

Non-directivity and the Four Rogers in Historical Context

I am indebted to Indu Khurana, John Pratt, and Mark Harrison (PCQ) for their written responses to my article *On becoming a non-directivity non-believer: the holey tale of the jumper* (PCQ). This because I believe it is crucial for the present and future well-being of the person-centred approach that the notion of non-directivity be subjected to detailed critical examination, given that certain members of the approach have singled it out as the yardstick—the ‘shibboleth’ (Schmid, 2005)—for celebrating and separating off the ‘true’ and ‘pure’ practitioners of Rogers’ therapy from the ‘heretical’ and ‘impure’. My Jumper article gave brief reasons why I am a non-directivity heretic; why I regard the idea of the therapist being non-directive a useful rule of thumb but consider the notion of non-directivity to be a confused construct, not a bedrock concept of person-centred practice. Here, I elaborate further upon my point of view, taking account of certain of my respondents’ comments.

A case of more than one Rogers

In his thoughtful remarks, Mark Harrison refers to the hypothesis of Marvin Frankel and Lisbeth Sommerbeck (2005—hereafter F & S) that over the course of time Rogers espoused two different forms of therapy (Rogers 1 and Rogers 2). To me F & S are on the right track, for it is my own hypothesis that from a historical point of view there are not just *two* but *four* Rogers—with continuity and similarity between them, but nevertheless qualitatively different in the way that the individual as infant, child, adolescent, and adult is different. It is also my contention that light is shed on the shortcomings of the construct of non-directivity when it is examined from within the historical context of the emergence of the four Rogers. Consider, then, the notion of non-directivity vis-à-vis the historical development of what I term Rogers I, II, III and IV, where Rogers IV equates with F & S’s Rogers 2, and a mix of Rogers II and III constitutes their Rogers 1.

Rogers I

There are strong grounds, I believe, for maintaining that in its initial form (in the late 1930s up to 1940) that Rogers’ therapy was essentially Rankian relationship therapy, as developed principally by Jessie Taft based on the theoretical ideas of the heretical Freudian, Otto Rank. For, during this period, writes Brian Thorne, ‘Rogers was...much affected by the work of Rank’s student, Jessie Taft. She and her colleague, Frederick Allen became a major influence in Rogers’ professional life and it was their version of Rank’s ideas and practices that gradually permeated Rogers’ own thinking and clinical behaviour’ (2003, p. 9). Along with the Rankians, Rogers thus affirmed a drive towards growth within the individual; a focus upon clients’ feelings in the moment and not on their past; the view that the relationship itself constitutes a growth experience. Significantly, too, Howard Kirschenbaum says this of the key elements that constituted Rogers’ therapeutic practice at this time: ‘Neither did he [Rogers] introduce the concept of acceptance,...the technique of recognizing, reflecting, and clarifying feelings,...the practice of refraining from directing the client in his life. All these had been used often by the Rankian school’ (2007, p. 120).

The question arises, therefore, whether we should really be honouring Jessie Taft as the primary architect of person-centred therapy; acknowledging a woman as its true founder, someone who was a strong feminist, and seemingly a lesbian.

Rogers II

While Rogers I therapy may not have differed from relationship therapy, the publication of *Counseling and Psychotherapy* in 1942 saw Rogers describing an approach crucially different from its Rankian forebear. This approach (Rogers II) he titled ‘non-directive’. It did not differ from relationship therapy, though, through being ‘non-directive’ in the sense of *not* being a directive, quasi-medical, ‘diagnostic-prescriptive’ approach (that approach in which the therapist ‘takes full direction of the contact’ and ‘discovers, diagnoses, and treats the client’s problems’ according to an impersonal conceptual scheme/manual (Rogers, 1942)); for relationship therapy was non-directive in the same way. What made Rogers’ ‘non-directive’ therapy different, evidences Godfrey Barrett-Lennard, was Rogers’ ‘consistent and versatile application of therapist reflection and clarification of feelings’ (2007, p. 24), such a systematic use of these techniques making *Counseling and Psychotherapy* ‘a *how-to-do-it manual* in the best sense, for counselling practitioners and students’ (Barrett-Lennard, 1998, p. 11).

What we see then is that Rogers’ naming his therapy ‘non-directive’ was very much bound up with an emphasis on technique, particularly ‘reflection of feeling’—a Rankian social worker, Elizabeth Davis, had suggested to Rogers ‘the the best response was to ‘reflect...feelings back to the client’ and, as he himself puts it. ‘it very much improved my work as a therapist’ (Rogers, 1980, p. 138). It is significant, too, that at this point the construct of ‘non-directivity’ had yet to be invented (i.e. in the sense of its being, as Barbara Brodley (1999) claims, and as John Pratt seemingly re-avows, Nat Raskin’s (1947) ‘non-directive attitude’). What was spoken of initially was ‘the relative degree of directiveness or non-directiveness’ vis-à-vis specific *behaviours* by the therapist in which the highest degree of non-directiveness in a counselling interview was psychometrically defined as ‘an interview in which the counselor has refused directly or indirectly to take the responsibility for directing the interview and consequently has *forced* [my emphasis] the client to accept he responsibility for directing the interview’ (Rogers, 1942, p. 119).

If at the outset *forcing* a client to do something is deemed highly non-directive, is it any wonder that the term has subsequently generated so much confusion?

In hindsight, therefore, it’s hardly surprising that Rogers got a fair amount of criticism for his technique-laden characterization of non-directive therapy. Not surprising, too, that Jessie Taft herself weighed in. ‘Dr Rogers’, admonished Taft, ‘has reduced the therapeutic process to a dangerously simple, would-be foolproof procedure’ and ‘overlooked or underestimated in my opinion...the impossibility of maintaining such a neutral colorless relation [between therapist and client]’ (1947, pp. 279-280, 278), the point being, as the apocryphal story of the suicidal jumper highlights, that Rogers’ characterizing of non-

directive therapy allowed critics scope for construing the Rogerian counsellor as a ghostly phantom, a rigid and robotic acceptor and reflector.

Rogers III

Forced to acknowledge that his characterization of 'Non-directive Therapy' had 'tended to overstress techniques' and thus its being 'spoken of as merely a method or technique' (1951, pp. 19-20), Rogers revamped its formulation. Deliberately dropping the epithet 'non-directive', Rogers used another Rankian term to re-title this revision 'client-centred therapy' (Rogers III). Prominent features of this formulation, publicly presented mainly in the 1950s, were Rogers' stress upon the therapist focusing on the inner world (the 'internal frame of reference') of the client, accentuation of the importance and precise definition of the attitudinal stance of the therapist in terms of the 'core conditions' of empathy, unconditional positive regard and congruence, and a playing down of the importance of therapy techniques.

Noteworthy, here, is that Rogers declined to employ Raskin's (1947) construct of the non-directive attitude in defining the attitudinal stance of the therapist. As my Jumper article highlights, Rogers realized that Raskin's non-directive attitude was indistinguishable from emotional identification: the mind-set in which the entire inner world of the therapist is taken up with the client's experiencing; where no difference exists, say, between the client's experiencing of an emotion (e.g. fear) and that of the therapist. Thus, although Rogers acknowledge that Raskin's 'non-directive attitude' is partially true, it being vital for the therapist to immerse themselves in the client's inner world, he himself went on to express the fuller truth in a definition of empathy in which such immersion is counter-balanced in the inner world of the therapist by the therapist's self-awareness—hence Rogers' emphasis on the 'as if' quality of the therapist's immersion, the therapist, so to speak, having one foot in the river, one foot on the bank. By contrast, Raskin's characterization of the non-directive attitude fails to free the conception of the Rogerian therapist from that of the ghostly phantom, fails to allow room, in conceptual terms, for the self of the therapist.

Rogers IV

Although his extensive and rigorous 1950s theory statements regarding the therapeutic relationship allowed room, conceptually speaking, for therapist self-experiencing (and, according to Brodley, were lacking because the 'non-directive attitude' was not 'explicitly incorporated' (1997, p. 19)), the behavioural implementation of Rogers' therapy continued to consist almost entirely in reflecting the client's feelings (or 'personal meanings', as Rogers later had elaborated).

However, in the late 1950s and thenceforth Rogers began practising a form of therapy (my Rogers IV, F & S's Rogers 2) that differed from its predecessor in terms of more open and spontaneous, congruent self-expression by the therapist, i.e. involvement of the therapist's 'colourful' presence. Influential in the development of Rogers IV was Rogers' experience of working with incarcerated 'schizophrenics', individuals, whom Rogers found, were most helped by therapists 'who are first of all real, who react in a genuine, human way

as persons, and exhibit genuineness in their relationship' (Rogers, 1961, p. 91). In consequence, he attested, 'there has come to be a greater use of self of the therapist, the therapist's feelings, a greater stress on genuineness, but all of this without imposing the views, values, or interpretations of the therapist on the client' (1974, p. 11). Rogers linked this characterization with Martin Buber's encounter philosophy, specifically Buber's notion of the 'I-Thou' relationship. Unfortunately, though, Rogers never went back to properly integrate the conceptual ideas supportive of this stage IV development into his 1950s theory formulations. However, writings by Godfrey Barrett-Lennard, Peter Schmid, Dave Mearns and Mick Cooper may be seen as movements in this direction.

Where, then, does 'non-directivity' fit into this last version of Rogers' therapy?

If you hold, along with Barbara Brodley (and seemingly John Pratt) that 'non-directivity' is nothing but an attitude and not a behaviour and equate that attitude with Raskin's definition of the 'non-directive attitude' then clearly 'non-directivity doesn't fit with Rogers' therapy stage IV--something Brodley herself and her disciple, Sue Wilders, have essentially asserted through their criticism as 'directive' and 'heretical' of Mearns and Cooper's formulation of 'working at relational depth'.

The problem with this conclusion, however, is that based as it is on the yardstick of Raskin's non-directive attitude, Brodley's and Wilder's judgement is inherently flawed because Raskin's construct is a flawed measuring instrument, employing as it does a flawed definition of empathic understanding. 'Non-directivity' as 'the non-directive attitude' does not fit into Rogers' therapy stage IV, therefore, because that stage is firmly rooted in an espousal of the primacy of empathy and the other core conditions. Thus rather than the non-directive attitude equating with a coalesced combination of all three core conditions ('adher[ing] within the meld of the basic therapeutic attitudes' (1997, p. 18), as Brodley claims, the notion of the non-directive attitude represents a preliminary and inadequate attempt to define those conditions.

By comparison, Brodley maintains that a true formulation of Rogers' therapy requires 'the nondirective attitude to be explicitly incorporated in client-centered therapy and practice' because it 'was not *formalized* in Rogers' theory' (1997, p. 19; 1999, p. 81). But if there is no such need for this addition to Rogers 1950s theory statements, and Rogers definition of core conditions are 'necessary and sufficient', it is, I believe, fair to ask, what is it that the notion of nondirectivity is supposed to add to Rogers' definition?

I would argue—and this gets us onto an additional, not complementary, but alternative definition of non-directivity, which does, in my view, partially fit into Rogers therapy stage IV—the added bit, as I see it, involves prescribing what behaviours are authentic expressions of Rogerian therapy, so that one ends up with a definition of non-directivity that has a mandated behavioural component.

Brodley, I would maintain, even as she says, 'the nondirective attitude...is not a technique (1999, p. 81), that 'client-centered non-directivity refers to an *attitude*...not to specific behavior' (1999, p. 79), is very prescriptive in terms of what behaviours are

appropriate expressions of that attitude and effectively disparages any ‘technique’ apart from the ‘technique’ of reflection of meaning (which she re-christens ‘the empathic understanding response’), although Brodley does allow alternative techniques at the client’s request. When, therefore, many person-centred authors define ‘non-directivity’, they provide a definition that not only refers to an attitude (usually equivalent to Rogers’ definition of unconditional positive regard/respect) but also to behaviour, e.g. as with Paul Wilkins’ definition endorsed by John Pratt, where reference is made to the behaviour of not imposing.

When non-directivity is understood in this non-imposing fashion, then these comments by Art Bohart become pertinent. ‘In order to be non-directive’, asks Bohart, ‘must I simply mirror back where they’ve [clients] have already been?’ (Bohart, 1995, p. 35). ‘What’, he continues, ‘if my empathic resonance to the theme a client is playing, a technique comes to mind? Is the sharing of this with the client being directive....If I deliberately withhold my thought about technique in the name of being nondirective, am I not *being* directive and choosing for my client?’

Thus, in terms of the practice of Rogers IV therapy, being non-directive, or better ‘non-imposing’, for me represents a useful rule of thumb when endeavouring to behaviourally implement the core conditions; endeavouring, that is, to encounter and interact with a client in a congruent, empathic and respectful fashion. Such implementation need not be limited to reflection of meaning behaviours, for, as Rogers in his stage 4 period declared, ‘if the therapist has the attitudes we have come to regard as essential, probably he or she can use a variety of techniques’ (quoted in Wilkins, 2003, p. 92).

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