to the other as a person for whom we have positive feelings.

4. Another question the importance I have learned in my own experience is: **Can I be strong enough as a person to be separate**

from the other? Can I be a sturdy respecter of my own feelings, my own needs, as well as his? Can I own and, if need be, express my own feelings as something belonging to me and separate from his feelings? Am I strong enough in my own separateness that I will not be downcast by his depression, frightened by his fear, nor engulfed by his dependency? Is my inner self hardy enough to realize that I am not destroyed by his anger, taken over by his need for dependence, nor enslaved by his love, but that I exist separate from him with feelings and rights of my own? When I can freely feel his strength of being a separate person, then I find that I can let myself go much more deeply in understanding and accepting him because I am not fearful of losing myself.

5. The next question is closely related. **Am I secure enough within myself to permit him his separateness? Can I permit him to be what he is-honest or deceitful, infantile or adult, despairing, or over-confident?** Can I give him the freedom to be? Alternatively, do I feel that he should follow my advice, remain somewhat dependent on me, or mold him after me? In this connection I think of the interesting small study by Farson (1955) that found that the less well adjusted and less competent the counselor tends to induce conformity to himself, to have clients who model themselves after him. On the other hand, the better-adjusted and more competent counselor can interact with a client through many interviews without interfering with the freedom of the client to develop a personality quite separate from that of his therapist. I should prefer to be in this latter class, whether as parent, supervisor, or counselor.

6. Another question I ask myself is: **Can I let myself enter the world of his feelings and personal meanings and see these as he does? Can I step into his private world so completely that I lose all desire to evaluate or judge it?** Can I enter it so sensitively those I can move about it freely, without trampling on meanings, which are precious to him. Can I sense it so accurately that I can catch not only the meaning of his experience which are obvious to him, but those meanings which are only implicit, which he sees only dimly or as confusion? Can I extend this understanding without limit?

Think of the client who said, "Whenever I find someone who understands part of me at the time, then it never fails that a point is reached where I know that they are not understanding me again... What I have looked for so hard is for someone to understand."

For myself I find it easier to feel this kind of understanding, and to communicate it, to individual clients than to students in a class or staff members in which I am involved. There is a strong temptation to set students "straight" or to point out to a staff member the errors in his thinking.

Yet, when I can permit myself to understand in these situations, it is mutually rewarding. And with clients in therapy, I am often impressed with the fact that even a minimal amount of empathic understanding - a bumbling and faulty attempt to catch the confused complexity of the clients meaning - is helpful, though there is no doubt that it is most helpful when I can see and formulate clearly the meanings in his experiencing which for him have been unclear and tangled.

7. Still another issue is whether I can be acceptant of each facet of the other person, which he presents to me. **Can I receive him as he is?**

Can I communicate this attitude? Or can I only receive him conditionally acceptant of some aspects of his feelings and silently or openly disapproving of other aspects? It has been my experience that when my attitude is conditional, then he cannot change or grow in those respects in which I cannot fully receive him. And when - afterward and sometimes too late - I try and discover why I have been unable to accept him in every respect, I usually discover that it is because I have been frightened or threatened in myself by some aspect of his feelings. If I am to be more helpful, then I must myself grow and accept myself in these respects. 8. A very practical issue is raised by the question: **Can I act with sufficient sensitivity in the relationship that my behavior will not be perceived as a threat?**

The work we are beginning to do in studying the physiological concomitants of psychotherapy confirms the researches by Dittes in indicating how easily individuals are threatened at a physiological level. The psycho galvanic reflex- the measure of skin conductance-takes a sharp dip when the therapist responds with some word, which is just a little stronger than the clients feeling.

In addition, to a phrase such as, "My you do look upset", the needle swings almost off the paper. My desire to avoid even such minor threats is not due to a hypersensitivity about my client. It is simply due to the conviction based on experience that I can free him as completely as possible from external threat, then he can begin to experience and to deal with the internal feelings and conflicts, which he finds threatening within himself.

9. A specific aspect of the proceeding question but an important one is:

Can I free him from the threat of external evaluation? In almost every phase of our lives-at home, at school, at work-we find ourselves under the rewards and punishments of external judgments. "That's good", "that's naughty". "That's worth an A"; "that's a failure." "That's good counseling"; "that's poor counseling." Such judgments are a part of our lives from infancy to old age. I believe that they have a certain social usefulness to institutions and organizations such as schools and professions

Like everyone else, I find myself all too often making such evaluations. But, in my experience, they do not make for personal growth and

hence I do not believe that they are a part of the helping relationship. Curiously enough, a positive evaluation is as threatening in the long run as a negative one, since to inform someone that he is good implies that you also have the right to tell him that he is bad.

So I have come to feel that 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. The meaning and value of his experience is in the last analysis something, which is up to him, and no amount of external judgment can alter this. So, I should like to work toward a relationship in which I am not, even in my own feelings, evaluating him. This I believe can set him free to be a self-responsible person.

10. One last question: **Can I meet this other individual as a person who is in the process of becoming, or will I bound by his past and by my past?** If, in my encounter with him, I am dealing with him as an immature child, a ignorant student, a neurotic personality, or a psychopath, each of these concepts of mine limits what he can be in the relationship.

Martin Buber, the existentialist philosopher of the University of Jerusalem, has a phrase, "Conforming means...accepting the whole potentiality of the other....I can recognize in him, know him, the person he has been...created to become....I confirm him in myself, and then in him, in relation to his potentiality that....can now be developed, can evolve."

If I accept the other person as something fixed, already diagnoses and classified, already shaped by his past, then I am doing my part to confirm this limited hypothesis. If I can accept him as a process of becoming, then I am doing what I can confirm or make real his potentialities.

It is at this point that I see Verplanck, Lindsley, and Skinner, working in operant conditioning, coming together with Buber, the philosopher or mystic. At least they came together in principle, in an odd way. If I see a relationship as only an opportunity to reinforce certain types of words or opinions in the other, then I tend to confirm him as a object, a mechanical, manipulable object.

In addition, if I see this as his potentiality, he tends to act in ways, which support this hypothesis. If, on the other hand, I see a relationship as an opportunity to reinforce *all* that he is, the person that he is with all his extent potentialities, then he tends to act in ways which support his hypothesis. I have then - to use Buber's term - confirmed him as a living person, capable of creative inner development. Personally, I prefer this second type of hypothesis.

Conclusion

In the early portion of this paper, I reviewed some of the contributions which research is making to our knowledge about relationships.

Endeavoring to keep that knowledge in mind, I then took up the kind of questions, which arise from an inner and subjective point of view as I enter, as a person, into a relationship. If I could in myself, answer all the questions I have raised in the affirmative, then I believe that any relationship in which I was involved would be a helping relationship, would involve growth.

But, I cannot give a positive answer to most of these questions. I can only work in the direction of the positive answer. This has raised in my mind the strong suspicion that the optimal helping relationship is the kind of relationship created by a person who is psychologically mature, or to put it another way, the degree to which I can create relationships which facilitate growth of others as separate persons is a measure of the growth I have achieved in myself. In some respects, this is a disturbing thought, but it is also a promising or challenging one. It would indicate that if I were interested in creating helping relationships, I have a lifetime job ahead of me, stretching, and developing my potentialities in the direction of growth.