
Erickson and Rogers: The Differences Do Make a Difference

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The author extends an earlier discussion by Gunnison (1985) of the similarities between Milton Erickson and Carl Rogers by citing several important differences in their respective counseling approaches. The implications of these differences to the continuing evolution of counseling theory and practice are briefly discussed.

Gunnison (1985) presented a thoughtful analysis and discussion of the similarities between Milton H. Erickson and Carl R. Rogers, unarguably two monumental figures in counseling and psychotherapy. His article is a valuable contribution in that it represents one of the few attempts to compare these remarkable individuals. As Gunnison noted, Erickson's work has, until very recently, received little attention from traditionally trained counselors and counselor educators, who themselves have been more significantly influenced by Rogers. By comparing these important men directly, he has invited and stimulated further discussion regarding their respective views and approaches to therapy.

In his response to Gunnison's article, Rogers (1985) suggested that "there are many differences in Erickson's approach and my own." In the same breath, however, he stated that these differences "may not be as important as the similarities" (p. 63). Those concluding remarks, although gracious and conciliatory, could have the unfortunate effect of inhibiting the Erickson-Rogers comparison before the differences and the similarities are critically examined.

The purpose of this article is to continue the Erickson-Rogers comparison by discussing some of the important differences in their work. My opinion is that, despite the "common threads" in each man's approach, Erickson and Rogers weave distinctive tapestries of the human condition and of the therapeutic enterprise. These differences transcend issues of style and technique. They are involved more with the nature and function of the therapeutic relationship and, it will be argued, of the very concept of empathy.

ON THEORY

Although Rogers offered a well-articulated personality theory and therapy model (Rogers, 1951, 1961), Erickson did not. This difference, I believe, is particularly noteworthy. Erickson refrained from organizing his perspectives and approaches into a coherent framework, although he supported the efforts of others to do so (Bandler & Grinder, 1975; Haley, 1973). Whether an "Ericksonian theory" exists then is a matter of conjecture and interpretation. Still, I believe some reasonable theoretical inferences can be made by examining Erickson's personal commentary on his cases, methods, and outcomes.

Theories of counseling attempt to explain the origin of psychological disturbance and the means by which recovery can take place. Rogers emphasized that when the "self" encountered conditional regard, the natural organismic processes for growth, health, and accurate experiencing were thwarted, and some form of affective or behavioral disturbance emerged. The

restoration of health was furthered by the reversal of these conditions in the therapeutic relationship, where the counselor extended unconditional positive regard for the client. Rogers argued that through the experience of nonjudgmental warmth and acceptance, the client's innate potential for growth and change was reactivated. Central to Rogers's theory is the concept of a self as separate but causally related to behavior. Rogers maintained that counselors should provide unconditional positive regard for the "person" of the client, regardless of how unacceptable or inappropriate his or her behavior may be. Schmitt (1980) contended that the theoretical argument for treating the self and behavior differently contains a hidden paradox.

Herein lies the paradox: If the self is causally related to behavior, how can one respond conditionally to the latter without doing likewise to the former since some element of cause is always inherent in its effects? (p. 237)

It is relatively clear that Erickson found little value in understanding the origins of psychological disturbance. Haley (1973), for example, quoted him as saying that "etiology is a complex matter and not always relevant to getting over a problem" (p. 106). Erickson was apparently more interested in the patterns of problem behavior and the ways in which relatively minor contextual changes could disrupt these patterns and promote new experiencing. For Erickson, the person, the problem, and the problem context constituted a dynamic, self-maintaining system. This orientation is considerably more akin to systemic therapy models emphasizing cybernetic (self-regulating) processes than to traditional models based on linear views of causality (Keeney, 1980; Searight & Openlander, 1984).

Consistent with his contextual view of human problems, Erickson held that any element of that context could potentially be used in the service of change. Indeed, whereas Rogers considered symptoms an unfortunate manifestation of a deeper intrapsychic disturbance, Erickson argued that the client's symptomatic behavior was an integral part of the "totality which confronts the therapist" (Erickson, 1965, p. 57). Erickson was aware that many human problems concentrated around critical life periods that required significant adjustments. He also seemed to recognize, and take special pride in noting, that successful problem resolution was frequently followed by some important developmental change (e.g., marriage, pregnancy, a geographical relocation, or a decision to retire). Haley (1963, 1973), an early protégé of Erickson, more clearly articulated the functions of symptoms in regulating interpersonal relationships and in obstructing important developmental changes.

ON COUNSELING PROCESS

These ideological differences, of course, translate into some major distinctions regarding counseling process and outcome. Patterson (1973), in reviewing Rogers's client-centered approach, wrote that "the process of [Rogersian] therapy is not the solving

of problems; it is the experiencing of feelings leading to the being of oneself" (p. 392). For Rogers, the therapy process requires the progressive unfolding of deeper levels of self-awareness in an atmosphere of trust and acceptance. The counselor facilitates this process by patiently encouraging affective exploration while avoiding the growth-inhibiting effects of interpretation and direction. The focus is clearly on self-experiencing, and the process presumably continues until the client decides to end it (Patterson, 1973).

Erickson's work, on the other hand, was characteristically problem focused and brief. In cases in which he used hypnosis, Erickson would offer helpful suggestions indirectly or would direct the client to entertain several potential solutions while in a relaxed, trance state. Unlike Rogers, Erickson frequently employed directives and did not consider them antagonistic to the therapy process. Indeed, his ingenious and sometimes uncommon assignments were often the means by which the client achieved symptomatic improvement. Erickson, however, was poignantly aware of the fact that directives could not be arbitrarily issued but had to be compatible with the client's needs and views about the problem. "Take what the patient brings you" was his primary admonition to his trainees. So as to comply with this important requirement, many of Erickson's directives had a paradoxical quality. Clients would be directed to exhibit their problem behavior in specific locales or to incorporate minor changes in its pattern and duration. Attempting to engage in or maintain the problem under direction created a new experience for the client, one wherein problem continuation was made more onerous and therefore less likely.

Unlike Rogers, Erickson actively managed the counseling relationship, pursued specific treatment goals, and made crucial decisions regarding the frequency, duration, and locale of treatment. Some interviews would last a few minutes, others would extend for several hours, and still others would be deliberately cancelled. He would conduct his work at his office, at the client's home, or perhaps over dinner at a local restaurant. He would even secretly arrange for his clients to have "chance" encounters with other helpful people. Through these highly versatile, unorthodox methods, Erickson apparently sought to build a therapeutic alliance that emphasized active, pragmatic experimentation with the boundaries of personal experience.

ON EMPATHY

Gunnison correctly observed that both Rogers and Erickson stressed the importance of empathy in the therapeutic relationship. It is debatable, however, whether they shared compatible understandings and applications of the construct. Rogers (1961), for example, wrote, "To sense the client's private world as if it were your own, but without losing the 'as if' quality—this is empathy and this seems essential to therapy" (p. 284). More recently, Rogers (1980) described an "empathic way of being" as "temporarily living in the other's life, moving about it delicately without making judgments" (p. 142). Erickson's comments, by contrast, suggest an expanded and more utilitarian view of empathy, one embracing both subjective, "private world" experiencing and public, symptomatic activity. He cautioned that counselors

should not limit themselves to an appraisal of what is good and reasonable as offering possible foundations for therapeutic procedure. Sometimes—in fact more times than is realized—therapy can be established only by the utilization of silly, absurd, irrational, and contradictory manifestations. (Erickson, 1965, p. 57)

As mentioned earlier, Rogerian theory postulates a dichotomy of self and behavior. Rogers essentially proposed that the counselor experience the client's private world of thoughts and feel-

ings while concurrently maintaining a distinction between that world and the therapist's own experience of the client. This crucial distinction allows the counselor to share the client's pain and frustration while communicating support and affirmation of the client's personhood. To the depressed client having just recited a litany of personal inadequacies and business losses, the person-centered counselor might respond, "Right now, you *feel as though* your life has been a complete failure." This communication presumably captures the essence of the client's experiencing while implicitly emphasizing that the feeling of failure is distinguishable from the idea of *being* a failure. Erickson, on the other hand, recommended a complete acceptance of the client's negative self-appraisals; he proposed no distinction between a miserable self and a miserable experience (Haley, 1973). Responding to the same hypothetical client in the previous example, Erickson could be expected to say "You *have* failed over and over again."

Perhaps this difference can be more clearly illustrated in Erickson's commentary regarding his initial interview with a grossly obese 21-year-old woman who, upon arriving disheveled and despairing at his office, sobbed, "My father is dead, my sister is dead, and that is all that is left of me" (Haley, 1973). Erickson recalled that:

I urged the girl to take a seat and after some rapid thinking I realized that the only possible way of communicating with this girl had to be through unkindness and brutality. I would have to use brutality to convince her of my sincerity. She would have misinterpreted any kindness and could not possibly believe courteous language. (Haley, 1973, p. 116)

He went on to accuse her of being a "disgustingly horrible bucket of lard" and a "hideous mess"—comments hardly befitting Rogers's notions of unconditional positive regard. Nevertheless, Erickson's opening maneuver, from another perspective, can be viewed as highly empathic in that it accurately reflected the depths of the woman's despair and self-denigration. His abrasive remarks were completely consistent with her pitiful frame of reference and thereby forged an immediate link with her world. Having established a quick, albeit painful rapport, he then directed her to engage in several extra-interview activities designed to introduce new ideas and potential solutions. Erickson's approach challenges one to think more complexly about empathy: Is the "as if" distinction really necessary? Can rapport be more immediately established without it?

SUMMARY AND IMPLICATIONS

My major contention is that important differences in the respective approaches of Carl Rogers and Milton Erickson do exist and that these differences pertain to several central issues regarding counseling process and counselor training. To summarize, Rogers proposed a view of the counseling relationship as intense, introspective, and premised on a deepening of the client's self-understanding. He perceives human problems and symptoms as emanating from distorted self-experiencing. For Rogers, the restoration of accurate self-experiencing is of principle importance; the symptom is not the focus of treatment. Accordingly, the person-centered counselor must be skillful in promoting self-disclosure and in providing positive regard. The counselor must also exhibit expertise in building and maintaining a distinction between "self" and "experience." The primary objective of person-centered counseling is to release the actualizing tendency that the client already possesses. To achieve this end, the counselor eschews direct attempts to structure or direct the counseling process and instead offers himself or herself as a willing, nonjudgmental co-experiencer with the client.

Erickson, on the other hand, engineered counseling relationships that focused on problems, were action oriented, and were

geared toward eliminating symptomatic behavior and furthering developmentally appropriate functioning. For Erickson, the symptom was an integral element in counseling, one that could be used effectively in the service of change. Erickson believed that the person, the problem, and the problem context constituted a complex, integrated pattern that, once understood, could be disrupted through strategic intervention. Therefore, to employ Ericksonian methods, the counselor must be skillful in gathering detailed problem information and in discerning regularities in the client's interactional patterns both within and outside of the counseling relationship. The counselor must also, if necessary, be willing to violate social and therapeutic norms to establish rapport or to engage the client in constructive activities. The main objective of Ericksonian counseling is problem resolution. Toward this end, the Ericksonian counselor deemphasizes affective self-exploration and, instead, actively formulates and proposes action plans for achieving specific goals and provoking new experiences as expeditiously as possible.

The dissimilarities in Erickson's and Rogers's approaches depict contrasting conceptualizations of the counseling process, of the nature of mental health and disturbance, and of the skills necessary to effect therapeutic change. To be sure, these are matters of intense contemporary debate. Currently, traditional theories of psychological disturbance stressing intrapersonal processes are being stoutly challenged by emerging models emphasizing interactional and systemic patterns (Goodyear, 1980; Searight & Openlander, 1984; Strong & Claiborn, 1982). Characteristic of the latter is the view that many human problems or symptoms are not the result of intrapersonal disturbances or deficits but rather are responses that have both functional utility and communicative value in that person's social matrix. Consequently, many systemic approaches encourage an expansion of the therapy context to include other individuals (e.g., family members, referring persons, roommates) who may be critically involved with the client. The emphasis in these sessions is on understanding the nature of these interactions and how they may be contributing to the maintenance of the individual's symptomatic behavior. Also characteristic of systemic models are carefully planned interventions wherein the counselor assumes an active and even provocative role in obtaining client cooperation with proposed activities or in disrupting problem interactions (Fisch, Weaklund, & Segal, 1983; Haley, 1963). Lo-

pez (1985) has already noted that traditional counselor training has underemphasized the counselor skills necessary for such brief, problem-focused counseling.

Without question, both Erickson and Rogers got results, yet their respective approaches suggest different pathways for the continuing evolution of counseling through theory building, training, research, and clinical applications. In short, how and where people look for answers to the mysteries of the counseling process will invariably influence what they see and what "realities" they choose to endorse. Given the significance of these choices in reflexively shaping the future of counseling, the Erickson-Rogers comparison may be as prophetic as it is instructive.

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