

Absence and Presence – Carl Rogers in 2013

Andy Rogers

Like all good listeners, he has a way of attending that is at once intense and assuasive: the supplicant feels both nakedly revealed and sheltered, somehow, from all possible judgement. It's like he's working as hard as you. You both of you, briefly, feel unalone.

David Foster Wallace – *Infinite Jest* (1996: 388)

SYNOPSIS

The article reflects critically on the relevance of Carl Rogers for the present times, with particular reference to a formative incident in his thinking about the nature of therapy. The story of this incident is presented as an allegory of not only the positive potential of therapy, but also the many challenges it faces in the emerging professional and cultural climate. The person-centred approach is discussed as a key example of how such pressures generate contradictions, compromises, confusion and corruption, even in the most 'client-centred' of therapies.

It is 2013 and Carl Rogers is everywhere and nowhere. As this issue celebrates, it is 40 years since his controversial address to the American Psychological Association (APA), which he described without apology as 'an outpouring of pent-up criticism' (Rogers, 1980: 235). The speech has some of Rogers' best lines, not least the much-quoted yet routinely ignored observation that 'there are as many certified charlatans and exploiters of people as there are uncertified' (ibid.: 244). Although stated 'sorrowfully', it is an explosive lament – as challenging to the contemporary professional mind-set as it was to Rogers' audience at the time.

Given the scandalous scrabble for State regulation that we have just survived, the temptation here is to revisit this potent critique of professionalism, but I would like to explore another neglected aspect of Rogers' relevance in and for our times, for which we need to go back beyond the APA

address to an earlier pivotal moment in the emergence of this Humanistic Psychology pioneer's thinking.

In the late 1930s Rogers worked as a psychologist for the Society for the Prevention of Cruelty to Children in Rochester, New York. In one case, he found himself trying to help a mother see that her son's difficulties lay in her early rejection of the child but, as he wrote later, 'we got nowhere. Finally I gave up. I told her that it seemed we had both tried, but we had failed, and that we might as well give up our contacts.' (Rogers, 1961: 11) Then, just as she was about to leave, the mother asked Rogers if he would see her for counselling. He agreed, so she returned to her seat and 'began to pour out her despair... all very different from the sterile "case history" she had given before.' (ibid.)

'Real therapy began then' (ibid.), Rogers observed, and he would come to attribute considerable significance to the

event, particularly in forming one of his core beliefs:

[It] helped me to experience the fact – only fully realized later – that it is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process. (ibid.: 11–12)

The incident is also a classic example of Rogers' trademark approach to developing ideas – listening to, trusting and learning from his own experience rather than grappling with existing theories. As Rogers' biographer writes:

He was always grateful that his thinking did not come from the teachings of one special mentor, nor out of the writings of one special person, nor out of endless philosophical debates on the merits of the various schools of therapy, or the nuances and changes in some 'master's' thinking over the years. (Kirschenbaum, 2007: 80)

So what happened next? Leap forward three decades to the APA address, then another 40 years to 2013, and we find a rather striking – if politically out-of-favour – structure in the therapy landscape: a principled, well-researched and extensively articulated school of therapy, of which Rogers is the 'special mentor', the 'master' whose writing is 'endlessly debated' and whose 'nuances and changes' in thinking remain the reference point for contemporary divisions within the approach.

Despite Rogers' caution about theory becoming a 'dogma of truth' (Rogers, 1959: 191), the person-centred approach is arguably as dogmatic as any other tradition. Debates rage about whether one thing or other is authentically 'person-centred', whether certain ideas and actions fit precisely with Rogers' practice, theories and beliefs at this or that point in his life, and in this regard there seems little to distinguish it from other therapies. When Rogers wrote of Freudian theory that, 'at the hands of insecure disciples... the gossamer threads became iron chains of dogma' (ibid.: 191), he might easily have been predicting the future of his own creation.

Ironic, then, that one of Rogers' key insights came from operating without allegiance to a specific model of psychological theory, as happened with the mother in Rochester. This was an idiosyncratic encounter located within a particular personal, professional, cultural and historical moment. In this respect, the subsequent success of the approach theoretically and professionally says less about the potential meaning of that experience than it does about the relationship between Rogers' character and career, and the facilitative social conditions necessary for the flourishing

of his ideas – not least, the impact of President Roosevelt's New Deal response to the Great Depression in the 1930s (Barrett-Lennard, 1998) and the cultural revolutions of the 1950s and 1960s.

Clearly this context does not discredit anything Rogers said, wrote or did – it is the history of all 'big ideas' and the thinkers who have them – but it is important to distinguish between the growth of a movement and the potential meaning of its originator's eureka moments. The former does not own the latter, and it might be that the movement, with all its books, organisations, trainings and so on, is not the only, or even best, expression of the insights from which it was born. In the case of the person-centred approach, the theory and other structures that evolved from the complex interaction of persons, places and moments in Rogers' lifetime potentially obscure something vital about his meeting with the mother, which is that 'real therapy' began – and was 'ultimately... very successful' (Rogers, 1961: 11) – when Rogers gave up knowing all sorts of things that someone in his position would normally be expected to know.

It is hard to picture Carl Rogers in this encounter, before client-centred therapy or the person-centred approach existed as 'things'. Rather than being grounded in the presence of well-established principles, propositions and practices, here his approach is defined by absence: an absence of psychological theory and treatment protocols; an absence of specific goals and intentions; an absence, importantly, of professional therapeutic expertise, which makes way for something yet to be identified. Presumably Rogers does not suddenly realise that this 'way of being' will function in a particular way with regard to the mother's personality dynamics, as in the theory he would go on to produce. More likely there is nowhere else to go – he is, in a sense, floundering. Professional psychological knowledge and skills have proven not up to the task; he does not know what to do, so he 'does' nothing.

Or rather, he does nothing that would have been expected of someone in the role of psychological therapist. He does not attempt to 'treat' the mother, to alter the dynamics of her personality or guide her towards therapist-defined insight. Instead, Rogers meets her compassionately in her distress, as a fellow human being, from a position of not knowing what is wrong, nor how to make it right.

The story is no doubt important to some scholars and practitioners because it heralds the arrival of an idea that would be central in the development of an influential school of therapy, as if its value derived from it being a catalyst for construction. But if theory for Rogers was 'an attempt to give order and clarification' (Thorne, 1992: 42) to the

subjective experiences of client and therapist, then what is fascinating about this event is precisely the fact that none of this imminent order and clarity existed at the time, nor proved necessary for therapy to occur. It is true that Rogers gets to the experiential moment itself by being trained and employed in psychology – he arrives there by being a more conventional therapist in the first place – but it is his letting go of all this which makes it uniquely interesting.

Crucially, the thing Rogers suddenly found himself lacking at that pivotal point in his life and work was deference to external authority on the nature of distress and the meaning and purpose of therapy, a subordination previously internalised as individual professional expertise, but which had now become redundant, opening the way for a shift in the source of authority to the client.

All of which begs an important question. What would it mean to meet a client in this way today? Perhaps there is no need, we might reply, because for us person-centred (or some other) therapy already exists, and provides an ideal philosophical and theoretical framework to enable us to meet each client as a person, with the utmost respect for their subjectivity, individuality, freedom and right to self-determination. But this rationale did not exist for Rogers in the moment we have been discussing, and in any case it seems a rather lazy response that highlights the conundrum under consideration here.

In the session, Rogers experienced first-hand the limits, flaws and conceit of both psychological theory and 'theory-mindedness' (House, 2008), so from exasperation more than intellectual rigour he found himself subverting the conventional therapy dynamic by letting go of his expertise and putting the client's reality first. We might describe this as an act of spontaneous experimental enquiry into human distress, personal relationships and indeed therapy itself, one arrived at through visceral experience and non-professionalised compassion, rather than commitment to an existing system of psychotherapeutic thought.

Following the event, Rogers tried to clarify and order his experiences, back within the domain of psychological theory. As we have seen, this clarification and ordering was a manifestation of the personal, professional and political influences that were in play in Rogers' life, and had little to do with the beginnings of 'real therapy' for the mother in Rochester. Rogers himself acknowledged the personal and political drivers of theoretical work when he identified his own 'need for order' (Rogers, 1959: 188) and the influence of 'insistent pressure from my colleagues [in the APA]' (ibid.: 185) as twin motivations for writing his most comprehensive theory statement. But, as time passed, the theoretical

system he needed personally and professionally developed a life of its own. Supported by helpful social changes, it gained traction in the field and growing popularity in the culture at large, the upside-down result being that for therapists following Rogers, his imposed order ended up functioning as an essential ('necessary and sufficient') touchstone for meeting others in their distress.

To put it another way, an unintended negative consequence of the success of the person-centred approach has been the creation of a new external authority, or in Rogers' own terms, an 'external locus of evaluation', which the events of therapy must satisfy. This might feel a more palatably human(e) authority and have been necessary at the time – as part of psychology's 'third way' challenge to the psychoanalytic and behaviourist strangleholds on the client's subjectivity – but in the contemporary environment it does not go far enough, as we shall see. Instead, it subtly contradicts and undermines Rogers' claimed shift to therapy being 'politically centred in the client' (Rogers, 1977: 14).

In trying to articulate and order his own experience, Rogers – the socially situated psychologist and scientist – unwittingly sets up a return to theory-centredness and instrumentalism, a freedom from which enabled him to meet the mother as a person, rather than as a 'case' or 'patient'. Therapist deference to psychological theory is once again internalised as professional expertise, this time in the facilitation of specific, predicted changes in the dynamics of the client's 'self' through offering certain relational qualities which are hypothesised in the theory to have precisely this effect.

I should say here that it is not my intention to denigrate the approach or its many committed practitioners. Contemporary person-centred therapy is no doubt valued by clients and undertaken with degrees of artfulness and compassion by its adherents. It has never tired of critical reflection upon the intricacies of therapeutic work and the subtle ways in which power can become centred in the practitioner, and I know too that in their encounters with clients, person-centred therapists tend to be relatively unburdened by the weight of theory and the 'need to appear clever' (Mearns, 1994: 27), possibly because this aspect of the approach attracted them to person-centred work in the first place (ibid.). So it seems harsh to be critiquing the least theory-centred of all therapies on the grounds that it is too bound by theory.

But we face a dilemma in the psychological therapies, and one that is particularly poignant for the person-centred approach. Do we pursue certainty and knowing, via 'outcome measurement' and ever-more diagnostic theory systems?

Do we chase what 'works', as if this were an unambiguously benign goal? Do we do whatever it takes to sell our services to powerful social institutions such as the NHS? Do we uncritically accept the cultural shift away from therapy as a dialogue, and towards therapy as a drug-like treatment for 'disorders' (Guy et al., 2011)? Is the pay-off of State endorsement via NICE recommendations, and subsequent employment in health service provision and back-to-work programmes, so desirable?

Or do we risk taking a new stand against the medicalisation of experience, the professionalisation and bureaucratisation of helping relationships, and the narrowing of what is deemed an appropriate therapeutic response to distress? Do we dare articulate therapy as uncertain, unpredictable and idiosyncratic – as the 'art of not knowing' (Schmid, 2001)? Can we let go of the power and status of being an NHS-sanctioned 'evidence-based treatment', leaving it to those who want it while we create new spaces for reflection, respite and rejuvenation?

We stand at a crossroads. Our once radical alternatives have been engulfed by our profession's success. Our great achievements in Humanistic Psychology apparently did not shift the mainstream anywhere near enough. Instead it co-opted us, granted us acceptance as long as we played the game, and now we face the consequences. We must be 'scientific', 'evidence-based' and 'cost-effective'. We must help people get back to 'wellbeing' and 'productivity', and do it faster than everyone else. We must 'prove' that our 'interventions' are supported by the kind of 'evidence' we rightly expect of the antibiotics our GP prescribes to treat an infection. It is these criteria which CBT has claimed so vigorously to meet and enabled it to dominate the State's involvement in therapy provision. And out of personal and professional self-interest, we – the rest of the profession – have pursued these goals too.

We can of course continue to chase approval, from the State, from other professions, from mainstream culture, and I am sure many will do just that, for a variety of motivations that require ongoing debate and critical reflection. But for some of us, the incongruence of this position is unsustainable, which leaves us the task not only of critique but also of creating a space for dialogue about an alternative future for our field. I think efforts to do this from within conventional therapeutic debate are hampered by its entanglement with forces that close down such space, most obviously when the personal and professional interests of powerful individuals and groupings in the field converge with dominant discourses of 'mental health', 'treatment' and research.

So in addressing these challenges in 2013, a restatement

of the radicalism of person-centred theory rings rather hollow, or at least seems nostalgic rather than present- and future-oriented, particularly when the approach is attempting to compete and survive as a brand by trying to find its way into NICE recommendations.

Just because we keep saying something is 'revolutionary' does not make it so. The battleground has shifted. The wars between Humanistic Psychology, behaviourism and psychoanalysis have been superseded, if not transcended. The current pressures facing the therapy field – to be a medicalised treatment for mental ill-health that is willing to be mobilised by the State – have opened up fault lines through the traditional schools (even the non-school of 'pluralism') to such an extent that there is increasingly as much difference within schools as between them.

We see these divisions in the politics of our professions, most obviously in the uniting for common purpose that brought together psychoanalysts and humanistic counsellors – among others – to fight regulation by the Health Professions Council. In the midst of that fierce debate, with Rogers' incendiary lament about 'certified charlatans' hovering nearby throughout, it was hard for some to see the implications for the wider scene, that the disagreements were not just about the proposed policy but about the very meaning of therapy and, beyond that, human experience itself. It was startling and liberating to discover that the issue did not reignite feuds between the schools, but revealed fundamental differences within, and commonalities between, them. When the environment becomes noxious enough, more meaningful differences emerge to transcend the competitive skirmishes of more comfortable times.

As well as in the politics, we see our fractured predicament in the philosophy of therapy, in the 'paradigm war' between modernity and post-modernism, and the welcome efforts to articulate 'post-professional', 'trans-modern' and 'post-existential' perspectives (e.g. House, 2010; Loewenthal, 2011). But we see it too in Carl Rogers' meeting with the mother in Rochester, and in how professional and cultural forces have overwhelmed some of the quiet meaning of that encounter.

The story helpfully illuminates the experience of being a therapist, yet meeting clients in a state of curious and deeply respectful not-knowing, with 'ordinary' – that is, non-technical, non-instrumental – compassion (Lomas, 1999; Smail, 2005). This might sometimes look like person-centred therapy but it might just as easily be psychoanalysis or something else entirely – it depends on the people in the room; the directions, meanings and purposes of the work are co-created by the participants in each moment, session

and relationship. Just as in the pivotal Rogers encounter, therapy becomes an act of research in itself (Mearns, 1994: 33), a 'cooperative enquiry' into the human condition (Postle, 2012), one that allows room for its mystery and unknowability; with inspiration, rationale and justification coming not from allegiance to a brand or the 'outcomes' it claims, but from whatever enables practitioners to meet their clients in such an authentically explorative way.

Tellingly, this is not an approach that would curry much favour with the narrowly 'evidence-based' culture of the NHS, nor, thankfully, would it have a great deal to offer the Government's back-to-work agenda. But it is also against the direction of travel in our own field, which is precisely the dilemma facing the person-centred approach. Can it express its radical potential in new ways and challenge this emerging trajectory, or will it seek State endorsement as an effective 'intervention' for 'mental disorders', by showing that it too 'works' (Cooper, Watson and Hölldampf, 2010)? The danger being, of course, that in appeasing the demands of an increasingly medicalised and evidence-obsessed market in psychological treatment, it risks disconnecting irretrievably from the spirit of its inception, as embodied by Rogers meeting with the mother in Rochester.

I guess we will never know how that session really went, or the sessions that followed, but the story is nonetheless a defiant allegory of all that is so beautiful and liberating, yet simple and humble, about 'the practice of freedom by free beings for free beings' (Grant, 2004: 163). In the embellishments I have given here, it is equally a tale of therapy's hubris. The further away from that moment in the late 1930s that person-centred and other therapies get, the further away they are, despite the millions of pages of effort, from articulating what is so meaningful about our work.

As I said at the start, Carl Rogers is everywhere and nowhere. And it seems we have to find him and forget him all over again. 🍷



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