

ON BEING NONDIRECTIVE

C. H. Patterson

In Understanding Psychotherapy: Fifty Years of Client-Centered Theory and Practice. PCCS Books, 2000.

I have been following the discussions of directiveness-nondirectiveness (Cain, 1989, 1990; Sebastian, 1989; Grant, 1990) with interest, and also with a sense of frustration and irritation. This is because the papers seem to constitute an exercise in sophistry. Each writer gives his own meaning to the terms, without clearly defining them. Moreover, the terms are used by each writer with different implicit meanings. Grant (1990), like Humpty Dumpty in *Alice in Wonderland* (Dodgson, 1931) creates out of whole cloth two kinds, or definitions of nondirective.

Cain (1989) opens the discussion. He begins by discussing individual differences in learning styles. He fails to note that they apply to cognitive learning. He suggests that some clients need some direction from the therapist. Thus complete nondirectiveness is not always possible. But personal learnings, learning about oneself, in therapy is achieved best, and perhaps only, through self-discovery learning. It is doubtful if different learning styles are relevant to this kind of learning.

Grant (1990) appears to say that "pragmatic concerns for promoting growth and 'meeting needs'," and "respect for persons" are incompatible, leading to his proposing two kinds of nondirectiveness--"instrumental nondirectiveness" and "principled nondirectiveness". He says that in principled nondirectiveness there is "an absence of the intention to make anything in particular happen" (p 82). "Client-centered therapists do not intend to free or constrain their clients" (p. 84). This is ridiculous, patent nonsense. Respect for clients is important because it leads to changes in the client. Principled nondirectiveness is involved with ends, as is instrumental directiveness. But in instrumental nondirectiveness the means are inconsistent with the ends.

Both Grant and Cain suggest that the therapist may offer activities, exercises, techniques, direction, advice, interpretations, etc. to clients who request them; Grant goes farther, saying that therapist offering of unsolicited opinions, suggestions, and the like can be consistent with "principled" nondirectiveness. Clients, they say, can choose or reject these offerings. It is, however, naive to believe that clients are really completely free to reject such offerings from one who is perceived, to some extent at least, as an expert.

Moreover, these offerings are inconsistent with respect and with the end of client-centered therapy--a responsible, independent, self-actualizing client.

Cain (1990), in his response to Grant, accurately represents Rogers' position on nondirectiveness. But he departs from this position when he argues against nondirectiveness because some clients do not like it or respond immediately to it, and sometimes leave therapy. So he abandons nondirectiveness; but in doing so he is also abandoning the belief and trust in the client's capability to take responsibility for him/herself, in the therapy process as well as outside it, that is the basic assumption of Rogers' position. The resulting activities of the therapist, while pleasing to the client, are inconsistent with the goal of client-centered therapy. (It may be of interest to note here that "to please" is the definition of placebo.)

Cain emphasizes individual differences among clients, and says that client-centered therapy does not recognize this fact in its practice. To the contrary, client-centered therapy is attuned to individual differences to a greater extent than any other therapy. The conditions of empathy, respect and genuineness make possible the expression of the uniqueness of each client. The conditions are the same for all clients, but the content and substance of the resulting process are unique to each client.

Sebastian's discussion (1984) is not directed to the directive-nondirective debate, but he does enter into it, nevertheless. He tries to avoid the conflict by posing both theoretical and metatheoretical levels, though the distinction is not entirely clear. At a metatheoretical level the therapist is an expert, a guide, and even a manipulator, apparently simply because the therapist knows where the process will lead. (Parenthetically, the use of the term manipulator is not quite right, since manipulation includes an element of deviousness, with the manipulator attempting to achieve his or her ends without the knowledge of the person being manipulated.) His statement that "if the person-centered therapist's goal is to help persons to develop as fully as possible their organismic selves, who cares whether the means are more or less directive." is simply unacceptable. Directive means are inconsistent with such a goal, which includes autonomy, responsibility and self-determination.

At the risk of stating the obvious, let me clearly and simply, without elaboration, state the nature of client-centered therapy.

1. *Therapy is an influencing process.* The intent of the therapist is to influence the client. If this were not so, the therapist would not be practicing. The issue is not directiveness-nondirectiveness. Rogers recognized the irrelevance of this as an issue when, as Cain (1989) notes, he abandoned consideration of the issue. The relevant issue is the nature and extent of this influence that is consistent with the philosophy and assumptions of client-centered therapy.

2. *The goal of this influence is to free and foster the process of self-actualization in the client.* This is a goal that is not chosen by either the therapist or the client--it is given by the nature of the client as a living organism. The actualizing tendency, as Rogers

recognized, is a characteristic of all living organisms. (Parenthetically, this is the basis for a universal system of psychotherapy (Patterson, 1989b). In clients, this process of self-actualization is disturbed or impeded in some way.

3. *The goal of therapy is fostered by the therapist through the providing of three conditions: empathic understanding, respect (unconditional positive regard), and therapeutic genuineness.* These are the necessary and sufficient therapist conditions for therapeutic personality change (Rogers, 1957). If they are sufficient, then no other conditions are necessary. I am not aware that any definitions of these conditions include therapist direction or influencing by suggestions, advice, guiding, leading, etc., etc. The only means of influencing the client are through these conditions. Any other active intervention by the therapist is inconsistent with the basic assumption of the existence of the drive toward self-actualization. The three conditions offered by the therapist frees the operation of this drive in the client.

4. *The perception of these conditions by the client results in client self-disclosure, self-exploration, self-directed and self-discovery learning* leading to changes in client perceptions and attitudes that result in changes in behavior. These changes are elements of the self-actualizing process. They are unique for each client (though there are some common elements). As Maslow (1962, p. 196) notes, "Self-actualization is the actualization of a self, and no two selves are altogether alike."

5. *The conditions provided by the therapist constitute the highest values of the therapist in the area of interpersonal relations.* Sebastian (1989, p. 496) says that "person-centered therapists do not impose their values, attitudes and behaviors on their clients." This is patently false. Through the implementation of the conditions, client-centered therapists (as do all therapists) impose their values on their clients (Patterson, 1989a). Rogers' (1961, pp. 397, 398) comment is relevant here: "...we have established by external control, conditions which we predict will be followed by internal control by the individual, in pursuit of internally chosen goals...the client will become more self-directing, less rigid, more open to the evidence of his senses, better organized and integrated, more similar to the ideal he has chosen for himself...The conditions...predict behavior that is essentially 'free'." In short, the client becomes a more self-actualizing person.

Rogers has elaborated on most of these points many times. Yet there appear to be many who call themselves client-centered who seem to be unaware of their implications for practice. Such therapists appear to have little faith in the actualization tendency in their clients.

REFERENCES

Cain, D. J. (1989). The paradox of nondirectiveness in the person-centered approach. *Person-Centered Review*, 4, 123-130.

Cain, D. J. (1990). Further thoughts about nondirectiveness and client-centered therapy. *Person-Centered Review*, 5, 89-99.

Dodgson, C. L. (1931). *The Lewis Carroll book*. New York: Dial Press.

Grant, B. (1990). Principled and instrumental nondirectiveness in person-centered and client-centered therapy. *Person-Centered Review*, 5, 77-88.

Maslow, A. H. (1962). *Toward a psychology of being*. Princeton, NJ: Van Nostrand.

Patterson, C. H. (1989a). Values in counseling and psychotherapy. *Counseling and Values*, 33, 164-176.

Patterson, C. H. (1995). A universal system of psychotherapy. *The Person-Centered Journal*, 2 (1), 81-88.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.

Rogers, C. R. (1961). *On becoming a person*. Boston: Houghton Mifflin.

Sebastian, J. (1989). Metatheoretical response to the person-centered versus client-centered debate. *Person-Centered Review*, 4, 493-496.