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THE DILEMMA WITHIN THE APPROACH

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Eclecticism: An Identity Crisis for
Person-Centred Therapists

ROBERT HUTTERER

INTRODUCTION

If the person-centred approach is to survive and prosper, it is important for person-centred therapists to attain a clear sense of confidence in their approach and their identity within it. My starting point for this final chapter, therefore, is my observation of and concern about the fact that therapists coming from person-centred training programmes and calling themselves 'person-centred' not infrequently go on to seek their identity and success in a more eclectic way of doing therapy and see advantages in integrating techniques from other approaches to the detriment of their person-centred principles. Some even report a critical attitude to the traditional approach or conclude that the 'necessary and sufficient' assumption (Rogers, 1957) does not work in therapeutic practice.

I am inclined to view the appeal of an eclectic approach as a crisis of identity for the therapist in which two interacting components play a part. These are, on the one hand, the strong anti-dogmatism of Rogers' approach and, on the other, the pressures exerted by the professional environment in which the therapist must operate. Both factors create problems in the development of a distinctly person-centred identity. My purpose here, therefore, is to briefly explore these two factors in the hope that this will challenge us to consider our approach more deeply.

Let us look more closely at the two factors just identified: firstly the dilemma which exists within the approach itself. This has two poles. The first pole may be called 'anti-dogmatism'. It includes the attempt to free theoretical thinking of rigid concepts, a positive regard for direct experience and advocacy of the value of each therapist developing a personal individual style. The opposite pole is the commitment to a set of values which constitute the core of the person-centred approach.

The tension between these two poles was, for Rogers himself, a source of creative impulses. He was comfortable with it, and this was not surprising in view of his general tolerance for contradictions. For many others, however, who feel close to the person-centred approach or who want to come close to it, this tension is a source of confusion.

ANTI-DOGMATISM

The person-centred approach strongly advocates openness to new insights. This can be, and frequently is, misunderstood as licence to do anything. When it is taken this way, however, the person-centred basic assumptions are likely to get lost. The demand upon the therapist to be strongly committed to the basic assumptions while simultaneously remaining anti-dogmatic can certainly be a source of confusion and dilemma.

Rogers was anti-dogmatic. This anti-dogmatic view is central to the tradition of person-centred therapy and Rogers has always pointed it out in a very radical way. It is expressed in his numerous references to the dangers of institutionalization of person-centred psychotherapy, in his fear that the person-centred approach could develop into a rigid and self-sufficient school that is frozen more in defending its own position than developing itself.

His anti-dogmatism is further expressed in his openness to other schools. He pointed out, for instance, that techniques from other

therapeutic schools can also present a communication channel for a person-centred approach (Rogers, 1957). When Rogers was asked how far he took this principle, he answered that he would rather help a psychologist or psychotherapist who prefers a directive and controlling form of therapy, to clarify his or her aims and meanings, than convince him or her of the person-centred position.

This anti-dogmatic attitude is also expressed in the sceptical principle which states: Do not follow any authority but have confidence in your own experiences and develop your own personal style. Rogers has thus turned against all those who blindly follow and imitate him, thereby ignoring their own strength, their own potential.

Finally, this anti-dogmatic attitude comes through very consistently in his position as psychotherapy researcher. As researcher Rogers was interested in an objectively effective therapy for the client. In favour of objectivity he did not seem willing to protect a person-centred system of thought. In his stubborn adherence to objectivity in this respect, he was even willing to risk the self-destruction of the person-centred theory. The significance of psychotherapy research, in Rogers' words, 'is that a growing body of objectively verified knowledge of psychotherapy will bring about the gradual demise of "schools" of psychotherapy, including this one'. And one paragraph later: 'Out of this [research] should grow an increasingly effective, and continually changing psychotherapy which will neither have nor need any specific label' (Rogers, 1961, p. 268).

Rogers' stressing of progress in psychotherapy research rested on the hope that 'there will be less and less emphasis upon dogmatic and purely theoretical formulations.' (Rogers, 1961, p. 268.)

COMMITMENT

On the other hand, all Rogers seemed to be interested in was to work out, in ever more detail and differentiation, his approach, the concept which he had initiated: to extend its areas of application, to

clarify central concepts and protect them from misunderstandings.

His efforts showed a commitment to a basic philosophy which he treated like a discovery. He did not present his approach as an absolute knowledge and as perfect. His questions about the nature of human relationships, the nature of empathy, were always directed to the not-yet-known; as if he could see more clearly what he himself had initiated in the light of new experiences. This interest in his own approach was the consequence of a radical vision. It was not the question of the effectiveness of his therapeutic approach which was really in the foreground, but the innovative power of a revolutionary approach which he had formed in his vision of the new human being (Rogers, 1980).

The freedom which he conceded to all others out of his anti-dogmatic attitude meant for him to follow his vision, to commit himself to this vision. And he did this with the same consistency as he presented his anti-dogmatic attitude.

This other side of Rogers comes through in the discipline with which he demonstrated his therapeutic skills. Those who have ever watched Rogers at work, or watched video films of demonstration interviews, have seen that he expressed his therapeutic qualities not only with high skill but also with high discipline. He has thus left an excellent and unmistakable model which is unique in its power of persuasion.

Rogers' commitment is also expressed in his efforts as a theorist. He tried over and over to formulate his theoretical positions ever more clearly and to define his position *vis-à-vis* others (Skinner, Kohut, Erickson or May).

Rogers' commitment is also shown in his despairing patience, to protect his concept of empathy against misunderstandings. It was this empathy which seemed to have shown Rogers that his anti-dogmatic attitude and the generosity arising from it can also be a burden. He was not happy with the term 'reflection of feelings' and reacted in an allergic way every time he heard it (Rogers, 1986). He expected damage to the person-centred approach, 'done by uncritical and unquestioning "disciples"' (Rogers, 1961, p. 15) who used person-centred concepts in right and wrong ways in their

missionary enthusiasm to convert others, commenting: 'I have found it difficult to know, at times, whether I have been hurt more by my "friends" or my enemies' (Rogers, 1961, p. 15).

Both motives however – the commitment to the basic approach and philosophy of human relationships and the anti-dogmatic attitude – were crucial for the dissemination of the person-centred approach. The fact that both motives are in a specific tension relationship between freedom and commitment has, however, led to a proneness to crises, because the ambivalences were taken up in an unbalanced and unreflective way.

UNREFLECTIVE ANTI-DOGMATISM

The anti-dogmatic attitude is sometimes cultivated in an unreflective way. In the name of freedom the person-centred approach is shortened to an unrecognizable communication technique. Under the title 'authenticity and spontaneity' grotesque interaction forms are created, which resemble behavioural disorders rather than a reflected expression of a person-centred attitude. Attempts to find a personal style have sometimes led to a lot of stylistic blunder, to the attempt to sell bad habits as an expression of highest therapeutic competence.

The necessity to relate new concepts and interpretations of person-centred therapy to basic concepts or traditional concepts is sometimes not seen. References to personal experiences (which are not reported in detail) are sometimes the only arguments in theoretical discourses.

AUTHORITY PROBLEM

I think we have to face the fact that some who follow the person-centred concept have a very unbalanced relationship to authority, including the authority which results from Rogers' approach. This is understandable because the call for independence and for scepti-

cism *vis-à-vis* authorities is backed by an impressive and convincing model in Rogers' own work, an example which is hard to reach but also hard to ignore. The solutions are sometimes found in between imitation and stubborn idiosyncrasy, while boasting the right to develop one's own idea of 'person-centred', even if one cannot present reasonable connections to Rogers' concepts.

THE DILEMMA WITHIN THE PROFESSIONAL WORLD

The second set of obstacles to the establishment of a clear sense of identity as a person-centred therapist exists in the social and economic conditions in which therapists currently carry out their professional role. Here the competition between different schools reinforces a trend toward instrumentalism and technology. The pressure to be successful directs all therapists towards closed and narrow views of effectiveness which are difficult to square with person-centred principles.

QUANTITY

One problem is the sheer success of person-centred ideas. Unfortunately, however, the popularity of person-centred therapy training programmes today is not so much a product of deep conviction but rather springs from motives of convenience. The same adage might apply to person-centred therapy which was once used about the English language: the English language is so much liked and so widely used as an international business language and conference language because it can so quickly be spoken so poorly.

In a similar way one suspects that client-centred therapy is often taught primarily, and wrongly, because it is believed to be easy to learn. In fact the idea seems to be that everyone can learn it: it just takes some friendly and understanding person. There are probably in no other therapy form so many who think so soon that they have already mastered it, even without training.

ESTIMATION BY OTHERS

The crisis also results from the estimation of person-centred therapy by other therapeutic schools. The basic principles of person-centred therapy present a provoking counterpoint to them. Research has shown for instance that the person-centred principles also prove to be valid in other schools. Strangely enough this fact has been used as an argument for the limitation of the person-centred view, the argument being that other therapeutic approaches were always based on person-centred principles anyway. This again represents a shallow misinterpretation of the approach.

The disappearing convincing force of person-centred therapy, therefore, appears in the view that person-centred therapy is a pale approach for everything, does not have any in-depth effects, and is only useful for minor crises of life; it is something for beginners, higher qualifications can only be found in other therapeutic approaches.

These misunderstandings reflect very serious identity problems, which have a number of side-effects: a disappearing convincing force to the outside, deprecation by other therapy schools, and – probably even worse – a disappearing discernment within followers of the approach which reduces person-centred therapy to a drill-ground of mechanical forms of intervention. Hence the relevance of the debate on what it actually does mean to be person-centred (Cain, 1986).

THE PSYCHO-BOOM AND THE PSYCHO-MARKET

In recent years there has been an upsurge of interest in psychology and therapy, a 'psycho-boom' which has created a 'psycho-market'. The dynamics of this psycho-market have also had an impact on the development and the practice of the person-centred approach.

Economic demands and competition between distinct therapeutic schools further reinforce a trend towards instrumentalism and tech-

nology. The pressure to be successful directs person-centred therapists towards closed and narrow views of effectiveness.

To sell an approach it has to be packaged in marketable chunks. Novelty sells. The latest technology seems to be just right on the psycho-market. A certain obsession with new psycho-technologies is in. There are hardly any therapists who think that they can manage their work with their first-choice therapy form. New techniques must constantly be found, best of all dramatic ones, since they seem to provide the guarantee for effectiveness. They have various names, but what is common to them all is their mental attitude, which praises the power of technique. Instrumentalism promotes manipulation and is not consistent with the person-centred approach (Farson, 1978; Rowan, 1987).

Related to this same trend is a drift into the kind of linear thinking which suggests that effectiveness of a method is proportional to dosage, that more is better: more congruity, more openness, more closeness, more empathy (Farson, 1978).

DISCUSSION

So we see that the ambivalence between freedom and commitment inside the person-centred approach, which I tried to describe earlier, which leads to a proneness to crises, is further aggravated by this economic and professional context. The pressure for accommodation with instrumentalism aggravates the identity problems of the person-centred therapist; and the solution is searched for in a therapeutic eclecticism, an eclecticism which seems to offer the possibility of security, recognition and belonging.

Both factors – the confusing ambivalence between anti-dogmatism and commitment and the adaptation to technology and instrumentalistic approaches – create problems in the development of a distinct person-centred identity. The therapist who lacks a strong professional self, who is not grounded in person-centred theory and philosophy and not supported by practical success and professional satisfaction in therapeutic work with clients, is not

able to protect his professional identity against these influencing forces.

Beginners especially are exposed to these problems. In the case of therapeutic failures or helplessness in therapeutic situations, they become vulnerable to quick introjections of direct or underhanded devaluations of the person-centred approach by others, and succumb to the temptation to adopt manipulative or directive techniques incompatible with person-centred values. They suffer from their lack of brilliance even if they do a good job, because the person-centred approach does not offer them controlling techniques that demonstrate their psychological power as therapists, nor an extensive theory with which to dazzle others.

These processes create tensions in the professional identity of person-centred therapists, which can be reduced by leaving the basic principles of person-centred therapy and by adopting techniques from other schools, which promise to equip the therapist with more power and more visible influence on the client than original person-centred therapy does.

Let us take a short, but more detailed look at the inner processes which support these identity problems. The person-centred approach, or person-centred training programmes, tend to attract people who have problems of self-confidence, who are therefore very little protected against deprecation. The pressure of adjustment and competition on the psycho-market does not challenge but rather increases this lack of orientation in a negative way. The person (colleague) who is deprecating gains power by doing this and paradoxically gains esteem and is taken seriously. The unprotected beginner takes the deprecation as competent judgement. And the introjection of this negative evaluation by the other quickly leads to the adoption of a more eclectic stance.

The result lies in the trend of the psycho-market and supports it. A further vulnerability comes from the experience of trainees that the person-centred approach does not have very much to offer to make the function of the therapist brilliant and imposing. It does not have significant techniques to show that the therapist has the power, gives strong impulses and clearly controls the process. There

is also no magic theoretic vocabulary which can be used to cover up failures.

The only thing with which a person-centred therapist can impress others in a successful therapy is his or her client. The progress of the client is impressive, next to which the efforts of the therapist seem very little. In a good therapy the dynamics which are shown by the client block the view to the therapist – in particular to outsiders. This phenomenon is shown in comments on therapy sessions in which a client becomes more and more open and differentiated. The unformed are likely to say, 'That's really easy with this client, he is like an open book.' The possibility that the same client would develop opposition and defence mechanisms with a directive and less sensitive therapist taking the process in a completely different direction is not taken into account and so the competence of the person-centred therapist who makes it look so easy is underrated.

To summarize: I have discussed some components of the professional identity problem of person-centred therapists:

1. Unbalanced solutions of the ambivalence between anti-dogmatism and freedom on the one hand and commitment to person-centred basic principles on the other lead to theoretical and practical disorientation.
2. The dynamics of the psycho-market and the economic context of the therapy profession support a trend towards instrumentalism and technology, structure and leadership, which put a pressure to adapt upon person-centred therapists.
3. Problems of self-confidence of trainees and also some experienced therapists concerning their own approach make them vulnerable and open to conditions of worth incompatible with person-centred values.
4. Finally, because person-centred therapy needs respectful, sensitive and non-intrusive therapists, who proceed at the client's pace and trust the client's resources, it does not offer impressive techniques, which flatter the therapist and make his or her influence on the client visible. Practitioners tend to suffer from this

lack of brilliance which opens a new domain of vulnerability.

The interaction of these components creates a proneness to identity problems in person-centred therapists which supports a tendency to eclectic instrumentalism.

These are my ideas on some problems of developing a person-centred identity in trainees and professional therapists. Let me finish with a paradox. I think we must accept that no school of therapy will ever reach the whole truth. But I think it is also true, as Rogers said back in 1951: 'Truth is not arrived at by concessions from differing schools of thought' (Rogers, 1951, p. 8).

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