

# FACILITATIVE RESPONSIVENESS: NON-DIRECTIVENESS FROM ANTHROPOLOGICAL, EPISTEMOLOGICAL AND ETHICAL PERSPECTIVES

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## *Abstract*

To be non-directive does not only mean to do therapy without directing, guiding or controlling the client. Rather, it is an expression of an image of the human being that rests on a fundamental respect for the client's autonomy and sovereignty on the one hand, and on presence as a distinctive way of being in the therapeutic relationship on the other. Both respect and presence spring from a basic trust in the client's personhood. Therefore, the essence of non-directiveness proves to be a genuine consequence of person-centred anthropology and epistemology, and cannot be removed from the person-centred approach to which it is essentially connected. Non-directiveness is an expression of the 'art of not-knowing'. Regarding the human being as a person, and thus understanding the person-centred relationship as an encounter person to person, requires acknowledging the other as truly an Other in the sense of encounter (dialogical) philosophy. It requires facilitating client self-directedness by existentially responding to the client's opening up and call in the relationship. Ultimately, as a response to being addressed by the client out of responsibility, the essence of non-directiveness is an ethical issue with political consequences.

John Shlien (2003: 219), eloquent defender of a client-centred therapy according to the principles elaborated by Carl Rogers, frankly stated that non-directivity is 'certainly an awkward term' because of the image it creates as having no direction.

Historically, the concept of non-directivity was often misunderstood as describing a passive (non-)behaviour or as lacking a sense of direction in the process of therapy. It was confused with laissez-faire, and even lack of interest. Others interpreted it as a method or technique in the sense of guidelines or rules for therapist behaviour, and concluded 'dos' and 'don'ts' for therapist interventions. It was perverted into a technique of mechanistic and wooden mirroring. It was mixed up with structuring, and misinterpreted as ignorance of influence and expertise and as denial of power. It was used by therapists preferring to remain in hiding, and as an excuse to deny the therapist's openness as a person in the encounter with the client. It was re-interpreted over and over, and twisted in its meaning, until it was no longer recognizable. Many abolished it completely. Few concepts were so profoundly misunderstood or so widely used to make fun of and discredit the person-centred approach.

## THE CONCEPT OF NON-DIRECTIVITY AS DISCUSSED IN THE PERSON-CENTRED APPROACH

Quite early in the history of the person-centred approach, the concept of non-directivity marked a crucial point in the understanding of its principles; it might even be seen as *the* expression of the paradigmatic shift from problem-, solution- and therapist-centred to client- and person-centred therapy. Even some 60 years later, it only recently became *the* password for those who claim to adhere to truly 'Rogerian' therapy. In recent years theoreticians and practitioners who understand themselves as 'non-directive client-centred therapists'—thus making 'non-directivity' the shibboleth of being genuine to Rogers' intentions—claim that there is a fundamental distinction between those who follow Rogers' original approach and other orientations, developed out of (and away from) Rogers' concepts. Barbara T. Brodley (2002, 2003), for example, enumerates Bozarth, Brodley, Brody, Patterson, Raskin, Shlien, Witty, Zimring and others as being within the first category; and lists focusing-oriented therapy (Gendlin, 1996; Hendricks, 2002), experiential therapy (Lietaer, 1998) and process-experiential therapy (Elliott and Greenberg, 2002) among the other approaches. As a matter of fact, in these experiential traditions, the concept of non-directivity was widely given up and replaced by an experiencing-oriented and process-focused stance, together with a distinction between contents and process. The debate about the nature and importance of non-directivity, often fought in internet postings (e.g. the CCT/PCA e-mail network, <http://texaslists.net/cctpca>), came up anew and very strongly after controversies at the Person-Centered and Experiential World Conference 2003 in Egmond aan Zee in The Netherlands (PCEP, 2004).

Trying to understand carefully the original meaning of the concept as elaborated by Carl Rogers, it can be found that non-directiveness is an expression of a basic anthropological and epistemological stance; that is, a philosophical conviction, not a matter of method or technique (if method and technique are understood in their usual contemporary meaning, and not in their original sense, in which they mean 'way' and 'art and science' respectively).

In order to understand how the focus shifted in the comprehension of 'being non-directive', from the early days to contemporary discussion, we need to take a look into the history of the concept.

### CARL ROGERS: 'THE PERSON WHO SHOULD GUIDE IS THE CLIENT.'

In the beginning, Rogers' emphasis on non-directivity was a counter-position to the traditional medical model and the more directive forms of psychotherapy that were in vogue at that time: classical psychiatry, psychoanalysis and behaviour therapy (see Schmid 1996: 268–70, 1999, 2002b). In order to separate his way of approaching a client from manipulative or guiding therapeutic behaviour he called it 'non-directive,' as opposed to the traditional 'directive' approach (Rogers, 1942; Raskin, 1947). Although in the beginning the emphasis was on the way of proceeding and on the counsellor skills (i.e., which intervention brings about which change?), the underlying intention was clear:

creating a non-judgemental atmosphere, a relationship free from anxiety, and fostering verbalisation of the client's emotions and experiencing, as well as their self-exploration. Thus, from the very beginning of his 'newer therapy', at a time when the main task for the therapist was to be an alter ego for the client, Rogers opposed control over the client, or therapist-centred attitudes and behaviours, and wanted to stress the responsibility of the client. Most important of all, he wanted to emphasize trust in the client and his or her capabilities. He stated clearly: 'Nondirective counseling is based on the assumption that the client has the right to select his own life goals, even though these may be at variance with the goals his counselor might choose for him' (Rogers, 1942: 126–7).

As early as 1942, Rogers wrote that the difference between a 'directive versus non-directive approach' (pp. 108–28), is a difference in philosophy of counselling and values. Therefore, the question for him was whether there is a right of the experienced and more capable to guide the inexperienced and less capable or, conversely, a right to independence for every person. This difference between problem-centred and client-centred is, according to Rogers, an issue of social and political philosophy (see Schmid, 2004a: 37–8).

Non-directivity was the term for the shift of the focus of attention of both, therapist and client, from therapist interpretation and guidance, to client awareness of and attentiveness to his or her inner world of experiencing. The term 'client-centred' (Rogers, 1951) expressed in a positive way, what the term 'non-directive' conveyed in an exclusionary one. From the very beginning, non-directiveness must be seen in the context of the philosophy of experience-centredness, and of the therapist's unconditional positive regard for and empathic listening to the client (see Barrett-Lennard 1998: 59–60; Schmid, 1996: 268–70, 1999).

Further developments in Rogers' experience, understanding and theory of therapy, stressing the encounter quality of the person-to-person relationship of psychotherapy (Rogers, 1962), did not abolish the concept of non-directivity. Seen from the relational, inter-subjective perspective non-directivity still was seen as a core aspect of the expression of trust in the client's self-healing capacities—that is, their actualizing tendency. But it got an additional importance as an expression of the 'way of being with' the client (see below).

Rogers (1975: 26), interviewed by Evans, responded to the question of whether he would say that he had qualified somewhat the notion of being non-directive during the later periods of his work:

No. I think perhaps I enriched it, but not really qualified it. I still feel that the person who should guide the client's life is the client. My whole philosophy and whole approach is to try to strengthen him in that way of being, that he's in charge of his own life and nothing I say is intended to take that capacity or that opportunity away from him.

#### RECENT AND CURRENT DEBATE: NON-DIRECTIVITY AS REALIZATION OF THE CORE CONDITIONS ...

In the last two decades the controversial issue of non-directivity has usually been discussed in combination with the understanding of the core conditions and their sufficiency;

that is, in terms of attitudes (see Schmid, 1996: 268–70; 2001b: 66–8).

Keith Tudor and Tony Merry (Tudor and Merry, 2002: 89; Tudor et al., 2004), among others, state that non-directivity is a matter of attitude not of behaviour. Merry (1999: 75) points to the non-authoritarian nature of person-centred therapy: ‘The counsellor does not choose the ‘agenda’ for the client or attempt to control or determine the processes that occur within the client.’

Jerold Bozarth (1998: 51, 86, 2002) regards non-directivity as a practice application of the therapist’s unconditional positive regard, and as an essential component of Rogerian empathy. For him the non-directive attitude generally is a logical deduction from the central theoretical hypothesis. ‘There is, in essence, no room for directivity in Rogers’ conceptions of therapy and the therapist’s role’ (1998: 56).

Barbara Temaner Brodley (1999a: 79) asserts that ‘the concept of non-directivity comes into existence within the meaning of these therapeutic attitudes’, namely the core conditions. According to Brodley (1997, 1999b, 2003; Merry and Brodley, 2002) the non-directive attitude is inherent in the term ‘client-centred’ and inherent in the therapeutic attitudes. She argues that it is a part of their essential meaning, because it guarantees the protection of the client’s autonomy. Thus, living the basic attitudes is inherently non-directive and respectful of the client’s self-determination. She maintains that the attitudes are expressed by empathic following responses, a willingness to answer questions and accommodate requests from clients and unsystematic responses from the therapist’s frame of reference—behaviours that do not violate the client’s fundamental right to self-determination. Brodley (1990, 1999a) further emphasises that ‘client-centred’ and ‘experiential’ are two different therapies that turn on the issue of directivity and influence. Garry Prouty (1999) argues similarly.

Lisbeth Sommerbeck (2004) views the non-directive attitude of the client-centred therapist as a logical consequence of the uniqueness of each individual client and the unconditional positive regard towards him and of the assumption that the human organism’s continuous interaction with its environment is a non-linear dynamic system. Therefore, the client-centred therapist not only *should not* be an expert, but *cannot* be an expert on what is best for the client.

Expertism is also an issue for Cecil H. Patterson (2000: 181–4). He claims that the matter of being non-directive is to free a process of self-discovery and self-actualization, to foster autonomy, responsibility and self-determination. Patterson argues against the idea it could make sense that within a ‘principled non-directivity’ (see below) the therapist may offer activities, exercises, techniques, directions, advice, interpretations, etc. in order to please the client and his or her wishes. He underlines that it is naïve to believe that clients are really completely free to reject such offerings from one who is perceived, to some extent at least, as an expert. ‘Moreover, these offerings are inconsistent with respect and with the end of client-centered therapy—a responsible, independent, self-actualizing client’ (*ibid.*: 182). He also remarks that the definition of ‘placebo’ is ‘to please the client’.

Paul Wilkins’ (2003: 85–98) asserts that it is the therapist’s intention that matters. He reinforces that Rogers’ point was to contrast his approach to approaches with a

'knowing better' stance of therapists, to place emphasis on the client's right to select the goals in therapy. So he sees non-directivity as a relative concept, contrasting with the idea that therapists, not clients, are the experts. Though non-directive therapists do influence their clients (by their own experiences, cultural biases, their way of behaving and talking, their office, dressing, etc.), their basic intention communicates the message that the client is capable of deciding on his or her own about the process and contents of therapy. In opposition to the criticism that therapists should not deny but should deliberately use their expertism (i.e., the therapist must not be non-directive), Wilkins argues that no such stance is needed. He points to the theory that different psychopathologies do not require different treatments (opposing what experiential therapists argue—that it is important to bring about specific processes in order to more efficiently support change). As Rogers (1957) put it—therapist expertise is only a need of insecure therapists (see Schmid 2004a, 2005a, 2005b).

Dave Mearns and Brian Thorne (2000: 191) shift the focus of interest in the debate about non-directivity from the therapist's behaviour to the client's experience. They assert: 'The importance of directivity is not in what the counsellor *does* but in what the client *experiences* [...] The question which should be asked is not 'is the therapist behaving directly?' but 'is the client being directed?' In doing so, they decisively stress the importance of the relationship for the understanding of the importance of non-directiveness.

#### ... OR AS AN OUTDATED CONCEPT TO BE REINTERPRETED OR REPLACED

Others think that certain kinds of directivity are not incompatible or irreconcilable with a person-centred stance: David Cain (1989, 1990) does not regard non-directivity as a basic characteristic of the person-centred approach. He thinks that to impose non-directivity on the client may hinder or restrict him or her. Of course, an imposition of non-directivity would be entirely inconsistent with the intention that comes from holding a non-directive attitude. In Cain's eyes the task is to learn with the client how he or she is learning best; otherwise the therapist would hinder themselves in offering their personal and professional resources and will not be able to adjust to the individuality of each client.

Barry Grant (1990, 2004) positions himself against Cain who, in his view, seems to have an 'in order to' attitude and an orientation towards effectiveness. Coming from an ethical point of view, Grant considers non-directiveness to be 'the hallmark of client-centered therapy, the characteristic that distinguishes it from all other therapies' (2004: 158). He also states that 'Non-directiveness, the absence of intention to cause specific effects or bring about specific changes in clients, is consistent with respecting the right to self-determination' (*ibid.*). He goes on to make a distinction—on the basis of the image of the human being and the motive of acting that the therapist holds—between instrumental 'non-directiveness' as a means for growth and 'principled non-directiveness'. According to Grant, the latter is to be understood as a fundamental expression of respect, regarding the other as a mystery. Principled non-directiveness is an absence of the intention

to make anything in particular happen. It is an expression of an attitude towards the world of facing it as a miracle, as an object of love, not will.

David Coghlan and Edward McIllduff (1990), not unlike gestalt therapists, discriminate between process and contents. They discriminate between giving a structure concerning the means of processing and being directive concerning the contents.

Germain Lietaer (1992; 1998), an influential advocate of the experiential wing in humanistic therapies, favours the shift from non-directivity to experience-orientation. He distinguishes between directivity and manipulation and believes that directivity 'in its positive aspects refers to the therapist's task-oriented responses and interventions' (1998: 63). In his opinion to be non-directive simply means that there is no therapy plan. He emphasizes that directivity has nothing to do with manipulation, control or pressure and warns of a 'directivity phobia' (Lietaer 1992b: 11–12, 16, Lietaer and Dierick 1996: 15).

The advocates of focusing-oriented (Gendlin, 1996), process-experiential or process-guiding (Elliott and Greenberg 2002), emotion-focused (Greenberg, 2002) and goal- or clarification-oriented therapy (Sachse, 2003, 2004) distinguish between directivity regarding the contents of the client's communications and directivity regarding the therapeutic process. Experiential and process-directive writers assert that their directive intentions are focused on clients' process, not their content (e.g. Greenberg, Rice and Elliott, 1993; Gendlin, 1974). They do not intend to direct clients' contents in the sense of directing the client to talk about certain topics. But they see it as the therapist's task to steer the client's process according to their knowledge about the importance and nature of it. In return, Brodley (2003) and others criticise that they overlook the fact that any process-directive procedure changes the content of their client's thoughts, feelings and communications and that process-directive therapists ignore that their directive procedures require the client to surrender to the therapist's expertise.

Finally, there are authors who simply view 'nondirectiveness' as a 'myth' (Bowen, 1996) and try to use transcripts of Rogers' therapy or demonstration sessions to prove their assertion. In doing so they provide a classic example of understanding and discussing the concept of non-directivity on the level of intervention techniques.

#### SOME MISUNDERSTANDINGS: WHAT NON-DIRECTIVITY IS NOT

Following from this short survey, some classic misunderstandings of the concept of non-directivity can be cleared up easily (see Schmid 1996: 268–270).

#### *Non-directivity is not inactive*

Non-directivity has nothing to do with passivity or inactivity, nor is it something like abstinence. It has nothing to do with non-involvement. Also, the caricature of a wishy-washy behaviour ('non-direct'), never taking a stand, squirming with embarrassment, always hesitating to ask questions (see Pörtner 1994: 74), has nothing at all to do with person-centredness. The same goes for simple restatements or a wooden technique of reflecting of feelings (Rogers, 1986a). The peak of misinterpretation was definitely reached

when non-directivity was contorted into the technique of simply mirroring the client's words. Non-directivity is in actuality an active and pro-active way of interaction in the encounter process of therapist and client, as will be shown below.

***Non-directivity is not (necessarily) unstructured***

Structure refers to a specific order. A group or a dialogue can be structured or unstructured in terms of the various issues of setting in therapy; including its time frame, the order of speakers in a group and other elements of structure. Brainstorming, to examine another example, is structured if there is the rule that all ideas are collected without comment or assessment. Directivity refers to the intention as to why such an order is set or denied. It has to do with the way somebody tries to reach his goals (see Schmid, 1996: 175–6; Coghlan and McIlduff, 1990). This leads to the question of influence.

***Non-directivity is not non-influential***

The notion of 'directive versus non-directive' has nothing to do with whether therapy is an influencing process. Of course, there is therapist intent to influence the client. Otherwise, why would therapists do therapy with clients? In relationships there is no way not to influence; one cannot not influence. The relevant issue is the nature of the influence (see also Patterson, 2000: 182). It is the nature of therapist influence that should be questioned when the issue of 'directive versus non-directive' is examined. In being empathic, the person-centred therapist and facilitator avoids directivity in terms of selecting the topics, interpreting the meaning of the client's feelings and cognitions and steering the process of therapy. Non-directive empathic understanding is an influencing attitude and behaviour. It most likely influences clients to treat themselves and their processes in a similar way. Active listening of this type influences.

The misunderstanding of non-directivity as non-influencing highlights an often neglected difference: what a therapist does (or fails to do) always has an effect or impact, but this must not be confused with an intention to have a *certain* effect. Therapists are always paying more attention to certain things and less to others—intention makes the difference as to what impact or influence this has on the client. Concerning his work in groups, Rogers stated (1971: 276), '(T)here is no doubt that I am selective in my listening and hence "directive", if people wish to accuse me of this.' He stresses that he is unquestionably much more interested in the meaning the experiences have for a client in the moment and the feelings which they arouse in the client, than the stories they tell. 'It is these meanings and the feelings to which I try to respond' (*ibid.*). Thus, even active listening may be seen as directive in terms of influencing. But the crucial point is how it is done, and whether one aims at a specific goal.

***Non-directivity is not a denial of power***

As there is influence, there is power. The claim for non-directivity is not a denial of power, as is often insinuated. On the contrary, the non-directive therapist is very aware of his power and therefore uses it particularly carefully; that is, in a way that brings about empowerment of clients by trust in their resources. In other words: the goal of

person-centred influence is to foster the process of actualization. The ‘means’ to do so is by being present—a way of being and behaving that is explicated in the description of the core conditions (see below). Everything else, including any kind of directivity, is incompatible with these ‘means’ (see Patterson, 2000).

***Non-directivity is not a technique***

It is definitely inadequate to deal with all of these questions in a discussion on the level of techniques. Non-directivity is nothing that is used ‘in order to’; it is not an instrument. It is true that non-directive therapists do not direct, control, guide, steer, put something into somebody’s mind or manipulate. It is true that they do not give advice, interpret, diagnose, question, interrogate, instruct, rate, evaluate, judge. And it is also true that these ‘don’ts’ are consequences of a fundamental non-directive attitude.

But there is much more. It is important to emphasize that discussing non-directivity on the level of behaviour is wrong. It is necessary to view non-directivity in the context of the attitude(s). But even this does not necessarily hit at its core (as the ongoing discussion proves). Non-directivity is a matter of the underlying image of the human being, a matter of the theory of knowledge that is held and a matter of the respective ethical stance.

Non-directivity is thus a matter of basic beliefs. People who think that directivity is necessary in therapy and counselling have a different image of the human being, a different concept of how to deal with knowledge and a different ethical stance from those who work with their clients on the basis of non-directiveness. Since it is of no use to argue over beliefs (they precede acting, thinking and science), there is no way to say who, ultimately, is right. There is no way to convince each other (Schmid, 1999: 178–9). Different convictions lead to different consequences. The only thing one really can record is that there *is* a difference; and to have an honest look at the consequences.

## THE NATURE OF THE THERAPEUTIC RELATIONSHIP ACCORDING TO A PERSON-CENTRED IMAGE OF THE HUMAN BEING

### PERSON-CENTRED ANTHROPOLOGY: THERAPY AS PERSONALISATION AND AS ENCOUNTER PERSON TO PERSON

The name of the person-centred approach was not chosen by coincidence. Whatever else the reasons were to coin the term ‘*person-centred*,’ it was also meant from the very beginning to express a certain anthropological stance, based on a specific image of the human being, developed in the occidental philosophical tradition. Rogers’ thinking was deeply rooted in this tradition. As the name suggests, the underlying key concept of person-centred therapy is the understanding of the human being as a person, and the understanding of the therapeutic relationship as an encounter (or meeting) person to person.

What it means to be a *person*, and the consequences that follow for a person-

centred approach to psychotherapy, has been described previously in detail (Schmid, 1991, 1994, 1998a, 1998c, 2002c: 58–65, 2004b, 2005c). What follows is only a brief summary.

The person-centred image of the human being is based on the view of men and women as persons. According to two different yet dialectically linked traditional strands of meaning in the history of theology, philosophy and psychology, the human being is characterized as a person if he or she is denoted in his or her unique individuality, worth and dignity, as well as in his or her interconnectedness. Both the substantial notion of being a person (i.e., being from oneself) and the relational conception of becoming a person (i.e., being from and towards others), belong to the meaning of this person-centred image of the human being. They are dialectically and inseparably connected. To be a person describes autonomy *and* interconnectedness, individuality *and* solidarity, sovereignty *and* commitment. Carl Rogers combined both views in a unique way for psychotherapy when he built his theory and practice upon the actualizing tendency as the motivational force constructively working on behalf of the client (substantial dimension), which is maximized in a facilitative relationship of a certain kind (relational dimension). This facilitative relationship is an encounter provided by a person who is really present; that is, living the core conditions described by Rogers (1957) as fully as possible in this relationship (see below).

Person-centred personality and relationship theory understands personalisation as a process of becoming independent *and* of developing authentic relationships. Therefore, the respective theory of therapy understands therapy as both personality development and encounter person to person. At the same time it is important to be aware that both client and therapist are understood as persons. Both therapist and client develop together in this relationship. Thus, both notions of being a person are also important for the therapist: unconditional acknowledgment and empathic positive regard as a way of being 'with' the client, together with a position 'counter' to the client; that is, a committed 'en-counter'.

According to dialogic (or encounter) philosophy the relationship to somebody as a person is called an *encounter*. To encounter means to meet the unexpected. Between persons, it means to meet face to face. One of the consequences of viewing the human being as a person is the realization that accepting another person means truly acknowledging him or her as an *Other* in the sense of dialogical thinking. He or she is no alter ego, no close friend a priori, no identifiable person. He or she is an entirely different person. Etymologically, the word 'encounter' comes from the Latin 'contra', which means 'against'. To en-counter another person, first of all, means recognizing that the Other really 'stands counter', because he or she is essentially different from me. Therefore encounter is an amazing meeting with the reality of the Other. It means that one is touched by the essence of the opposite (Guardini, 1955). In order for this to happen, there must be a non-purpose-oriented openness and a distance which leads to amazement. 'Being counter', according to Martin Buber (1923), is the foundation for meeting face to face, an event in which one becomes present to the Other.

This 'position' appreciates the Other as somebody independent, as an autonomous

individual, different and separated from me, worthy of being dealt with. In being counter the otherness of the Other is appreciated. To stand counter also means to give room to each other and to express respect. In facing the Other I can see him or her and acknowledge the Other's uniqueness and qualities. (More on encounter as a basic category for the person-centred approach: Schmid, 1991, 1994, 1998b, 2002a, 2002c, 2002f.)

Moreover, if a person is constituted through their relationship to another person, to be a person means to be a *response*. The movement always originates from the Thou: it is the call, the addressing of another human being, which evokes a response—a response from which I cannot escape, because nobody can respond in my place. We are obliged and responsible to the Other and owe him or her an answer—making the 'priority' of the Other. This is particularly important for the understanding of the nature of a therapeutic relationship: the client is the call, the therapist as a person is the response to this call, whence, out of his response-ability, his responsibility derives (see below). What happens in psychotherapy, if it is understood as an encounter relationship, is that the client is opening up and revealing him- or herself and the therapist is responding as a person.

#### PERSON-CENTRED EPISTEMOLOGY: THE PHENOMENOLOGICAL PARADIGM SHIFT FROM I-THOU TO THOU-I

In facing Others I do not think what I could know about them, but I am ready to accept what they are going to disclose. The challenge of encounter is 'to be kept awake by an enigma' (Levinas, 1983: 120). The Other is different. Thus, in order to do justice to him, he must not be seen from my perspective. He or she is the one coming towards me, approaching me. The movement goes from the Thou to the I, not the other way round—an epistemological paradigm shift of tremendous importance and consequence.

It follows that the person-centred approach is a *phenomenological* approach. The word 'phenomenon' comes from a verb in the Greek language, which in its active form (*fainein*) means 'show, bring to light, make appear, announce'; in passive voice (*fainesqai*) it means 'be shown, come to light, appear, come into being'. A therapeutic approach is phenomenological if the direction, the movement, goes from the client to the therapist: the client 'shows and announces'. The therapist tries to 'perceive and understand'. This denotes a Thou-I relationship, as opposed to the 'egology'—as Emmanuel Levinas (1983: 189) called the traditional occidental thinking—of the conventional humanistic approaches. Therefore, the person-centred approach goes radically beyond these 'humanistic' approaches.

Person-centred therapy turns the established understanding of psychotherapy completely on its head. The conventional model rests on the idea that it is the therapist who has to gain knowledge about the client in order to treat them, paralleling the traditional medical model Carl Rogers so strongly opposed. In the traditional (objectifying) approach the questions are: What do I (the therapist) see? What can I observe? What is over there? What can I do? How can I help? Rogers' approach proceeds just the other way round: what does the client show, disclose, reveal; what does he or she

want to be understood? The task of the therapist then is not to try to get knowledge about the client but to acknowledge the person who is showing him- or herself (Schmid, 2002c).

From the understanding of 'person', it follows that being a person means: to disclose, to reveal oneself to oneself and to the Other. This is the special notion of 'person' inherent to the Person-Centred Approach. It is far different from what many people, including therapists of various orientations, mean when they say 'I see you as a person.' The word may be the same; the meaning is not. The meaning definitely goes beyond what is considered to be the common ground of all humanistic approaches in psychology, namely that the human being comes into the view as a human (hence the name), and not only according to the criteria of natural science—a development undoubtedly important in overcoming an objectifying understanding of therapy (Schmid, 2003). Many still refer to this conception, if they regard the human being as a person, including authors from within the 'Rogerian family of therapies' (see Lietaer, 2002).

However, as just mentioned above, the notion of being a person, as it is the underlying ground of the person-centred approach, is much more specific and radical. He or she is the expert on his or her life, not the therapist. This epistemological paradigm change also implies that the expert in the therapeutic endeavour, in any respect, is the client. The therapist's task is to be present and ask the question: 'What is the client's call?' Thus, the respective task is to keep one's ability to be surprised and touched.

There are three possible positions on expertism in psychotherapy. The first claims that the therapist is the expert for the contents and the process (the methods, the means, the procedure, the skills). This is a principle held, for example, in cognitive behaviour therapy. A second position sees the client as the expert on the contents and the therapist (at least partially) as the expert on the process—the expert on the way therapy proceeds. This position can be found in gestalt and experiential therapies. The third possibility asserts that the client is expert for both problems and methods, contents and process, and the therapist is a facilitator—a stance only to be found in genuine person-centred therapy: According to its personal anthropology it is the client who is the expert on his or her life, because he or she is the experienced; he or she is the one opening up and directing the way of the process. In the view of a genuinely personal anthropology it is of no use to separate the process from the person, and it is impossible to separate contents and process—in a very significant sense the process is the contents is the meaning. Therefore, it also seems to be artificial to separate between relationship-, contents- and process-experts. As a matter of fact, from a person-centred perspective, both are experts, yet in a different sense. One might say: the therapist is the expert on not being an expert of the life of another person (Schmid, 2001c, 2003, 2004a).

#### PERSON-CENTRED THEORY OF THERAPY: THE THERAPIST'S PRESENCE AS THE RESPONSE TO THE CALL OF THE CLIENT

The existential response, the respective stance to enable a person to open up, is *presence*. 'Presence' derives from the Latin words 'esse', which means 'to be', and 'prae' ('in front

of”) which is an intensifier. Thus, ‘prae-esse’ is not just ‘being’, but ‘really being’. Presence means to be authentic as a person; fully myself and fully open; whole; fully living the individual ‘I am’; fully living the relationships ‘I am’. The challenge is, at one and the same time, to be oneself and in relationship. Being able to be touched, impressed, surprised, changed, altered, growing and also being able to stick to one’s own experiences and symbolizations (instead of taking the experiences, interpretations and stances of the others), to value from within (without judging the person of the other), to have one’s own point of view.

What Rogers described as core conditions corresponds with presence, as understood on a deeper, dialogical-personal level. Presence, in the sense of encounter philosophy, is the existential core of these attitudes. It is further explained by the description of the conditions, which Rogers always understood holistically as interrelated; intrinsically connected, a ‘triad variable’. That is, each one of the conditions makes no therapeutic sense without the others. Rogers’ (1986b) description of the therapeutic relationship as being present to the Other seems to be, more than he himself noticed, a basic and comprehensive depiction of a therapeutic encounter relationship. Together, congruence, unconditional positive regard and empathy constitute one human attitude, one fundamental way of being, relating and acting, truly characterized as psychophysical presence, a way of being, a way of ‘being with’, a way of ‘being in encounter’. The necessary and sufficient conditions for therapeutic change, in their intrinsic connectedness, constitute a way of being with the client that is crucial for the therapeutic endeavour. They are not three separate qualities. They are one fundamental way of understanding oneself and the Other as a person (see Schmid 2001a, 2001b, 2001c, 2002a). Hence, presence is an expression of authenticity, as it is related to the immediately present flow of experiencing. It reflects congruence, as well as the difference between a person’s experiencing and symbolization, and between his or her symbolization and communication. Presence is an expression of empathy, because, in existential wonderment, it is related to what the Other is experiencing. And presence is an expression of positive regard without conditions, as acceptance of myself and personal acknowledgement of the Other, of whatever immediately present feelings he or she is experiencing.

When the therapist is present to the client, there is no hidden therapeutic agenda. Presence in this meaning is always *im-media-te*, that is, without media, without preconceived means. The therapist accepts the client in his or her moment-by-moment process—including what brought him or her to this moment and the possibilities of further development in the future. This excludes diagnosing and pathologising the client and precludes the therapist having any pre-determined method. Such lack of categorisation invites the therapist to experience the client as a unique individual, embracing their entire personhood without favour or discrimination. (For more on the notion of presence, see Schmid, 1994, 1996, 2002a, 2003; see the interesting piece of research by Geller and Greenberg, 2002.)

## NON-DIRECTIVENESS AS REALISATION OF AN ANTHROPOLOGICAL, EPISTEMOLOGICAL AND ETHICAL CONVICTION

### NON-DIRECTIVENESS IS AN EXPRESSION OF *PERSON*-CENTREDNESS

From the discussion above, it is clear that approaching a human being as a person is necessarily a non-directive enterprise; that is, a way of becoming aware of and relating to the other person that does not follow any preconceived direction, because the direction originates from the other person. If one fails to become aware of and relate to the Other in this way, the Other is immediately changed from a person to be encountered to an object to be treated. So, if one wants to adhere to an image of the human being as a person, and approach Others in a person-centred way, non-directivity is unavoidable as the only way to become aware of the other as a person. Otherwise, he or she will be dealt with necessarily in an objectifying manner.

It is as simple as this: non-directiveness means that the client is seen as a person who is able to find his own answer, and therefore it is not the therapist's task to direct the client towards a specific answer, or even towards an answer at all. Non-directiveness means that the therapist enters into an encounter relationship in which both client and therapist do not know where the relationship will lead.

Being non-directive, responding in a facilitative way, unfolds the notion of 'person' as a response to another person's call. Non-directiveness must be understood as a consequence of the personhood of the client (and also of the therapist). Like 'person', non-directivity has both a substantial and a relational dimension, and must be seen as a realization of the Other's autonomy. It must be comprehended through the person-to-person relationship.

As to the substantial notion of 'person', non-directiveness radically stresses the uniqueness, dignity and freedom of the person. It is an expression of the substantiality of the other person; that is, of the right of self-determination and responsibility, and the capacity of the self-healing potential. It is an expression of the conviction that the process of change is unpredictable in its specificity, because it is idiosyncratic for each client (Merry and Brodley, 2002). This stance is characterised by the fundamental and unequivocal respect held by the therapist. A fundamental and principled non-directiveness is the logical consequence of an image of the human being which favours the uniqueness of the Other over standardising diagnosis, and prioritises acknowledgement to knowledge. Consequently, directive means are inconsistent with the goal of autonomy, responsibility and self-determination, and they are incompatible with unconditional positive regard and acknowledgment.

As to the relational notion, and from an encounter perspective—becoming aware of the Other as a mystery and an enigma—there is no doubt that realizing the 'way of being with' others called 'presence' is non-directive in principle. Non-directiveness denotes the ability to be surprised by the Other and to be open to what the Other is willing to reveal as a person. To be present principally implies not to make something happen, but

to be open to a unique process between two (or more) persons. If the therapist does not see himself in the position of the expert for the other person's life, but as a person meeting another person, then guiding, steering or directing would be completely incompatible with this self-understanding. Directive means are inconsistent with impartial and unbiased listening, and inconsistent with being empathic.

Both notions of person, the substantial and the relational, belong together and cannot be separated.

Non-directiveness is an expression of the therapist's authenticity. Authenticity means that authors encounter authors and not copies. Authenticity is non-directive, because inherent in it is the notion that only the author of a life can change it. Thus authenticity strictly opposes any expert behaviour, be it in terms of contents and decisions, in terms of how to get there; that is, means, methods and techniques. If authenticity is what therapy is about, the only legitimate 'techné' (the original Greek word which means 'art') is im-media-cy, or im-media-te presence (presence without media), in other words, the encounter person to person. To be precise, non-directive therapy is a process to overcome preconceived techniques and methods (which always come in between humans) by making them superfluous.

Therapies, theories and practices that concentrate on the experience (therefore calling themselves 'experiential'), reduce the person as a whole to the experience as a part. Thus they are no longer person-centred, but focus instead on only one aspect of the person ('focusing-oriented therapy' or 'focusing therapy'). They not only pay less attention to the relationship in a dialogical way, and thus miss the essence of an encounter relationship, but also re-introduce the therapist as an expert in terms of directing the process ('process-directional' or 'process-guiding'). They do so even if they limit themselves to process-guiding activities and do not intend to influence the contents (see Prouty, 1999; Schmid, 2002d). Consequently, they no longer need the concept of non-directiveness.

Non-directivity cannot be split in terms of being non-directive on one level and directive on another at the same time. Therefore, non-directivity can mean only that there is no goal set by the therapist regarding the contents and no method regarding the process; no intention to aim at something specific. Non-directiveness means that the respect for, and thus the trust in, the person is the overall principle, as is openness in the process of the relationship. Consequently, non-directivity is an expression of not using preconceived means to influence the therapeutic process in a way chosen by the therapist.

In other words: presence, as the way of being with a person, is non-directive per se.

#### NON-DIRECTIVENESS IS AN EXPRESSION OF THE 'ART OF NOT-KNOWING'

Non-directiveness is a fundamental consequence of the epistemological insight that the movement in therapy, its direction, comes from the client. If it is the client who 'knows best', the therapist's task is to be present and follow. The therapist does not see any need to control the direction the client takes. As already mentioned, Merry (1999: 44 and 75;) emphasizes that non-directivity is 'a general non-authoritarian attitude maintained

by a counsellor whose intention is empathically to understand a client's subjective experience.' Merry also writes that 'the particular characteristic of the actualizing tendency, whilst its direction is regarded as constructive and creative, cannot be predicted and should not be controlled or directed' (*ibid.* 76). Taking this one step further, I rather like to think this is because of creativity and spontaneity evolving in a person who is neither directed nor controlled.

Non-directiveness is a non-purpose-oriented openness towards the Other. It is the only way to genuinely encounter a client as a person, and as a consequence it is the therapist's contribution to an encounter relationship. Thus, first of all, the task is to let go of one's ideas of the client, even if these ideas are well-intentioned. Sidney Jourard (1968) points out that disregarding one's prejudices is an invitation to the Other to also let go—let go of yesterday's ideas, interests and goals and explore new ones. Both therapist and client transcend their ideas about the client and provide the chance for new, creative possibilities.

So, non-directiveness is ultimately an expression of the 'art of not-knowing' (Schmid, 2001b; 2002c); the art of being curious, open to being surprised. It is a kind of sophisticated naivety (see Husserl, 1950) towards the client, where the challenging part is the unknown and not-yet-understood. It is an openness to wonderment, surprise and what the client has to disclose. The underlying phenomenological idea is that 'each experience, which deserves this name, thwarts an expectation'. (Gadamer, 1999: 362). Following a term by Wittgenstein (1969) this might also be called 'creative ignorance'.

#### NON-DIRECTIVENESS IS THE RECOGNITION OF THE CLIENT'S SELF-DIRECTIVENESS

As early as 1942 Rogers (p. 87) writes that what is non-directive for the therapist is self-directed for the client (centred on the directions of the client) and thus, 'client-centred'. 'Self-directivity' of the client is the goal of person-centred therapy and counselling. This stresses the understanding of Mearns and Thorne (see above) that the important thing about non-directivity is what it means for the client. Person-centred therapy is not about the therapist being non-directive; it is about the client being self-directive.

Art Bohart (2004) further develops the concept of self-directedness. He emphasizes that it is the client, as an active, intelligent and thinking being and agent, who makes empathy and the core conditions work. The client is an active self-healer. Bohart's central observation and theory is most profound, and has far-reaching consequences. Building upon it, it follows that the concept of non-directiveness means that the process is client-centred: not only in the traditional meaning that the attention is centred in the client, but also that it is the client who—as an active self-healer—directs the process. Therefore, it might make sense to think of the process in terms of 'client-directiveness'; which might not only be an adequate term, but also one less open to potential misunderstanding than non-directiveness.

Thus, non-directiveness is neither a principle as such, nor a statement about every single behaviour or action of the therapist. It is not a set of behaviours or a technique. It is an active expression of being impressed by the Other (and not by one's own ideas,

combinations and solution proposals) and being interested in him or her. To be non-directive is a 'way of being with', and a consequence of the trust in the client's actualizing tendency. To be non-directive means valuing the otherness and uniqueness of the Other. It is a precondition for encounter as well as the basic realization of a genuine encounter relationship. Non-directiveness is an epistemological issue. In non-directiveness, the values of the therapist are expressed not to gain external control over the client, but to respect his or her organismic self-directedness and personal autonomy. Non-directiveness denotes the ability to be surprised by the Other and to be open to what the Other is willing to reveal as a person. The therapists' task is to respond to the innate capabilities to lead his or her own life; to do everything that is facilitative to this end. The most facilitative thing one can do is to respect and acknowledge the client as a person, with all their abilities mentioned. Presence is the incarnation of such facilitative responsiveness.

To summarise: non-directiveness is a dimension of presence, an expression of presence. Presence means that the therapist is responding existentially; that is, as a person, to the call of the client. Thus, non-directiveness is a way of *facilitative responsiveness*. The client, as his or her own expert in terms of the contents (the client is the one who 'knows' what it is all about) and in terms of the process (i.e., the way of communication, the 'languages', the means of therapy) directs the process of therapy and the process of his or her life.

#### NON-DIRECTIVENESS IS AN EXPRESSION OF PERSON-CENTRED ETHICS

By doing psychotherapy, a decision is made to respond to the misery, to the grief, to the life of another person; to share his or her joys and sorrows. As stated above, it derives from being addressed by the Other, from being touched, being asked, called; from being appealed to. In every personal encounter there lies the response to a call. And the response grows out of responsibility, that is, out of 'response ability', the ability to respond. The Other is an appeal and a provocation; the person in need represents a demand. This means that the need of the Other is there first and that psychotherapy is responding, answering to a demand. In short: psychotherapy from a person-centred perspective has its origin in the Other.

The epistemological paradigm change for psychotherapy achieved by Carl Rogers, from knowledge to ac-knowledge-ment on part of the therapist, leads us to understand the therapist as somebody who is called to respond. This makes psychotherapy an ethical challenge. Starting especially from a phenomenological consideration, as Rogers did, psychotherapy must be regarded as an ethical phenomenon. If the personal perception of the Other is the basis of the relationship, an ethical relation is created. Whatever else psychotherapy might be (art, science, practical philosophy of life, spiritual discipline, etc.), it is an ethical enterprise, as described earlier (Schmid 2002d, 2002e, 2003).

The Other is never an object to perceive or to know about. The Other cannot be understood by a refinement of the methods of perception. The Other must be understood by increasing empathic sensitivity and by increasing openness to being touched by clients through their opening-up—by what they show and disclose. It is this reverse of the

usual order of communication which makes the person-centred way of communicating unique among the therapeutic orientations and justifies the designation 'non-directive'. In the process of therapy the client's response-ability grows and the therapist's 'responses' more and more become *co-responses* of the client and the therapist to the experiences in the relationship (see Schmid, 2003).

Taking a closer look at the core of person-centred theory, as expressed in Rogers' 1957 statement, we find that its ethical foundation is already included: Psychotherapy means responding to the client's incongruence, responding to a vulnerable or anxious person (the second, and often ignored, necessary condition!) Even more: if the six conditions (Rogers, 1957) are necessary and sufficient for a constructive development of the person by means of psychotherapy, then it is the therapist's obligation to take them into account (contact, client incongruence, communication of therapist's attitudes) or to offer them respectively (congruence, unconditional positive regard, empathy). After all, it is a matter of the image of the human being that is held.

Thus, non-directiveness also 'is a principle and ethical stance' (Merry, 2004: 42), 'an essentially ethical commitment' (Worsley, 2004: 130; see also Grant, 1990). As such, it comes 'before' theory and practice, which are influenced by it. The art of not-knowing is a consequence of this ethical stance. It is a way of relating towards each other in which we are obliged to provide for each other as persons, and to provide for ourselves. It is a humble attitude towards the unknown (Grant, 1990), a humble attitude at the sight of the uniqueness of the Other. In the interpersonal encounter which we call therapy, we are addressed and asked to respond, thus assuming a deep responsibility; an obligation in which our fellow human expects us to render the service we owe to each other. In the end, what we owe each other is nothing else but love. Non-directiveness is an expression of this ethical stance. Non-directiveness is an expression of love.

#### NON-DIRECTIVENESS IS A POLITICAL ISSUE: THE EXPRESSION OF A BASIC COMMITMENT TO EMANCIPATION

Finally, it becomes clear that non-directiveness is the expression of a basic belief in the self-directive capacities of the person—it is a philosophy, a commitment to emancipation. The 'facilitative responsiveness' of the non-directive therapist, in the language of dialogic or encounter philosophy, carries these meanings. It is the self-understanding of the therapist as a person who is present to respond as a person to a person in need. Thus non-directivity is much more than an attitude or a posture, let alone a rule or a technique. When taken simply as a rule or technique, non-directivity becomes perverted to the opposite of what it is meant to be. Today, non-directivity might not be an up-to-date term that unambiguously expresses what the matter is about. The term itself states only what person-centred therapy is not about. But the issue at stake—emancipatory psychotherapy versus alienating control—is perfectly up to date, perhaps more than ever.

What John Shlien (2000) said regarding person-centred therapy, is true for non-directiveness: 'It is not good manners. It is in the character.'

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