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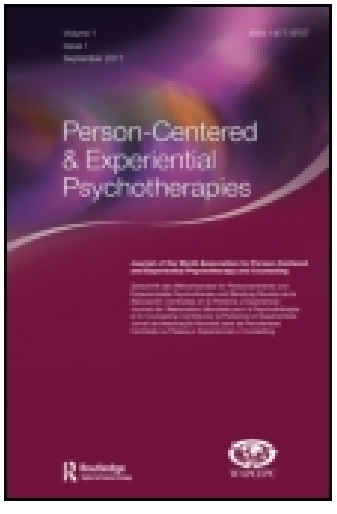

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Behind the mirror: what Rogerian "Technique" is NOT

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Behind the mirror: what Rogerian "Technique" is NOT

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This paper aims to clarify some common misunderstandings of person-centered therapy and to assert the value of person-centered care in the helping profession. Though *empathic and non-interpretive "mirroring technique"* is widely accepted by psychotherapists, counselors, and social workers in their interventions, its fundamental essence as the Rogerian attitude behind the "mirror" has usually been misunderstood and overlooked. Adopting a dialectical point of view, the author argues that there is a paradox in learning and applying the person-centered approach: this approach can be practiced with and without techniques.

Keywords: dialectics; Rogerian; empathy

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Hinter dem Spiegel: was Rogerianische Therapie NICHT ist

Dieser Artikel möchte einige gängige Missverständnisse zur Personzentrierten Therapie klären und den Wert personzentrierter Zuwendung in den helfenden Berufen unterstreichen. Obwohl die empathische und nicht-interpretierende "spiegelnde" Technik für Interventionen in Psychotherapie, Beratung und der Sozialarbeit weitherum akzeptiert ist, so wurde dennoch die grundlegende Essenz der Rogerianischen Haltung hinter dem "Spiegel" gewöhnlich missverstanden und übersehen. Der Autor nimmt eine dialektische Sicht ein und argumentiert, dass es beim Erlernen und Anwenden des Personzentrierten Ansatzes ein Paradox gibt: Dieser Ansatz kann mit und ohne Techniken angewandt werden.

Atrás del espejo: que técnica Rogeriana no va.

Este escrito apunta a clarificar algunos malentendidos usuales acerca de la terapia centrada en la persona y afirmar el valor del cuidado de lo centrado en la persona en la profesión de ayuda. Aunque la "técnica" de "espejar" con empatía y sin interpretar es ampliamente aceptada por los psicoterapeutas, counselors y trabajadores sociales en sus intervenciones, su esencia fundamental como actitud Rogeriana que basa en "espejar" generalmente ha sido mal entendida e ignorada. Adoptando un punto de vista dialectico el autor argumenta que hay una paradoja al aprender y aplicar el enfoque centrado en la persona: este enfoque puede ser aplicado con o sin estas técnicas.

De l'autre côté du miroir : ce que la "technique" rogérienne n'est PAS

Cet article a pour but de dissiper quelques malentendus courants à propos de la thérapie centrée sur la personne et d'affirmer la valeur du soin (care) centré sur la personne pour la profession d'aide. Bien que la « technique » empathique et non

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interprétative du « reflet » soit largement acceptée par les psychothérapeutes, les counsellors et les travailleurs sociaux dans leurs interventions, son essence fondamentale, c'est-à-dire l'attitude rogérienne présente de l'autre côté du « miroir », a habituellement été mal comprise et ignorée. Adoptant un point de vue dialectique, l'auteur argumente qu'il existe un paradoxe dans l'apprentissage et l'application de l'Approche centrée sur la personne: cette approche peut être pratiquée avec ou sans techniques.

Por trás do espelho: o que a «técnica» rogeriana NÃO É

Este artigo pretende esclarecer alguns mal-entendidos comuns relativamente à terapia centrada na pessoa e afirmar o valor dos cuidados centrados na pessoa na relação de ajuda. Apesar de a empática e não interpretativa «técnica» do «espelho» ser amplamente aceite por psicoterapeutas, *counsellors* e assistentes sociais, nas suas intervenções, a sua essência fundamental de atitude Rogeriana «atrás do espelho» tem sido habitualmente mal compreendida e desvalorizada. Adotando um ponto de vista dialético, o autor discute que existe um paradoxo na aprendizagem e na aplicação da abordagem centrada na pessoa – a abordagem pode ser colocada em prática recorrendo ou não a técnicas.

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Introduction

Person-centered therapy has always been practiced and contested. Developed by Carl Rogers, person-centered therapy was an alternative and a confrontation to dominant behaviourally-directive approaches and psychoanalytic ideology (Jukes, 2006; Wachtel, 2007). Rogerian methods are being taught in counseling institutes, social work skills laboratories, and even colleges and high schools. Some scholars believe that skills and "techniques" in the Rogerian approach, such as "empathy," are teachable (Guzzetta, 1976; Hatcher et al., 1994; Price & Archbold, 1997). And for those who have "learnt" how to be empathic, it is suggested that interpersonal relationships with colleagues, family members, and friends could be enhanced (Guzzetta, 1976). However, can Rogerian methods be singled out from the person-centered perspective as separate "techniques"? According to Bozarth (1990, p. 57), "Rogerian techniques" (2001) are "embedded in the therapeutic attitudes and grounded in the inner experiences of the therapist in response to the client's frame of reference."

According to Brodley (1993), "how to do it" is a misunderstanding of the person-centered approach. The Rogerian "approach" or "method" is often misinterpreted as a "technique" and often used as a form that does not capture the principles that Carl Rogers espoused (Bozarth, 1998, p. 67). "Techniques" tend to be problem-centered rather than trust-centered, and therapist-driven rather than person-driven. There is also "a serious misunderstanding" of the relationship between person-centered approach and social work (Murphy, Duggan, & Joseph, 2013). Though the *empathic and non-interpretive "mirroring technique"* in the Rogerian approach is widely accepted by psychotherapists, counselors, and social workers in their interventions, the fundamental essence behind the "mirror" has usually been overlooked. Murphy et al. (2013) argue that practitioners such as social workers:

> are likely to be familiar with the term "person-centred", but are not likely to be specifically trained as therapists in the person-centred approach or to have an in-depth knowledge of the theory and appreciation of the subtle nuances in these two definitions of non-directivity. As a result, this has meant that social workers who are claiming to be operating in a person-centred way within a relationship based approach are, in effect, using the relationship instrumentally. (p. 708)

This article aims to clarify some common misunderstandings of the Rogerian approach, restore the value of person-centered care and echo the assertion by Rogers (1959, 1961) that the approach could be widely applied to other spheres of human activities such as education and social relationships. However, within this approach, the therapeutic or helping relationship is not to be viewed in a utilitarian way, as merely facilitating engagement with the client, developing rapport or gaining compliance (Murphy et al., 2013).

Jeffrey Moussaieff Masson (1992), the former director of the Sigmund Freud Archives, is critical of both Freud and Rogers. Misunderstanding Rogers' theory, he asserts that he has dug out the paradox in Rogers' "person-centeredness." According to Masson, it has distorted the reality of client. In fact, it does not contradict Rogers' emphasis on clients' potentials for finding their own solutions. Jukes (2006) summarizes the central tenet of "person-centeredness" as an alliance between client and professional, with an attitude of value, equality, respect and partnership at the heart of practice. The practitioner should be able to listen and engage with the client through the development of a caring relationship. While the psychoanalytic view focuses on the unconscious, drives, and instincts, Rogers' approach is based on phenomenological theory and focuses upon the process of change (Pervin & John, 2001). The client should be regarded as the expert of his or her own problem and the non-directive counselor should act as a source of reflection.

For Stiles (2008), Masson's (1992) skepticism should be addressed before we can evaluate Rogers' historical influence and contribution. Masson believes that neither therapist nor therapy is honest. Most of them are trying to help but they are less helpful than they might have expected themselves to be. "A therapist, like anybody else, sees people's problems in terms of what the therapist already knows" (Masson, 1992, p. 285). He argues in a dualistic way that either Rogers acts as a "perfect mirror" by repeating what his client says, or he "rewords" and changes the content of the discussion. He postulates that Rogers, like most of us, has personal biases even though he insists he does not.

Rogerian method is NOT a verbatim mirror

Ferrara (1994) considers mirroring and echoing to be commonly used strategies for therapists to express solidarity and empathic agreement to clients. Streeck (2008) suggests that conversational analysis in psychotherapy could be helpful in analyzing and documenting the means and strategies used by patients and therapists for generating therapy conversation. According to Ferrara (1994), "repetition of a portion of the client's speech, indicates the therapist's willingness to hear more" (p. 121), and invites further elaborations. Fitzgerald and Leudar (2010) further explore the usage of "m-hm," "yes," and "uh huh," etc. However, in the context of the person-centered approach, empathic skills and techniques miss the point. Even Streeck (2008) acknowledges that "efforts to reconstruct psychotherapeutic concepts from a conversation analytic viewpoint... necessarily reach the limit of generalizability quickly" (p. 178). Empirical analysis of therapeutic communication serves the purpose of proving the effectiveness and efficiency of psychotherapy, in which psychopharmacology is the dominant competitor. However, skills-centered conversational analyses are not applicable to person-centered therapy. Unlike other psychotherapists, Rogers puts less emphasis on interviewing skills and counseling techniques.

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> Rogers' theoretical position is a view that militates against the use of techniques in counseling and psychotherapy. Techniques are, at best, irrelevant and have no value to the fundamental theory of the client-centered approach. (Bozarth, 1998, p. 115)

Instead of establishing a clear-cut therapist-client relationship, he focuses upon the necessary therapeutic conditions to facilitate a climate for change. He contends that people rather than therapists know what is better for themselves. The name of Rogers' therapy changed from Nondirective Therapy to Client-Centered Therapy to Person-Centered Therapy (Jukes, 2006; Rogers, 1942, 1951, 1980). This reveals Rogers' intention to minimize the role of the therapist and maximize the capability of the client. Students of client-centered therapy sometimes misunderstand noncommittal phrases within Rogers' case recordings; for example, they interpret Rogers' "M-hm" to be a way of minimizing therapist activity. Indeed, for a growth-promoting climate to be established based on the three core conditions, namely empathic understanding, unconditional positive regard, and congruence, relying upon semantically empty vocalizations and noncommittal continuers in the therapeutic conversation is not adequate.

Rogerian approach is NOT a directive process

Rogers pinpoints differences between directive and non-directive approaches. For him, a directive counselor relies strongly on his or her persuasive power. The major focus of responsibility and effort is problem-solving. On the other hand, non-directive counseling is based on the client's selection of life goals rather than the counselor's perspectives. By maintaining the client's psychological integrity, Rogers (1942) asserts that he or she will be able to make his or her most appropriate choice. Rogers' knowledge building process develops from the case-specific to the general form, from clinical observation to further clinical observation, from initial conceptualization to more refined operational definitions of the construct, from initial crude research to more conclusive research and from refusal to formulate theory to repeatedly undergoing clinical experience, cognitive reflection and scientific research. He was the first psychotherapist ever to record and publish complete counseling cases (Kirschenbaum, 2004). He did not deviate from his beliefs and discovered more and more evidence to support his claims throughout five decades of professional work (Thorne, 1992).

A Study by E. H. Porter in 1941 (cited in Rogers, 1942, p. 123) measured the relative degree of directiveness or non-directiveness of counselors as assessed by a group of expert judges. Rogers (1942) concluded that, differences between a directive and non-directive approach should be identified as plainly as possible since counselors tend to regard themselves as non-directive even though they are rated as highly directive in the study.

In short, the Rogerian approach should neither be merely regarded as a verbatim mirror, nor as a directive process. A counselor should emphasize the absence of advice, persuasion and argument in order to provide the client with an opportunity to talk freely. Non-directive is understood as an attitude rather than a "technique" (Brodley, 1997). Being non-directive, from the Rogerian point of view, is neither responding by semantically empty vocalizations, nor being a "perfect mirror" to echo the client's words verbatim as Masson (1992) criticized.

Most psychotherapists would agree that their diagnoses of clients' situations could be affected by their personal values, for instance, religious, family, and cultural values. Despite the fact that therapeutic conversation can hardly be completely "value-free" and

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"objective," Weisskopf-Joelson (1980) suggested that while psychotherapists tend to present themselves as client-centered listeners in the way Carl Rogers promoted, at the same time, during any therapeutic conversation they might easily disseminate their ideas to others, with or without intention. Therefore, counselor self-awareness is very important to the therapeutic process.

As Rogers (1942) emphasizes, the value judgments behind the choice of techniques are crucial. The underlying intention of non-directive counseling is to avoid selecting a desirable and socially approved therapeutic goal by the counselor. Counseling should not be considered to be successful only if the symptoms are removed and problems are solved by the counselor. Although an interviewer should not display authority, give advice, give moral admonition, and argue with the interviewee, he or she should be available or interpersonally present to talk and ask questions in order to facilitate the therapeutic process.

To understand is NOT to interpret

Interpretation is not empathic. Without empathic listening and understanding, a growth-promoting climate cannot be established between therapist and client. Rogers is against making interpretations and interventions. However, others question whether or not Rogers doesn't in fact make many interpretations and interventions. Weinrach (1990) believes that employing content analysis assists in understanding Rogers' interventions. In a frequently-viewed film, *Three Approaches to Psychotherapy*, Rogers was found to use interpretation (36%, in 28 times) much more frequently than other interviewing skills (Weinrach, 1990). Trömel-Plötz, (1981) also applies linguistic analysis to see how or to examine ways in which person-centered interventions are made. The results indicate that even though therapists believe that they are presenting themselves as supportive and bias-less, implicit messages are conveyed indirectly through "linguistically complicated ways." For Rogers, interpretation is a taboo and should be regarded as unprofessional in person-centered therapy (Trömel-Plötz, 1981). Nonetheless, he and his fellows were viewed as interpreting therapists rather than listening therapists. Linguistic critiques of Rogers' practice are not leveled at his ability to understand but rather at the question of whether or not he was in fact making more interpretations than he realized.

Jukes (2006) asserts that unlike Eastern culture which is traditionally humanistic, person-centeredness, with its roots in Western humanistic psychology, has a more recent history. It emphasizes the personal "here and now" experiential processes of an individual. It also regards the attitudes and qualities of the therapist to be the core ingredients of a truthful and respectful therapeutic climate (Corey, 2001). Rowan (2001) explains Humanistic Psychology and the thought of Rogers and other great thinkers such as Abraham Maslow, Jacob Moreno, Fritz Perls and Alexander Lowen, from a dialectical stance. He suggests that "dialectics is different from dialogue" and that within humanistic psychology "lies the spirit of paradox." A dialectical point of view emphasizes change and focuses within the process and movement. He makes use of Tao's yin-yang symbol to illustrate the three main propositions of dialectical thinking:

> I really start to understand my love at the moment when I permit myself to understand my hate (*the interdependence of opposites*)... There is some hate in every love, and some love in every hate (*the interpenetration of opposites*)... if we take love/hate to its extreme, and idealize it... our whole existence depends completely on the other person... (*the unity of opposites*). (Rowan, 2001, pp. 2–3)

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Connections between the philosophy of Taoism and both person-centeredness and humanistic psychology catch academic attention (Hayashi et al., 1994, 1998; Hermsen, 1996; Moss & Perryman, 2012). Organization, classification and systematic observation are the foci of Western scientific methodology. Whereas from the perspective of Taoism, fundamental changes in attitudes are more important. In Taoism, mankind is an inseparable part of the universe where everything in the world relates. Therefore human intervention brings about disharmony and conflicts (Moss & Perryman, 2012). In Rogers' publications (1961, 1973), one can find clues that his person-centeredness was influenced by Taoism, Lao-tzu, Zen and Buddhism.

This assists in understanding why scientific methodologies such as content analysis or linguistic analysis are not adequate for addressing the heart of Rogerian psychotherapy. For Rogers, clients are to be understood but not to be interpreted. Perhaps the Rogerian approach itself, the essence of person-centeredness should also be understood rather than interpreted, at least not only from the Western scientific point of view. However, even merely understanding the Rogerian approach is not easily accomplished. The same is true for Taoism. As Hermsen (1996) comments:

> this encounter between person-centered psychology and taoism seems to have been of a rather superficial nature... However, an already mentioned danger remains – Taoism, as an ideal and intellectual system, has been removed from its historical and cultural context and has been reworked in a one-dimensional Western sense. (pp. 122–123)

From a dialectical point of view, a paradoxical challenge for a humanistic counselor to understand and practice is that "I care about the client, but if he or she does something bad, I will not add my evaluation to his or her burdens." Such a dialectical position "I care and care not" echoes how a person-centered counselor should behave as "I try to understand you, but not to interpret," "I try to help, but not to help," and "I try to put myself in your shoe, but without wearing mine," etc. Rogers (1942) posits, "Interpretation, no matter how accurate, has value only to the extent that it is accepted and assimilated by the client" (pp. 26–27). According to Howe (1987), the process of searching for meanings is a shared endeavor, i.e. between therapist and client. It is a reflective process as well as a collaborative venture as the client considers the meanings that inform his existence and seeks to reconstruct a better reality. In fact, neither Abraham Maslow nor Carl Rogers defined humanistic psychology. According to Rowan (2001, pp. 57–58), the essence of humanistic and person-centered psychotherapy is that a counselor is willing to undergo the same discipline that he or she is urging on the client, and at the same time has full awareness of his or her personal biases and prejudices. He or she should genuinely believe that the client has the answer, and can find the answer if offered time and space to do so. Referring to the aforementioned comments of Weinrach (1990) and Trömel-Plötz (1981), practicing this approach is not an easy task for any Rogerian practitioner, not even Carl Rogers himself.

Being empathic is NOT a technique

"Empathy" is a commonly used term (Bohart & Greenberg, 1997). Price and Archbold (1997) assert that "empathy" is a commonly used but poorly understood concept. For Bloom (1975), a behaviorist might define empathy as giving positive reinforcement. Rating instruments for measuring empathy range from Taft's (1955) early study of feelings and behaviors, to the Accurate Empathy Scale of Truax and Carkhuff (1967),

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and to the recent study of Kataoka, Koide, Hojat, and Gonnella (2012) on the empathic engagement of medical doctors. Indeed, as Masson (1992) and Price and Archbold (1997) conclude, there are still a lot of misunderstandings on what actually constitutes empathy. As for Shlien (2001), "empathy has been overrated, underexamined, and carelessly though enthusiastically conceived" (p. 39).

Regardless of the fact that empathy is considered a universal key for motivating change in the counseling process, there is not yet an agreed upon definition of the word. According to Elliott, Bohart, Watson, and Greenberg (2011), the concept was proposed, codified and promoted after the introduction of person-centered therapy in the 1940s. The discussion here will be confined to how Rogers described "empathic understanding." Empathy is defined by Rogers (1957, p. 99) as, "to sense the client's private world as if it were your own, but without ever losing the 'as if' quality – this is empathy, and this seems essential to therapy." Empathic understanding is a way of knowing the client through his or her own frame of reference. It serves the purpose of interpersonal communication on the perceptual field through a shared phenomenological experience. Goldberg (1999) says that it provides a valuable channel for the counselor to relate to the client's here-and-now experiences. The counselor responds, understands empathically and demonstrates both explicit and implicit understanding of the client. For Rogers (1942, 1951, 1957, 1959), the critical therapeutic climate is composed of three core conditions. If a "congruent and genuine" therapist can provide "unconditional positive regard" and "empathic understanding" simultaneously, it is suggested that therapeutic movement will occur in a way that is phenomenologically meaningful to clients. In contrast to the psychoanalytic perspective, Rogers' claims fall within phenomenological psychology, which is about how an individual experiences and relates oneself with the world (Pervin & John, 2001).

DeRobertis (1996) posits that the task of a phenomenological psychologist is to seek an approach to psychology that not only explains human behavior, but also allows for understanding. A human being should not be regarded as either a bio-machine or a mind inside of a biomachine. Therefore, a phenomenologist has to put aside as many of his or her preconceptions as possible in order to let the phenomena of the world speak on their own terms. According to Rogers (1980), this "way of being" with clients, cannot be done unless the sensitive therapist is confident to enter, and can comfortably return from, the bizarre and private world of another, without getting lost. During this process, the therapist is transitorily staying inside the client's mind and addressing the client's feelings while at the same time not seeking to uncover feelings that might still be too threatening to the client.

Pervin and John (2001) points out that the phenomenological approach has both merits and dangers. Likewise, Rowan (2001, p. 60) argues that even Rogers did not believe we could fully put ourselves into another's world. When Rogers was challenged by the query, "to what extent the unbiased phenomenological investigation of a person-centered therapist can be compared with the Freudian understanding of his patients", his answer was not as absolute as one might expect. Rowan argues that in contrast to a Freudian analyst, a Rogerian therapist brings "a lighter baggage of preconceptions" (Pervin & John, 2001) into therapy. Our only certain conclusion is that being empathic in a Rogerian way does not consist of an easily learned ensemble of counseling techniques that render a therapist congruent within him/herself.

Bozarth (2001) embraces the uniqueness of "Rogerian Empathy" by asserting that it is different from all other concepts of empathy. As Howe (1987) says, people are not machines and cannot be understood in the way we understand machines. There can be

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no science of knowing people and we have to learn how to see people not from the outside, but from the inside. In a therapeutic relationship, all the therapist has would be his or her self. In that sense, an awareness of self and an understanding of how the self affects relationships are fundamental to good therapeutic work. For empathic communication to occur, both persons must strive together. It is "more than a technique for facilitating the expression by clients of their feelings and experiences" (Raskin, 2001, p. 1).

Conclusion: the Rogerian is and is NOT

In spite of the popularity of Rogers and his empathic and noninterpretive approach to psychotherapy, critics of its research methodology as well as difficulties in "proving" the "causal connection" between his assumptions and therapeutic outcomes abound in the literature (Eisner, 2000; Geller, 1982; Levant & Shlien, 1984; Thorne, 1992; Watson, 1984). But Rogers' supporters point out that these criticisms lack a real understanding of the full scope of Rogerian theory since it is based on experience rather than abstract logic (Kirschenbaum 2004; Rowan, 2001); Rogers himself admits "it is evident at the outset that since therapy is a complex phenomenon, measurement will be difficult" (Rogers, 1955, p. 270). What is behind the mirror is the attitudinal stance of the human service professional, and perhaps more precisely, the attitudinal stance that that professional holds as an individual in relation to society in general. It is not difficult to understand why Murphy et al. (2013) assert that:

> if we continue to use the term "person-centred" as if social work was based on the psychotherapeutic principle of self-determination, we serve to diminish the potency of the theoretical principle of the actualising tendency and obscure the true nature of the modern social work profession. (p. 717)

For Rogers, the personal attitudes of the therapist are the most predominant element of the therapeutic process (Corey, 2001). In response to Masson (1992) and other questioners of Rogers' therapeutic approach, one might refer to Cooper's (2008) understanding of non-directivity:

> How does a non-directive stance relate to therapeutic outcomes? In fact, there is virtually no research on this question, because non-directivity, is an attitude or an ethic, and as such, has yet to be subjected to direct empirical evaluation. (p. 137)

Rogers (1959, 1980) contends that in a therapeutic relationship, the knowledge, methods, skills and techniques of the therapist are not the determining factors of success. Rather, it is the "way of being" with the client along with the "therapist-without-a-role" formulation that approximates or defines the appropriate attitude of a person-centered psychotherapist. For Rogers, a therapist inside the counseling room should be the same person outside, regarding every individual as a unique and potentially resourceful person can be applied beyond the therapeutic relationship. According to Kirschenbaum and Henderson (1990), the person-centered approach is a philosophy. As long as the therapist demonstrates such attitudes and behaviors from the heart, a growth-promoting climate can be created inside and even outside the counseling room. For Rogers, realness is the most important quality (Cain, 2002). Referring to Bozarth (1998), "techniques" may interfere with the client freedom perpetuated by a client-centered stance and can insidiously contaminate the non-directive position of the therapist" (p. 115).

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There is an interesting similarity between Rogerian practice and the discipline of T'ai Chi. T'ai Chi is a moving meditation that is deeply rooted into Taoist philosophy and practice: "It is not saying that the Tao is attained by discipline, and it is not saying that the Tao can be attained without discipline" (Rowan, 2001, p. 15). From a dialectical point of view, the person-centered approach is and is not a technique. Indeed, it is not saying that Rogerian psychotherapy can be practiced by techniques, and it is not saying that Rogerian psychotherapy can be practiced without techniques. As mentioned by Rowan (2001), this paradox lies at the heart of humanistic psychology, and helps to make it what it is. Or referring to Bohart (1994), it is a dance of the client and therapist.

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