

EMPATHY, GENUINENESS—AND THE DYNAMICS OF POWER: A FEMINIST RESPONDS TO ROGERS

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In this article, I discuss the points of convergence and divergence between Carl Rogers' core constructs for therapy (Rogers, 1957) and the theories and practices of feminist therapy (Brown, 1994, 2007). The value of Rogers' insights about the importance of the relationship in therapy is reviewed, and the lacunae in his model arising from an inattention to issues of power and politics is discussed.

Keywords: feminist psychotherapy, power, Carl Rogers

In 1957, I was a child of five, four years away from figuring out that I wanted to be a psychologist and 12 years away from first reading Carl Rogers as an undergraduate psychology major. Thus, when I entered the world of psychology, I entered a world already transformed by Rogers' work. It is difficult for me to imagine the landscape of psychotherapy as it existed before this document (Rogers, 1957), which I have long understood to be central to the understanding of the process by which all psychotherapies are potentially effective. Rogers' writing in this article can best be described as revolutionary, given his time and place. He moved the field of psychotherapy from a view of our clients as ill patients who required our expert ministrations to seeing them as whole persons in states of incongruence, possessed of innate capacities for growth and change. His view of the therapist's role was equally important to his subversion of psychotherapy's then-dominant psychoanalytic para-

digm. The notion that a therapist not only could, but ought to, step out from behind the faux neutrality of the psychoanalytic frame and be genuinely present in the relationship is the basis for all of the work I have done as a writer, theoretician, and practitioner of psychotherapy. I am not alone in having been shaped by Rogers' insights; the many generations of psychologists of my acquaintance who, like myself, began our doctoral education sitting in triad practices learning to demonstrate empathic active listening are his inheritors.

I had not realized until the last few years how strongly I had been influenced by Rogers in my own work as a developer of feminist therapy theory because I went quickly in my own professional development from reading Rogers to moving away from humanistic psychologies into feminist practice. In 2002, when I was asked to redesign the basic skills course at the professional school where I then taught, which included the requirement that students demonstrate active listening skills via a transcript and analysis of a taped session, I found myself reimmersed in the literature of person-centered therapies for the first time in 30 years, including this important article. I found myself struck by the simplicity and elegance of what Rogers asked of therapists 50 years ago. To be simply present, to listen for the sake of listening, to see the person across the room as a prized fellow human rather than a specimen of a particular diagnosis, all of this seems so easy. Yet all of it, like any great and simple art, is extraordinarily challenging to most psychotherapists, beginners and experienced practitioners alike. As Rogers cogently notes, many psychotherapists themselves feel more comfortable when they have a label to impose on their clients, something that allows a therapist the illusion of knowing who the client is and what to expect in the course of psychotherapy. Most psychotherapists in my experience would prefer to feel as if they are *doing* something, rather than being with someone, and to feel secure in their certainty rather

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than honest about the utter ambiguity of the situation.

I also realized in this rereading process that many aspects of what I have gone on to develop as theories of feminist therapy have roots in Rogers' core conditions. As a feminist therapist, my primary consideration is to create an egalitarian relationship as the foundation for psychotherapy (Brown, 1994, 2007). Such a relationship requires genuineness on the part of the psychotherapist, as well as a deep respect for and valuing of the personhood of those individuals who seek our care. The theories that I have developed also point to the importance of being a focused and emotionally present witness to the pain and experiences of disempowerment undergone by the people we work with. These constructs of witness and empowerment owe a great deal to Rogers' concepts of empathy and congruence; I see them as variations on the themes set by Rogers half a century ago.

While paying my debt to Rogers, I have also been reminded of why I am not a humanistic psychotherapist, and why so many of the founding mothers of feminist therapy left humanistic and person-centered perspectives behind. Rogers was, as are we all, a creature of his identities and social locations. He was a Euro American man, middle-class, heterosexual, of Protestant heritage, able-bodied, highly educated; in other words, a member of the dominant elites to whom, during his lifetime, few doors were systemically closed. While in his later years in the personal growth movement he began to apprehend and comment upon the ways in which discrimination based on sex and ethnicity could contribute to the experiences that he called "incongruence," his theories were essentially apolitical and absent of attention to the politics of interpersonal power (Rogers, 1961). This, to my mind, strips his work (and that of most of the humanistic theorists) of some fundamental capacities to comprehend human suffering and healing. When he writes of the woman who becomes ill as her son leaves home (and notice that it is a son leaving home, not a daughter), he does not comment about the social context surrounding her experiences or the gendered nature of the parent-child relationship at the time he wrote these words. Because he and others like himself *were* the context of sexism in which women were consigned to the unpaid job of homemaker and mother and then seen as sick, or in this case out of congruence, when that job

was taken from them in the course of time, he was unable to comment as to the impacts of that context or of the oppression of sexism itself. The politics of daily life, the imbalances of power inherent in the hierarchies that define Western cultures and, thus, of psychotherapy itself were invisible to Rogers and absent from his theorizing.

Similarly, even though Rogers went far toward creating a more egalitarian relationship between therapist and client than he could see in the psychoanalysts' offices that represented therapy as usual for his era, he continued to give more authority to the therapist than, as a feminist, I find comfortable. He is clearly moving away from that position as he goes—note his comments at the end of the article about the nonessential nature of specialized professional training or the capacity to diagnose, both of which are as radical as he states them to be, and each of which represents one of the ways in which psychotherapists imbalance power in relationship to clients. But in his model, the power to define important aspects of reality continues to rest in the therapist's hands; as Rogers notes, the therapist in his system "can voice meanings in the client's experience of which the client is scarcely aware" (1957). A feminist therapist would not voice those meanings, but would seek ways to invite her or his client to come to her or his own voice. Rogers was heading in the direction of the client's voice being the voice in the room, and in his later work he emerges in that position. Here, still, understandably working in the shadow of the authoritarian models of psychotherapy that were the norm in 1957, he hesitates a bit.

Again, given that this article is in the nature of a first step toward a more egalitarian construction of the therapeutic exchange, I cannot fault Rogers for having been able to see only those initial steps. Rather, I can note that his formulation is simply a starting point toward greater equality in which the dynamics of power in therapy are not addressed. Power as a factor in the therapy relationship was implicitly noticed by Roger, but never explicitly addressed. I believe that this, too, reflects his being one who had privilege and power in a nonconscious manner, which hindered his capacity to note those dynamics and integrate them into his theorizing.

Rogers' theory was limited by his vision and the vision of American psychology, which in 1957 and for several decades afterward could not see the dynamics of power and the realities of

cultural oppressions that led to uneven distributions of power in the psychotherapy relationship and elsewhere. This is less of a point of contention and more a simple statement of fact. It was in part because the humanistic psychotherapies that grew out of Rogers' work were unable to respond to those of power imbalances in the real world lives of our clients that feminist therapy was born in the late 1960s.

With all of that said, much of what Rogers proposed 50 years ago remains true today, now buttressed with a good deal of empirical support. Rogers gave us the outline of what constitutes the working relationship in psychotherapy. Empathy, particularly as experienced by the client, is core to good outcome, no matter what technical interventions are used by the therapist. Positive regard, respect, and the willingness of a therapist to be a genuine human are all empirically knowable components contributing to making all psychotherapies work. The centrality of empathy to psychodynamic practices has been established today, a particularly important stance given that in 1957 Rogers was proposing something that contravened the stance of American psychoanalytic practice. If we look at the findings of the Division 29 Task Force on Empirically Supported Therapy Relationships (ESR) convened by John Norcross (Norcross, 2002) we can see the ultimate long-lasting impact of what Rogers proposed in 1957.

I would also suggest that some aspects of the current attention to multicultural competence have implicit roots in Rogers' proposals (Brown, 2005). Cultural competence, when the specifics of what one does with a specific group are stripped away, is about a therapist's willingness to take a stance of respect and empathy for the experiences of someone who is socially and experientially "other." Genuineness, which Rogers was first to acknowledge as an important variable, is equally core to multicultural competence, especially the aspect of genuineness that emerges when a psychotherapist is willing to admit what she or he does not know, inviting the client to be the expert and authority. Genuineness is also, I would argue, essential to overcoming aversive bias, the covert and disowned bias held by most liberal-minded Euro American people (Dovidio, 2001); the therapist who is honest about the pres-

ence of her or his bias, in other words, genuine, and committed to be aware of it, another component of genuineness as Rogers has defined it, will be more likely to form a real empathic connection with someone who is different in sex, phenotype, ethnicity, sexuality, ability, age, or some other variable.

There are moments when I am in discourse with colleagues whose epistemologies admit only to knowledge gathered via randomized controlled trials that I worry about the possible loss of Rogers' important insights. The world of psychotherapy in the early 21st Century is one in which taking the time to genuinely connect, to know and be known by our clients, is rarely available. Yet the data speak loudly; when we fail to act in ways that evoke clients' experiences of being seen and known, when empathy is absent and therapy done by rote, then even our most empirically supported interventions work less well. Psychotherapy is the most human of enterprises; should it surprise us, its practitioners, to know that those factors that strengthen the humanity of the process—empathy, genuineness, positive regard—also strengthen its effectiveness? Our discipline benefits from returning to Rogers' words today; not stopping with his insights and never abandoning them.

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