

Response to Ted Welsch's Opposing View to Two Rogers and Congruence

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Abstract

The authors reassert their position that the Carl Rogers who was infamous and indeed famous for presenting a non-directive therapy then authored a much more conventional directive therapy based on the category error that the "person" of the therapist is someone other than the therapist.¹

The Article

We appreciate the careful thought that Welsch has given our chapter (Frankel & Sommerbeck, 2005), and it is in light of that appreciation that we offer the following rejoinder.

We agree with Welsch (2006) that the change we see in Rogers' description of therapy did not originate in the Wisconsin Project. The seeds for the change were present already in *Client-Centered Therapy* (Rogers, 1951) as evidenced by the quotation Welsch presents (p. X in his article) as well as by Rogers' inclusion of the Oliver Bown memorandum, advocating therapist self-disclosures, in that volume (pp. 160-171). We would, however, still maintain that the Wisconsin Project was a major impetus for the shift from Rogers-1 client-centred therapy to Rogers-2 therapist-centred therapy. In our chapter, we provide many examples of the Rogers-2 therapy that occurred

¹ A category error is mistaking a category (person) with the members within the category (teacher, friend, spouse, child) as if the category had an independent existence from the members that compose it.

during the Wisconsin Project and subsequently, and it is simply inconceivable that they could have found their way into Rogers-1's description of therapy in the 1951 volume.

For Welsch, congruence refers to "being without hypocrisy or pretence." He sees this as a matching of a person's internal state and their awareness about themselves and their verbal and non-verbal behavior. He asserts that this was Rogers' intended meaning with the term "congruence," and we perfectly agree. It is, precisely, this meaning that implies the category error, because it disregards the therapeutic context and consequently confuses the category (in this case "a person") with its subcategories (in this case "a therapist").

In our chapter, we went to great lengths to demonstrate that if congruence is to have any meaning at all, it refers to the matching of verbal and nonverbal behavior to the rules that one believes should govern a given context, in this case client-centred therapy. Welsch is thus mistaken when he takes us to mean that congruence refers to "having the reputed or apparent qualities or character" (p. X). A hypocrite engages in actions that belie the rules of conduct that he claims to follow. Rogers is not a hypocrite when he tells Gloria what a wonderful daughter she would make, but the rule that guides this response is ambiguous at best. It is a Rogers-2 rule. Imagine that Rogers had, instead, responded with purely empathic reflection of Gloria's statement and after the interview said that he had suppressed the "nice daughter" comment to Gloria. Would that have turned him into a hypocrite? Certainly not! It would just have turned him into a Rogers-1 therapist who believed in the rules of conduct for therapeutic interaction described in the 1951 volume, but had momentarily lost his concentration on the internal frame of reference of Gloria. We would also like to remind the readers of Welsch's article of the difference between Rogers-1's empathic reflection of Miss Gill's suicidal ideation in 1951 and the response of Rogers-2, from his own perspective, to suicidal Jim Brown in the Wisconsin Project (Frankel & Sommerbeck, 2005, p. 52). Rogers was hypocritical with neither; his beliefs about the rules of conduct that govern therapeutic interaction had just changed.

In addition, Welsch ignores the wealth of examples we offer to demonstrate the radical change that took place in Rogers' description of therapy from 1951 to his later writings, and thus he fails to address the main point of our chapter. We would therefore like to offer yet another demonstration that this change took place, namely that Rogers did, indeed, also make the category error in 1951, but *in the opposite direction* of that in which he made it in his later writings. Two quotations speak for themselves:

First, Rogers-1, (Rogers, 1951):

The “*person* of the counselor—the counselor as an evaluating, reacting person with needs of his own—is so clearly absent. In this sense it [the therapeutic relationship] is “impersonal”. ... The relationship is experienced [by the client] as a one way affair in a very unique sense. The whole relationship is composed of the self of the client, the counselor being depersonalized for purposes of therapy into being “the client’s other self”. ... there will be no evaluation, no interpretation, no *personal* reaction by the counselor ... The client ... is often not sure ... whether he likes the therapist: “I don’t know why I should like you or why I shouldn’t like you.” There is simply no evidence upon which such a judgment could be made” [Italics by Rogers] (p. 208-209).

Here, the *person* of the counselor is regarded as something else than the counselor—it is, in fact, absent! (So what is the therapist? An empty shell or a robot? Not a person?)—and the counselor is seen as being “depersonalized” in order to become “the client’s other self,” once again as if this activity were not the activity of a person. Rogers-1 is thus committing the category error. Otherwise, it is clear that Rogers intends to say that the therapist’s sole activity is that of entering the client’s world, i.e. empathizing. Indeed, Rogers (1951, p. 29) quotes Raskin’s (1947/2005) assertion that “there is simply no room for any other counselor activity or attitude,” when the counselor engages the client in an empathic way.

Second, Rogers-2 (Rogers, 1957):

The third condition is that the therapist should be, within the confines of this relationship, a congruent, genuine, integrated person. It means that within the relationship he is freely and deeply himself with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a façade, either knowingly or unknowingly. ... It should be clear that this means being himself even in ways which are not regarded as ideal for psychotherapy (p. 97).

It is evident that this is yet another way Rogers makes the category error: Acting as oneself is something apart from acting as a therapist—it can even mean acting counter-therapeutically! It is also evident that the direction of the category error is the precise opposite of the direction it took in 1951. Making the category error, ourselves, we could say that in 1951, Rogers put “the person of the therapist” outside the therapeutic relationship, and in 1957, he put “the person of the therapist” inside the therapeutic relationship. In 1957, Rogers’ intended meaning is that the therapist does not exclusively

enter the client's world as completely as he is able to; he does something else, besides. What this something else is, and when it is done, is unclear, but it must necessarily be the kind of activity that Rogers-1 of 1951 would have regarded as being "an evaluating, reacting person with needs of his own."

With respect to nondirectivity, Welsch uses a quotation of ours (p. X in his article) as indication that we favor a certain kind of directivity. We wrote that by being consistently empathic, the therapist in effect informs the client that the client will have to create his or her own insights and direction. This, to our way of thinking, is the "directive" implication of *client-centered* therapy. The client does indeed direct in the therapeutic model of Rogers-1, and the therapist's activity allows that directivity to occur. Unconditional positive regard and empathic reflections have the impact of directing the client to use his or her own resources to direct himself or herself. What else can Rogers-1 (1951) mean when he states:

It is assumed that he [the client] is capable of making decisions for himself. Thus in any series of counselling interviews the client makes hundreds of choices: of what to say, what to believe, what to withhold, what to do, what to think, what values to place upon his experiences. The relationship becomes an area for continuing practice in the making of increasingly mature and responsible choices (p. 51).

Welsch also infers, correctly, that we regard a Rogers-1 therapist as a therapist who prefers to respond empathically to a client who asks questions, rather than answering the questions. Also, Welsch sees this as being directive, but this is subject to the same response given above, namely that unconditional positive regard and empathic reflection does, indeed, have a directive impact on the client to use his or her own resources, and this is, of course, equally the case when responding empathically to a client question as to a client statement. In addition, Welsch fails to realize that the request for answers often reflects the client's underestimation of his or her own resources and the overestimation of the therapist's wisdom. When a client asks a question to Welsch, instead of empathizing with the wish for the therapist's expert judgment, Welsch gives it, and thus he belies the nonexpert position inherent in empathic reflection and greatly increases the risk of creating conditions of worth (Frankel & Sommerbeck, 2006).

Finally, we want to avoid further misunderstandings by stating explicitly that, of course, we regard acceptant, empathic reflection as a continuous process that is nonverbally as well as verbally expressed.

To conclude

We regret that Welsch does not address our distinction between Rogers-1 and Rogers-2 descriptions of therapy, but instead writes as if Rogers' descriptions of therapy are consistent, clear, and unambiguous. After all, clarifying this distinction was the main point of our chapter.

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