

Chapter 12. The non-directive attitude

By Susan Stephen

This chapter discusses:

- How philosophy, theory, and ethics provide both a rationale for - and definition of – the non-directive attitude in person-centred therapy
- The non-directive attitude in practice through the lens of a case example
- The implications of the non-directive attitude for person-centred practice via five 'frequently asked questions'
- How researchers have approached the study of the non-directive attitude

Non-directivity is a central concept within the family of person-centred therapies (see Chapter 4, this volume) that continues to inspire considerable debate amongst person-centred therapists (e.g. Freire, 2012). As Schmid (2005) noted, 'Few concepts were so profoundly misunderstood or so widely used to make fun of and discredit the person-centred approach' (p. 75). Indeed, this may have been one factor in Rogers' decision to abandon the term at an early stage in the development of his approach to therapy, later explaining:

There is no doubt that the term [non-directive] was in itself accurate but it was a term of rebellion. It was saying what we were against. We were opposed to the highly directive kind of procedures being used. Then, as we became more secure, I think, that this was a new way, a legitimate way of proceeding, we began to recognize that it was centered on the client's frame of reference—that what we were endeavoring to do was to get within the client and release what is there. (Rogers & Russell, 2002, p.253)

Nevertheless, the radical stance that Rogers and his colleagues had taken – a challenge to therapist power and control - remained at the heart of the approach. Later, he wrote:

The politics of the client-centered approach is a conscious renunciation and avoidance by the therapist of all control over, or decision-making for, the client. It is the facilitation of self-ownership by the client and the strategies by which this can be achieved; the placing of the locus of decision-making and the responsibility for the effects of these decisions. It is politically centered in the client. (Rogers, 1978, p.14)

Sanders (2012) has argued that non-directivity is a primary principle of the whole family of person-centred therapies '*at least* at the level of content but not necessarily at the level of process' (p.239, author's emphasis; see also Chapter 4, this volume). The aim of this chapter is to offer an opportunity to develop your understanding of (and explore your relationship with) non-directivity in the theory and practice of person-centred therapy

Developing a definition of 'non-directivity'

You might imagine that a definition of non-directivity would be as simple as 'to not direct'. But what does that really mean? In order to define non-directivity in person-centred theory and practice, we must first understand the philosophical and theoretical foundations of person-centred therapy, ethics, power, and the unique and unpredictable nature of being human that, together, provide a cohesive rationale for non-directivity.

Philosophical and theoretical grounding

Several chapters within this handbook have already indicated the relevance of non-directivity for person-centred practice. In Chapter 5 (this volume), Schmid describes the person as both a substantial (independent) *and* a relational (interdependent) being, the unique tension of being human. Therefore, according to Schmid, a person-to-person relationship involves both being-with and being-counter; engagement and distance, respect for and acknowledgment of the Other's uniqueness, and a readiness to accept (and be surprised by) what they disclose. As I describe in this chapter, a non-directive relationship enables the therapist to relate to the client from both of these distinctive positions: as a companion alongside them, and as an Other who is respectful of their unique experiencing of the world.

Typically, person-centred practitioners point to the process of actualisation as the theoretical justification for non-directivity. As Bohart outlines (Chapter 6, this volume), Rogers proposed the existence of an actualising tendency within the organism that generates growth in the direction of greater autonomy, wholeness, and complexity. It is this 'tendency to actualise' (Tudor, 2008a, p.68) that provides the theoretical basis for adopting a non-directive attitude that creates an optimal relational environment in which the client's natural and spontaneous growth process can be trusted to unfold.

Finally, the phenomenological grounding of person-centred therapy invites a non-directive stance. As Cooper and Bohart propose (Chapter 7, this volume), person-centred therapy can be considered a form of applied phenomenology, characterised by the therapist's intention to put aside their own biases and expectations, focus their attention on the client's experiences, taking care to describe rather than explain or analyse them, and to respond to all experiences equally.

Ethical foundations

For Grant (2004), theory is not enough to justify counselling practice: an ethical foundation is required. He offered an ethics-only conception of client-centred therapy, summarised as 'the practice of simply respecting the right to self-determination of others' (p.158). For Grant, this involved not making assumptions about what people need, or encouraging them to accept ideas about themselves that do not fit their own world views. He argued that a therapist who is making decisions about what is right for the client is not respecting the client's right to self-determination. This point is essential for therapists committed to working non-directively as some clients will not want a non-directive form of counselling.

Distinguishing influence, goals, and power

One of the central debates about non-directivity concerns the likelihood of influencing the client, intentionally or otherwise. As Brodley (2011a) stated, therapists working non-directively do so with the expectation that the process will influence their clients in a specific way: 'by freeing the client to discover his or her own methods and processes of change while unopposed by therapist goals and expectations' (p. 37). Moon and Rice (2012) distinguished this expectation of an unfolding process from holding an agenda in which the therapist is invested in a particular outcome for the client. They noted that any goals for the therapy belong to the client, and that 'the therapist's focus is on creating the environment for the client to make those gains rather than on the gains themselves' (p. 292). Indeed, quoting Rogers, Brodley (2011a) emphasised that the in-session goals that non-directive therapists hold are for themselves, not the client: 'to be as present to this person as possible... really listen... be real in this relationship' (p. 38).

By extension, these goals require the therapist to listen for the power dynamic that develops between client and therapist in their relationship. According to Moon & Rice (2012):

Having a nondirective attitude does not imply that one has a belief of lacking influence over clients... Whenever two people are in relationship, they will influence one another. The nondirective attitude is not a therapist attempt to remove influence but, rather, an intention to refrain from exerting influence in the service of any therapist agenda for the client. (p. 292)

Proctor (2017) maintained that it is this intention to refrain from exerting influence that creates 'a radical disruption of the dynamics of power in therapy' (p. 111). However, Proctor noted the potential dangers for person-centred therapists in ignoring the client's personal history of power, and how this influences the client's perception of the therapist's power and status within the therapeutic relationship. She proposed that therapists require awareness and sensitivity to the 'ethics of an unequal relationship' (p.120) and to understand that their intention within the relationship may be very different to their client's perception of their intention. Equally, it is important that the therapist explores and understands their own personal and cultural history of power, and pays attention to how this impacts their therapeutic relationships (see Chapter 10, this volume),

Being unique and unpredictable

Each person can be seen as unique and unpredictable, existing in a continuous process of interaction with their physical, social, and cultural environment: a non-linear dynamic system (Sommerbeck, 2004). Sommerbeck argued that a therapist who respects each client's uniqueness cannot predict what will be helpful for them, warning against the 'expert's mistake' (p.295) of interventions based on knowledge of what is considered helpful for the 'average' person. She proposed that the most logical response for the therapist who wants to respect their client's uniqueness is to consistently follow and respond to this particular client's process.

Likewise, Levitt (2019) argued that it is impossible to grasp the degree of individuality of each person. He pointed out that there are many different ways to understand a person, and that how we see another person is inevitably influenced by who we are, which then shapes how they respond to us. He concluded that each individual's

unique frame of reference has meaning formed by their own experience and context, and that 'none of us is able to hold the ultimate truth about another person; we are only able to experience them from inside our own frame of reference' (p.39).

This focus on the uniqueness and unpredictability of being human brings us full circle to Schmid (2005) who described non-directivity as 'a genuine consequence of person-centred anthropology and epistemology [that] 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"' (p. 75).

Non-directivity: a definition

Drawing on these foundations, non-directivity can be defined as *an attitude held by the therapist from which they trust and relate to their client as a person with agency, autonomy, and the capacity to grow in response to their own unique experience in the world.*

Each therapist will approach this attitude from different perspectives, life experiences, and in response to their own understanding of human existence - philosophy, theory, ethics, the politics of power, even logic. It is a principle embodied in practice, a 'principled non-directiveness' (Grant, 1990). Conversely, this means that non-directivity is not something 'instrumental' (Grant, 1990), something that the therapist uses as a technique. A non-directive attitude cannot be switched on and off when the therapist decides that it will be helpful for the client: it is a way of viewing the other.

In this definition, the non-directive attitude is not tied to a particular 'response repertoire' (Bozarth, 2012). It is not about *what* the therapist does but *how* this attitude is expressed in the therapeutic relationship and, more importantly, how it is experienced by the client. No particular form of practice can be taken for granted: a client may associate silence with abandonment or even punishment, another might find it excruciating when a therapist's empathic responding brings them too close to their pain. For this reason, the non-directive attitude in practice makes sense only in the context of the relationship itself.

The non-directive attitude in practice

So, how does the non-directive attitude take shape within practice?

The most well-known example of the non-directive attitude in practice is 'the empathic understanding response process' (Brodley 2011b; see also Chapter 13, this volume), an interactive process between client and therapist through which a shared understanding of the client's frame of reference develops, facilitated by the therapist's unconditional positive regard for the client (Chapter 14, this volume). This is the form of non-directive practice typically described by writers such as Bozarth (2012), Brodley (2011a, 2011b), Grant (1990) and Moon and Rice (2012). In some therapeutic relationships, this may be the only mode of interaction with their therapist that the client requires to make agentic use of the counselling relationship. This seems to have been so – eventually - for the client, Toni, whose experience of the non-directive attitude in practice illustrates this chapter.

However, if we focus only on a method for expressing two of the six therapeutic conditions we miss the relational process that the therapist's non-directive attitude stimulates within the therapeutic relationship. Trusting and relating to the client as an agentic, autonomous, growing person requires an active commitment by the therapist - and holds the potential of generating an active response from the client, as Toni's case example demonstrates. The challenge for the non-directive therapist is to stay in contact with themselves *and* the client, attuning to their client's process and their own moment-to-moment experiencing. This requires discipline, practice, and self-awareness.

Toni participated in 14 sessions of person-centred therapy at a university-based counselling research clinic in the United Kingdom, and was subsequently identified as a client with a 'good outcome' according to their quantitative outcome scores. I was their therapist. Toni tended to speak in monologue and through narrative descriptions of their life. In my experience, clients communicating in this way are fairly common in practice and I have noticed that this type of process can be dismissed by therapists in their desire for clients to talk explicitly and evocatively about their feelings. However, holding a non-directive attitude within the therapeutic relationship involves being 'responsive and accommodating' (Brodley, 2011a, p.45). This includes respecting the client's process: trusting and relating to the client as they are in this moment, not attempting to change them. I had to learn how to make contact with Toni within their particular way of communicating, as Box 12.1, an extract from our first session, illustrates.

Box 12.1. Session 1: Making contact

C1: I remember I gave him [her brother] a key – a spare key to my house or my flat and he- within the first week – he appeared *three times*, just out of the blue, without even ph-

T1: [mhm]

C2: Well, I don't think I *had* a phone line then. He just put the key in the door and walked in, an' I mean, I don't think I was *in* a couple of times, I think I'd gone out. But I just remember – I couldn't *describe how* upset it made me. And he was looking at me like he could see I was upset but he couldn't understand that the problem was – I needed to feel that when I locked my front door that I had, I had *control* over who came and went ...

T2: [uhuh, uhuh]

C3: ... and that I could choose *not* to see people-

T3: Uhuh, uhuh – that *that* was such an important part of it for you,

C4: [yeah]

T4: and he couldn't get that?

C5: Yeah. It took him a while. I *think* he understands it fully now.

T5: [mhm].

C6: Ehhr – But for years I've sort of wrangled with my brother on and off about privacy [mhm] and about boundaries...

[End of Box]

At this early stage of our relationship, Toni was not really in psychological contact with me: they were talking *at* me. I was not making a 'perceived difference in the experiential field of the other' (Rogers, 1957/1992, p.828). In a research interview following the end of their therapy, Toni described how this process began to change:

I think the thing that I found quite helpful, although I found it slightly disturbing at first, was that I was just speaking and Susan was just repeating - well, not repeating, but she was contextualising what I was saying, and I suppose trying to get me to look at it in other words. At the beginning, I found that difficult because I didn't fully understand what the point was and it took quite a while - I think about 3 or 4 sessions - before I realised that, when I speak to Susan, she's gathering my thoughts and asking me if that's what I mean.

As Toni explained, it took them time to notice (client perception) that, in my responses to their narrative, I was striving to check my understanding of what they were telling me about their experience (empathic understanding), not just repeating their words. Meanwhile, it was essential for me to remain in contact with my own experiencing (congruence) as this helped me to not become frustrated or impatient and stay open to their way of communicating (unconditional positive regard). Gross and Elliott (2017) found that therapists experience various triggers that lead them to lose psychological contact when with clients, including frustration with apparent client disengagement. This could have occurred in my work with Toni.

In response, Toni began to reflect on what they were saying and to connect with their own experience (increasing client congruence). At their 'end of therapy' research interview, they explained:

I was in a third person mode initially. Then I started thinking 'I can't do that with my personal feelings. I can't.' I had distanced them because that's a way of coping, but it's not a helpful way of coping for me in order to feel them again.

Toni's relationship with themselves, with their brother - and with me - began to change, although their way of narrating during our sessions did not. Box 12.2 presents an extract from our thirteenth (and penultimate) session that illustrates the greater empowerment they now felt in their relationship with their brother, and the mutual connection that had developed between us.

Box 12.2. Being in relationship

CI: One of the things that's a *big*, big thing in the family - and it's gone right back to when I was a kid - was, when you stir a cup of tea, with a teaspoon ... in my brother's house ... you *don't* put that teaspoon ... on the counter ... face-up [sound of object being placed]. You *wash* it under the sink and then you ...[*sound of object being moved*] put it on the draining board. And it *has* to be

face-down ... [sound of object being placed] ... so the spoon is curved inward to the draining board.

Th: Uh huh [*gentle chuckling tone*]

CL: Now that *is* a control issue, I think! [*soft chuckling*] And I was so No, because *he's* Because that was *drilled into* me, when I went to visit him when I was young ... *that's* something I actually *do, now!* And I do it *unconsciously*.

Th: mhhm

CL: I don't leave teaspoons... [*chuckling*]

Th/Cl: [*shared chuckling and overlapping talk*] **Th:** You've been *trained* into doing that ... **Cl:** I've been *trained* ... like a *monkey* to do that, you know! [**Cl** laughing]

CL: And it's like – you know. And it wasn't just in his house. I don't visit his flat ... ergh - because there's so much... There are so many *rules* ...

[End of Box]

In their end of therapy research interview, Toni reflected on their response to my non-directive attitude, which led to an increase in their sense of agency within the therapeutic process:

I'd had counselling before where the woman... I actually did say to the therapist... she started to tell me what to do, and she said 'you need to do this' and 'you need to do that' and at one point I had to say to her 'you know, I have a lot of people in my life telling me what I need to do and I don't need another person'... Susan allowed... there was space there... I wasn't being told what to do or 'why don't you try this or that?' or 'have you thought about...?' And I think initially I found that slightly... well, not bad... but I suppose I felt like it was all me talking. And that then made me start to think about 'well, the conversation has got to be from me' and you know Susan will say things and repeat things and I'll think 'oh hang on, you've just made me think about something that I hadn't really thought about before' without actually saying anything personal to me. She was just reiterating and contextualising some of my thoughts. And maybe the first few times I don't think you listen so clearly... because you need to get in the habit of listening to what your therapist is saying back. [It took a while] to understand it and think 'actually this is good... I don't need a person saying do this, do that.'

My work with Toni is just one example of the non-directive attitude in practice. Schmid (2005) offered the term 'facilitative responsiveness' to describe the non-directive attitude in practice, emphasising its relational quality. As the therapist relates to their client as a person with the capacity to grow in response to their own unique experience, working with a non-directive attitude has to be an idiosyncratic practice (Keys, 2003) and not a 'one size fits all' approach. Indeed, as Grant (1990) wrote, 'The paradox of principled nondirectiveness is that a therapist who

wholeheartedly lives the attitude may at times appear to be extremely directive' (p. 4).

In their collection of Brodley's writings, Moon et al. (2011) included the transcripts of three demonstration sessions with a volunteer client, Alejandra, as examples of practice not typically associated with the non-directive attitude. These transcripts illustrated Brodley responding in detail to her client's questions from her own frame of reference, then taking care to invite Alejandra to share her reactions and to ask further questions. Moon and Rice (2012, p.298) described a range of reactions to sharing these transcripts including '[aghast] students who considered [Brodley's] answer to be offensively and insensitively dominating' and others who experienced her response as 'sensitive and open, as well as respectful and empathic to Alejandra's lead'.

Brodley (2011c) identified 13 reasons that a client-centred therapist might speak to a client from the therapist's frame of reference, including: making arrangements for therapy, answering questions and requests, empathic observations, insights and ideas, correcting misunderstandings, and as a source of information. She offered three guidelines: (1) responses should be consistent with the idea that the client knows, or has the potential to know, what is best for them; (2) therapist-frame responses should be rare except in responding to client questions, which may occur frequently depending on the client; and (3) that, ideally, therapist-frame responses should never be systematic (that is, routine or standardised).

Perhaps, as Greenberg (2004) argued, the idea that non-directivity inevitably creates a dichotomy in person-centred therapies between 'being' and 'doing' is false. Rogers (1957/1992) noted that therapist techniques are relatively unimportant *except to the extent that they serve as channels for fulfilling one of the conditions*' (p.832; emphasis added). In other words, it is not that therapist-frame responses and techniques (which include the reflection of feeling) are – in themselves - incompatible with a non-directive practice. What is important is the therapist's attitude and the context in which any therapist intervention is introduced into the relationship: that is, the meaning it holds for the client, and the impact that it has on the client's experience of being understood, accepted, and trusted by the therapist.

Working with a non-directive attitude: some frequently asked questions

Here are five questions about the challenges of working with a non-directive attitude that typically arise in training and supervision settings. My responses are based on the definition developed in this chapter: an attitude held by the therapist from which they trust and relate to their client as a person with agency, autonomy, and the capacity to grow in response to their own unique experience in the world.

Can you ever be truly non-directive?

This is always a work in progress but if we commit to the continuous development of our self-awareness then we become better able to understand our own biases, expectations and needs as therapists (and as people) and the impact these can have in our relationships. This helps to clear the way for us to trust our clients as they find their own way forward.

Can you be non-directive and be yourself?

Attempting to portray a non-directive attitude (for example, pretending that you trust your client) is a clear example of therapist incongruence. Developing your own non-directive attitude requires time, training, and supportive supervision (see Chapter 29, this volume) as you develop self-awareness and discipline (Brodley, 2011c).

Can you be non-directive in a time-limited or otherwise structured setting?

It can be challenging when limits to the therapeutic relationship are set by the organisation in which the therapy takes place. Nevertheless, working with a non-directive attitude within a structured environment is possible. The books *Brief person-centred therapies* (Tudor, 2008b) and *Therapist limits in person-centred therapy* (Sommerbeck, 2015) are excellent resources to explore and inform your approach. Regular supervision, or other confidential support, will enable you to reflect on the impact that the environment may be having on your practice.

Can you be non-directive with every client?

If you find it difficult to stay 'receptively open' (Bohart, 2007) to your client then it is unlikely that you will be able to maintain a non-directive attitude in your work together. A good supervisor or trusted colleague, with whom you can explore your responses to your client, is essential. You may be able to find a way forward or it may be necessary for the client to seek another therapist who is a better fit for their needs.

Can you remain non-directive when a client (or someone else) is at risk?

Holding a non-directive attitude is likely to support you and your client to navigate the risk together within an ethic of relational trust (see Chapter 28, this volume). What you do may be determined by the apparent urgency of the situation, your contract (that is, what you have agreed – or your organisation requires - will happen if your client discloses potential risk of harm to themselves or others), your personal values, beliefs and limits (Sommerbeck, 2015), and the support available to both of you.

The non-directive attitude in research

Meta-analyses report 'non-directive/supportive' forms of psychotherapy as less effective than other approaches (e.g., Cuipers et al., 2021; Elliott et al., 2021). However, as Elliott (Chapter 30, this volume) explains, care must be taken when reading these results as often these are 'non bona fide' versions of person-centred therapies, included as 'control' conditions by researchers investigating other forms of therapy. Markowitz (2022) argued that when a genuine form of non-directive/supportive psychotherapy is used in a study, even as a control condition, then the results tend to indicate equivalence to other forms of therapy.

Even so, understanding the results of bona fide studies is challenging because of the complexity involved in identifying non-directivity as an attitude (Brodley, 2011a). For example, the initial results of the PRaCTICED trial (Barkham et al., 2021) do not clarify our understanding of the effectiveness of non-directivity as an attitude that shapes practice. Further analysis of the dataset, on a case-by-case basis, is required to understand the therapeutic relationships on which the results of this study are drawn.

The most prolific form of research into the non-directive attitude is the micro-analysis of individual therapy sessions. For many years, the focus of these studies has been on therapist responses, typically transcripts of Rogers' own therapy and demonstration sessions, which have been analysed using different rating systems targeting different aspects: for example, non-directive intentions, and verbal response modes (see Lietaer & Gundrum, 2018). However, as Moon (2018) has commented:

No matter how objectively a rater strives to rate a particular response, the actual rating remains a subjective, qualitative conclusion or conjecture by that rater. Unless the rater is also the therapist, we can only ever surmise a therapist's intentions, and even this can be clouded by time or a therapist's incongruence (pp. 335-336)

This means that it is very difficult to research non-directivity as defined in this chapter. Instead, contemporary researchers are attempting to explore the interaction between client and therapist and the effect this appears to have had on the therapeutic process. For example, Goldsmith et al (2008) examined how a client used their person-centred therapist's empathic reflections to symbolise and assimilate two internal voices. The therapist's reflections closely followed the client's expression of their experiences, seeking to articulate but not interpret their meaning. Goldsmith et al. proposed that this interpersonal process facilitated an intrapersonal dialogue between two internal voices that enabled the client to identify a self-perpetuating destructive cycle, and develop new self-understanding. Ribeiro et al (2014) investigated therapeutic collaboration in a 'good outcome' case of person-centred therapy and how this contributed to outcome. They found that it was the client's response to the therapist's interventions (indicating 'safety' or 'tolerable risk') that appeared to guide the therapist's next response, and argued that this sensitivity to the client's need for safety, facilitated by the therapist's non-directive attitude, was pivotal to the collaborative process, concluding that it was the client who created the opportunities for change within the therapeutic process. This finding is similar to Cowie (2014), who used conversation analysis to investigate therapeutic 'talk' in a good outcome case of person-centred therapy and proposed the concept of 'therapist-to-client-deference'.

Summary

Non-directivity is fundamental to person-centred practice: an attitude held by the therapist from which they trust and relate to their client as a person with agency, autonomy, and the capacity to grow in response to their own unique experience in the world. It is not characterised by a set of behaviours, although it may be most typically expressed (and recognised) in the form of empathic understanding responses. The therapist's non-directive attitude stimulates an active, relational experience between client and therapist. The therapist strives to be as open as possible to their own and their client's experience within the relationship, sensitively responding moment by moment to what is occurring and developing between them. This requires the therapist to commit to ongoing personal development to maintain and grow their capacity for this way of working.

Experiential reflective activities

1. Reflect on the definition of non-directivity proposed in this chapter: 'an attitude held by the therapist from which they trust and relate to their client as a person with agency, autonomy, and the capacity to grow in response to their own unique experience in the world'. How does this definition fit with - or challenge - your current view of 'the therapist' and 'the client' within the therapeutic relationship?
2. What are your answers to the five 'frequently asked questions' offered in this chapter? Create an opportunity with a small group of peers to share your experiences of working with a non-directive attitude.

Key readings

It has not been possible in this chapter to do justice to the richness of the literature on non-directivity. However, I hope the chapter inspires you to read further. My recommendations are: *Embracing non-directivity* (Levitt, 2005); *Practicing client-centered therapy. Selected writings of Barbara Temener Brodley* (Moon et al., 2011); 'Questioning Psychology (Levitt, 2019), and the special issue on Non-directivity (Freire, 2012) published by the journal, *Person-Centered and Experiential Psychotherapies*.

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