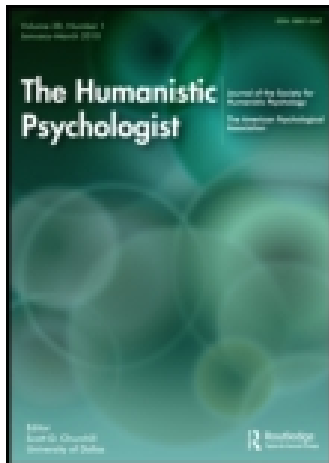


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Behind the Mirror: Reflective Listening and its Tain in the Work of Carl Rogers

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Although Rogerian reflective listening is considered a fundamental therapeutic practice, it is widely misunderstood. This article endeavors to dispel myths about Rogers' reflective approach through detailed readings of his work, while also opening up a central problematic in Rogers' thinking. Rogers struggled repeatedly with the dilemma of how the therapist can faithfully reflect the client's experience while avoiding insincerity. The metaphor of a mirror and its *tain*, or back surface, is used to guide a close analysis of how Rogers grappled with the tension between the therapist's reflective listening process and his or her inner experience while reflecting. It is shown that each of Rogers' revisions of his conceptualization of reflective listening constitutes a dialectical shift that opens a different approach to the problem of the tain, eventually concluding in an interactional formulation of reflection as the provision of tentative therapist understandings designed to be amended in response to client feedback.

Although Rogerian reflective listening is considered to be an elementary psychotherapeutic practice, few psychotherapeutic practices are as commonly misunderstood. Often, reflective listening is incorrectly taught as a verbatim repetition of the client's speech. Moreover, its conceptual rationale is rarely explicated in textbooks. For these reasons, reflective listening is sometimes caricatured by therapists as a mechanical parroting back of the client's words (Cissna & Anderson, 1994; Gendlin, 1962; Rogers, 1986; Sundararajan, 1995). However, there is more to reflective listening than meets the eye. Reflective listening is a complex practice that was repeatedly revised over the course of Rogers' career, and has assumed new meanings in the context of contemporary treatment approaches (Gendlin, 1996; Miller & Rollnick, 1991).

One reason for the widespread misunderstandings of reflective listening may be the scarcity of close analysis of Rogers' work by scholars. Despite the fact that Rogers' theories are reputed to have generated more research than those of any other American clinical psychologist, Rogers is rarely studied in psychology programs (Elkins, 2009). Although Rogers is believed by many psychologists to rival Freud in his professional stature in the field (Hagbloom, 2002; Smith, 1982), the balance of Rogers and Freud scholarship is heavily tilted towards the latter. The literature is replete with close readings of Freud's writings on sexuality, the unconscious, dreams, literature, and psychopathology. Scholars build entire careers out of fresh investigations of the minutest features of Freud's work. Close readings of Rogers, by contrast, are relatively few and far between (rare exceptions include Brodley, 1999; Ellingham, 1999; Kirschenbaum, 2007; Sundararajan,

1995). Perhaps this imbalance has occurred because Freud's writing is intimidatingly technical, whereas Rogers' writing is deceptively transparent. Every reader of Freud knows that he is challenging to understand. However, readers of Rogers may make the assumption that they can grasp what he means without careful study.

In this article, I unpack the concept of reflective listening in Rogers' work. I endeavor to clarify the underlying rationale and structure of this misunderstood practice, and offer a fresh perspective on its contradictions. Specifically, I use close readings of the writings of Rogers to highlight the dialectical tension between the person-centered therapist's reflective activity and her inner experience. My reading is guided by Rogers' use of the metaphor of the mirror in his clinical theorizing. I explore an unformulated contradiction in Rogers' clinical theory by drawing attention to an implicit aspect of Rogers' image of the mirror: the mirror's *tain*, or hidden back surface. Although the tain supports the reflective surface of the mirror, it is not necessarily reflective. Like the back of a mirror, the therapist's inner process does not necessarily match the client's experience, even though it supports the practice of reflective listening.¹ Consequently, reflective listening can be perceived as insincere, potentially violating one of Rogers' core conditions of effective psychotherapy: therapist congruence.

A key concept in my reading of Rogers is *dialectic*. *Dialectic* refers to a process in which necessary configurations of development are superseded from within when they outgrow their own structure (Hegel, 1807/1976). In a dialectical process, each developmental stage of that process is bedeviled by internal contradictions that force it to move beyond itself. I contend that Rogers' understanding of reflective listening develops in a dialectical fashion. Throughout his clinical writing, Rogers grapples with conflicting demands for the therapist's empathy, on the one hand, and her genuineness, on the other. Rogers' struggle with these conflicting demands contributes to dialectical shifts in his conception of reflective listening. Over the course of his career, Rogers' position on reflective listening passes through three crucial moments. Initially, Rogers conceives of reflection as a minimalist technique designed to maintain absolute fidelity to the client's emotional experience to facilitate catharsis. Reflection, in Rogers' original formulation, is a product of therapist self-restraint. However, Rogers later realizes that strict self-restraint lends itself to insincerity on the part of the therapist. Accordingly, he comes to view reflection as a means of congruently implementing underlying therapist attitudes of empathy and acceptance. Yet, this approach, too, seems to lend itself to a kind of insincerity. Eventually, Rogers outgrows the concept of reflection and reshapes it into interactional concepts of *empathic listening* and *testing understandings*. These interactional concepts do not eliminate the opposition between empathy and genuineness, but reframe it as a generative tension that drives the psychotherapist's empathic activity.

A FLAWLESS MIRROR: TECHNIQUE, RESTRAINT, AND CATHARSIS, 1942–1946

In Rogers's first book on adult psychotherapy, *Counseling and Psychotherapy* (Rogers, 1942), he emphasizes the counselor's precise and sustained fidelity to the client's emotional experience. Stressing the therapeutic benefit of affective expression, Rogers describes how the therapist

¹Some readers may be familiar with the conceptual use of the theme of the tain from Gasche's 1986 book, *The Tain of the Mirror: Derrida and the Philosophy of Reflection*. However, my approach and Gasche's have little in common, with the exception of a shared Hegelian influence.

can facilitate that expression. Rogers contrasts his position with the interpretive psychoanalytic technique that was dominant at the time. Rogers warns against the overzealous use of psychoanalytic techniques, contending that interpretations of the client's dynamics can heighten defensiveness and inhibit emotional expression. Because the psychoanalytic therapist intrudes into frightening parts of the client's mind, she can become an object of dread. As Rogers (1942, p. 196) puts it, "The counselor and his interpretations become something to be feared." Rogers is saying, essentially, that psychoanalytic interpretations can create an iatrogenic phobia of the therapeutic process itself.

Rogers' criticism of psychoanalytic interpretations sets the stage for his presentation of an alternative technique, which is perhaps his earliest version of what would later be referred to as reflective listening. Contrasting his clinical approach to Freudian interpretation, Rogers endorses a different clinical procedure called a *clarification* that further articulates the client's understanding of themselves. Rogers offers two guidelines for clarifications. First, they must be crafted exclusively out of what the client has already said, and second, they must clarify an insight that the client has already had. They are amplifications and integrations of previous client remarks. Accordingly, whereas interpretations make unconscious material conscious, clarifications develop material that has already been raised to the level of consciousness (Kirschenbaum, 1979). It is as if Rogers 1942 strips interpretations so bare that their interpretive function is removed.

In writing of clarifications, Rogers highlights the tension between therapists' inner thoughts and what they should actually verbalize to clients. For example, as a client talks about her life, Rogers notes, her therapist will naturally detect problematic patterns in how she reacts to life situations. Observing these patterns, the therapist will feel a powerful urge to tell the client about them. However, acting on this urge will likely raise the client's defenses. Accordingly, therapists must exercise restraint and keep their insights to themselves. Rogers' recommendations verge on the Puritanical. He portrays a therapist whose mind is roiling with insights about the client that could spill over at any moment into impulsive interpretations. Resist the temptation to excess, is Rogers' underlying message. Less is more. In this sense, despite Rogers' departure from psychoanalytic tradition, a strong Freudian influence is apparent. Rogers' admonitions about the therapeutic mirror sound like echoes of classical Freudian rules requiring the therapist to present a blank screen to the patient (Freud, 1912; Mitchell, 1997). Freudians of Rogers' era counseled therapists to withhold self-expression, advice, reassurance, and other conventional responses to suffering, largely because they believed that it was necessary to frustrate the client's wishes for a more personal interaction to allow the transference to emerge in an uncontaminated form. In a sense, then, the Rogers of 1942 is more classical than the most classical Freudians. He wants the therapist to be so neutral that even interpretation is prohibited. In this early formulation, reflective listening or "clarification" is what is left over when all nonneutral moves are removed from the therapist's repertoire.

Rogers' early concept of therapist *nondirectivity* synthesizes and distills many of his Puritanical recommendations. He describes in minute detail many of the routes by which the counselor using a traditional directive approach selects the topics and goals of the counseling session. Rogers offers several core criticisms of the directive approach. For one thing, he contends that the counselor who decides upon the goals of treatment without input from the client might prevent the client from articulating their own goals. Furthermore, Rogers fears, a directive approach risks making the client dependent on the counselor to solve personal problems. Moreover, he claims that the directive counselor can inhibit the client's freedom of self-expression by deciding for

the client what topics should be discussed. Finally, and perhaps most dramatically, Rogers worries that the counselor will exert a Svengali-like influence on the client by using his or her “persuasive powers” (Rogers, 1942, p. 118). Therapist directiveness, he warns, is a dangerous temptation that the therapist had best resist.

In the last three of these criticisms of directive counseling, Rogers remains aligned with many of the concerns of mainstream Freudians of his era. Like the Freudian mainstream, he is troubled by the myriad of ways therapists could exert inappropriate influence over their clients by means of suggestion. The fear of suggestion has a long history in psychoanalytic thought, its deep roots extending into psychoanalysis’ origins in 19th century practices of hypnotism and mesmerism. Rogers’ take on the problem of undue therapist influence is broader than that of the Freudians, however. For although traditional psychoanalysts would often consider clients’ stated goals to be defensive distractions, Rogers 1942 believes that therapists who ignore their clients goals interfere with their clients’ freedom. Once again, it is as if Rogers were radicalizing the Freudian concept of technical neutrality in the service of an absolute fidelity to the client’s process. Rogers feels that in the nondirective approach that he recommends, therapist influence is appropriately and safely limited. Like the word *nondirective* itself, the approach Rogers describes is characterized largely negatively, by the techniques that are absent rather than those that are present. A nondirective approach excludes advice, argument, persuasion, preconceived selection of topics, and other obvious forms of therapist influence. It is defined chiefly by what it prohibits.

Despite the affinities between Rogers’ 1942 reasoning and that of the classical Freudian mainstream of the early 1940s, there are critical differences. Whereas the classical Freudian inhibits ordinary human interactions with clients to achieve a kind of pure, quasi-scientific objectivity, Rogers inhibits ordinary interactions to convey greater acceptance of the client’s feelings. Indeed, it is the acceptance of feelings, he contends, that is the active ingredient in the procedure of reflection of feelings. By restating the client’s remarks without interpreting them, the therapist communicates an attitude of acceptance that makes the client feel safe enough to lower his or her defenses and release his or her feelings. Importantly, Rogers underscores the therapeutic effect of acceptance on the granular level of the moment-to-moment process in session. Acceptance, for Rogers 1942, is more than a general attitude. It is a specific response to each of the client’s utterances at each moment in session. Using clarifications, the therapist accepts this client expression, then that one, then this one, then the next one, almost as if s/he were stamping each individual client expression with a seal of acceptance. The sequence of client-expression-followed-by-therapist-acceptance builds momentum. As each expression is accepted by the therapist, the client is able to more fully express additional unexpressed feelings. After the client’s negative feelings are sufficiently released, positive feelings emerge, and then, insight emerges spontaneously. As this process builds and crests, Rogers claims, behavioral changes occur naturally (Rogers, 1942).

Although Rogers rarely uses the motif of the mirror in his 1942 book, its few appearances are of note. Describing the best clinical approach for moments when the client expresses painful negative feelings, Rogers recommends that the therapist operate as a “mirror” whose purpose is to increase the client’s awareness of these feelings, no matter how much they may wish to protect the client from negative feelings by disputing them. Again, the theme is self-restraint against inner temptation. When therapists want to jump in and help clients, they ought to hold back and instead draw attention to clients’ own feelings. Later, Rogers refers to a session transcript that shows how a therapist was effective by “mirroring the client’s attitudes in order to bring them more clearly into consciousness” (1942, p. 361). As Rogers indicates, the therapist in

the transcript specifically mirrors the client's *attitudes*, rather than the client's actual words. In this transcript, the therapist rarely says anything that could be construed as a reflection of the client's speech. In addition to the aforementioned uses of the word *mirror*, Rogers uses the word "reflect" three times in relation to therapist responses (pp. 158, 203, 352), all when examining transcripts of therapy sessions. In two of these, Rogers refers to therapist responses that accurately recognize the client's feelings, and in one, to responses that accurately state the client's point of view. In all these cases, Rogers intends to show that accurate therapist recognition of the client's feelings reduces inhibitions against expressing feelings in session, and carries forward the cathartic process that he views as a basic ingredient of therapeutic action.

The picture that Rogers 1942 paints is of a low risk and minimalist therapeutic approach in which the therapist is almost exclusively devoted to crafting statements that accurately reflect the client's affective experience. In Rogers 1942, the therapeutic mirror is a product of discipline and artifice. Therapeutic reflection does not emerge naturally in the therapeutic relationship, and is created by inhibiting spontaneous impulses. It must be actively constructed by a highly controlled therapist who prevents his or her thoughts and impulses from clouding the mirror. In this sense, the Rogerian therapeutic mirror of 1942 is artificial and even deceptive. Most of the therapist's spontaneity seems to be hidden behind it. Moreover, a great emphasis is placed on avoiding mistakes of various kinds, accentuating the impression that to come out from behind the mirror is not only ineffective but harmful. The mirror is fragile; it may shatter if mishandled. Watch out.

Rogers' next major work on psychotherapy, *Counseling with Returned Servicemen*, is coauthored with one of his graduate students, Jonathan Wallen (Rogers & Wallen, 1946). Written in the wake of World War II, the book is meant to address the need for rapid training of counselors to cope with the overwhelming influx of war veterans in need of psychotherapy services. Rogers and Wallen claim that their restrained approach to therapy is safer than directive or interpretive approaches, as it does not require extensive knowledge or experience on the part of the therapist. They suggest that therapist procedures ought to strive for three main goals: first, to help the client to express themselves with minimal fear and defensiveness, second, to help the client to more clearly perceive themselves, and third, to help the client accept and own their motivations. Rogers and Wallen contend that to achieve these three goals, only two therapist moves are needed: *simple acceptance* of the client's remarks with statements like "I see" or "yes," and *reflection of feeling* (p. 31). In his discussion of the latter, which he portrays as the "most important of all counseling techniques," Rogers and Wallen (p. 31) again suggest that the therapist function as a "mirror by which the client may see himself." Regarding what precisely it is that the therapist is supposed to reflect, Rogers and Wallen sometimes refers to the client's *feelings*, but at other times to so-called *emotionalized attitudes*. Although Rogers and Wallen recommend that the therapist devote their attention exclusively to identifying the feeling the client is expressing, the range of targets for reflection is much broader in scope than specific feelings alone. For example, Rogers and Wallen (1946, pp. 31–32) give the example of a client who feels his wife is inconsiderate, and suggests the reflection: "You feel that she is pretty selfish." This is not exactly a feeling per se, and appears to be an example of what Rogers and Wallen mean by *emotionalized attitude*. Here, the therapist's reflection does not state the client's actual feeling (resentment) but instead, states the client's emotionally toned attitude towards his wife. Most of the other examples of reflections of feeling that Rogers and Wallen cite include a restatement of the overall life context in which the feeling or emotionalized attitude is embedded, rather than a description of the feeling or emotionalized attitude in isolation.

Although reflection of feeling may appear simple in principle, Rogers and Wallen argue that it is a challenging technique to master. For one thing, it demands extraordinary self-discipline on the part of the therapist. The therapist must not jump ahead to feelings that the client has not yet expressed, but stick to reflecting the emotional essence that the client has already expressed. The therapist must refrain from judgment, from advice, and from diagnostic evaluation. As part of conveying acceptance to the client, the therapist must abstain from expressions of shock, surprise, disapproval, or strong approval. Indeed, it is through the therapist's attitude of acceptance that the client will learn to face and accept her or his own feelings, rather than denying them. As clients express and accept their feelings in the relationship with therapists, they also learn to recognize and accept their real selves, as distinct from the social masks they may wear. Self-expression coupled with self-acceptance leads naturally to greater self-awareness. Insight naturally leads to a clearer perception of the choices available to the client, and therefore to concrete actions. To facilitate this growth process, the therapist must not impose his or her needs on the client. Insofar as the therapist's own needs interfere with the therapeutic process, they must be kept out of the consulting room. The therapist's attention on the client's feelings must remain steady and undistracted. Rogers and Wallen are strict purists in this regard. For example, they present a segment of a therapy session in which a client complains that he grew up in a family in which emotion was not expressed, and that this formative experience caused difficulties with his wife since the beginning of his marriage. The therapist asks (Rogers & Wallen, 1942, p. 32) "How long have you been married?" According to Rogers and Wallen, such factual questions are countertherapeutic, as they elide the client's expressed feelings and interrupt the client's process. They don't go with the flow.

In this regard, the strictness of Rogers and Wallen's approach is reminiscent of classical Freudian prohibitions against interrupting the flow of a patient's free associations. Both approaches envision a complimentary relationship between therapists and clients in which therapists restrict their behavior to make room for the client's freedom of expression. Yet, there are dramatic differences between the two approaches. For one thing, Rogers and Wallen have a different rationale than Freud for letting patient flow proceed unimpeded. Freud thought that the free flow of associations was important because it could reveal the patient's unconscious complexes (Freud, 1900, 1912, 1913). From this perspective, free association is primarily a source of data that are collected to inform the therapist's interpretations. For Rogers and Wallen, by contrast, the patient's self-expression is an organic process of growth in its own right, not only a source of information. Apparently, they believe that even minor interruptions of the continuity of this natural process can derail it. Second, for Rogers and Wallen, client self-expression unfolds most smoothly in the presence of a therapist who actively responds, rather than reclining in silence while tracing the client's associative threads.

In Rogers and Wallen (1946), then, reflection of feeling occupies a complicated position joining discipline with flow. Reflections can only facilitate the client's flow because they are not swept away by it. A remark that impulsively expresses the therapist's spontaneous reaction could impose the therapist's needs on the client and interfere with the client's self-guided growth. Therapist spontaneity is largely forbidden, as Rogers and Wallen perceive it as almost diametrically opposed to client spontaneity. For Rogers and Wallen, there is room for only one spontaneous, free speaking person in the consulting room: the client. Even though Rogers and Wallen seem to forbid therapist spontaneity, however, they paradoxically claim that reflections must be sincere (p. 19). After asserting that the attitude of the nondirective counselor helps to

facilitate the client's sense of confident independence, they (Rogers & Wallen, 1946, p. 19) write: "For most beginning counselors . . . some time is needed before they fully appreciate the importance of their attitudes toward the client and his problem . . . the use of certain counseling techniques merely *as* techniques leads to a lack of sincerity unless the counselor himself develops a genuine appreciation of the process of therapeutic counseling. This emotional sincerity can only be gained through experience." In this nearly parenthetical recommendation, Rogers and Wallen reveal an emerging awareness of the problem of the tain. Let's unpack their remarks carefully. Rogers and Wallen identify a problem—insincere use of counseling techniques with the client—without clearly articulating why it is a problem. One could ask: Why *not* be insincere? Why not treat the client by saying whatever needs to be said, sincere or not? After all, the surgeon does not worry about whether his or her stroke of the knife is sincere before he or she starts cutting. Rogers and Wallen, on the other hand, simply assume that insincerity is undesirable without saying why. Moreover, they don't offer a theoretical account of what it is that insincerity consists in, offering only the qualifier that the kind of sincerity they refer to is "emotional" sincerity. Insincerity, here, is a kind of undefined bad emotional quality that occurs when beginners implement techniques without the right attitudes.

Rogers and Wallen's remarks are somewhat misleading, in that they unearth a profoundly complex issue only to reassure readers that the issue will naturally resolve itself. For Rogers and Wallen 1946, the problem of insincerity is, apparently, merely a result of inexperience. It is a developmental phase that counselors will naturally outgrow given time. Sincerity is not a state towards which the counselor must actively strive, but a developmental level requiring nothing more than an accumulation of experience reaching some unspecified threshold. It is as if Rogers and Wallen both raise and dismiss the problem of insincerity in the same stroke of the pen.

I propose that Rogers' and Wallen's vague remarks about sincerity are canaries in the coal mine of early Rogerian thought. These remarks represent the failure of Rogers' initial concept of reflective listening to coherently address the tension between accurate reflection and therapist sincerity. Nevertheless, Rogers' and Wallen's emphasis on therapeutic attitudes in addition to technique anticipates Rogers' later and more profound grappling with the problem of technical insincerity. With this emphasis, Rogers and Wallen prefigure Rogers' later shift away from the portrayal of the reflection of feeling as a technical procedure, and towards Rogers' emerging view that reflection is a way of implementing an inner attitude of genuine empathy.

EMPATHY FROM THE INSIDE OUT: REFLECTION AS IMPLEMENTATION OF THERAPIST EMPATHY, 1949–1959

From the late 1940's onward, Rogers' fastidious emphasis on the technical details of the disciplined reflection of feelings is increasingly superseded by an emphasis on the underlying therapist attitudes expressed by reflections (Kirschenbaum, 1979). Rogers begins to awaken to the fact that by advising therapists to so strictly restrain themselves in the service of the client's process, he had undermined their ability to provide the genuine responsiveness required to nurture that process. In the Rogerian counselor's very effort to reflect the client's feelings with unwavering truthfulness, her reflections become compromised by a mechanical insincerity. In a pivotal 1949 article, Rogers writes that his previous writings overemphasized technique, when in fact

the therapist's attitude is also vitally important (Rogers, 1949). For Rogers 1949, a method of therapy is only effective when it is consistent with the attitude of the therapist. If reflection of feeling is attempted by a therapist who does not value the client's point of view, for instance, it will be compromised. Therapists cannot avoid expressing their attitudes, whether they do so consciously or unconsciously. If a therapist's underlying attitude towards the client is devaluing, Rogers notes, the devaluation will subtly show through in the tone in the therapist's reflections. Reflection of feeling, then, is not a technique, but a method of implementing client-centered attitudes of acceptance and understanding. These attitudes, in turn, are rooted in the therapist's personality. For instance, the therapist's attitude of respect for the individual worth of each person is a psychological achievement that may only be established after much personal growth. Although Rogers 1949 continues to value the reflection of feelings, he locates it within a context of personal growth and relatedness to others. In much the same way that muscular strength is required to perform a handstand, psychological maturity is required to reflect feelings effectively. Not just anybody can do it. Shades of Rogers and Wallen (1946) are apparent here, with an important twist. In Rogers and Wallen, the ability to use reflections sincerely is a natural result of clinical experience. In Rogers (1949), by contrast, the necessary condition for sincere reflection of feeling is not merely clinical experience but psychological maturity. The effective reflection of feeling demands the therapist's development as a whole person, not only as a clinician.

Although the reflection of feelings implements several therapeutic attitudes, perhaps the most important of these is empathy. To establish an attitude of empathy, the therapist must set aside any frame of reference that is external to the client's viewpoint. Examples of frames of reference to be set aside include diagnostic considerations and evaluations. The therapist must endeavor to see the world as the client sees it, and from their frame of reference. In addition, the therapist must try to perceive the client as the client perceives themselves. Crucially, Rogers (1949) specifies that although the empathic therapist assumes the client's viewpoint, doing so is not the same as emotionally identifying with the client. As in his earlier writings, Rogers advises restraint, and this call for restraint creates a tension in his concept of empathy. Sometimes, he appears to vacillate between advising full absorption in the client's subjective experience and recommending a more detached position. Rogers settles for the position that although empathy is immersive, it is not the same as engulfment in the client's viewpoint. The therapist should *perceive* the client's hopes and fears, but not be entangled by them. Look, but don't touch.

Despite the increasing stress that Rogers places on therapist attitudes, he continues to fine tune his advice on how to practice the reflection of feelings. He cautions against couching reflections in a declarative form, as doing so transforms them into therapist-centered evaluations of the client's experience. Declarative reflections position the therapist as an authority on what the client feels, rather than facilitating the client's own self-awareness. True empathy, Rogers implies, is inherently provisional. And like empathy itself, a reflection must always be a tentative attempt to perceive the client's internal frame of reference. In this respect, reflections of feeling are verbalizations of thoughts that tend to naturally enter the mind of a therapist who maintains an empathic attitude.

As Rogers' view of the therapist's frame of mind changes, his view of the client's perception of the therapist also shifts. From 1949 on, Rogers contends that client-centered therapists not only hold a mirror up to the client's feelings and attitudes, but also offer themselves as alter egos of the client's self. The client-centered therapist is perceived by the client as a kind of benign doppelganger, a second self. Rogers contents that when the client perceives her- or himself

reflected in the alter ego of the therapist, the client is better able to understand him- or herself objectively (Rogers, 1949). The experience of objectively perceiving a mirror image of oneself in the person of the therapist sets the stage for greater self-acceptance (Rogers, 1949).

In short, in Rogers' 1949 paper, he struggles with the problem of the tain more directly than he ever had before. Instead of passing over the tension between the therapist's reflections and inner experience, as he had in Rogers 1942, or minimizing it as a product of inexperience as he and Wallen did in 1946, Rogers 1949 problematizes it. He explicitly addresses situations in which the therapist's attitudes gainsay his or her reflections, and identifies these interactions as countertherapeutic. Moreover, he ventures a resolution of the conflict between reflection and sincerity, spelling out the inner moves therapists must make to assume an empathic attitude that will naturally emit accurate reflections. If therapists can sustain an empathic attitude which organically generates reflections, Rogers indicates, their client-centered method will be sincere. When the optimal attitude is achieved, the relationship between the therapist's inner experience and his or her verbalizations becomes nearly seamless. The therapist simply gives voice to her or his thoughts, which are already empathic. Reflections become outer expressions of inner empathy. Artifice is nearly eliminated. Pinocchio transforms from a doll into a real boy.

In three subsequent papers (Rogers, 1950, 1952, 1954) and a book (Rogers, 1951), Rogers further develops this theme. Writing of the therapist's attitude, Rogers (1950, p. 444) now proposes that "The counselor not only avoids voicing any evaluations of the client . . . but, by his immersion in the empathic process, tends to avoid *making* these judgments." In Rogers' early 1942 work, he had painted a picture of a therapist overflowing with inner judgments and reactive impulses that must be contained if the therapist is to effectively clarify the client's feelings. But in 1950, Rogers shifts towards a more radical stance. Now, he advises therapists to not only refrain from *voicing* judgments, but to cultivate a specific mental state in which judgmental thoughts are *precluded*. In the empathic immersion state, the therapist feels a steady urge to understand the client (Rogers, 1954), rather than an urge to judge or evaluate. The locus of the therapist's skill set has begun to shift from the technical details of the therapist's behavior in the consulting room to their capacity to achieve an inner state of highly concentrated empathy. Rogerian empathy is a more extreme and demanding attitude than what is typically considered empathic in the profession of psychotherapy. It is an ideal state of exquisitely sensitive moment-to-moment attunement to the client's flow of experience that is so thoroughly immersive that Rogers (1952, p. 344) goes so far as to call it "trancelike." Indeed, it appears that Rogerian empathy is so psychologically all-encompassing that it transforms the therapist's motivation. So long as the empathy trance is maintained, there is no need for the therapist to inhibit herself, for the trance seems to eliminate all desires other than the urge to understand. The therapist's behavior in the room is most effective when it communicates the understanding of the client's frame of reference that is attained through the empathy trance (Rogers, 1950, 1952, 1954). Indeed, even technically poor clinical moves may succeed when the therapist's attitude is adequately empathic (Rogers, 1950).

If it is true that the therapist's underlying attitude is more instrumental than his or her technique, then it would seem intuitively plausible that that the therapist with the right attitude might be effective with a variety of approaches. In a major 1957 article, Rogers makes this point explicit. Rogers (1957) now contends that therapy methods are only important insofar as they communicate fundamental therapeutic attitudes, and that a variety of methods can do so. Rogers radically de-emphasizes the reflection of feelings, which had formerly been the primary

procedure of client-centered therapy. Although he continues to maintain that reflection of feeling is a useful vehicle for communicating empathy, he no longer considers it the linchpin of effective therapy. For instance, Rogers (1957) writes that interpretations and other psychoanalytic practices can also communicate empathy if these are performed sensitively.

Further developing his account of the therapist's optimal inner experience in session, Rogers (1957) refines his concept of empathy. As in his earlier 1949 paper, he finesses the problem of emotional identification by indicating that empathy paradoxically combines an *immersion in* and a *detachment from* the client's world. The therapist must "sense the client's private world as if it were your own, but without ever losing the 'as if' quality" (Rogers, 1957, p. 99). The distinction is subtle. Rogers believes that the therapist should perceive the client's feelings *as if* they belonged to the therapist, but also that the therapist's own feelings must not become entangled with their perception of the client's. Crucially, the empathic therapist not only understands the client's experience, but also understands how the client views their experience. When the therapist communicates the essence of their empathic understanding to the client, the client experiences a kind of "penetrating empathy" (p. 99) that Rogers views as crucial to the therapy process.

In the same paper, Rogers introduces his concept of *congruence*, a more developed and formalized version of the ideas he had previously entertained in scattered remarks about the importance of the therapist's sincerity. Congruence "is the opposite of presenting a façade, either knowingly or unknowingly" (Rogers, 1957, p. 97). When a person is in a congruent state, their actual inner experience, view of that experience, and outward self-expression align in a seamless whole (Rogers, 1957; 1959). Incongruence occurs, by contrast, when there is a mismatch between a person's inner experience and either their mental representations of that experience, or their outward representation of themselves to others (Rogers, 1957). Although Rogers 1957 claims that congruence is a continuous variable and is not absolute, some degree of therapist congruence is a minimal condition for any therapeutic process to occur. Moreover, the client must *perceive* the therapist as congruent. Although therapists are not expected to maintain congruence in every part of their lives (Rogers, 1957), they are expected to be congruent during the therapy sessions. Rogers finesses this point, however. Although Rogers requires the therapist to be congruent about what she expresses to clients, he exempts the therapist from any demand to disclose her inner life. Although the therapist must not misrepresent herself, she may refrain from fully revealing herself. In other words, Rogers is unwilling to go so far as to advocate full therapist transparency. Shades of Rogers' 1942 emphasis on therapist restraint continue to haunt his thinking.

Rogers (1958/1989) assumes a more straightforward stance towards therapist transparency in a 1958 piece entitled "The Characteristics of a Helping Relationship." Congruence, Rogers notes, builds trust. The client will perceive a reliably congruent therapist as trustworthy and therefore safe, whereas she will perceive a phony therapist as untrustworthy. Clients, Rogers proposes, are hypersensitive to even the most subtle indications of danger in session. Even an apparently mild indicator of danger, like therapist incongruence, may prevent the client from fully relaxing her defenses. When the therapist is incongruent, the client will perceive her as communicating contradictory messages. For example, if the therapist tries to appear accepting when she is actually angry, the client will perceive the therapist as somehow both accepting and annoyed, leaving the client confused and distrustful (Rogers, 1958). It would seem to follow naturally from Rogers' position that a therapist should be fully transparent and let it all hang out, so to speak. Indeed, Rogers writes (1958/1989, p. 119) that "if no feelings relevant to the relationship are hidden either to me or to the other person, then I can be almost sure that the relationship will be a helpful

one.” Yet Rogers also continues to claim that an effective therapist must be empathic. As in 1954, Rogers contends that if the therapist is to practice empathy while still meeting the condition of congruence, the therapist must be so empathically immersed in the client’s world that any desire to judge the client is eliminated. The effective therapist’s expressions of empathic understanding are congruent because the therapist is so deeply engulfed in the client’s frame of reference that she can’t help but empathize.

In short, in the 1950s, Rogers comes to conceptualize reflection of feeling as the therapist’s congruent expression of an attitude of empathic immersion. Reflections are sincere expressions of the empathic attitude. Although Rogers still uses the metaphor of the mirror, he now conceptualizes reflections as being as much expressions of the therapist’s own inner experiences as of the client’s feelings. They faithfully reflect what is happening within the mind of the client insofar as it is *also* reflected within the mind of the empathic therapist. There is more of a sense of the therapist receiving the client’s feelings into themselves and giving these back to the client, rather than presenting an outer reflective surface that hides what is going on behind the mirror. Self-discipline on the part of the therapist is still required, but it is a discipline devoted more to tuning in than to censoring out.

Despite the fact that Rogers in the 1950’s no longer demands that therapists censor themselves, his new position holds therapists to a much higher standard than that of the Rogers of the early 1940s. Rogers addresses the problem of therapist congruence by raising the bar for therapists. To avoid artifice, therapists must make their inner experience match with the reflections they verbalize. They must really be as empathic as they appear. It is as if the self-restraint of the early 1940s Rogerian therapist has expanded to such a size that there is even less room left for therapist imperfection than there had been before. The tain has been absorbed into the mirror, leaving Rogerians with the task of shaping themselves into idealized figures of perfect empathy. Although the Rogers of the 1940s demands self-restraint, the Rogers of the 1950s requires self-transformation.

Although Rogers’ new position might appear to solve the problem of insincerity in reflective listening, it sets the stage for yet another iteration of therapist incongruence. As I noted before, Rogers 1957 states that incongruence can occur on two levels: between one’s expressions and one’s mental representations, and one’s mental representations and one’s primary experience. His 1950’s emendation of reflection of feeling appears to risk pushing therapist incongruence from the former level to the latter. Before, Rogerian therapists felt pressured not to say what they really thought, and now, they may feel pressured not to be who they really are. The Rogers of the 1950s creates an idealistic self-concept of the empathic therapist that may be inconsistent with the therapist’s primary experience of herself. In endeavoring to reduce therapist insincerity, Rogers may have deepened it.

THE REFLECTIVE RELATIONSHIP: EMPATHY AS A WAY OF BEING WITH, 1975–1986

In the 1960s and early ‘70s Rogers is largely silent about the reflection of feelings. In 1975, Rogers explains his silence. He complains that his earlier work on reflection of feeling was profoundly misunderstood, and as a result he (1975, p. 2) became thoroughly dissatisfied with the term “reflection,” saying that it makes him “cringe.” He writes that his therapeutic approach

is often misconstrued as a mechanical technique of repeating back the words that the client utters, when it is actually meant as an empathic way of being with another person. In essence, Rogers is indicating that his prior efforts to resolve the problem of insincerity in reflective listening had failed, and the problem had continued to grow. In fact, the procedure of reflection, as popularly understood, had become so tainted with insincerity that Rogers chose to stop referring to it in his writings. Instead, Rogers 1975 substitutes the term *empathic listening* (p. 3). By explicitly linking the concept of therapist empathy with the concept of listening, Rogers further closes the gap between the therapist's inner reactions to the client and their verbal utterances. Where there was formerly reflection of feeling (which may or may not be empathic) there is now a way of listening that is inherently empathic.

Rogers' conception of empathy shifts again in the 1975 paper. Here, he notes that empathy is not a *state*, but a *process*. He reconceptualizes empathy as an iterative relational process in which the therapist participates, rather than a process occurring within the mind of the therapist. Empathy is a *way of being with* another person. Empathic listening is inherently interactional, not an isolated state inside the mind of the therapist. It is not only an inner process, but a verbalizing of provisional understandings to the client, who then has the opportunity to amend or reject them. Insofar as the client's feedback better attunes the therapist to the client's inner process, empathic listening is something that the therapist and client do together. The client helps the therapist to listen better. Empathic listening is a shared activity—a kind of dance that therapist and client do together.

Rogers 1975 also changes his conception of the target of empathy. In his earlier work, he had advised therapists to reflect the client's feelings or emotional attitudes. However, in 1975, Rogers amends this recommendation, suggesting that the therapist should instead point to the vague "felt meaning" that the client experiences in the immediate moment (p. 3). In these passages, Rogers draws inspiration from his pupil and collaborator Eugene Gendlin (1962), who offers a philosophical rethinking of the therapy process that emphasizes the importance of tapping into the flow of the client's raw preconceptual experiencing in the immediate moment. For Gendlin, therapist responses work best when they draw the client's attention to murky or vaguely perceived meanings in the flow of their immediate experience. By 1975, Rogers has largely endorsed Gendlin's perspective and revises his view of empathy accordingly. Reading Rogers from an integrated Heideggarian-Gendlinian perspective, Sundararjan (1995) elaborates on this aspect of Rogers' late theory of reflection. According to Sundararjan (1995, p. 266), although Rogerian reflection seems to echo the client's speech, its function is to make room for the client's "silence": that which has not been said.

In a brief final paper on reflection of feelings, Rogers (1986) solidifies and further develops his 1975 points, revisiting more specifically reflection as a practice. Rogers 1986 can be considered Rogers' ultimate solution of the problem of the tain. Responding again to misconceptions of the reflection of feelings, Rogers 1986 asserts that his goal in responding to his clients is not to repeat their feelings, but to ascertain whether his understanding of their subjective experience is correct. Reflection is not the point. Rogers says clients' feelings back to them to make sure that he is getting them right. Accordingly, Rogers now contends that to be effective, a so-called reflection must include two implicit communications, in addition to the explicit restatement of the client's felt experiences. First, every reflection must include an implied question to the client: Is what I am saying *now* precisely accurate for you? Second, every reflection must include an implied invitation: If what I am saying is *not* precisely accurate for you, help me revise my perception so that

it is closer to your own. These two implicit communications are dialogical hooks that pull the client into a discussion of what he or she is actually experiencing.

In short, Rogers 1986 develops a fully interactional conception of reflection of feelings. Reflection now is much more than just a paraphrasing or a restatement of feelings. It is now a definitively relational move that constitutes a moment in the process of sustaining an empathic relationship with a client. Reflection is a form of spontaneous self-expression that is motivated by the therapists' urge to dialogue with clients about how they currently understand clients' felt experience. If the therapist communicates a reflection while embodying an attitude that does *not* imply that the reflection is an invitation for client feedback, it will tend to be countertherapeutic. It will come across as a wooden, authoritarian technique, blocking the empathic relationship rather than carrying it forward. Because of Rogers' continued disenchantment with the term "reflection", he (p. 2) suggests that reflections be renamed "testing understandings" or "checking perceptions." These phrasings are attempts to further transform the reflection of feeling into an interactional concept.

It might appear that the aforementioned formulation dispenses with the tain. After all, Rogers seems to be saying that there is no mirror. And if there is no mirror, there is no tain. A therapist who does not reflect need not concern themselves with any discrepancy between their reflections and their inner experience. However, the situation is considerably more complex. For Rogers notes that even if the therapist does not try to reflect but to test understandings, the client will perceive accurate testing understandings as reflections of his or her inner world. The client will *feel* reflected, even when the therapist does not intend to reflect. Indeed, Rogers goes on to reaffirm his old high standard, at this point 44 years old, that for therapy to be effective the therapist must offer understandings that are sensitively accurate enough for the client to experience the therapist as a "clear and undistorted" mirror (Rogers, 1986, p. 2). In short, Rogers, who died a year later in 1987, leaves his readers to ponder a kind of Zen koan. Rather than simplifying or dispensing with the tain, Rogers now elaborates it into a paradoxical therapeutic doublet. On the therapist's side of the doublet, the therapist offers testing understandings that invite feedback and dialogue. From the client's perspective, however, her or his inner world is precisely reflected. *Reflection*, here, refers not to the therapist's speech itself, but purely to how it is experienced by the client.

THE TAIN

Does Rogers' parting koan to therapists offer a solution to the problem of the tain? I would contend that the answer is a qualified *yes*, if his koan is carried forward in its implications. In his brief 1986 formulation, Rogers weaves densely together the opposing threads of therapist discipline and spontaneity, of attitude and technique, of therapist and client perspectives, and of interaction and inner experience, that run through his prior work. Regarding the discrepancy between the therapist's and client's perspectives on reflection, Rogers implies that these two perspectives are also interdigitated. It is precisely through the interactional process of making testing understandings available for client feedback that the therapist can perfect their empathic understanding so as to offer the most accurate reflections to the client that are possible. The tain makes the mirror possible.

Rogers' 1986 formulation includes two vital developments regarding his view of what must happen behind the therapeutic mirror. Whereas Rogers 1942 builds reflection on a massive

incongruence in which the therapist quietly suppresses judgments and impulses, and Rogers 1949 demands that the therapist make her reflections sincere by embodying an empathic state, Rogers 1986 permits the therapist to be an authentic human being, mistakes and all. The Rogers of 1986 continues to empathize, but because the empathy is built on genuine engagement with the therapeutic relationship, it need not be forced. It emerges naturally as therapists verbalize whatever provisional understandings that they have and then revise these in response to feedback, in a series of increasingly precise reflections that gradually bring therapist and client closer together. Because the client is now a participant in the empathy process, there is less pressure for the therapist to attain a perfect mental state of absolute understanding, eliminating all of his or her insensitivities, judgments, and personal reactions. Although the therapist should still strive to convey accurate understanding, she can and should expect the client to correct reflections that are inaccurate. The 1986 Rogerian therapist has an ally in the quest for empathic understanding: the client. The therapist does not have to go it alone.

Furthermore, although Rogers' earlier writings convey the mirror as an ideal that the therapist is meant to deliberately strive to embody, Rogers 1986 does not. For Rogers 1986, the therapist must *not* try to be a mirror. Rather, therapists should aim to persistently and sensitively test their understandings in dialogue with the client, and if they do so well, as a natural but unintended outcome they will then tend to appear as mirrors to their clients. What is to the therapists a messy series of rough approximations appears to the client as a seamless surface of understanding. When the therapist's testing understandings are sufficiently precise, the therapeutic mirror will manifest in the client's perceptions. That reflective surface then provides a medium by which clients can become increasingly visible to themselves. Although the therapist's inner experience is of rough efforts to approximate the client's experiences rather than of a mirror, these two contrasting experiences of client and therapist work together to carry the empathic interaction forward. The therapeutic mirror and its tain are not only two sides of the same interaction, but two interlocking gears in the same engine. The dialectical tension between the therapist's persistent yet imperfect testing understandings and the client's experience of these as mirrors animates the empathic dialogue.

CLINICAL RECOMMENDATIONS FOR REFLECTION

I provide in the following a list of clinical recommendations, distilled from Rogers' work spanning 44 years, regarding the reflection of feelings.

1. Reflections should be directed to the emotional essence of what the client has expressed (Rogers & Wallen, 1946), and/or to the client's felt sense of their emerging experiencing (Rogers, 1975), rather than to concrete issues.
2. Reflections must congruently implement therapist attitudes of acceptance and empathy (Rogers, 1949, 1951, 1954, 1957).
3. Reflections are part of an empathic dialogue. Accordingly, they must include the implicit invitation for the client to check their accuracy with the client's inner felt experiencing, and to correct them if needed (Rogers, 1975, 1986).
4. Reflections may be safest when sculpted out of material drawn from the client's remarks, and when they further develop insights that have already begun to emerge in the client, rather than referring to feelings and attitudes that the client has not yet

expressed (Rogers, 1942). However, if the empathic dialogue has advanced to the point that client and therapist are in a shared altered state of consciousness (=empathy trance), therapist understandings may emerge naturally as remarks that may appear unrelated to what the client has explicitly said (Rogers, 1952, 1975).

5. To be in a position to effectively use reflections, the therapist may cultivate an empathic frame of mind (Rogers, 1950, 1951, 1952, 1954). If this underlying attitude is absent, reflections may be incongruent and, therefore, are unlikely to be effective.
6. Reflections are best couched in provisional rather than declarative form (Rogers, 1949, 1975, 1986).
7. Reflections should not interrupt the flow of the client's process (Rogers & Wallen, 1946).

PRÉCIS

Close reading of Rogers' work reveals that contrary to popular misconceptions, reflection of feeling is not a mechanical repetition of the client's words. Rather, it is a sophisticated practice of therapeutic communication which was significantly reshaped as Rogers' thought passed through dialectical shifts generated by the tension between therapist sincerity and reflection of feeling. Rogers initially presented reflection as a neutral technique of clarification of feelings which demanded heavy inner restraint on the part of the therapist in the service of absolute fidelity to the client's frame of reference. Later, Rogers realized that this early version of reflection was problematic because the level of therapist restraint that it required could prevent the therapist from behaving sincerely with the client. In response to this dilemma, Rogers reframed reflection as a means of sincerely implementing therapist attitudes of empathy and acceptance. However, that formulation ultimately failed because it, too, seemed to foster insincerity by holding the therapist's attitude to an unrealistic standard. Rogers' ultimate solution to these dilemmas was to offer a relational conception of reflection as an interactive process of offering provisional empathic understandings and revising them in response to client corrections.

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