

NONDIRECTIVE CLIENT-CENTERED THERAPY WITH CHILDREN

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ABSTRACT *This paper describes how the nondirective attitude, client-centered theory and the three attitudinal conditions inform and become evident in this therapist's psychotherapy work with children. It is asserted that the Rogerian attitudinal conditions are sufficient regardless of whether or not the client articulates and understands his or her feelings. Two of Virginia Axline's principles for child therapy are described as being somewhat in contrast with nondirective client-centered theory.*

Introduction

Client-centered child therapy theoretically fits, I believe, within the rubric of Carl Rogers' theory as described in his 1959 statement about therapy and personality. I think of my work with child clients as being consistent with the nondirective client-centered psychotherapy to which I aspire. As a therapist, my constant endeavor is to be fully attitudinally available in relationship with the client. After describing the work I do and how it relates with the theory, I would like to point out some ways in which my work contrasts with Virginia Axline's (1964; 1969) seminal description of play therapy.

Here are three vignettes from my experience when working in elementary schools. In the school setting, the time available for each client was minimal. There was little opportunity for supplementing the child's counseling time with parent or family sessions.

Vignette 1: Michael

A five year old client, Michael, was referred to me because in his kindergarten room he was noncompliant and throwing furniture. I was told by the teacher that Michael's step-father was maybe violent, his mother was pregnant, and that Michael was erratically switched back and forth to sleep in either his mother's or his father's home. Michael did not want to come with me to counseling. But when invited to bring along any child of his choosing, he came with his cousin who was in the same class. That day in counseling, we played a few games. The next time he chose to come alone without his cousin. I had art supplies, games, plastic animals and family figures available for play. Michael picked up a jaws-wide-open

dimetrodon dinosaur, about five inches long. He took a large-size wooden popsicle stick and crammed it snugly down the throat of the dimetrodon. Then, holding the stick, he swung, or swept the dinosaur across the table and sent the animal figures scattering across the room. He picked up as many of them as he could find, put them back on the table and swung again, and again, and again. I did not comment upon what I guessed was his underlying feeling, anger. Instead, I responded to his more manifest feeling, his apparent pleasure for what he was doing. He nodded and took several more swings before we ran out of time. After that second session, Michael always brought a friend, rotating about three different friends. He did not again bring his cousin. He never again struck out at the toys. In subsequent sessions he and his friends, who clamored to attend counseling with him, played board and card games, turning frequently to me for assistance in regulating the rules. I would do my best to clarify my understanding of their agreements and disagreements over the rules. Beginning on the day of Michael's first session with me and his cousin, there were no further reports of misconduct by Michael.

Vignette 2: Lucy

Lucy, age five, in her first session, sat in a chair and told me about the significance of her grandfather's death in her life. Her grandfather had died when she was a baby. She explained the financial and emotional toll his death took upon the fabric of her life within her family, and she described the intense sadness that she carried around within herself.

Vignette 3: Boys' Group in an Elementary School

A group of four eleven to twelve year old boys, all very low academic achievers met with me in a public elementary school. One boy was very shy. Another was frequently absent from school and seldom did any homework. He was over-burdened as a care-giver to his father who had lost both of his legs. I had the impression that the father watched pornography videos in the boy's presence. This group of boys spent the weekly thirty minute counseling session modeling with clay, drawing and playing cards. We spent lots of time traveling up and down three flights of stairs making cherished trips to the boys' bathroom. The boys would compare athletic shoes and argue about sports, neighborhood violence and the details of school life. At length, for many sessions, they used the clay to shape huge penises, breasts and testicles. Chatting, they would lapse into speaking Spanish and when I broke into their conversation with beginner's Spanish, they taught me how to say dirty words in their home-life language. All but the one boy who was over-burdened as care-giver to his father showed improvement in school performance within the first grading period after beginning group counseling.

Nondirective Child Therapy and the Attitudinal Conditions

My choice to work nondirectively is based upon my sense of what is ethical. I don't want to waste a client's time or a client's life with my beliefs, my values or my agenda. I don't want to cultivate a false self for my client, and I don't want to lead my client in a direction that is potentially harmful to the wondrous and unique existence of that person. Rogerian theory provides me a way to work in accordance with my wish to honor the client's self-direction.

Trust in the client's innate propensity for constructive personal and social

development is foremost in my thinking, basic to my working mind set. My premise is that when a person is struggling, it is helpful to have a relationship in which a more in-that-moment congruent individual effectively communicates unconditional positive regard, empathic understanding and genuine availability as a participant in the relationship. Rogers' botanical metaphor of plants sprouting and making their way in the direction of the light feels particularly right to me when thinking about being helpful to youngsters. If we do not trample on the sprout, if we let it have sunlight and if we water it, it will grow to be a flower, with its own inherent coloring and beauty. As Tony Merry said, "To him [Rogers], we were all 'organisms', living in an 'environment' that promoted or inhibited 'growth' towards the fulfillment of potential" (Merry, 1999, p. 1). I think of child therapy as a relationship that promotes rather than inhibits growth. It is a relationship in which the child client experiences acceptance from a therapist. The client then becomes more self-acceptant and better able to continue forward on her own developmental path in the direction of self-fulfillment. I am hoping that a psychologically nurturing relationship with me, though drastically limited by time, will stimulate the inner resources of the child and her innate capacity to find the best way to survive and enjoy her life.

In his 1959 statement, Rogers said:

It has been our experience to date that although the therapeutic relationship is used differently by different clients, it is not necessary nor helpful to manipulate the relationship in specific ways for specific kinds of clients. To do this damages, it seems to us, the most helpful and significant aspect of the experience, that it is a genuine relationship between two persons, each of whom is endeavoring, to the best of his ability, to be himself in the interaction (pp.213-14)

Theoretically, this means that if a child, or any individual, walks anonymously into the therapy room, psychotherapy can commence if the therapist is open, available, warm, acceptant, and seeking to follow and understand. I believe that this is true, that the therapist does not need any historical, familial, or presenting problem information about or from a child in order to provide a helping relationship or accomplish effective therapy. With clients, I choose to not instruct, not socialize, not improve manners, not teach appropriate behavior, not dig for feelings, and not seek to increase the child's self-understanding.

At this year's international conference on play therapy there will be a seminar entitled "Play Therapy with the ADHD Child." The brochure says, "Participants will learn play therapy techniques to teach ADHD children 'life skills' for communication, impulse control, 'stop and think' behavior, and identification of feelings" (Yeager, 2000).

In contrast, client-centered theory holds that when a therapist is fairly successfully embodying the attitudinal conditions with an individual, whether the individual is narrating personal life experience or just being there in play, the relationship is therapeutic and psychological change is occurring. According to the theory, more prescribed forms of therapy with directions for scope and agenda lead to less of the client as self and person being allowed to be present in the relationship and less of the client as self and person being accepted and understood.

Child Therapy Literature and the Core Conditions

I think that some of the client-centered literature is perhaps misleading about what a therapist should anticipate as outcome when working with children and about what a therapist should expect to occur in session. The literature has perhaps burdened us with unrealistic expectations concerning what the therapist is supposed to do with or to the child.

Virginia Axline's two wonderful books, *Dibs in Search of Self* and *Play Therapy*, are the play therapy "bibles." Axline (1964) outlines eight basic principles or guidelines for the therapist. I disagree with two of her basic tenets, the one concerning reflection of feelings for gaining insight and the one concerning the setting of limits. According to Axline:

The therapist must develop a warm, friendly relationship...accepts the child exactly as he is...establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely...is alert to recognize the *feelings* the child is expressing and reflects those back to him in such a manner that he gains insight...maintains a deep respect for the child's ability to solve his own problems...does not attempt to direct the child's actions or conversation...does not attempt to hurry the therapy...[and] establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship (1969, p.73-74)

As I describe in a little more detail how I think the Rogerian conditions manifest themselves in my work with younger clients, I will also attempt to address some of my differences with Axline.

My intention as a therapist with children is to be warmly available as a person, highly attentive to verbal and nonverbal communications from the child and as nonrestrictive as I can manage given my personal and space limitations. In the interest of communicating unconditional positive regard, I am friendly, respectful and open. I try to remain uninvested in obtaining positive therapeutic results.

I want to communicate the unconditionality of my regard and this is sometimes difficult for me; it connects with the question of how do I remain congruent as a therapist while granting freedom of word and motion to a youngster who may be rambunctious and may be disinclined to converse. How do I maintain my positive regard in the face of an active child's mess and grime? As Elaine Dorfman wrote in Rogers' 1951 book, *Client-Centered Therapy*:

...let us consider that the therapist's acceptance of the child is an instrument by means of which the child may come to self-acceptance. What therapist can feel accepting of a child who is in the process of flattening his cranium with a mallet? (p. 258)

Axline suggested that limits "...are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship" (1969, p. 74). I prefer to say that limits are set in the service of the therapist. The purpose is to help the therapist maintain

equanimity and positive regard towards the client. Limits are set in the service of the child only because they are necessary to the therapist in order for the therapist to remain acceptant, empathic and congruent. I consider any other purpose for limits to be didactic and contrary to the condition of unconditional positive regard.

At the end of their chapter on client-centered therapy in the *Handbook of psychology with children and adolescents*, Charlotte Ellinwood and Nathaniel Raskin (1993) give some examples of limit-setting. The therapist says: "Wendy, I don't want you to draw at my desk. This table is for you. Wendy, I think you might break the switch doing that and I want you to stop" (p. 279).

In both examples, the therapist expresses a wish for a change in client behavior based upon the therapist's feeling about the behavior. This seems to me to be a direct, honest and relationship-enhancing manner to address a therapist's potentially relationship-damaging feelings. In nondirective therapy, a therapist's intention when setting limits is neither to clarify for the child what the real limits of the relationship are nor to heighten the child's awareness of her responsibilities in the relationship. The therapist's intention is to preserve her capacity to embody the attitudinal conditions.

My second difference with Axline relates to the therapist's intentions when seeking to understand a client's experience. In the interest of being empathically present, I want to be attentive to verbal and nonverbal communications from the child. I listen, watch, seek clarification and respond. When I express my understanding of what the child is intending, saying or doing, I hope that my communication of attention and interest is also communicating my unconditional positive regard. I do not consider it my role to urge a child to express the feeling or meaning that underlies a behavior or a self-expression. To press the child to do anything, is to not fully accept him or her in the present. On the other hand, I may seek clarification from a child and then, if the child is willing to clarify something for me, my fuller understanding of who the child is and what the child intends or wants leads, I hope, to the child's sense of a larger part of himself being understood and accepted by me.

Axline wrote: "The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior" (1969, p. 73).

This guideline is controversial to me because it applies pressure upon a therapist to do something for a particular purpose, to reflect a child's feelings in order to help the child gain insight; it imposes the agenda of helping the child gain insight. The Rogerian hypothesis that if the therapist embodies certain attitudes the client will experience constructive change does not require that a client label his feelings or gain insight into his behavior. A therapeutic, client-centered reason for acknowledging and expressing understanding of a client's emotional expression might be to communicate to the client the information that the therapist is present and following along with the client's experience and that the therapist's acceptance of the client includes the therapist's acceptance of the client's current feeling and expression of emotion. Barbara Temaner Brodley (1996) has written:

To the extent the therapist does *not* shift away from acceptant and empathic attitudes (and in that way distract the client with external

foci such as the therapist's ideas about the client), the process of empathic following tends to facilitate the client's focus on his or her phenomenologic experiencing (p. 28).

However, if as a therapist I want to be sure my client understands that it is anger he is expressing because I am wanting him to eventually get a better handle on his anger, I am imposing my own values and agenda and increasing the likelihood that the client will experience less acceptance from me. If as a therapist, I make a practice of drawing a child's attention away from his child play in order for him to hear me acknowledge the feeling I think he may be expressing, I am not thoroughly accepting him as a playful child engrossed in his own endeavors, and, also, I am not staying with him empathically. These prods to render the session time more socially or developmentally productive can detract from the client's experience of himself, without necessarily forwarding the therapist's understanding of the child's experience. Also, these prods are not furthering the client's perception of being either understood or accepted.

In the same vein, emphasizing my wish to communicate to the child my understanding of his frame of reference can be counterproductive. I seek to understand the child's intentions in play, but sometimes, I sit quietly and just be with the child who is busy doing something that does not involve me. John Shlien (1997) speaks of reverberative empathy, "relational, interactive empathy" (p. 77). Elsewhere, he refers to "the exquisite awareness of dual experience that restores consciousness and self" (1961, p. 316). This is a form of empathy a therapist and client might experience together as their relationship develops in the absence of our more routinely expected therapeutic dialog of client statement followed by an empathic understanding response by the therapist. It seems to me that children embody their feelings, and that if we can attentively and respectfully be with the child we are to some extent already being with and accepting the child's feelings. And then, like a flower, I believe the person will grow.

An Endeavor with no Agenda and Unknown Outcome

One of the two books by Axline, *Dibs: In Search of Self*, is a compelling, novel length, case study. In the introduction, Leonard Carmichael wrote: "This is the story of the emergence of a strong, healthy personality in a previously deeply disturbed child" (1964, p. vii). In the course of his play, Dibs, who is very young, no more than six years old, used overt symbolism. For example, he buried the "papa" soldier in the sand. Towards the end of therapy, Axline wrote that Dibs felt deeply secure, "...was building a sense of responsibility for his feelings...a concept of self as he groped through the tangled brambles of his mixed-up feelings...", and he was learning to control and express his feelings (p. 188). At the end of therapy she describes Dibs as "...a little boy who had the opportunity to state himself through his play and who had emerged a happy, capable child..."(p. 209).

The reader does not learn until the epilogue that Dibs scored 168 on the Stanford Binet Intelligence Test. In my experience, children's play is rarely readily obvious as a symbol for their life experiences. Dibs sets an inappropriate standard for what is likely to occur in sessions with children.

I suggest that we not push ourselves as therapists and not push the child as client to bring articulate meaning and explanation into a session or relationship when the child is not initiating such scrutiny for him or herself. It is not our role to teach clients to identify and

label their feelings, to better understand themselves, to learn limits in order to deal with social realities, or to ensure that they emerge happy and capable. To press for any such accomplishment for our client is to not fully accept the client. Instead, our role is to provide the child with a unique relationship in which he experiences unconditional positive regard from a therapist who is interested in getting to know him and be with him as much as possible on the child's terms and following the child's direction and agenda.

Concerned adults often have an opinion as to what the child and therapist should do and accomplish together in order to change the child to better fit into the social demands of the culture. Regardless of the expectations of the child's care givers, my work is not results driven. It is driven by ethical concerns and the theory that takes those concerns into account. I hope my work is helpful to the individual. I believe it is not harmful to the client. But so often, working with a child, it can feel like I don't "do" anything. There is a not-of-this-world quality to working nondirectively with children. There are moments when I think, "Thank goodness no other adult is watching." Sometimes I wonder, "What am I doing? Is this work nothing?"

Fortunately, the theory seems to work. We can tell parents that this work can effect long-term, positive change in the child. We can say so because it happens. Grades do improve, and children do become more self-controlled. But as a therapist, I do not strive for these types of results. Frequently, a child is still having difficulty in the real world, but I know from the child that he or she finds the time with me to be immensely satisfying. To me, this means that my work is constructive, even if not necessarily successful by outside standards. In my experience, child therapy outcomes most often include a belief on my part that the client has felt enhanced as a person through relationship with me and frequently include reports from parents or teachers that unwanted behaviors have abated or ceased.

Vignette 4: Mark

A seven year-old child was referred to therapy because parents, siblings, teachers, and schoolmates reported impulsive, hyperactive, dangerous and asocial behaviors, disobedience, insubordination, noncooperation and poor school performance. During therapy sessions, Mark would think of complex arts and crafts projects he wanted to single-handedly accomplish during our time together. Unvaryingly, the project would be too elaborate to be feasible given therapy room resources, time limitations, and the capacities of his seven-year-old hands. After a shorter or longer number of minutes, the project would be revised or dropped, and Mark would come up with a new idea to pursue, usually unsuccessfully. I would be available as an assistant to his projects, ever-seeking to understand or clarify his intentions, likes and dislikes as we proceeded. I would keep him abreast of time remaining so that he could shift gears before the end of a session and get on with the next art or play activity he wanted to do. Mark's more dangerous, antisocial misbehaviors disappeared almost immediately, without Mark and I ever mentioning that they existed. In the course of two years in therapy, others of his impulsive behaviors only gradually settled down to some extent. Meanwhile, even though some peer and family interactions continued to be fractious and mutually unsatisfying, Mark was now seen as a good student; that is, his grades rose dramatically. Individual child sessions were supplemented by occasional nondirective client-centered parent and family sessions. Mark came to be appreciated as a very sensitive, highly creative individual endowed with an inquiring mind.

Vignette 5: Davey

Davey, age six, had suffered grievous physical and emotional trauma as well as significant physical and cognitive developmental delay. Luckily, he was placed with a particularly kind foster mother. Davey spent nearly every therapy session bathing baby dolls and washing dishes in the closet sink of the therapy office. Unfortunately, the carpeted office needed to be maintained as a presentable space designed for an adult as well as a child clientele. All too frequently I felt compelled to communicate to Davey my wish that he not flood the carpet. In our early sessions, he would sometimes ignore my requests that he turn down the water, or unplug the sink before it overflowed. In our first session, in response to one of my first expressions of worry about the volume of water, in a robot-like manner, not looking at me, Davey swore to the wall: "You shut the fuck up." At these sorts of moments I would reach around or over him and turn down the faucet or unplug the sink. Simultaneously, I would usually acknowledge his wishes that the water keep running hard and that I not tell him what to do. Also, I would express my regret that I couldn't let him keep the sink very full and the water running hard.

Over time, Davey and I developed a great deal of affection for each other and a somewhat fluid manner of mutual compromise. At one time his statements were always stiff, angry and directed to the toys or the wall; a few years later, he would turn toward me with a smile and make a friendly announcement about an upcoming school field trip or family vacation. Once considered oppositional and hyperactive, Davey became much better behaved at school and at home. I attribute the lion's share of his improved behavior to the love and acceptance he received in his foster home. However, it is clear to me that his use of our relationship has been a constructive additional force in his experience of his life.

Jerold Bozarth (1998) has reported that, "The most clear research evidence is that effective psychotherapy results from the resources of the client (extra therapeutic variables) and from the person-to-person relationship of the therapist and client" (p. 172-173). My work with children is guided by a nondirective attitude of respect and trust toward the client and not by a wish to obtain measurable results. Nonetheless, it is comforting to realize that nondirective client-centered child therapy, through its emphasis upon a relationship imbued with the therapeutic attitudes and trust in the child's resources is consistent with "the most clear research evidence" for "effective psychotherapy results". Client-centered child therapy is effective because as Bozarth (2000, p. 2) says, "The client resources for change and healing emerge from this relationship," and as Barbara Brodley (1999) has written: "When clients perceive and experience these [therapeutic] attitudes, distortions diminish in the psychological expression of the actualizing tendency and the person's untapped capabilities are revealed" (1999, p. 115).

Conclusion

I believe that it is *not* necessary for a therapist to urge a child client, or any client, to better understand himself or to help a child learn to abide by the demands of reality. According to Rogerian theory, it is necessary for the therapist to be warmly available to and acceptant of the client whom the therapist is seeking to understand. In my experience, the necessary attitudinal conditions as described in Rogers' theory statements have proven to be sufficient. In order for the therapist to provide unconditional positive regard and to be qualitatively available and understanding of the child's experience, the therapist needs to be

physically and mentally comfortable. Frequently with children, in order to remain congruent, a therapist may need to communicate to the client the therapist's personally needed limits upon the situation. Even though the session time that the therapist and child share may not resemble conventional images of psychotherapy, if the therapist is managing with some success and consistency to experience empathy and acceptance of the child, therapy is occurring. The child experiences increasing self-acceptance and becomes freer to grow into an ever more mature self.

Author's note. *This article has been greatly improved thanks to a generous amount of time and thoughtful reactions provided by Jerold Bozarth, Barbara Brodley, Susan Pildes, Bert Rice and John Shlien. It is a revision of a paper presented June 28, 2000 at the Chicago 2000, ICCCEP Conference, Chicago, Illinois.*

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