

# The Remarkable Parallel Between Rogers's Core Conditions and Adler's Social Interest\*

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An interesting but obscure item in the history of psychology/psychotherapy is the fact that Carl Rogers studied with Alfred Adler in 1927–1928, when Adler was a visiting instructor and Rogers was an intern at the now defunct Institute for Child Guidance in New York City. Just prior to his death, Rogers offered the following acknowledgment:

I had the privilege of meeting, listening to, and observing Dr. Alfred Adler. . . . Accustomed as I was to the rather rigid Freudian approach of the Institute—seventy-five-page case histories, and exhaustive batteries of tests before even thinking of “treating” a child—I was shocked by Dr. Adler’s very direct and deceptively simple manner of immediately relating to the child and the parent. It took me some time to realize how much I had learned from him. (quoted in Ansbacher, 1990, p. 47)

Except for two brief, nondescript statements (Rogers, 1967, 1980), however, Rogers apparently did not mention Adler in his writings, and the above quotation appears to be the only acknowledgement Rogers ever made regarding Adler’s influence. Unfortunately, Rogers did not specify how Adler’s teachings and demonstrations were influential for him.

From the time I first began seriously studying the theories of counseling and psychotherapy, I was impressed by the apparent similarity between Adler’s social interest and Rogers’s core conditions of therapeutic change. Kazan (1978) noted that Meyeroff’s (1971) *caring* expressed the core meaning of Adlerian social interest: “Caring is a process through which one helps another to grow and to actualize himself” (p. 8). Meyeroff’s description is the same as that offered by Rogers (1980, 1989; Raskin & Rogers, 1989) in describing the desired outcome of providing empathy, unconditional positive regard, and congruence. Adler’s multifaceted descriptions of social interest—especially in terms of the role of the therapist—remarkably resemble Rogers’s descriptions of the *counselor-offered* core conditions of therapeutic change. This paper will briefly demonstrate those parallels using primary source literature by Adler and Rogers.

## **Rogers's Core Conditions and Adler's Social Interest**

Of the counselor-offered core conditions of empathy, unconditional positive regard, and congruence, empathy was first identified and explicated by Rogers (1951). In his seminal paper, "The Necessary and Sufficient Conditions of Therapeutic Change" (first published in 1957), Rogers (1989) added the core conditions of congruence and unconditional positive regard to empathy. Of the three core conditions, empathy is the most clearly delineated parallel seen in social interest.

**The Core Condition of Empathy and the Social Interest Parallel.** In describing empathy, Rogers (1951) stated:

It is the counselor's function to assume, in so far as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client. (p. 29)

According to Rogers (1989), the condition of empathy occurs when:

the therapist is experiencing an accurate, empathic understanding of the client's awareness, of his own experience. To sense the client's private world as if it were your own, but without ever losing the "as if" quality—this is empathy, and this seems essential to therapy. (p. 226)

Raskin and Rogers (1989) also noted that unconditional positive regard is communicated to clients via empathy. "Being empathic reflects an attitude of profound interest in the client's world of meanings and feelings as the client is willing to share this world" (p. 157).

In a 1927 publication, Adler (1956) described social interest in terms of empathic understanding.

By social interest or social feeling, we understand something different from that which other authors understand. When we say it is a feeling, we are certainly justified in doing so. But it is more than a feeling; it is an evaluative attitude toward life. . . . We are not in a position to define it unequivocally, but we have found in an English author a phrase which clearly expresses what we could contribute to an explanation: "To see with the eyes of another, to hear with the ears of another, to feel with the heart of another." (p. 135)

Adlerians have subsequently affirmed Adler's perspective regarding the role of empathy in social interest. O'Connell (1965) noted that social interest "covers the intellectual, affective, and behavioral aspects of the optimal relationship to others, namely, understanding, empathizing with, and acting in behalf of others" (p. 47). Ansbacher (1983) added that social interest "actu-

ally means not merely an interest in others but an *interest in the interests of others*" (p. 85). Individuals with developed social interest are able to "understand and appreciate [clients'] subjective experiences, their private worlds, and their opinions. Such an individual is tolerant, that is, he is reasonable, understanding, able to empathize, to identify" (Ansbacher, 1992, p. 36).

**The Core Condition of Unconditional Positive Regard and the Social Interest Parallel.** In his 1957 publication on the core conditions, Rogers described unconditional positive regard:

To the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being a part of that client, he is experiencing unconditional positive regard. . . . It means a prizing of the person . . . as much acceptance of ways in which he is inconsistent as of ways in which he is consistent. It means caring for the client . . . as a separate person, with permission to have his own feelings, his own experiences. (1989, p. 225)

Raskin and Rogers (1989) further explained unconditional positive regard:

Other terms for this condition are warmth, acceptance, nonpossessive caring, and prizing. When the therapist is experiencing a positive, nonjudgemental, acceptant attitude toward whatever the client is at that moment, therapeutic movement or change is more likely. . . . When the therapist prizes the client in a total rather than a conditional way, forward movement is likely. (p. 171)

In a 1929 publication Adler stated that individuals acting in accordance with social interest have feelings of self-worth and value, courage, and optimism and view others optimistically and as persons of value and dignity who are worthy of respect. Furthermore, individuals striving with social interest treat others in an egalitarian fashion. That is, they treat persons as equals, with feelings of fellowship (Adler, 1956). Adler stressed the "unconditional expression of social interest on the part of the psychotherapist" (p. 341)—in other words, offering the client an encouraging therapeutic atmosphere where the client feels permission to be himself or herself with the therapist. Adler further noted that

[the therapist] should never worry about his own success; if he does, he forfeits it. [He] must lose all thought of himself and all sensitiveness about his ascendancy, and must never demand anything of the patient. . . . The task of the [therapist] is to give the patient the experience of contact with a fellow man, and then enable him to transfer this awakened social interest to others. . . . The consultee must under all circumstances get the conviction that in relation to the treatment he is absolutely free. He can do, or not do, as he pleases. (341)

Adlerians have echoed Adler's position regarding developed social interest, as evidenced by caring and respect for and acceptance of one's fellow

human beings. Manaster and Corsini (1982) stated that "true social interest relates to all people at all times in all ways (p. 58). . . . The essence of social interest is the Golden Rule: Do unto others as you would have them do unto you" (p. 64). Mosak (1989) presented the Biblical mandate to love one's neighbor as oneself as a parsimonious illustration of social interest. Following Mosak's lead, Watts (1992) discussed the strong parallel between social interest and the Koine Greek word *agape*, meaning "unconditional love." The behavioral characteristics of *agape*—perseverance, benevolence, trustworthiness, humility, altruism, unselfishness, optimism—parallel both Adlerian descriptions of social interest and Rogerian descriptions of the core conditions, especially unconditional positive regard.

**The Core Condition of Congruence and the Social Interest Parallel.** Rogers (1989) noted that congruence means that within the therapeutic relationship the therapist is "freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a facade, either knowingly or unknowingly" (pp. 222–223).

When I can accept the fact that I have deficiencies, many faults, make lots of mistakes, and am often ignorant when I should be knowledgeable, often prejudiced when I should be open-minded, often have feelings which are not justified by the circumstances, then I can be much more real. (Rogers, 1969, p. 228)

Providing further clarification of congruence, Raskin and Rogers (1989) stated:

The therapist does not deny to himself or herself the feelings being experienced and the therapist is willing to express and to be open about any persistent feelings that exist in the relationship. It means avoiding the temptation to hide behind a mask of professionalism (p. 171). . . . Congruence refers to the correspondence between the thoughts and the behavior of the therapist; thus, genuineness describes this characteristic. The therapist does not put up a professional front or personal facade. (Raskin & Rogers, 1989, p. 172)

Of the three core conditions, Adler's descriptions of social interest provide the least specificity regarding what Rogers called congruence. Adler (1956, 1979) briefly addressed the belief that therapists with developed social interest had self-awareness and related to clients honestly (i.e., with genuineness). These ideas implicit in Adler's writings, however, have been explicitly discussed by Adlerians. Manaster and Corsini (1982) stated that persons with developed social interest have the courage to be imperfect. They have "learned how to accept themselves with their frailties and weaknesses" and believe they are acceptable, albeit imperfect (p. 49). Mosak (1989) noted that persons with developed social interest are genuine; they are "will-

ing to commit to life and the life tasks without evasion, excuse, or side shows" (Mosak, 1989, p. 80). Therefore, as Rogerian therapists strive to be models of congruence for clients, so Adlerian therapists strive to be models of social interest.

Adlerian therapists represent themselves as "being for real," fallible, able to laugh at themselves, caring. . . . If the therapist can possess these characteristics, perhaps the (client) can, too, and many (clients) emulate their therapists, whom they use as referents for normality. (Mosak, 1989, pp. 90–91)

## **Conclusion**

This paper has demonstrated that the attitudes and facilitative skills of the counselor-oriented core conditions do indeed parallel the attitudes and behaviors of social interest. Social interest is an innate potentiality that must be consciously developed or trained (Adler, 1956). The basic skills necessary for providing the core conditions must be consciously developed or trained as well. Mosak (1989) stated that persons with social interest are "socially contributive people interested in the common welfare and, by Adler's pragmatic definition of normality, mentally healthy" (p. 67). Thus, by facilitating the understanding and use of the core conditions—in counselor training, public school education, business, and beyond—we may be concomitantly providing a form of social interest education and thereby facilitating the health and well-being of others.

## **Author's Note**

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