Did Carl Rogers' Positive View of Human Nature Bias His Psychotherapy?

Barbara T. Brodley, PhD and Wendy M. Bradburn, PsyD

Based on the Research Dissertation (1996) of Wendy M. Bradburn

Presentation by Barbara Brodley at the Second World Congress on Psychotherapy, Vienna, Austria, 1999.

Keywords: Carl R. Rogers, client-centered, person-centered, humanistic psychotherapy, empathic understanding responses, bias in psychotherapy, Rollo May, self-actualization, problem of evil, actualizing tendency, nature of man.

Editors' note:
This paper was edited by Katheryn Moon, Chicago, Illinois, and by Sandy Green at PCCS Books. Contact: kmoon1@alumni.uchicago.edu.

Abstract

Carl Rogers' theory of the actualizing tendency (Goldstein, 1939; Rogers, 1959, 1980) involves the view that human nature is inherently constructive and prosocial. Critics (e.g., May, 1982) of client-centered therapy (CCT) have argued that it avoided negative antisocial feelings and impulses, exhibiting a bias toward the positive. Bradburn (1996) conducted a study on Rogers' therapy to evaluate the charge of positive bias. She utilized 25 transcripts of Rogers' interviews to examine his responses to client expressions of positive, negative, mixed or neutral affective valence. Her aim was to determine (a) whether Rogers favored positive versus negative client expressions in general, as measured by his own affective valence and also measured by its intensity relative to the client's and (b) whether client anger, reputed to be a troublesome emotion for Rogers, increased positive bias.

Results failed to substantiate any positive bias. (1) Analysis showed a strong positive association between the valence of client statements and the valence of Rogers' statements ($p < .005$).

(2) Except after positive client statements, Rogers gave *fewer* positive and *more* negative responses than expected ($p < .005$). (3) He diminished all client affective intensity more than he intensified it ($p < .005$), tending to do so relatively more often for positive than for negative client affect. This finding suggested that CCT responds not only to feelings but rather to the client's whole meaning, including cognitive and information processing elements (e.g., Zimring, 1990a.b.). (4) Rogers tended to express negative valence or intensify affect in response to clients' anger at a higher rate than for other negative effects.

Introduction

The positive bias accusation promotes the opinion that Rogers' positive view of human nature causes a bias in the practice of client-centered therapy (CCT) and that the bias limits client-centered therapists' responsiveness to clients' negative feelings and anger. I think this opinion is unfounded and I am confident such a bias is not part of my own client-centered practice. I have observed no evidence of the bias in reading Rogers' therapy transcripts or viewing his demonstrations and videos. I was interested in finding out what would be revealed through an empirical and systematic study. Wendy is a careful and conscientious researcher and I think that her approach to the issue has given results we can trust.

I shall summarize the research question, briefly take you through the steps of Wendy's methodology, present the results and make some comments about the implications of the study. I refer you to the original dissertation (Bradburn, 1996) for more details.

The Theoretical Question

Carl Rogers often wrote of his conviction that human nature was inherently trustworthy, motivated at its core toward growth, development and constructive, prosocial paths (e.g., Rogers, 1957/1989; Rogers & Sanford, 1989). His conviction was not an a priori assumption but based on his experiences as a psychotherapist and group facilitator.

Rogers, after his first 15 years of therapy practice, and early in his writing on non-directive therapy (Rogers, 1942), suggested that growth and change in therapy arose from within the client rather than the result of directives or injections by the therapist. His reflections upon his therapeutic work eventually led Rogers to posit the "actualizing tendency" concept (Rogers, 1959; Bozarth & Brodley, 1999). He proposed that when the therapist consistently provides certain relationship conditions – congruence, unconditional positive regard and empathic understanding along with a nondirective attitude – the result is therapeutic change in the client. This change was observed to involve the client's increased freedom from social control and strengthening of the *self* (Rogers, 1954, 1961). Indications of increased freedom, openness to experience and increased self-

determination were shown to result from non-directive client-centered therapy (Rogers & Dymond, 1954). These changes, however, did not result in clients choosing selfish, antisocial or opportunistic goals and actions (Rogers, 1961). Instead, as clients became more autonomous and self-determining, they also became increasingly constructive in their choices – both *self-enhancing* and *prosocial*. By the mid-1950s this view had been supported by client-centered research (Stock, 1948; Sheerer, 1949; Butler & Haigh, 1954).

Rogers practiced, researched and promulgated his non-directive, client-centered manner of therapy that trusted the client's inherent capacities and tendencies. This approach had a great impact on psychotherapy practice in the United States in the 1940s and 1950s although there were always strong opponents to Rogers' views.

One form of opposition to client-centered therapy focused on Rogers' positive view of human nature. Rogers was frequently criticized as naïvely optimistic and as failing to recognize human evil. The critics asserted that Rogers' view of human nature unfavorably restricted his responsiveness to clients. The opinions were based on impressions or on dubious studies. For example, six therapists from different orientations evaluated therapy segments by three therapists – Rogers and two other "more or less client-centered" therapists, one of the therapists having only two years of experience. Five evaluators concluded that "client-centered therapists seem less open to receiving negative, hostile or aggressive feelings" (Truax & Carkhuff, 1967: p. 503) than to receiving positive feelings.

Two famous thinkers who joined this issue opposing Rogers were the philosopher Martin Buber, in a public debate (Buber & Rogers, 1960), and the psychologist Rollo May. May issued a public attack in a published letter (May, 1982) that excoriated Rogers' position about human nature as naïve, superficial and unrealistic.

May believed Rogers' position was actually pernicious as a feature of psychotherapy. He accused Rogers, and client-centered therapy generally, of failing to recognize and deal adequately with clients' anger, hostility and aggression. May charged that Rogers' approach deprived clients of an opportunity to grow toward autonomy by the means May considered necessary: grappling with their deeply negative, antisocial impulses. He charged that clients' negative experiences were dangerously neglected in client-centered therapy.

Rogers did not give in to this attack. He stressed that the therapist must accept all of the clients' feelings equally, without judgment. The therapist should attempt to accept and understand all of the clients' experiences without trying to influence the client's feelings or attitudes in any direction. Rogers (1967) asserted that empathy is

> …an honest, groping attempt on the part of the therapist to understand fully, sensitively, and accurately the internal world of meaning, thought, experience, and feeling, of his client. (p. 515)

If client-centered (CC) therapists take Rogers' view seriously, they have no goals of their own for their clients. Their goals are for themselves – to experience the therapeutic attitudes in the relationship (Baldwin, 1987). The CC mandate to the therapist is to trust the client, provide the therapeutic attitudes and avoid interventions (Bohart & Tallman, 1999).

Rogers wrote and talked about his clients' antisocial impulses of rage, hatred and destructivity, as well as their deeply despairing feelings of self-hatred and suicidality. He denied the bias of neglecting the negative in clients' experiences while continuing to assert that humans demonstrate basic tendencies that are "positive, forward-moving, constructive, realistic [and] trustworthy" (1957/1989, p. 403).

The Research Questions

Prompted by the accusation of bias, Wendy Bradburn studied two research questions. First she investigated whether Rogers followed his stated precept of openness to all client feeling and attitudes, or whether, as Rollo May argued, Rogers' positive view of human nature led him to introduce a systematic bias toward the positive into his psychotherapy. In order to empirically study the question, Wendy framed the issue in terms of Rogers' actual therapy responses. This permitted a quantitative analysis. The question became – Did Rogers in his therapy sessions react differently to clients' negative feelings, attitudes, traits or behaviors than he did to their positive ones?

Wendy operationalized this question by studying transcripts. When they were available, she viewed videos of Rogers' therapy interviews as part of her preparation. She immersed herself in

examples of Rogers' therapy sessions. She first wanted to determine whether Rogers, in responding to client statements carrying some degree of affective valence, differentially noted, supported, echoed, appeared to encourage, or otherwise welcomed client statements expressing positive affective tone as opposed to negative affective tone.

The second question concerns Rogers' responses to clients' anger. Her study examines how Rogers responded in interviews with clients who expressed, or appeared to experience, significant degrees of anger, whether toward Rogers or toward others.

The Research Design and Methods

I shall very briefly summarize the research design and methods. Wendy's aim was to investigate, first, whether Carl Rogers demonstrated a bias toward the positive in his responses to client in actual therapy interviews, and second, whether he responded less often or less intensely when clients expressed anger compared with his responses to clients' other negative feelings.

The Primary Phase of the Study

The research design for the primary phase of the study entailed the following steps of data collection and manipulation.

1. Selection of a sample of Rogers' interviews (see List 1). Twenty-five sessions, eight with men and seventeen with women, were selected for the research. Two sessions were with regular clients, three were patients in a psychiatric hospital. Twenty were demonstration sessions with volunteer clients.
2. Division of the interview dialogue into consecutive scorable units termed Articulate Interchange Units (AIUs) consisting of a client statement and Rogers response thereto. (See List 2) This resulted in 1,422 AIUs.
3. Scoring all the AIU units along a 4 point scale – positive, negative, mixed affect, and no affect (+, -, +/-, 0) for the affective valence of their client statements (the independent variable). The valenced affect scores of client statements were termed client scores (C-

Scores). (N = 1,068 for positive, mixed (+/-), and negative C-Scores)
4. Selection of a primary subsample of units from the total sample of valenced affect scores (C-Scores) of client statements. The sub-sample was selected to contain an equal number of client statements from each of the four affective-valence (C-Score) score categories. (N = 260)
5. Scoring of Rogers' responses to these sub-sample client statements, using the same 4-point scale, for Rogers' affective valence (the first dependent variable). These scores were termed Response Scores Absolute (R-Scores Absolute). The scores were made independently of the C-Scores. (N = 260)
6. Scoring of Rogers' same statements (the C-Score subsample) in response to his clients, along a 3-point scale for Augmenting (EKE), Diminishing (DIM) or Equal (EKE) in Affective Intensity. The sub-sample was scored for closeness of match in affective intensity between Rogers' affective valence and that of the client statement eliciting the response (the second dependent variable). These scores were designated Response Scores Relative (R-Scores Relative). This scoring omitted the neutral (0) C-scores. (N = 256)
7. Inter-rater reliability scoring and statistical tests for all steps. Differences between raters were resolved by discussion.
8. Statistical comparison of Rogers R-Scores Absolute to client affective statements (Table 1); and statistical comparison of R-Scores Relative to client affective statements (Table 2). Chi-square tests were performed to determine whether there was a significant association between the clients' affective valence and Rogers' affective valence, on the one hand, or between the clients' affective valence intensity and Rogers' affective valence intensity. Statistical tests used an alpha level of .05.

The Second Phase of the Study

Selection of a secondary subsample of AIU units from interviews in which:

1. Clients expressed significant amounts of anger, whether at Rogers or other targets.

2. Selection of all client statements (C-Scores) that expressed negative affect excluding angry statements.
3. Scoring of Rogers' responses to the angry client statements and to the other negative statements for Rogers' affective valence (+,–, +/–, 0). (R-Scores Absolute) (N = 104)
4. Scoring of Rogers' affective intensity relative to that of the client's affect (only +, –, +/–) giving R-Scores Relative in relation to clients' anger and in relation to clients' other negative statements. (N = 182)
5. Inter-rater reliability tests. Differences were resolved by discussion.
6. Statistical comparison of R-scores Absolute to client angry statements with R-Scores Absolute to other, non-angry, negative client statements; and statistical comparison of R-Scores Relative to client angry statements with R-Scores Relative to other non-angry negative client statements. Wendy utilized t-tests to determine the significance of differences between Rogers' proportionate use of particular response categories with each of the two groups of client statements. Statistical tests used an alpha level of .05.

Results

In order to employ the methodology, Wendy generated a series of empirical propositions *to test the hypothesis that Rogers overemphasized positive attitudes and positive affect in his therapeutic practice*.

The Affective Valence of Rogers' Responses

The simplest proposition following from the positive-bias hypothesis was that a majority of Rogers' therapeutic responses would express positive valence.

If this were an accurate prediction, the largest proportion of Rogers' total responses should have been positive (+) and the next largest mixed (+/–). As a corollary, one would expect the negative (–) to be the smallest proportion of overall responses. (See Table 1.)

The results were exactly opposite to this expectation. Overall, Rogers responded least often with pure positive valence (19% of all

responses), and he gave fewer partly positive (+/–) responses (24%) than outright negative ones (33%).

Even taking all positively tinged responses – that is pure positive (+) and mixed (+/–) – together, they did not constitute a majority of Rogers' statements (43% for + and +/–, as against 57% for – and 0).

Stronger evidence against a simple positive bias in the affective tone of Rogers' responses appeared in the relation of Rogers' valence to that of his clients. If Rogers biased his responses to clients in a positive direction, there should have been a disproportionate number of positively valenced responses to clients' statements regardless of the valence of the client's statement. One would particularly expect Rogers to have responded with positive, or at best neutral, valence to negatively toned client statements.

The results showed a quite opposite pattern (Table 1). In only one category of client valence, the positive (cell A), did Rogers respond disproportionately often with positive valence. That finding shows that when clients' statements were positively valenced, Rogers' responses tended to be positively valenced, as the CC theory of therapy would predict. For the other three client categories, his positive responses were the lowest or next to lowest of all. (Table 1: Compare cells E, J, and N respectively, with others in the same row.)

The cell representing Rogers' positive responses to negative client valence (cell J) should have been particularly high under the positive-bias hypothesis. It was in fact the smallest cell in Table 1.

These data unequivocally failed to support the notion that Rogers tended to overemphasize the positive. He certainly didn't overemphasize the positive through any simple straightforward preference for positively toned remarks in responding to his clients. What Table 1 does strikingly show is a strong positive association between the valence of client statements and that of Rogers' responses. ($p < .005$). This association is exactly what one would expect from the general therapeutic stance of client-centered therapy. Rogers responded in the mode of a good CC therapist, the valence of his responses tracking those of the client. He offers positively valenced responses to positively valenced client statements, negative to negative, mixed responses to mixed client statements, and neutral responses to clients' neutral ones. This is what the data overwhelmingly show that Rogers did. The majority (53%) of Rogers'

260 responses tracked the clients' statements. They fell along the descending diagonal of Table 1 (cells A, F, L, and Q).

Such tracking responses also constituted more than half of Rogers' responses in all individual client-valence categories (cells A 52%, L 65% and Q 52%) but one, the exception being mixed valence (cell F) 43%. Wendy observed that clients' mixed statements (+/–) contained a heavy preponderance of negative over positive content. In light of that fact, it is noteworthy that Rogers' second-highest response mode to clients' mixed statements – his negatively valenced responses (cell G) – constituted a relatively higher proportion (31%, or almost one-third) of total responses to that client valence than did his second-highest responses to the other three client valences (D, K, and P). These clustered between 20% and 22%, or roughly only one-fifth, to total responses in their respective rows. This result further substantiates Rogers' paramount tendency to stay close to approximating the client's affective valence even where less than half of his responses tracked it exactly.

Rogers' response pattern is that of a good client-centered therapist. The distribution of contributions by individual cells in Table 1 to the total value of chi-square clearly shows this client-centered pattern. The four diagonal cells (A, F,L, and Q) together contributed 84.84, or fully two-thirds of the total chi-square of 125.15, all based on higher frequencies of responses in those cells than expected pro rata.

Of three other cells (C, H and J) that contributed substantial amounts to total chi-square, the highest was cell J (positively toned responses to negative client statements, the crux of the positive-bias hypothesis), except its direction was opposite to the hypothesis. There were far fewer responses of this type (positive Rs to client negative Rs) than expected – only *one*. (Remember that chi-square frequency expectations are predictions based on mathematical chance, not on reasonable extrapolation from some particular theory or prior experience.)

Rogers also made fewer negative responses to positive client statements (cell C), and fewer neutral responses to ambivalent client statements (cell H) than would be expected by chance. Each of these three results is in accord with what one anticipates in the response pattern of a good client-centered therapist.

Overall, the results so far offer no support of the hypothesis that Rogers manifested a systematic bias toward the positive in his

responses to clients. Far from showing positive bias, what is demonstrated is Rogers' consistent adherence to the client-centered principle of closely following the client's lead.

Affective Intensity of Rogers' Responses Relative to the Client's

The second major dependent variable was the degree to which Rogers' responses matched or differentially diverged from the level of intensity of affective valence evident in clients' statements.

The measure of this variable are the R-scores Relative. This is a 3-point nominal scale that classified Rogers' responses as augmenting (AUG), equaling (EKE), or diminishing (DIM) the client's affective intensity.

Table 2 presents the frequencies with which Rogers' responses to client expressions of positive and negative affective valence, expressed as percentages of total responses to a single client-valence category, augmented (AUG), equaled (EKE) or diminished (DIM) the level of intensity shown by the client. Neutral client statements, which by definition lack affective valence, did not figure in this analysis. Mixed client statements figured doubly because of separate consideration of their positive and negative poles.

The basic proposition following from the positive-bias hypothesis was that Rogers would manifest positive bias in his therapeutic responses by intensifying clients' positive affect and that he would dilute or diminish negative affect expressed by the client.

If this prediction were accurate, we would expect Rogers to have disproportionately augmented the intensity of clients' positive statements, including the positive portion of mixed statements and to have disproportionately diminished affective intensity in negative statements and the negative portion of mixed statements. As a result, Rogers' total responses in the bottom two rows of Table 2 should show a bimodal distribution, with roughly equal proportions in the AUG and the DIM columns and a smaller proportion in the EKE column.

This was not what occurred. Table 2 shows a more complex relationship between clients' and Rogers' affective intensity. Rogers' predominant response mode overall was to diminish or tone down the level of affect shown in clients' statements. Forty-six percent of his total responses were classified as diminishing affective intensity, 33

percent as matching or equalizing affect level, and only 21 percent as augmenting the client's affective intensity. (Table 2, Total row.)

This finding suggests that one salient feature of Rogers' style as a therapist was a tendency to dampen down client affect – quite the opposite of the widespread notion, deplored by Rogers (1980), that his therapy could be defined as "reflecting feelings". Instead, the finding is in keeping with the views of Zimring (1974, 1990a, 1990b) and others (e.g., Wexler, 1974; Brodley & Brody, 1990) about the prominent role of cognition and information processing, as opposed to hot emotion, in CCT.

Although Rogers' predominant response mode was to diminish affective intensity, it still might be that he was more likely to augment positive intensity and diminish negative intensity. In that case, cells A, D, J and M (of Table 2) should show the highest frequencies in their rows, with cells A and D substantially exceeding cells C and F, respectively and cells M and J substantially exceeding cells K and G, respectively.

The actual picture (Table 2) differed considerably from these predictions, with the single exception that the frequency in cell J did in fact greatly exceed that in cell G (48% vs. 15%, respectively). That is, in responding to clients' mixed statements, Rogers was more than three times likelier to diminish than to augment the intensity with which the client expressed negative affect. This apparent support for the positive bias hypothesis disappears immediately, however, in view of the fact that Rogers was equally likely to diminish, and much less likely to augment, the intensity of positive valence expressed in a mixed client statement (cells F, 49% and D, 6%, respectively). Mixed statements theoretically offered an acid test. Which affective pole did Rogers underscore when given a clear simultaneous choice? This pair of results strongly indicates that a tendency for Rogers to accentuate positive and water down negative valence was not operative.

A chi-square test of the frequency distribution showed that there was a significant association, x^2 (6, N = 256) = 25.52, $p < .005$, between the affective valence of client statements and Rogers' R-score Relative. That is, a significant association between the valence of clients' statements and Rogers' likelihood of augmenting, equaling or diminishing the intensity of that valence.

To try to ferret out the nature of that association, it is necessary to look at the contribution of the different cells of Table 2 to overall chi-square value. Four cells (D, K, A and B) contributed most substantially to the total, accounting together for 19.25, or over three-fourths of the total x^2 of 25.52. The two largest contributions (7.50 to D and 4.82 to K), were due to Rogers' having augmented the positive pole of mixed statements less often (Cell D), and having augmented pure negative statements more often (cell K), than would be expected pro rata. Both of these results ran strongly counter to the positive-bias hypothesis.

The third-largest contributor to chi-square was cell A (contribution = 3.53), indicating that when client statements were unequivocally positive, Rogers tended to augment their intensity level more often than would be expected pro rata. This result might seem to offer some support, at last, for a positive bias, were it not for two other results.

First, the higher than expected frequency in cell A (AUG of positive client statements) came at the expense of cell B (EKE) equality to the clients' of Rogers' intensity. This fell considerably below expectation (with the fourth largest contribution to x^2, 3.36, but in a negative direction), rather than at the expense of cell C (DIM), positive client statements, which showed a frequency roughly in accord with expectation (contribution to $x^2 = 0.07$). (Recall that pro rata expectation for the cells in a horizontal row of the table would parallel the proportionate distribution shown in the Total row.) Thus, while Rogers tended disproportionately to augment the intensity of clients' unequivocally positive statements, this result was due to his matching client intensity less often, rather than to his diminishing it any less often, than expected. He still diminished the intensity of positive client affect nearly half the time (cell C, 48%), just as he did overall. Except he diminished intensity of clients' pure negative affect least – 38% (in the DIM column).

Second, while Rogers tended to augment unequivocally positive client affect, he was no less likely to augment unequivocally negative affect as well (compare cell A with cell K). One-third of his responses to both pure negative client statements and pure positive client statements fell in the AUG column, in both cases exceeding pro rata expectation.

Take the results for the four highly contributory cells together with those discussed earlier. None of the data summarized in Table 2 offers support for the proposition that Rogers systematically biased his responses in a positive direction by intensifying client affect when it was positive and toning it down when it was negative.

The results shown in Table 2 indicate that insofar as Rogers tended to augment affective intensity relative to that of his clients, he did so when clients expressed either pure positive or pure negative valence (cells A and K) one-third of the time for each, as opposed to mixed valence (cells D and G). By contrast, he augmented the negative and the positive portions of mixed statements at much lower proportionate rates. He augmented only half as often for the negative pole (15%, cell G) and only one-fifth as often for the positive pole (6%, cell D).

Taking the 67 affectively mixed statements (of his clients) as a whole, Rogers augmented clients' affective intensity (whether positive or negative) only 10 percent of the time (average cells D and G). While matching it 41 percent (average E and H) and diminishing it 49 percent of the time (average F and J). Thus, to the extent that Rogers differentially augmented affective intensity, the difference was related to the purity of the client's affective valence rather than to its character as positive or negative. It appears the presence of mixed affect in a client's statement leads Rogers to be more conservative in his intensity of responding to the affect, regardless of it being negative or positive.

Rogers' Responses to Client Statements of Anger

Thus far the data have clearly shown that Carl Rogers did not manifest a bias toward positive over negative feelings and attitudes through differential expression in his responses, of affective valence or affective intensity. The data, however, derived from a sample that treated negative client affect as a unitary phenomenon.

Rogers still might have responded differently to different types of negative feelings. He might have responded more favorably, for example, to less disturbing or threatening client expression of negative feelings like sadness, anxiety, or despair, on the one hand, than to antisocial, interpersonally abrasive feelings such as hostility or anger, on the other hand. Rogers (1970) acknowledged having difficulties with anger. He stated, for example, "I am often slow to sense and

express my own anger" (p. 65). Thus one might predict that he would respond with less receptiveness to client anger than to other negative client feelings.

To test this possibility, (see Table 3) Wendy compared Rogers' responses to the 38 expressions of anger that occurred in five of the sample sessions. She compared these with Rogers' responses to the 66 more general negatively valenced statements in the primary sample as a whole. She made two sets of comparison. First, she compared the measures of Rogers's own affective valence (R-Scores Absolute) and second, his affective intensity (R-Scores Relative), to his clients' anger statements versus their other negative statements. (Note that the comparison for R-scores absolute excluded mixed client scores (C-score +/–) in order to avoid contamination of the angry or other kind of negative pole by their undifferentiated positive pole.

Table 3 presents the frequencies with which Rogers responded to anger statements and to other negative statements with positive, mixed, negative or neutral valence, stated as percentages of his total responses to each category of negative statement.

The row distributions in Table 3 show Rogers tracking client valence in his usual good client-centered manner for both types of negative client statement. As the Total row indicates, Rogers responded to client statements scored negative (–) with pure negative valence himself more than four times as often as he did with any other, less negative valence (compare 70% to 15% for the next most frequent response). But when the client's negative affect was anger, Rogers' response was six times likelier to be (–), than to be any single other response (79% anger vs.13% neutral).

By contrast, when the client's negative affect was not anger, Rogers responded with negative affect (–) only slightly over three times more often than he did with the next highest valence category (65% anger versus 20% mixed).

Put differently, the figures in the negative (–) column show that Rogers responded with unequivocally negative affective valence nearly four-fifths of the time when clients expressed anger but only roughly two-thirds of the time when they expressed other negative effects (79% versus 65%).

By Student's t-test of the significance of differences between proportions, this difference of 14 percentage points in the relative frequency of Rogers' (–) responses was not statistically significant,

$t(102, 104) = 1.58$, $p < .10$. But its direction ran markedly counter to prediction.

Next, Wendy compared Rogers' intensity of response to his clients' responses, between clients' anger statements and clients' other kinds of negative statements (see Table 4). The table rows in Table 4 reveal a response pattern mirroring that seen in Table 2. Diminishing (DIM) is his most frequent response. Roughly 40 percent of Rogers' responses diminished intensity for both angry statements (40%) and other negative statements (43%). Increasing intensity (AUG) is Rogers' least frequent response, except he augmented anger statements (36%) almost as much as he diminished anger statements (40%). Whereas he augmented clients' non-anger negative statements half as much (24%) as he diminished clients' non-anger negative statements (43%), Rogers was augmenting anger statements more than other negative statements. Rogers' responses intensified client anger roughly one-third of the time but intensified other types of negative client affect only about one-fourth of the time. This 12-percentage-point difference failed to reach statistical significance using a t-test, $t (180, 182) = 1.55$, $p < .10$. But again, its direction ran counter to prediction.

The critical comparisons between Rogers' responses to anger statements and other negative statements in Tables 3 and 4 did not reach statistical significance. Consequently, the most that these data can speak for is a tendency for Rogers to respond with negative valence more often to clients' anger-type negative statements and to augment clients' affective intensity more often when clients expressed anger than when they expressed other negative affects.

In both cases the direction of the difference notably contradicted, rather than merely failing to support, the prediction that Rogers would disproportionately deflect, diminish or otherwise fail to accept client anger. Therefore, the data did convincingly rebut the idea that Rogers would exhibit a propensity to respond to negative client affect and client anger with a bias toward more positive feelings and attitudes.

Summary of Results

All together, the results have consistently failed to support the hypothesis that Carl Rogers manifested a systematic positive bias in his therapeutic responses. He did not respond with positive affect more than his clients did. Nor did he emphasize their positive leanings by acknowledging them with greater affective intensity than he did their negative feelings.

The results also show that Rogers, as expected by his theory, did respond to client's feelings but his responses tended to diminish the intensity of clients' feelings, regardless of their valence – positive, negative or mixed. This suggests Rogers was responding to other features of his clients' communication in addition to their affect.

The analysis of Rogers' interviews also shows that Rogers tended to respond more strongly toward clients' negative feelings, particularly when the client was expressing the angry kind of negative feelings and attitudes.

Discussion

The study rebuts the positive bias accusation against client-centered therapy promulgated by May and others. Impressionistic evaluations (e.g., Truax & Carkhuff, 1967), not empirical research, have been the basis for the positive bias accusation. In fact, an early study (Truax, 1966) of 85 client-centered sessions did not find a difference in therapist responsiveness to clients' positive versus negative feelings. But that study has been ignored. Instead, the impressions of five non-client-centered psychotherapists, basing their opinions on excerpts of sessions from three therapists – two of whom are probably not client-centered – are given credence. Resistance to client-centered therapy and the research supporting it is probably rooted in various prejudices. One possibility is that Rogers' optimism about the nature of organisms (Goldstein, 1939) and human nature, the non-directive principle and the theory of the necessary and sufficient conditions, together, lead critics to an assumption. Or, might there be something about the actual therapy that stimulates this particular bias?

Some critics have examined, but not systematically *analyzed*, as Wendy did, at least a small sample of client-centered behavior and think they have observed the positive bias. Why? A possible answer is

that the whole climate of good client-centered therapy tends to attenuate client affect even though the therapist responds receptively to negative affect even more than to positive.

It is probable that clients' negative affect is preponderant in any psychotherapy, and this was found to be so in Wendy's sample. The client affect scores (C-scores) for the total 1,069 VAIUs (see Table 5) included 113 (10.5%) positive affect client statements, 646 (60%) negative and 310 (29%) mixed positive and negative. Wendy also observed that there were more negative and more intense negative elements in mixed statements than there were positive elements in the mixed affect client communications. This study provides no information, however, concerning the frequency or intensity of clients' negative affect in client-centered compared to other therapies. We do know from this study that Rogers' clients express a preponderance of negative feelings, attitudes and emotions. We may still assume that the frequency or the intensity of clients' affects may be less in CCT, and that may contribute to the impression of positive bias.

Some other therapies provoke clients' anger when they employ techniques of confrontation and psychoanalytic types of interpretation (Shlien,1984). Other therapies employ techniques of instruction, guidance and assign homework tasks. These therapies set up expectations that may frustrate clients or intensify their self-criticism. In contrast, client-centered therapy does not employ such techniques and in general the therapist minimizes an adversarial relation to clients through his understanding and acceptance towards all of his clients' feelings and experiences. CC is deliberately non-directive and non-confrontative, thus not very provocative of negative feelings and emotions.

Consequently, if we empirically compared client-centered to at least some other therapies, it is very likely that we would find three phenomena in respect to client affect to occur differentially in client-centered therapy.

One, we would expect a significant difference in the frequency of expression of client anger toward the therapist. In the present study only 5 of the 25 sessions studied revealed client anger toward anyone or anything. (This frequency may not be characteristic of client-centered work given that most sessions in the sample were demonstrations.) Two, we would expect to find a process occurring in CC clients that involves movement from hotter emotions towards

softer negative feelings, such as hurt and sadness. Three, within sessions we would expect to observe movement from negative feelings towards positive feelings in a process that unfolds the complexity of clients' emotions in relation to people and things.

For example, we would expect to observe the emergence of the softer negative feelings such as disappointment, hurt, and longing after and on the heels of clients' expression of their hotter negative emotions such as rage, hatred and suicidality. This phenomenon is frequently observed by CC therapists (e.g., Anne Brody, Susan Pildes, Carolyn Schneider, & Marge Witty, 1998, personal communications) when clients' hotter negative feelings are accepted and understood.

We have only clinical impressions of this, but it seems that the acceptant, empathic nature of client-centered therapy tends to attenuate clients' hotter negative feelings and emotions. It brings about more positive feelings or more sympathetic kinds of negative feelings. If this impression is correct, these effects can not correctly be called evidence of a bias in the therapy. Instead, they would reflect the nature of the client-centered therapeutic process. The idea of bias reflects the conceptual framework of the critic, not a fact about the therapy. It would mean that some of the therapeutic processes that occur in client-centered therapy are different than the processes in other therapies. That fact itself does not imply the therapy is either less effective or more effective than different therapies.

The question is both theoretical and empirical – as to whether it is a good thing or a bad thing. Rollo May believed optimal therapeutic change requires that the client go through intense struggles with negative feelings. Many types of therapists confront and challenge their clients for theoretical reasons. They intentionally bring out or stimulate frustration, resistance, anger and other negative emotions (e.g., Mahrer, Fairweather, Passey, Gingras & Boulet, 1999). The expression and ventilation of intense feelings in client-centered work, in contrast, depends upon the client's relatively unprovoked inclinations. In my experience, client-centered clients do often struggle with negative feelings and express them intensely during sessions. It seems however that they do not necessarily do so for the process of therapeutic change to occur. Comparative studies of these features of process in relation to outcome are needed.

There is a second issue that interests me, touched upon by Wendy's results. What exactly is the role of feelings in CC empathic

understanding? Rogers emphasized the importance of feelings. But according to Rogers, empathic understanding is intended to focus on the client's whole experience including the client's personal meanings as well as feelings. Two findings in the study may relate to this fact. One is the finding that Rogers responded to clients' total affective statements (positive, negative and mixed) with neutral responses 43% of the time. (See Table 1, total % of cells D, H and M.) The second finding is that Rogers' empathic responses expressed less intense affective intensity than his clients' affective intensity (regardless of the valence of the affect) in 46% of his responses. (See Table 2, total % of cells C, F, J and M.)

These results are consistent with a study (Brodley & Brody, 1990; Brody, 1991) of a sample of Rogers' sessions that found only 24% of his responses used words that explicitly designate feelings or emotions. Rogers tones down affect generally, in the verbal aspect of his empathic responses to clients. This toning-down phenomenon, however, does not appear to prevent his clients from feeling he understands them (Brodley, 1994; Brody, 1991). It also needs mentioning that the extent of the toning down would probably be observed to be less than Wendy found if we had measures of tone of voice and auditory intensity. Rogers' affective responsiveness is probably closer to his clients' than indicated by the purely verbal measurements in this study. But all of the difference is unlikely to be accounted for by the lack of auditory information.

Why does Rogers make many empathic responses – responses intended to accurately represent the client's experience – in a manner that under-represents his clients' affective intensity? Does diminishment of affect result from Rogers giving attention to cognitive elements of the clients' statements? Is it a side effect of Rogers' conception of empathic understanding? That being an attempt to capture the whole meaning of clients' experiences, to understand aspects of experience that are more subtle than hot affect? Or might it be a manifestation of the non-directive attitude that results in cautiousness in expressing affect? Could this result in toning down of affect so as to not evoke emotions and in that way stimulate a directive impact? Or is it something else?

It would take another study, looking closely at interactions wherein Rogers' responses were affectively neutral in reaction to clients' affective statements, or interactions where his responses

diminished affect, to get a lead concerning what is going on to produce the effect. These findings also raise the question as to whether the same tendency observed in Rogers, to attenuate feelings, is to be found in other experienced client-centered therapists. Only empirical research can answer these and other questions raised by Wendy's research.

Rogers introduced recording of sessions as a basis for psychotherapy research. In addition, Rogers left us a legacy of recorded interviews of his own that permit us to address many questions about client-centered therapy done by a master, and to compare client-centered to other approaches. There are many valuable studies that could still be done using his transcripts and tapes. Plus they can be an inspiration. In addition client-centered therapists in practice settings could do more taping. Most clients will permit audio recording of their sessions and give permission for their use if they know identifying material will be eliminated. I am hoping Wendy's study stimulates more use of transcripts to test or explore a question about what is actually going on in client-centered therapeutic interactions.

References

Baldwin, M. (1987). Interview with Carl Rogers on the use of self in therapy. In M. Baldwin & V. Satir (Eds.) *The Use of Self in Therapy* (pp. 45–52). New York: Haworth Press.

Bohart, A.C. & Tallman, K. (1999). *How clients make therapy work. Washington, D.C.*: American Psychological Association.

Bozarth, J. & Brodley, B.T. (1991). Actualization: A functional concept in client-centered therapy. In A. Jones & R. Crandall (Eds.) *Handbook of self-actualization: A special issue of the Journal of Social Behavior and Personality,* 6(5), 45–59.

Bradburn, W.M. (1996). *Did Carl Rogers' positive view of human nature bias his psychotherapy? An empirical investigation*. (Unpublished doctoral dissertation), Illinois School of Professional Psychology, Chicago.

Brodley, B.T. (1994). Some observations of Carl Rogers' behavior in therapy interviews. *Person-Centered Journal*, 1(2), 37–48. Republished in K.A. Moon, M. Witty, B. Grant, & B. Rice (Eds.), *Practicing client-centered therapy: Selected writings of Barbara Temaner Brodley* (pp. 313-237). Ross-on-Wye UK: PCCS Books.

Brodley, B.T. (1999). The actualizing tendency concept in client-centered theory. *Person Centered Journal, 6*(2), 108-120. Republished in K.A. Moon, M. Witty, B. Grant, & B. Rice (Eds.), *Practicing client-centered therapy: Selected writings of Barbara Temaner Brodley* (pp. 153-170). Ross-on-Wye UK: PCCS Books.

Brodley, B.T. & Brody, A. (1990). Understanding client-centered therapy through interviews conducted by Carl Rogers. Paper presented for the panel Fifty Years of Client-Centered Therapy: Recent research, at The American Psychological Association annual meeting in Boston, MA, (August).

Brody, A.F. (1991) *A study of ten interviews conducted by Carl Rogers*. (Unpublished doctoral dissertation), Illinois School of Professional Psychology, Chicago.

Buber, M. & Rogers, C.R. (1960). Dialogue. *Psychologia*, *3*, 208–11. Reprinted (1989) in H. Kirschenbaum & V.L. Henderson (Eds.) *Carl Rogers: Dialogues* (pp. 41–63). Boston: Houghton Mifflin.

Butler, J.M. & Haigh, G.V. (1954). Changes in the relation between self-concepts and ideal concepts consequent upon client-centered counseling. In C.R. Rogers & R.F. Dymond (Eds.). *Psychotherapy and personality change* (pp. 35–75). Chicago: University of Chicago Press.

Goldstein, K. (1939). *The organism: A holistic approach to biology derived from pathological data in man*. Boston: Beacon Press.

Mahrer, A.R., Fairweather, D.R., Passey, S., Gingras, N. & Boulet, D.B. (1999). The promotion and use of strong feelings in psychotherapy. *Journal of Humanistic Psychology*, *39*(1), 35–53.

May, R. (1982). The problem of evil: An open letter to Carl Rogers. *Journal of Humanistic Psychology*, *22*(3), 10–21.

Rogers, C.R. (1942). *Counseling and psychotherapy*. Cambridge, MA: Riverside Press.

Rogers, C.R. (1954). Changes in the maturity of behavior as related to therapy. In C.R. Rogers & R.F. Dymond (Eds.), *Psychotherapy and Personality Change* (pp. 215–37). Chicago: University of Chicago Press.

Rogers, C.R. (1957/1987). A note on "The nature of man". *Journal of Consulting Psychology*, 4(3), 199-203. Reprinted (1987) in H. Kirschenbaum & V.L. Henderson (Eds.). The *Carl Rogers Reader* (pp. 401–408). Boston: Houghton Mifflin.

Rogers, C.R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.) *Psychology: A study of a science. Vol. 3: Formulations of the person and the social context* (pp. 184–256). New York: McGraw-Hill.

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

Rogers, C.R. [and Commentators] (1967). A dialogue between therapists. In C.R. Rogers (Ed.). The *therapeutic relationship and its impact* (pp. 507-20). Madison, WI: University of Wisconsin Press.

Rogers, C.R. (1970). *Carl Rogers on encounter groups*. New York: Harper & Row.

Rogers, C.R. (1980). Empathic: An unappreciated way of being. In *A way of being* (pp. 137–63). Boston: Houghton Mifflin. (Reprinted from *Counseling Psychologist*, 1975, 5(2), 2–10.)

Rogers, C.R. & Dymond, R.F. (1954). *Psychotherapy and personality change*: *Co-ordinated research studies in the client-centered approach*. Chicago: University of Chicago Press.

Rogers, C.R. & Sanford, R.C. (1989). Client-centered psychotherapy. In H.I. Kaplan & B.J. Sadock (Eds.). *Comprehensive textbook of psychiatry*, 5th ed., vol 2, pp. 1482–501). Baltimore: Williams & Wilkins.

Sheerer, E.T. (1949). An analysis of the relationship between acceptance of and respect for self and acceptance of and respect for others in ten counseling cases. *Journal of Consulting Psychology, 13,* 169–75.

Shlien, J.M. (1984). A countertheory of transference. In R.F. Levant & J.M. Shlien (Eds.). *Client-centered therapy and the person centered approach: New directions in theory, research and practice* (pp. 153–80). New York: Praeger. Republished 2002 in D. Cain (Ed.). *Classics in the person-centered approach* (pp. 415–35). Ross-on-Wye: PCCS Books.

Stock, D. (1948). *An investigation into the interrelations between the self-concept and feelings directed toward other persons and groups*. (Unpublished Master's thesis). University of Chicago.

Truax, C.B. (1966). Reinforcement and nonreinforcement in Rogerian psychotherapy. *Journal of Abnormal Psychology, 71*(1), 1–9.

Truax, C.B. & Carkhuff, R. (1967). The client-centered process as viewed by other therapists. In C.R. Rogers (Ed.). *The therapeutic relationship and its impact* (pp. 419–505). University of Wisconsin: Madison, WI.

Wexler, D.A. (1974). A cognitive theory of experiencing, self-actualization, and therapeutic process. In D.A. Wexler & L.N. Rice (Eds.). *Innovations in client-centered therapy* (pp. 49–116). New York: Wiley.

Zimring, F.M. (1990a). Cognitive processes as a cause of psychotherapeutic change: self-initiated processes. In G. Lietaer, J. Rombauts & R. Van Balen (Eds.), *Client-centered and experiential psychotherapy in the nineties* (361-380). Leuven, Belgium: Leuven University Press.

Zimring, F.M. (1990b). A characteristic of Rogers' response to clients. *Person-Centered Review*, *5*(4), 433–48.

List 1

The Sample of 25 Transcripts

Approximate Date	Name or Codename	Type	Number of Articulate Interactive Units (AIUs)
1955	Lin	Client	59
1955	Mun	Client	40
1957	Loretta	Hospital Patient	59
1959	Elaine	Hospital Patient	78
1960	P.S.	Hospital Patient	56
1964	Gloria	Demonstration	61
1975	Kathy	Demonstration	63
1977	Dione	Demonstration (1)	47
1977	Dione	Demonstration (2)	95
1980	Anna	Demonstration	80
1980	Eric	Demonstration	45
1982	Margaret	Demonstration	46
1983	Jill	Demonstration	87
1983	Ray	Demonstration	51
1983	Beate	Demonstration	38
1983	Hope	Demonstration	44
1983	Daniel	Demonstration	65
1984	Vivian	Demonstration	50
1984	David	Demonstration	38
1985	June	Demonstration	70
1985	Patricia	Demonstration	53
1986	Frank	Demonstration	48
1986	Lydia	Demonstration (1)	64
1986	Lydia	Demonstration (2)	27
1986	Mary	Demonstration	58

Total 1,422 AIUs

List 2

The Methodological Steps

The Primary Phase (Bias Toward the Positive?)

1. Selection of a sample of transcripts.
2. Division of total dialogue into consecutive scorable units termed Articulate Interchange Units (AIUs). A total of 1,422 AIUs in 25 sessions.
3. Scoring all client statements in the AIUs along a 4 point scale: positive (+), negative (–), mixed affect (+/–), and no affect (0), termed C-Scores. (Independent Variable) N = 1,069 for positive, mixed and negative; N = 353 neutral.
4. Selection of a sub-sample of C-Scores to contain an equal number of client statements from each of the four affective-valence score categories. N = 260.
5. Scoring of Rogers' responses to these client statements, using the same 4-point scale, termed R-Scores Absolute. The first dependent variable. N = 260.
6. Scoring of Rogers' same statements along a 3 point scale – augmenting (AUG), Diminishing (DIM), or equal (EKE) in affective intensity – in relation to the affective level of client statements. Termed R-Scores Relative. The second dependent variable. N = 256.
7. Inter-rater reliability tests at each step above. Differences resolved by discussion.
8. Statistical comparisons – Rogers' R-Scores Absolute to C-Scores and Rogers' R-Scores Relative to C-Scores. Chi-Square tests to determine associations. Alpha level .05.

List 3

The Methodological Steps

The Second Phase (Anger vs. Other Negative Affect)

1. Selection of all C-Scores expressing client anger at Rogers or at other targets. N = 38
2. 2. Selection of all C-Scores expressing negative affect excluding angry statements. N = 66
3. Scoring of Rogers' responses to these client statements for his affective valence (+, –, +/–, 0). R-Scores Absolute. N = 104
4. Scoring of Rogers' affective intensity relative to that of the client's affect (only positive, negative and mixed) Giving R-Scores Relative in relation to clients' angry statements. N = 50 And giving R-Scores Relative in relation to clients other negative statements. N = 132
5. Inter-rater reliability tests at each step above. Differences resolved by discussion.
6. Statistical comparisons of R-scores Absolute in response to client angry statements with non-angry negative statements; and comparisons of R-Scores Relative in response to client angry statements with non-angry negative statements. Utilization of Student's t-test for significant of differences of proportions. Alpha level of .05.

Table 1

Rogers' Affective Valence (R-scores Absolute), by Valence of Client Statement

Valence of Rogers' responses (in %)

					Total	
Client Valence	(+)	(+/-)	(-)	(o)	%	N
(+)	(A) 52	(B) 17	(C) 9	(D) 22	100	54
(+/-)	(E) 18	(F) 43	(G) 31	(H) 8	100	67
(-)	(J) 1	(K) 21	(L) 65	(M) 13	100	68
(o)	(N) 13	(O) 15	(P) 20	(Q) 52	100	71
Total: %	19	24	33	24	100	
N	50	63	84	63		260

x^2 (9) = 125.15, p<.005. □ level .05.

Note. Chi-square test used raw frequency counts. Cell contributions to total x^2 follow (where O = observed frequency and E = expected pro rata frequency). Descending diagonal cells and contributions are underlined; braces denote instances where the value of (O - E) was negative, that is, responses frequency was lower than expected.

Cell	$(O - E)^2 \div E$	Cell	$(O - E)^2 \div E$	Cell	$(O - E)^2 \div E$
A	29.91	F	10.05	L	22.09
B	{1.27}	G	{0.02}	M	{3.40}
C	{8.88}	H	{7.77}	N	{1.58}
D	{0.09}	J	{11.16}	O	{2.23}
E	{0.06}	K	{0.37}	P	{3.48}
				Q	22.79

$x^2 = [(O - E)^2 \div E] =$ **125.15**

Table 2

Rogers' Affective Valence Relative to Client's (R-scores Relative), by Valence of Client Statement

Rogers' Intensity level relative to client's (in %)

				Total	
Client Valence	AUG	EKE	DIM	%	N
(+)	(A) 33	(B) 19	(C) 48	100	54
(+/-): [+] pole	(D) 6	(E) 45	(F) 49	100	67
(+/-): [-] pole	(G) 15	(H) 37	(J) 48	100	67
(-)	(K) 34	(L) 28	(M) 38	100	68
Total: %	21	33	46	100	
N	55	84	117		256

x^2 (6) = 25.52, p<.005. □ level .05.

Note. AUG = augmented; EKE = equalized; DIM = diminished. Chi-square test used raw frequency counts. Cell contributions to total x^2 follow (where O = observed frequency and E = expected pro rata frequency). Braces denote instances where the value of (O - E) was negative, that is, responses frequency was lower than expected.

Cell	$(O - E)^2 \div E$	Cell	$(O - E)^2 \div E$	Cell	$(O - E)^2 \div E$
A	3.53	E	2.93	J	0.06
B	{3.36}	F	0.18	K	4.82
C	0.07	G	{1.34}	L	{0.49}
D	{7.50}	H	0.41	M	{0.83}

$x^2 = \sum[(O - E)^2 \div E] =$ **25.52**

Table 3

Affective Valence of Rogers' Responses (R-scores Absolute), to Client Statement Having C-Score (-), by Nature of Client Negative Expression

	Valence of Rogers' responses (in %)					
					Total	
Type of client expression	(+)	(+/-)	(-)	(o)	%	N
Anger statements[a]	0	8	79	13	100	38
Other negative statements[b]	1	20	65	14	100	66
Total, anger and other negative	1	15	70	14	100	104

[a]Client n = 4 (5 interviews). [b]N = Full sample of 68 negative client statements, less 2 statements that overlapped with anger subsample.

Table 4

Rogers' Affective Intensity Relative to Client's (R-Scores Relative), for Client Statement Having C-Score (-) and (+/-), by Nature of Client Negative Expression

Rogers' intensity level relative to client's (in %)

				Total	
Type of client expression	AUG	EKE	DIM	%	N
Anger statements[a]	36	24	40	100	50
Other negative statements[b]	24	33	43	100	132
Anger and other negative	27	31	42	100	182

Note: AUG = augmented; EKE = equalized; DIM = diminished. Statement categories combine C-scores of (-) and (+/-), (-) pole.
[a]Client n = 4 (5 interviews). [b]N = Full sample of 68 negative and 67 mixed client statements, less 3 statements that overlapped with anger subsample.

Table 5

Client Affect Scores

Client Affect Scores (C-Scores)	Number	Percent
Positive C-Scores	113	10.5
Negative C-Scores	646	60
Mixed C-Scores (Positive and Negative)	310	29

Total Valenced Articulate Interaction Units (VAIUs) 1,069