STRUCTURING IN CLIENT-CENTERED THERAPY

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In *The therapeutic relationship*. Monterey, CA.: Brooks/Cole, 1985. Pp. 104-106.

Many clients do not know how to act or what to do in psychotherapy. They may have misconceptions about the nature of psychotherapy and its practice. The counselor or psychotherapist is a professional person, and people often have certain conceptions of their relationships with professional persons. Professional persons are experts and authorities. Therefore, one listens to them and is passive or subordinate in the relationship. Students often identify counselors with teachers. Thus, they often remain silent, waiting for permission to speak, or expect the counselor to interrogate them. Adults often equate the psychotherapist with the physician. Thus they may begin by stating their complaints or problems. But then they wait for the therapist to question them. They expect the therapist to give them advice or solutions to their problems.

Structuring is orienting clients to their role and responsibility in the relationship and to the role and responsibility of the therapist. Overt or verbal structuring may not be necessary. If clients enter the relationship by taking the responsibility for presenting themselves and their problems and concerns, it is not necessary for the therapist to engage in formal structuring. The therapist informs the client of his or her own role by behavior, by modeling rather than by verbal discussion. Formal verbal structuring is necessary only where (1) clients have no idea about what they are expected to do or what the therapist's role is; and (2) clients have misconceptions of what they are expected to do or what the therapist's role is.

In the early period of client-centered therapy, structuring was often routinely practiced by many counselors, and many instructors taught their students to structure routinely. Structuring was probably necessary in most cases since the approach was new and different from that used by most counselors. Now, the educated public knows what to expect. Popular magazines have carried articles on how to behave when seeing a psychotherapist. They have indicated that the client is expected to do the talking, that the therapist listens -and probably will not even ask many questions. However, many segments of the public, and many clients, including perhaps most students, at least below the college level, do not know what psychotherapy is really like.

Thus, the therapist should be prepared to structure when necessary. One of the problems regarding the practice of client-centered therapy has occurred here. There are those who have claimed that the client-centered approach is not appropriate for counseling in the public schools because students are dependent and not able to take responsibility for themselves in the counseling process. This opinion has arisen at least in part from a misconception by many would-be client-centered counselors about the client-centered approach. In this misconception, to be client-centered is to be passive. Thus, when students come to see the counselor, they wait for permission to speak or, not knowing what they should do, remain silent. The counselor does not structure. As a result, no relationship is established, and the student leaves, does not return, and is not helped. And the blame is placed on "client-centered counseling." The counselor may conclude that client-centered counseling is not appropriate for students, abandon all its

principles, and become directive in approach. But all that may be necessary is to give the student permission to speak and to define counseling as different from the classroom situation. Simply saying, "Can you tell me why you are here?" may be sufficient to enable the student to enter a relationship.

Where structuring is called for, it should be provided only to the extent necessary. It is undesirable and unnecessary for counselors to go into a long lecture on the nature of their approach--probably saying that they are not going to do much of the talking or to dominate the relationship, at the same time as they are doing exactly that! Structuring should be brief, given only to the extent necessary at the moment, and provided more explicitly later as needed. As the relationship gets started, the behavior of the therapist provides the necessary structure.

To engage in structuring when it is not necessary, after clients have engaged in the appropriate behavior of talking about themselves, can disrupt the process, at least temporarily. The following dialogue illustrates this. The client had begun talking about himself, but at a pause, the counselor, a practicum student who had been taught in a prepracticum course to structure routinely, did so.

THERAPIST: You see, you have an hour, your appointment, and of course we can give you the tests, but, you know if you want to talk more, I'll be glad to listen, you know, so I can help you. So feel free, and relax . . . it's your time and just use it as you want to.

CLIENT: Well, I don't know what to say, exactly . . . ah . . . well . . . do you think it would help if I tell you a lot about my background and things like that?

One can easily imagine the thoughts of the client, who had been doing what he thought he was supposed to do but now must feel that what he was doing was not right. Rather than facilitating the process, structuring interfered with the client's progress in expressing himself spontaneously.