

T. Len Holdstock

Paradoxes and Challenges Facing the Person-Centered Approach

Abstract:

As we approach the 21st Century, major challenges await the Person-Centered (PC) approach if it is to continue in the pioneering spirit of Carl Rogers and remain true to being process oriented. One challenge relates to the resolution of the internal contradictions within the approach. Another relates to the ethnocentrism of the approach. Both challenges center on the concept of the self that underlies the PC approach. In terms of recent work in mainstream psychology and several other disciplines on the concept of the self, different models of the self seem to be entertained in PC therapy for the client and the therapist. The concept appropriate for optimal functioning of the client can be described as high on agency and independence (the separate self) and that for the therapist as high on agency and relatedness (the autonomous-relational self). Resolution of this discrepancy can not only resolve the internal contradictions within the approach, but align the purpose of PC therapy with recent models of the concept of the self underlying mental health, as well as facilitate the approach to transcend its individuocentric cultural boundaries.

Keywords: *Therapieprozeß, Selbstkonzept.*

During the past few decades, the Person-Centered approach (PCA) and therapy (PCT) of Carl Rogers has been applied in therapeutic and cultural contexts far removed from its original point of departure. The attitude and the technique which form the basis of the approach have not only been adopted by therapists belonging to other schools of psychotherapy, mostly without any acknowledgement, but have also been applied by Person-Centered therapists conducting therapy in distinctly different modes and cultural contexts than that within which the PC originated.

These developments have resulted in fruitful dialogue and integration with various schools of psychotherapy (Bohart 1990; Tausch 1990). Among these have been behaviour modification (van Zuuren 1990), psychoanalysis (Eckert & Biermann-Ratjen 1990; Kahn 1989; Tobin 1991), analytical psychology (Meine 1986; Wijngaarden 1990), Gestalt therapy (Herlihy 1985), hypnotherapy (Gunnison 1985), psychodrama (Marques-Teixeira 1993), couple and family therapy (Gaylin 1990; Esser & Schneider 1990; Rombauts & Devriendt 1990), art, music, and movement therapy (Beech 1993), as well as dream (Finke 1990), and transpersonal work (Smith 1994).

In addition to the growing interaction with other therapeutic orientations, the PCA has provided the basis for therapy with increasingly more diverse client popula-

tions, including the mentally disabled (Badelt 1990; Pörtner 1990, 1996; Prouty 1990, 1994), clients diagnosed as borderline (Bohart 1990; Swildens 1990), schizophrenic (Teusch 1990; Prouty 1990, 1994), depressive and suicidal (Elliot, Clark, Kemeny, Wexler, Mack, & Brinkerhoff 1990; Hamelinck 1990), as well as persons with psychosomatic and medical complaints (Fuhrmann 1990; Meffert 1990; Pfeiffer & Ripke 1990; Sherman 1990).

In addition to the extended application of PCT, the name change from Client-Centered therapy to the PCA, came about, as is generally known, by the application of Rogerian principles outside the traditional domain of psychotherapy. Work in small groups for encounter and psychotherapy led to endeavours in education – general and medical, the business community, and large group workshops aimed at improving international understanding, conflict exploration and resolution. All over Europe and many other countries in Asia and the southern hemisphere, workshops have been and are organised with the intention of spreading the word about the PCA.

In its cultural exploration the same challenge awaits the PCA as it faces with respect to the incorporation of techniques belonging to other orientations (see Bozarth 1996; Brodley & Brody 1996). Is there room in the PCA for the incorporation of distinctly different cultural practices? Academic as the relevance of such a question per-

haps is, it is nevertheless of interest to speculate whether one can be regarded as functioning within a PC perspective once the cultural framework underlying the PCA is transcended?

The application of the PCA in so many countries outside the United States presents a new frontier fitting for our entry into the twenty-first century. Especially noticeable is the interest in the approach in Europe. However, it is in the context of non-Western cultures that some of the most challenging questions await the development of the PCA as an international movement. Thus far, the international extension of the PCA has had a distinct ethnocentric orientation in terms of the purpose of its therapy, facilitating individuocentric self-sufficiency. PC psychologists and others operating within this mold can be likened to the missionaries of old. Their interest has not been to indwell into the philosophies and approaches to healing of other cultures. The tendency has been even less towards integrating non-Western healing paradigms and techniques with those of the PCA, or to adapt the PCA to these. Despite its spread to countries all over the world, the focus has steadfastly remained a belief in the universality of PC theory and technique as it developed in the United States.

Recent developments regarding the concept of the self, both within and outside Western psychology, indicate how dangerous and limiting the assumptions of universality of some of the core concepts underlying the PCA can be. It is now realised that Western and non-Western cultures maintain distinctly different concepts of the self. The individualistic orientation in the West has led to a concept of the self described as independent, while the concept of the self of the collectively orientated non-Western cultures has been depicted as interdependent. Besides these terms many others have been used to convey the difference between the Western and non-Western concepts of the self (see Holdstock 1993). Within each of the major cultural categories, furthermore, are many subdivisions with more commonality across cultures than within the same general cultural grouping.

Since the concept of the self underlying the PCA grew out of and is firmly embedded in the individuocentric orientation underlying Euro-American male culture, it is debatable to what extent practices based on such a concept of self can be transported to cultural contexts maintaining an interdependent orientation to the self. However, as previously indicated, a distinct discrepancy exists between PC theories of the self and of therapy (Holdstock 1990, 1991, 1993, 1995, 1996a, b, c). Contrary to the personality theory focused on the self as an independent unit of the social system, the theory of therapy is predominantly based on an interdependent notion of the self. Empathy and unconditional positive regard, which are such key components of the PCA, are decidedly other ori-

ented, and therefore in keeping with the communal aspect of non-western cultures.

Congruence, the third condition considered by Rogers to be necessary and sufficient for therapy, poses more of a problem in the context of non-Western cultures. Whereas, the experiential component of congruence seems to have universal validity, its expressive aspect does not. However, here again, a discrepancy is to be found within PCT. While the theory validates the expressive component of congruence, in his own behaviour, the founding father, Carl Rogers, basically did not. In fact, one of the few criticisms directed at him, has been that he has been relatively undemonstrative, especially with respect to the expression of negative emotions, such as anger (Holdstock 1996a, c).

Thus, although the theory of therapy underlying the PCA is not totally in keeping with the interdependent orientation to the self within collective non-Western cultures, it can, for the greater part, and especially in Rogers' actual therapeutic behaviour, be considered to be in harmony with the interdependent orientation of non-Western people in general. The purpose of PCT, the development of a uniquely independent and autonomous person, needs to be modified, however, if it is to be consonant with the life-style of non-Western people, and with the emerging concept of the self unfolding even in the Western world at present. On the other hand, perhaps the independent focus of the PCA could provide just the necessary degree of autonomy lacking in the collectivism of many non-Western cultural contexts.

Until now, the tendency has been to regard independence and interdependence as polar opposites in construing the self (Markus & Kitayama 1991), and to equate independence, and not interdependence, with autonomy. The present trend, however, is not to regard independence and interdependence as polar opposites, but as separate dimensions that can co-exist and along which persons can vary, depending on different circumstances and situations. "Instead of a person's being either 'independent' or 'interdependent' in self-orientation, he/she might exhibit both orientations, that is, simultaneously maintain highly independent and highly interdependent construals or simultaneously low independent and low interdependent construals" (Kim, Hunter, Miyahara, Horvath, Bresnahan & Yoon 1996, p. 35).

Kagitçibasi (1996), recently also elaborated on the distinction between independence and interdependence. She regards independence and interdependence as constituting the interpersonal dimension in the construal of the self, but argues that we must do away with associating independence with autonomy. She equates autonomy with agency and contends that it constitutes a separate dimension of the self than the interpersonal. The two poles of agency are autonomy (agency) and heteronomy (depen-

dency), terminology which she borrowed from Angyal (1951). It is known that Angyal also had great influence on Rogers (Holdstock & Rogers 1983). Separateness and relatedness are the terms selected to describe the two poles of interpersonal distance. Thus, a person can be high or low in both agency and relatedness, or high in one and low in the other. Integrating the work of Kim and her associates (1996) with that of Kagitçibasi, it seems that the concept of the self can most meaningfully be conceptualised in terms of three and not two dimensions – the two interpersonal dimensions plus the agency dimension.

In terms of the recent work on the concept of the self, the focus of Carl Rogers on empowering the person can be characterised as high on the dimensions of agency (autonomy) and independence (separateness), a type of self described by Kagitçibasi (1996) as the *separated self*. Yet, the interdependent nature (empathy and positive regard) of PCT remains an enigma. It would seem that the therapeutic relationship requires a different concept of self for the client than the therapist. Whereas a combination of autonomy and independence is envisaged to constitute the model of a healthy self concept for the client, that of the therapist focusses on autonomy and relatedness, the *autonomous-relational self* of Kagitçibasi.

Based on the factor analytic work done by Braaten (1996) perhaps the two contrasting models of the self entertained for the client and the therapist are not so surprising. Braaten concluded that social assertiveness and interpersonal intimacy, his terms depicting autonomy and relatedness, are diametrically opposite constructs. According to him, “assertiveness implies separateness” (p. 103). Thus, if the therapist is to maintain the intimacy of the therapeutic relationship, he or she will have to shift from autonomy to heteronomy (Kagitçibasi’s relational self) in order to allow for the development of the client’s autonomy. In effect, that is precisely what is happening in PCT. However, such a self concept is not in keeping with the theory’s concept of the self as an autonomous-independent unit of the social system.

It is obvious that the yin-yang nature of the therapist-client relationship in PCT requires more careful consideration than it has received thus far. The therapist seems to represent the yin component and the client the yang component of the relationship. However, should the behaviour of each not embody both yin and yang, especially in light of the most recent work on the concept of the self? Expressed in PC terminology, congruence can be considered to represent the yang and empathy and positive regard the yin component of being? If that is the case, perhaps the focus of the PCA should become more holistic by placing more emphasis on the yin component of relating by the client and more emphasis on the yang component of relating by the therapist? However, if that hap-

pens, the delicate balance of the therapeutic relationship may be disturbed.

As it is at present, the therapist models relatedness while the client is facilitated towards developing independence. Is it valid to assume that autonomy towards independence will enable the client to cope more efficiently with the problems in living? Even though Rogers has so often said that acceptance by the therapist can teach the client to be accepting of him or herself, is it not contradictory to facilitate autonomy towards independence in the client while the therapist models heteronomy? Is the focus on individual autonomy not likely to reinforce ego-centric behaviour on the part of the client, rather than facilitate his or her move towards relatedness? If the behaviour of the PC therapist is considered to be growth promoting, should the aim of therapy not be geared, explicitly, towards the promotion of interdependence (relatedness), rather than independence (separation) on the part of the client? And if that is the case, would the present approach to PCT suffice? Needless to say, the same applies to most other therapeutic approaches.

While there is no doubt in my mind that the extreme individuocentrism of Western culture poses a major threat to mental health (see Peters 1994; Schippers 1994), the question remains to what extent the development of an autonomous-relational self is possible within the present zeitgeist. At times I despair that Western societies have reached the point of no return. Dutch newspapers agonise over the escalating demand on mental health services in the country and the senseless outbreaks of violence, such as the arranged combat of football supporters of different soccer clubs next to highways. Proactive and not just reactive measures are required to curb the rising incidence of mental health problems evident in the society. Band-aids need to be applied where necessary, but the circumstances responsible for the incidence of mental health problems require more attention. Thus far, the importance of the family, of socio-economic and political factors have been considered, but as yet we have not been brave or wise enough to embark upon an examination of the ideological assumptions underlying our respective cultures which we so unwittingly subscribe to. The question is whether PCT and most other therapies for that matter, with their emphasis on the independent self as the unit of the social system, can contribute to the revisioning of society. Do these approaches, ultimately, not contribute to, rather than alleviate, the individualistic malaise rampant today?

On the other hand, it is possible that the application of PCT may be required and perhaps restricted to instances where the autonomy of the self needs to be facilitated toward greater independence, either to function more effectively in competitive cultural contexts or in collective cultural contexts where the self is not allowed sufficient

room to be. However, care will have to be taken to balance the facilitation of independence ever so delicately in terms of the prevailing socio-cultural context. Too much focus on independent agency in a socio-cultural context with an individuocentric orientation can sway the client towards, what Schippers (1994), has described as the personality disorder of individualism. In collective cultural contexts, it can estrange the client from his or her environment. Thus, the facilitation of agency in the PCA has to take careful cognisance of the prevailing cultural and sub-cultural contexts.

What will be the sufficient degree of independent autonomy? Does the functioning of society perhaps not require the same yin-yang relationship between its members as occurs in the therapeutic situation? Can the balance be maintained by enhancing the agency towards independence without simultaneously enhancing agency towards interdependence? Can the behaviour of individual clients be shaped, in true Skinnerian fashion, not only to accommodate the needs of the individual, but the eventual long term remodelling of society? In terms of what we believe to be the facts pertaining to the conditions necessary for mental health, can we continue to refrain from our responsibility to direct the client towards the greater good of society, rather than satisfying the short-term needs of the client? Just as individual agency can dominate at the expense of interpersonal relatedness, the interests of the collective can dominate at the expense of individual autonomy. In such instances, a strengthening of the autonomy towards independence may be called for in cultural contexts where it is underdeveloped.

Although PCT is well established as a therapeutic technique, relatively little attention has been devoted to theoretical developments underlying the approach since Rogers' initial conceptions. Scant attention has also been paid towards integrating the theory with theoretical structures of general interest in psychology. Developments regarding the concept of the self, is a point in question. Although Rogers (1959), justifiably, expressed great pride in the exposition of his theory of personality and of therapy, it is almost half a century since publication of his classic chapter in Koch's influential history of the development of psychology. Since so much has happened in the intervening four decades, the schemata by which the self-concept is to be conceptualised, are in urgent need of revisioning.

In terms of the literature discussed in this paper, the relation of empowering the self (agency) to the dimensions of independence and interdependence, need to be raised? For instance, does agency represent a separate dimension with its own polar opposites, in addition to the two dimensions of interpersonal distance, each with its own polarities, as I have intimated? Or can agency be encompassed by the independent dimension alone? And

apart from the influence of culture, in general, on the construal of the self, the effect of gender, race, religion, social class, and the individual's particular social and developmental history, have to be considered. Since the way the self is conceptualised has significant cognitive, emotional, motivational, and other behavioural consequences (Holdstock 1995), its reconceptualisation may have far-reaching implications for our ideas about mental health, mental illness, and the way we conduct therapy.

Despite the life-long battle which Carl Rogers waged against logical positivism, it would seem that PCT, like the other psychotherapeutic approaches, has also come to place a higher priority on technique than theory. Thus, despite the historical aversion to positivism, the PCA has nevertheless succumbed to the seduction of the pragmatism of a method-driven positivistic discipline, even though its positivism manifests in the consulting room and not in the laboratory. It is necessary that the PCA constantly re-examines, not only its therapeutic techniques, but also its theoretical assumptions. After all, one of the identifying characteristics of the PCA is its process orientation.

Account must also be taken of the implications which rapid globalisation have for the PCA. During the later years of his life, Rogers endeavoured to contribute to the resolution of conflict between nations and was fond of quoting from Zen texts. A close relationship indeed exists between aspects of Zen and the PCA (Purton 1996). Brazier (1996), a PC psychotherapist, has recently published an excellent book on Zen therapy. Similarly, parallels and differences exist between the PCA and African philosophy and healing (Holdstock 1981). Apart from these initial endeavours, hardly any energy has been invested to explore the PCA in terms of non-Western cultural contexts. The investigation of the commonalities and differences which exist between the PCA and the paradigms underlying non-Western philosophies and techniques of healing, has the potential to enrich the approach and provide a useful impetus towards its internationalisation in the coming century.

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Corresponding author:

T. Len Holdstock, Vrije Universiteit Amsterdam, 3F-69 an der Boethorstraat, Amsterdam.