Psychotherapy Guidebook

Directive Psychotherapy

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DEFINITION

The terms “direct” and “directive” have meanings that have not always been differentiated. Direct Psychotherapy involves dealing directly with the client without any intervening variables. It implies using the simplest, most straightforward approach in dealing with problems. Directive Psychotherapy involves directing, guiding, influencing, or establishing requirements of the client along lines authoritatively set by the therapist. The therapist may introduce ideas, attitudes, or contents not previously expressed by the client.

Operationally, the therapist manages the process of psychological case handling according to a therapist-directed plan. Therapist-centered and client-centered methods lie at opposite ends of a continuum represented by maximum versus minimum therapist management of case handling.

HISTORY

Prior to the introduction of client-centered methods of counseling and psychotherapy in 1942 by Carl Rogers, little attention had been directed to

the degree of authoritarian control, directiveness, regulation, and manipulation exerted by the therapist in the case-handling process. Coming at a time during World War II, when public demands for the treatment of mental disorders and psychological problems were greatly expanded, Rogerian nondirective methods received widespread acceptance, particularly among psychologists, because they had an appealing underlying theoretical rationale; they emphasized the client's feelings and emotions, dealt with immediate problems, and were easy to learn and apply. During the emergency of World War II, Rogers proposed training courses in nondirective methods lasting only three weeks.

In 1944 I had become critical of the expansive claims being made for nondirective therapy, which many at that time seemed to regard as a universal panacea for all problems and ills. Accordingly, I published a series of papers in the Journal of Clinical Psychology (1945–1950) under the title "Directive Psychotherapy," which presented operational analysis of the methodology of the principal methods of psychological case handling. In 1948, I outlined the principles and theory of directive methods, but indicated that the differentiation between directive and nondirective was only an arbitrary classification along one dimension. I renounced any implication that directive methods constituted a school of psychotherapy or that I regarded myself as a directive therapist in Principles of Personality Counseling (1950), which advocated an eclectic approach. I applied the "law of parsimony" in

Psychological Case Handling (1968), which insisted that clinicians were more aptly designated as case handlers until positive therapeutic results actually could be objectively demonstrated. All case handling is regarded as directive management since even the decision to be nondirective involves minimal management.

Most general textbooks of psychotherapy consist largely of descriptions of direct(ive) methods. Jurjevich (1973) edited a two-volume handbook of case handling methods describing variations of direct therapy. This book may be regarded as a source book of direct and directive principles.

TECHNIQUE

Since every positive clinical decision and case-handling action dealing direct or directively with the client involves management, it follows that all methods involve some degree of therapist-centered activity. All the methods described in Jurjevicb's handbook may be classified on a continuum according to the level of authoritarian case handling. Only an operational analysis of specific case-handling methods can reveal what the therapist is actually doing, as opposed to what he claims to be doing.

The general rule appears to be that the case handler should operate nondirectively during early phases of treatment and should continue as long as the client is making progress in expressing himself, in recognizing problem

areas, in developing curative insights, and in learning to cope better with life. Directiveness tends to be indicated when the client has no insight into problems, is unable to communicate with the case handler, has insufficient information to solve problems, or is blocked and inhibited in relation to conflict resolution. In general, the case handler does for the client what the client is unable to do alone.

The case handler needs to be aware of when directiveness is indicated and when it is not, as well as the dangers of over- or under-directiveness. If the case handler is too therapist-centered, there may be complete failure to understand and influence the client. If the case handler is too nondirective, the therapeutic process may never uncover or deal with the client's real problems.

APPLICATIONS

In general, nondirectiveness works best with highly intelligent and motivated clients who have the resources to solve problems with minimal case-handler management. Directiveness is most clearly indicated where the client does not have the resources to solve problems or is unmotivated or blocked.