"Let me tell you what I think": A critical analysis of therapeutic self-disclosures

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Abstract

Client-centered therapists prior to 1957 did not offer self-disclosures or their views of the client's narrative even when requested to do so. The client-centered therapist did not interpret, advise or offer personal opinions or judgments. The self that engaged in ordinary conversation was not present. In this way the therapy bore no resemblance to any other helping relationship. In stark contrast, person-centered therapists are encouraged to offer their reactions to the client when appropriate. Indeed, person-centered therapists view themselves as more authentic "real persons" only if they are willing on occasion to disclose their thoughts and feelings. The self who engages in ordinary conversation is present. Despite these differences person-centered therapists claim that they have not restored the authority of the therapist. Indeed they insist they meet the client more on a person to person basis than the client-centered therapist. Brodley, more than perhaps Rogers himself, deeply appreciated that the autonomy of the client's narrative could be seriously undermined by any personal disclosures of the therapist. However even she justified the inclusion of the therapist's expression of feelings in certain contexts. This paper challenges Brodley's justifications and shows that therapist framed responses do indeed run the risk of undermining the client's autonomy. The paper further proposes that the distinction between personal and therapeutic self-disclosures is a category mistake. Therefore, client-centered and person-centered therapies are not viewed as two tribes belonging to the same nation but two distinct nations.

Keywords: client-centered therapy, person-centered therapy, category mistake, self-disclosures, empathic reflections, empathic understanding responses.

The Person Centered Journal, Vol. 22, No. 1-2, 2015

Introduction

Just a few months prior to her death Barbara and I met in New York in an upper East Side eatery. We had been friends for 50 years and so our lunch was a celebration of sorts. I knew of her illness and the ominous looming surgery that awaited her since we managed to speak to each other every few months or so. When she arrived I was taken aback by her freshness and energy. "You still manage to look like Joan Fontaine." "And you still manage to say just the right things."

Barbara was attending an international meeting of person-centered therapists. "Why don't you come back with me after lunch?" I reminded her that I would feel out of place since I don't share the premise of the meeting that person-centered and client centered therapies are two tribes that belong to the same nation. But her invitation got me started. "Non-directive therapy may be a historical relic," I said, "The effort to create an egalitarian relationship between therapist and client was a grand experiment. It was truly non-directive. The client-centered therapist was the "invisible hand." But when I read many transcripts today I learn more about the therapist than the client!" Barbara, I knew, shared my distrust of authority in all helping relationships. She knew that therapists with the nest of intentions can be unwittingly coercive and embody the very authority they wish to disempower. In response, however, Barbara smiled. "Have you read my article on the justification for self-disclosures under certain conditions?" It was my turn to smile. I made a proposal. "How about doing a paper together on this theme of one nation or two nations? I will read your article again and write my objections. I'll send it to you and then you answer. We'll go back and forth and see what we end up with." Barbara liked this point counter-point idea and we shook hands on it.

Barbara died a few months later. Some years have passed but that last conversation haunts me whenever I peruse the person-centered literature. I find myself wondering whether we could have come to an unexpected place that qualified our initial positions. Rather than simply reflect on that possibility I decided to write an imagined conversation with Barbara on whether self-disclosures are compatible with the egalitarianism of client-centered therapy.

Alas, Barbara is not present to reply to me. But perhaps those who knew her work well might do just that. Person-centered therapy

and client-centered therapy are the offspring of Rogers' theory of personality, psychotherapy and interpersonal relationships and share the same values and vocabulary. These therapies differ, however, in the way they implement these values (Rogers, 1959; Frankel and Sommerbeck, 2007). The client-centered therapist simply followed the narrative of the client and offered empathic reflections in the context of his or her unconditional positive regard (Rogers, 1951; Frankel, Rachlin, yip-Bannicq, 2011). An empathic reflection is any communication to which the client can say in effect, "Yes, that is what I am thinking," "Yes that is what I am feeling," "Yes, that was exactly my point," "No, that is not what I mean." In the case of the latter, clients understand the intention of the client-centered therapists and generally offers an even clearer version of their experience.

It was this earlier disavowal of the use of any statements emanating from the therapist's framework that so startled the worlds of psychotherapy. Critics felt that Rogers had eliminated the psychotherapist from the relationship. This characterization of Rogers' disavowal of therapist framed responses may surprise many contemporary practicing person-centered therapists:

> "Rogers is probably famous for—or caricatured by—his refusal to answer the clients' questions directly. Faced with a question, he was most likely to "join" the client in her experience of having such a question, rather than let himself be a source of the answer. "Are my eyes all red?" a client asked him once at the end of an especially tearful session as she was pulling herself together and getting ready to leave. Rogers's response was something like, "You're wondering, are you, what you might look like to the world that's waiting for you outside of this office?" An exasperated student of Rogers, listening to this exchange on a tape in a seminar, could not contain himself: "My goodness! What's the harm in answering a simple thing like *that*? Can't you just give the lady the information she's asking for?" "Of course I can," Rogers is said to have replied. "And so can a mirror," the implication being that he was committed, every moment she was with him, to give her something she could *not* get from a mirror, the experience of another human being alongside her at the level of her internal feeling and experiencing. (Kegan, 1994, p.245)

The student was hardly alone. Rogers was ridiculed for simply mirroring the client's narrative. Empathic reflections were viewed as redundant. Carl Whitaker, in the spirit of the student, offered a savage assessment of the client-centered relationship: 'It is as though the two were existing in some kind of common microcosm or isolation chamber or like twins in utero. These interviews are intensely personal for both of these individuals but only the patient's life is under discussion. This is so distinct that one sometimes feels there is only one self present and that self is the patient. It is as though the therapist makes himself artificially miniature. Sometimes this is so dramatic that I almost feel he disappears. This is in specific contrast to our type of therapy in which both persons are present in a rather specific sense and the therapeutic process involves the overt interaction of the two individuals and the use of the experience of each of them for the patient's growth"'(Rogers et al., 1967, p.517).

These characterizations so disturbed Rogers that he ceased emphasizing the role of empathic reflections (Rogers, 1980 p.139). Empathic reflections were viewed as a "limitation of the empathic response modes of therapists." (Bozarth, 1984 p.59). Instead, person-centered therapists were viewed as empathic even if their comments had no evident relationship whatsoever to the spoken narrative world of the speaker (Frankel and Sommerbeck, 2008; Bozarth 1984 p.59). The vague phrase "empathic understanding responses" (EURs) replaced the more precise meaning of empathic reflections (Frankel and Sommerbeck, 2008). With the open ended meaning of empathic understanding responses, however, the person-therapist therapist could be in their terms more personally present and flexible in their responses to the client's narrative. Rogers soon advocated going beyond empathy and added that the therapist had to be congruent and present as a person as well (Rogers 1989).

Rogers offered this statement of the change: "Over time, I think I have become more aware of the fact that in therapy I do use myself" (Baldwin, 1987). Gendlin described an ongoing research project and hypothesized that "patients will get better to the extent that the therapist is *genuine* (really himself as a person)... Gendlin, 1966). If the therapist was indeed a person then why not convert the client into a person as well? The vast majority of client-centered therapists agreed

with Rogers and called themselves person-centered therapists while a minority rejected the change and called themselves classical client-centered therapists. There has been to date no comparative research that shows one form of therapy to be superior to the other. The contrast between the "real, genuine self" of the person-centered therapist with the less real and less genuine client-centered therapist establishes however a false dichotomy. Surely Rogers has expressed or 'used' himself as a non-directive client-centered therapist for decades. Client-centered therapists are expressing themselves in a novel way but nonetheless expressing themselves. The confusion over the presence or absence of the self has been called the category mistake (Ryle, 1949; Frankel and Sommerbeck, 2005).

The self is a category and does not stand on the same level as the various enactments of the self. The self may be enacted as a parent, a friend, a client-centered, or person-centered psychotherapist but we would look in vain for a self as such. Ryle called such errors the category mistake which was mistaking a category for the objects within that category (Ryle, 1949). Here is another instance of the category mistake. "I believe it is the realness...," Rogers writes, "when the therapist is natural and *spontaneous* that he (sic) seems to be the most effective." (1967: 185, italics added) But are we to believe that the Rogers who offered the following empathic reflection is unnatural, contrived and less effective?

Rogers (to Gloria) "*And you feel, this is the conflict (meaning) and it's just insoluble and therefore it's hopeless (feeling) and here you've looked up to me (meaning and behavior) and I don't seem to give you any help, to..*" -(Shostrum, 1965)

Would he have been more natural or spontaneous if he said?: Rogers: I feel terribly about your sense of helplessness and I do so wish to help you. I am sorry for being so ineffectual.

These two responses do not differ in their realness or authenticity. The empathic reflection is consistent with the goals of confronting the client with a vivid vision of his own experience. The empathic reflection is consistent with Rogers basic hypothesis "that the individual has within him or herself vast resources for self-understanding, for altering his or her self-concept, attitudes, and self-directive behavior" (quoted in Bozarth and Brodley, 1986). It is authentic in the context of that goal. The confession of personal concern is consistent with the goal of directing the client's concern to

the feelings and thoughts of the therapist and thus authentic in that context (Frankel and Sommerbeck, 2005). The self-disclosures of the person-centered therapists are also alleged to be consistent with Rogers' basic hypothesis. We have then two different implementations of the basic hypothesis.

The contrast between the client-centered therapist and the person-centered therapist cannot then be that the former is less real, less present, less a self than the latter. Rogers is not less himself when offering empathic reflections than when conveying his judgments. The division between these two therapies is the way the self is used. Rogers, as a client-centered therapist, was somewhat clearer on the use of self thirty-seven years earlier when he stated: "To be of assistance to you I will put aside myself--the self of ordinary interaction-and enter into your world of perception as completely as I am able..." (Rogers, 1951 p.35) This statement does not distinguish between the use and non-use of self and thus avoids the category mistake. Instead Rogers simply distinguishes the client-centered therapeutic self and the other modes of self such as the friend self. It is instructive to read Rogers' example of the changed use of self in person-centered therapy:

> "I recall once I was working with a schizophrenic man in Wisconsin whom I had dealt with over of a year or two and there were many long pauses. The crucial point was when he had given up, did not care whether he lived or died, and was going to run away from the institution. And I said: 'I realize that you don't care about yourself but I want you to know that I care about you, and I care what happens to you.' He broke into sobs for ten or 15 minutes. That was the turning point of the therapy." (Baldwin, 1987)

Rogers is, in effect, confessing that his empathic understanding and unconditional positive regard had failed in the course of the two year therapy to show this client how deeply he cared about his fate. The simple straightforward assertion "I care about you, and I care what happens to you" purportedly did the trick with this client. This example may show that some clients require an explicit comment of concern on the part of the therapist in order to feel unconditionally accepted or prized. The example does not show the use of a self that was not present before but a *different* use of self. Ironically, it may

well have been the use of self as an exclusive empathic presence that made this confession of 'personal' caring so effective. The client may have come to trust the patient, kind, empathic reflecting Carl Rogers to such an extent that when Rogers spoke directly out of his concern in everyday language the client was overcome. In any case, a new therapeutic "communication" was born that is now a therapeutic tool with many schools of thought. It is the technique of self-disclosure (Norcross, 2005)

The focuses of our concern are the justifications offered for the *intentional* and *unintentional* self-disclosures of the person-centered therapist in light of Rogers' basic hypothesis. Self-disclosures are defined as any statement by person-centered therapists that expresses either directly or by way of implication their views of their clients' self-presentation. Below are some examples of self-disclosures by person-centered therapists. The italicized statements suggest the psychological import of these statements for the clients from the client-centered perspective (Rogers, 1951 ch.2; Rogers, 1942). The rationale of the supportive self-disclosing therapist is only too evident to require further commentary.

(1) "If I were in your shoes I think I'd feel as confused as you. The scary part for me would be the fear that I might make the wrong choice..." (Bohart, 2008 p.84).
"Perhaps it will reassure you to know that you're not that different from me since I am an authority figure for you."
(2) "If I doubted his decisions (the client), I would have shared this with him in depth as I did with many clients" (Bozarth, 2008).
"I will tell you when I feel your judgment needs some correcting which means when I don't tell you we're in agreement. I hope this reassures you. In other words, you will always know when you have my backing. "
(3) "You look to me like a pretty nice daughter" (Rogers).
"Despite your father's criticisms of you, let me reassure you that in my opinion you are the kind of daughter any father should appreciate. Bear in mind, I am a professional psychologist and thus an expert on judgments of character."

(4) "….it's an awfully risky thing to live.." (Rogers in Shostrum, 1965).
"Don't be down on yourself because you are anxious about making big decisions because it is perfectly normal. Take some comfort in being like others."

(5) "It sounds like you're pretty hard on yourself" (Farber and Lane, 2002, p.179).
"I don't agree with the extent of your self-criticisms. I think you are a better person than you think you are. I am, after all, an expert on matters of human conduct so you might take some solace from my judgment."

(6) "The world can be a hard place." (Faber and Lane, 2002 p.180).
"You shouldn't fault yourself just because you have problems because having problems is sensible given the way the world is."

(7) "That sounds like a desolate and lonely feeling.(Pause) Is it inconceivable that people might care about you?" (Farber and Lane, 2002, p. 180).
"Don't you think you may be failing to note how many people do care about you? Perhaps you are putting too much trust in your own inner voice."

(8) "One thing I might ask, what is it you wish I would say to you?" (Rogers in Shostrum, 1965).
"Instead of seeing how difficult and puzzling the world is through your eyes why not see your world through my eyes?"

Brodley, a champion of classical client-centered therapy, is certainly wary of such comments from the therapist's frame of reference and she realizes that they do require some justification since they can be counter-therapeutic in the context of Rogers' theory of personality and maladjustment. In Brodley's words:

> "I think that all responses from the therapist's frame, in varying degrees, risk *distracting* the client from his or her own path, as well as having a *directive effect* on the client's narrative, or *undermining the client's sense of safety* in the relationship by pointing up the *therapist as a person who evaluates*. In

> contrast, empathic understanding responses pose low risk of these effects and do not imply an evaluative mentality in the therapist, although clients may assume he or she is silently judging" (italics our own). (Brodley, 2005, p.16).

It is evident that Brodley was keenly aware of the disadvantages of therapists offering direct or implied evaluative judgments in the context of a therapy that made an effort to be non-directive in attitude and practice. Nevertheless, despite the directive potential of the self-disclosures of therapists, she believed that there were certain rules which if followed would avoid these disadvantages. Brodley also thought that there were certain situations that justified the therapist speaking from his/her own frame of reference.

Brodley's two rules for the therapist's self-disclosures

Point:

Brodley cautions that in giving therapist framed responses the person-centered therapist "...should not contradict the idea that the client knows or has the potentiality to know what is best for him-or herself" (Brodley, 2011, p. 218). Brodley states that clients will not be derailed from their narratives and feel the pressure of meeting the conditions of worth or cultivate an unhealthy dependency on the therapist if person-centered therapists conform to two rules. First, it is imperative that they "emphasize that they (therapists) are speaking from their own perspectives and inner experiences, in contrast to speaking from the authority of their credentials or our status as therapists." Second, person-centered therapists should make explicit the basis of their personal "explanations or interpretations". These "efforts" she adds would "contribute to the client 's sense of being respected as a person " (Brodley, 2005 p.100).

Counter-point:

Brodley's distinction between the personal and professional view of the therapist is problematic in a number of ways. First, we may ask if it is possible for therapists to justify inserting their personal views without contradicting " the idea that the client knows or has the

potentiality to know what is best for him-or herself" (Brodley, 2011, p. 218)? Surely, the self-disclosing statements, however personally owned, are offered because the therapist believed the client *required* help that came from the personal perspective of the therapist. Can Rogers inform his client that she seems to him a very nice daughter without suggesting that his view, however personal, may be more accurate than her own (Shostrum, 1965)? After all, why should person-centered therapists want their clients to care about their idiosyncratic judgments if they are not efforts to provide possibly more optimal views of the client's situation and thus alter the client's thinking? Is the client expected to listen to these "personal" views of the therapist as purposeless statements?

As to the second condition, that therapists explain the basis of their personal self-disclosures, one may ask how do person-centered therapists convince their clients that their personal views are not informed by their education and training as Brodley suggests they do? Can a medical doctor give only his personal views on nutrition when speaking as a father? Would a developmental psychologist want to forget what he knows as a psychologist when acting as a father raising his child? Can a shoemaker repair his child's shoes but not as a shoemaker might? Such compartmentalization is not only unlikely it is undesirable. Inevitably, the judgments of the therapist will be viewed by the client as having some professional justification. When Carl Rogers informed his client Gloria that she seemed to him a nice daughter she could not help but view the statement as one coming from an expert. More importantly, how could Rogers have conformed to this second rule and justified his judgment that Gloria seemed like a perfectly nice daughter? How can Bohart *personally* justify why he would be as confused as the client were he in his shoes (Bohart 2008 p.84) ? In any case, the author has yet to read a transcript where a self-disclosing therapist from any school of thought has made an effort to underline that his/her judgment is a personal and not a professional one or make explicit the basis of their "explanations or interpretations"(Brodley, 2005 p.100).

We shall see below that Brodley does not conform to this rule when disclosing her view to a client (p. 18). In addition, however much the person-centered therapist may insist that his judgment is personal and should be heard as such, it is very difficult for the client to view his or her therapist as a non-therapist. Frankel and

Sommerbeck have suggested that to help the client do this, therapists could give instances of their personal shortcomings (Frankel and Sommerbeck, 2007). For example, Bozarth might inform the client of some of his own bad decisions in his personal life (Bozarth, 2008). Similarly Rogers might inform the client of some of his mistaken judgments of people's character. Once again, the author has yet to read any transcripts of person-centered therapists or indeed therapists from any persuasion discussing problematic aspects of their character and thus their judgment (Frankel and Sommerbeck, 2007).

Certainly, the person-centered therapist may follow Brodley's rule and explain the basis of his personal criticism of the client's decision but ironically the better his explanation the more "objective" it may appear to be and this is contrary to Brodley's stated goal of enabling the client to distinguish between the weight of the personal and professional judgment of the therapist.

Finally, there is a patronizing aspect to therapeutic self-disclosures. While there is little doubt that Carl Rogers and person-centered therapists could empathically follow and reflect the narratives of Tolstoy, Proust or Wittgenstein, etc... There is reason to doubt whether Rogers' personal judgment would or should carry much weight with them. The patronizing quality of offering the personal judgment is evident if we try to imagine Carl Rogers informing George Eliot or Jane Austen that they seem like nice daughters when they doubted their worth as daughters.

Brodley's defense and justification of the client's right to request personal self-disclosures

Point:

Brodley's understanding of the person-centered perspective affirms the right of clients to have their requests for the personal disclosures of their therapists to be honored:

> "The nondirective attitude in client-centered work implies that questions and requests should be respected as part of the client's rights in the relationship. These rights are the client's right to self-determination of his or her therapeutic participation within the limits of the therapist's philosophy,

> ethics and capabilities. The result of the therapist's deeper respect toward these client rights is a collaborative therapeutic relationship" (Brodley, 2011 p.57).

Counter-point:

All three components of this statement are open to question. First**,** in stating that the "nondirective attitude in client-centered work implies that questions and requests should be respected as part of the client's rights in the relationship," Brodley does not weigh that perhaps a greater respect for the client may be shown by explaining why the request *cannot* be granted. Confronted by a client's request for direction Rogers responded:

> "I don't want to let you stew in your feelings but on the other hand, I..I also feel that this is the kind of very private thing that I couldn't possibly answer *for* you. But I sure as anything will try to help you work toward your own answer. I don't know whether that makes any sense to you, but I mean it" (Shostrum, 1965).

Such a reply recognizes and respects the client in no less a way than if Rogers had tried to give direction to the client's narrative. Furthermore**,** an accurate and sensitive empathic reflection may convey to the client that he is not only respected but understood. In effect, Rogers' empathy for the client does not show more or less respect for the client than if he ventured to answer.

Second, the assertion of the "client's right to self-determination of his or her therapeutic participation within the limits of the therapist's philosophy, ethics and capabilities," begs the question. The question under consideration is determining the limits of the person-centered therapist's "philosophy, ethics and capabilities" that compel them to express their views of the client's narrative. From the client-centered perspective, the person-centered therapist who claims that a client is being too hard on himself is restricting the freedom of that client to draw his own conclusions on that matter and thus evade a self-critical analysis of his/her situation (Farber and Lane, 2002; Rogers, 1951 ch. 2).

Third, Brodley's argument that by responding to the requests of the client, the therapist is showing a "deeper respect toward these client rights (in) a collaborative therapeutic relationship," requires that we define what "respect" and "collaboration" means in a particular psychotherapeutic context. All psychotherapeutic relationships are collaborative in nature, if, in fact, the client and therapist have freely decided to work together. The client's rights if seeing a classical psychoanalyst would include in part historical interpretations of his conduct, dream analysis, and analytical neutrality. The client's rights if seeing a client-centered therapist would include sensitive empathic reflections and the absence of self-disclosing comments. The psychoanalytical and client -centered relationships is no less a "collaborative therapeutic relationship" than the person-centered therapeutic relationship. Consequently, a collaborative relationship does not by itself justify the inclusion of the therapist's personal feelings. All of these difficulties of Brodley's position are plainly evident when reviewing her justification for self-disclosures in certain situations:

Situation One: Client requests for the therapist's judgment

One such situation for justifying the self-disclosure of the therapist is when the client makes a request for the therapist's personal reaction to something he has said. Brodley offers the following illustration of the person-centered therapist appropriately acceding to such a request. White highlighted this engagement of Brodley's as an excellent justification of a person-centered therapist offering "spontaneous" "personal perceptions" that are "self-disclosing" and "authentic" (White, 2013 p.174). The author will intersperse italicized spontaneous, authentic client -centered empathic reflections and some brief commentary to illuminate the differences between client-centered (CCT) and person-centered therapies (PCT):

Client : What do you feel about what I just said?

PCT: You want to know my personal reaction about what you told me or about my reaction to you?

CCT: I sense there is some urgency for you to know my reaction to you in light of what you just said.

The person-centered therapist seems to be checking the nature of the request. The client -centered therapist illuminates instead the

client 's need to know the therapist's reaction and in doing so gives the client the opportunity to ponder the meaning of his or her request. On hearing that empathic reflection the client may begin to consider why the view of her therapist is so important.

Client : Both, I guess. I'm afraid your feelings about me will be different now you know I do that. I'm afraid you're disgusted by me.

PCT: I don't feel disgusted at all. My feelings haven't changed. I do feel a deep sadness that you want to hurt yourself.

CCT: You can imagine then how I could be personally revolted by your revelation today.

The person-centered therapist not only reassures the client that she is not disgusted but seems to offer an interpretation of his narrative ("...you want to hurt yourself"), and adds that *her* interpretation makes her sad. The stated sadness of the therapist runs the risk of reinforcing the behavior that provoked the therapist's sadness. The client may think--"If I want to hurt myself the therapist will show concern (conditions of worth) and care for me." In stark contrast, the client-centered therapist once again illuminates the client's concern of being negatively judged and by doing so invites the client to consider his/her concern for approval. The client-centered therapist does not run any risk of conveying conditions of worth.

Client: Don't you feel it's sick?

PCT: I don't feel that. My thought about it is it's something that has come out of your suffering. Although it hurts you, it also relieves you.

CCT: I guess you're worried as well about my professional opinion--You can imagine that I may think that you are mentally ill.

The person-centered therapist's responses violate Brodley's own rules for offering self-disclosures in two ways. First, s/he is not explicitly distinguishing her personal and professional opinion thus violating Bradley's recommendation that this distinction should always be made. Undoubtedly, the PCT could have made the distinction explicit but if she had she would not only have utterly disrupted the narrative flow of the client but discovered that her personal view of what constitutes mental illness is not as clear cut as she may believe. Moreover, is the person-centered therapist giving his/her personal view as a mother, a sister or a friend? A personal view is no less socially contextualized than a professional view. Second, the therapist does not explain the basis of her judgment and this violates Brodley's

second recommendation that self-disclosures always be accompanied by some explanatory justification. Could the person-centered therapist make explicit why s/he doesn't believe the client is "sick"? Moreover, would such an explanation be made by the professional psychotherapist or some other role that the therapist is adopting? Is the request for the judgment being made to the professional therapist or to the therapist in a different role? A professional answer to such a question would require the therapist to illuminate the confusion among psychologists and psychiatrists as to what constitutes the meaning of "being sick?" (Szasz, 1960).

Brodley and others never discuss the complexity of these particular issues that arise when they suggest that the therapist be more real or personal. It should be noted that the therapist in this illustration also does not know how the client *feels* about such a possible diagnosis. Is the client frightened, anxious or angry at the thought of being "sick"? Despite the fact that the therapist neither knows the meanings and feelings attached to this question posed by the client, s/he answers *as if* s/he does. The client moreover does not know what being sick means to the "person" of the therapist and so the reply could scarcely be understood. In effect, you have the client asking a question ("Don't you feel it's sick?") that is not fully understood, from the client's perspective by the therapist and an answer by the therapist that is not fully understood by the client. We have then a classic illustration of two people passing each other in the dark even as they sit in a lighted room. The final sentences of the therapist offer another directive explanation of the client's suffering: "My thought about it is it's something that has come out of your suffering. Although it hurts you, it also relieves you". Can we expect the client to regard this assessment as a personal one rather than an informed professional one? A cognitive behavioral therapist could have said much the same thing by juxtaposing the client's immediate positive reinforcement (relieves you) and the subsequent, delayed negative reinforcement-"hurts you." In contrast, the client-centered therapist spells out the possible meaning of being sick and provides an opportunity for the client to clarify what being sick **means to him**. The final statement of the client shows the lingering concern for the therapist's view:

Client : It's really hard to believe you aren't disgusted with me.

Since the therapist has rewarded the client's wish for her evaluation the client remains focused on the therapist's view of him rather than focusing on his own assessment. From the client-centered perspective the client's concern for meeting the apparent conditions of worth of the therapist has been strengthened. These failings that beset self-disclosures by person-centered therapists do not occur to Cornelius-White . In fact, Cornelius-White believes these self-disclosures are viewed in an unqualified positive way:

"In this example, three elements are present. The therapist offers personal perceptions that directly address the question, 'I don't feel disgusted' and 'MY feelings are not changed,' but also offers a spontaneous disclosure of her sadness and an empathic interpretation of dialectical aspects of the client's experience. It is also clear that an accepting, understanding, open attitude is present both in the attempt to first understand the request and the tone of each therapist disclosure. The 'discipline,' 'trained humanness,' or integration of empathic acceptance and speaking from personal perception in congruent communication is present. Likewise present is the 'spontaneity' of an authentic, self-disclosing affective (sadness) and cognitive (interpersonal) response." (Cornelius-White, 2013).

> Are we prepared to say that the empathic responses of the client-centered therapist revealed an 'untrained humanness" or suffered from an absence of spontaneity and authenticity? It is evident only that these two schools of thought offer their humanity in different ways.

Brodley justifies these responses to the client's questions by claiming that her responses are strictly "personal" and "may be considered congruent communications" since she "(didn't) feel disgusted" (her) "feelings (hadn't) changed" and she did "feel deep sadness." But calling them "congruent communications" is very misleading. In another article Brodley refers to "congruent communications" as a "fiction" since the therapist cannot introspectively distinguish congruent and incongruent communications (Brodley, 2005, P.95). Indeed, Brodley's comments could just as well be incongruent and the products of unconscious denial and distortion (Rogers, 1959). Since congruence is not introspectively accessible it cannot justify the person-centered therapist's self-disclosures. In brief,

it can be argued that Brodley's person-centered therapist bears a greater resemblance to an eclectic therapist than a client-centered therapist (Norcross, Goldfried, 2005, Ch. 1).

Situation two: the therapists' spontaneous eruptions

Brodley feels that therapist framed responses can be justified when there may be eruptions of "unsystematic, infrequent and brief responses coming from the therapist's personal presence and responsiveness" (Brodley, 2011,pp.99-101). It is likely that some of the statements quoted in the introduction section of this paper belong to this category:

"If I were in your shoes I think I'd be as confused as you" (Bohart, 2011 p.84).

"You look to me like a pretty nice daughter" (Rogers in Shostrom, 1965.).

"...it's an awfully risky thing to live..." (Rogers in Shostrom, 1965).

Brodley does not explain the motive or purpose of these responses but instead refers to the "personal presence" of the therapist as the basis for these eruptions. The distinction between the personal and professional presence of the therapist is only tenable for those persons who do not feel that their therapeutic presence perfectly expresses their personal views. Thus, a therapist who failed to accept Rogers' ethical perspective regarding the sanctity and *fragility* of the client's autonomy would fail to be expressing his personal views when being a client-centered therapist. Rogers compellingly argues that in terms of effectiveness it matters less what school of thought a therapist may engage in than his full hearted commitment to that outlook (Rogers, 1951 Ch. 2). Rogers offers this statement from Raskin which eloquently expressed how the professional therapist and the person he or she is, are one and the same.

> "And in struggling to do this (empathic*all*y reflecting the narrative of the client) there is simply no room for any other type of counselor activity; if he is attempting to live the attitudes of the other, he cannot be diagnosing them..." (Rogers, 1951 p.29).

Such "personal eruptions" were not repressed by Raskin because the theoretical model of client-centered therapy precluded their relevance to a psychotherapeutic relationship. Raskin is not describing a less than authentic therapist, a less than real therapist, a less than human therapist, a therapist without presence or without spontaneity, but instead a therapist who is authentic, real, human and spontaneous in a *different* way. In any case, the notion of 'presence' cannot explain so called spontaneous eruptions of self-disclosures on the part of the therapist since the "personal presence" of the therapist is manifest from the first to the last minute of the therapy session and the eruptive comments are purportedly rare.

Brodley's justification of spontaneous personal comments of the person-centered therapist as emanating from the "personal presence" of the therapist once again begs the question as to why the design of the person-centered therapy encourages these "spontaneous" exchanges. These eruptions are hardly inevitable and did not take place in many client-centered transcripts despite the personal presence of the client-centered therapist (Snyder, 1947). The author vividly recalls as an intern the first screening of the Gloria interview when Rogers praised Gloria as a daughter. All of the interns gasped. How was this possible in the context of client-centered therapy? Rogers' comment came as a thunderclap. There seemed nothing inevitable about it. In brief, the absence of spontaneous eruptions in client-centered transcripts show these comments are not inherent to human nature or the psychotherapeutic situation but are encouraged by the conceptual design of the therapy (See Rogers in Baldwin, 1987).

Situation three: The therapist shows agreement with client on matters of alleged common knowledge.

Point:

In addition to responding to some client requests and so called spontaneous eruptions, Brodley believes that in the course of therapy there are a number of other situations when the person-centered therapist "make responses representing their own frame of reference from time to time--sometimes for very good reasons" (Brodley, p.208). Brodley offers two examples (Brodley, 2011 p.227). The first example simply signifies a "spontaneous agreement" between therapist and

client. In a demonstration interview with Rogers, after the death of her twins the client expresses a wish to have a baby :

> C1 I suppose all I can do it keep working at it.
> T! Mhm, hm.
> C2 Course then there's a biological time clock. And so not everything is in my corner.

T1 That's right. For Brodley, such "common knowledge *agreements* are usually benign (since) their grounds are obvious to clients" (p.227). But there are a number of reasons why Rogers' explicit agreement with the client may not be benign. So called common knowledge is perhaps more often than we wish to think common ignorance. Consider the following hypothetical exchange between client and therapist in 1941 in which the client is speaking of his homosexuality and his efforts to realize that it is a mental illness and not his fault:

C1 I suppose all I can do is to keep working at it. (See it as a mental illness)

T1 T! Mhm, hm.

C2 Course then there's these judgments of me if I'm found out... And so not everything is in my corner.

T1 That's right. (They may not agree that homosexuality is after all a mental illness.)

So called knowledge whether it be common or not may be mistaken. In 1941 it was common knowledge that homosexuality was an illness and worthy of the client's concern and the therapist is validating that concern here just as he is validating the first client's concern for what is not "in her corner," Imagine if the woman received a client-centered empathic reflection instead of a validation from a PCT such as:

C: Course then there's a biological time clock. And so not everything is in my corner.

CCT: That means confronting, I guess, what you believe is not in your control...

This empathic reflection invites the client to consider her own anxieties when living in a world that is only partially under her control whereas Rogers' agreement does not in any way address that concern. Rogers' agreement may not be so "benign" in another way. By informing the client that he agrees with her assessment on certain

occasions, Rogers is implying that there may be other times when he may not agree with her but remain silent. The client may suspect there is an inner Carl Rogers who covertly evaluates and an outer Carl Rogers who often doesn't give his opinion but may have one nonetheless. Finally, if agreement is so self-evident then why does it need stating? The only purpose in making an agreement explicit is to validate or confirm the judgment of the client and that is allegedly counter to the goals of the person-centered therapist as well. We see then that such alleged spontaneous agreement may have insidious consequences.

Situation four: The client's narrative is pregnant with emotional meaning that engage a sympathetic response from the therapist.

Point:

Brodley also points to situations in which there are "emotionally compelling circumstances...which leads to common socially patterned emotional responses" (Brodley, p.226). For example, the client informs the therapist that her child has been in a terrible accident and the therapist *alleged* reflexive response is - "Oh, I'm so sorry." Brodley feels that it is precisely this kind of response that shows the client that the "therapist is engaged in the relationship in a personal manner" (p. 226).

Counter-point:

We can question first whether we can speak of *general* "events that have relatively compelling social meaning" in the context of the *idiosyncratic* psychotherapy relationship. The social contract of a client -therapist relationship is uncommon and subject to rules that create novel responses on the therapist's part as well as the interpretation of that response by the client. For example, few psychotherapists greet their client on their arrival with a cheerful-"So how are you today?" though that salutation may be highly appropriate when passing a colleague in the street. In the present example, a client -centered therapist may have compassionately replied with an empathic reflection: "I see how frightened you are.." and this could be viewed by the client as a very intimate, caring and respectful

statement of the therapist. If the client feels that this empathic reflection shows the therapist doesn't personally care she might say: "I wish you would be more personal and offer me your sympathy," and thus allow the therapist to empathize with that wish. Such an empathic reflection could however result in the client's questioning her need for such an explicit statement of concern on the part of the therapist rather than simply taking it for granted. Furthermore the client could perhaps learn to make explicit her need for a caring response rather than assume the therapist is a mind-reader.

Brodley's situational justifications for therapist's self-disclosures: The clients asks direct questions.

Point:

Brodley feels that a steady diet of empathic reflections coupled with the failure to respond to the client's requests may disempower and restrict the freedom of the client:

> "Clients may interpret an empathic response as an avoidance of the question and further, as an indication that the therapist should not be asked questions. When this is the client 's interpretation, the client 's freedom of expression in the relationship has been diminished...Any disempowerment of the client in client-centered therapy is viewed as counter-therapeutic." (Brodley, 2011 p. 56).
>
> "Systematic avoidance of client's' questions is effectively, a form of control over the therapeutic process and over the client. It diminishes the client's freedom to bring out his or her felt needs in the relationship." (Brodley, 2011 p.56).

Counter-point

Brodley fails to note that *all* relationships are defined by what constitutes appropriate and inappropriate behaviors and what constitutes as well an infringement of the person's freedom. The psychotherapeutic relationship, for example, disallows sexual intimacies between the client and therapist but does allow the client to

express whatever sexual wishes or fantasies that he or she may have. The client is certainly free to ask the non-directive therapist questions just as a patient may ask a medical doctor for a prescription for pain. The therapist and medical doctor may honor the question or request by explaining why the question will not be answered or the request granted. Freedom and control have to be viewed in light of the setting of a relationship. It is the social contract that defines a domain of freedom for appropriate and inappropriate conduct on the part of the client and therapist. For example, the client-centered therapist could hypothetically of course respond to the client's inquiry and explain:

> "I do appreciate the urgency of your question but I truly do not nurture personal feelings when I listen to you as I do. My goal is to help you to listen to yourself so that you can be in a position to answer the questions that you pose to me. In truth, I cannot follow you in this empathic way and entertain my views of your narrative at the same time. These two activities are, for me, mutually exclusive."

There is nothing "insidious" in this denial of the client's request for answers or views. If such a statement diminishes the client's "sense of personal power in the situation" as Brodley suggests can happen, it would mean that clients may not respect the therapists' perspective and this can be an important theme to discuss and serve as the possible basis for the client terminating this kind of therapy. Alternatively, clients may appreciate the freedom to be more of themselves and experience the exhilaration of being liberated from the therapists' frame of reference.

Moreover, the psychotherapeutic relationship like all relationships involves reciprocal controls. Just as we do not want the therapist to have inappropriate or covert control over the client, so also we do not wish the client to have inappropriate control over the therapist. Both therapists and clients must agree on the protocol of their psychotherapeutic relationship. If the client wishes the therapeutic relationship to include sexual intimacies it is hardly an abridgement of her/his freedom for the therapist to deny such a request. S/he is after all free to make the request.

It is short-sighted to say that by failing to answer the questions under consideration the client's freedom is diminished. Each

therapeutic denial of a client request illuminates a freedom or option that the client might prefer. For example, we could say that by not answering clients' questions but empathically showing an appreciation of the client's need to ask such questions, therapists are giving clients the freedom to author their own answers to the questions they are posing. If that is not a freedom that the client wishes, then as stated above it may be best for her to seek another kind of therapy where the answering of such questions, is consistent with the underlying perspective of that school of thought.

How harmful are the occasional self-disclosures of person-centered therapists?

Brodley presents evidence that person-centered therapists spoke out of their own frame of reference on average only 8% of the time (Brodley, 2011 p.208). But perhaps it takes even less than 8% of the time to show a client that the therapist is in charge. We must not forget the Gestalt dictum that the whole is different from the sum of its parts. Imagine a husband defending his physical abuse of his spouse by saying that he has hit her only during 8% of their disputes. It is the author's experience when showing the Gloria interview to graduate and undergraduate populations there is a virtual moan when Rogers conveys his assessment of Gloria. Certainly, this is a question that only further research can answer.

Conclusion

In his defense of personal self-disclosing therapist framed responses, Bohart writes that "clients can and do perceive over time whether the counselor genuinely *means* not to impose his or her points of view, even if offered " (Bohart, 2008, p.85). In speaking for mainstream person-centered therapists, Bohart claims that the concern over therapist framed responses is "simplistic and insulting to the clients' strength to assume that an empathic suggestion ("In your place I would be as confused as you are") automatically robs a person of his or her autonomy" (Bohart, 2008,p.85).

No one has ever doubted that clients may *perceive* that the therapist is only offering a view that the client can dismiss if s/he wishes to. After all, the therapist is not putting a gun to the head of the

client. The question is whether the client is able to act on that perception given his or her need to ingratiate him or herself to significant authority figures. For example, when asked which therapist, Rogers, Perls or Ellis she would choose as her therapist Gloria said: "I found that if I would...just see a man like Dr. Rogers..it would be harder for my anger and my spitfire self to come out. so I don't think it would a full balanced therapy. for me anyway." I tend to lean on him too much maybe (Shostrum, 1965). This is not to suggest that she would have thought differently if Rogers had desisted from offering Gloria self-disclosures. Frankel and Sommerbeck also show how Carl Rogers failed to note that by inserting a simple question to Gloria, he created a momentary puppet of confidence only to collapse once more into a state of uncertainty when she had to revert to her own narrative (Frankel and Sommerbeck, 2005).

We must not forget that the person under consideration is a client in a psychotherapeutic context who is allegedly very sensitive to the perceived conditions of worth from an authority figure such as a therapist. If respecting this vulnerability is simplistic and insulting to clients as Bohart claims, then Rogers' theory on maladjustment and incongruence is simplistic and insulting to clients (Rogers, 1959 pp. 226-230). We may ask as well whether Bohart's presumption to be a healer of these persons is any less an insult to them. In any case, Bohart and others do not, as Brodley does, in fact explain why they insert their personal selves into the therapy or why they believe their view is relevant to the client.

Freud understood and addressed the issue of the client's *misperception and exaggeration* of the authority of the therapist. The analyst is endowed, Freud argued, with an authority that s/he does not in fact possess. Freud humbly understood that his patients were affected by the charisma of his office. Ironically, Freud observed, the analyst requires a transference neurosis to cure the patient. Any personal statement by the analyst glowed with authority because of the client's pathological need for authority. For decades, psychoanalysts desisted from offering such statements for that very reason. They did not want their clients to live on the "borrowed strength" of their analysts.

Rogers was critical of the concept of transference and wished instead to see the therapeutic relationship as having a realistic rather than a neurotic foundation. But what could possibly be the *real*

foundation for clients caring whether their therapists believed them to be a nice daughter, or to learn that your therapist would be as confused as you are if s/he was in your place? How could person-centered therapists presume to believe that their personal views could matter so much to his clients? Freud would call this presumption a sign of counter-transference. The person-centered therapist may scoff at this characterization but it is fair to ask what alternative characterization has he offered?

Exclusive empathic reflections bypassed this problem. The client-centered therapist was indeed non-directive and thus non-parental. It is indeed difficult if not impossible to pin a fantasy on a figure who follows rather than leads you. A very special species of therapy may have gone out of fashion because even so astute an observer as Brodley believes client-centered and person-centered therapies are one and the same.

Summary

The contrast between the authentic, "real presence" of the person-centered therapist in contrast to the inauthentic, role-playing client-centered therapist is bogus and the result of the category mistake. Brodley's cautious defense of self-disclosures has been spelled out and subject to a critical analysis. While client-centered and person centered therapists may employ the same theoretical vocabulary their operational understanding of that vocabulary is markedly different. The insertion of self-disclosures can create a marked imbalance of power between therapist and client and thus render the therapy directive. Consequently, these two therapies are not two tribes that belong to the same nation but indeed two distinct nations.

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