

Short Communication

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Let'S Remember the Beatiful Concepts Carl Rogers Letft Us in Clinical Psychology: Unconditional Positive Regard, Genuineness and Empathic Understanding

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Introduction

Carl Rogers was born in 1902 in Oak Park, near Chicago. His father Walter was a civil engineer and his mother Julia was a housewife. He became the fourth of six children and grew up in a religiously strict environment, which had a significant influence on him during his childhood. From an early age, Rogers was independent, read a lot, and had a strong interest in science [1]. He began studying agriculture at the University of Wisconsin, then switched to history and finally to religious studies. A major turning point came when he was 20, while attending a Christian conference in China, when he decided not to pursue a spiritual vocation. He later gradually distanced himself from religion, became agnostic, and leaned toward a certain spirituality. In 1924, he married Helen, and they had one daughter, Natalie.

Rogers earned his doctorate in New York. During his studies, he worked with children and was greatly impressed by educator John Dewey and psychiatrist Alfred Adler. In the 1930s, he served as director of a child welfare organization in Rochester, where he described his experiences in his first book. Here he was also greatly influenced by psychotherapist Otto Rank, who helped him develop his client-centered approach. In 1940, he became a professor of clinical psychology at Ohio State University. There he published the book *Counseling and Psychotherapy*, in which he described his basic principle: people can change if they are given a safe, understanding, and accepting relationship with a therapist. From 1945, he worked at the University of Chicago, where he founded

a counseling center and conducted research. He influenced a number of students, including Thomas Gordon and Eugene Gendlin. His career culminated in 1947 when he became president of the American Psychological Association. Later, at the University of Wisconsin, he wrote one of his best books „On Becoming a Person“ [1].

From the 1960s onwards, he lived in California. He devoted himself to writing, lecturing, and founding new institutions. Later, he applied his profession to a conflict resolution in areas such as Northern Ireland and South Africa, where he worked on relations between the white and black populations and religious disputes. At the age of 85, he also visited the Soviet Union, where he led workshops on communication. He died at the age of 85 as a result of complications following an unsuccessful operation for a broken pelvis [2]. Carl Rogers, together with Abraham Maslow, is recognized as one of the central founders of Humanistic Psychology, often referred to as the “Third Force” in psychology, following Psychoanalysis and Behaviorism. This approach emerged as an alternative perspective that emphasized the positive aspects of human nature [3,4].

Humanistic Psychology is built on the idea that people are inherently good, possess free will, and have a natural desire to grow, improve, and become the best version of themselves [5]. At the core of this viewpoint lies the belief that humans are driven by an innate tendency toward self-actualization—a motivation to develop

their abilities, overcome challenges, and reach their full potential. Rogers argued that this actualizing tendency is universal, guiding individuals as they strive to become more fulfilled and authentic. However, he believed that whether a person successfully moves toward self-actualization depends largely on their environment, especially the degree of acceptance, support, and understanding they receive from others [6,7].

A central concept in Rogers's theory is the self-concept, which he defined as the set of perceptions and beliefs we hold about ourselves. The self-concept shapes how we think, feel, and behave, and influences how we respond to life's challenges. It also includes our understanding of who we are now as well as who we hope to become. Rogers identified three key components of the self-concept: the self-image, self-worth, and the ideal self [6,7]. The self-image refers to how we see ourselves. It is shaped by our past experiences, the feedback we receive from others, and the expectations of the society we grow up in. A person's self-image can be positive or negative and greatly influences their overall mental and emotional health. The second component, self-worth, reflects the value we place on ourselves. According to Rogers, this is especially influenced by early childhood experiences and the degree of acceptance and support—what he called “unconditional positive regard”—that a person receives. High self-worth contributes to confidence, resilience, and a sense of security. In contrast, low self-worth often leads to feelings of anxiety, insecurity, and fear of rejection.

Finally, the ideal self represents the person we want to be. When there is a large gap between one's self-image and ideal self, a person may experience dissatisfaction or low self-esteem. On the other hand, the more closely aligned these two aspects are, the greater the sense of well-being. Main Concepts in Carl Rogers' Theory are congruence and incongruence [8]. Congruence occurs when someone's self-image matches their actual experiences and when their ideal self, the person they want to become, is realistic and achievable. People who experience congruence usually feel satisfied and accepting of themselves. In contrast, incongruence arises when there is a strong mismatch between one's self-image, ideal self, and real-life experiences. This gap can create anxiety, confusion about identity, and a feeling of not being “good enough.” Rogers believed that incongruence makes people emotionally vulnerable because their internal view of themselves does not reflect what truly happens in their lives. A major source of incongruence are conditions of worth, which are expectations people believe they must meet to receive love, approval, or acceptance. These conditions often form during childhood and can cause individuals to ignore their genuine feelings and create an unrealistic ideal self in an attempt to be accepted.

Carl Rogers developed Person-Centered Therapy, originally known as Client-Centered Therapy, as a non-directive form of counseling. In this approach, the therapist does not give advice, interpret the client's thoughts, or try to “fix” their problems. Instead, the therapist tries to create a supportive, accepting environment in which the client feels safe to explore their own experiences and thoughts. Rogers chose the word client rather than patient

because he believed individuals are experts on their own lives and should remain in control of their healing process. For Rogers, the relationship between the therapist and the client is the most essential part of therapy [9,10].

As Carl Rogers mentioned, a fully functioning person is someone who is mentally healthy. He believed that individuals raised in an environment of acceptance, empathy, and honesty naturally develop into psychologically healthy adults [8]. One of the key traits of such a person is openness to experience, the willingness to accept all emotions, both pleasant and unpleasant, without denial or avoidance. Fully functioning individuals also try to live in the present moment, appreciating what is happening now instead of focusing on the past or worrying about the future [11,12]. Another important quality is trusting one's feelings. These individuals listen to their inner voice, rely on their instincts, and believe in their ability to make wise decisions. Rogers also emphasized creativity as a sign of psychological health. Ultimately, they experience a fulfilled life, feeling alive, satisfied, and motivated by continuous growth. For Rogers, such individuals view life as an ongoing journey of learning.

Conclusion

In conclusion, the principles articulated by Carl Rogers provide a profound framework for understanding and promoting human growth and psychological well-being. Central to this framework is the Rogerian triad—unconditional positive regard, congruence, and empathic understanding—which constitutes the essential conditions for facilitating constructive change. When therapists or supportive figures embody these qualities, they cultivate an environment in which individuals feel genuinely valued, accepted, and understood. Unconditional positive regard allows individuals to experience themselves without fear of judgment, fostering self-acceptance and inner security. Congruence, or genuineness, models authentic self-expression, demonstrating that honesty with oneself and others is both safe and empowering. Empathic understanding ensures that the individual's inner world is truly recognized and validated, reinforcing the sense of connection and trust necessary for meaningful growth. Together, these core conditions create a relational foundation that supports self-exploration, resilience, and transformation, illustrating that human development thrives in the presence of acceptance, authenticity, and deep empathy.

These core conditions resonate deeply with the characteristics of the fully functioning person, a concept central to Rogers' humanistic psychology. Such an individual demonstrates openness to experience, embracing both positive and negative emotions without denial or avoidance, and thereby cultivating emotional richness and adaptability. Existential living, the practice of being fully present in the moment, encourages awareness and engagement with life as it unfolds, heightening one's capacity for meaningful experience. Trusting feelings nurtures confidence in intuition and gut reactions, promoting decisions that align with one's authentic self. Creativity encourages exploration, experimentation, and risk-taking, fostering growth in both personal and social dimensions. Ultimately, a fulfilled life emerges from this ongoing process of self-actualization—a life characterized by satisfaction, purposeful

engagement, and a continual pursuit of new challenges.

By integrating the Rogerian core conditions with the vision of the fully functioning person, psychology offers more than a therapeutic methodology; it provides a holistic framework for human flourishing. It highlights that personal growth is not a fixed destination but a dynamic, lifelong journey in which authenticity, creativity, and emotional depth are continuously cultivated. This synthesis underscores the transformative potential of supportive, empathetic relationships and a conscious commitment to self-development, emphasizing that the path to well-being is simultaneously relational and intrapersonal, practical and aspirational. Ultimately, the interplay between these principles illuminates a comprehensive approach to mental health-one that nurtures the individual's capacity to live fully, creatively, and meaningfully in an ever-changing world.

References

1. American Psychological Association (2021) Carl Rogers, PhD. 1947 APA President
American Psychological Association.
2. Encyclopedia Britannica (2019) Carl Rogers. In Encyclopædia Britannica.
3. Brodie K (2024) Carl Rogers' Theory: Humanistic Approach and Psychology. Early Years TV.
4. Soares L (2011) The state of the art in psychotherapy: historical evolution and epistemological foundations of psychotherapy. *Revista de Psicologia da IMED* 3 (1): 462-475.
5. Soares L (2025) Self-knowledge of health professional: Therapist styles. *J Clinical Research and Reports* 18(3).
6. Main P (2022) What is Carl Rogers' Theory and Its Core Principles?.
7. McLeod S (2025) Carl rogers humanistic theory and contribution to psychology. *Simply Psychology*.
8. Soares L (2024) Theoretical contributions in clinical psychology. *Diversitas Journal* 9(4).
9. Soares L, Lemos MS, Oliveira F, Lucas CV, Roque (2013a) Reflections about the perception of therapeutic environment in clients and therapists: the importance of the 5th session. *International Journal of Psychotherapy* 17(3): 59-66.
10. Soares L, Botella L, Corbella S, Lemos MS, Fernandez M (2013b) Different styles of clients and building of a therapeutic alliance. *Revista Argentina de Clinica Psicologica* 22 (1): 27-36.
11. Soares L (2023) Doctors save lives; psychologists save existences: mental health 5G? The role of research and teaching in the current university paradigm. *Diversitas Journal* 9(3).
12. Pereira Soares ML (2007) Contributions from research on dyads of Portuguese therapists and clients.