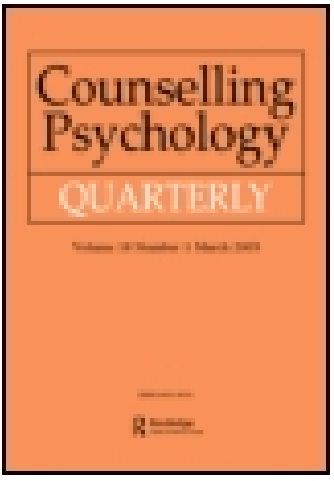

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THEORY AND PRACTICE

Rogerian theory: a critique of the effectiveness of pure client-centred therapy

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ABSTRACT *Rogers' Client-Centered Therapy (RCCT) included the phenomena 'phenomenology' (i.e., multiple reality theory) and the 'innate desire to self-actualize', maintained by the organismic valuing process. RCCT also assumed that the therapist, to produce positive outcome, was required to feel and demonstrate unconditional positive regard and genuineness toward the client. The present review evalued the fundamental accuracy of these phenomena and their effectiveness in a counselling setting. Additionally, RCCT effectiveness was weighed against the developmental-interactional concept for therapeutic outcome. It is suggested an eclectic approach is more effective in couselling than either argument.*

Introduction

The middle of this century saw the recognition of counselling psychology as a discipline (Hill and Corbett, 1993). Consequently, many studies have evaluated the effectiveness of counselling methods on outcome (see Pepinsky *et al.*, 1978; Greenberg and Pinsof, 1986; Beutler and Hill, 1992; Gelso and Fassinger, 1992). One such counselling method is a humanistic style, Rogers' Client-Centered Therapy (RCCT), or otherwise known as the 'Pure' Client-Centered Therapy (non-directional). There is supportive (see Gerwood, 1993; Davison and Neale, 1994, Todd and Bohart, 1994), aversive (see Brown and Smart, 1991; Quinn, 1993; Ryan, 1995) and mixed (see Horvath and Symonds, 1991; Boswell and Dodd, 1993; Hill and Corbett, 1993; Ford, 1995; Powell, 1995) empirical evidence of RCCT's therapeutic benefits.

Based on these arguments, the purpose of the present review is to evaluate the fundamental accuracy of RCCT and the effectiveness of RCCT in a counselling setting. The temperament-actualization concept, humanistic psychology, balance theory, experiential and process-experiential psychotherapy, encounter groups and non-directive counselling with schizophrenia illustrate the enormous impact RCCT had on the counselling discipline. However, the power of pro-social behaviour, cultural and environmental factors, and the developmental-interactional approach have strongly argued

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against the innate desire to self-actualize, the organismic valuing process and the 'pure' empathic nature of the therapist (all discussed below).

Rogerian theory

Theoretical phases

According to Hill and Corbett (1993) Rogers progressed through three theoretical stages. The first, while researching at Ohio State University, was described as his 'mirroring' phase. This is explained in Rogers' first major book, *Counseling and Psychotherapy* (Rogers, 1942) arguing that only clear, supportive and accurate *reflection* of the client's expressions is necessary to provoke positive growth and change.

Expanding on this phenomenon, Roger produced his second major book, *Client-Centered Therapy* (Rogers, 1951), thus the beginning of his second theoretical phase. This phase moved away from mere reflection into the belief that the therapist should possess an attitude about her/his client's feelings and their capacity for change. The therapist was still to remain non-directive but would attend to particular frames of reference the client expressed, rather than reflecting generally. This phase also gave importance and definition to the client's phenomenology (i.e., multiple reality theory), organismic valuing process and innate self-actualization. Also, Rogers (1951) suggested that to be completely effective the therapist must possess and show to the client unconditional positive regard (i.e., no judgement), and genuineness (i.e., accurate empathy and reflection of feeling). These terms will be defined below and evaluated as to their fundamental accuracy.

Phenomenology

The multiple reality theory is defined as a subjective view of the world, constructed by each individual's collective experiences (Rogers, 1951). Consequently, no other human being can possibly determine what is the correct or incorrect behaviour for any other individual. Therefore, the therapist must respect this, remain non-directive and supportive, and allow each individual the freedom to live according to this reality and to make all decisions about their growth and direction.

Innate self-actualization and the organismic valuing process

These two phenomena are very closely related. Rogers (1951) suggested that each individual have an innate desire to fully develop all potentialities that serve to maintain and/or enhance the individual (self-actualization). The desire sees movement from heteronomy (control by external forces) to autonomy (control of inner forces). This is monitored through the organismic valuing process, thus being the valuation of that which is individual and life enhancing through an 'open flexibility to inner and outer experience' (Quinn, 1993, p. 10). In other words, the individual is drawn, through the innate desire to self-actualize and the organismic valuing process, to that which enhances their full potential. Rogers (1951) argued that maladjustment and psychopathology occur when there is incongruence between an individual's heteronomy and autonomy and the person

is inflexible. Therefore, the therapist needs to accept and believe that the client will innately desire to move toward their full potentialities.

Unconditional positive regard

This phenomenon includes many criteria. According to Todd and Bohart (1994) *unconditional* suggested that the therapist, in no way, should judge or evaluate the individual. They should acknowledge the client's phenomenology, thus accepting their reality and choices without imposing any restrictions on them. This includes diagnostic labelling as Rogers (1951) argued this pigeonholed the individual. However, the distinction is made between acceptance and approval. Positive suggested the client is supported and empathetically listened to. Regard included respect and trust of the individual. Rogers (1951) suggested that an individual moves toward openness, respect for others and self-discovery when a trusting and respectful environment is provided. Therefore, the therapist provides the environment and the client directs the session.

Genuineness

According to Rogers (1951) genuineness requires the therapist to actively listen, enter and understand the client's world (accurate empathy) and reflect accurately to the client their feelings. When people are listened to, they move toward trying to create more order and integration into their lives through self-generation and self-propelled growth. The therapist must attentively be with the client fully to understand the client's feelings and, thus, accurately validate their emotions.

To test these phenomena, Rogers and his colleagues from the University of Chicago, developed the experiencing scale (tested client affective involvement in therapy) and the client vocal quality classification scale (paralinguistic measure of affective involvement in therapy, see Klein *et al.*, 1986). These, among other measures, gave scientific credibility to RCCT.

Finally, the Latency phase saw Rogers move away from the university setting into more applied work. He worked with people with schizophrenia, encounter groups and in education for global peace and conflict resolution. Many of whom he worked with followed in his footsteps and highlighted the enormous impact he has had on contemporary counselling psychology (as discussed below).

Overall, 'Pure' RCCT holds the following; the therapist, through non-direction, unconditional positive regard and genuineness, allows the individual, who innately desires and is capable of, to self-actualize. The following discussion will now evaluate how effective this theory is in a counselling setting.

RCCT evaluated

Arguments for RCCT

Influence on modern counselling practices. Generally, RCCT has had an enormous impact on modern counselling practices and humanistic psychology (see Todd and

Bohart, 1994). Specifically, many influential training models expanded the work Rogers did in his Latency phase. Examples of these include; Carkhuff's human resource training (stressed importance of empathy, respect and self-exploration); Ivey's microcounselling (stressed nonverbal attending and reflection) and Kagan's interpersonal process recall (stressed accurate empathy, see Hill and Corbett, 1993).

Theoretically, the temperament-actualization concept (see Ford, 1995) and balance theory (see Boswell and Dodd, 1993) are based on Rogers' phenomena organismic valuing process and unconditional positive regard, respectively (discussed below).

Rogers also had great influence on contemporary psychotherapy (see Todd and Bohart, 1994). Experiential (focusing on inward reflection) and process-experiential (focus on accurate empathy) psychotherapies are two examples.

Finally, many therapists that have worked with Rogers on establishing encounter groups promoting mental health, have stimulated many research projects on the effectiveness of process and outcome of RCCT (see Hill and Corbett, 1993). Their work has continued and still promotes RCCT.

Empirical studies. Gerwood (1993) conducted a cross-sectional study ($n = 45$) using non-directive counselling interventions with people with schizophrenia. This was an extension of Rogers' work with people with schizophrenia at Mendora State Hospital, Madison, WI (see Hill and Corbett, 1993). Gerwood (1993) suggested that the two main symptoms of schizophrenia are suspiciousness and hostility. He found that his non-judgmental, non-confronting, emphatic and personal contact with these people was a very effective intervention and lead to positive outcome, including personality change and client-directed growth.

A longitudinal study (14 months) conducted in a psychiatric institution compared non-directive RCCT with behavioural therapy to assess the effectiveness with people with sociopathy (see Meier, 1989). It was found that non-directive intervention was far more successful in positive growth and outcome, both in the short and long terms.

Finally, Todd and Bohart (1994) studied a group of patients ($n = 134$) in psychiatric care, suffering from varying degrees of psychopathology. It was found that when a therapist did not put conditions of worth on (i.e., judge) the patient they responded with more confidence and less hostility.

Arguments against RCCT

It has not all been good news for Rogers. There are many critics, especially focusing on his non-direction, the 'innateness' of the self-actualization concept and how truly empathic therapists are. These will be reviewed and weighed against the positive arguments for RCCT.

Pro-social behaviour and cultural and environmental factors. It has been extensively argued by environmental and behavioural psychologists that Rogers failed to realize the power of cultural and social factors on an individual's behaviours and attitudes (see Ryan, 1995). It was argued that inconsistency and fractionalization better characterize human experience in many settings than unit or integrity. In other words, Rogers' idea of self-

actualization is limited to the socio-cultural mechanisms that have invaded the individual from birth.

Behavioural psychologists believe dysfunction occurs when the individual is taught inappropriate social behaviours and therefore need to be taught, by the therapist, appropriate skills and behaviour rather than to search their inner desires (see Ryan, 1995).

Ryan (1995, p. 421) found that the interaction between innate and contextual forces is a dynamic process which 'influence upon the quality of behavioural regulation within domains and situations'. In simple terms, this means that an individual is influenced in every situation by both innate and environmental forces and is neither one with his/her genes or one with his/her environment. Brown and Smart (1991) extended the theory of behaviourism by suggesting that the self is formed by the desire to find approval from society. They argued that people develop a sense of whom they are (i.e., self-representation) from both the rewards and/or punishments they receive from the larger society.

Developmental-interactional concept. Quinn (1993) proposed the developmental-interactional concept in his PhD thesis. He argued that RCCT over-emphasized the innateness of empathy and found Rogers' theory was overly optimistic in the belief in self-actualization and the organismic valuing process. To support this he argued that demonstrated empathy only evolves if the therapist is *genuinely* interested in entering the client's world and actually is concerned about the client. This may be detrimental to the therapist's well being if they attach too much of themselves to every client. Additionally, he argued that there are other urges that are as motivationally urgent and powerful as the actualizing tendency. For example, the desire for social cohesion and acceptability.

Quinn (1993) argued that non-direction, unconditional positive regard and genuineness provides a wonderful environment but is an ineffective counselling practice. This is due to the fact that the therapist does not confront primary (avoidance of the original conflict and consequent dysfunction e.g., anxiety and social isolation) and secondary (advantages that arise from the dysfunction e.g., less social responsibility) defences that may override the 'innate' need for self-actualization.

Evaluation and future directions

Both therapeutic practices are effective on outcome but neither provides a holistic answer. RCCT provides a wonderful, enriching environment that takes into account the client's subjective world in order to self-actualize. However, this theory breaks down in many areas. It assumes that each individual's phenomenology, whether dysfunctional or not, is worthy of acceptance. Although Rogers stressed that acceptance is not the same as approval, where do we draw the line? Do we allow sociopathic criminals to spend hours in therapy providing insight into their morbid and inhumane delights without any form of direction or confrontation? With acceptance, will the client assume responsibility for their actions or be given the freedom to exercise their dysfunctional behaviour because of their subjective experience of the world?

RCCT also ignores the power of socio-cultural factors that hinder the individual's self-actualization. The question arises as to the effectiveness outside the counselling setting. Although the counselling session may be successful in providing a positive

outcome, there needs to be more definitive and conclusive studies as to whether these changes will be permanent outside the counselling setting. The empirical studies, above, are limited, as they are both in a hospital setting.

The temperament-actualization concept (see Ford, 1995), based on all RCCT theology, emphasized the importance of emotionality and sociability in maintaining a balance between our self-concept and cultural and social forces direction. Similar to this concept is the balance theory (see Boswell and Dodd, 1993). In counselling the balance theory also extends Roger to the outer community. Although Rogers' unconditional positive regard and genuineness are used to provide the optimal environment, the underlying theory is that individuals continuously try to balance their self-concept with their environmental responses. In other words, if the individuals self-concept is different from other people's responses and reactions, then an imbalance will occur and consequent maladjustment. Thus, accurate empathy by the therapist is required *as well as* communication training and realistic self-concept exploration.

The three training models, Carkhuff's human resource training, Ivey's micro-counselling and Kagan's interpersonal process recall teach the appropriate skills to maintain this balance. They teach clients specific life skills (e.g., problem solving, modelling and communication skills) through RCCT *and* therapist direction.

On the other side of the argument, developmental, environmental and behavioural psychologists may be more realistic when suggesting that it may be detrimental to fully empathize with a client, especially when severely dysfunctional. They also recognize the impact the environment has on behaviour and the desire to socially integrate. However, they fail when they place too much emphasis on environmental factors and minimize genetic disposition (see Viken *et al.*, 1994) and to be too therapist-driven, to the point they are telling the client how to live their lives.

Additionally, although it is evident that socio-cultural forces are powerful the client still has a desire to reach their full potential. Also, a balance needs to be maintained between therapist skill teaching and self-empowerment. They can be taught as many skills as they are apt to, but they also need to be able to integrate these skills into an appropriate schema that will be contextually appropriate without constant psychological surveillance.

Conclusion

Concluding, neither argument provides a holistic approach to counselling effectiveness. Although RCCT has had a great impact on modern counselling practices, the 'true' empathic nature of the therapist and the client's 'innate' desire to self-actualize is questioned when socio-cultural forces are considered. More conclusive studies will demonstrate the effectiveness of RCCT outside the counselling setting.

Although the environmental argument provides a more realistic answer to how a person behaves, they fail to self-empower the individual outside the counselling setting. With an eclectic theory we can be assured that the client will reach their full potentialities and remain socially congruent.

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