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A REJOINDER TO PERSON-CENTERED PSYCHOTHERAPY: ONE NATION, MANY TRIBES

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Introduction

Warner (2000) describes a continuum for therapeutic theories organized around the conceptual polarities of "non-directivity—directivity." Further, she outlines a five level "scale" for classifying these theories on this continuum. She offers this as a theoretical foundation for the newly proposed world organization of what she calls client-centered therapies."

The Continuum

Level 1 consists of approaches in which the therapist is in contact with the client, but brings nothing from outside the client's frame of reference. Warner goes on to say that this level involves undistorted contact with clients and is mostly hypothetical.

Level 2 consists of the therapist using personal experience and theory in order to more fully understand the client's frame of reference. Warner describes Rogerian empathic listening as: "the most fully developed version of level 2 in the clinical literature."

Level 3 is a therapeutic process where the therapist introduces materials outside the client's frame of reference, but the client's right to choose is central and foreground. The client is still seen as responsible for the over-all direction of the therapy.

In Level 4 the therapist relates material to therapy from their own frame of reference with an authoritative or expert attitude.

Level 5 is characterized by the therapist introducing elements outside the client's frame of reference in which the client is unaware of the intervention itself or the purpose of the therapist.

This discussion shall be focused on issues relevant to levels one, two and three of the continuum. Levels four and five are being considered totally outside even an indirect Rogerian influence.

Issues --Level 1

Warner describes the therapist as being in undistorted contact with the client and as bringing nothing from outside the client's frame of reference. This is also described as *hypothetical*. Pre-Therapy (Prouty, 1994) is a theory and method of psychological contact which emphasizes the ultra-concrete aspect of client expression and requires an extremely faithful following (undistorted) of client process. This is done in order to maintain therapeutic contact with isolated and regressed clients. (Prouty, 2000).

Issues--Levels 2 & 3

Level 2 refers to the specific non-directive approach designed by Carl Rogers. Level 3 refers to post-Rogerian approaches which differ in varying degrees with Rogers in theory and practice. These differences crystallize around the issues of non-directivity and experiencing; thereby providing an argument against the concept of a theoretically unified, yet multi-faceted "client-centered" approach.

Non-directivity

Although clearly and congruently written, I find Warner's approach to "non-directivity" to be rather monolithic or one dimensional. Her description is expressed only in terms of non-intervention into the client's frame of reference. This is true, but not sufficiently elaborated. What are the various meanings of non-directivity? For Rogers himself the concept had various meanings at various times. The very earliest meaning was simply understood as a differentiation from the highly directive counseling theory of the forties (Thorne, 1948). Thorne describes the therapist to be of superior experience and training which thereby establishes a relationship of *dominance through prestige*! What a beautiful and original contrast was the approach of Rogers! Rogers' first presentation of the non-directive approach was described in terms of therapy (1942, pp. 115-126) *practice*. The client is described as taking responsibility for directing the interview. Second, the counselor responds in such a way as to indicate a recognition of the client's proceeding message. The counselor also responds to the client's immediate feeling and attitude. The counselor indicates that decisions are up to the client and actually accepts them. In addition, the counselor does not generally guide, direct, interpret, explain or advise the client (Prouty, 1994 op.cit.). Rogers next abstracts non-directivity to a set of *values* held by the therapist. The client has the right to select individual goals. The client has the right to be psychologically independent and to maintain psychological integrity. The client has the privilege to choose the right reality adaptation. Raskin (In Rogers, 1951) further abstracts non-directivity to the form of an *attitude*. He argues that the empathic attitude is inherently non-directive. Bozarth (1999) affirms and shares this view. In a more therapeutic (*functional*) statement, Bozarth (p. 57) says: "The essence of Rogerian therapy is non-directive empathy." Thus we can discuss non-directivity on the level of *practice, value, attitude* or its *therapeutic function*. Last, but certainly not least, is the theoretical observation of Van Belle (1980, p. 99) that non directivity is a non interference with the *actualizing process*.

In conclusion, we can understand non-directivity as a complex phenomenon and not as a single variable to be easily compared cross-theoretically. The issue of non-directivity can be most sharply contrasted between the views of Rogers and those of Greenberg (1993) who advocates "direct the process, not the content." An additional contrast with Rogers, is the view of Lietaer (1998, p. 66) who describes therapists as "process experts."

Experiencing

In the mid-sixties client-centered centered therapy underwent a fundamental paradigm shift due to the influence of Gendlin. The shift was from an accent on the relationship to an accent on the experiencing process (Hart & Tomlinson, 1970). The historical consequences have been a sequence of what Lietaer describes, as "experience oriented" therapies (Gendlin, 1964; Greenberg, 1993; Mahrer, 1996; Rice, 1974). Prouty (2000) explores the issue of how Rogers uses the concept of experiencing and whether this constitutes a basis for considering him an experiential therapist. First, the Wisconsin study of schizophrenia is examined, since it is the theoretically closest and most formalized collaboration between Rogers and Gendlin (1967). In that formulation, experiencing, for Rogers, *was not* an independent (causal) variable It was a dependant (result) variable. The attitudinal conditions lead to organismic experiencing. Experiencing was not the cause of therapy, it was the result of therapy. In Rogers' "Process Conception of Therapy" (1961), the same theoretical logic is present. The person, as a result of attitudinal therapy, modifies and expands his organismic experiencing. Gendlin did not influence Rogers as to the cause of therapy (core conditions), but as to one of the outcomes of therapy.

Conclusion

Margaret Warner's theoretical assertion that (Rogerian and Experiential) therapies are all "client-centered" seems to overlook important differences that argue against theoretical unification. First, "non-directiveness" is a complicated element that cannot be reduced to "outside the client's frame of reference" and then be compared cross theoretically. It is a much more complex than a single variable factor. Secondly, Rogers did not use experiencing as a *causal* variable, rather for him it was an outcome-- a function of the "Core Conditions." I have concerns about mixing theoretical and political levels of understanding. There are other validating reasons to form the world organization. Lastly, I think there is a strong philosophical difference between client-centered and experiential therapies-- the difference between an existential response to a person and the response to a process. This is highlighted by the philosopher Levinas (1989) who contends that when we speak of *psychological states (experiencing)* we are speaking in the mode of objectification (I-It) not the existential mode of I-Thou.

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