

DIALOGICAL AND PERSON-CENTERED APPROACH TO PSYCHOTHERAPY: BEYOND CORRESPONDENCES AND CONTRASTS, TOWARD A FERTILE INTERCONNECTION¹

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ABSTRACT. *This manuscript compares Dialogical therapy which is based on Buber's philosophy, with Person-centered approach (PCA) to therapy which is based on Rogers's theory of therapeutic relationships. From the comparison between them, I suppose that Dialogical psychotherapy and PCA represent two separate branches with differences mainly in their theoretical framework but with similarities in their therapeutic practice. Finally discussed are their relation to postmodern thought and constructivist principles and the possibilities for their complementary implementation.*

Introduction

Martin Buber's 'I-Thou' personalistic philosophy, which underlines the dialogical existence of human being, is one of the most significant philosophies of the twentieth century in areas as diverse as psychotherapy, counseling, education, communication, sociology, theology, political and economic thought. Carl Rogers's person-centered approach continues to have a great impact on psychotherapy, counseling, education and society in general. An event worth-mentioning in the lives of two of the most distinguished thinkers not only of the twentieth century, but also of our time, is Buber and Rogers' meeting on April 18, 1957 at the University of Michigan. In the years following this meeting until now the interest of scholars was aroused. More recent accounts of the dialogue include the contribution of Anderson & Cissna (1996), Cissna & Anderson (1994, 1996, 1997, 1998), Friedman, M. (1994),

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Rasmussen (1991), Schmid (1998), Van-Balen (1990) and a new, accurate and complete transcript of the dialogue with commentary, was recently edited by Anderson & Cissna (1997). This meeting is regarded as "one of the most significant events of our recent intellectual history in the human studies" (Anderson & Cissna, 1997, p. 119). The purpose of this article is to continue the discussion between Dialogical and Person-centered approach to therapy by briefly presenting and comparing some of the basic elements of both approaches.

Dialogical Philosophy and Psychotherapy

Martin Buber (1878-1965), the German-Jewish philosophical anthropologist and philosopher of Dialogue, is inclined to view human nature as polar and the human being as potentially destructive as well as growth-promoting. Buber distinguishes between the two different types of relationships that constitute human existence: a. The monological *I-It*, in which there is much of observation and utilitarianism and a view of the other not as an independent person, nor as a partner, but as an object and in purely emotional terms. The I is always partial. It is just as much I-It not only when it is emotional but also when it is rational; when it is subjective as well as when it is objective. b. The dialogical *I-Thou*, which is direct, present and mutual; the I relates to the other person as Thou in his/her uniqueness and for him/her self and not in terms of his/her relations to other things. The wholeness of the person enters in an I-Thou relation. Emotion, reason, intuition and sensation are included in responding to what he/she meets. At the very instant that an I-Thou relation takes place, a new entity is created, a "common world," the field of *between* the persons or *interhuman*, that did not exist previously within any of the participants and that is not a sum of the person's discourses. Similarly, Buber distinguishes between the interhuman and the intrapsychic levels of communication; the latter include processes that are not necessarily dialogical, such as analysis and exploitation of the other. Both I-Thou and I-It are necessary for human existence: I-It provides the base for scientific advance, for technical accomplishment and for structured civilisation, but it is not sufficient for human existence.

Buber's philosophy influenced not only the work of several therapists², but also many schools of psychotherapy³. Recently dialogical therapy has begun to emerge as a discrete school of psychotherapeutic thought (Deleo, 1996; Friedman, A., 1992; Friedman, M., 1985, 1992a, 1992b, 2000; Heard, 1993, 1995; Hycner, 1991; Kron & Friedman, M., 1994) with group applications (Kron, 1990; Kron & Yungman, 1984, 1987). This is to a great extent due to the life work of Buber's interpreter Maurice Friedman. The power of the healing Dialogue, in which the client can experience "special" meaning, understanding and validation, has enabled it to prove a psychotherapeutic approach: "A dialogical psychotherapy is grounded in a broadly-based spiritual perspective. By no means does it subscribe to any particular religious beliefs, but rather assumes that all human dialogue is grounded in, and is an outgrowth of, a dialogue with Being" (Hycner, 1991, p. 91). If the therapist practices basic dialogical factors within the context of the healing relationship, then true healing takes place. In the present article I will examine the dialogical elements of presentness, inclusion and confirmation.

a. Presentness. The therapist must demonstrate willingness to become fully involved with the client by taking time, avoiding distraction, and being communicatively accessible. That means that she avoids being an onlooker who simply takes in what is presented or an observer who simply analyzes. She is ready to reveal herself to the client in

ways appropriate to the relationship and to receive her revelation. In this unmediated encounter of two authentic beings, there is "scant security, only the meeting with the unknown, the unique, the never-before experienced" (Hycner, 1991, p. 42).

b. Confirmation. The therapist expresses nonpossessive concern for the client who is valued for her worth and integrity as a human being, and who is confirmed in her right to express her personal views. Confirmation involves the desire of the therapist to assist the client to maximize her potential, to "be a helper of actualizing forces" (Buber, 1965b, p. 82), inherent in the other. The therapist affirms the client as a unique person without necessarily approving her views or behaviors and even opposes her on some specific matters (Kron & Friedman, M., 1994).

c. Inclusion or 'imagining the real'. The therapist experiences simultaneously her own as well as the other's part, is open to being changed by the client and tries to understand the meaning that the relationship has for the client, but never loses her own uniqueness. When in this difficult process the therapist is facing life and seeing through the eyes of the other, the therapist does not cease to experience the relationship from her own side, does not give up the ground of her own concreteness, nor does she cease to see through her eyes (Buber, 1965a; Friedman, M., 1985). Martin Buber distinguishes inclusion from empathy and conceptualizes empathy as an "exclusion of one's own concreteness . . . the absorption in pure aestheticism of the reality in which one participates" (Buber, 1965a, p. 97).

By the above dialogical factors the therapist can make it possible for an I-Thou relationship to develop between herself and the client and consequently grow into a Dialogue. Then an I-Thou relationship might happen in the psychotherapy situation. This relationship in therapy is not characterized by full mutuality, because therapist and client are co-operate for the purpose of the client's development.

Person-Centered Approach to Therapy

Client-centered therapy or, as it is known from the 1970s, Person-centered approach (PCA) to therapy is described by Carl Rogers (1902-1987), "the most influential psychologist in American history" (Kirschenbaum & Henderson, 1989, p. xi), more as a basic philosophy than a particular technique or method. This philosophy involves a basic trust in the human being rather than a skeptical attitude. PCA begins with the assumption that human nature is essentially good in a climate "of safety, absence of threat, and complete freedom to be and to choose" (Rogers, 1962, p. 93) without the restriction of evaluative terms by others, namely the conditions of worth. The trustworthy kernel of personality, the place of internal evaluation and of all experiences is the organism which it is found in interaction with the environment and is directed by the actualizing tendency toward maturity and autonomy. This tendency that the individual shares with all living organisms is ". . . the directional trend . . . - the urge to expand, extend, develop, mature - the tendency to express and activate all the capacities of the organism, or the self" (Rogers, 1961, p. 351). Although he does not have a Rousseauian view about the human being, Rogers places himself in contrast to traditional psychotherapy, which views the human being as deterministically driven and, in turn, involves a distrustful attitude toward the client. The central hypothesis for Rogers is that ". . . individuals have within themselves vast resources for self-understanding for altering their self-concepts, basic attitudes, and self-directed behaviour; these resources can be tapped

if a definable climate of facilitative psychological attitudes can be provided” (Rogers, 1980a, p. 115). Based on this assumption, Rogers emphasizes the quality and identifies the importance of the therapeutic relationship which includes three necessary and sufficient therapeutic conditions, in order to provide the “definable climate” of which he speaks.

a. Genuineness, realness or congruence. “. . . within the relationship (the therapist) is freely and deeply himself, with his actual experience accurately represented by his awareness of himself. . . .” and “. . . he is what he actually is, in this moment of time. . . .” (Rogers, 1989, p. 224). Genuineness of the therapist is difficult, but is the most important element in the therapeutic relationship, because it stimulates transparency in the client (Rogers, 1961, p. 51; Rogers, 1980a, p. 160). It also represents an internal and external congruence of the therapist’s inner feelings and outer display, the stage for the client to dive into herself and accept her own internal meanings and estimate them in much the same way. For significant and/or long-term relationships, Rogers thought it best to express “strong and persistent” (Landreth, 1984, p. 323; Rogers, 1970, p. 58) attitudes and feelings, regardless of whether they are positive or negative.

b. Unconditional positive regard (acceptance, prizing, trust). This condition is “. . . the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client’s experience as being a part of that client. . . .” (Rogers, 1989, p. 225). This specific non-possessive caring is not an easy task and requires a deep capacity from the therapist to accept the client as she is and not as the therapist wishes the client to be. “Completely unconditional positive regard would never exist except in theory” (Rogers, 1989, p. 225) therefore it “exists as a matter of degree” (Rogers, 1989, p. 225) of the therapist’s fundamental respect and valuing of the client. Accepting a client never means denying the helper’s own uniqueness, being extensively permissive or becoming indecisive. Instead, the therapist may still express at the same time her feelings “whether positive or negative” (Rogers, 1977, p. 9), but with regard for the client’s right to make judgments according to her internal valuing system. When the therapist establishes this warm and trusting climate for the client, the latter finds that she likes and trusts herself as well.

c. Empathic understanding. It is an active, and accurate process of the therapist seeking to hear the other’s private world, thoughts, feelings, tones and meanings, as if they were her own “but without ever losing the ‘as if’ quality. . . .” (Rogers, 1989, p. 226). Empathic understanding is related to an endless attitude, full of sensitivity towards the experiencing and changing felt meanings of the other person. The therapist enters into the client’s frame of reference without prejudice and encourages the experiencing process which takes place within the client, who then can more fully experience her own point of view and thus discover new meanings.

According to Patterson (1995), the facilitative psychological attitudes “may be summed up in the concept of love” (p. 60) or otherwise the greek word “agape”. “Without effortless agape personal relation and Koinonia it can’t be founded” (Delikostantis, 1990, p. 41)⁴. For Rogers himself “. . . the strongest force in our universe is not overriding power but love” (Rogers, 1980a, p. 204) and one of the most significant elements for the enrichment of interpersonal communication is man’s “greater freedom to give and receive love” (Rogers, 1980a, p. 26). Once the therapist experiences and manifests the above conditions, then “constructive personality change” (Rogers, 1989, p. 219) and the actualizing tendency of the client are promoted, without any content directives by the therapist.

Rogers' work has been moving in a more relational and spiritual direction in recent years of his life, either as a result of his experiences from the wider social applications of encounter groups or of his dialogue with Buber. In this movement he talks about his way of being as a therapist or facilitator and he acknowledges concepts like presence, intuitive self and transcendental core of his person as essential elements for the healing of the other (Rogers, 1980a, 1986).

Now I shall turn to a brief consideration of Dialogical therapy and PCA in order to clarify in what ways they are similar to one another and in what ways they differ.

Correspondences and Contrasts in Relation to Psychotherapy

Correspondences between Dialogical therapy and PCA to therapy:

- The acknowledgement of the importance of therapeutic relationship as the basis for healing. Therapeutic relationship begins not with methodological techniques and skills, but with the authentic being of the therapist.
- In *presentness* of Dialogical therapy and *genuineness* of PCA, the therapist is able to bring to the relationship her whole authentic being, without front or façade and relate to the client's whole authentic being.
- In *confirmation* of Dialogical therapy and *unconditional positive regard* of PCA, the therapist communicates a positive recognition, in a caring way and of great value to the client, although the therapist may at times express her disagreement with specific behaviors or decisions of the client.
- In *inclusion* of Dialogical therapy and *empathic understanding* of PCA the therapist experiences the client's world from two sides, her own and the client's. Martin Buber meant different things when he used the concept of empathy; his distinction between inclusion and empathy maybe due to the fact that he writes from a philosophical perspective and he was not familiar with the concrete therapeutic practice.
- Professional training regarded merely as an asset to therapy, but it isn't the basis.
- There are individual and group applications.

Contrasts between these two therapeutic approaches:

- Dialogical therapy assumes the polar nature of human being, and perceives the source of healing in an ontological realm of *between* rather than *within* the individual. The PCA to therapy assumes the actualizing tendency and directional process of a human being and perceives the source of healing mainly *within* the individual.
- Dialogical therapy's goal is the creation of the I-Thou relationship and strives to help the client reconnect with the world, whereas PCA's goal of therapy is to promote in the client the actualization of her inherent potentialities.
- In Dialogical therapy total mutuality is regarded as impossible due to the nature of the therapeutic relationship. The PCA therapist strives for total mutuality in a relationship wherein client and therapist are partners.
- Dialogical therapists consider that techniques should be placed in proper perspective to the relationship itself, while PCA therapists avoid techniques claiming that the facilitative conditions are sufficient for personality change.

- Dialogical therapy emerged from European culture, is based upon philosophy and emphasizes the relational realm whereas PCA emerged from American culture, is based upon psychology and, in the early period of Rogers's life and work, emphasizes the individual self.

Commentary

Given these similarities and differences PCA and Dialogical therapy may be seen as representing two independent and separate psychotherapeutic branches. Considering the contributions of both great thinkers, it would be superficial to say that "Rogers=Buber put into practice" (Schmid, 1998, p. 78). Nevertheless, it can be said that "in fact they did have more theoretical similarities than are apparent in their writings and in these dialogues" (Shlien, 1997, p. 75). In favor of PCA, I warn that Dialogical therapy due to its regard for the human being as polar, could potentially lead to a therapeutic relationship in which the therapist becomes the knower of "truth," the one who decides which pole is positive and which is negative. In contrast, PCA allows for an understanding of the client without the need to push her toward any particular direction. This view gives the green light for a therapeutic relationship in which the therapist becomes a partner of the client, a "companion in the search" (Van-Balen, 1990, p. 70), a non directive partner of the client in his/her personal journey. On the other hand, Dialogical therapy is an attempt to move beyond the often criticized "Pollyanna" view of Rogers by seriously considering the possibility of evil (Friedman, M., 1982; May, 1982). Despite this, I believe that this criticism is due to the interpreters' misunderstandings of Rogers's theory (Rogers, 1961, p. 27; 1962, p. 91; 1981; 1982; p. 88-89).

Society has already entered a new phase of Postmodernism, going beyond many of our old assumptions and certainties. Postmodernism is defined as "the rejection of 'grand narratives' in theory and the replacement of a search for truth with a celebration of the multiplicity of (equally valid) perspectives" (Burr, 1995, p. 185). Postmodernism doesn't believe in grand theories and meta-narratives, but deconstructs the myths. One of the myths is that a human being has only one unified self forever. According to O'Hara and Anderson (1991) postmodern consciousness has been raised by "the cumulative effect of pluralism, democracy, religious freedom, consumerism, mobility, and increasing access to news and entertainment" (p. 20). Gergen (1991), asserts that in postmodern era the "emphasis shifts from self to relationship" (p. 157), "the possibility for committed romanticism or strong and single-minded modernism recedes, and the way is opened for the postmodern being" (p. 80). A new and growing force within psychotherapy, linked with postmodern thought, is constructivism, however the mainstream and a part of academic psychology "is still presenting to the world a somewhat deceptive mask of scientific certainty" (O'Hara & Anderson, 1995, p. 171). According to constructivism, human knowledge - including that about self, others and the world - is constructed in relationships and can be re-made in relationships. From a constructivist's point of view, human beings are seen as "oriented actively toward a meaningful understanding of the world in which they live" (Neimeyer & Neimeyer, 1993, p. 3). "It is this drive toward meaning, this effort toward significance and purpose from elements of experience, that typifies the human enterprise and that serves as a cornerstone of constructivist's thinking" (Neimeyer & Neimeyer, 1993, p. 4).

While by the strict sense of the term, Buber and Rogers were not postmodernists nor constructivists, their thoughtful insights offer new, fresh ideas for understanding the reality and knowledge of human beings that converge with contemporary streams of scientific thought (Buber, 1958; Rogers, 1980b). They renounced traditional knowledge and values, and conceived therapy and self as relational and fluid processes. Through experiencing of the authentic relationship, as well as the respect, praise and recognition of the otherness, meaning is created and co-constructed "between" therapist and client: New knowledge and selves can be developed through the progress and co-evolution of both. This dialogical and relational paradigm is in harmony with constructivist's principles (Mahoney, 1991; Neimeyer, 1995; Neimeyer & Mahoney, 1995). Following these assumptions, many scholars from various disciplines associate Buber and Rogers with postmodern thought (Bauman, 1992; Cissna & Anderson, 1998; Eisenstadt, 1992; Kepnes, 1992; O'Hara, 1995a) and there are therapists who connected, either Dialogical therapy (Friedman, 1995, 1998; Heard, 1993) or PCA (Frenzel, 1991; Neville, 1991; O' Hara, 1995b, 1997; Schmid, 1999) with constructivism.

Dialogical therapy and PCA to therapy may be used in a complementary manner in psychotherapeutic process and in therapists' training. For some, the basic tenets of PCA remained constant and included a world-view reflecting its Western and individualistic roots. Thus the PCA is seen as not useful for therapists who come from different sociocultural environments (Ho, 1985; Holdstock, 1990, pp. 110-112; 1994, pp. 244-245; 1996; Moreira, 1993; Rasmussen, 1991; Sarason, 1981; Sampson, 1989). Still, others assert that PCA is congenial with many cultures (Kosmopoulos, 1981; Morotomi, 1998; Patterson, 1995; Prasad, 1984; Singh & Tudor, 1997; Williams de Couderc, 1984). Dialogical therapy may prove to be more meaningful for therapists who come from cultures which are more relationally-based. Also, in addition to preparation in psychology, therapists' familiarity and training in Dialogical philosophy and practice, will provide them with supplementary knowledge in an area in which they are underprepared, but is particularly important to their Beings and professional functioning.

Relationaldynamics of the Person (in Greek *Shesiodynamics*) can be seen as a fruitful synthesis between Dialogical Philosophy and PCA, immersed with elements from personalistic philosophical thought and Greek cultural context (Kosmopoulos, 1990, 2001) and having group applications (Mouladoudis, 2000). Relationdynamics as a process places its emphasis on the consideration of the counseling act as fluid and dynamic. It shapes its content and its "rules" into a dynamic interaction with the human, natural, technical and social context. Its effectiveness is a product of the facilitative development by the counselor and the progressing relational and communicative dynamics multiplied by the readiness of the client (Kosmopoulos, 1994, pp. 23-40).

As I mentioned earlier, Rogers' movement in the later period of his life and work towards a more relational and spiritual dimension of therapy, diminished even more the differences between Dialogical therapy and PCA to therapy; this movement has set off a broad dialogue centering on the different underlying assumptions of the researchers. Many critics which come from a "scientific", frosty façade have considered both Buber and Rogers in simplistic or erroneous ways; they have accused two men as elitists, utopists, idealists, naivists e.t.c. On the contrary, I believe that the fertile interconnection of Buber's and Rogers' theories as well as the work of therapists who identify themselves with each approach, may permit a rich integration towards an intertwined, highly effective proposal to psychotherapy

with an emphasis on the unique human being, as a Person. The discussion is continued and a full inquiry of this vital issue remains an area of future exploration.

NOTES

¹ This article is a revised version of the paper "Person-centered and dialogical psychotherapy: Two sides of the same coin?" Presented to *The 7th International Congress on Constructivism in Psychotherapy*, September 19-23, 2000 Geneva, Switzerland.

² Firstly, Swiss psychiatrist Hans Trub and later Eric Berne, Ludwig Binswager, Medard Boss, Ivan Boszormenyi-Nagy, James Bugental, Richard Erskine, Leslie Farber, Victor Frankl, Kurt Goldstein, Sidney Jourard, Austin Joyce, Heinz Kohut, Barbara Krasner, Ronald Laing, Rollo May, Janet Moursund, Erving and Miriam Polster, Mordecai Rotenberg, Geraldine Spark, Robert Stolorow, Erwin Straus, Rebecca Trautmann and Irvinf Yalom.

³ Freudian and Jungian psychoanalytic, transactional analytic, interpersonal, client-centered, object relations, gestalt, existentialist, integrative and contextual and intergenerational family therapy.

⁴ The Greek word Koinonia (Communion), means an intimate communication or interchange, the act of sharing or holding in common, thoughts, emotions or feelings.

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