Some Differences in Clients' Questions and Rogers' Responses to Questions Between the Mr. Bryan Sessions and Rogers' Post-Bryan Therapy Sessions[i]

Barbara Brodley
Illinois School of Professional Psychology at Argosy University, Chicago
Claudia Kemp
Chicago School of Professional Psychology

Abstract

This paper will present and discuss some of the results from Claudia Kemp's Doctoral Dissertation research on Carl Rogers' responses to his clients' questions. It focuses on the part of Claudia's study that compares Mr. Bryan's questions and Rogers' responses (to those questions) with clients' questions and Rogers' responses in a large sample of transcripts made from his later therapy sessions. It reveals some of the ways Rogers was in transition towards becoming a client-centered therapist when conducting the Bryan sessions, and discusses behavioral differences in the two stages of his development – Bryan and post-Bryan.

Introduction

It is not generally recognized that Rogers' (1942) publication of the full therapy with Mr. Bryan, illustrating 'non-directive therapy', does not illustrate the non-directive client-centered therapy that Rogers had developed by the time of its publication and that he continued to practice with only slight modifications until his death.

---

[i] Editor's Note: This paper was originally edited by Katheryn Moon, Chicago, Illinois, and by Sandy Green at PCCS Books. Subsequent editing was done by Jerome Wilczynski, editor of the PCJ. Thanks to Rollen Cooper for assisting with incorporating the tables into the article.

The published eight-session therapy in *Counseling and Psychotherapy* (Rogers, 1942) illustrates how Rogers was in transition towards client-centered therapy but not yet quite there. By the time the Bryan sessions were published, Rogers appears to have developed further as a client-centered therapist than during the period one to three years earlier (1939 to 1941—the exact date is unknown) when he conducted the Bryan sessions. This development is suggested by his extensive critique of his responses to Mr. Bryan in the 1942 publication.

Rogers' critique, written from his non-directive perspective and footnoted to the Bryan transcription, identified many mistakes in his therapy behavior with Mr. Bryan. The footnotes reveal that at the time of writing his critiques, Rogers' *consciousness* of the behavior implied by his theory was more advanced than his earlier actual behavior with Mr. Bryan. It is also apparent, judging from the almost complete absence of guidance-type remarks (e.g., evaluations and suggestions) in Bryan, and from his infrequent interpretive-type remarks, that Rogers' work with Mr. Bryan was in transition toward client-centered therapy, moving away from his earlier form of therapy (Rogers, 1939, 1940).[1]

An earlier study (Brodley, 1994/2011)[2] showed that Rogers, working with Mr. Bryan, had not arrived as a fully functional client-centered therapist. On theoretical grounds the earlier study excluded all of Rogers' responses that followed clients' questions.[3] That study compared the frequency of Rogers' empathic responses with his unelicited responses representing the therapist's frame of reference (T-frame responses). It revealed a large difference (35%) in frequency between Rogers' unelicited T-frame responses to Mr. Bryan (approximately 45% of all responses), compared to his T-frame responses to clients post-Bryan (approximately 10% of all responses) (Brodley, 1994/2011).

In regard to the data of the current study, found within Kemp (2004), a comparison of clients' questions and Rogers' responses to those questions in the two periods of his therapy (Bryan and post-Bryan) should show some (but not all) of the ways Rogers' therapy changed as he shifted to client-centered therapy. As we'll see, there are differences between both Mr. Bryan's questions and Rogers' replies to questions comparing the two samples.

The Study

Kemp's (2004) research focused only on clients' questions and Rogers' responses to his clients' questions, excluding from her study all of Rogers' responses that did *not* follow immediately from his clients' questions.

The Questions

To keep our report in perspective for the reader, it is important to point out that Kemp (2004) reports the total number of questions (382 in the two samples) asked of Rogers occurs in a quite small percentage of his clients' statements. We estimate that a question of any type was asked of Rogers in only 5% of all the (approximate) 7,260 clients' statements examined in Kemp's (2004) study.[4] Stated another way, clients asked questions only five times in every 100 of their statements (and some clients' statements are very long). We conclude that Rogers' clients did not choose to question him very often compared to the dominance (95% of all responses in both samples) of their behavior in which they narrated about their own concerns and feelings. There are no client questions whatsoever in many transcripts (see Kemp, 2004).

Nevertheless, while keeping the perspective of their infrequency, the kinds of questions clients did ask, and what kinds of response Rogers made to them, as well as differences in Rogers' replies with Bryan and post-Bryan, can clarify our understanding of Rogers' development as a client-centered therapist.

The Data

The basic data of the questions aspect of Kemp's (2004) study are (1) the 67 questions (the Bryan sample) asked by that one client, addressed to Rogers in their eight-session therapy, and (2) the 315 questions (the post-Bryan sample) asked by those later clients in 121 sessions.

It turns out that there is a striking difference in the percentage of clients' questions (relative to their separate total number of statements) in the two samples. Mr. Bryan addressed questions to Rogers in 14% of his total statements in eight sessions, while post-

Bryan clients addressed questions to him in only 4% of their total statements in 121 sessions (Kemp, 2004). This 10% difference is most likely due, in part, to Mr. Bryan's character. His statements revealed a strong intellectual orientation to his self-understanding (see Kemp, 2004; probably influenced by the prevalence of psychoanalytic ideas and writings about therapy in the late 1930s), as well as his academic interests.

Of course, many of the clients in the post-Bryan sample were also intellectually and academically oriented (see Kemp, 2004). Some were students or faculty at the University of Chicago, where the Counseling Center was located and where research was conducted using many of the transcripts studied in this sample. It seems likely that the greater percentage of questions asked by Mr. Bryan was partly due to the *character of the interaction* with Rogers – who in those earlier sessions was engaging in discussions with Mr. Bryan, not only trying to empathically understand him. As we shall see, more of the findings in Kemp's (2004) study tend to support this hypothesis.

The Method

Together, the writers developed a system of classifying each of the client's questions into one of eleven categories. These question-categories are as follows:

1. Asking the therapist if he understood the client
2. Asking 'housekeeping' questions (e.g., appointment times) and about external issues (e.g., about the taping)
3. Asking for information about the workings or theory of psychotherapy
4. Asking for guidance pertaining to the client's life or subjective experiences, feelings, etc.
5. Asking for guidance pertaining to the client's actions in therapy
6. Asking for the therapist's reassurance
7. Asking for an opinion, evaluation, or perspective
8. Asking for permission
9. Asking for personal information about the therapist
10. Asking about the therapist's recall or observation of the client
11. Asking the therapist to clarify his previous statement

Our individual classifications of questions were made while Claudia and I sat together, and we resolved our differences through discussions (Kemp, 2004).

Comparisons

First we compare the frequencies in the two samples of different categories of question and discuss the implications of the differences between Mr. Bryan's questions and the later clients' questions (see Table 1). We observe that the most striking difference, as reported by Kemp (2004), is in questions classified as 'Asking the therapist to clarify his previous statement' (question 11) – a difference of 21% between the two samples, with 25% of Mr. Bryan's questions classified as of this type compared with 4% of the later clients' questions. Although one might speculate that the large difference reflects Mr. Bryan's personal inclination to raise this particular question, another explanation is more likely to account for the difference.

Recall from the earlier study mentioned above (Brodley, 1994/2011) that approximately 45% of Rogers' responses to Mr. Bryan were T-frame responses that were spontaneous responses, not elicited by questions, compared with approximately 10% of that type of Rogers' response post-Bryan. In fact, some of the transcripts of the post-Bryan therapy sessions contained no unelicited T-frame responses by Rogers, only empathic following responses. In his therapy with Mr. Bryan, Rogers was choosing to *spontaneously* express his own point of view much more frequently than with *any* client in the post-Bryan sample (Brodley, 1994/2011).

In the context of this earlier observation, it seems reasonable to infer that the substantial difference in frequency of the eleventh question – with Mr. Bryan asking Rogers for clarification about what he had communicated much more often than the post-Bryan clients – is the result of Rogers making a greater demand on Mr. Bryan to understand him than Rogers made on the post-Bryan clients.

Accurate empathic understanding responses are generally easier to understand, in any context, than statements expressing the frame of reference of the speaker. This is even more likely in the context of psychotherapy. The client's mental processing of T-frame responses is more intellectually demanding on a client than decoding

statements made by a therapist who is trying only to represent his empathic understanding of the client. In addition, the content of T-frame responses is sometimes experienced as threatening to the client, stimulating diminished attention or confusion.

Mr. Bryan asked Rogers to clarify his previous statements more frequently than the later clients, most likely because Rogers was more frequently expressing his own thoughts to Mr. Bryan and, consequently, was less easily understood by Mr. Bryan than by the post-Bryan clients who received, predominantly, empathic understanding responses. In addition, the therapy with Mr. Bryan tended to emphasize Rogers as a psychological expert because he was introducing his own thoughts in his unelicited T-frame communications. Consequently Mr. Bryan was probably (although inadvertently) directed to be concerned about accurately understanding Rogers. [5]

The class of questions showing the second greatest difference between Mr. Bryan and the post-Bryan sample is 'Asking the therapist if he understood the client' (question 1; see Table 1). In this case there was a 9% difference, with the post-Bryan clients asking this in 12% of their questions while Mr. Bryan asked this in 3% of his questions to Rogers (Kemp, 2004).

Although it is reasonable to assume that Mr. Bryan wanted Rogers to understand him, the difference in the two samples is probably due to the fact that Rogers' consistent and highly frequent empathic responses with the post-Bryan clients tended to focus their attention on the therapist's main goal in client-centered therapy – to empathically understand the client and not introduce the therapist's thoughts into the therapeutic conversation (Kemp, 2004). Therapist behavior expressing communications representing his or her frame of reference may focus the client's attention on understanding the therapist. In contrast, Rogers' pursuit of understanding of a client's frame of reference, by making empathic understanding responses, promotes further explication by the client and orients the client to care whether he or she is understandable and whether Rogers is following.

Consequently, when Rogers made more frequent T-frame responses and relatively fewer empathic responses to Mr. Bryan, Mr. Bryan was less attuned to whether or not *he was being understood by Rogers* than the post-Bryan clients who were being consistently empathically understood. The post-Bryan clients received

predominately empathic responses from Rogers and consequently were more attuned to becoming sure he understands them (Brodley 1994/2011).

The remaining differences found in the eleven question categories asked of Rogers between the two samples in Kemp (2004) are very small. They range from a difference of 5% for question 4, 'Asking for guidance pertaining to the client's life or subjective experiences, feelings, etc.' (greater in the post-Bryan sample) to a difference of 0.1% for question 6 'Asking for reassurance' (also greater in the post-Bryan sample) (Kemp, 2004).

A special issue in the question data concerns the frequency of the questions that are likely to be most difficult for a client-centered therapist. In regard to this issue, questions 4 through 8 are all questions that, if answered directly, risk influencing or directing the client. They, more than the other types of question, challenge a client-centered therapist to maintain the nondirective attitude while responding respectfully to the client's *voice* (Grant, 1990).

Combining the five questions 4 through 8 for both samples shows 61% of all questions in the two samples to be of the kind that are challenging to a client-centered therapist in regard to expressing his non-directive attitude (Kemp, 2004).

Among the eleven categories of question asked by all clients in the two samples delineated by Kemp (2004), the five kinds of question (together called the 'challenging' group) that make greatest demand on the therapist's skill in communicating the non-directive attitude total slightly more than half of the questions asked.

This finding can be more informatively expressed as – more than half of the questions asked (61%) appear in only 14% of the kinds of questions (see Table 1, questions 4 through 8 combined into one category; data from Kemp, 2004). This is probably due to the fact that clients in therapy are seeking personal changes and consequently, if they are inclined to ask questions, they are most likely to be asking for some form of guidance or direction from the therapist.

Small as the differences are between question-categories 4 through 8, the frequencies of these questions are all greater in the post-Bryan sample, thus permitting their simple addition and comparison by sample. Combining the frequencies of questions 4 through 8 results in 54% of Mr. Bryan's questions falling into those combined categories, and 63% of the post-Bryan's clients' questions – a difference of 9%

with the post-Bryan clients having the greater frequency (see Table 1; data from Kemp, 2004). It may be that although it happens infrequently, clients asked for Rogers' guidance or direction somewhat more (in percentage of the categories of questions) in the post-Bryan sample because Rogers was not volunteering his point of view or opinions to clients in that sample.

It must be recalled, however, that all together, in both samples in Kemp (2004), clients did not frequently ask questions of Rogers and the statistics comparing *questions* in the two samples must be placed in that context for a correct and reserved appreciation of their meaning.

Rogers' Responses

To compare the samples, we also developed categories for classifying Rogers' *responses* to clients' questions. These response-categories are as follows:

1. Direct verbal answer to the question
2. Direct nonverbal or vocal gesture answer to the question
3. Indirect answer to the question
4. An empathic understanding, following type of response that addresses or acknowledges the question
5. An empathic understanding, following type of response which does not address or acknowledge the question
6. A response that addresses or acknowledges the question, but is not an empathic understanding type of response
7. A response that does not address or acknowledge and does not answer the client's question
8. A response that was too ambiguous to be classified (Kemp, 2004)

Sometimes Rogers made a complex response to a question that involved more than one category of response. For example, Rogers sometimes answered a client directly and followed his answer with an empathic understanding response. Some responses to some questions had to be given more than one kind of classification, so Rogers made more responses than the number of questions asked by his clients (see Kemp, 2004).

Kemp (2004) found that Rogers made 465 responses to the 382 total questions in the combined samples. She also found that Rogers made 81 responses to Mr. Bryan's 67 questions, and made 384

responses to the post-Bryan clients' 315 questions. In order to make the most meaningful comparisons, we omit 23 responses (3 in Bryan and 21 in post-Bryan) that were classified as 'A response that was too ambiguous to be classified' (category 8). Thus Kemp's sample of responses consists of a total of 442 responses; 78 are found in the Bryan transcripts and 364 in the post-Bryan sample (see Table 2; data from Kemp, 2004).

Rogers' Responses in the Two Samples

Rogers *answered* his clients' questions much of the time. In relation to the total sample (Bryan plus post-Bryan) of 382 questions, 46% of Rogers' responses include direct verbal answers to the questions. Fifty-five percent of his responses consist of direct verbal answers combined with nonverbal direct answers and indirect answers. In effect, Rogers gave an answer-type of response to approximately half of his clients' questions. The idea that non-directive, client-centered therapists do not answer their clients' questions is a myth (Kemp, 2004), if we consider Rogers as an exemplar or model of the approach.

But there are noteworthy differences in his responses to questions by Mr. Bryan and to those of the post-Bryan clients. First, in the Bryan sample, Rogers made the majority of his responses (55% of all his responses to Bryan's questions) in the category 'Direct answer' (category 1). This category includes verbal answers that are simple 'yes' or 'no' responses and more complex answers. In the post-Bryan sample, Rogers responded with direct answers to his clients' questions less frequently (34% of all his responses) – a difference of 21%. We find the difference between the samples is the same when nonverbal direct answers (category 2) are combined with direct verbal answers (category 1) (Kemp, 2004).

Combining the first three categories of responses (answers to questions) and comparing Rogers' frequencies of response in the two samples shows a 26% difference in Rogers' behavior in the two samples (70% in the Bryan sample and 44% in the post-Bryan sample). In other words, Rogers chose to *answer* Mr. Bryan's questions much more often than, at a later time, he chose to *answer* the post-Bryan clients. This difference appears to have resulted from

Rogers' substantial shift to empathic responses with the post-Bryan clients (Kemp, 2004).

Rogers responded with an empathic understanding response to Mr. Bryan in 14% of his total responses to that client's questions, whereas he responded to the post-Bryan clients' questions with an empathic understanding response in 40% of his total responses, a difference of 26% (Kemp, 2004). Informative discussion of this comparison depends upon the perspective of theory as well as a perspective based on what research has shown from comparing Rogers' responses to Mr. Bryan with his responses to the post-Bryan clients when the clients are spontaneously narrating about themselves.

Theoretical Discussion

People typically expect that a question will evoke an answer or at least an acknowledgement of the question as a question. But in client-centered therapy the non-directive principle requires other considerations. On the one hand, in this therapy, all responses should imply respect for the client, respect for the client's autonomy, respect for the client's self-determination, and respect for the client's sense of self.[6] Thus, questions clients ask of the therapist require forms of response that show the therapist's respect for the client the same as they show in their empathic understanding responses. This ubiquitous respectful attitude is partly expressed in the therapist's respect for the client's 'voice' (Grant, 1986). In the case of clients' questions, the client's 'voice' is addressing the therapist for something from the therapist's point of view, and it would seem that an answer would be appropriate.

On the other hand, it is also part of the non-directive principle of client-centered theory that the therapist maintains the non-directive attitude in his or her relation to clients. An implication of this principle is that the therapist be free of motives to influence clients towards any particular interaction process or towards any particular area of content or towards any personal conclusions. This non-directive principle holds in the question-to-therapist situation, although the situation is different from clients spontaneously narrating to the therapist. In that situation, a respectful form of response that both expresses the basic therapeutic attitudes and tends to avoid influences is usually achieved by following the client with empathic understanding responses. The

therapist intends these responses to check the accuracy of his or her tentative understanding of the client. They are functional and theoretically consistent.

Non-directivity in the context of questions precludes a *systematic* avoidance or ignoring of clients' questions and supports responsiveness to questions as questions and giving answers. But the non-directive principle also makes the therapist wary of giving answers. Consequently, the therapist has a choice when it comes to clients' questions.

A therapist's fidelity to client-centered principles cannot be evaluated by single responses, because client-centered therapy is a spontaneous *process of interaction*, with inevitable errors in understanding and necessary corrective processes. A therapist's fidelity to the theory involves the multitude of ways the therapist expresses the therapeutic attitudes, including the non-directive attitude. Thus when a client asks the therapist a question, the therapist may directly answer, or he (or she) may ignore the question and respond empathically to the client's narration that is context for the question, or he may acknowledge the question but not answer it—perhaps addressing the question, for example, by giving the client an explanation for not answering—or giving some combination of an acknowledgment or answer and an empathic response. In all of these specific forms of response to a question, the therapist's attitudes are conveyed by syntax, tone of voice, nonverbal gestures—all permeated with sensitivity to the unique client, to the empathic material of the moment, and expressed with tentativeness and openness to the client as the person determining the directions of the therapy.

When clients are narrating about themselves, client-centered therapists' empathic responses are not systematic, although they tend to be frequent. This apparent contradiction is because the *causes* in the therapist for responses flow from theoretically determined experiences of certain attitudes.[7] In the client-question situation, the client-centered therapist also cannot systematically employ any form of response. The therapist must make a choice about how to respond in each particular occasion in order to, overall, maintain his communications as acceptant, empathic, and non-directive.

The client-centered basic theory (Rogers, 1957/1987, 1959) instructs the therapist to experience empathic understanding of the client's internal frame of reference, imbued with an attitude of

acceptance towards clients. The implication of the theory is that, whenever the therapist responds to clients, whether the clients are narrating about themselves or asking questions of the therapist, whatever form of response (category, in this study) the therapist chooses, it should express the therapeutic attitudes as well as minimize any directive effect on the client.

Summary

The most characteristic form of response in client-centered therapy when clients are narrating about themselves—the empathic understanding response—appeared in only one-seventh of Rogers' responses to Bryan when he was responding to Bryan's questions. In contrast the empathic understanding response approached half of Rogers' responses to his post-Bryan clients, although some of the empathic understanding responses were made in combination with direct answers (Kemp, 2004).

Rogers was giving answers to one-third of his post-Bryan clients' questions. He was responding only slightly more frequently to them with empathic responses (37%) (Kemp, 2004).

Rogers was not directly answering as frequently to the post-Bryan clients as to Mr. Bryan, but he was making many more empathic responses (combining categories 4 and 5) to these later clients (40% of all his responses) than he made to Mr. Bryan (14%)—a difference of 26%. Rogers directly answered his post-Bryan clients (38% of his responses) almost as frequently as he empathically responded to them (40% of his responses) (Kemp, 2004).

References

Brodley, B.T. (1994). Some observations of Carl Rogers' behavior in therapy interviews. *Person-Centered Journal*, 1(2), 37-48. Reprinted (2011) in K.A. Moon, M. Witty, B. Grant & B. Rice (Eds.) Practicing client-centered therapy: Selected writings of Barbara Temaner Brodley (pp. 313-327). Ross-On-Wye: PCCS Books.

Grant, B. (1986). Etica y psicoterapia: Prolegomeno a una terapia centrada en el cliente sin una teoria centrada en el cliente [Ethics and psychotherapy: A prolegomenon to client-centered therapy without client-centered theory]. *Revista de Psiquiatria y Psicologia Humanista, 17*(4), 82-86.

Grant, B. (1990). Principled and instrumental nondirectiveness in person-centered and client-centered psychotherapy. *Person-Centered Review, 5*(1), 77-88.

Kemp, C.M. (2004). *Responses to clients' questions in client-centered therapy*. Unpublished Doctoral Dissertation. Chicago School of Professional Psychology.

Rogers, C.R. (1939). *The Clinical Treatment of the Problem Child.* Boston: Houghton Mifflin.

Rogers, C.R. (1940). The processes of therapy. *Journal of Consulting Psychology, 4*(5), 161-164.

Rogers, C.R. (1942). *Counseling and Psychotherapy: Newer concepts in practice*. Boston: Houghton Mifflin.

Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95–103. Reprinted (1987) in H. Kirschenbaum & V.L. Henderson (Eds.) *The Carl Rogers Reader* (pp. 219–35). 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.

Endnotes

1. A combination of guidance techniques and psychoanalytic interpretive therapy (Rogers, 1939, 1940)

2. The study distinguished Rogers' spontaneous, not-elicited therapist-frame statements from his empathic, following type of responses that are an attempt to represent the client's internal frame of reference.

3. In client-centered therapy, empathic responses usually satisfy the requirements of theory – non-directivity, therapist congruence, and acceptant, empathic understanding – when the therapist is responding to self-explicating clients. However, when a client addresses the therapist with a question, the therapist's non-directive attitude requires respect for the client's 'voice', and the therapist must make choices among empathic responses, answering the question, or addressing the question in a way that does not systematically disregard the question as a question. Consequently, research to accurately comprehend client-centered therapy must distinguish between the therapist's responses that are responses to questions and those that follow the client's self-explicating narration.

4. This estimate used a mean of 60 client statements (clients' statements that occur between Rogers' statements) per session times 129 transcripts studied.

5. Although Rogers spontaneously introduces his own perspectives more frequently with Mr. Bryan than with his post-Bryan clients, the content of his remarks and the manner of his expression do not suggest that Rogers is intending to emphasize his expertise or to direct the client.

6. Client-centered clients change in their sense of self – self-image, self-acceptance, self-expectations, but at all points in the therapeutic interaction, client-centered therapists try to be sensitive to their clients' present sense of self and do not intend to challenge, criticize, or correct it.

7. These are Rogers' basic therapeutic *attitudes* that the therapist holistically experiences as congruence, unconditional positive regard, and empathic understanding of the client's internal frame of reference.

Table 1: Question Type Frequencies of Bryan Transition Phase (BTP) and Client-Centered Therapy Phase (CCTP)

Q-Type	BTP		CCTP	
	Frequency	%	Frequency	%
1	2	3.0%	38	12.1%
2	7	10.4%	29	9.2%
3	2	3.0%	14	4.4%
4	3	4.5%	31	9.8%
5	3	4.5%	19	6.0%
6	1	1.5%	5	1.6%
7	29	43.3%	137	43.5%
8	0	0.00%	6	1.9%
9	3	4.5%	16	5.1%
10	0	0.00%	6	1.9%
11	17	25.4%	14	4.4%
	67	100.00%	315	100.00%

Table 2: Response Type Frequencies of Bryan Transition Phase (BTP) and Client-Centered Therapy Phase (CCTP)

R-Type	BTP		CCTP	
	Frequency	%	Frequency	%
1	43	53.1%	124	32.3%
2	3	3.7%	13	3.4%
3	3	3.7%	24	6.2%
4	9	11.1%	134	34.9%
5	2	2.5%	11	2.9%
6	18	22.2%	38	9.9%
7	0	0.00%	20	5.2%
8	3	3.7%	20	5.2%
	81	100.00%	384	100.00%