

# From Nondirective to Nonpredictive

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## Abstract

The concept of being nondirective in person-centered therapy is presented and followed by a discussion of the advantages and disadvantages of being nondirective. The purpose for doing so is to examine the principle of being nondirective in order to offer a proposal of the concept of being nonpredictive. The authors assert that the concept of being nonpredictive may be even more fundamental to not being an expert on the client than the concept of being nondirective. Being nonpredictive allows for the different perspectives of the two authors, particularly with respect to the question of offering, or not offering advice and suggestions to clients. The authors conclude with appreciating, that the idea of being nonpredictive is potentially more inclusive, or flexible than the idea of being nondirective.

*Keywords:* non-directive, non-predictive, institutional power, non-linear dynamic systems, client uniqueness

### **Rogers' View of the Directive and Nondirective Position**

It is well known that Rogers (1942, 1961, 1980), considered client-centered/person-centered therapy as nondirective. To set the stage for the premise of this paper, that the therapist cannot predict the directions, choices, and consequences of the behaviors, thoughts, and experiences of the client, we will offer background material from Rogers, concerning the concept of being nondirective. Briefly stated, however, our understanding of it, is that the therapist is not an expert on the client and cannot make specific predictions about, or for the client. Rogers asserted, that if a therapeutic environment is created, clients are more likely to make constructive personal changes. The specifics of these changes, how, when, or why, cannot be predicted by the therapist.

Describing Rogers' views on what is directive might be helpful in grasping his view on being nondirective. Rogers (1942) stated:

*"Probably the commonest definition of the process is that the counselor discovers, diagnoses, treats the client's problems, provided that the counselee gives his active cooperation in the procedure. The counselor, according to this viewpoint, accepts a major responsibility in solving the problem and this responsibility becomes the focus of his efforts." (p. 115)*

Rogers (1977) takes a firmer stance on the issue of being directive:

*Politics, in present-day psychological and social usage, has to do with power and control: the extent to which persons desire, attempt to obtain, possess, share, or surrender power and control over others and/or themselves. It has to do with the maneuvers, the strategies and tactics, witting or unwitting, by which this power and control over one's own life and others' lives is sought and gained—shared or relinquished. It has to do with the locus of decision-making*

*power: who makes the decisions which, consciously or unconsciously, regulate or control the thoughts, feelings, or behavior of others or oneself. It has to do with the effects of these decisions and the strategies, whether proceeding from an individual or a group, whether aimed at gaining or relinquishing control on the person himself, upon others, on the various systems of society and its institutions.*

*In sum it is the process of gaining, using, sharing or relinquishing power, control, decision-making. It is the process of the highly complex interactions and effects of these elements as they exist in relationships between persons, between a person and a group, or between groups. (pp. 4-5)*

In 1986, Rogers wrote about the contrast between the person-centered approach and traditional views of psychoanalysis and Christianity.

*"Seeing the human organism as essentially positive in nature--is profoundly radical. It flies in the face of traditional psychoanalysis, runs counter to the Christian tradition, and is opposed to the philosophy of most institutions, including our education institutions. In psychoanalytic theory our core is seen as untamed, wild, destructive. In Christian theology we are 'conceived in sin,' and evil by nature. In our institutions the individual is seen as untrustworthy. Persons must be guided, corrected, disciplined, punished, so that they will not follow the pathway set by their nature." (p. 127)*

In the extreme, this can of course be seen in dictatorships, but, in the less extreme, any model, models of psychotherapy included, that insist on psychosocial assessment, diagnosis and interpretation can be imposing.

We can stay with Rogers (1942) for the contrast between being directive and being nondirective. Rogers wrote:

*On the other hand, counseling of the non-directive sort is characterized by a preponderance of client activity, the client doing most of the talking about his problems. The counselor's primary techniques are those which help the client more clearly to recognize and understand his feelings, attitudes, and reaction patterns, and which encourage the client to talk about them . . . Not infrequently he gives the client opportunity to express his feelings on specific topics. Less frequently he asks specific questions of an information-getting sort. Occasionally he gives information or explanations related to the client's situation. Although not the type of technique which could be used frequently, there is considerable redefinition of the interviewing situation as being primarily the client's situation, to use for his own growth. (p. 124)*

And describing “a program of nondirective counseling” in regards to the Western Electric Company, Rogers offered several “rules”, one of them being that “The interviewer should not give advice or moral admonition.” (p. 125)

Rogers (1961; 1977) returned to the 1942 description that applies to being nondirective. “It began to occur to me that *unless I had a need to demonstrate my own cleverness and learning*, I would do better to rely upon the client for the direction of movement in the process” (1961, p. 11-12) [emphasis ours]. Rogers had already made a significant contrast earlier in the 1977 work.

*This newer approach differs from the older one in that it has a genuinely different goal. It aims directly toward the greater independence and integration of the individual rather than hoping that such results will accrue if the counselor assists in solving the problem. The individual and not the problem is the focus. The aim is not to solve one particular problem but to assist the individual to grow, so that he can cope with the present problem and with later problems in a better integrated fashion . . .(p. 6).*

And further: “Therapy is not a matter of doing something to the individual, or of inducing him to do something about himself. It is instead a matter of freeing him for normal growth and development, and removing obstacles so that he can again move forward” (Rogers, 1977, p. 6).

The important distinction is the focus on the views, perceptions, and observations of the client, rather than the therapist’s explanations of the client’s real problems, which the therapist believes are beyond the client’s awareness. The client is taken seriously and at face value.

### **Released from Nondirective**

Rogers (1980) all but releases the term:

*I think of the various labels I have given to this theme during the course of my career—nondirective counseling, client-centered therapy, student-centered teaching, group-centered leadership. Because the fields of application have grown in number and variety, the label ‘person-centered approach’ seems the most descriptive. (pp. 114-115)*

Later in the book Rogers wrote,

*“The whole approach came, in a few years, to be known as a technique. ‘Nondirective therapy,’ it was said, ‘is the technique of reflecting the client’s feelings.’ Or an even worse caricature was simply that ‘in nondirective therapy you repeat the last words the client has said.’ I was so shocked by these complete distortions of our approach that for a number of years I said almost nothing about empathic listening, and when I did it was to stress an empathic attitude, with little, as to how this might be implemented in the relationship.” (p. 139)*

It does not appear that the problem for Rogers was related to the word “nondirective.” Instead it is about the association of the concept with a technique, that of reflection. Parroting of the client’s comments and remarks does not represent the depth of empathic responses.

### **Nondirective: An Inadequate Term**

Before writing further, words are symbols. They are more, or less inadequate to fully capture experience and convey ideas. Therefore, efforts to find new words, or other words are a viable option to explaining and grasping concepts. No one word, or phrase is probably so significant as to not to have optional words and phrasing replace, or augment them.

We assert this is the case with the sections that follow. We hope simply to make statements regarding views that we believe are worth considering. So, in this spirit, we begin a struggle with the word “nondirective.”

Bower (2011) fell short of questioning and rejecting the term “nondirective.” He suggested that the term “non-directive” is inadequate. Bower (personal communication on [cctpca@lists.skylist.net](mailto:cctpca@lists.skylist.net), August 25, 2002) asserted that the adherence to the term and the exclusive offering to the client of being nondirective, amounted to imposing on the client that therapeutic framework. The client had no say in that choice, save for adjusting, or finding another therapist. This amounted in Bower’s view to coercion, even if it is mild, unwitting and well meaning.

Rogers (1942) wrote “the counselor has *refused* directly, or indirectly, to take the responsibility for directing and consequently has *forced* the client to accept the responsibility for directing the interview” (pp. 118-119) [emphasis ours].

In essence, the therapist assumes the role of an expert and says being nondirective is the best way to do therapy, despite the wishes, or knowledge, of the client. The client is not asked. For these authors, it would not just be saying it’s the best way; it would be saying it’s the only way one should, or can practice therapy, or counseling. Furthermore, for the therapist not to share a suggestion

from his or her own perspective with the client, a suggestion they are convinced will, more likely than not, be helpful to the client, amounts to these authors, to something that comes close to cheating the client. After all, the client sought out the therapist to get help. Nevertheless, some person-centered therapists (see for example Grant, 2004) claim that the purely non-directive practice is the only ethically viable practice, because they regard it as the only practice that fully respects client freedom.

Bower (personal communication on cctpca@texaslists.net, July 22, 2004) also has expressed concern over the notion that being nondirective ties up the hands of the therapist by discouraging advice, limiting responses to clients to stereotypes of empathic responses. These are some of the very concerns Rogers (1980) raised about misperceptions of nondirective as a technique.

Yet, what if an idea (advice, suggestion etc.) struck the therapist as worthy of the client's consideration and the therapist then voiced it. In the purely nondirective model, that could be seen as directive, as a deviation from "the right way." So, the authors have been searching for a way to speak differently about this aspect of the approach, while at the same time capturing, what to them, seems to be the essence of the concept of nondirectivity. Part of this is found in not being able to know how a client will use his, or her personal resources, i.e. in the inability to predict what, more likely than not, the client will find helpful. In our therapeutic practice, we therefore prefer to describe ourselves, as being nonpredictive rather than nondirective.

### **Towards Nonpredictive Rather Than Nondirective**

Our position on non-predictivity, like the general position on non-directivity, shares the premise that the therapist does not assume the role of being able to predict what is best for the client, i.e. the therapist is not an expert on the client. Bower, however, claims that the therapist does have knowledge and experiences that cannot be assumed to be potentially unhelpful either. He asserts that being nonpredictive, also means that the therapist cannot know 1) what external resources (including therapist resources) the client may

accept, try out and find useful, and 2) which resources the client may accept and try out, but not find useful. Being nonpredictive cannot and attempts not to predict how, when, or even if the client will use his or her internal or external resources for personal growth, change, and development.

Sommerbeck, however, has reservations about this: She feels that she is not able to offer advice without experiencing a prediction that the advice will, more likely than not, be helpful to the client. If she thought she had some advice, which she predicted would be helpful to the client, she'd offer it. Her point is, that this occurs extremely rarely in her practice. The differences between the authors on the issue of giving advice, will be further explored below.

Bower (1985) asserted, that the therapist gives up the institutional authority bestowed in him. This institutional authority may be based in a local facility, or related to a professional organization, or state authority. It superficially looks like this: "I am Dr. Bower. This is my office, and my furniture. I have been trained at a major university, as you can see on the diplomas on the wall. You are dealing with my knowledge about human beings and I know you better than you do." Rather than using that authority, to attempt to get the client to move in a certain direction, which was allegedly in the best interest of the client, the therapist is open to the client's active choices. This also means, that the therapist is open to the possibility of the client failing, as well as succeeding.

Bower (1985), attempted to include the principle of giving up institutional authority in a study he did as he worked on a Master's degree in pastoral counseling (Bower, 1985). His assertion was seen by his supervisors, as an act of hostility towards the authority of the ordained person, who in this case, was a pastoral counselor. Thus, it sometimes takes no little courage to give up institutional authority on one's relations with clients.

Sommerbeck, with her experience of working in the psychiatric system, can subscribe to this. She had to be careful that her not diagnosing clients, for example, was not seen as an act of hostility or ridicule of the work of other professionals in the setting. Furthermore, in that setting, giving up institutional power herself, did not mean that other professionals, and clients as well, gave up

regarding her as being imbued with institutional authority, and with the capacity of being an expert on clients. It took hard work, and it did, indeed, take courage, to constantly disappoint others' expectations regarding her institutional authority and her capacity of being an expert on clients (Sommerbeck, 2012). There is, however, power in the liberation that comes with not asserting institutional authority over clients. The client doesn't have to overcome the therapist.

Whether in being nondirective or nonpredictive, Rogers (1942) laid the foundation that the therapist does not assume a role of expert on the client. This position became firmer over the years, as Rogers noted the pervasiveness of the idea of being an expert on others.

*“Our educational system, our industrial and military organizations, and many other aspects of our culture take the view that the nature of the individual is such that he cannot be trusted – that he must be guided, instructed, rewarded, punished, and controlled by those who are wiser or higher in status.” (Rogers, 1977, pp. 8-9)*

The role of the expert is dismissive of the efforts of human beings in trying to be helpful. It says, my way is superior to the way of others. And these authors find that, in perceiving others as poor and helpless and believing they need guidance, there seems to be an aspect of the blind leading the blind. It assumes the one providing guidance is smart enough, stable enough, and capable enough to lead others away from their helpless state. However, a basic assertion of the person-centered approach is this:

*“the individual has within himself vast resources for self-understanding, for altering his self-concept, his attitudes, and his self-directed behavior – and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided.” (p. 7)*

At the annual Warm Springs Person-Centered workshops, we often set aside a time for a variety show, if you will. In keeping with the ongoing nature of the event, there are no obvious plans. People simply share from their talents in an entertaining way.

One of us, Doug Bower, got up one year and shared the following spontaneous joke: “How many person-centered therapists does it take to unscrew a light bulb? None: The light bulb will unscrew itself.” The light bulb unscrews itself in an environment rich with the core conditions of empathy, acceptance, and genuineness.

In more seriousness, Bozarth (1998) likewise, shared his concern related to “knowing best.”

*“The potency of the approach cannot be fully realized if the trust of the client by the therapist is short-circuited with the interventions and with the therapist’s ideas of what is ‘really’ best for the client.” (p. 4)*

### **A Rationale for the Nonpredictive Position**

We assume that the person-centered therapist is *not* an expert on the client, on what is wrong with the client and on what it takes to put him, or her “right.” The person-centered therapist is only an expert on a certain way of relating to the client. This assumption is probably a core assumption among person-centered therapists; at least it is mentioned so frequently that referencing it would need several pages.

However, we go a step further. We argue that the question is not that the therapist *should not* be an expert on the client; the question is that the therapist *cannot* be an expert on the client. The reason is that the trajectory of any given individual’s interaction with their environment throughout life is a non-linear dynamic system, which means that the trajectory, even if it is determined, is also non-predictable. Said in other words, making predictions about a given client, amounts to disrespect for this particular client’s *uniqueness*, thus violating an essential aspect of unconditional acceptance of the client, by regarding the client as a representative of some norm, or

average that allows for predictions to be made. But a therapist can never know how close any individual client is to a given norm, or average, or to him, or herself, for that matter, or to anybody else. The therapist cannot know when similarities are superficial, with essential differences below the surface. Confusing an individual client with an average, or a norm, or some apparently similar person is the *expert's mistake*. (For a careful explication of these claims see Sommerbeck, 2004).

The conclusion is that “non-predictivity” is probably a more fundamental and adequate characterization of client-centered therapy than “non-directivity,” at least for the practitioner who truly and deeply believes that he, or she *cannot* be an expert on the client. If, in client-centered therapy, there seems to be a pressure on clients to find their own way for themselves, it is not because the therapist is unwilling to guide the client; it is because the therapist *cannot* guide the client without means to predict what will be the best way for the client to follow. If therapists thought they could guide the client, most of them probably also would, and most of them would probably also think they should, since they are after all there to help the client.

It seems interesting to compare this conclusion, with that of a group of client-centered therapists for whom their non-directivity does not spring from a feeling of being unable to predict the best way for their clients to take, but from a feeling of respect for client freedom, irrespective of whether they could, or could not make such predictions (see for example Grant, 2004). This position, however, seems less sustainable and more arbitrary than the one proposed in this paper, since the whole concept of “freedom” is arguable, to say the least, with very many not believing in the existence of freedom as such, or in freedom as an objectively given feature of human existence, even if most will agree that the subjective experience of freedom is highly valuable. In contrast to this position, of being nondirective, in respect for client freedom, the position described in this paper, respects clients as being non-predictable in their determined and unarguable uniqueness.

### **A Willingness to Offer Advice? A Capacity to Offer Advice?**

It has been a long standing position in the approach that being nondirective means not giving advice. However, the idea of being nonpredictive, rather than nondirective, offers both authors greater freedom, with respect to offering advice, albeit in different ways: Bower feels free to offer advice non-predictively, while Sommerbeck feels free to having no advice to offer.

This difference will be illustrated by a dialogue between them.

**Bower:** I have written (2011) and often said that I do not want my hands tied by an expectation levied on the therapist. It is not a client generated demand to not give advice. Rather, Rogers (1942) noted that in the early process of therapy, the client may indeed be essentially seeking advice or at least expecting the therapist to provide solutions. In addition, by far the most utilized approaches to psychotherapy continue in their popularity because they offer solutions. The medical/psychiatric model tops the list in terms of offering solution, perhaps, with Cognitive Behavioral Therapy offering a solution based model even if those solutions are to point out how the client needs to take charge of his/her thoughts, alter them, and thus change.

But even as a person-centered therapist, I, for example, have the resources of a trained nurse, which the client probably does not have. Imagine the client says to me: "I have started to suffer a lot from headaches" and I know the client is taking an anti-depressant that often has headaches as a side effect. Then I'd surely tell the client that, and advise her to see her doctor about a change of medication, because I also know there are anti-depressants that do not have this side effect and I also tell the client that. I would not withhold my resources as a nurse from the client and thus prevent her from using this external resource if she so pleases.

**Sommerbeck:** I sure agree that many clients expect their therapist to offer advice. And perhaps in particular in a psychiatric setting where all other professionals offer advice all the time, and I am regarded as one advice giver among others – at least until people get to know me. For me, however, the idea of human interaction

being a non-predictable non-linear dynamic system supports my almost always feeling *incapable* (rather than unwilling) to offer advice, particularly when I wish to respect client uniqueness. In your example, if I had had the appropriate knowledge about the medication, I might have made sure that the client had the corresponding information, but I'd probably not have advised her to see her doctor for a discussion of medication. I'd feel unsure that seeing her doctor would, more likely than not, be helpful to her, and my experience is that I cannot offer advice without that kind of prediction. So, on this point, we differ. As I see it, the client might have found it better for herself to discontinue her medication without consulting her doctor, or to continue it and suffer the headaches, or cut it down or ... I don't know. I have regularly experienced that client solutions are a lot more creative than anything I could have offered.

**Bower:** So have I, certainly. Still, an important element on offering advice, as I said earlier, is based on the client's ability to decide to accept, reject, fail, or utilize any given assertion from a therapist. Withholding advice denies the client the opportunity to say "no" or "yes."

**Sommerbeck:** True enough, but with the expertness my clients mostly imbue me with, I am hesitant to trust their ability to genuinely reject advice from me. For me Rogers' condition 2 about client incongruence, vulnerability and anxiety (Rogers, 1957) is ever present, and thus I do not trust clients to say "no" or "yes" corresponding to their experience of the particular piece of advice offered. Clients, more than the population at large, according to condition 2, and also according to my experience, seem easily to succumb to an externalized locus of evaluation, i.e. to relate dependently or counter-dependently to the therapist and correspondingly they may very easily accept or reject wholesale whatever advice is given, more out of their general patterns of relationship with authority than out of a genuine feeling that the advice suits them or does not suit them.

**Bower:** In this you do seem to be predictive: You predict that, more likely than not, you'll not receive a genuine "yes" or "no" from a client that you offer advice?

**Sommerbeck:** Yes, on this point I am, indeed, as a consequence of condition 2, predictive! On the other hand, in my experience, it is a rather insignificant point for me, because I hardly ever feel able to offer advice. Let me give you an example: One of my resources is cooking. Imagine, now, a client who mentions her regret that she is not able to serve her husband's favorite dessert, lemon mousse, without sediment, which her husband detests. I happen to know how to avoid sediment in lemon mousse (for interested readers, put the mousse 10 minutes in the freezer before cooling it further in the fridge!), but I may not even tell my client that, because I don't know (can't predict) if that piece of information will be useful for her. She has come into therapy because of marital problems, she hasn't attended a cooking class, so this piece of advice about the lemon mousse might help her to please her husband better as a housewife, but might she not be better off giving up on trying to please her husband in that way? Might she not be better off stopping to make lemon mousse? I have no way of knowing, but telling her how to make lemon mousse without sediment seems to me to be supportive of a choice of becoming a more pleasing housewife/cook to her husband and running the risk of her perceiving negative regard from me, the assumed authority on the good life, if she does not move in that direction by following my advice. And anyway, this piece of advice about avoiding sediment in mousse can be Googled, as so many other things can, if the interest is there.

Sometimes clients ask me: "What do you think I should do?" And my response is, almost invariably: "I wish I thought I knew, but, truly, I don't."

**Bower:** I appreciate your point, but my experience is different from yours, I offer advice with no prediction of my advice being, more likely than not, useful for the client. As I cannot predict how the client will grow and change, I also do not experience myself as being predictive with respect to a client finding a piece of advice of mine useful or not. The suggestion pops up in my mind and I share it with my client, just like that. I have no sense of offering it out of a prediction that it will, more likely than not, be useful to the client. The client determines the usefulness or non-usefulness of the

“advice” that I offer. I seem, contrary to you, to generally trust in the client’s ability to decide how to deal with any “advice.”

**Sommerbeck:** Yes, this seems to be our basic difference on this issue. The few times I comment from my own perspective, be it with some piece of information, advice or anything else, I do it with the intention of clearing my mind of it, so I can again concentrate fully on the client’s perspective. Thus, I could really not say that I offer anything, even when I make a comment from my own perspective.

### Conclusion

Carl Rogers and the client-centered approach, enhanced the concept of being nondirective, for the counselling and psychotherapy discipline, or arena. The term itself, has been a source of debate within the psychotherapeutic community in general, and within the person-centered community in particular. Rogers himself, all but abandoned the use of the term.

This paper, has offered for consideration, the alternative idea of being nonpredictive, instead of being nondirective. The consequences for actual practice of moving from being nondirective to being nonpredictive may be negligible. Nevertheless, the rationale for their practice mostly matters to therapists. While both alternatives, are based on the assumption of not being an expert on the client, the alternative of being non-predictive may be appreciated by therapists, who feel on less shaky ground when giving respect for client uniqueness rather than respect for client freedom as the rationale for their practice.

Finally, and perhaps most important, being nonpredictive seems to allow for greater therapist flexibility than being non-directive. This is perhaps best illustrated by one of the authors, Bower, feeling free to offer advice on the basis of being non-predictive, while the other author, Sommerbeck, feels just as free to be incapable of offering advice and to having her responses to clients emerge as empathic understanding responses, almost exclusively. Thus, being nonpredictive, seems to encompass the work of the early Rogers and the work of the late Rogers equally well.

## References

- Bower, D. W. (1985). *Assumptions and attitudes of the Rogerian person-centered approach to counseling: Implications for pastoral counseling*. Unpublished manuscript, Columbia Theological Seminary, Decatur, GA.
- Bower, D. W. (2011). *Revising the person-centered approach: Pushing on the envelope but not too hard*. Bloomington, IN: iUniverse.
- Bozarth, J. D. (1998). *Person-centered therapy: A revolutionary paradigm*. Ross-On-Wye: PCCS Books.
- Grant, B. (2004). The imperative of ethical justification in psychotherapy: The special case of client-centered therapy. *Person-Centered & Experiential Psychotherapies*, 3(3), 152-166.
- Rogers, C. R. (1942). *Counseling and psychotherapy*. Boston: Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.
- Rogers, C. R. (1961). *On becoming a person*. London: Constable & Company.
- Rogers, C. R. (1977). *On personal power: Inner strength and its revolutionary impact*. New York, NY: A Delta Book.
- Rogers, C. R. (1980). *A way of being*. Boston: Houghton Mifflin.
- Rogers, C. R. (1986). Rogers, Kohut, and Erickson: a personal perspective on some similarities and differences. *Person Centered Review*, 1(2), 125-140.
- Rogers, C. R. (1986a). Reflections of Feelings. *Person-Centered Review*, 1(4), 375-377.
- Sommerbeck, L. (2004). Non-Linear Dynamic Systems and the Non-Directive Attitude in Client-Centered Therapy. *Person-Centered and Experiential Psychotherapies* 3(4), 291-299.
- Sommerbeck, L. (2012). Being non-directive in directive settings. *Person-Centered and Experiential Psychotherapies*, 11(3), 173-190.