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**Carl Rogers' fateful wrong move in the development of Rogerian relational therapy:
Retitling "relationship therapy" "non-directive therapy"**

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This article examines the relationship between Rogerian therapy and Rankian relationship therapy across four stages in the development of Rogerian therapy to its present relational form. The case is made that Rogers perpetrated a fateful wrong move in first titling his therapy "non-directive therapy" since Rogerian therapy is essentially an evolved elaboration of Rankian relationship therapy.

Keywords: non-directive therapy; Rankian relationship therapy; wrong move; developmental stages; relational therapy

Rogers' folgenreich falscher Schachzug in der Entwicklung der Rogerianischen relationalen Therapie: Neubenennung "Beziehungstherapie" "Nicht-direktive Therapie"

Dieser Artikel untersucht die Beziehung zwischen Rogerianischer Therapie und Rankscher Beziehungstherapie während vier Entwicklungsetappen von Rogers' Therapie hin zur gegenwärtigen relationalen Form. Die Hypothese lautet, dass Rogers einen folgenreich falschen Schachzug beging, seine Therapie überhaupt "nicht-direktive Therapie" zu nennen, da Rogerianische Therapie im Wesentlichen eine Weiterentwicklung der Rankschen Beziehungstherapie ist.

El fatal paso equivocado de Rogers en el desarrollo de la teoría relacional: Dar el nuevo título "terapia no directiva" a la "terapia relacional"

Este escrito examina la relación entre la terapia Rogeriana y la terapia relacional de Rank a lo largo de cuatro etapas en el desarrollo de la terapia Rogeriana hasta su forma actual de terapia relacional. Argumentamos a favor de que Roger perpetuó un movimiento equivocado y fatal cuando llamó primero su terapia "terapia no directiva" ya que la terapia Rogeriana es esencialmente una elaboración evolucionada de la teoría relacional Rankiana.

Le pas de Rogers, lourd de conséquences, dans le développement de la thérapie relationnelle rogérienne: Renommer la “thérapie relationnelle” en “thérapie non-directive”

Cet article examine la relation entre la thérapie rogérienne et la thérapie relationnelle rankienne à travers quatre stades du développement de la thérapie rogérienne jusqu’à sa forme relationnelle d’aujourd’hui. Il argumente que Rogers a fait un pas lourd de conséquences néfastes en nommant, en première instance, sa thérapie, “thérapie non-directive,” alors que la thérapie rogérienne est en son essence une élaboration évoluée de la thérapie de la relation rankienne.

O movimento fatídico e errado de Rogers no desenvolvimento de uma terapia relacional Rogeriana: Alterando a designação de “terapia relacional” para “terapia não directiva”

Este artigo analisa a relação entre a terapia de Rogers e a terapia relacional de Rank, em quatro fases do desenvolvimento da terapia rogeriana até à sua forma relacional actual. Argumenta-se que Rogers cometeu um erro fatídico quando começou por designar a sua terapia como “não directiva,” uma vez que a terapia rogeriana é essencialmente uma elaboração da terapia relacional rankiana.

ロジャーズ派の关系的セラピーの発展におけるロジャーズの致命的な誤りについて：“関係セラピー”“非指示的セラピー”への新たな名前の付与

本論文の目的は、現在の関係的な形態に至るまでのロジャーズ派セラピーの発展の4つの段階における、ロジャーズ派セラピーとランク派の関係セラピーの関連性を検討することである。ロジャーズ派のセラピーが本質的にはランク派の関係セラピーを推敲し、発展させたものであるにもかかわらず、ロジャーズは自身のセラピーを“非指示的セラピー”と名付けるという致命的な誤りを犯してしまったと論じた。

I discovered features of Rank's ideas *throughout* Rogers's mature work, not only in the 1930s, at the birth of client-centered therapy, but also much later in the 1970s. (Kramer, 1995, p. 56)

In this article, I critically examine the developmental history of Rogerian therapy. In relation to the titles given it, I argue that Rogers perpetrated a fateful wrong move by originally choosing to title his therapy “non-directive,” because:

1. Non-directive therapy, as Rogers defined it in the 1940s, represents an aberrant version of already existing “relationship therapy” based on the ideas of Otto Rank. While the core features of non-directive therapy are those of relationship therapy, it is aberrant because it (a) excludes valuable features of relationship therapy; (b) employs certain techniques of relationship therapy in a manualized manner at odds with Rankian practice.

2. By originally terming his therapy “non-directive,” Rogers gave unmerited status to the notion of the therapist being non-directive, thereby sowing seeds of misunderstanding which hindered later fruitful development of Rogerian therapy.

3. Along with changing titles, Rogers produced revised characterizations of Rogerian therapy, revisions resulting in increasing concordance with the formulations of relationship therapy. Subsequent augmenting of Rogers' ideas by other person-centered theorists has further accentuated this concordance.

Below, to substantiate the above points I examine the relationship between Rogerian therapy and Rankian relationship therapy apropos four stages in the former's development:

I. The Minnesota Formulation of the "Newer Approach"

II. Non-directive Therapy

III. Client-Centered Therapy

IV. Relational Therapy

Rogerian Therapy Mark I

According to Rogers, his approach to psychotherapy was born on December 11, 1940, the occasion he gave a lecture to associates of the counseling program at the University of Minnesota, a program Edmund Williamson headed. Rogers' talk was entitled "Newer concepts in psychotherapy." In it he described "A Newer Psychotherapy" (which he himself practiced) in contrast to "Some Older Methods," of which Williamson was a noted exponent. A revised version of Rogers' Minnesota talk comprised almost all of

Chapter 2 of Rogers' 1942 book, *Counseling and Psychotherapy*. I consider Rogers' exposition of the "newer psychotherapy" in this chapter to be Rogerian Therapy Mark I.

Two features of this 1940 formulation stand out apropos my overall argument.

The first is that in the published version of his 1940 talk Rogers nowhere gave the newer psychotherapy the title "non-directive." The designation "non-directive" first appeared in Chapter 5 of *Counseling and Psychotherapy*, where, paralleling his earlier differentiation between the older methods and the newer psychotherapy, Rogers contrasted "The Directive Versus the Non-Directive Approach."

Now while, when revising his Minnesota address, it would have made sense for Rogers to introduce the terms "directive" and "non-directive" into the published version, but not the other way round (why delete these terms if he had actually used them?), it appears that in 1940 Rogers was yet to employ the titles "directive" and "non-directive" to contrast his and the "older" approaches.

The second outstanding feature is the essential equivalence between Rogers' 1940 formulation of his approach and contemporaneous formulations of relationship therapy.

The existence of a close relationship between the two has never been questioned: it being the case that as a psychologist in Rochester, New York, in the 1930s, Rogers' contact with social workers trained by advocates of relationship therapy resulted in his becoming, in his words, "infected by Rankian ideas" (Rogers & Hart, 1970, p. 517), "infection" reflected in his acknowledgment in the Minnesota talk that "the thinking of Otto Rank, as it has been modified by such individuals as [Jessie] Taft, [Frederick] Allen,

and [Virginia] Robinson, and other workers into ‘relationship therapy’ ... [is] one important point of origin” for the newer psychotherapy (1942, pp. 27–28).

Howard Kirschenbaum concluded that “if one had to choose an individual who had the greatest influence on Rogers’ evolving views during his Rochester years, it would be she, Jessie Taft” (2007, p. 88), a conclusion Brian Thorne reinforced. “Rogers,” declared Thorne, “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 behavior” (2003, p. 9).

I would argue that the relationship between Rogerian Therapy Mark I and relationship therapy is more one of identity. Support for this view was provided by remarks Rogers made in the 1970s – in which he maintained that:

The four elements of this newer approach described in that Minnesota talk were these: (a) “It relies much more heavily on the individual drive toward growth, health, and adjustment.” Therapy “is a matter of freeing (the client) for normal growth and development.” (b) This therapy “places greater stress upon ... the feeling aspects of the situation rather than upon the intellectual aspects”; (c) “[This newer therapy places greater stress upon](#) the immediate situation than upon the individual’s past.” (d) “This approach lays stress upon the therapeutic relationship itself as a growth experience.” (1974, p. 8)

As Godfrey Barrett-Lennard suggested, “in the published version of his Minnesota talk (1942, pp. 19–45), Rogers includes [sd](#) essentially the same four points in characterizing the “Newer Psychotherapy” as in his earlier account of Relationship Therapy (1939)” ([1998, p. 10](#)) (i.e., in *The Clinical Treatment of the Problem Child*, ~~1998, p. 10~~). The following statements of Rogers and the Rankians regarding each element make plain both the accuracy of Rogers’ description of relationship therapy and the equivalence of its key elements with those of his “newer therapy”:

(a) Individual drive toward growth

Its [relationship therapy’s] major value may be ... in the fresh viewpoint of non-interference and reliance upon the individual’s own tendency toward growth which it has emphasized. (Rogers, 1939, p. 200)

Hopefully, the helper can set up conditions that are favorable, can with skill further the process; but the actual movement which leads to a constructive solution, although it requires the medium of relationship for its dynamics, is finally dependent on the impulse toward growth and the capacity for self-organization residing in the individual himself. (Taft, 1947/1962, p. 277)

The urge to grow that is universal in all living matter provides motivation for the journey ... toward self-fulfillment. (Allen, 1942/[1979](#), p. 91)

(b) Emotional/feeling elements stressed more than the intellectual

The whole attempt [in relationship therapy] is to sense accurately the feelings of the child in real, not preconceived terms. (Rogers, 1939, p. 347)

From my own experience, I learned that the therapeutic process is basically an emotional experience. (Rank, as cited in Kramer, 1996, p. 268)

There really is no intellectualized interpretation at all ... beyond my constant effort to comprehend and respond overtly to the salient feelings and impulses of the hour as present living realities. (Taft, 1933, p. 94)

What the child is actually doing and feeling is more significant than the verbal content ... The interest and focus [is] ... on the feeling content of the hour.

(Allen, 1942/[1979](#), pp. 73, 77, ~~66-67~~)

(c) Stress on the present/immediate/here-and-now situation

Relationship therapy ... deals entirely with present situations, and makes no attempt to interpret past reactions. Furthermore, it is not only present feelings and reactions, but primarily those feelings which center on the worker. (Rogers, 1939, p. 343)

The emphasis on the emotional experience ... brings two essential principles into focus. Firstly the emphasis is shifted from the past to the *present*, in which all emotional experience takes place. (Rank, as cited in Kramer, 1996, p. 268)

The passing present of relationship, on which every helping process depends, is a present of immediate living experience. (Taft, as cited in Robinson, 1962, p. 315)

These general therapeutic principles accent the value of the immediate experience and apply whether the patient be adult or child If the therapist is oriented to the primary value of the immediate experience he will be less concerned about the historical significance of what the child is doing. He will be concerned with helping the child to be what he can be in the here and now. (Allen, 1942/1979, pp. 60, 130)

(d) The relationship itself is a growth experience

Relationship therapy ... places its major emphasis on the curative power of the emotional relationship itself rather than any insight gained by the individual through the interpretation of his past experience. (Rogers, 1939, p. 340)

The therapeutic reality is the actual dynamics of the relationship as it develops from hour to hour between two human beings. (Taft, 1933, p. 106)

Growth through relationship ... is the essence of therapy ... Effective therapy with a child depends upon the changes a child can make ... through the medium of a therapeutic relationship. The therapist has no power to do the changing.

(Allen, 1942/[1979](#), pp. 80,~~244~~)

Given the overlap between the statements of Rogers and the Rankians, I propose that Rogerian Therapy Mark I was nothing other than a re-espousal of Rankian relationship therapy. But what of the relation of Mark I to subsequent versions of Rogerian therapy? In the same retrospective comments of 1974, Rogers said of the four elements of his 1940 approach that had “stood up well in the ensuing years” (1974, p. 8), implying that they

had provided a firm structure on which was based the development of Rogerian therapy from 1940 to 1974. One might argue that Rogerian therapy started out as a version of relationship therapy and remained such? However, scrutiny of Rogerian Therapy Mark II reveals this not to be the case.

Rogerian Therapy Mark II: Non-directive

Rogers, in the same retrospective remarks of 1974, described his reception in Minnesota in 1940 and his reaction to it:

I was totally unprepared for the furor the talk aroused. I was criticized, I was praised, I was attacked. I was looked upon with puzzlement. By the end of my stay in Minneapolis, it really struck me that perhaps I was saying something new that came from *me*; that I was not just summarizing the viewpoint of therapists in general. It was shortly after that I decided I would work toward a book presenting my point of view – a point of view drawn in large measure from others, nourished by others, but still a point of view of my *own* ... Thus it can be seen that the Minnesota paper marked a real turning point for me in which I began to believe that I might personally, out of my own experience, have some original contribution to make to the field of psychotherapy. (p. 8)

Now just as the Minnesotans looked upon Rogers with puzzlement, so might we, with respect to Rogers' retrospective commentary, given that the "four elements" of *his* "new," "original" approach are actually the four fundamental tenets of relationship therapy previously featured.

If this is the major puzzlement, there is also the minor puzzlement, pinpointed by Thorne (2003), over Rogers' unpreparedness for the "furor" he encountered. In his 1940 talk Rogers lauded his own newer approach and strongly disparaged the kind of older methods advocated by the Minnesotans. So what kind of reaction did Rogers' expect from Williamson and Co.? Had Rogers been presenting the four elements of his newer approach to the social work department at the University of Pennsylvania in Philadelphia, where Taft and Robinson taught, the reaction might have been the ho-hum one of "So what's new?"

Notwithstanding, the questionable and puzzling character of Rogers' retrospective testimony, the 1942 publication of his book *Counseling and Psychotherapy* launched non-directive therapy, the Mark II version of Rogers' therapy that he and his colleagues expounded in succeeding years. Comparing the exposition of non-directive therapy with the tenets of relationship, we now find novelty and originality in terms of apparent differences. Let us examine these more closely.

1. In contrast to Rogers, the Rankians were said to engage in psychodynamic interpretations. But, as Kirschenbaum recorded, "Unlike Rank or Allen, Taft went so far

as to abandon interpretation” (2007, p. 88); while some form of interpretation appears part of non-directive therapy practice. As William Snyder wrote in 1947, “the techniques which are used to a certain extent in the non-directive method, and which may be called semi-directive, are approval, or encouragement, and interpretation” (1947, p. 4).

2. Rogers did separate himself from Rank’s “speculative” psychodynamic theorizing, particularly Rank’s positing that psychological disturbance originates in the “trauma of separation at birth” (Rogers, 1939, p. 347, 1942, p. 101). But this did not automatically distinguish Rogers from the Rankians, as shown by Allen’s comment that “birth cannot be thought of as a necessarily traumatic experience” (1942, p. 22).

3. Raskin (1948) argued that the non-directive therapist differed from the relationship therapist in not “verbalizing attitudes of which the client is not yet conscious” (Rogers, 1942, p. 39). “The counselor should not go beyond the feeling which is being expressed,” Rogers stated (Rogers & Wallen, 1946, p. 34). However, as he developed his approach Rogers became more open to such responding, stating that “the therapist is sometimes with the client, [and] at times he may be on ahead” (1951, p. 113). Later, he endorsed Gendlin’s notion of “probing at the edge of awareness” (Rogers & Wood, 1974, p. 233), and ultimately confessed to: “... saying things that seem totally off the wall ... yet it always strikes a note in the client that is very valid and significant” (1983, p. 13).

4. Rogers is said to be unique in asserting that “the client is the best guide” and that the surest path for the therapist to follow is “the pattern of the client’s feeling as it is freely expressed” (Rogers, 1942, p. 131). A similar sentiment was echoed by Taft who said she aimed “to ignore content and to go through to the fundamental attitude and emotions behind it” and thus has “no goal” except that of “leaving the ‘cure’ so called, to the will of the patient” (1933, p. 108).

There were other differences. For instance, in contrast to Rogers the Rankians tended to employ Freudian terminology, albeit that Rogers took from them the use of the term “client” rather than patient (Kirschenbaum, 2007, p. 111); unlike Rogers, the Rankians pre-determined the number of therapy sessions – however later Rogerians engaged in similar practice; unlike the Rankians, Rogers had a greater faith in scientific research determining the nature of effective therapeutic practice; non-directive therapy tended to be the province of male clinical psychologists, whereas relationship therapy was mainly practiced by female social workers. This review, I would argue, suggests that differences between Rogers’ therapy and relationship therapy are more apparent than real and dissipate over time.

A more enduring difference is Rogers’ choice of the title “non-directive” itself, rather than continuing to use the name “relationship therapy.” Clarifying the nature of this difference involves defining the meaning of the term “non-directive,” a matter of ongoing disagreement among Rogerians. One primary reason for such disagreement is that at the outset Rogers employed the term “non-directive” in two ways: (1) as a title for his whole approach, the “genus,” and (2) to refer to elements within that whole, the

“species.” That it is principally the former of these two usages that Rogers originally had in mind in introducing the designation “non-directive” is supported by two statements he made in the 1980s:

Initially the approach that we developed was a protest against what had been going on and so it was non-directive to separate it from directive. (Rogers, 1985)

There is no doubt the term *nondirective* was itself accurate, but it was a term of rebellion. It was saying, what we were against. We were opposed to the highly directive kind of procedures being used. (Rogers, in Rogers & Russell, 2002, p. 252)

In other words, as Maria Bowen explicated, “when Rogers first introduced the term ‘nondirective counseling’ in 1942 in his book *Counseling and Psychotherapy*, it was in reaction to the directive diagnostic-prescriptive approach that was prevalent in the 1930s” (1996, p. 84).

So understood, Rogers’ basic motive in naming his approach “non-directive” was to distinguish it, not from relationship therapy, but from the quasi-medical, diagnostic-prescriptive approach to counseling that was the mainstream approach of the day, that approach in which the therapist, like the medical specialist, “takes the full direction of the contact” and thereby “discovers, diagnoses, and treats the client’s problems” (Rogers,

1942, pp. 116, 115); where, that is, the therapist operates according to an impersonal conceptual scheme/manual linking “symptom,” cause, and cure. “Directive” was the shorthand title for this approach. And, given that Williamson advocated such an approach, Rogers’ reaction to the Minnesotans amounts to the retort: “My approach is definitely not ‘directive’ like yours. It is ‘non-directive’!”

However, while Rogers’ basic intention may have been to separate his approach from Williamson’s (to denote the whole), he inadvertently sowed seeds of confusion by simultaneously employing “non-directive” in a species sense to refer to particular features of the non-directive therapist’s conduct. A pristine example of this is found in his discussion “The Directive Versus the Non-directive Approach,” Chapter 5 of *Counseling and Psychotherapy* (1942). There Rogers endorsed Elias Porter’s differentiation of “Directive and Non-Directive Viewpoints” in terms of “the relative degree of directiveness or non-directiveness” as measured by an 11-point scale developed by Porter. Which is to say that while advocating Williamson’s directive therapy or Rogers’ non-directive therapy can be an either-or matter, determining whether a therapist is directive or non-directive apropos the specifics of their practice constitutes a matter of degree, assessed in this instance by the newly coined construct of “directiveness.” The confusion that can arise through employing the same term, “non-directive,” to refer to both genus and species was well illustrated by instructions Porter gave to judges on the use of his scale. As quoted by Rogers, these read:

The value of 11 on the scale represents an interview in which the direction has been furnished entirely by the counselor. The value of 1 represents an interview in which the counselor has refused directly or indirectly to take the responsibility for directing the interview and consequently has *forced* [italics added] the client to accept the responsibility for directing the interview. (1942, pp. 118–119)

When “forcing” a client in the direction of “taking responsibility for directing the interview” represents a consummate example of non-directive practice, one doesn’t need too great a command of the English language to realize that from the start Rogers’ employment of the title “non-directive” invited confusion, confusion not mitigated by his exposition of the non-directive therapist directly setting time limits and limiting clients’ expression of affection and aggression.

With such confusing usage of “non-directive” in mind, I return to consider the question of the real and significant difference between Rogers’ Therapy Mark II and relationship therapy. If the term “non-directive” is being employed to mean “non-diagnostic-prescriptive” then the term doesn’t indicate real difference from relationship therapy, for relationship therapy, too, was non-diagnostic-prescriptive, as the following references evidence.

For example, Rogers spoke of the “major value” of relationship therapy being its “fresh viewpoint of non-interference” wherein “there is no attempt to lay down a course of action” for the individual (1939, p. 200); Taft said of her therapy practice that “active designs” on her part for the “cure” of the client and a failure to accept her “function as

helper not ruler” give rise to “added fear and resistance” on the part of her client (as cited in Robinson, 1962, p. 5); and Allen commented that “the [relationship] therapist does not introduce an external pattern into which he attempts to fit the patient” (1942/1979, p. 117).

If *non-directive* means *non-diagnostic-prescriptive* there is no essential difference between Rogers’ non-directive therapy and relationship therapy, however what happens when “non-directive” has a “species” meaning referring to specific therapist practices?

The following descriptions of relationship therapy practice suggest little difference in this regard, relationship therapy being depicted by Rogers as “a passive approach” involving a “fresh viewpoint of non-interference and reliance upon the individual’s own tendency toward growth” where “the whole attempt is to sense accurately the feelings of the child [client]” and the individual is “left free to choose his own goal”, insofar as “the worker [therapist] will not dominate the situation by making the decision for the patient” (1939, pp. 200, 346–347). While Taft testified that as a therapist she aimed not “to force the child [client] into using one content rather than another” (1933, p. 94) allowing “both positive and negative ... [to be] expressed and accepted without interference” (p. 101); and Allen relates how “the therapist began where the patient was and exerted no effort to make her different,” (1942/1979, p. 117) based upon “a belief in the individual’s capacity to be responsible for his own direction” (1942, pp. 117, 77, 303).

Given also that “acceptance, ... recognizing, reflecting [mirroring back], and clarifying feelings, ... the practice of refraining from directing the client in his life”

(Kirschenbaum, 2007, p. 120) were integral elements in the practice of non-directive therapy, no essential difference appears to exist between it and relationship therapy, because “all these had been used often by the Rankian school” (p. 120). Nevertheless, such compatibility of both practice and theory notwithstanding, leading Rogerian scholars have unswervingly maintained that Rogers’ non-directive therapy was substantively different from relationship therapy, that Rogers indeed contributed something new and original. So what, then, was this difference – which I, too, regard as real and substantive?

The nature of this difference reflects Rogers’ pragmatic mindset: his being particularly impressed with the effectiveness of the Rankian practice of reflection of feeling, of re-presenting to clients the feelings they had first expressed. In the late 1930s, Elizabeth Davis, a Rankian social worker, taught Rogers this mirroring way of responding; and the use of this technique, said Rogers, “improved my work as a therapist” (1980, p. 138). What subsequently transpired, according to Raskin and Barrett-Lennard, was that Rogers’ formulation of non-directive therapy did not differ from relationship therapy in terms of theoretical rationale or specific therapy practices, but pragmatically in terms of (a) the focal and systematic practice of acceptant clarification of the client’s immediate feelings, and (b) steadfastly reflecting them back.

Rogers, said Raskin, “introduced into therapy the systematic use of the ‘recognition of feeling’ response,” so giving to Rankian philosophy “a definite technique which Rank, Taft, and Allen had pronounced impossible” (1948, p. 104). For, elaborated Barrett-Lennard, Rogers’ 1942 formulation “does not reveal originality on a conceptual plane so much as vividly describing a new, whole distinctive mode of practice” (1998, p.

11). He “had not literally invented reflection and clarification of feeling but his development and systematic usage of these processes was without precedent” (p. 11). It was “a *how-to-do-it manual* [italics added] in the best sense, for counseling practitioners and students” (p. 11).

Ironically, Rogers himself provided a description of relationship therapy that starkly exposed its difference from more manualized non-directive therapy. “Relationship therapy,” he explicated, “rests upon the attitude and feeling of the worker, rather than any specific techniques” (1939, p. 209), a description that accords with Rank’s own statement that “my technique essentially consists in having no technique, but in utilizing as much as possible experience and understanding that are constantly converted into skill but never crystallized into technical rules which would be applied ideologically” (1936/1978, p. 105). “In the absence of any specific techniques,” concluded Raskin, “the [relationship] therapist appears to respond on an intuitive emotional basis” (1948, p. 103).

In its day, Rogers’ technique-specific formulation of non-directive therapy received much acclaim (for illuminating actual psychotherapy practice), but also criticism (for the extent of its emphasis on technique). Not surprisingly, one critic of note was Jessie Taft, foremost exponent of relationship therapy. Taft owned an “approximate agreement” with Rogers over his stress on the “immediate relationship between helper and client, and on the present life problem of the client rather than on his historical past,” (1947/1962, pp. 279–280) but professed herself at odds with what she saw as the impersonal and oversimplified application of techniques whose success was supposedly guaranteed. “Dr. Rogers,” she inveighed, “has reduced the therapeutic process to a dangerously simple, would-be foolproof procedure” in which he has “overlooked or

underestimated in my opinion ... the impossibility of maintaining such a neutral colorless relation [between therapist and client]" (1947/1962, pp. 279–280). Rogers' reacted to this criticism by (a) acknowledging that he had made a wrong move in formulating his form of therapy as he had, and (b) developing an improved formulation, one more in line with the tenets of relationship therapy.

Rogers' Therapy Mark III: Client-centered

Marking its revised formulation Rogers gave his therapy the new title: "client-centered." Employed occasionally in *Counseling and Psychotherapy* (1942) as an alternative term for his approach, the designation "client-centered," and the idea it sought to convey, derived yet again from the Rankians. "*Real therapy*," averred Rank, "*has to be centered around the client, his difficulties, his needs, his activities ...* After all, it is the client who counts and it is his psychology that we have to study" (Rank, as cited in Kramer, 1996, p. 262). "Everything centered in her, was oriented with regard to her," said Taft of her work with a child client (1933, p. 27); words which echo Allen's description of how in therapy, "everything centers about the child in this relationship" (1942/1979, pp. 89, 125).

On Rogers' testimony, "the basis for the use of the term 'client-centered'" was "to see things completely through the client's eyes, to adopt his [*sic*] frame of reference" (1950, p. 444). "Earlier presentations tended to overstress techniques," he admitted; a wrong move contributing to Rogerian therapy being "spoken of as simply a method or technique" (1951, pp. 19–20). Introduction of the title *client-centered therapy* thus "underscored the focus on the internal world of the client, not on techniques" (Rogers &

Wood, 1974, p. 255). Thereafter Rogers spoke not of therapists employing techniques but of their “implementing a deeply client-centered orientation” through conveying to clients attitudes that create the kind of psychological atmosphere/climate that enables the more effective functioning of the person’s “individual drive toward growth” (Kirschenbaum, 2007, p. 156).

Broadly speaking, what this shift in emphasis meant, as far as relationship therapy is concerned, is that having previously taken a step away, Rogers had now taken a step back. For relationship therapy, as Rogers himself had previously described, “rest[ed] upon the attitude and feeling of the worker, rather than on any specific techniques employed” (1939, p. 209); even as its own practitioners saw themselves as client-centered and aiming to provide a therapeutic “atmosphere” (Taft, 1933, p. 118) or “medium” (Taft, 1933, p. 290; Allen, 1942/[1979](#), pp. 46, 54, 73) that “permits a realization of wholeness” (Taft, 1933, p. 290) through the workings of a growth process.

This realignment of Rogerian therapy with relationship therapy posed critical questions for Rogers and his colleagues: Just how did Rogers’ therapy remain different from relationship therapy? To what extent did Rogers’ earlier formulation of non-directive therapy accord with its client-centered successor? How might the attitudinal mindset of the Rogerian therapist be further elaborated and articulated?

With these questions in the air, Nat Raskin wrote two papers addressing these issues: “The Nondirective Attitude” (1947) and “The Development of Nondirective Therapy” (1948). The ideas they contain have had significant – and, in my opinion, unfortunate – consequences vis-à-vis the fruitful development of Rogerian therapy for

two main reasons: (1) Raskin's construal of the non-directive attitude has conceptual shortcomings and is at odds with Rogers' later theorizing; (2) influential Rogerians have recently posited that Raskin's notion constitutes a conceptual foundation stone of Rogerian therapy.

Apropos the second, more straightforward of these points:

- Barbara Brodley postulated that “client-centered nondirectivity refers to an *attitude* – the nondirective attitude (Raskin, 1947) – *not* to specific behavior” (1999, p. 79). For not only is it true that “he [Rogers] remained committed to the nondirective attitude,” but “it is in the bones of his theory and practice” (1999, p. 82).
- Jerold Bozarth posited that “the non-directive attitude was adeptly defined by Raskin (Rogers, 1951) [i.e., Raskin, 1947/2005],” on which basis “client-centered theory – is a non-directive theory” (2000, p. 1).
- Brian Levitt avowed that “non-directivity is the distinguishing feature [“the foundation”] of the revolutionary, anti-authoritarian approach to psychotherapy and human relations developed by Carl Rogers” (2005, p. i).
- Paul Wilkins recorded that “what is intended by *non-directivity* is an *attitude*, not a set of behaviours (see Brodley 2005, pp. 1–4)” (2010, p. 14); so construed, “the principle of non-directivity is the bedrock of person-centred therapy” (2010, p. 145).

That the “bedrock” might not be so rock solid as these authors claim is signaled by other prominent Rogerians: for example, David Cain saw the notion of non-directivity as “neither a defining nor essential component of person-centredness” (1989, p. 123); Maria

Bowen regarded it as “myth” and an “illusion” (1996, p. 84); C. H. Patterson concluded that “the issue is not directiveness–nondirectiveness” since “Rogers recognized the irrelevance of this as an issue ... when he abandoned consideration of the issue” (2000, p. 181); while avid advocate Bozarth has designated non-directivity a “vexed” and “perplexing concept” (2000, p. 1).

Why the views of these other authors are closer to the mark is made plain by examining Raskin’s definition of the non-directive attitude in the context of its time: when “non-directive therapy” was shifting to “client-centered therapy.” Raskin’s definition of “the nondirective attitude” represents both (a) an attempt to maintain continuity between the old (non-directive) and the new (client-centered) therapy, and (b) an effort at defining the attitudinal stance of the Rogerian therapist, that aspect of the therapeutic relationship that Rogers himself was seeking to better characterize.

It is well known that Rogers’ own efforts in this regard culminated in the 1950s in his defining the attitudinal stance of the effective Rogerian therapist – and indeed of effective therapists in general – in terms of the three interrelated “core” conditions of empathy, congruence, and unconditional positive regard (respect or prizing). Rogers’ formulation is undoubtedly an impressive achievement; however it again derives from prior work of the Rankians. If Rogers’ lucid definition of therapist empathy, unconditional positive regard, and genuineness is considered the culmination of earlier efforts by the Rankians, then Raskin’s “nondirective attitude” represents an intermediary formulation.

Betokening the Rankian heritage of Rogers' core conditions, Kramer reports that in referring to the therapist's mindset Rank "used the German word *Einfühlung*, which means 'feeling into' or 'empathy,'" employing it "as a virtual synonym for love ... [and] defining it as an emotional attunement" (1995, p. 74) – usage that links interestingly with Rogers'. For, while Rogers similarly stressed the importance of therapist empathy, he construed love, in the form of unconditional positive regard, as an interrelated yet distinct aspect of the effective therapist's attitude of mind. However, insofar as Rogers spoke of "respect" or "prizing" as synonyms for unconditional positive regard, there is a connection with Rankian thought. As Allen stated: "From the beginning, our relation [as therapists] to parent and child is based on a respect for the integrity and capacity of that person" (1935, as cited in Rogers, 1939, pp. 198–199). While Taft provided something of an embryonic portrayal of all three core conditions in acknowledging that as therapist "I have no control beyond the genuineness of my understanding of the difficulty with which anyone takes or seeks help, my respect for the strength of the patient, however negatively expressed, and the reality of my acceptance of my function as helper not ruler" (1933, p. 6).

By comparison, in his definition of "the nondirective attitude" Raskin said such an attitude is evidenced when the "counselor's" (i.e., therapist's) participation in the therapeutic process

becomes an active experiencing with the client of the feelings to which he [*sic*] gives expression: the counselor makes a maximum effort to get under the skin of

the person with whom he is communicating, he tries to get *within* and to live the attitudes expressed instead of observing them, to catch every nuance of their changing nature; in a word to absorb himself completely in the attitudes of the other. And in struggling to do this, there is simply no room for any other type of counselor activity or attitude; if he is attempting to live the attitudes of the other, he cannot be diagnosing them, he cannot be worrying about their relationship to him, the therapist, he cannot be thinking of making the process go faster. Because he is another, and not the client, the understanding is not spontaneous but must be acquired, and this through the most intense, continuous and active attention to the feelings of the other, to the exclusion of any other type of attention. (1947/2005, pp. 330–331)

Rogers read the paper containing this definition shortly after it was written. He said he found it “stimulating” but disagreed “in spots” (Raskin, 1947/2005, p. 329).

Rogers clarified one crucial “spot” of disagreement several years later. Raskin’s portrayal of the therapist’s attitudinal mind-set, said Rogers,

... may be rather easily misunderstood, since the experiencing with the client, the living of his attitudes, is not in terms of emotional identification on the counselor’s part, but rather an empathic identification, where the counselor is perceiving the hates and hopes and fears of the client through immersion in an

empathic process, but without himself, as counselor, experiencing those hates and hopes and fears. (1951, p. 31)

From painful personal experience, through developing feelings of paranoia when working with a paranoid client, Rogers was keenly aware of the “as if” aspect of the therapist’s experiencing: that it was “as if” the therapist were experiencing the client’s feelings without its being exactly identical. Consequently, when Rogers came to define the nature of therapist empathy, he roughly echoed Raskin’s depiction of “living” in the client’s world, but took pains to stress its “as if” quality.

Raskin’s formulation of the non-directive attitude has thus been criticized for allowing “no room” for the personhood of the therapist (Kahn, 1999, p. 94). However, in his circumscribed characterization of the attitudinal mindset of the Rogerian therapist, Raskin did advance beyond the Rankians, albeit his formulation was superseded by Rogers’ definition of the core conditions.

Forty years after he penned his definition of the non-directive attitude, Raskin provided a significant rider when declaring that the client-centered therapist may “in a spontaneous and non-systematic way, offer reactions, suggestions, ask questions, try to help the client experience feelings, share aspects of his or her life, etc., while maintaining a basic and continuing respect for the client as the architect of the process” (1988, p. 4). In so allowing “room” for therapist self-awareness and self-originated responses, Raskin effectively eviscerates his definition of the “nondirective attitude,” while validating the relational characterization of Rogerian therapy developed by Rogers beyond its client-

centered formulation. I now consider this relational characterization and the question of its correspondence with Rankian formulations.

Rogerial Therapy Mark IV: Relational

Although not involving a name change, Rogers' publication of *On Becoming a Person* in 1961 marked another developmental shift in the formulation of Rogerial therapy, a shift whereby Rogers made the relational character of his approach pre-eminent. As not only Rogers but other person-centered theorists have enriched this relational formulation, the pedigree of Rogerial therapy as an evolved version of Rankian relationship therapy has become ever more apparent.

Testifying to his foregrounding of this relational turn, Rogers recounted that “in 1961, when I published *On Becoming a Person*, ... I had come to recognize quite fully that the therapist must be present as a person in the relationship if therapy is to take place”: that “it is much more [an] I–thou kind of relationship that develops between the therapist and the client filled with the same philosophy of not imposing” (Evans, 1975, p. 25).

Here Rogers was alluding to Martin Buber's I–Thou philosophy; how it had helped him make conceptual sense of experiential findings wherein clients, notably chronic “schizophrenics,” were most helped by therapists “who are first of all real, who react in a genuine, human way as persons, and who exhibit their genuineness in

relationship” (Rogers, 1961, p. 91). Apropos Rogerian practice, this meant that thanks to “the recognition of what Buber terms the I–thou relationship ... there has come to be a greater use of self of the therapist, of 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” (Rogers, 1974, p. 11).

Having previously backed away from characterizing the Rogerian therapist as the ghostlike non-directive reflector, Rogers had now transcended his client-centered/core-conditions formulation to privilege the idea of the therapist being fully and congruently present in a genuine relationship between two persons. Furthermore, Rogers attested, “when there is, to borrow Buber’s phrase, a real ‘I–Thou’ relationship, a timeless living in the experience which is *between* the client and me,” there then exists “this complete unity, singleness, fullness of experiencing in the relationship” (1961, p. 203). “At those moments,” Rogers later theorized, “it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger” (1980, p. 129), an exposition endorsing Rogers’ conception of psychotherapeutic client change as a creative process whereby separate entities became part of a greater whole or field.

The reality of relationship/interconnection at the interpersonal level being so underscored and linked with a field theory interpretation, Rogers subsequently broadened this relational perspective, ultimately to cosmic proportions. Under Buber’s influence, he posited that experiencing of I–Thou oneness is possible between therapist and client, between groups of people in general (hence his use of the term “person-centered”), and even between humans and the universe as a whole. He posited, too, a correspondence

between the creative I–Thou process of psychotherapeutic change and the modern physicist’s interpretation of the evolutionary becoming of the universe. Consequently, whereas previously Rogers had located the human individual’s “drive toward growth” (the “actualizing tendency,” as he later termed it) within the biological realm, he now declared it “part of a strong formative tendency in our universe, which is evident at all levels” (1980, p. 134) insofar as “a creative, not a disintegrative process is at work” (p. 125). From this metaphysical relational perspective, the mystical/spiritual quality to therapist/client experiencing of oneness thus became interpreted as “consciousness participating in this larger, formative tendency” (p. 128).

Comparing Rogers’ relational formulations with Rankian theorizing, one finds a remarkable correspondence – possibly due to Rank’s embeddedness in German culture of the early 20th century, the culture that spawned the “Ich–Du” philosophy of Buber as well as the theories of modern physics and psychological field theory. In 1939, Rogers had written that “the relationship between the worker and the parent” is the “essential feature” of relationship therapy (1939, p. 197), a summation that, in not quite capturing Buber’s point that the relationship, the between, *is* the reality, fails to do complete justice to the position of the relationship therapists, for whom, as Allen elucidated, “the primary reality existing between the patient and therapist is in their relationship” (1942, p. 50). Or, as Rank put the matter more generally, “*All living psychology is relationship psychology*: that is to say, understanding and explanation of what is going on between two individuals, or on a larger scale, between a number of individuals – as in the family or bigger social groups” (Rank, as cited in Kramer, 1996, p. 271).

Consequently, like Rogers with his “person-centered” ideology, Rank considered that a “therapeutic element” can exist in relationships outside therapy. Indeed, Rank even declared that “simply speaking, this is the definition of relationship: one individual is helping the other to develop and grow without infringing too much on the other’s personality” (Rank, as cited in Kramer, 1996, p. 271), a definition that Rogers himself might have composed.

Similarly, despite employing psychoanalytic terminology, Rank paralleled Rogers both when affirming that the psychotherapeutic relational process “must be individual, personal, from the analyst as a person to the patient as a person” (1936/1978, p. 59); as well as when declaring Buber-like that “the ego needs the Thou in order to become a Self” (Rank, 1941/1958, p. 290). Beyond, too, considering psychotherapeutic change a creative act, Rank also mirrored Rogers in describing “the simultaneous of individuality in the greater whole” whereby in the therapeutic relationship “the two selves become one, and the patient can now find in this enlarged self the differentiation necessary for life” (p. 176); a sentiment Taft echoes in speaking of “completeness of living” through losing the self “as part of a larger whole” (1933, p. 287).

Familiar as well with Buber’s characterization of *Einfühlung* (empathy), Rank used it to describe that capability which “unites our ego with the other, with the Thou, with men [*sic*], with the world” (as cited in Kramer, 1995, p. 75), and, like Rogers, places it in a cosmic context. For, insofar as empathy is a “virtual synonym for love for Rank” (p. 74), we can speak, said Rank, of “a love that connects the tragically separated individual again with cosmic life” (Rank, as cited in Kramer, 1996, p. 273).

Relational deepening

Aside from Rogers, other person-centered thinkers have, in recent years, developed ideas congruent with Rankian theorizing that have enhanced the relational turn of Rogerian therapy, namely:

- Peter Schmid's (2005) deployment of the encounter philosophy of Buber and Emmanuel Levinas.
- Dave Mearns and Mick Cooper's (2005) development of the notion of "relational depth."
- Barrett-Lennard's (2005) ongoing discourse on relationship.
- Keith Tudor and Mike Worrall's (2006) favoring, contra Rogers, of Angyal's conception of *two* basic human tendencies: an autonomous striving to be a separate individual and a homonomous striving to belong to a larger community: a clear linkage with Rank's "will to separate" and "will to unite" (as cited in Kramer, 1995, p. 64).
- Leslie Greenberg's dialectical constructivist approach (Greenberg & Pascual-Leone, 1995).

Concluding remarks

The proposition that Rogers perpetrated a fateful wrong move in originally retitling relationship therapy non-directive therapy has, in my view, been upheld through critically examining the correspondence between Rogerian therapy and Rankian relationship therapy across four stages of the former's development. Rogers saw some value in Raskin's conception of the non-directive attitude but, due to its limitations, as a superior alternative developed his conceptual definitions of empathy, unconditional positive regard (respect) and congruence, which he embedded in the most extensive and rigorous formulation of his theory (Rogers, 1959). Moved to advance his views still further, Rogers posited theoretical ideas of a purely relational nature but never went back to properly integrate them into his earlier theory statements. The challenge for person-centered theorists today is the integration of these ideas with Rogers' earlier theorizing to produce a relational formulation that is extensive and rigorous in character, one that also includes contributions from the relational person-centered thinkers mentioned above. Truth intrinsic to Raskin's notion of the non-directive attitude would be embedded in such a formulation, but not the construct itself. Interpreted as a function of the relational interaction between therapist and client, my own surmise, in general accord with person-centered authors Mearns and Thorne (2000), Schmid (2005), and Wilkins (2003), is that such embeddedness would include the following key elements in its definition of the desired attitudinal stance and behavior of the contemporary Rogerian therapist:

- A primary focus on, and genuine, respectful and empathic attunement with, the client's inner experiencing, to the extent of at times enjoying a conjoint oneness of experiencing in terms of both emotion and cognition.

- A supplementary and dialectically counterbalancing awareness by the therapist of their own inner experiencing, both in terms of emotions and cognition (see Schmid, 2005).

Here, aside from knowledge of the developed relational theory, the therapist's thoughts or

"cognitions" would include knowledge of different therapeutic techniques [aside from](#) ["reflecting"](#). This is in line with Rogers' 1975 statement that "if the therapist has the attitudes we have come to regard as essential, probably he or she can use a variety of techniques" (as cited in Wilkins, 2003, p. 92).

- Concordant with the views of Rank, Mearns and Thorne (2000), and Wilkins (2003), an intuitive ability by the therapist to gauge how to spontaneously respond to the client as a whole person in the moment (therapeutic techniques and all) in a manner in harmony with that person's psychological best interests, that is, in a manner that does not directly impose a way of being on the client that alienates them from congruent self-actualization.

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