Hutterer, R. (1995). The core conditions between theory and practice. In: R.Hutterer et al. (1996). Client centred and experiential psychotherapy. A paradigm in motion. Wien: Peter Lang Verlag

The Core Conditions between Theory and Practice
Critical Remarks to a Successful, but Unpractical Theory

ROBERT HUTTERER
UNIVERSITY OF VIENNA

ABSTRACT

The therapist s task in person-centered therapy is to create person-centered attitudes within him– or herself, and to implement corresponding behavior in the relationship to the client. Furthermore, the therapist is expected to maintain this "way of being" and "doing" even in the face of clients with many different kinds of behavior, varying modes of expression and styles of defending themselves and different forms of vulnerability. Unfortunately the process of developing and maintaining a person-centered way of being or style in therapeutic relationships is poorly discussed in person-centered theory. Traditional client-centered theory of therapy follows an objective, linear and causal pattern (If-then-formulation): The therapist s attitudes and ways of behaviour are components of cause, process and changes in the client (success of therapy), are components of effect. This theory does not take into account ambiguity and complexity, uniqueness and incomparability, as well as uncertainty and conflict, which are unavoidable components of therapeutic practice. The writer argues that traditional client-centered theory of therapy – helpful and successful in conducting empirical research – is a source of dilemmas and constraints, if used as guidance for practice. It causes compulsory self-demands, superstitious behavior and a winner-looser-dynamic, which limits the experience and behavior of the therapist. In the best case traditional client-centered theory of therapy is irrelevant. It is argued that practitioners – successful in developing and maintaining a client-centered way of being in their practice – are guided by "personal principles" of regulating their own attitudes and actions in the therapeutic situation in order to come to a consistent "person-centered style". The bases of therapists' self regulation are tacit processes and implicit knowledge which includes self-reflection, improvisation, experimentation as well as quality control.

INTRODUCTION

Let me present some general considerations first. My argument and the problems I refer to in this article have to do with integrating theory and practice, thinking and acting, attitudes and behavior, bringing together theoretical knowledge and practical knowledge. Also it has to do with professional competence and mastery. I think these problems have not been systematically discussed in client-centered theory.

The integration of thinking and acting might be one of the most pressing and yet least understood problems of our time. In a time of trial-error politics, partial solutions and misplannings in many professional areas, it is competence that is in demand. Competent action requires the perceiving and understanding of relevant factors, relations and elements of a situation, their selective consideration or non-consideration, in order to quickly "forget" them again while acting and thereby making space again for understanding a meanwhile changed situation. This "forgetfulness" or obliviousness was never an impediment for the development of professional competence, it has however always been difficult to understand. Professional competence has some mystery that cats have when they land on their feet every time after a free fall. It is not by chance that we consequently speak of the "secret of success" in all those who are successful,

even though they might have unveiled it for the hundreth time. It is this necessity to forget knowledge, the transitoriness of the understanding while acting, that has made the theory-practice-problem into a burdensome problem, frustrating for philosophers, social scientists and psychologists inspite of its fascinating intellectual side.

This problem is no less burdensome for those working as Rogerian therapists, since the integration of thinking and acting, attitudes and behavior is part of the challenge that belongs to the therapeutic element of authenticity.

DIFFERENT WAYS OF THERAPISTS' SELF-REGULATION

The following phenomena I was confronted with during supervision of beginning person-centred psychotherapists direct us to that kind of problem I wish to describe in more general terms: Trainees and young therapists undergoing supervision complain about therapeutic situations in which "nothing happens", they complain about lack of orientation, don't know "what to do", have the feeling of "doing something wrong", and are insecure. Their own response or solutions to these experiences of "being stuck" or "being confused" are almost always claims which derive from the person-centred theory of therapy. They express something like:"Yes, I know, I might not be empathic enough", "I should probably be more accepting", "I should be more authentic, but how shall I do that?" It appears, that in the course of therapeutic sessions the consciousness and thinking of these therapists is largely dominated by these "theoretical justified" self-criticism and doubts in themselves.

On the other hand, more experienced therapists say that they do not think at all if they realise therapeutic conditions or to which degree they express them. The theoretical requirements and preconditions are no explicit subject of reflection during the therapeutic situation.

How can these opposing phenomena be explained or understood? The first example shows that the therapist tries to find orientation for his/her being and doing as therapist from a theoretical statement (empathy, prizing, authenticity of the therapist supports therapeutic changes). The therapist s occupation by theoretical requirements is quite obviously "disturbing" to the attention, the flow of experience and action. The second example shows that the therapist has obviously found a way to apply the theory on a particular client without directly referring to the formulation of this theory. The implementation of the therapeutic conditions have not happened in a rational way and have not been directly taken from the preformulated theory; they have rather happened "on the side" and in a subliminal way.

Both examples represent different relationships between theory and practice: In the first example the therapists turn back to theoretical formulation, they try to direct themselves, influence themselves in correspondence with their theoretical knowledge during the contact with the client. In the mind and consciousness of these therapists there is – again and again – a shift of focus from the client s frame of reference to the therapist s own way of doing therapy.

In the second example the therapists do not directly refer to what theory tells them, but to a different source of knowledge. They obviously follow ways of regulating their attitudes and behavior towards the client, in which official theory has no place and no use. It seems true for these therapists that they have developed a competent way of practicing therapy in spite of or even because theory is faded out or ignored.

My *main argument* arises from these perceptions, which is:

Traditional client-centered theory of therapy, which was helpful and successful in conducting empirical research – is a source of dilemmas and constraints, if used by therapists as direct guidance for their practice. Because of its characteristics, the way it is presented and taught, traditonal client-centered theory of therapy does not determine, but confuse the practice of therapy. It seems therefore appropriate to say that traditional client-centered theory of therapy as unpractical. Successful practitioners – successful in terms of developing and maintaining a client-centered way of being in their practice – do not refer to theory in order to guide their practice. They have developed highly idiosyncratic ways of regulating their own attitudes and actions while involved and in relation to particular clients in order to come to a consistent "person-centered style". The bases of therapist s self regulation are tacit processes and implicit knowledge which include self-reflection, improvisation, experimentation as well as quality control.

THE CORE CONDITIONS IN TERMS OF TECHNICAL RATIONALITY

My arguments say that traditional client-centered theory of therapy, the way it is presented and taught is not helpful to guide a competent client-centered practice. Let us take a short look at this theory. You soon will recognize that you already know what I mean.

A linear and causal theory

Client-centered theory of therapy, as we know, follows an objective, linear and causal pattern: the therapist s attitudes and behaviour are components of cause, and the changes in the client (success of therapy) are components of effect. Their relationship is characterized by a causal connection: the therapist is the independent factor, the client is the dependent one; the therapist represents the cause, the client the effect. The variability of the cause (i.g degrees of empathy) is in linear connection with the variability of the effect (degrees of self-exploration). This is the classic understanding of theory in the empiric-analytic approach of research.

We can find examples for this formulation that fit into this pattern in relevant literature. In Rogers well-known article "The necessary and sufficient conditions of therapeutic personality change" (1957) he presented the following hypotheses: "If these six conditions .... exist, then constructive personality changes ... will occur in the client. .....If all six conditions are present, then the greater the degree to which conditions 2 to 6 exist, the more marked will be the constructive personality change in the client." (p. 229)

These statements can be found in all kinds of variations. Rogers himself formulated carefully, at times including more of the phenomenological part or, as we can see in the following example, putting more stress on the component of activity:

"If I can provide a certain type of relationship, the other person will discover within him/herself the capacity to use that relationship for growth, and change and personal development will occur." (Rogers 1961, p33). In this quotation Rogers brings the activity of the therapist in contrast to the activity of the client resulting in a formulation which does more justice to this phenomenon, but still remains in a causal context. Rogers was aware of the limitations of a causal theory, but he accepted the disadvantages in order to make his theory accessible to the empirical research.

THERAPEUTIC PRACTICE AS APPLICATION OF THEORY

According to that linear-causal theory there is a view about how this theory should be implemented into practice which follows the principle of technical rationality. The key concept is the concept of "application".

In our example this means: the beginning therapist acquires the characteristic features of empathy, positive regard and congruence as complex attitudes and correponding behaviour patterns. According to the linear-causal theory it follows that the therapist realises his/her way of acting, his/her attitudes independently of the client and his/her way of expressing . The therapist is the independent factor, the one that causes. The theory suggests that the therapist turns on his/her attitudes from the first minute of the session and to the highest degree like spotlights. The therapist illuminates the client regardless of the shadows the client might try to cast. The therapist is expected to maintain this "way of being" and "doing" even in the face of clients with many different kinds of behavior, varying modes of expression and styles of defending themselves and different forms of vulnerability. The supply of energy, the regeneration is a procedure that continues independent of the client. Also occasional short-circuits are within the range of the therapist (spotlight analogy). Furthermore – according to this theory – the therapist's attitudes and qualifications (empathy, etc.) are expected to be so sound that they will not break down even in difficult situations. In case that in unforeseen situations or with specially difficult clients the therapist's style breaks down repeatedly then the therapist must be "repaired" or be "serviced"; the therapist must go back to training (supervision, self-therapy, exercises). But traditonal theory of therapy does not provide on-line-help or on-line-guidance in this case.

INCOMPATIBILITIES AND CRITIQUE

I think the therapeutic situation and therapeutic relationship – as practitioners experience it – is not the way this theory portrays it: there are pressures of action, surprising reactions of the client towards the therapist, uncertainties, value conflicts and unclarities of various kinds. The linear and causal model of theory do not go hand in hand with the conception of mutual exchange. Our theory is not as complex and differentiated that it is able to take into account ambiguity and complexity, uniqueness, as well as uncertainty and conflict, which are unavoidable components of therapeutic practice.

From the traditional theory and the traditional theory-practice-relationship we cannot see how we can achieve the desired therapist's attitudes/behaviour in a therapeutic situation and how these attitudes can be maintained in relation to the client. Special questions arise from understanding the therapeutic conditions as attitudes , from a "lack of technique", from the viewpoint that person-centerdness is a state of being rather than a state of doing and knowing. Therefore the question how it can be maintained is even more complex. Traditional theory offers no real answers. So especially trainees and unexperienced therapists using that theory as guidance for practicing try to model themselves according to the principle of technical rationality.

The consequence is that these therapists limit themselves, they use a kind of self-communication which constricts and confuses them; for instance compulsory self-demands ("I must be empathic", "I must be accepting"). Once these therapists get out of balance they produce different kinds of coping strategies in order to overcome the feelings of not having power over their own attitudes, feelings and behavior. One of that coping strategies is "muddling along"; another one the call for higher efficiency ("I think I should make more efforts and understand them better"), passivity in connection with superstitious behavour of the therapist (motto: "the tendency to self-actualisation will do it", "it will change again, it's only a process"), counterbalancing by using techniques ("one must do something now"), rallying-cries ("I just must stick it out now, another 10 minutes and the session will be over"), panic behaviour (over-activity, hectic calming down of high emotions, agressiveness in case of longer periods of silence, paralysis signs), relapse into an everyday-psychology (giving advices, explanations). These are some examples of coping strategies performed in order to feel a little bit more comfortable in spite of the presence of insecurity, confusion, stuckness, self-constriction. Since the application of client-centered theory of therapy does create insecurity and discomfort, the trainee or unexperienced therapist may be open to adopt techniques from other therapeutic schools (Hutterer, 1993)

The theory does not tolerate errors: little empathy, lack of positive regard are failures of the therapist. The theoretically conceded variability in the therapist's behaviour, the "more" or "less" encourages a winner-loser-dynamic, because it is only the "more" in empathy for instance that is relevant for the practical success of therapy; the "less" (in empathy and accepting), negative feelings, feelings of rejection, misunderstandings are interference factors, they "don't lead anywhere". From the viewpoint of theory they are counter-productive, have no meaning and must be excluded. It is indeed the biggest problem especially of younger therapists how to deal with empathy errors (failures) and negative feelings without insulting or suppressing themselves or their clients.

The main reasons why traditional theory of therapy is unpractical in the sense I described it is that it does not touch the indeterminable zones of practice: ambiguity and complexity, uniqueness.

It suggests to the therapist a way to manage him/herself according to a principle of technical rationality which is not suitable to control one s own complex attitudes and feelings. We cannot change our attitudes by approaching them directly and in a linear way, we cannot push the button and our inner situation as therapist will change immediately. It is as hard to do so as it is hard to come into a good mood intentionally.

Complex attitudes contain many components which can be inhibited or supported by the pressure of a situation. Attitudes are more prone to get out of balance, but also more open to development. Attitudes consist of ways of perceiving which are not fully at the disposal of and cannot be directly controlled by the person involved. They are actualized in situations, they develop in a non-linear way. But the limiting pressure of a situation or relationship can supress them also.

These are some considerations, examples concerning the argument, that our traditional theory of therapy is unpractical: If a therapist does really apply this theory and use it as direct guidance for practising therapy, he or she is lost and will not come to a competent mastery of a client-centered style. So the question arises if there exist competent client-centred therapists at all. Since we only have this unpractical theory we may conclude that there is no competent client-centered therapist. This is definitely not true, although there is some evidence from research that many client-centered therapists do not offer high quality therapy. One writer concluded from this evidence that we should provide to those "average therapists" special means to improve their communication, e.g. teaching them how to give person-centred advice, or how to stop the client when presenting detailed problem descriptions and self-exploration of burdensome feelings.

ACTION THEORY: KNOW HOW AND TACIT SELF-REGULATION

I assume, that we would identify experienced therapists as competent, gradually developing a silent "user theory" which stands next to the "official theory", more or less compatible with the latter, but guiding the therapeutic actions. This "user theory" is not an if-then-theory, it is a how-to-theory: Knowledge about how to be, how to do, how to perceive. The aim of that theory is not to control the client, but to regulate and balance the therapist s own attitudes, feelings and complex actions. They have developed "personal principles" of regulating their own attitudes and actions in the therapeutic situation in order to come to a consistent "person-centered style" in relation to the client s way of expression and adapted to the client s style (of making contact). Strangely enough, if we would ask these therapists what they are doing they would present the official theory (empathizing, staying open and accepting, staying congruent). They do so, because the official theory is a sort of symbol of identificaton, a trademark and certainly still a part of the truth, altough the theory does not determine their practice.

Some characteristics of this user theory or action theory:

1. This theory speaks about therapist s personal principles of self-regulation that are highly tacit processes. It does not speak about overt behavior and definitely not about principles of controlling the client.

2. These principles need to be discovered and explored from the inside. We are only able to approach them phenomenologically, with a self-reflective way of investigating in order to make them explicit.

3. They operate in the background, in the subsidiary awareness, while the therapist s focal awareness is directed to the client s frame of reference. (Polanyi, 1958).

4. They operate in the sense of self-reflective improvisation or experimentation. That means these principles are not used in a rigid way, it is more an adaptive trying out while having some background awarenesse of doing this and an awarenes of what follows. This improvisation is in relation to the clients unique style of expressing him/herself or the client s vulnerability.

5. An ongoing, intuitive quality control is included. This is one of the most important things for coming to competence and mastery: to be able to do this intuitive, "enfolded" or "background" quality control. Qualitiy control is not a way of watching oneself self-critically. Self-criticism in this concern would destroy the ability of quality control. It has to do with (counter)balancing, that is possible only if we feel and are in touch with how it is to be in balance. This process is comparable with how to ride a bycicle. We only are able to counterbalance if we feel and know how it is to ride a bicycle in a balanced way. Once we got it then an intuitive qualitiy control could happen. And we need not to control it cognitively. So the therapist – to be able to do this quality control – first does need the experience how it is to do be on the track of the client, in touch, more general how it is to do a high quality therapy.

Examples of principles of therapist s self-regulation

Principle of controlled identification. I would rather say self-reflective identification: Identifying with the client s feelings and ways of perceiving, but being aware of that and not loosing the feeling of being a seperate person.(Rogers, 1942)

The sensible person assumption. That means that the therapist assumes he/she speaks to a sensible person, to keep the perception of the client as a sensible person even the client s behavior and way expressing him/herself forces the therapist to have a different perception. Concerning dealing with unresponsive clients, Gendlin stated: "This assumption has never failed of later confirmation, but in the face of ..... unresponsiveness it is an assumption requiring imagination." (Gendlin, 1967, p. 367)

The benevolent witness assumption: the therapist perceives him/herself, the therapeutic interaction and they client s way of expression and feeling from the perspective of a benevolent witness. It is like having a person sitting behind the therapist very closely embracing every moment by expressing a non-evaluative attitude saying: "I see, oh yes this is the way it's going".

Finding the right distance: How the therapist comes to manage closeness in the relationship to the client is also an example of therapist s self-regulation (see Leijssen, this volume).

CONCLUSION

It is argued that traditional client-centered theory of therapy is irrelevant in guiding the therapist s practical actions. Practitioners – successful in developing and maintaining a client-centered way of being in their practice – are guided by "personal principles" of regulating their own attitudes and actions in the therapeutic situation in order to come to a consistent "person-centered style". The bases of therapist s self regulation are tacit processes and implicit knowledge which include self-reflection, improvisation, experimentation as well as quality control.

I am convinced, if these personal principles of therapists' self-regulation were made explicit it would help us to understand in more detail how to achieve more competence and mastery in the practice of client-centered therapy.

A self-reflective approach is needed to explore the therapist s inner communication and inner experiences of the client s being in the therapeutic situation in phenomenological terms. Case examples of therapists inner self-regulation related to their work with different client styles could be of great help for trainees and students seeking competence and mastery.

REFERENCES

Gendlin, Eugene, T. (1967) Therapeutic Procedures in Dealing with Schizophrenics. In: Rogers, C. R. et al. (1967). The Therapetiuc Relationship and its Impact, University of Wisconsin Press, Madison, 369-400.

Hutterer, R. (1993). Eclecticism: an identity crisis of person-centred therapist. In: Brazier, D. (1993). Beyond Carl Rogers. Constable, London, p. 274-284.

Leijssen, M. (1995) Characteristics of a healing inner relationship (this volume).

Polanyi, M. (1958). Personal Knowledge. Towards a Post-Critical Philosophy. University of Chicago Press Chicago.

Rogers, C. R. (1942) Counseling and Psychotherapy. Houghton Mifflin, Boston.

Rogers, C. R. (1957). The Necessary and Sufficient Conditions of Therapeutic Personality Change. In: Kirschenbaum, H & Land Henderson, V. (1989). The Carl Rogers Reader. Houghton Mifflin, Boston. p. 219-235.

Rogers, C.R. (1961). On Becoming a Person. Houghton Mifflin, Boston.