

# The concept of the actualising tendency in client-centred psychotherapy theory and practice

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Researchers differ as to who was the founder of actualisation, with some authors dedicating it to Maslow (1954) (Gross, 1992) and others stating Rogers (1951) (Leclerc & Lefraicois, 1998). However, the likeliest candidate was Goldstein in the late 1930's (Goldstein, (1940). For Maslow (1954) actualisation represented the topmost level of a hierarchy of human needs. In order for people to be able to self actualise, elements from lower down in the hierarchy must be fulfilled first. These included physiological needs, such as food and drink; safety needs, such as protection from danger and a sense of love and belongingness.

Actualisation has been defined in many ways with some authors describing it as if it were a fixed state of being but the majority seeing it as a developmental process. Rogers' (1959) definition suggests a favour for the latter, he states that it is;

“the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism.”

Leclerc and Lefraicois (1998) noted that if actualisation is an end product then this would necessitate agreement over “what is the ideal human”. This, they argue, is “an impossible task: the model of an ideal human varies too much from one culture or time period to another.” They therefore assert that, “we only need to agree on the characteristics of the inner process of people who function in harmony with themselves and with their experience”.

The outcome measures researchers have used to define the actualising tendency, suggest their stance on it as a process, or a fixed state. For example, Shostrum (1964) reported adjectives which were used to describe people who had been nominated as actualising or non actualising, suggesting that these attributes are either present or absent, thus arguably siding with actualisation as a fixed state. In his list of characteristics of people nominated as actualising he mentions motivated, involved, concerned, constructive, imaginative, confident, enriched, happy, responsible, accepting, humble, integrated and successful. Whilst examples of non self actualising characteristics included, biased, rigid, unfulfilled, fearful, self pitying, cautious, suspicious and

dominating. However, this study appears to ignore the likelihood that the demonstration of given attributes will be context dependent. Currently a more systemic approach, where individuals are seen as part of a system, like a cog in a wheel, is more favoured than any approach which examines individuals as if they were in an isolation bubble detachable from their environment.

More significantly however, the roots of Rogers' Person Centred psychotherapy are firmly entrenched in Existentialism and Phenomenology, or as some researchers state Existential-Phenomenology, a combination of the two (Worrell, 1997). Existential-Phenomenological therapy focuses on clients self constructions but from a Phenomenological understanding of the nature of the self which emphasises the relational context. The basic proposition of Existential-Phenomenological psychotherapy is that all mental activity, affect and behaviour, is relationally constituted. Human beings are seen as constantly involved in the interpretation of reality, thus meaning is regarded as something which is created, plastic, relative and as a result of relational processes between beings. If this argument is followed to its logical conclusion, there is no objective truth. The idea of actualising as a fluid concept associated with growth, more readily fits the historical routes of Rogers' theory in general.

In contrast to Shostrom (1964), Sumerlin (1997) takes a more process approach in his selection of eleven optimal functioning features. These included autonomy, movement toward capacity, courageousness, curiosity, openness to experience, purpose in life and self acceptance, amongst others. Whilst Leclerc and Lefracois (1998) extensive study has produced a vast number of attributes, their defining features seem less clear and concise in comparison to Sumerlin (1997). However, it is nonetheless one in which the listed concepts suggest a way of being, rather than a way one is, for whilst the former suggests the actualising tendency is dynamic and fluid, the latter suggests that once "acquired" it is fixed and unchanging. They found forty-nine attributes of self actualising people these included "accepting themselves as they are", "feeling free to express their opinions" "having a democratic attitude" and "giving meaning to life".

What is clear from research into actualisation is that researchers are undecided of its key theoretical elements, and how actualisation is to be operationalised. Whilst the above researchers have focussed upon observable behaviours as outcome measures, Rogers (1963) has explored the concept from a more hypothetical and biological or physiological stance. He uses the analogy of the way in which "palm trees" on a shoreline are pounded by breakers causing them to fall flat, only for them to stand erect in-between the

waves. Despite this pounding the palm grows, it has a “tenacity for life” which enables it to “adapt, develop and become itself”. This comes about because;

“the DNA molecule, as long as it is a part of and is interacting with a living cell, carries within it, like a program for guiding a computer, instructions to each emergent cell as to the form and function it will assume in order to make the whole a functioning organism.” (Rogers 1963, p.2)

It could be assumed from the above extract that when Rogers spoke of the actualising tendency he was alluding to something that was biological. Similarly, further into the article Rogers writes the actualising tendency involves;

“development toward differentiation of *organs* and functions, expansion and enhancement through reproduction. It is development toward autonomy and away from heteronomy or control by *external* forces” (Rogers 1963, p.2 italics added).

Lastly, Rogers (1963) similarly quotes work in biology undertaken by Driesch (in Bertalanffy, 1960) which he argues supports the concept of the actualising tendency, further alluding to the idea that it is indeed something associated with biology. He uses the terms “organic”, and “inner forces” which are somehow “natural” and are suggested universal.

Whilst Rogers admits in his introductory paragraph to this particular article, that “this paper... contains many ideas and beliefs which at this point are tentative and uncertain to me” his biological/physiological theory, unlike the behavioural outcome research, does not seem to have moved forward from these early postulations. Nothing physical or biological resembling the actualising tendency has been found to support Rogers’ initial claims. If the actualising tendency is a physical or biological entity, where is it? In stark contrast, research in the physical sciences has accumulated substantial evidence to support tentative suggestions made this long ago which strongly tie behaviour to biological and or physiological factors. (For example, the sensation of pleasure has been linked to a particular part of the brain, known as the nucleus accumbens (Milner’s, 1954); the antidepressant actions of drugs such as iproniazid (Kline, 1952) and the role of the amygdala in the sensation of emotion (Kluver & Bucy, 1939)). Where then is this illusive innate actualising tendency? Research into the biology of the actualising tendency has never really materialised. It could be that it is an innate predisposition under the guise of say courageousness, optimism, hope, resilience, or risk

taking ability which all seem likely to influence the likelihood of individuals striving for actualisation.

However, if Rogers had taken a serious biological or physiological stance in respect to the actualising tendency this would have been greatly at odds with his apparent anti psychiatry and anti medic viewpoint. He was greatly influenced by William James and his ideas of the “stream of consciousness” in his early years. This arguably reflects his later stance which comes down firmly on the side of a therapy which is very much more fluid and dynamic with a focus on the client therapist relationship in therapy more than the rigid rule books of the Diagnostic and Statistics Manuals for Mental Disorder and the International Classification for Disease and their diagnostic categories from the disease/medical model. This was also demonstrated in his association with Otto Rank, a breakaway Freudian therapist, who similarly disliked the diagnose and treat approach which relied heavily on diagnostic testing. Similarly, he was a key figure in the breakaway group which separated the medical specialist, the psychiatrist, from psychology and counselling and psychotherapy. Hence, for Rogers to write of the actualising tendency in such “biological” terms seems contradictory to his beliefs and maybe a reflection of a perceived need to buy into the medical approach in order to gain support.

A “biological” description of the actualising tendency also arguably disclaims the Person Centred philosophy of which Rogers was the founder. The distinguishing features of the approach place the *experience* of clients and therapists and the immediate present relationship between them as the centre of attention (Schmid, 2001). In contrast, biology summons to mind all aspects of humans which are somehow innate or inborn and are therefore concrete, tangible, observable, mechanistic, fixed and rigid and therefore show resistance to change without pharmacological preparations to tackle “the underlying “problem”. This is greatly at odds with the Person Centred philosophy of the relationship being the key source of therapeutic benefit.

Buber’s social existentialist thought reflects a comparatively recent paradigm shift from a disease oriented approach of formulating a diagnosis on the basis of the patients symptoms and the physician treating their problem. More recently therapists have focussed upon forming authentic relationships with the whole person, Buber called the former an I - It relationship, the latter I - Thou. Existential psychotherapy is similar to humanistic therapy in so far as there is a focus on subjective experience, freedom and growth with a dislike of the medical model approach to psychopathology, viewing client difficulties as arising from concerns with existence. The biological assumption, if this argument is followed to its logical conclusion, is that a focus on the

relationship alone is inadequate, whereas a Person Centred therapist would say it is all that is necessary. The Person Centred therapist sees the client's reality as constructed, fluid, dynamic and contextual and thus the antithesis to the biological approach in nearly all respects.

The Person Centred approach falls under the umbrella of Humanistic psychology, the third force psychology, where one "fundamental impetus was precisely a return to the essence of being human, that is to the humanum to being a person: meaning to that which about him or her is *not* nature" (Finke, 2002). Rogers' allegiance to Humanistic psychology was demonstration of his aspiration to move away from the first and second forces, psychoanalysis and behaviourism, towards a valuing of the person and the environment in which they present themselves. The beginnings of the Person Centred approach focussed upon the non directive stance, which seemed to have arisen as a backlash to Psychoanalysis and Behaviourism. Freud's Psychoanalysis saw humans as being governed to a large extent by their unconscious and their innate drives. The patient was almost absolved of their responsibility to themselves and their unhappiness and in terms of their therapy, the analyst was very much in charge. Early Behaviourism similarly ignored the will of the client by focussing on the external observable problem. The client was provided with "acceptable" responses to their unpleasant stimuli and again the therapist directed the proceedings from their standpoint.

Hence the non directive attitude adopted in the 1940's was a radical breakaway from the theories that had preceded it, specifically in its move away from the assumption that the therapist is the expert who should give advice and direct. It could therefore be argued, that a new therapy which assumes that all clients are able to direct themselves, needs something biological and universal that enable us to strive to perform this function. If it isn't in our biology how can we be sure we all have this ability? The naming of the actualising tendency thus allowed therapists to have something more tangible on which to hang their trust of their client's ability to self direct their therapy. This arguably is the function of the actualising tendency.

However, Finke (2002) states it is necessary to "differentiate the criticism of naturalism or biologism which immediately suggests itself, because Rogers also introduces humanistic aspects... which correspond to the humanistic way of thinking" (p.33). He continues by quoting Rogers;

"First of all the client moves toward being autonomous. By this I mean he gradually chooses the goals toward which he wants to move. He becomes responsible for himself... (Rogers 1961, pg. 170-171).

The word chooses in this quote suggests that biological drives alone are not at work. Moreover, perhaps something innate and universal, like an innate predisposition which allows each individual to choose and move towards their goals. In this sense the actualising tendency could lie dormant until or unless it was activated by nurturing or the core conditions in psychotherapy. Existential psychotherapy from which Rogers' Person Centred approach is derived, assumes we all have a capacity for self awareness which allows us to reflect and make choices. However, the question of the location of this innate tendency remains unanswered. Also, it seems very unlikely that everyone is able to choose the goals which they want to move towards, if, to use Maslow's argument, more important survival needs remain unmet. Hence the idea that the actualising tendency is universal and open to everyone seems likely to be more of an ideal than a reality. Similarly, Spinelli (2002) questions whether "everyone is fortunate enough as well as capable of living satisfying lives" or that "there are straight-forth ways to liberate those psychic concerns that may arise in one's life". Russell Miars (2002) cites concerns that "an existential perspective in counselling is often viewed as a luxury that is generally relevant to the few worried well clients who have the time and money to engage in personal growth work" (p.46).

Confusion over Rogers' beliefs about the actualising tendency appears to have arisen because he argues sometimes for "one central source of energy in the human organism" (1963) whilst at others suggests a dual relationship between naturalistic/biological and humanistic elements, whilst at others seems to emphasise only one of these stances (Rogers 1961). He also notably makes few real distinctions between physical growth, like the palm trees on the shore and emotional growth in his clients, he moves rapidly from one to the other without differentiation as if the resources for each were identical. However, Humanistic psychology recognises that human existence consists of multiple layers of reality: the organic, the physical, the environmental and the symbolic. Therefore, the actualising tendency could be seen as a reflection of the Humanistic stance of which Rogers was a keen advocate.

In a similar vein, Rogers (1959) argued that the actualising tendency is the "motivational construct" that drives our clients toward fulfilment of their potential, moves the client in the direction towards growth, from the simple to the complex towards greater levels of maturity and higher levels of functioning. The actualising tendency is always portrayed as something good and actualisation is seen as something to which everyone should strive for, again this emulates the positive position of Humanistic psychology that holds a hopeful, constructive view of human beings and of their substantial capacity to be self-determining. This conviction leads to a belief that everyone has the

capacity to become more aware, free, responsible, life-affirming and trustworthy which are all very positive goals.

In conclusion, Rogers' portrayal of the actualising tendency and the concept of actualisation, emulates his struggle to move away from the first and second forces of psychology and all the ideas behind Psychoanalysis and Behaviourism towards a Humanistic, Existential and Phenomenological philosophy upon which the Person Centred approach was based. The Person Centred approach proclaims a reality which is relational, systemic, fluid and dynamic, a therapy which focuses on narratives and thus a reality which is constructed highly contextual and situational. However, Rogers proposes that the actualising tendency is something biological and innate, thus suggesting a concept which is the antithesis to all the above concepts associated with the Person Centred approach i.e. something that is fixed, inherent, concrete and tangible. His writings of the actualising tendency as a biological entity, seem to be born out of a necessity to justify its existence to sceptics who need something more concrete in order to trust the growth tendency in human nature. If the actualising tendency is not viewed as innate and universal, how can we trust that all clients have the capability and urge to seek it, given the core conditions?

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