A Therapist moving Beyond Therapy into Applied Theatre Practice: A Personal Account by a Rogerian Practitioner

Submitted by Erin Sullivan Baker to the University of Exeter as a thesis for the degree of Doctor of Philosophy in Drama, June 2014.
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Abstract

As a Rogerian mental health therapist, a personal journey was taken that establishes my practice ethics as an applied theatre practitioner. What was undertaken was the unpacking of a practice ethics gained through my training as an actor and therapist.

This thesis examines the role of codes or standards of practice in humanistic counselling, applied theatre and a synthesized practice between both. Standards of practice shape these practices through the specific ideologies relevant within the institutional cultures in which the practice is applied. This is especially problematic when the institutional setting understands care delivery as practice shaped by problem identification, interventions and expected outcome goals. Further, the ideology that underpins the standard, becomes self-reinforcing and tends to exert influence over what type of practice is culturally relevant or considered best practice within the institutional setting. This is of concern for practitioners who practice from a different or multiple ideological base from the institutional setting in which they work.

A shaping goal of the research was to test-out, through critical evaluation, if the American Counseling Association’s (ACA’s) standards of practice was relevant
and applicable to a synthesized practice between humanistic counselling practice and applied theatre practice. The results posed by the critical evaluation suggest that the ACAs standard is not applicable because it promotes empirical, or rather, evidenced-based models of practice over humanist ones. Because of its limited scope of application, the ACAs model is not applicable to synthesized or dual practices that bridge particular fields. Through lines of valuing within bridged fields, usually represent multiple ideological drivers. It was found that as a standard of practice the British Association of Counsellors and Psychotherapists (BACP) standard is a better fit. It is compatible with social construction.

Within the research Carl Rogers’ humanistic, client-centered and non-directive therapy is contrasted with Joseph Chaikin’s brand of experimental theatre exemplified in his *The Presence of the Actor*. Chaikin’s book is used as a tool to reconstruct examples of what I came to understand as ethical practice while attending drama school in the UK. The understandings gleaned by the juxtaposition impacts how I understand the ACAs utility as a practitioner.

**Acknowledgements**

As a non-traditional student, with my personal background and from my corner of the world, I had, very likely, less than a five to ten percent chance of completing this research. I want to thank the many ‘persons’ that impacted me in a positive manner so that I could beat the odds. Of the persons, included are ones that help make up the institution of the University of Exeter. It is because of the personalized treatment of the doctoral students there that I am now able to write this section to my concluded thesis. I want to especially thank the Drama Department of the University. It provided a climate from which to grow and develop as an individual researcher as well as a member of a research community. As a non-traditional doctoral student from the rural regions of Idaho, I would not have made the five or ten percent had I not felt embraced, in all my diversity, by the Department. I want to especially thank Professor Jane Milling for her supervisory skills. The twists and turns and reformulations to the research were in the dozens.
Her questioning, challenging and fueling of my insights helped me focus and refocus my argument. Her ability to hone in on when she needed to pull back and give me space to breathe, reflect and move at my own pace, I believe, impacted my development. I cannot thank the University, the Department or my supervisor enough. Also, instrumental to the development of my research were my examiners. I want to thank Professor Tim Prentki and Professor Jerri Daboo for their suggested corrections to the research. Their keen interest for the research, displayed during the course of the examination, has provided the motivation to carry on and brave the publishing world.

I want to thank the community of ‘persons’ and families of Exeter that provided instances of comraderie or friendship. They include Sarah and Mark; Effrocyini and Yannis; the every-other-Thursday-night-out group organized by Helana; Maria, Natasha and Graham; Kelli, Sen and Gilda; and Jane, Chris, Ella and Nat. I want to especially thank Brad; a fellow doctoral student in the Religions Department at the University of Exeter. Our many discussions provoked a turning point in my research.

Most of all I want to thank my husband, Dr. Richard T. Baker. His continued love, patience, rallying and care helped me beat the odds. His support helped make my development as a researcher a journey rather than a trial. I want to thank my children: Kate, Rory, Brian and Kevin. They were quick to tell me how proud they were of my perseverance and determination. I want to thank my brother, Phillip and sister-in-law, Eva. They both were quick to chime in on the same note. I want to thank Lee Worley who allowed a fledgling researcher to interview her. I want to thank Professor Carl Levinson and Judith Hutton Levinson MS, LPC. Both offered continual support throughout my journey. And, I want to thank Professor Odai Johnson at the University of Washington who took a stranger to coffee and offered sage advice: ‘Look across the pond to do the work you want to do.’
Finally, I want to dedicate this research to Leo Kaufman S.J. It is within his classroom at Seattle University where I first experienced what it was to be mentored. I also want to dedicate this research to my grandfather, John Sullivan Sr. He was a Progressive that took to the streets fighting for fair labour laws. His critical thinking skills impacted mine as he challenged my understanding of what it meant to be activist.

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Chapter One: Introduction
Establishing the Metrics of the Interrogation

Ridout, Pendergast and Saxtons' statements are at the core of the interrogation of this research.

Even before you begin this work, you need to be clear about your own understanding of what is important to you, what it is that you value and see as fair, what it is that you are prepared to give up. You need to create a sense of safety for yourself and others that will free you and them to work at optimum.

(2009: 193)

In addressing these statements at issue within this chapter is the following, well-articulated by Joseph Chaikin, a director who helped establish the experimental theatre of The Open Theatre:

With each new stage of my own training and experience, I have learned that to study or to talk about the theater is to come face to face with assumptions beyond those which I could see at first.

(Chaikin 1972: vii)

Also, at issue is the following, articulated by Carl Rogers:

Very compelling is the evidence that our most serious problems are not brought about by the failures of our society, but by its successes. Hence, our past and current paradigms cannot possibly deal with our present increasing maldistribution of wealth, the increasing alienation of millions, or the lack of a unified purpose and goal by increasing efficiency of production, increasing the automation of society, accelerating our technology, or increasing our reliance on profit motive of multinational corporations – some of the major operational principles that have brought us to our present state. Science and manipulative rationality are not sufficient to meet these problems.

(Rogers 1995a: 330)
The motivation: *The Gospel According to Eve: building a positive introject*

As a therapist, I had a private practice in a rural region of Idaho. There I saw, what are termed, private pays and insured clients. They were generally professionals and educated. Over time, I saw a number of women with the same issue; they had raised their families, many had careers, some were divorced – all wanted something else in life but didn’t know what. Many were in therapy in order to discover their potential and many had given up thinking that they had any. As a therapist, I was beginning to feel the same and was burnt out.

I decided to go back to school to do course work that would allow me to get a Ph.D. in Medical Ethics. There was a program at the University of Utah that I wanted to attend. As a former RN and mental health therapist, I thought it was the right choice. I hadn’t studied philosophy in years, so I felt a bit tentative about the whole thing.

During the course of the next couple of years, I took some philosophy classes, mainly from Professor Carl Levinson. He had a literary style that I had not encountered when taking philosophy courses previously. Some of the motifs that he used to build his lectures were similar to ones that had always captured my imagination, especially the idea of something coming from nothing and a sum adding up to more than its parts. When it came time to submit a paper I gave him a vignette that I had written. It concerned a woman in search of something, but not knowing what it was.

I was called into his office. I expected to find myself in trouble for having handed in a short one-act rather than an essay. Professor Levinson quite liked it. He told me that I was a writer and that I should follow my passion – theatre. I enrolled in the

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1 An introject is a common psychodynamic term. It means that an individual has internalized an idea or expectation from outside his or her self. A negative introject is one that the self disowns subconsciously. For a Rogerian, a negative introject needs to be externalized within the therapeutic process so that the client can move towards becoming more actualized, or rather, authentic. The client knows that they are free of negative introjects because they don’t experience incongruence, or feelings of dissonance. Within this research, I put forward that negative introjects can be replaced with positive ones. They are positive because the client understands them as authentic to their person. The result is that they feel congruent.
Masters program in the Theatre Department of Idaho State University, wrote a play about women like myself, and directed and produced the play in the black box of the Stephen’s Performing Arts Center on campus. Two years later I arrived in England, this time to work on a Ph.D.

As a Rogerian, I understood that the activity of writing, directing, and producing a play built within me the ability to have and exercise potential. Importantly, working within an ensemble environment, while involved in my project, furnished the interconnection I needed to become self-determining and self-directing, as well as allowing me to be open to new experiences – all concepts that were built into Carl Rogers’s therapeutic practice.

**Identifying key problems for the research**

I am an American, a mental health therapist (LPC) and a Registered Nurse (RN) as well as a theatre practitioner. During my practice as a therapist, I became disillusioned with therapeutic interventions that were meant to empower and promote positive change within the marginalized and vulnerable groups with whom I worked. I found myself turning to the experimental theatre practice derived from my training as an actor at drama school in the UK years before. The reason I turned to this earlier practice was to find solutions to the problem of resistance that I encountered when working with these populations. Individuals from these populations were basically turned off to therapy because of their long-term exposure to therapeutic measures, methods, and end goals, which had been repeatedly imposed upon them. However, the synthesizing of my brand of experimental theatre with counselling was problematic. As a licensed therapist, under the terms and conditions for licensure, I was obligated to practice ethically, which means under standards of practice for counsellors set down by the state in which I practiced. The code or standard implemented by Idaho, the state in which I live and practice, comes out of the American Counseling Association (ACA²).

Problematically, the code overtly privileges scientist-practitioner models of

² I retain the American spelling used in quotations of American writing.
counselling over ones that are strongly humanistic. I am a humanistic, or rather, a Rogerian counsellor. The scientist-practitioner model of counselling currently determines what practice ethics amounts to for counsellors. What is happening at this point in the counselling profession’s history is that the ACA reinforces the use and privileging of one model to the exclusion of other models. It also means that any methods, positive valuing, principles of practice, or end goals promoted by the scientist-practitioner models, currently drive what counsellor conduct should look like, limiting the actions, attitudes, or behaviours taken within practice. Additionally, what results is a strong feedback loop. The loop functions to exclude other practice models, and therefore, the ideologies or philosophies from which they arise. This impacts what is considered when formulating a code of ethical practice. In effect, the ACA’s code promotes parochialism and gatekeeping. And, the loop affects what can be considered ethical practice, enforcing and reinforcing the scientist-practitioner models of care. This mechanism, or feedback loop, contributed hugely to my burnout as a practitioner.

The feedback loop promoted by the ACA’s brand of ethics is not very penetrable by other practice models or the ideologies that contribute to the methods, principles of practice and end goals of the specific ideologies, or philosophies. Problematically, this means that there is no multiple ideological feed into the ACA’s ethics that would create a more diffuse boundary for what constitutes good practitioner conduct. For a humanistic practitioner, a static, exclusionary, standard – one that frustrates the building of a dynamic model of ethics, which is reliant upon the dialogic exchange that only multiple perspectives can furnish – can only be regarded as promoting unilateralism within the profession. According to humanistic practice, this is an unethical position. In order to thrive, humanistic practice and the ethics derivable from it, require dynamism rather than gatekeeping and parochialism. Promoting dynamism is a core, ethical position for a Rogerian when considering what practice ethics should look like. A key principle of my practice ethics is being open to possibility, which is diametrically opposite to promoting a static and inflexible code that predetermines conduct for relative human conditions and contexts.
Further, allowance for a multiple or dynamic perspective in determining a practice ethics may invite in new methods and philosophical outlooks that could enhance the efficacy of counselling, and circumvent client resistance to counselling measures. This brings me to an issue that has become a core motivator for me while pursuing my research: because the ethics of the ACA are less inclusive, it has been difficult for me to bridge the fields of counselling and experimental theatre – both of which have helped formulate my particular brand of applied theatre. My form of theatre – one that combines Rogerian practice ethics, techniques, and philosophy with my training as an actor and the philosophy behind that training – has demonstrated a remarkable ability to break through resistance. Resistance is a problem that I have observed impacting the well being of clients who have been over-institutionalised within systems of care and rehabilitation. My assumption was that these clients, whom I was meant to serve, became resistant to treatment because of long-term exposure to therapeutic interventions and their continued experience of being identified as a self ruled by a psychological deficit.

Importantly, for me as a practitioner, the loop created by therapeutic biases excludes the possibility that my humanistic type of blended practice could be viewed as strongly ethical or efficacious. This fact means that I have no possibility of building a ground for practice that tests out my observations, and therefore, my therapeutic assumptions can only be considered anecdotal. The scientist-practitioner models and the ethics derived from the ideology that supports them, known as empirical science, frowns on anecdotal justifications when substantiating what is ethical practitioner conduct. The question for me as a humanistic practitioner becomes: how do I move beyond anecdotal justification? Where do I find a field of practice that allows me to test out my case theories? Do I need to make the leap into doing applied theatre exclusively? Are there similarities between Rogerian practice and my form of applied-theatre practice that would allow for such a leap?

The loop sets up scientist-practitioner models and an accompanying ideology that monopolizes counselling practice. As a setup, it monopolizes the conversation
amongst counsellors that are members of the ACA concerning what is effective, appropriate, and safe treatment. The dialogue surrounding the issue, in effect, becomes homogenized and domesticated. The problem gains force because many, if not all, state licensing boards follow the ACA’s ethics as their own. At this time, there is no platform with professional clout that can stand up to the ACA and the feedback system it promotes; no platform where multiple schools of counselling might engage in a creative and dynamic dialogue to discuss the problem of over-institutionalisation as a cause of resistance. In fact, the term over-institutionalisation is not to be found in research because it implicates overexposure to counselling methods and goals as a part of the problem of resistance. The term implicates every type of counselling practice as ineffective.

Through the course of this research, I have sat on the fence regarding how to position myself, whether as an applied-theatre practitioner or as a counsellor. To come down off the fence is not an easy task. As an American, I have very practical considerations that strongly color where I sit or stand as a practitioner.

Theatre has its place within a broad spectrum of performance, connecting it with the wider forces of ritual and revolt that thread through so many spheres of human culture. In turn, this has helped connections across disciplines.

(Harvie and Rebellato in Ridout 2009: viii)

Applied theatre has gained professional status within the UK and Australia. It has strong standing in some parts of Europe, Asia, South America, and Africa. I have personally witnessed, within the University of Exeter where I have undertaken this research, that the UK’s academic institutions have legitimized its study, research, funding, and profile. This is not the case in the U.S., except for a few academic institutions. The academic institutions that do recognise the importance of applied theatre are usually situated in large cites away from rural areas. In rural areas, the mainstay of departments of Theatre and Performing Arts is the training of professional actors, directors, technicians, and playwrights. These departments are concerned, primarily, with entertainment rather than social advocacy, literacy,
or justice programs. Providing entertainment is how they legitimize their existence within the university setting while they fight an uphill battle to survive huge budget cuts; cuts put in place so that STEM (science, technology, engineering, and math) courses can be better funded. Applied theatre is usually offered as a single course every two years within rural academic institutions, if it is offered at all. It is a specialty course. The funding opportunities available to an applied-theatre division, if it exists as a division of the Performing Arts Department within the university, are limited or non-existent. This lack has important implications concerning the financial viability of the applied-theatre practitioner: making a living as an applied-theatre practitioner within a rural area is, at present, impossible. I live in a rural area. And although coming down off the fence – choosing between theatre and counselling – is not a simple task; the jump may be my only true recourse.

What research offered me was a critical means by which I could search for answers to the question: Is there, implicit within Rogerian ethics, a trajectory to move ‘beyond’ therapy? Rogers proposed that therapy amounted to the forging of relationship and a building of a safe ground by which to manage that relationship. Implicit within that understanding is that his therapy was quotidian, a common ground of intimacy building, but one built not through techniques aimed at outcome goals, but rather, through relationships between others.

As a Rogerian, I understand client well-being as the outcome of people coming together and enacting what it takes to be in relationship. This position rules out the possibility that therapeutic introjections, in the form of problem identification, stock interventions and targeted goals, which originate in institutionalised and highly regulated and prescriptive methodologies, is core when considering what is ethical practitioner or participant conduct. Therapy, gleaned looked at from a relational perspective, is not a therapeutic concern (Henson 2014: ix), it is an interrelational and expressive concern that involves a reflexive process (Burr 2002: 156-157).

Applied theatre practice has the advantage of not being under the auspices of a codified ethics promoted by a powerful, regulating institution with a singular,
ideological feed, which makes it less than dynamic, and thus unable to deal with the process necessary in the development of what it means to be in relationship with one’s ‘other’.

**The philosophical underpinnings that figure into critically evaluating the ethics of my personal practice**

As a humanistic practitioner, I appeal to some of the principles of democratic essentialism. This is not necessarily the brand of essentialism that informs *Science as Realism*, the ideological outlook that scientist-practitioner models of counselling are based on. Instead, I appeal to an ideological essentialism, which has as its base-line principle of practice the understanding that we are all, by virtue of our very being, of worth and dignity. As beings, we are of humanity in all its many and different manifestations. However, as an ideological essentialist I understand that I need to consider relativism, that I cannot reduce individuals and groups to being the *same*. I also understand that the upholding of this principle is not based in a universalist outlook as much as it is on personal commitment; I uphold it because it feels right.

Paradoxically, backing my ideological essentialism is the ‘silent understanding’ that these principles are rights and are natural to, or inherent, within us. In this respect, I am a Universalist. I also understand humanity as inherently developmental and drawn towards a good for all if given the right conditions. A Universalists perspective is at odds with my ideological essentialism. I cannot rationalize it away.

As an ideological essentialist, I understand that my methods, interventions, principles and goals of practice are ideologically derived, and therefore, are culturally dependent. I will, because I embrace the principles of democracy, use techniques that build introjects derived from that ideology, and that impacts my client, or other. In effect, I will build a democratic citizen that matches my political philosophy. This research has helped me come to terms with all of the above. It is something I had not put together before its undertaking.
Some of the principles of democracy underscore what my problem identification would be when working with my other. The principles derived from this ideology will determine what my therapeutic interventions look like. And, they will determine what my outcome goals should be. In short, they will determine how I act towards my other: they will determine my normative ethics.

Social Construction
I maintained a private practice. However, I contracted with agencies so that I could work with persons that had no insurance and were under the State of Idaho’s Health and Welfare system (H&R). When I worked as a therapist using theatre-training techniques, under the terms and conditions of employment in all instances, I was fulfilling the position of therapist. The using of theatre as a proxy for therapy was well intentioned and gleaned corrective measures; the clients responded positively to the addition of theatre into their therapeutic course, which was evidenced by their strong engagement in the play and the taking on of positive and productive behaviours. However, I was no longer simply doing therapy. I was bridging practices as a dual practitioner, therefore broadening out my job description. Importantly, the ACA standards didn’t address synthesized practice, and my practice measures were not necessarily protected under a regulating agency, job description or the law. This was of concern because the U.S. is a litigious culture. However, it was evident, according to Rogerian practice, that I was working through therapeutic measures with a well-entrenched history that substantiated my practice as ethical.

Because there were no pre-existing, codified standards of practice that applied to dual practitioners, I needed to find some other recourse through which to provide evidence that I practiced ethically in my dual role, and that would prove due diligence, or a critical evaluation of what was at stake ethically in my particular synthesis of theatre and therapeutic practice. This research will provide the needed platform and give me added security that there is evidence that I practice ethically.
To account for my personal practice ethics within this research, I needed to interrogate my therapeutic practice as a Rogerian as well as examine the values inherent within my training as an actor. I also realized that my dual practice aligns with some of the concerns of applied theatre, a brand of theatre that is not widely practiced in the rural state where I am based in the U.S.

This research is meant to help unravel what is important ethically when I practice as a therapist in tandem with the applied theatre practices of my particular brand. It was meant to identify specific sites of understanding that could answer the question: How do I need to conduct myself towards my other as a blended practitioner? The unraveling of these issues was understood to facilitate the uncovering of the major assumptions that covertly have driven my practice in the past. Additionally, it was meant to expose some of the conflictual elements that might arise within a practice ethics that combines individual fields and the ideologies that accompany them. At the close of the research, I realized that I was undecided about whether I was doing therapy or applied theatre. What this research amounted to, as it concluded, was the building of a stable ground from which to land within the landscape of applied theatre practice and its many inviting forms.

During the course of my research, I have moved from an initially essentialist perspective concerning ethics to a perspective that embraces social construction, especially the understanding that the self is culturally constructed. This shift in understanding has acted as a catalyst, sometimes shaking up my more essentialist leanings, particularly in what it means to be open, self-directing and self-formulating – important exemplars of Rogerian practice. I have in my past, taken these characteristics of emancipatory and participatory democracy as self evident and as unquestionable rights. If the self is composed through introjects, it will be composed of elements of participatory and emancipatory democracy, such as having the ability to be self-determining and self-directional. It will be composed as the result of the understanding that a self is of worth and dignity. These principles organize my self to a huge degree. I seek out ways that reinforce my
understanding that these elements are a part of who we humans are. As a Rogerian, I understand that conditions that set up choice-making opportunities, positive visualizations of our self, or shared processing can be contributors to this definition of humanness. However, if that is the case, is not the individual of social construction a self-reinforcing system? During the course of this research, I have had to deal with both the appeal of social construction’s understanding of the self, while making a case against the individual and cultural solipsism it suggests.

Since the self is, at least in part, composed through an internalization of the exemplars of emancipatory and participatory types of democracy, any technique that proposes to work on the psychology or psyche of an individual is promoting an ideological bias. Techniques of practice can only be looked upon as means that promote the internalization of cultural norms. If this is the case, then central to the understanding of any type of applied psychology is that it can be said to affect how one behaves according to techniques based on a norm. Psychology is a cultural derivative and is not effective in internalizing norms, only culture is. Although cultures, through the ideologies that background them, can essentialise principles, they are not based in an immutable reality. Central to postmodernism is the recognition that ‘reality’ is itself a construct or representation and that it needs to be looked upon as contextual and changing rather than concretely actual. It is further suggested that we are not able to directly grasp what is outside us. We are imprisoned within our own subjective understanding of the world and ourselves:‘

Human subjectivity makes sense of its world, imposes upon it a meaningful design using those conceptual tools culture provides. We never encounter the real world, only culturally shaped formulations of it, so “textual” even as we perceive it.

(Counsell 1996: 207)

Though postmodern philosophy poses us as relational – especially within psychological accounts – it contrastingly poses us as isolated and fragmented, this resonates with existentialism. As Sartre pointed out in his work, *Existentialism and Humanism*, first published in 1946, existentialism “is a doctrine ... which affirms that every truth and every action imply both an environment and a human
subjectivity’ (in Mairet trans. 2007: 24-25).

The marginalized and vulnerable
Theatre practice can be said to be ‘actively’ engaged in shaping persons they target. The shaping needs to be informed by seriously considering who it is they shape. Importantly, individuals from marginalized and vulnerable populations are liable to be acted upon in a manner that is different from individuals from populations seen as efficacious, possessing personal agency, and who come informed and elect to interact within theatre play or therapy. That has been my experience, anyway. The marginalized and vulnerable can be seen as needy receivers of interventions rather than as active, informed, discriminating and autonomous receivers. They can be seen as needing their subjective world reformulated psychologically. They are not be understood as having the capacity to emancipate themselves from self-defeating behaviours, even under the right conditions, or to transform themselves into the constructions that mirror the participatory ideology that provides the raw materials of who they should be. This is a hierarchical representation of their status (Foucault in White 2007: 25). Before the theatre play or therapy has begun, these people have been disempowered by a system said to represent their best interests.

Such strong minimization begs a question: Are there ‘conditions’ within play that can be said to self-empower persons who are a participatory body politic of an ensemble, so that they can experience themselves as competent, good, non-pathologised and as having self-agency? Can these conditions lessen the effects of shaping? Both Carl Rogers, a clinical psychologist, and Joseph Chaikin, an experimental theatre practitioner of the Open Theatre, understood themselves as formulating conditions within their respective practices that managed questions of autonomy without negating the importance of interconnection. Chapters Two and Three will be concerned with flushing out what exactly those conditions amount to. Both practitioners offered positive introjects from which I could build the ethics of my practice. Both are central to the interrogation of this research. I was trained in Rogerian therapy, and by way of this, steeped in Rogers’s practice ethics. The
brand of experimental theatre practiced at my former drama school in the UK echoes Chaikin’s practice ethics.

What I have learned from this research, and what I did not understand when practicing as a therapist, is that if our psyche or psychological makeup is understood as constructed then a solely therapeutic treatment of the individual by the counselor or dual practitioner is insufficient. The counselor needs to be concerned with the social or cultural factors that directly shaped the client. The minimized and vulnerable other needs to be exposed to an environment that can at least approximate or offer a representation of the social and cultural factors that shaped them. In incorporating theatre into my practice I promoted that need through play.

Safety
Safety is a huge concern to therapists. To practice safely requires that I understand my synthesized practice ethics in depth, since as a Rogerian, I do not wish to apply behaviours and attitudes within my practice in an unsafe, inauthentic, overpowering or disrespectful manner. Safety is also a concern in applied theatre (Adams and Grieder 2005: 77; Thompson 2008: 30-31; Prendergast and Saxton 2009: 24; Nicholson in Prentki and Preston 2009: 272).

I desire to establish a ground whereby I can evaluate if my dual practice can tolerate the standards of practice devised by the American Counseling Association or the British Association of Counsellors and Psychotherapists (BACP). In my country, no matter how I label or affiliate myself, I will most likely be considered as providing therapeutic measures by regulating or funding boards. A driving assumption of this research, when taking account of the divergent ideologies within my practice, is that a standard of practice for one specialization within a dual practice will exert its influence on the other specialization. This influence may limit practice measures and subordinate one practice ideology in favour of another, especially if one ideology has more political clout than the other through a politically strong, mandating organization. The mandating organization in my case
is the ACA, which works on both national and state levels through licensing boards within the U.S. Chapter Four will be concerned with this issue. A main motivator for building standards of practice is to provide safety and fair play. However, what is safe practice is determined by ideology, to a huge degree.

**Models of care promote values**

As a Licensed Professional Counsellor (LPC) and RN, I practice from a behavioural science background shaped by medical and scientific models of research. The care systems that I generally work within are shaped according to these models. I do not disown them because I respect the science behind them some of the time. However, as previously stated, there is an aspect to these models that I take issue with. They create impenetrable feedback loops. Also, they easily break down into an industrial model of care, which aspires to do good from measures it understands as biasless. Such science, when applied to the human self, easily disintegrates into providing a technological solution to clients’ problems rather than ones based on relationship. As this ideological, cultural shaper’s influence has widened, it has become a determiner of how to view the self, what it is to shape the individual’s psychology, what constitutes good therapy or care, and what policies and procedures within institutions should drive care. This is a huge concern for humanistic practitioners within the fields of psychology and counselling. It will be discussed further in Chapter Four.

Hannah Arendt and many other philosophers in the mid-twentieth century warned of the dangers of not

adjust[ing] [the] cultural attitudes [within the group] to the present status of scientific achievement [...] [f]or the sciences today have been forced to adopt a ‘language’ of mathematical symbols which, though it was originally meant only as an abbreviation for spoken statements, now contains statements that in no way can translate back into speech [...] where [one] moves[s] in a world where speech has lost its power. And whatever men do or know or experience can make sense only to the extent that it can be spoken about.

(Arendt 1958:4)
Institutional control robs the practitioner of their voice and the opportunity to dialogue as previously stated. There are additional problems associated with the loss of voice.

Technological care loses the language that makes it a humanizing effort for both those who receive the care as well as for those who provide it. Rogers understood this as he moved from calling the patient, a client, and then a person, a concern that can be linked with a clinical interest in unveiling ‘facades.’ (Rogers in Bugental ed. 1967: 268) Technological care attempts to lose language that embeds values. My understanding is that this occurs, in part, because care gets reduced to methods rather than the building of relationships – as though methods are valueless? And, of course, this statement leads me to ask the question: Relationship building, according to which ideology? As a Rogerian and experimental practitioner, I would mean an ideology that can make sense of a relationship whose construction maintains both autonomy and interconnectivity. This concern pervades all the chapters of this research. Care that does not embed this criterion, for me as a humanist, is not care.

Michael Bennett in his work *The Purpose of Counselling and Psychotherapy* (2005) raises an important challenge to treatment that claims to preserve ‘autonomy’ or the clients’ ‘choice’. It steers clinician concern about ‘therapeutic purpose’ that ‘must eventually bring us face-to-face with the issues of value free and nonjudgmental therapeutic interventions.’ (6) He states that there can be no such thing.

**Can I suspend judgement?**

As a Rogerian, I do not argue that I can assume total neutrality when interfacing with my other within practice. I need to always be aware of this fact when practicing. I will have ideological biases and I will try to operationalize those to some degree within practice. However, I do assume that I can suspend judgement, concerning my other and what’s best for her/him, in order to understand the client’s perspective. Without the ability to suspend judgement, I
cannot legitimately claim that my interrogation within this research is critical.
Another point: without this function, interconnection would be a form of symbiosis
and we could not legitimately speak of judgement. Even more, we could not speak
of ethics.

I find that Bennett is implicitly speaking about shaping. To function in our world we
need shapers, which is to say, ideologies that shape through the operationalization
of their exemplars, ideals, principles or premises. Without shaping, through the
introjecting of ideological or philosophical principles into the self, we would be
unintelligible masses of matter, energy and circuitry, and incapable of relationships
with our other or the material world that exists outside the psychic space we call
self.

**Mental illness**

What will take place in this setting? Well, of course, order reigns, the law,
and power reigns. Here, in this castle protected by this romantic, alpine
setting, which is only assessable by means of complicated machines,
and whose very appearance must amaze the common man, an order
reigns in the simple sense of never ending, permanent regulation of time,
activities, and actions; an order which surrounds, penetrates, and works
on bodies, applies itself to their surfaces, but which equally
imprints itself on the nerves and what someone called ‘the soft fibers of
the brain.’ An order, therefore, for which bodies are only surfaces to be
penetrated and volumes to be worked on, an order which is like a great
nervure of prescriptions, such that bodies are invaded and run through
by order.

(Foucault in Lagrange, eds. & Burchell, trans. 2006: 2)

Ominous settings, which work on bodies through laws or power structures, in
conjunction with these power structures, build outlooks for seeing what it is to be
the other and what it is to be the power broker. A view, a created perception, in
effect, becomes understood as a reality. Realities become self-justifying. If caught
within the culture of the ominous setting, whether client, patient or caregiver, one
can lose sight of the understanding that the ominous setting is a fabricated, self-
perpetuating culture and not a thing-in-itself reality.
That mental illness is a rare condition has been argued as early as the mid-twentieth century. That it is a real condition at all has been contested. Whether real or not, however, mental illness is linked to having rights; this was recognised more than half a century ago. As Farber (1993) stated of Thomas Szasz’s 1961 *The Myth of Mental Illness*:

Szasz argued that the concept of ‘mental illness’ is a metaphor, and that as a metaphor it does not illuminate the experience or behaviour of the individual to whom it is applied, but on the contrary it obscures essential features of the individual’s behaviour and of the human situation in general. Szasz’s argued that the term was used to stigmatize deviants from social norms and to deprive them of their democratic rights and responsibilities.

(117)

Any attempt to survey the pursuit in America of what is variously called mental or emotional health runs up immediately against the sheer size of the territory and the ill-defined nature of its landscape. [...] Surely no nation in the Western world – much less the remainder of the earth, where considerations of ‘mental health’ scarcely figure in social existence – can present the same panoply: a massive medical-psychiatric establishment; the lion’s share of the world’s psychoanalysts; great hosts of ancillary professionals, such as psychologists, family counselors, social workers, etc.; an interminable proliferation of alternate approaches to emotional well-being drawing on virtually every aspect of contemporary culture – in short an entire industry of sorts, whose business is the production and distribution of emotional order and well being; an industry, moreover [...] subject to neither reliable objective analysis nor methodological unity, one whose separate enterprises seem to speak different languages entirely[.]

(Kovel in Ingleby ed. 1980: 72)

Mental health is a treatment ‘industry’, and not one where all the actors have equal roles, especially the clients, or rather, patients. The clients inhabit the system as minor players to the psychiatrists, psychologists, clinicians and social workers. Mental health is an ‘industry’ because it is a support system, not only for the population it purports to serve, but for a population that builds professional ranking as well as provides a living for its practicing professionals. If this is the case, questioning why the over-institutionalised individuals show resistance to treatment is like shooting oneself in the foot if you are one of those professionals.
Maybe it is time to return to earlier modes of communicating about mental health or personal welfare through 'myth, legend, superstition and the demonic (Ibid)', as Kovel suggests – a mode of communication that may inspire the client. Mental wellness may be found within the sites where story, narratives, myth and creativity are explored, where the marginalized can build their own introjects that connect them to their other or culture. It may be within these sites that having a sense of self-efficacy is built. Within these creative sites of storytelling and taking on roles, the client may gain a sense of political self-efficacy. As John McCumber points out through out his work *Time and History: A History of Continental Thought* (2011), 'it is through myth that the reversal of the values that have direct bearing upon how we view ourselves as a culture are expressed, and by which we ultimately come to know ourselves as individuals.' (201-224) These sites of exploration impact – they build positive introjects that can be immediately experienced through the clients sense of being opened up to new possibilities of viewing themselves. These sites can also provide them with the opportunity to be relational as well as self-differentiating and self-directional.

Prototypical classifications of mental illness are generally, and perhaps even universally, rooted in extreme deviations from normal psychological functioning. Throughout history, social groups have judged that certain kinds of phenomena lie outside the boundaries of sanity and have labelled these conditions ‘mental illness’ regardless of the particular names they call them or the particular frameworks they use to classify them (Horowitz 1982a; Jackson 1986). Historically, however, these classifications have been applied to only a small number of severely disturbed conditions. This limited use of mental illness labels has now changed beyond recognition.

(Horowitz 2002: 208)

As a therapist or counsellor, I have personally witnessed the proliferation of ‘mental illness,’ which I believe is more an outcome of the regulating institutions that manage illness then an actual proliferation of mental health disease. For example, presently, in order for some individuals – abused women and children, persons with disabilities, or persons emotionally scarred by environmental factors – to get benefits there has to be a mental health diagnosis. This is true in the State
of Idaho and twenty-seven other states within the U.S. Professionals are pressured to make diagnoses, and if they don’t conform to state regulations, the persons they are meant to safely and fairly serve, don’t get needed benefits. This affects their quality of life and their sense of well-being.

Clinicians who take a pathological orientation are biased by what Kenneth Gergen (1990) calls a language of deficit. Focusing exclusively on pathogenic factors leads therapists to take a narrow approach towards clients, in which the emphasis is on diagnosing a disorder and attempting to provide treatment.

(Kleinke 1994: 250)

I originally turned to theatre to address the issue of resistance towards therapy when working with marginalized and vulnerable clients that had been over institutionalised, usually in health, penal and welfare systems, or programs that were regulated by the Idaho State Health and Welfare. By over-institutionalised, I mean that the clients had been receiving services in these systems of care for long periods of time and, as a result, had become shut off to any benefits that counselling might provide. By marginalized, I mean that they had no authentic voice, and that was evidenced by their resistance. By vulnerable, I mean that they were aggressively shaped by a system rather than vitally and critically engaged within it.

Another complicating factor was, that much of the time, counselling was something the client engaged in because they received needed benefits, which were attached to going to therapy, or because they were court ordered to attend. Counselling was something many of its receivers understood as a service they could do without. Some did not see themselves as having mental illness, but the diagnosis had been attached to them regardless.

**Situating the ethics**

The point of knowledge is always open to refinement.
The goals of this research are not to ‘dramatize ethical questions’ but rather to address ethical considerations provoked by a practice that synthesizes two fields: Rogerian therapy and experimental theatre. The research does not concern what is witnessed on stage as ‘ethical questions’ being ‘dramatized,’ but rather, it concerns addressing ethical considerations that precede and underpin processes in two practices and in synthesizing those practices. It also concerns actions or attitudes taken by the practitioner which are considered good practice so that ‘[t]o act is to take some consideration as a normative reason to act and to act for that reason.’ (Darwall 1998: 45)

Darwall states that ‘ethical convictions purport to reflect something objective’ (21). However, this research proposes that, although creating or identifying something objective can be an aim of constructing a synthesized practice ethics, it cannot be the initial first step, at least not in this particular research’s approach. The first step in my case, since this research is auto ethnocentric or self-reflexive by design, is to interrogate my own subjective understanding of the two practices and of their synthesis. Yet, it is from my subjective account that it is possible to perceive the objectivity that underlies other practices, and that is needed in order to understand my own brand of synthesized practice ethics prior to engaging my other within play. Within his article, Drama as Ethical Education (2000: 63-84), Edmiston states: ‘Values are not acquired from outside us, but rather, they are forged in dialogue amongst people and texts.’ The texts that I will be in dialogue with in this research project come out of Carl Rogers’ canon and Joseph Chaikin’s, The Presence of the Actor (1972).

Stephen Darwall, in his work Philosophical Ethics (1998), states that normative ethics ‘concerns what a person should or ought to desire, feel, be or do.’ (5) The statement implicitly asks the question: What is the person responding to in order to be so compelled? It can be a set of standards and the ideology that is embedded in them. The standards, in turn, can be claimed to have been built through
objective or subjective research, agreement, inheritance, or critical examination and evaluation. Within Chapter Four of this dissertation, the American Counseling Association (ACA) and the British Association of Counselling and Psychotherapy’s (BACP) standards of ethical practice will be at issue. The interrogation of Chapters Two and Three will provide the material from which to understand this engagement with the codes of ethics. Finally, I will build my 'bridged' ethical practice that spans the world of counselling and the field of applied theatre, and this personal, bridging ethics will then be contrasted with the two ethical standards from these two institutions, the ACA and BACP, to determine it’s fit or compatible. The universal applicability of practice standards will be challenged.

**My other: marginalized and vulnerable populations**

This research addresses specific populations in the U.S. when referencing the 'engaged other'. They are populations who have been ideologically conditioned to value the exemplars or principles of emancipatory and participatory democracy. This is not to say that similar populations do not exist. However, there is a further narrowing that needs to be taken into consideration when clarifying or defining who the other is. Although a democratic ideology influences the populations that I engage within my practice that does not necessarily mean that its exemplars, ideals, principles or values have been equitably, fairly or uniformly applied across persons or groups. This is a problem for people identified as mental health patients, especially ones who have experienced a protracted or enforced encounter with mental health institutions. Their rights to exercise the exemplars of emancipatory and participatory democracy have been attenuated. Importantly, as I understand it, my other will introject internally the exemplars, rights or principles of democracy to a lesser degree than a person who is understood and treated as mentally healthy by the larger society.

My specific others may have been shaped by principles embedded within the rhetoric of emancipatory and participatory forms of democracy, however, as persons within a mental health context, they have been shaped by powerful,
mental health institutions. These institutions determine the extent of what their rights should be – rights considered as naturalized in the person when speaking of American democracy. In light of this, I need always keep in mind that my other needs to be understood as vulnerable; as potentially having less of a share in the exemplars, rights, standards, values or principles offered by emancipatory and participatory forms of democracy.

If the other views herself or himself as participating less fully, or in an attenuated or limited manner, within the democratic realm, it becomes an affront to who they see themselves to authentically be. In other words, their judgement of their authenticity is predicated on the ideals of democracy being in place within practice and their equal distribution. Importantly, my other frequently reacted with resistance to doing therapy. As I understand it, the resistance had to do with democratic ideals not being applied equally. Within my experience as a counsellor, resistance is usually attributed to a person being oppositionally put together – oppositionally defiant, as the diagnosis goes. The person can also be designated as controlling. My view departs from conventional wisdom.

The goals of this research, if brought to fruition, would build an ethical base whereby a practitioner of my brand of counselling practice can become an advocate for their marginalized other. In this context, I use advocacy as defined by the American Counseling Association: as the ‘promotion of the well being of individuals and groups and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.’ (ACA Code of Ethics, 20) An assumption underlying this research is that the formation of this ethical base can be done by setting up specific conditions within practice that address the problem of resistance, but not by doing conventional therapy. Specifically, it would mean turning the client into actor and therapy into performance, though both reconstructions should not be understood as a proxy for therapy.

Within my practice as a therapist, theatre was a proxy. Within the undertaking of
this research, since I am in the act of jumping ship, the research is a transitional field. This means that my future practice will first be about doing theatre, and that any therapeutic value gleaned will be determined by the actor.

Resistance is understood, within this research, as a legitimate and reasonable defensive maneuver by persons or populations that have endured long-term exposure to therapeutic methods. These methods are understood to strongly shape and limit how the resistant individuals view themselves. An assumption of this research is that the prolonged use of therapeutic ‘shaping’ contributes to a formulation of a self-understood as pathological rather than as self-determining and self-directional. Pathology, in this sense, comes to mean a loss of agency and freedom – both elements that are directly associated with possessing worth and dignity and which are key elements for defining oneself as a citizen within participatory and emancipatory forms of democratic governance. If that is the case, my humanistic applied theatre practice, like my counselling practice, will need to concern itself with facilitating personal agency and voice – a voice that expresses itself as self-directional and self-determining.

I understand my other as in need of ridding her- or himself of the negative introjects imposed by diagnoses. I understand my other to be in need of an engagement that appeals to immediacy, by which I mean the immediate circumstances and reality at hand within practice, which is to say, the existential, living present. From the humanist standpoint, immediacy, in conjunction with being open to possibility, sets up a ground whereby others can operationalize behaviour that represents who they see themselves to authentically be.

There is a caveat; In rural Idaho my practice is looked upon as therapeutic – whether I term myself a therapist, dual practitioner or theatre practitioner. Licensed counsellors are under the regulations of the American Counseling Association (ACA) and its standards of practice. Empiricism is the ideology that underpins the standards of the ACA and its assumptions of what it is ethically normative.
Operationalizing immediacy within practice means to lessen the degree to which normative 'shaping' might affect the other within play.

The identification of my specific other exposes a power differential that impacts my other's sense of self in a negative manner. This means that advocacy is inherently at issue within my practice. Advocacy is a contested topic amongst counselling practitioners. Many counsellors view taking on the role of social advocate as a poor choice because it is based on the assumption that counsellors are able to be politically or socially neutral. Where a strong power differential imposes a limitation to the degree overarching values, principles, exemplars or the rights of democracy can be introjected within a sense of self meant to function within a democratic society, advocacy is at issue. The practitioner, at the very least, needs to provide an antidote to the limited distribution of the rights, exemplars or ideals of democracy.

Applied theatre addresses the problems of marginalization and imposition (Weaver in Prentki and Preston 2009: 57; Hooks in Prentki and Preston 2009: 83; Kuftinec 2009: 106), and within its canon, does not shy away from addressing social justice. Its practitioners actively engage, through practice, the concerns that can surround the limited distribution of rights, or the operationalized principles, values or ideals of democracy. This will be at issue within the interrogation of Chapter Four.

Ridout, in his *Theatre and Ethics* (2009) states that ethics concerns the question: 'How shall I act?' (25) and that the question 'begins from the assumption that there is no someone or somewhere else to provide [...] an answer.' The locus of ethical behaviour is within the self of the practitioner in other words. Prendergast and Saxton concur:

Even before you begin this work, you need to be clear about your own understanding of what is important to you, what it is that you value and see as fair, what it is that you are prepared to give up. You need to create a sense of safety for yourself and others that will free you and them to work at
optimum.

(2009: 193)

**Carl Rogers**

Carl Rogers is perhaps best known by those outside the profession of counselling for his work with encounter groups during the 1960s and ’70s. He was part of the humanistic movement within the field of psychology, which under his influence was inflected by threads of philosophy found in modernism, phenomenology, and existentialism. Though considering himself a scientist-practitioner/researcher within the subfield of clinical psychology, Rogers also considered himself a philosophical psychologist. This distinction is important because it marked out an estrangement between behaviourism, psychoanalysis and psychology as philosophy.

Thematic within Rogers’s humanism, non-directive therapy, or client-centred therapy, were issues of authenticity, self-worth, freedom, choice, personal responsibility, receptivity (or attunement), and respect for the other. Engaging the other required unconditional acceptance and came out of I/Thou ethics, a branch of phenomenology. Surrounding the listed terms were issues of interrelational activity: what it was to be a self, non-hierarchical systems, development, universalism, relativism, determinism, individualism, identity, personalism, subjectivism, the creation of contexts and conditions, or phenomenological fields and transpersonal models of communication.

In the late 1950s, Rogers published a theory of practicing therapy that has been called self-psychology, interpersonal psychology, or existential-phenomenological psychology. This terminological reduction has posed a problem: his theory of practice and its ethics has been traditionally limited through a narrow focus when looked at in scholarship or critical accounts.

Rogers’s focus on the client was concerned with facilitating the development of an authentic person who was well integrated in his or her social sphere and open to
experience and the possibilities it offered, who was self-directing and strongly actualized, which meant that they had realized their potential – and of course, had become the perfect citizen (1995: 335). An emancipatory and participatory form of democracy was at stake in Rogers’s counselling praxis. Creating favourable climates or conditions within therapy through the relationship of therapist to client was of special interest.

For Rogers, there needed to be a focus within therapy on affective, experiential, and sensory responsiveness, rather than on diagnostics, interpretation, or rigid technique. The therapy session was understood as client driven through the relating of a personal and affect-laden narrative, and as a consequence of Rogers’s limited use of techniques. Rogers’s understanding was that the therapist drove therapy though internalized attitudes that were universal amongst individuals, rather than through pre-determined techniques. The attitudes were being authentic, being empathically attuned to one’s other, and being unconditionally accepting – or as Rogers framed it, having unconditional positive regard for one’s other.

Rogers has described his own practice variously. In *Client-Centered Therapy* (Kirschenbaum and Henderson 1990: 9), he states:

> From its inception, the orientation that has come to be called client-centred psychotherapy has been noted for its growing, changing; changes have emerged as a result of the increasing experience of a group of therapists and out of the findings of a continuing and multifaceted program of research.

(Ibid)

A point conveyed in the description was that his theory was more a process that was driven by continual new findings than anything set in stone. In his final work, *A Way of Being*, first published in 1985, Rogers’s built an argument that what was called a theory by some, but he considered a way of being. Both accounts posed that the way to be, is achieved through one’s actions or attitudes, facilitating movement towards and ending in possibility. Rogers’s authentic person was one
involved with the process of continual change in order to meet the circumstances that life offered. Rogers understood that to bring about change one had to be open.

**Joseph Chaikin**

Joseph Chaikin was an actor-director associated with the off-off Broadway groups that were 'concerned with innovation' (Brockett and Hildy 2003: 537). Chaikin was a founding member of The Open Theatre, which can be characterized as a workshop and ensemble theatre. It built its productions out of work done in labs meant to develop the individual actor as well as the ensemble. Narratives built around negative social introjects drove the experimentation that took place in the lab work that resulted in productions for the public.

An aspect of Chaikin’s perspective, which was a ‘refutation of the Freudian idea of the unalterability of human nature’ (Carlson 1993: 420), influenced the thematic content explored in the lab. As a result, his work became closely allied to the theories of the existential psychoanalysts of the 1960s such as David Copperfield and R.D. Laing, who rejected Freud’s positing of society as a norm to which the patient should be ‘adjusted’ (420-421). This thematic content was explored through a theatricality that was reducible to ‘stage action’ (Blumenthal 1984: 150). Such ‘action’ took the form of improvisation, theatre games, and the exploration of personal identity vs. social identity though the creation of images. A characteristic theme that drove the labs, as well as the theatrical performances, was that of ‘transformation’ (Hulton 2000: 151).

The thematic content studied in the labs resonated with Rogers, creating favourable climates or conditions within the play of the lab through the relationship of director, playwright, and actors to each other in interrelational or ensemble playing. Negative and positive introjects, which could be internalized within the self of the actor and which could expose violations of rights by governing institutions representative of American culture and society, were explored.
Chaikin became a social activist. Strong traces of Chaikin’s budding activism began to emerge when he took on the role of Galey Gay in Brecht’s *Man Is Man*. This was at a time when he was working at The Living Theatre as an actor, and running an acting workshop (Carlson 1993: 420) before he had moved on to help build The Open Theatre.

In his only written book, Chaikin downplayed his activism, a part of his identity that had contributed to the formation of The Open Theatre. In his *The Presence of the Actor*, he spoke of his activism in a description that belied the seriousness and extent of his involvement. There was little stated about actual circumstances except for an arrest and jailing. The extent of his activist involvement, however, rang through in an account that spoke of an epiphany. The level of risk and commitment he undertook was vivified was described in his obituary in the *Village Voice* in a short paragraph by Judith Malina. Malina put a very human face to the level of commitment evidenced in his activism. She stated:

In William Carlos William’s *Many Loves*, Joe sold me a house . . . and in Brecht’s *Man Is Man*, I sold him an elephant . . . and his intense commitment to the moment – that was it – made these transactions an emblem of the whole terrible dilemma of the human race. For Chaikin always played the moment in which he was as the true moment – the only true moment – and brought to these transactions the momentous presence of the present. In this way he made all that happened to him onstage a transcendent experience. [...] When the Vietnam War led the theater into the streets and we sat down in protest together in the middle of the Times Square traffic, the police rode in with clubs. A glancing blow caught the side of my head. I saw a flash of red and pain and then I felt Joe’s body covering me, and I took shelter under his protection and felt no more blows. [...] But Joe’s persistent innocence rises above it all and has protected us all these years without our even knowing it. The courage of his unmasking of the unashamed self and his laying bare the secret recesses of the soul make it clear that Open was the right name for his theater. We see more now, and the light is his.

*(New York Village Voice, 8 July 2003)*

**The liminal**

Through the influence of theatre groups such as The Living Theatre and The Open Theatre, experimental techniques began to be more regularly used within theatre
training. They are foundational to applied theatre practices and are understood as catalysts for social and individual change. Sonja Kuitinec’s work articulates this at the level of community work in her work *Staging America*, (2005), as does Leonard and Kilkey’s, *Performing Communities* (2006). Additionally, Cecily O’Neill’s *Structure and Spontaneity* (2006) and Wilhelm and Edmiston’s *Imaging To Learn* (1998) capture the techniques used in educational settings. Experimental theatre and its techniques have been a launch into addressing ethics of practice. My research is an example of this. Other examples are *Process Drama and Multiple Literacies* (2006) by Schneider, Crumpler, and Rogers, the techniques of which have been used in grassroots theatre, and Bruce McConachie’s “Approaching the ‘Structure of Feeling’ in Grassroots Theatre” (in Haedicke and Nellhaus, eds, 2001: 29-57). All of these speak to the need to offer a ground of play that maintains openness to possibility and a continual disruption in the understanding of what theatre amounts to as well as the actions it takes to disrupt conventional theatre. Experimental theatre has become status quo, but one that continues to resist boundaries. That means that the actor self needs a means of resisting boundaries in order to forge their on-going building of an actor-identity.

All these examples of experimental techniques find an origin that is traceable back to a form of experimental theatre that attempted to define the ‘liminal’. By liminal I mean a space that ‘transports’ and ‘transforms’: a site or condition of ‘entities’ that are understood to be ‘neither here nor there, which is betwixt and between positions assigned and arrayed by law, custom, convention and ceremony’ (Turner in Schechner 2006: 66). As Schechner states: ‘Liminal rituals are transformations, permanently changing who people are’ (72). He makes a distinction between terms, and states that there are also ‘liminoid’ rituals. Liminoid rituals are to be understood as something ‘effecting a temporary change – something nothing more than a brief *communitas* experience or a several-hours-long playing of a role’. They ‘are transportations. In a transportation, one enters into the experience, is “moved” or “touched” ... and is dropped off where she or he entered’ (Ibid).

Schechner’s assumption is that ‘the drop off point where one entered’ is a terminal
point. I would argue against that interpretation. I suggest that the feeling of communitas, or belonging within the condition of interrelationship that is constructed through actions taken (experimental techniques), are the materials for building a sense of interconnectedness. Through the support offered by this condition, the ground is set for the actor-self to become open – which is a prerequisite of entering the liminal space.

**Why my practice is not drama therapy**

Some claim that all dramatic experience is therapeutic. It is axiomatic that workshop leaders, teachers and educational and community theatre companies generally expect some change for the better will take place as a result of their work. At the very least, there is an expectation of ‘doing good’. More specifically, certain drama activities aim at achieving potentially complex psychological and emotional shifts – the work of dramatherapists and psychodramatists, for example.

(Somers in Jennings 2009: 193)

This thesis in interested in pursuing the philosophical links between therapeutic practice and experimental practice, but it is not interested in that aspect of combined practice that has emerged as drama therapy. An argument of this research, and a catalyst for conducting it, is the insight that client groups or populations that are resistant to therapeutic modes find new possibilities in the theatrical, where they can be liberated from the understanding that they are pathological.

As previously stated, my work concerns clients and groups that have been over institutionalised. These clients or groups have been worked on by the culture of state social welfare agencies though therapy and therapeutic measures on a long-term basis. What is affected by this continual exposure is resistance – and, not simply because of the dulling effect of long-term repetition. It is because of the hazard of being worked on labeled in a pathologising manner. As a therapist, what I have found is that client perception of the type of discipline employed in their treatment matters. Using theatre as theatre, clients are able to build introjects by which to view themselves as skilled and functional actors, rather than build
introjects that affirm they are broken.

**Autonomy and a common ground of practice**

Embedded in selfhood are cultural assumptions about roles, relationships, and self worth that underpin morality. The (male) Western model of the self gives enormous weight to an individual's personal autonomy and freedom, purely because they are persons [...] It focuses on the self as the agent relating to others, rather than on the interconnection of persons. Self worth is therefore seen in terms of individual being able to freely act and responsibly vis-à-vis others, who are free, separate selves.

(Haste in Woodhead et. al. eds. 1999: 187)

That persons were autonomous when at their best was an understanding of both Rogers and Chaikin. As, both attempted to achieve within their respective practices, a common ground whereby self-determination and self-direction could be operationalized, strengthening the whole group. Despite valuing personal autonomy, neither dismissed the importance of interconnection within practice; Rogers, through the interconnection of the therapist-client dyad, and Chaikin through building an ensemble gestalt, created through the interactivity between actors, director and playwright. This presents a shift from the account given by Haste above.

An ideology that contributed to how an individual developed as a self but in relation within a group is compatible with what it means to be self-constructed from forms of participatory and emancipatory democracy. Participation assumes that we can act as individuals.

However one attribute may be operationalized more strongly than the other. American democracy usually shifts towards emancipation, evidenced by the strong valuing of individualism. Still, participation does matter. Both Rogers and Chaikin sought to achieve a degree of interrelatedness that required deep commitment bonds between strongly connected members in their work environment. This breaks with the emancipatory side of the dynamic. And it was a shift out of the stark individualism that was understood as characteristic of Americans in general.
Within each practice, a disposition or attitude started to emerge that emphasized that strong interrelationships are an important compositional force when creating the person, not just the concern for autonomy.

**Facilitating the self-perception of having worth and dignity**

The discipline comes through creating exercises which bring up a common ground.

(Chaikin 1972: 15)

When synthesizing practices, my assumption was that through experiencing themselves as actors and not patients, my clients would gain a sense of worth and dignity that had gone missing through repeated years of doing and dodging therapy. As marginalized, they had grown to visualize themselves as pathologised rather than as self-determining and self-directing. Since I personally had experienced, as a drama student, that there was something about active engagement within theatre practice that was liberating yet capable of building a common ground of values, I choose to apply what I had learnt in my theatre training with the populations that I served. The embracing of the switch out by my clients was evident on a scale that I did not expect – and across specific and very different populations. The energy generated by the now actors when tackling performance pieces was amazing. They had fun, they challenged themselves, and their heightened concentration and engagement was evident. Personal insights flourished: testimony of the relief experienced from being continuously worked on by a strongly imposing system of power. As I saw it, my clients experienced themselves as efficacious, important, valuable and worthy.

**A practice ethic built from evidence gained through criticality**

As previously stated, what this research may accomplish is provide a ground where practitioners, like myself, can prove due diligence; meaning a strongly comprehensive understanding of one’s personal practice ethics gained through criticality. Although, not providing empirical evidence, the ethic can pose contrasts
to build a critical ground by which to judge how to act towards the other. This critical ground is not one concerned with proof, but rather, critical understanding. Cases that support this approach can be found in applied theatre practices. For example, Sonja Kuftinec, accounting for her practice in the Balkans, suggests that critical understanding is imperative for client safety (2009: 68-69). Thompson, in his work in Sri Lanka, makes the same case (2009: 22-25). Assessing for safety means assessing according to one’s practice ideology what safety means.

My own practice, as a counsellor doing therapy, resulted in failure when I did not properly exercise due diligence. I was using accepted methods of practice (not strictly Rogerian) to assess for the clients’ willingness to change behaviours like truancy, poor classroom engagement and performance and social substance use. Using what is termed Motivational Interviewing, which relies heavily on Rogerian relationship-building skills and Prochaska’s model, I applied the Rogerian approach a little more heavy handedly than usual. The client was enjoying herself in therapy and importantly, avoiding her problems. She was not processing them out along with the affective experience associated with them. From a counsellor’s point of view, I was not doing my job. When I became more empathetic, she started to process her problems and became more aware of her feelings. The language of change was identifiable. The session ended and I felt somewhat satisfied over the encounter. The client booked her next appointment and then did not show up. She was court ordered to see me. Eventually, she came back to therapy just to let me know that she was not coming to see me again. I was just one more person in a long line of relational failures. As she understood it, when she had come to therapy, before ‘crying, I had fun’ – she felt that she could no longer trust me to allow her to try out the happy self she wanted to be. She stated, ‘Therapy was the only time during the week that I felt good about myself.’ My client had read ‘crying’ as another round of humiliation to suffer. The shame-humiliation response, when it appears, represents the failure or absence of warmth of contact, a reaction to the loss of feedback from others, indicating social isolation and signaling the need for relief from that condition. (Basch in Sedgwick 2003: 36)
Performance calls attention [...] in a way that lifts everyone slightly above the present, into a hopeful feeling of what the world might be like if every moment of our lives were as emotionally voluminous, generous [...] and intersubjectively intense.

(Dolan 2005: 5)

Working to keep people alive, to value their and others' lives, and to announce proudly that they are worthy of living and being valued for being alive, is then central to the politics proposed here. And happiness, joy and celebration are indispensable sensations in this act.

(Thompson 2009: 179)

The cogent point brought out by the two applied-theatre practitioners quoted above is that I should have followed my gut (intuition) and let her have fun. The relationship building aspects of joyful or uplifting experiences is vital in the literature of theatre practice, as the quotes above attest. Also, before this failure, I had started to wonder if change didn’t involve experiencing joy while in relationship with the other. This was the driving influence behind the use of theatre with young kids who have been over-institutionalised. As a practitioner, I had turned myself into an advocate for bringing out negative feelings rather than building a context that could support and develop more positive emotions.

To be made happy by this or that is to recognise that happiness starts from somewhere other than the subject who may use the word to describe a situation.

(Ahmed, Happy Objects in Gregg & Seigworth, eds. 2010: 29)

**Shifting into a critical understanding of humanity**

Since the origins of modern social theory in the Enlightenment, there has been a tension between, on the one hand, the received model of objective (scientific) knowledge and, on the other, the recognition of the historical and cultural variability of patterns of belief. The paradigm of mechanical science, associated with Galileo and Newton, dealing with objectively measurable phenomena, and disclosing a world governed by mathematically specifiable laws, was widely adopted as the model for 'scientific' morality, law and government. Although the advocates of rival
epistemologies – empiricists, rationalists and Kantians – differed from each other on many issues they still shared important thematic commitments, most especially their belief in the objectivity and universality of scientific knowledge and method.

(Benton and Craib 2011: 142)

Empiricism assumes that science can capture reality, which is a topic discussed in Chapter Four of the research. The ideology of science is at issue, since the ACA’s standard of practice makes the basic assumption that there is truth in science and that ethical conduct by the practitioner is an extension of not only truth but also its methods. Such practice is thought to prove something real or actual. The term ‘real’ implies that there can be certitude in knowledge. Central to this concept, when applied to human understanding, is that our mind directly and clearly apprehends what is really there. In this case, science, when applied to humans, easily reduces human conduct to technology. This reduction separates the concerns of science from the ones of ethics. Chapter Four will address this.

In contrast my particular understanding of what practice should be is shaped by both Rogerian and experimental theatre practice – and the practice ideologies shape what I understand to be applicable knowledge for practicing. Further, through the efforts of my current research, I am being shaped by social construction, a philosophical view that underpins applied theatre, a practice I have inadvertently used with clients and groups that were resistant to therapy. Social construction now shapes the fundamentals of my knowledge and will shape how I understand my limits regarding the shaping of the other within practice. My view of what my practice amounts to is based in philosophy, not in science as reality.

Rogers preserved modernist values in his brand of therapy. Those values or principles conditioned how he regarded the self at its best. Modernism determines how I regard the extent to which ‘shaping’ should be carried out within my practice. The brand of modernism that influences shaping appeals to emancipatory and participatory forms of democracy. Emancipation suggests that there needs to be conditions built within therapy that operationalize personal freedom. Participation
suggests that conditions need to be built that foster interconnection.

The self is a process
Both Rogers and Chaikin understood that to some degree the self was a construction. The understanding that selves are constructed parallels Chaikin’s view of the actor-self. He understood that actors are formulated through dynamic processes. From a critical perspective, this understanding means that my practice contests that there can be knowledge that qualifies a person or self exclusively in absolute terms. And this leads to the question, what is left? What supplies the stuff that makes the person or self? Chaikin (1972: 100) suggested it was building conditions that offered choices. Rogers (1995a: 115) understood that the conditions were forged by the attitudes of the practitioner so that the client could make choices. Both outlooks suggest that the self signifies a process, not an absolute thing-in-itself.

A Dynamic
Critics of social construction take the position that the self, understood through a social constructionist lens, can’t articulately be understood as self-differentiated since it is understood as ideologically constructed. It becomes too self-referencing as an entity constructed solely related to cultural input. However, Burr addresses this problem suggesting that the person is created dynamically between their personal narratives concerning who they are in relation to others’ narratives concerning them (Burr 1995: 140-142).

The critics also read social construction as eliminating the possibility of having distinct features or functions to our perceptual capacities – features which provide an unadulterated, objective understanding of our self and the world around us (Bishop 2007: 63). Social construction is understood as privileging subjectivity as the main means by which we understand the world. In other words, social constructionists have basically painted themselves into a corner where the self necessarily has to be understood as radically shaped as well as solipsistic.
My response to this criticism is that we can build positive oppositions. As a dialectic the coupling suggests that we are wired to turn inward and self-reflect, isolating our understandings from strong outside influences, as well as able to be conditioned by an environment so that we can live and function within it. In other words, we have the capacity to suspend each manner of viewing the other, our world and ourselves.

**Experiences that bind suggest that a humanity is at stake**

Chaikin (1972: 16) speaks of a 'common human condition' that is recognizable within some performances. He also speaks of a ‘recognition scene’ between the performer and the audience’ (17) that ‘help[s] both proceed with the shared experience of living.' Considered in conjunction, the ‘recognition’ and the ‘common condition’ suggests an experience or understanding that binds. Also suggested, is that the condition has a universal purpose, that the experience of it is sought out and that it creates bonds through 'shared' living – or interrelationship building. As a drama student, I understood this, implicitly, through exposure to experimental techniques.

It is suggested that Chaikin relied on there being some universal reality expressed when engaged within theatre. Core conditions of existence suggest collectively that we are bonded or interrelated. Rogers's humanistic practice relied on such an assumption, which is a modernist assumption. My dual practice, as an extension of this understanding, puts me in the position of being conservationist as well as constructionist. Within my practice, despite the constructionist outlook, I preserve a thread of understanding associated with modernism. However, the concept of humanity, when posed as a fabrication of interrelationship, is compatible with the idea of social construction, which posits that we are inter-relationally constructed.

We can and do destroy the humanity of other men, and the condition of this possibility is that we are interdependent. We are not self-contained monads producing no effects on each other except our reflections. We are acted upon, changed for good or ill, by other men; and we are agents...
who act upon others to affect them in different ways. Each of us is the other to the others.

(Laing quoted by Chaikin 1972: 41)

Central to the understanding that we are an interconnected humanity is that as a collective, we are responsible for one another. This poses the question; responsible according to what terms?

**A technological reduction?**

Rogers, a scientist-practitioner, insisted along with other humanist practitioners, that psychology and counselling needed to be approached from a philosophical or rather ethical, angle of understanding. The term humanity, as used by Rogers, concerned the treatment of people as characteristically of worth and dignity, and therefore, as naturally meritorious of conditions that allow them to experience themselves in this manner.

In humanistic understanding, science is always conjoined with ethics; one suggests the other. This means that to remove the ethical consideration science is reduced to technology. Through the separation of ethics and science, the consideration that we are a collective humanity is lost. Science can then justify any kind of behaviour directed towards individuals or populations.

The term humanity, when it expresses American democratic ideology, suggests that every individual is important to the whole. From this position, humanity suggests both wholeness and its dialectical opposite; separateness. The dialectic further suggests that each and every one of us needs to be perceived as a part of the collective as well as apart from it. This rationale, when applied to humanistic practice, means that any method devised needs to respect the dialectical relationship of the individual person or collective to the whole.

**The value of lived experience**

Living experience that is witnessed as vital, creative, rare, contributing to one’s
identity or challenging it, and emblematic of honored values – shapes. Speaking about an actor he admired, Chaikin states that the actor’s performance

reflects the contradiction and levels which I have admired – contradictions with reference to the actor playing the character – the character that isn’t but which is contained in him. These levels weave in and out are sometimes present in combination. As I watch him, I consider my own identity in relation to my actions and my actions in relation to his character.

(1972: 21)

What is revealed is that the construction of the self occurs because of an immediately lived experience that suggests who one can be. Also if I experience myself as creative, efficacious, rare and valuable, I am more likely to view myself as possessing any one of those qualities. I am also more likely to extend this understanding to my others and act accordingly towards them. Through exposure to these lived experiences, positive introjects are built. Like Chaikin’s expression of the idealized actor, these introjects are built through witnessing actions in the immediacy of the moment.

**Immediacy**

Immediacy: a counselor’s addressing an issue, an observation, or an impression at the very moment it occurs in the session; the term for the ability to explore with the client what is occurring in the counselor-client relationship immediately; the counselor’s awareness of not only what the client is communicating in the moment but also what the counselor is communicating[.]

(Austin 1999: 290)

Chaikin’s Open Theatre labs were meant to set up conditions where the actor experienced their self-affecting and being affected by what was happening in the environment. In other words the actor could shape others and be shaped by them. The question becomes, what is acceptable ‘shaping’ practice?
Chaikin (1972: 14) stated that ‘[i]t’s within the structure of the human character to want. It’s the government’s and society’s malfunction to determine what it is we want’. Implied within this statement is an acknowledgement that we are shapeable if the technology is right, and such shaping is not always in our best interest. Rogers (Rogers 1995a: 58) rejected the idea that we are shaped to a strong extent, because he understood us as characteristically free and able to make choices. Chaikin (1972: 70-75) also understood that we are shapeable and can be ‘set up’ yet also have the discretion to make meaningful choices and change (39).

**Rights**

From a humanistic perspective, embedded in the term ‘set-up’ is the assumption that we should, by right, be self-determining and self-directing. Having rights assumes that we can make choices that run counter to programmability and that choice-making is a part of who we are ontologically; if we are understood as inherently self-determining and self-directing. Contrastingly, for social construction, rights can only be derived from ideology and not from pre-determined rights.

**Self**

Rogers started from the premise that there was a self, person or identity that has to be addressed. This self, person or identity expresses our beingness, or rather, certain qualities that make us of humanity. He attributed three qualities to our ontological makeup: being adaptable and open (1995a: 127) and creative (160). These qualities suggest a self that self-creates to a strong degree, and that can make independent decisions according to who they want to be or become. Chaikin (1972: 35, 155, vii) understood the same.

However both Rogers and Chaikin captured a different understanding what it was to be a self. This self is created through material existence. Chaikin brought this out in the *Presence of the Actor*: it mared out a shift from his phenomelogical perspective.
Does it require deep intuition to comprehend that man’s ideas, views and conceptions, in one word, man’s consciousness, changes with every change in the condition of his material existence, in his social relations and in his social life?  
(Marx and Engels quoted by Chaikin 1972: 68)

Rogers, despite his modernist understandings regarding what it means to be a human being, also understood that we are culturally constructed. Within Chaikins book the same understanding can be found.

**Interrelational shaping**

In order to study character, the actor usually separates himself from others. This is the first mistake. 
(Chaikin 1972: 11)

The construction of character (I mean this in a theatrical sense) as a psychological enterprise was not an ambition of the Open Theatre. What was important was an ‘assumption of partnership’, or rather, relationship; whether actor to director, actor to actor, actor to script or actor to audience. His practice especially attempted to understand the relationship of the practitioner-actor to the engaged other-audience within the performance event. Chaikin that

Moment to moment, the play is between actor and audience, as the actor’s attitude changes about the character and his circumstances. The audience is the actor’s partner as he plays the role of his character with the other characters. The actor does not have to wink, woo, or pander to win the audience’s partnership; he begins with the assumption of partnership.  
(37)

Experimental theatre practice, as well as Rogerian practice, operates from the understanding that we are interrelationally put together as people (Chaikin 1972: 37; Rogers 1995a: 27-45). This is a key understanding that sets up a particular, social constructionist view. The view posits that our self-understanding concerns the lived performance of cultural events within the immediacy of the moment, rather than understanding it as a system of ‘memories’, ‘attitudes’ and ‘affective responsiveness’. (Burr 2003: 16-17)
The DSM-IV

The Health and Welfare system of which I was sometimes a part, either directly or indirectly, while working with marginalized and vulnerable groups, uses as a core instrument the categorical diagnostic tool called the *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) (1999). Treatment models used to treat ‘patients’ within the Health and Welfare system (and most independent rehabilitation systems) need to be compatible with this tool. Use of the DSM can in effect, reduce a person to a collection of diagnosable features, which can then become self-referential, and therefore, self-reinforcing when backgrounding therapy. Because of this inherently limiting dynamic, the DSM, when used reductively, leads to a therapeutic environment that does not strongly tolerate treatment options that regard persons as capable of having an authentic and mature voice.

As a practitioner, I find that the DSM can be a useful tool. As an RN, I rely on it. It can assist in making a differential diagnosis possible so, for example, the right drugs are used to treat bipolar conditions. However, it can be a reductionist tool if the client or patient is viewed only as a compilation of features. A reductionist approach can bleed into the way in which the client views him or her-self. The client can absorb or internalize the collection of features, and can come to see themselves as primarily that reduction. In other words, the features become introjects. Ultimately, the client or patient is set up to see his or her self as pathological and fixedly put together. They see themselves as severely limited and helpless in the face of the institutions that house or govern them as well as their life circumstances. They experience learned helplessness, which is contrary to being self-directional and self-constructing, both crucial characteristics necessary for a perception of the self-constructed through democratic ideology. When in therapy, it is possible that they will act out this internalization of identified negative features. And patients who do not picture their self as efficacious when controlling their life will have compliance issues that complicate the medication regime.

Once the patient or clients come to see their selves as intrinsically put together in
a fixed and inflexible manner, they do not self-express through actions that are autonomous, creative, or perceivable as good. I have observed that the more one views one’s self as open, adaptable, sensitive, creative, and conscientious, the more personal expectations for empowerment, self-agency, and transformation will likely be rewarded. And, unless persons see their self as possessing these positive qualities, as well as being capable of conducting themselves in a manner that exhibits these qualities, they will not see themselves as authentically or as characterologically good and able to self-express in such a manner.

Ethics is the thought and practice of acting in keeping with who we think we are. Ethics is about acting in character. There are things we do and things we don’t do, and if we wish to think ourselves in positive terms, from an ethical point of view, the things we do are good, and the things we don’t do are not. Ethics is about being good and staying good by acting well.

(Ridout 2009: 10)

To do good, one must have incorporated images of oneself as good. These images originate within our culture and the different paradigms and pre-paradigms of valuing that comprise it. Additionally, in discursive terms, we must perform these images through actions and dialogue and let them shape us. Chaikin understood this, and, borrowing from Brecht, built his practice by applying this understanding. For Chaikin, through the building and inhabiting of images, there might occur a challenge of the status quo (1972: 12-13). Rogers (1995a: 353.), in his utopic desire to set up conditions that built an ideal culture with ideal participants that internalized emancipatory and participatory attitudes, also understood that a status quo not only limits, it oppresses. He also understood that it takes internalized positive self-images to stand up to negative status quos.

My over-institutionalised other

I have observed that over-institutionalised clients become therapy savvy and express marginal spontaneity in their response to life, except through the negative emotions of hurt, fear, and anger. Otherwise, they can be shut down and blunted to their own affect. For my over-institutionalised clients, there was little
internalization of what their verbalizations attested to when in therapy. There were no positive actions ‘taken’ to demonstrate that change in their conditions had occurred. Many were unable to demonstrate an ‘empathic’ understanding of others. By empathic I mean ‘the capacity to think and feel oneself into the inner life of another person’ (Kohut 1984: 82 in Rowe and Isaac eds. 1989: 15), which is an important aspect of existing within a culture interrelatedly with other individuals.

Their understanding of the other boiled down to a series of projections, since many were narcissistically self-absorbed in an unhealthy way, and unable to negotiate between the idea of ‘the self’ and ‘the other.’ Did these projections take on the features of pathology co-sympathetic with those described in the DSM? Healthy narcissism, the taking care of the self that would open them up to the world of possibility or transformation, was missing. They needed positive introjects that would allow them to function in a healthy manner. To provide those introjects I turned to theatre. It was the beginning of the leap.

**The imposition of values and shaping**

[T]here is always the need to be vigilant about whether the practice is accepted as a generous exercise of care or whether, however well intentioned, it is regarded as an unwelcome intrusion. It is easy for trust to become dependence, for generosity to be interpreted as patronage, for interest in others, to be experienced as the gaze of surveillance.

(Nicholson in Pendergast and Saxton 2009: 193)

Prior to becoming a therapist and RN, I worked in London in the 1970s doing children’s theatre’, a generic catch term for many forms of theatre targeting children and youth. The children’s theatre of which I was a part consisted primarily of what can be termed ‘message’ work. It was ideologically determined, calling attention to stereotypes that, when combined within play, signified a stratified class system. The themes of the performances were usually about the empowerment and transformation that were acceptable to the ‘Left.’ My family of origin has ties to the American progressive movement, so this makes sense.
It was the assumption of the theatre ensemble that visual representations of empowerment and transformation set the conditions for change or growth for the individual spectator. We of course didn’t articulate this goal directly. It was simply a driving, core assumption: that a visual representation became incorporated internally within the viewer as the children witnessed the event before them. In other words, playing accessed an interior and contextual world of meaning-making that could be shaped. In therapist discourse, playing was a means of imaginatively trying something new and, therefore, the start of integrating new possibilities with which to view their world. It was the starting of an activation process that was indelible; one which offered values for consideration and implementation. Chaikin understood this, and offering imagery that challenged the status quo was emblematic of his practice. The accounts (1972: 67, 76, 97) he gives of his lab work and productions characterise this. Rogers (1995a: 339-356) offered the same sort of perspective in his use of imaginative imagery in his accounts of an ideal, future person and an ideal state of being. As young players trained in the London of the 1970s, we had been exposed to this form of advocacy within our training and we used it freely.

Responsibility for the Other, for the naked face of the first individual to come along. A responsibility that goes beyond what I may or may not have done to the Other whatever acts I may or may not have committed, as if I were devoted to the other man before being devoted to myself. Or more exactly, as if I had to answer for the other’s death even before being. (Levinas in Ridout 2009: 53)

Ridout reminds, in his work Theatre and Ethics (2009), that our personal ‘goals’ cannot be at the expense of the other. To be in relationship in an ethical manner, ‘we ought to live eternally in relation to the ‘other’. (52) This resonates with Rogers’s I/Thou ethics.

When making theatre, do practitioners ‘necessarily’ start from a host of assumptions about the other? Those assumptions color how we regard or disregard the other and her or his internal territory – as privileged and private, or as a site on which to impose values. The questions for the experimental, Rogerian
practitioner is: Do I want to regard the other as pathologically put together, or creatively put together? What best works for a client who has been raised in a democratic society that champions participation, strong individualism and emancipatory behaviour? Do I want to strongly shape or minimally shape the other? Do I want to set up conditions where the other can creatively self-shape?

Considering this research, another question surfaces: Was my children’s theatre work an ethical practice? I was acting on the interior of another, the most private of private territories. If one does ‘message’ work and is trying to structure the internal world of the observer with the images the practice conveys, should I not understand that images, theatrical interventions and methods imprint, and that there are ethical considerations that need to be in place because of the imprinting or shaping? Is there a manner in which I could practice so that I am not conditioning or shaping without consent? Are there considerations that can be put in place, within practice, that guard against what could be viewed as indoctrination closeted by good intentions?

We, as a group of actors, traveled from school to school, or rehab centre to rehab centre, to ‘entertain’ children. Plays, which have contrasting characters such as queens and kings and woodsmen and wenches, do not passively entertain; they provoke the development of bias and the internalizing of that bias within a system of understanding that makes up the self. This is a choice they might not embrace if the bias were presented in another manner than as simple entertainment. And certainly, the family the children went home to might not have embraced the values from whence these images came. We as a company basically assumed that our values were the audience’s values because we were all constructed as selves within a democratic culture. And, to a degree, the assumption held. However, central to this understanding is that the degree of shaping matters and asks the question, to what extent did the plays produce a strong impact?

As brought out in the beginning of this chapter, there are assessment means by which to account for ethical action when approaching the vulnerable other; they
include identifying the cultural ideologies that shape them, their political placement, their share in the positive exemplars that construct their ideology and their reaction to their understanding of the degree to which they have a positive share of social worth. Is education your primary intent, or are the means by which you hope to achieve this educative effect the most significant consideration within practice? And, underpinning both aspects of such critical management, assessment and education is the requirement for a particular kind of attitude to be expressed by the practitioner; that they are engaging persons who can potentially suspend their own ideological bias, understandings, and values in order to engage you. Ethically, this means that I always have to keep in mind that any positive attributes I attribute to my self, I need attribute to my other, unless confirmed otherwise.

As a Rogerian working with the over-institutionalised, I need to be able to justify my methods as not just more of the same, since I have identified a problem of the over-application of counselling methods. Consent to treat will be at issue, and mandates that the client be informed of what they can expect from play. The ACA standards do handle this issue well in some respects. The ACA does not, however, address the harmful effect of prescriptive measures repeatedly utilized across lengthy amounts of time, and the shut off or resistance it can inculcate within the other.

In other words, consent within the ACA’s code targets pedagogical and methodological issues. However, consent for treatment, which is the part of the problem of cumulative and long-term effects, is not addressed. There is a population, out there at this time, that has been raised in health and welfare systems that might, at least quasi experimentally, demonstrate that long-term exposure to counselling strongly correlates with resistance. The ACA’s code does not consider that there may be more adequate fields of practices by which to address this issue, and which do not put the client at risk for resistance. It may give them the opportunity for transformation on their own terms and conditions. And this is relevant to the problem of theatre groups that attempt to undertake
shaping without explicit acknowledgment. Ultimately, the challenge is to offer up methods that promote conditions where the other can make their own choices regarding personal and group change.

There are multiple but related aims within this research. The research is an autoethnocentric address that interrogates like and contrasting valuing between the ethics of Chaikin’s experimental theatre, as evidenced in *The Presence of the Actor*, and humanistic counseling practice as evidenced in the work of Carl Rogers. As stated, the fields of counselling and theatre have informed my practice ethics as a dual practitioner, fitting with what is termed applied theatre practice, a branch of theatre with many sub groupings (Prentki and Preston 2009: 9; Pendergast and Saxton 2009: 3; Thompson 2008: 13) that I was not aware existed prior to beginning my research.

This research concerns contexts that diverge and resonate between Rogers’s work and Chaikin’s book. They affect how I justify my actions towards my other. And despite the divergences, many of the contexts embed received values that, when viewed, appear strongly co-sympathetic. Practice points that have been part of my dual practice in the past will hopefully be made more explicit, and make sense of how I understand the question of how to act towards the other. This is in keeping with Pendergast and Saxton’s challenging statement, and not used simply as a rhetorical device, but as a point of departure for a Rogerian practitioner bridging practices, and hopefully in an ethical manner by not taking a set of assumptions from one piece of a past, dual practice as equivocally applicable to the other. In this, I hope to prove due diligence, creating an ethical base from which to guide my brand of applied theatre.
Chapter Two

Carl Rogers’s Humanistic Counselling: 
Identifying a Practice-based Ethics that Shapes My Personal Practice

Rogerian therapy and the therapist

[S]ome practitioners are reluctant to consider the relationship of philosophical views to scientific professional work.

(Rogers 1995b: 20)

The opening sections of this chapter will establish an understanding of Carl Rogers’s practice and philosophy regarding the self of the individual, and through providing examples of Rogerian therapy, illustrate the philosophy at work. The goal is to make explicit the philosophical ground that determines my practice ethics. In Chapter Four, the practice ethics will be explored in relation to my theatrical training at drama school in the UK. Joseph Chaikin’s, The Presence of the Actor, exemplifies the practice ethics derived from my training as an actor/actress. Each of these philosophies of practice have contributed to my personal practice ethics, and constitute the basis from which I have, in the past, practiced as a dual-practitioner of counselling and theatre. Trained and practicing as a Rogerian therapist, I came to the understanding that I could affect relationships with my client groups or ‘others’ through theatrical means, while preserving the principles of an ethical Rogerian. Ultimately, the interrogation establishes why I am choosing, for the future, to practice as a humanistic, or Rogerian, applied-theatre practitioner.

Carl Rogers: Philosopher-Psychologist

Carl Rogers was a clinical psychologist whose mode of practice has been termed humanistic, client-centred, non-directive, or Rogerian. Carl Rogers shifted therapy away from psychodynamic treatment models (Rogers 1995a: 33-36) and reacted strongly against behaviourist ones (Rogers 1995a: 55; 1995b: 363-381). He was very prominent within the profession of psychology during the 1960s and 1970s
and within popular culture. Therapy, as he visualized it, needed to become less treatment driven and more about intimate, human interaction involving autonomous selves (Rogers in Anderson and Cissna, *The Martin Buber–Carl Rogers Dialogue* 1997; Rogers 1995a: 19). He proposed three conditions or attitudes to employ within therapy to accommodate the proposed shift: authenticity, empathic attunement and unconditional positive regard. This trinity of attitudes was first expressed by Rogers as a series of terms in 1957 (Kleinke 1994: 83). Within a matter of a few years, he claimed that these attitudes were not only cogent to the needs of personal therapy, but were cogent to interpersonal relationship in general (Rogers in May, ed.1961: 32), including across very different cultures (Rogers 1995a: 45).

Rogers grew up in Oak Park, a wealthy suburb of Chicago. He was raised within a devoutly Protestant American family, which assumed a reserved relational ethic that governed home life (Kirschenbaum 2009: 8; Rogers 1995b: 5). He personally admitted having had a strong desire for intimate attachment when young, which was never quite satisfied (Kirschenbaum 2009: 9). Rogers’s corpus reveals that interrogating the key attitudes he understood as building intimacy (Rogers 1995a: 84) remained a core element of his practice philosophy throughout his professional life.

His initial education at the university level was in the pursuit of a ministerial degree. Through exposure to new social and cultural experiences while at university, Rogers gradually began to question his received, religious convictions and found himself aligned with atheism, although towards the end of his life that changed. We can sense this in his last written work as a psychologist, where his articulation of self-actualization became the ‘actualizing tendency’ (Rogers 1995a: 124-126), much in the vein of Aristotle’s unmoved mover (Aristotle in Creed and Hardman, trans. 2003: 124) who exhibited a recognizable god-like function, one that furnished an end point for ethical development.

After taking his baccalaureate, Rogers moved on to Columbia Teachers College and eventually took his doctoral training in clinical psychology under what would
be called today, the ‘medical model’. During his internship, he also encountered the psychodynamic model (Rogers 1995b: 9). However, he found both divisions of psychology lacking in the relational elements of practice that he thought so central to the therapeutic relationship. His emerging concern was with the idea of ‘a self in relationship to the other’ (Rogers in May, ed. 1961: 88) – an ‘I’ to a ‘Thou’. Rogers sought a more relational and less ‘coercive’ approach to therapeutic practice ‘not for philosophical reasons, but because [his received models] were never more than superficially effective’ (Rogers 1995b 11). By his later career, Rogers understood his person-centred ‘approach’ to therapy and community building as a ‘philosophical approach (1995a: 183)’. The link between psychology and philosophy was echoed in his statement that his work grew out of what he termed a philosophy of ‘trust’ (38).

An ambition of Rogers was to articulate a method that caused personal change at a deep level (1995a: 83-85). By the early 1960s, Rogers’s shift of emphasis was striking. In his essay: Two Divergent Trends (in May, ed. 1961: 85-93) he acknowledged the beginning of his move away from a scientist-practitioner model. By the time he wrote his last work, A Way Of Being (posthumously published 1980), he saw the task of psychology as overtly concerned with the ‘Big Questions’ of existence, or philosophy: the meaning of day-to-day life, interconnectivity, individuality and universal needs. These larger questions were also being addressed in psychoanalysis during the same period: Melanie Klein’s, object-relations theory is one such example, as is Heinz Kohut’s psychoanalytic, humanistic driven praxis. However, unlike these contemporaries, Rogers was not concerned with understanding pathology, but rather with the liberation of the self from negative introjects – negative because they did not reflect the ‘self’ that the client experienced as his or her own. Importantly, Rogers understood that an incongruent or inauthentic self robbed the person of a sense of worth and dignity, basic and natural attributes for a person understood as of humanity. Rogers understood being of humanity as a universal condition. In this regard, humans don’t belong to a specific, collective humanity, creatively devised by its participants; they belong instead to something that is natural to them. Being of
humanity, as in the modernist sense, means belonging to something that is a natural condition of one's being, or ontological make-up.

Rogers has been claimed by several philosophical camps and branches of psychology. For example, Cory calls him ‘person-centred’ and states that he is ‘existential’ (Cory 1996: 198); Nye posits Rogers as practicing ‘humanistic phenomenology’ (Nye 1996: 86); Austin calls him basically ‘humanistic’ as a person-centred therapist (Austin 1999: 20); Evans puts him in the ‘personality psychology’ (Evens 1975: xx) camp. More recently, Wyatt claimed that he is person-centred, but that the term embeds a ‘full diversity’ that she lists as client-centred, experientially and process directed (in Wyatt and Sanders, 2002: i). Prouty, though speaking of person-centred therapy, categorizes Rogers’s therapy as ‘person-centred gestalt’ or ‘experiential psychotherapy’. Prouty’s article *Pre-Therapy: An essay in philosophical psychology* also describes Rogers’s practice as ‘philosophical psychology’ (in Wyatt and Sanders, 2002: 51).’ Interestingly, today psychology as philosophy is an established subfield, one that Rogers’s work helped develop.

Early in his career Rogers stated that a major concern within the field of therapy are ‘the attitudes held by the counsellor towards the worth and the significance of the individual ... Do we see each person as having worth and dignity in his own right?’ Rogers’s practice was built on an easily recognizable and principled argument: An individual holds intrinsic worth and should be treated accordingly, with the treatment preserving their sense of dignity. What is at stake is personal integrity.

Rogers understood the self in relation to humanity – as a part to a whole. Another kind of holism affected his understanding of the self of the individual. He understood the self to be a composite of interrelated parts and processes, biological as well as psychological. For Rogers, the self was an organizational process (Rogers 1995a: 57-59). Rogers’s use of the term ‘self’ relates to an organism that perceives, makes meaning, creates, expresses, feels sensations, makes judgments, has physical attributes, possesses criticality, reacts, feels
emotions, internalizes values and experiences itself uniquely. In other words, the self has the capacity to build self-consciousness and self-reflection. It needs to be respected as such. The physical body – its nervous system, circulatory system, sensations, affective responses, and skeletal system – are in integrated service to one another, creating the organism as well. However, there is a contrasting view embedded in Rogers’s philosophy.

Rogers’s received view of the self is typically thought of as interiorly placed within a physical body. This understanding can be traced to Descartes as well as Jung. Rogers, in some of his framing, sees the person as a ‘fountain’ of consciousness trapped within a body. (127) Within that consciousness, the self is thought to exclusively create its own subjective world and self-interpretation. (18) Both the holistic and Cartesian view suggest that Rogers understood the self as a subjectively fabricated entity, even to a solipsistic degree. However, that was not the case. He understood the self as created and affected by cultural exposure. He saw it as able to internalize positive and negative introjects created within the lived experience of one’s culture and relationships. He also understood that the self can self-observe, which is to say it can have objective awareness of what it is, what it is not (Rogers in May, ed. 87-88) and what it hopes to become.

The therapeutic relationship
Importantly for Rogers, therapeutic treatment centred on the attitudes held by the therapist – especially those of being authentic, empathically attuned and unconditionally respectful.

I started from a thoroughly objective point of view. Psychotherapeutic treatment involved the diagnosis and analysis of the clients’ difficulties, the cautious interpretation and explanation to the client of the causes of his difficulties, and a re-educative process focused by the clinician upon the specific causal elements. Gradually I observed that I was more effective if I could create a psychological climate in which the client could undertake these functions himself – exploring, analysing, understanding, and trying new solutions to his problems. During more recent years, I have been forced to recognise that the most important ingredient in creating this climate is that I should be real. I have come to realize that only when I am able to be a transparently real person, and am so perceived by my client, can he discover what is real in him.

(Rogers in May, ed. 1961: 87-88)
As a humanistic, or rather Rogerian therapist, my objective is to build a therapeutic relationship with the client. However, I explicitly do not want to build dependence. My goal is to facilitate the client’s movement towards what Rogers termed self-actualization. This means making operational the client’s *right* to be self-directing and self-formulating. The goal is to help the client disown familial, cultural, or social introjects that keep her or him from feeling authentic. The therapist’s job, as I see it, is to help the client out from behind a facade of expectations and from the disowning of who they interiorly find themselves to be. This is not accomplished through advice giving, reprimands, or building a hierarchical relationship; the client is understood as the steward of their own self-development. They are understood to be the only person who can paint the picture of who they know their ‘self’ to be.

**A Rogerian practice example: a dialogue between an eleven-year-old male client and a therapist**

Client: Everyday they get me after school. Everyday! They make fun of me. And, so does everyone else. It happens all day long. It never stops. I hide.

Therapist: Everyday it’s the same painful world that you have to live in.

Client: I don’t want to talk about it.

Therapist: You want to hide – right now.

Client: No one does anything.

Therapist: You feel alone in all this. Ignored. You feel lonely right now.

Client: I don’t want to talk to you.

Therapist: [Silence].

Client: I couldn’t stand it anymore.
Therapist: Jess, your face is so tense, your fists are tight, and you just moved closer to the door. You can’t stand it anymore. You hurt right now, and I might not understand you or really care. It’s a risk for you even being here. And, you can’t decide if you want to talk to me. I might reject you or not understand you. You’re feeling scared, right now.

Client: When I stick needles or pins in my arms or beat my head against the wall, I don’t feel anything anymore.

Therapist: You can hide from your feelings when you hurt yourself. It all goes away for a minute.

Client: Today was the worst. I want them to die. I want them to bleed. I do. They should have to hide. I want everyone to hate them. I hate them.

Therapist: You want them to hurt like you do. You wouldn’t feel so ashamed. Jess, your eyes are turned away from me. You feel ashamed, right now, and the feeling is eating you up.

Client: I do feel ashamed. And I didn’t do anything.

Therapist: You don’t understand their anger. But you feel it.

Client: The art teacher lets me draw during lunch sometimes. Last week she came out and sat with me in study hall.

Therapist: She treats you special and you like that. Your face started to brighten up for a couple seconds when you spoke of study hall.

Client: She is my friend – She is like my aunt – I don’t get to see her much. She phones me once in a while. She moved.

Therapist: You have another special person in your life. You miss her.
Client: Yep. Can I come tomorrow?

Therapist: You want to come again.

Client: Yeah.

Therapist: Tomorrow then! I'll be happy to see you, Jess. High Five!

This short conversation may have taken fifteen minutes to complete. The therapist uses a good deal of silence so that the client can respond verbally, physically and affectively. One of the goals is to slow the client down so that she or he can experience her or his feelings in a safe place. This way, the client isn’t simply telling, they are living the conversation and reflecting upon it in the here and now. The goal of the therapist is to say nothing that the client does not verbalize. Another goal is to bring out the feeling content behind what is being stated by the client. Affect identification is the beginning of uncovering negative introjects. In this child’s case, the negative introject is ‘I am not worthy.’ Attending to the feelings in the present is called staying-with-the-client, or immediacy.

Skills that are important for the therapist include being able to honestly identify the client’s feeling state and not attempt to soften or fix it, staying in the moment and respecting the lived processing of the client, and therapeutic listening; meaning fixing one’s focused attention on what the client is saying, rather using interventions, diagnosis, or outcome goals as the basis of interaction. Offering reflections, however, reframes and moves the therapy along.

It needs to be noted that Rogerians only reflect back what the client has said. They don’t give advice, elaborate, question or nudge the client towards any solution. They attempt to stay agenda free and concentrate on bringing the client’s feelings, which undergird the comments or actions, to the surface. The goal is to allow the client to feel accepted and understood through these resources. As a consequence, the client can begin to feel self-worth in the presence of the
therapist. What becomes operational are attitudes of authenticity, empathic attunement, and unconditional positive regard.

It has been my experience as a counsellor that, once a climate of trust is built as the clients experience their self as accepted and understood, they start to problem solve. An added benefit is that they experience feelings of competency when they direct the therapy. These feelings contribute to a growing sense of positive self-esteem. When experiencing themselves in an esteemed manner, or rather, as good, they are more likely to internalize positive introjects.

My behaviour as a therapist, in other words, respects the need to privilege the ideals of self-determination and self-direction that are part of my client’s political heritage. Having self-direction and self-determination are understood as positive attributes of character in this particular rural region. I hear the phrase, ‘I need to pony up,’ on a regular basis when working with female and male, young and old clients. In promoting these positive attributes, the therapeutic encounter also promotes the client taking personal responsibility when dealing with their problems. These attributes are especially of concern for the Latter Day Saints (LDS or Mormon) population that I sometimes serve.

**Self-actualization in the Rogerian model**

I see him [Rogers] in his context, as an American phenomenon, reflecting American values from the Midwestern farm culture in which he grew up and reflecting the American pragmatist philosopher-psychologists before him, especially William James and John Dewey. The values of self reliance, respect for the uniqueness of the individual, and the struggle for the development of new visions of democracy expressed this influence at the those great American philosopher-psychologists, and he became one of them in the course of his life.

(Klein in Kirschenbaum, 2009: 256)

In Western culture ... there has been ... a stress on the importance of the individual. The philosophy of democracy, of human rights, the right to self-determination – these are the elements that have come to be stressed. Out of such a soil has developed a particular philosophical way of being.

(Rogers 1995a: 183-184)
One of the most revolutionary concepts to grow out of our clinical experience is the growing recognition that the innermost core of man’s nature, the deepest layers of his personality, the base of his “animal nature,” is positive in nature – is basically socialized, forward-moving, rational and realistic.

(90-91)

As the statements above bring out, Rogers credited the self as fundamentally ‘rational’, future-oriented, good and sensibly organized as a coherent and meaningful structure or organism. An important aspect of Rogers’s understanding of the rational, developmental and good individual is that these characteristics need to orient the self towards being self-directional and self-formulating. To accomplish this, the individual needs to exercise free choice. The emphasis on being able to exercise free choice is central to his argument against the classical behaviourists, such as B. F. Skinner, who purported that there was no such thing and that we are conditioned to make limited selections. In the on-going battle between Rogers and Skinner over psychological ideology, Rogers suggested that behaviourism was antithetical to the philosophy of democracy (57). As a philosophy, behaviourism was incongruent to the way Rogers pictured the self’s naturalized characteristics. Klein articulated Roger’s characteristics of being self-determining and self-directing as linked to his American context. If this is the case, implicitly, we as selves are strongly, culturally shaped by democratic principles. Paradoxically, the quality of being self-determining suggests that we are not strongly shapeable.

The understanding that as persons we are inherently progressive is part of Rogers’s therapeutic picture of the concept of self-actualization (117). Embedded within this term is the understanding that we are inherently developmental. Rogers’s articulation of the concept of progression evolved over time. In 1951, Rogers associated the process of change with forward movement, and as a result of learning (Rogers 1965: 132). Learning was thought to have occurred because of the client’s change in language use during therapy, and because of the client’s self-report of behavioural change (132-133). Both change in verbalizations and
behaviours easily collapse into measurable terms, reflecting that in his early years, Rogers was heavily invested in his role as scientist-practitioner and searching for an articulation of forward movement as causally induced. However, by the time Rogers wrote his last work, change or progression was thought to occur because of an inherent tendency to progress, or self-actualize, which he understood as something characteristic of ‘every organism’. For him, the organism participates in an ‘underlying flow of movement towards constructive fulfillment of its inherent possibilities’ (Rogers 1995a: 117). Central to the understanding of ‘underlying flow’ is that something actively coursed the person directionally towards an end in a transcendent good. This too is a causal representation of development.

When we betray our humanity, we recognise that we have acted against some end good, such as fairness or justice. Today, when we feel outrage over waterboarding, mass murders by tyrants, or the abduction of two hundred girls, it is because we understand some higher good has been violated; a higher good that following makes us who we are when at our best. Such an understanding is recognizable when we speak of crimes against humanity, for example. This understanding was central to the emergence of the field of social work. It is a holistic and moral view that assumes we are inter-connectively tied to one another and responsible for each other’s social and personal welfare. Rogers’s view is no exception to this understanding, especially in his later embellishment of self-actualization. He posed humankind as inter-related in a metaphysical sense, so that we are inextricably tied to one another and therefore need to be caring towards one another. The moral rationale is a frank universalism.

According to Austin, a chronicler of the counselling movement and author of The Counseling Primer (1999), the caring that comes out of the view that we are inter-connectively tied can be traced in public reaction to Clifford Beers’ 1908 book A Mind That Found Itself. The book chronicled Beers’ personal mistreatment in a mental sanatorium and resulted in an awakening of the public to a greater concern for the individual. Beers, in company with the National Committee for Mental Hygiene, led the charge in America to reform legislation and establish free mental health clinics (Austin 1999: 238). A similar story can be found in what Bromberg
called the ‘Century of the Child (1959: 246)’, a section of his work *The Mind of Man: A History of Psychotherapy and Psychoanalysis*. It chronicles actions taken concerning the fair treatment of children, which in his work is placed in what is referred to as the humanistic movement. His exemplar is Carl Rogers’s *Counseling and Psychotherapy* (1942), ‘[which] provided an essential framework for all counselors, especially those employed during the post World War II era. Rogers’s text helped meet the recently recognised and accepted needs of veterans returning from war’. (ibid)

Rogers is generally thought to have conceived humankind as intrinsically ‘positive’ (Nye 1996: 86) or ‘trustworthy’ (Cory 1996: 198). The individuals whose acts reflected this were thought to be on a trajectory towards personal and socially transforming possibility. Rogers’s work was in line with the promotion of such a trajectory (Rogers 1995a: 348-356). Nye (1996: 86-87) positions Rogers, not only as a humanistic practitioner, but also as offering a brand of counselling that can be termed ‘humanistic phenomenology’. He ties Rogers’s therapy with Maslow in that both speak of human potential: ‘Like Maslow [Rogers] saw humans as having a natural tendency towards actualization’ (86) but cautions that both do not use the term in an ‘identical’ manner. However, ‘in both cases it includes the growth and fulfillment of basic potentialities. Humans are viewed as essentially growth oriented, forward moving and concerned with existential choices’ (ibid). Nye differentiates Rogers’ brand of humanism by coupling it with phenomenology. He suggests the distinction is made through the following statement:

Phenomenology stresses the importance of the individual’s immediate conscious experiences in determining reality, and Rogers maintained that knowledge of these individual perceptions of reality is required for the understanding of human behaviour. He suggested that each of us behoves in accordance with our subjective awareness of ourselves and of the world around us. (Ibid)

Rogers built an understanding of the self and aspects of its psychological construction, such as introjections, as central to therapy. Therapeutic measures needed to keep the ball in the client’s court so that they could internalize the positive introjects of having self-determination and self-direction. This understanding is very different from any brand of analytic or behaviourist therapy.
When we provide a psychological climate that permits persons to be – whether they are clients, students, workers, or persons in a group – we are not involved in a chance event. We are tapping into a tendency which permeates all organic life – a tendency to become all the complexity of which the organism is capable.

(Rogers, 1995a: 134)

Rogers (Rogers 1995b: 39-57) saw the self as naturally relationship oriented and, for Rogers, the orientation was coupled with the understanding that the self arose from living in the material world – meaning, we become how we are treated within our world and through the relationships present within it.

Following Rogerian humanism, my objective within therapy is to build a therapeutic relationship with the client. However, I explicitly do not want to build dependence. My goal is to facilitate the client’s movement towards what Rogers termed self-actualization, which means exercising and making operational their right to be self-directing and self-formulating. Importantly, the goal is to help the client disown familial, cultural, or social introjects that keep her or him feeling inauthentic.

As I understand it, the psychological context constructed by disowning these negative introjects will open the client up to new possibilities of being. The therapist’s job is to help the client out from behind a façade of expectations and from disowning the who they find themselves interiorly to be or could be. This is not accomplished through advice giving, reprimands, or building a hierarchical relationship, since the client is understood as the steward of their own self-development. Also, they are understood as the only person who can paint the picture of who they understand their ‘self’ to be. Implicitly, Rogers understood his trinity of attitudes as facilitating the growth of a needed psychological context so that the client could manage this. The context was a negative space, in effect; meaning that it was present due to a disowning that opened one up to possibility. In this respect, the self could re-imagine itself outside cultural givens or shapers. As Paul Tillich (1952: 81) stated: ‘The more power of creating beyond itself a being has the more vitality it has’. To go ‘beyond’, meant for Rogers, to cultivate that
psychological space. Also, for Rogers, that space was an active process (Rogers 1995a: 126).

**Building a relationship**

Central to the Rogerian approach is an understanding of therapy as an ongoing process (Rogers 1995a: 132-152). Relationship building as a Rogerian requires an immersive environment in which the counsellor aids the client to process slowly and reflexively through what the client has brought to therapy. This is done by implementing therapeutic silence and keeping the client in the moment; 'the existential now' rather than the 'past' (Anderson and Cissna 1997: 49) and allowing feelings to surface and be worked through, or rather, 'sat with.' There is no trajectory towards an end goal. Therapy is hugely open-ended in this respect.

The I/Thou ethic (Rogers reflecting on Buber in Rogers 1995a: 19) emphasizes that we should understand our other from a respectful and sensitive position. Rogers termed this ‘prizing’ (ibid). As sensitive and respectful, we acknowledge the other’s uniqueness because it is they who possess a hidden, subjectively formulated understanding of who they are. Rather than be concerned with simply the expression of natural characteristics therapy, for Rogers, needed to be concerned with a self understood as completely other, thereby building a therapeutic climate where the client could be understood on their own terms and conditions. It was from this psychological vantage point that the actualization of the client’s potential could occur. There was something therapeutic, or growth promoting (Rogers 1995a: 23) about being deeply understood and acknowledged for who one is.

Thereby, accessing the client’s subjective world of meaning-making, feelings, sensory experience and thinking became paramount. Subjective processing became valorised, and having access to it a prominent feature of his therapy (Rogers 1995a: 127). This is not a shift from Freud. However, Rogers’s ambition was not to re-structure the interior facets of the self, it was to release the self from the introjects that kept it from being self-actualizing (ibid). Rogers’s ambition was
not to identify inherent, pathological structures; it was to find the real person hidden from view.

I/Thou ethics are a branch of phenomenology. They emphasize the importance of shifting the self’s focus into the here-and-now, immediate circumstances – ‘the existential now’ as referred to above. There is a shift from past into the present, which is a very different view from psychoanalysis. Within therapy, when the therapist shifts from past to present, there is a feeling that something is unfolding between the people present. No response seems forced. There is a give and take that occurs between the engaged that feels deeply meaningful and honest. There is a strong sense that you know one other on an open and penetrating level. The subjective or hidden selves of each are brought out of the shadows. When this psychological state ensues within therapy, empathic attunement is understood as having been made operational. And when this occurs, it is understood that trust has been built – an important outcome for Rogerian therapy.

As a Registered Nurse (RN), I have witnessed this kind of event when a parent and sick infant make eye contact and prolong the joined gaze, sometimes for many minutes. I have witnessed it in cafes between what looked to be lovers. I have experienced it with my own children, husband, and friends. There is no other way to explain it: it is the interconnectedness felt when bonds and a sense of understanding are forged. We call it intimacy, and it is healing (Rogers 1995a: 127). It is empathic attunement at its best. For the Rogerian practitioner, facilitating a process-driven approach to therapy by making operational empathic attunement is more important than identifying an end goal or expected outcome. It is the present journey that counts.

Haug states that by the formulating of his work, Counseling and Psychotherapy (1949), Rogers had qualified the positive attributes of the therapist. The authentic therapist needed to exhibit ‘warmth’ and ‘responsiveness’ towards the client. She also asserted that the therapist needed to have ‘genuine interest in the client’ and show ‘acceptance’ of the client ‘as a person’ (Haug in Wyatt 2001:2). Though the exact terms authenticity, empathic attunement, and unconditional positive regard
were not used in this early work, they were implicit in the qualification. By emphasizing having ‘warmth’, a strong ‘responsiveness’ and ‘genuine interest’ in the client, Rogers collapsed the therapeutic encounter into one of intimacy. Rogers had successfully set the ground to align with an I/Thou ethic.

Perhaps the most basic of these essential attitudes is realness, or genuineness. When the facilitator is a real person, being what he or she is, entering into relationships with the learners without presenting a front or a facade, the facilitator is much more likely to be effective. This means that the feelings that the facilitator is experiencing are available to his or her awareness, that he or she is able to live these feelings, to be them, and able to communicate them if appropriate. It means that the facilitator comes into a direct, personal encounter with the learners, meeting each of them on a person-to-person basis. It means that the facilitator is being, not denying himself or herself. The facilitator is present.\(^\text{[271]}\) (Rogers 1995a: 271)

When someone is, as the child in the earlier example was, overwhelmed by feelings of rejection and abandonment, there can be an inclination to assuage affective responsiveness. This is done so that the client is not overwhelmed with extreme emotional reactions. It is done to give the client a reprieve from unrelentingly, negative, feeling states. A Rogerian counsellor has to be careful in this regard. However, if timed carefully, once a relationship has been established, it has been my experience that most clients tolerate the truth. Moreover, clients intuitively sense when you hold back, are disinterested or underplay their feeling states. As a neophyte counsellor, one usually attempts to minimize or avoid the affect of the emotional intensity felt. Reflecting feeling can even feel awkward and a little mean as if there were an intention to hurt. However, as you grow as a counsellor, identifying and reflecting feeling states becomes fairly reflexive. Feelings cease being an embarrassment to manoeuvre around or assuage. Their identification becomes the means that allows the client to feel understood and accepted.

Unless the feelings of the client are captured through reflection by the counsellor demonstrating that they are understood, the client cannot go deeper within their
psychological being to access and identify their personal responsiveness to the introjects they disown. A Rogerian understands that the client cannot sit and experience feelings unless he or she feels in a safe space – in phenomenological terms, a field of experience – or in specific Rogerian phenomenological terms, an honestly portrayed psychological field of experience. As a therapist, by being there in full acceptance with the client, there happens what is termed ‘a corrective emotional experience’. In other words, the ‘I’ has not projected upon the ‘Thou’ anything outside the client’s actual experience.

A therapist understands that a field of experience has been set up when the client slows down, uses long silences and appears to be in a reflective state. He or she is absolutely locked into their experience. The therapist’s job is to tolerate the silence and simply be there – be present. When the client appears to emerge from reflection, the therapist reflects the state to the client. Usually, they will disclose some break-through moment where a personal insight has been gained. In counsellor speak, it’s called an ‘oh wow moment’.

These types of moments tend to be shared with persons with whom the client has an intimate connection. Hence, the moments are considered very personal and strongly relational. Also, the ‘oh wows’ experienced can be highly confidential because they are so revealing. The therapist has been allowed into the client’s inner world. The reflection and insights gained are understood as a product of this type of intimacy. As understood by a Rogerian, a deficit of these types of interactions keeps the client off the developmental path.

**An example of what Rogerian therapy is not**

Therapist: Last night you went to her apartment at three in the morning because you subconsciously wanted her to let you in – so you could reassume the love affair.

Client: I went there because it was my birthday. I had no one to celebrate it with. I was feeling lost and lonely. The face of her apartment building reminds me that I was once loved – can be loved.
Therapist: Those feelings are a cover that hides a strong motivation for your behaviour. By not acknowledging it, you stay stuck.

Client: I think that you are stuck there. You harp on this all of the time. I simply needed a memory to soothe the pain. It was what was emotionally available to me. I am so pathetic.

Therapist: The feelings are a conflict between what you are willing to acknowledge and what you are not willing to. That is the source of your pain.

Rogers qualified the self-understanding of the therapist as having an awareness of her or his emotionality and personal deficits so that she or he could manage some degree of objective understanding of the client (Haugh in Wyatt 2001: 2). In other words, introjection and projection were at stake (2) within his kind of therapy and could be promulgated by the therapist. Looking at this as a Rogerian, I would say that the example above is quite possibly indicative of the therapist’s own unresolved issues.

Rogers’s three therapeutic behaviours were meant to open the client up to new possibilities of personal insight and action through the direct experience of the behaviours and attitudes of the therapist. Projection, an imposition and interpretation from without one’s self by another, and introjection, the internalizing of what has been projected, cannot manage this. The attitudes, when expressed by the therapist, are meant to free the client from past conditioning so that the client can begin to feel and understand their self as having self-worth.

**A Rogerian replay**

Therapist: Last night you went to her apartment and stood outside. Your face looks sad, Roger, right now as you relate this to me.

Client: I wanted to feel happy.

Therapist: There is a far way look in your eyes. They look glazed over.
Client: Silence.

Therapist: You’re back. You’re feeling so lost that you get caught in your memories.

Client: I am not happy. Standing there – it didn’t make me happy. I only felt lonely.

Therapist: You feel the pains grip – now, as we speak.

Client: I never get past it. I wish I could. It was my birthday.

Therapist: You wanted to feel loved. And, you wanted to forget.

Client: I did. I still do. I need a new life, but where? Playing the memories over and over again keeps me in the same place, and I always end up feeling that I have no place to go – no one to have fun with and relieve all the … I don’t know.

Therapist: You want to shut the memories off and the feelings that go with it. But, right now, that is all you’ve got.

Client: Yes. Pathetic?

Therapist: You’re afraid I’m judging you.

Client: I judge myself – and think that everyone else does the same. Maybe even harsher?

Therapist: It’s difficult to trust.

Client: Yeah! [Silence] So, I’m alone.

The therapist was open to what the client had to say. Projections were avoided and the negative introjects from past experiences were brought out. The client was free to make his own meaning concerning them. The only directive was the
reframing of what the client said in terms of affect. By following the affect trail over a tendency to intellectualize the client’s narrative, the client was able to verbalize his personal interpretation of their sense of abandonment and fear of being misunderstood or judged. Through the therapist’s attitude of openness, a positive introject was fabricated. The attitude of openness, or rather, unconditional positive regard, along with empathic attunement demonstrated through the reflection of feelings, opened a door for the client. The client would eventually be able to become more open to different possibilities of self-interpretation. In other words, he would see himself differently and more optimistically. It was understood by the therapist that the client’s eventual taking on of this attitude and internalizing it into his psychological make-up, would further the client’s development, help him to self-actualize and become actively rather than passively a part of his construction as a self. In other words, he was self-formulating, or actualizing.

Rogers understood that cultivating an attitude of openness means that we have potential choices to make regarding our self-understanding and development. Being open, in other words, is a pre-cursor to being well-differentiated as a ‘self’. Cultivating openness also means that the client can create relationships that are more responsive and interactive. This is thought to occur when the therapist operationalized the attitudes of authenticity, empathic attunement, and unconditional positive regard so that the client could then act ‘with greater self-awareness’ so ‘that, a more informed choice is possible; a choice more free from introjects’, which for Rogers, was ‘a conscious choice.’ (Wyatt, 2002: 2)

The association of internal organization with a deep seated and special internal locale legitimized Rogers’s privileging of subjective experiences (Rogers, 1995b: 201) over strictly objective ones – meaning the client’s account mattered more than the expert professional’s reaction. The conceptualizing of the self as a special locale of depth legitimized Rogers’s understanding of therapy not as technique driven but, rather, as accessing the depths of one’s psyche. For the Rogerian, this can only be achieved through the relational experience of an ‘I’ to a ‘Thou’.
An example of an interaction understood as building self-awareness

Client: I did something out of the ordinary for me. You know how I talk a mile a minute because I am afraid of not entertaining everyone – I think that entertaining them will make them feel better. Well, I met this guy and he asked me to coffee. And I practiced just saying things I noticed about him. I didn’t talk a lot. Maybe it’s doing the Zen. You know, you are supposed to just notice in Zen. We really connected. And I didn’t feel so uncomfortable when I wasn’t the one talking. It was kinda like when I am here with you.

Therapist: You feel good right now because you allowed yourself to do something differently. You didn’t feel uncomfortable when just listening and noticing things about the guy.

Client: Yeah! I think he liked it. Anyway, we connected. And I have not felt that way for a long time. It really felt good. Ah! I’m turning red – because I am not used to feeling this way. I’m seeing him again. He asked me to go for a run tomorrow. Yeah, but he called me right before my appointment with you. The attention feels so good.

Once a person is able to free his or herself from negative introjects and projections, they can operationalize free choice in meaning-making regarding their thinking, feeling and sense of self. For Rogers, ‘[s]uch a person is more potentially aware, not only of the stimuli from outside, but of ideas and dreams, and of the on-going flow of feelings, emotions, and physiological reactions that he or she senses from within’ (1995a: 127). For Rogers, the freedom to have the choice of making self-interpretations builds awareness of how the self behaves in their world. It sets the stage to be authentically responsive. Without such a choice and world awareness (objective awareness), there could be no such thing as authenticity for Rogers.

Rogers understood the feeling of discordance as a specialized internal motivator to do good, or right. Central to his understanding of the attitude of authenticity, sometimes termed congruence (Rogers 1995a: 13; 1995b: 61) or realness
(Rogers, 1995a: 16), was the idea that authenticity is an internal monitor. As he conceptualized it, one feels discordant when one is not honest; that is, when one externalizes feelings, behaviours or thoughts that do not correctly portray how one truly feels ‘inside’ (Rogers 1995a: 39, 160). Rogers, in this regard, understood feeling as a ‘moral’ fact (Prinz 2009: 88). Also, Rogers’s concept of emotions or feeling states implies the understanding that we have a natural ability to tell right from wrong.

The privileging of the subjective experience, according to a phenomenological perspective, held consequences for how Rogers could view what was conscionable behaviour. Ethical behaviour needed to be understood as a matter of personal conscience gained through one’s uniquely lived experience. This represented a stress on one side of a contrast (universal vs. relative truth), one that allowed the practitioner to legitimize the relative when considering practice ethics. This suggests a rupture with Rogers’s universalist understanding of individual ontology, and it pushed him to a more materialist conception – lived experience creates the person.

For me as a practitioner, the privileging of relative truths centralizes the individual person or self as the point of departure when considering ethics. Ultimately, my referent for determining what is ethical behaviour within Rogerian practice is my other. My conscience, shaped by the received valuing originating within my culture and ontological view, becomes secondary. From this perspective, it is a small leap towards valorising a relativistic, or micro view of practice ethics. The micro, or strongly localized, level of relationship building and the ethics played out within it are as important as ethics carried out on the macro or broader cultural, social and universalized levels. This means that my first consideration, when weighing what is at stake relationally, is my other’s ethical understanding of what the practice ethics should be. If it is much different from my own, then I need to consider the possibility that the practice will involve power relations rather than an empathic adjustment to one another. Engaging in strongly wrought power relations is a last resort for the Rogerian practitioner. And the practitioner needs to do everything possible not to engage politically with the client – unless addressing social issues
that directly affect one’s client and their understanding of what it means to be a self.

In his final work, Rogers envisioned a universe where power relations were replaced by ‘love’ (1995a: 204). In effect, he understood love as part of a universal purpose. Rogers thereby softened the Protestant ethics he grew and developed in within his family of origin. Being loved meant being accepted according to one’s personal terms and conditions. The acceptance constructed a setting of safety. Through a respect for the actual material events played out within relationship building the client was put on a trajectory of positive development. Rogers’s understanding of love completed his universal picture of what it was to be of humanity. In this instance, he spoke of what it was to be within a particular micro-humanity.

**The Interrelational and intersubjective**

Although Rogers took to heart the understanding that we are individuals and as individuals we should be self-directional and self-determining, he relied on the understanding that we are put together inter-relationally. For therapists/researchers Serlin and Criswell (Serlin & Criswell 2009: 1), an interrelational understanding of how a person is developed finds a parallel in the term ‘intersubjectivity. Theatre practitioner, educator and critic Jill Dolan accounts for the parallel term in *Utopia in Performance* (2005), when she speaks of Carlson’s ‘apotheosis’ and of the strong ‘connection’ between audience and performers. As a term, it captures a heightened experience, or rather ‘utopian performatives’ which

> describe small but profound moments in which performance calls the attention of the audience in a way that lifts everyone slightly above the present, into a hopeful feeling of what the world might be like if every moment of our lives were as emotionally voluminous, generous, aesthetically striking, and intersubjectively intense.

(Carlson in Dolan 2005: 5)

The emotionality and interconnectedness expressed as performative is suggestive of being bonded in humanity through similarly experienced or shared feelings of
uplift and heightened sensitivity to one’s self and the other. Interestingly, along the lines of Dolan’s account of intersubjectivity, Rogers’s articulation of his attitudes led him to consider the affective experience of ‘unity’ (1995a: 129), which evokes feelings of bonding. It must be added though that Dolan speaks more of mutuality as rapture, while Rogers speaks more of the role of the therapist. He states that as a facilitator, the ‘union’ (ibid) provides ‘my presence’ which is ‘releasing and helpful to the other’.

The understanding that we can understand one another on an intersubjective level has meaning for the attitude of authenticity. A striking feature of authenticity articulated in Rogers’s terminal work, one that speaks of connection as an outcome of being authentic, is a spiritual interconnectedness between persons that occurs. It was understood that, if the therapist and client responded in kind, a rarefied dimension of understanding was accessible, one that could be termed outside of ‘rational’ or intellectual understanding (Rogers 1995a: 129).

For Dolan, intersubjectivity or ‘[h]uman interconnectedness is an ethical ... impulse in utopian performatives’ but not understood as principled behaviour derived from a universe that is purposeful and expressive of a binding ethical plan. Dolan qualifies the position through a statement by Michael Learner:

> The fundamental truth of our time is the interconnectedness and mutual interdependence of all human beings on this planet.... [w]e need a deeper understanding of what it is to be human....We call this approach a Politics of Meaning or an Emancipatory Spirituality – recognizing that people have a need for a meaning to their lives that transcends the narrow utilitarian logic of competitive marketplace and its materialist assumptions about what is important in human life.

>(Learner in Dolan 2005: 136-7)

An important point regarding terms that suggest transcendence, such as spirituality or elevation: Any term that suggests a transcendent dimension for Dolan is reducible to feeling states that bring about connectivity. Feelings or affective states reference what is experienced individually or collectively because of real-world events. And there is something about group activity that heightens
the experience. For Rogers, despite his scientist-practitioner role, such terms eventually came to mean an interconnectivity to a universal plan. Though there are occasional glimpses of an understanding more in line with Dolan's.

Dolan is quick to dismiss defining intersubjectivity in religious terms, though she does not deny there is a ‘spiritual’ element at stake. She adds to Learner’s statement, stating that

While I readily underline the spiritual aspects of utopian performatives, I'll emphasize, again, that I fervently wish for theatre to claim its place as a vital part of the public sphere. I yearn for performance to be a practice in everyday life, not so that it will become banal and predictable, but so it will provide a place for radically democratic dissension and debate, consensus and hope, a discursive place ... where a high level of conversation and debate among artists and politicians and educators and other people [is] imperative. Theatre can be a secular temple of social and spiritual union not with a mystified, mythologized higher power, but with the more prosaic, earthbound, yearning, ethical subjects who are citizens of the world community, who need places to connect with one another and with the fragile, necessary wish for a better future.

(Dolan 2005: 137)

Rogers’s view is similar to Dolan’s use of intersubjectivity as an experience that puts us on a trajectory towards a better future, and he outlined the ‘future’ person in his terminal work, though he was not as materially oriented as Dolan. His body of work culminated in his embracing a metaphysical view. However, there is some connection, since both accounts recognise that shared feelings bond, giving the bonded a heightened awareness of the other.

Also, what needs to be remembered therapeutically is that the relational context of the therapist-client dyad was, for Rogers, in service to building autonomy. The self or person of Rogers was meant to embody what it was to be the quintessential, autonomous, human being, or contextually, the citizen of democracy. What this brings out, is that within Rogers’s body of work, there is a line of understanding that ends in a spiritual realm, even though there is a strong material thread as well – one that keeps his therapy pragmatic or down to earth.
Self-determination and democracy

These persons do not like to live in a compartmentalized world – body and mind, health and illness, intellect and feeling, science and common sense, individual and group, sane and insane, work and play. They strive rather for wholeness of life, with thought, feeling, physical energy, psychic energy, healing energy, all being integrated in experience. [...] They are keenly aware that the one certainty of life is change – that they are always in process and changing. They welcome this risk-taking way of being are vitally alive in the way they face change.

(Rogers 1995a: 350-51)

Central to Rogers’s understanding was the view that the self as an organism is a totality (Smith and Vetter 1991: 156). A holistic view establishes a site of understanding by which to link Rogers’s practice ethics with social construction. Psychological social construction is interested in a version of the self understood as a whole, rather than as a system of separate parts related to a whole. However, there is a caveat. Social construction sees the self not so much as a self, but as an extension of one’s received and appropriated cultural environments and the relationships that have been created within them (Gergen 2009: 2). This makes it difficult to speak of self-determination.

Rogers’s formulation of his client-centred, humanist, and non-directive approach was based upon the assumption that all individuals inherently deserve treatment that preserves a sense of personal worth and dignity. This representation fits with American democracy and democratic political ideology. When exercising self-determination and self-direction, the person is understood as expressing what it is to be of worth and dignity. Compassionate care is thought to preserve this sense, and that is the therapist’s ultimate goal. Rogers (1965b: 20) showed agreement in the following questions: ‘How do we look upon others? Do we see each person as having worth and dignity in his own right? If we do hold this point of view at the verbal level, to what extent is it operationally evident at the behavioural level?’

The behavioural level for Rogers was operationalizing the preservation of worth and dignity through the three core attitudes. The result being that the real person
would rid her or his self of introjects that were incongruent with who he or she understood the self to be. By becoming more a construction of positive introjects, the person was understood as more responsible regarding his or her own behaviour and attitudes. For Rogers, then, the person’s growth towards potential was actually characteristic of growth as an ethical person. Moreover, this kind of personal growth had a broader relationship to the social context. The client’s movement within therapy concerned taking on the role of citizen: constructing a self that, according to democratic forms of governance, promotes freedom of choice, self-formulation, and self-direction. Thus, self-direction and formulation concerned emancipatory democracy. Liberation was a stake. This is made evident in Rogers’s following statement:

> Do we tend to treat individuals as persons of worth, or do we subtly devalue them by our attitudes and behaviour? … To what extent do we have a need and desire to dominate others? Are we willing for the individual to select and choose his own values, or are our actions guided by the conviction (usually unspoken) that he would be happiest if he permitted us to select for him his values and standards and goals?

(Ibid)

To be self-formulated meant there occurred, through cultural exposure, a process of introjection within the self of the principles of democracy: developing the quality of independence, fairness and freedom, as well as being a participatory citizen interrelated to a whole – the political system.

As an American, democracy was Rogers’s received political philosophy. His praxis exemplifies its principles. However, Rogers found some of his culturally received views unacceptable, especially those of the type of Protestantism in which he was raised. For many Americans, both ideological grounds are basic to what is termed ‘Western culture’. Since he believed persons were meant to be self-directional and self-formulating, Rogers’s reaction makes sense. He found the linkage dangerous. He found through personal experience that religion rigidly shaped the self – in other words, it challenged these freedoms. His movement towards the acceptance of a natural or rationally understandable theism, or end in good, was not a step back into his Protestant origins, or a re-establishing of the link. Also, Rogers, like
Dolan above, wanted to make sense of the capacity for joy and its meaning for a relational humanity. He found Christian culture, especially Protestant culture, joyless.

The paradigm of Western culture is that the essence of persons is dangerous; thus, they must be taught, guided, and controlled by those with super authority. [...] Yet our experience, and that of an increasing number of humanistic psychologists, has been shown that another paradigm is far more effective and constructive for the individual and for society. It is that, given a suitable psychological climate, humankind is trustworthy, creative, self-motivated, powerful, and constructive - capable of releasing undreamed-of-potentialities.

(Rogers, 1995a: 201)

Rogers developed a utopic form of therapy that started from the premise that humankind was basically good and under the right conditions could express goodness accordingly. How the client should self-express was captured in his articulation of ‘the person of the future.’ His work culminated in the building of a fully actualized person (Rogers 1995a: 339). The construction had a perfect societal fit with a society created through his attitudes. Rogers’s future person was the perfect democratic citizen shaped by a perfectly democratic political environment and revealing the perfect democratic consciousness. Importantly the self-actualized person felt joy.

**Congruence and Incongruence**

Haugh details the fully functioning person described by Rogers (in Wyatt 2001: 4). Such a person has ten characteristics, and she states that ‘six of the ten characteristics ... can be described as definitions of congruence (4)’. Congruence is an expected behaviour by the therapist, and is a developmental process within the client as an outcome of therapy. As Wyatt understands Rogers’s core conditions, being authentic or congruent for both therapist and client was an imperative constituent for ‘personality change’ to occur within ‘the client’ (iv). Wyatt discusses the evidence of a strong correlation between quality of relationship and positive outcome for the client (ibid).
Recent neglect of the concept of congruence may be because of the development of new forms of client-centred therapy, which followed in the thirty odd years since Rogers’s death – therapy that wasn’t driven by his understanding of what it means to be a self. Rogers’s understanding of authenticity implies that there is a self at stake within therapy that needs to be understood according to an essentialist bias. The later forms of client-centred therapy may have developed, irrespective of the attitude that Rogers insisted needed to be ingrained within the therapist’s character in his ad hominem understanding of what effective therapy should be. Therapists using these later forms of client-centred therapy appear to be more social constructionist in their understandings of who the self is, and what can be understood as the characteristics that define it. Social construction, in particular, spurns ad hominem or characterlogical accounts of the self.

Social constructionists use contextual and relational accounts of the self. As therapist and psychologist David Gergan, in his *Relational Being: Beyond Self and Community* (2009), suggests, the ‘bounded unit’ accounts of ‘individualism’ (4) need replacing. He writes that we need a new ‘vision – one of relational being’, where we ‘[seek] to recognise a world that is not within persons but within their relationships, and that ultimately erases the traditional boundaries of separation’ (5). Gergan understands that the self, as a ‘bonded unit’, requires a sense of ‘separation’ (4) that decreases the ability to forge interrelational behaviour.

Rogers understood that, through the atmosphere created by the practitioner using the trinity of authenticity, empathic attunement, and unconditional positive regard, there would occur an eventual internalization of those three attitudes by the client. Once the attitudes can be viewed as integrated within the self, they take on the characteristic of becoming deep seated within a special, interior locale. Rogers wanted to create depth of experience within therapy. He understood affective states as coming from the depths of one’s experience. A central technique of Rogerian practice is identifying feeling states rather than uncovering intellectualized rationales that support why a person has taken on certain introjects to define who they are. It is through experiencing this deep and personal therapy
together that, in Gergan’s term, there occurs a ‘bonded unit’. A Rogerian would
dispute that a sense of separation is experienced when bonded; this sense
decreases the ability to forge interrelational behaviour. Such an account
challenges if we can understand authenticity from an individualist perspective.

Smith and Vetter bring out Rogers’s concern with ‘conditions of worth’. The
authors define it as an outcome of
developing self-regard...when the individual introjects a number of values that he
has learned from others ... These values may then come to serve as the criteria for
evaluating a given experience in terms of whether or not it is worthy of self-regard.
Values that serve the criterion function are called conditions of worth (1991: 156).

An understanding central to Smith and Vetter’s claim is that shaping occurs
through introjection. Since Rogers understood the person as possessing an
inherent ethical monitor, shaping through introjection was not a conceptual
problem for him. The self as understood by Rogers is inherently set up to self-
differentiate. According to Rogers, it involved building a climate of trust within
therapy brought about through operationalizing positive attitudes. Rogers’s
conceptualized the person as inherently ethical and able to differentiate positive
shaping from negative introjects. The individual, under the right conditions within
therapy, is able to self-discern what contributed to their self-worth and what did
not. For example:

Client: I stopped smoking in front of my kids. I don’t want them to take up the habit.
It relieved the tension; I could have a cigarette and just relax. Within a moment!
Everything reminds me of smoking, having a cup of coffee, drinking a glass of
wine, having a meal, a talk with my husband; everything.

Therapist: The comfort has disappeared and you long for it back. And you don’t
want your kids to smoke.

Client: I tried knitting. That didn’t do it. I tried running but was convinced that I
would have a heart attack. Nothing does it for me.
Therapist: Not doing it is a loss.

Client: I cheated a little last night – went for a walk and had a smoke!

Therapist: You felt good and bad at the same time. There is a smile all over your face.

Client: I certainly did. And, yes, there is.

As Rogers understood it, the self includes some internal organization that monitors for ethical behaviours and attitudes. Feelings of incongruence or inauthenticity are understood as something that activated the monitoring. Rogers, in effect, forged a dynamic binary between a feeling state and ethical action that keep one developing in the right direction. Feeling states are a referent, in effect, of one’s values and judgement regarding them. Rogers never articulated this. Also, Rogers’s understanding of congruence suggests that affective states are shapeable and effective when shaped. When the Rogerian points out feeling states, she or he is connecting the client to a moral ground that affects. The therapist is not simply eliciting feeling states waiting to be stimulated because of past injury to one’s psychological being.

**A narrative practice example**

Narrative therapy comes out of a social constructionist understanding of what it is to be a self. The technique used within the following example is called externalizing the problem. The goal is to externalize the problem so that it is not understood as a feature of the client’s personality or self, since both are contested as real entities by narrative therapists. Another goal is to keep the client out of their feelings.

Client: Everyday, everyday, they get me after school. They make fun of me and so does everyone else. All day long I hide.

Therapist: The making fun – the jokes, they are getting the best of you.
Client: I don’t want to talk about it.

Therapist: They are getting the best of you so much that you don’t want to even talk about it.

Client: No one does anything.

Therapist: You want some help, but the not wanting to talk is keeping the joking a problem. You are stuck.

Client: I don’t want to talk to you.

Therapist: You are stuck and want to get out of being stuck.

Client: I couldn’t stand it anymore.

Therapist: The joking is too much. Having no way of dealing with it is keeping you stuck.

Client: When I stick needles or pins in my arms, or beat my head against the wall, I don’t feel anything anymore. I don’t feel stuck! I don’t feel anything.

Therapist: And yet the problem somehow always comes back.

Client: Today was the worst. I want them to die. I want them to bleed and have to hide. I want everyone to hate them. I hate them.

Therapist: It was back today, and it looks like the jokes really got the best of you.

Client: I didn’t do anything – yeah, they did. I was really mad.
Therapist: You really got stuck, this time more than usual.

Client: The art teacher lets me draw during lunch sometimes. Last week she came out and sat with me in study hall.
Therapist: When you go to the art class and draw – do something that you like – the joking no longer gets the best of you. You relax and are able to do something you enjoy with a person you like.

Client: Yep. I do that a lot. She is my friend – she is like my aunt – I don’t get to see her much. She phones me – once in a while. She moved.

Therapist: When you decide to find a way to not let the joking get the best of you, you manage quite nicely!

Client: Yep. Can I come tomorrow?

Therapist: Yep. Maybe between now and then you could find another way to not let the joking get the best of you. Tomorrow you could share that with me, too?

Client: Okay.

Therapist: Tomorrow. Good for you, Jess. High Five!

What is evident in this example is that there is a high regard for the client’s ability to find solutions to his problem. Previously taken solutions are identified by the therapist, and the client is continually refocused on what they have done in the past that worked in dealing with a particular problem. What is implicit is that the client has evidenced strength to find solutions to his problem, and it suggests that he has the same strength to find other solutions to the identified problem. What needs to be noticed is that the therapist keeps all the terms used in therapy very concrete and concerned with action: the acts of the bullies become jokes, and not whether the client is not angry or sad, but whether the problem has got the best of him. There is very little stated by the therapist that attempts to address the client’s self or his personality. The therapist also sets a time frame for the client to do his homework outside of therapy. This manoeuvre helps build the sense of competency that is missing in such a brutally emasculated child – a child who has
been obviously left to his own devices without the ability to be positively self-directing.

**The non-techniques**

Researcher-therapist Barrett-Lennard states that Rogers defined a relationship between therapist and client to a degree not articulated by previous kinds of therapy in the mid-twentieth century:

> Rogers has successfully delivered to the psychotherapy world a crucial statement that described the basic attitudes and conditions necessary for an effective therapeutic relationship for all theoretical orientations. (in Wyatt 2001: ii).

In defining what a therapeutic relationship should be, Rogers stated that it concerned his trinity of attitudes. However, the attitudes were set in a context that was rather complicated, one that would not necessarily appeal to all psychological ‘orientations’ or the relationship between therapist and client that could be shaped by them.

Rogers’s method or tools within practice consisted of being authentic, which means using honest expressiveness so that one’s internal feelings matched what was expressed through behaviour and verbalization (Rogers, 1995b: 61-62); being empathically attuned to the other, which means being highly sensitive and fully understanding (137-161); and being unquestionably respectful in a strongly caring manner (19-26). His end goal was to help facilitate the development of the person so that they recognised their self as authentic (115) and capable of having an end in maturity (117-119), or as he termed it, being self-actualized (351), a term he borrowed from another humanistic psychologist, Abraham Maslow.

Rogers was one of the first clinical psychologist-therapists to address the therapist’s attitudes as having a positive effect upon the course and outcome of therapy ‘by conveying two things to the client – ‘acceptance and understanding’ (Kirschenbaum, 2009: 156), which were thought to occur if the three other
interdependent attitudes were present (Rogers 1995a: 115-117). Prior to Rogers’s emergence, therapy was reliant on the positioning of the therapist as an expert resting on a knowledge of prescriptive techniques and a system of diagnosis, interventions and outcome goals. This was true of the psychoanalytic camp as well as the behaviourist one. According to Rogers, such reliance had nothing to do with the clients’ personal view of their self or the relationship that it took to express it.

In *On Being a Person* (1961), Rogers made the statement that there was a profound ‘change’ that had occurred within his practice, a change that took his practice from being a treatment model to a relational and personal model built from the attitudes exhibited by the therapist. He attributed the change to altering a fundamental question that had previously governed his work. He stopped asking the question ‘How can I treat, or cure, or change this person?’ and started asking, How can I provide a relationship which this person may use for his own personal growth?’ (Rogers 1995b: 32). In switching questions, Rogers radically reconfigured the roles of the therapist and the client into one of strong and mutual interdependence. The attitudes operationalized within therapy – being congruent, empathically attuned and having unconditional positive regard towards one’s other – were ‘the personal traits necessary for the counselor to be effective’ (Austin, 1999: 21). Rogers wrote, ‘[b]y 1957 I had developed a rigorous theory of therapy and the therapeutic relationship. I had set forth the necessary and sufficient conditions of therapeutic personality change’ (Rogers 1995a: 38). Through these attitudes, the counsellor ‘is transparent’ and ‘nothing is hidden’ and there is ‘a willingness for this other person to be what he is.’ (Rogers in Anderson and Cissna, 1997: 30)

**What is a technique for Rogers?**

Rogers made the point that therapy cannot be reduced to ‘method’ (1965b: 19: 1995: 5-6). This point of view remained unchanged throughout his career, and the claim had consequences for how Rogers’s techniques could be viewed. At stake was not so much ‘a technique’ when understanding the attitudes, but rather ‘a set of attitudes’ shaped so firmly within the practitioner self that they were ingrained. Within his 1951 work, *Client Centered Therapy*, Rogers states that ‘the counselor
who is effective in client-centred therapy, holds a coherent and developing set of attitudes deeply embedded in his personal organization; a system of attitudes which is implemented by techniques and methods consistent with it’ (Rogers 1951: 19). The statement is basically a claim that techniques should be part of the practitioner’s internal organization, and should be so tightly crafted as to have become second nature, and therefore, part of the authentic self of the practitioner. This meant that Rogers’s attitudes were not to be understood as simply implementations used within therapy: they become who you are and externalize how you are meant to express yourself. Eventually, the attitudes became an interrelated set understood as a way of being. In fact, that there is a distinguishable way of life was what Rogers would claim almost thirty years later in his final work, A Way of Being (1980). Within this work, overall, the attitudes morphed into vectors of a pre-existing ethics characteristic of a universe envisioned as relationally or intersubjectively put together. An earlier work, On Becoming a Person: A Therapist’s View of Psychotherapy, which first published in 1961 and was aimed at the counselling profession and the general public, made no such claims.

Through the use of ‘sufficient conditions’ there was thought to be the promotion of personal dignity and worth, exemplars of democracy (Rogers, 1995a: 40, 59). The only stated goal within therapy would be evidence of the client’s growing ‘self-direction’ (Austin 1999: 21), substantiated by a growing ability to use the three attitudes initially displayed by the therapist when interpersonally engaged with the therapist or when demonstrating or verbalizing self-understanding. The result, according to Rogers, would be an end in self-actualization where the individual becomes more the embodiment of Rogers’s ideal person: ‘a person who is capable of being a holistic or organismic entity who is in a continual self-directed process’ (Rogers 1995a: 343-48); one who

is an actualization process ... a tendency, an activity or a functioning rather than an entity which then does the actualizing ... This actualizing process, this actualizing that ... [the person] is ... an organized whole. It functions as a whole with all its part-functionings contributing inescapably to this total activity ... [The person], as an actualizing process, has this total quality ...
originally and every step of its development. Originally ... [the person] is an organism, and remains this however he might change and however complex his activity may become ... [the person] is ... always and everywhere total, active actualizing gestalt.

(Van Belle in Wyatt and Sanders 2001: 249)

Returning to the example of the young boy. This child was hugely emasculated. It is quite difficult to envision him using the three attitudes to become a gestalt. That is a level of maturity difficult to find even in adults. As a therapist, I have to keep in mind the client’s age. Usually, I cannot rely on Rogers’s counselling theory to assess an age-appropriate response to therapy and an appropriate level of ethical development. I tend to refer to developmental theorists such as Piaget and Kohlberg’s model of ethical development. However, children do exhibit taking on the attitudes. It takes time to accomplish internalizing them, which means that contact with children needs to be kept up over an extended period. Of course, this is true for all clients according to humanistic practice. Relationship building takes time. This is in contrast to behaviourist models of therapy that claim that therapeutic results can be attained within a few sessions, and with lasting results.

As stated, the three attitudes comprised Rogers’s rather small cache of techniques. However, they can be broken down into behaviours: therapeutic listening, keeping the client in the moment and reflexively responsive, the use of silence, attaching what is disclosed or processed in the client’s narrative to affect, reflecting the underlying feelings disclosed within the client’s narrative, taking the client into a deeper understanding, clarifying statements, reframing and summing up. Operationalizing the attitudes seems simple because the techniques appear simple. Rogerian therapy on paper appears non-confrontational and sometimes a little too warm and fuzzy. However, that is misleading. Rogerian therapists do not skirt the loaded affect evidenced in their other. They do not avoid expressing it themselves. As an example, a male client of mine, upon disclosing that he had been sexually molested by a close family member, began to attempt to sexualize the client-therapist relationship. One day, he very actively made an advance. I did not simply state in a monotone or friendly tone, ‘you’re feeling powerless. You are
falling into the trap of trying to sexualize the relationship and it makes you feel in control.' Instead I clearly set up boundaries regarding the behaviours he used within the closed off space.

Another example: I have worked with persons who self-harm. There is a pattern of behaviour identifiable with them. They usually grow up in an environment of mixed messages with a come-hither-now-go-away dynamic, and consequently boundaries are difficult for them to establish. This is because social cues have not been strongly localized within their self in a consistent manner due to the double messages. They basically have no internal locus of control. I have had such clients follow me home, camp out in my office reception room, and call me at 2 a.m. I have had to set boundaries in these cases in a very firm manner. My clients feel this type of response as rejection and abandonment. Because of this perceived assault, their anger towards me can be wrathfully and vengefully expressed. They attempt to split using ad hominem attacks and reporting an alleged insult to my superiors. When this occurs, I have to firmly identify the dynamics and, in clear terms, explain that if they entrench the dynamic in the client-therapist relationship, they will have to seek therapy elsewhere. Once caught in this kind of trap, the therapeutic relationship is no longer therapeutic. It simply plays out the dynamic the client grew up in.

When the client experiences the honesty of the therapist, they can and will feel confronted. My male client did. However, he was also able to process out a dynamic that keep him from true intimacy with others. Affectively laden or not, the response of the therapist should be to point out simply the elements surrounding the threat, but should not get swept up in a power struggle.

Also, the therapist should not hide her own thoughts or affective state to avoid confrontation. The ‘warmth’ and ‘liking’ that Rogers spoke of can be misleading. I did not deliver the parameters of the relationship with a Mona Lisa smile attached to my face when I confronted the attempted sexualisation of the therapeutic bond.
However, as a therapist, whether affectively laden or not, my response in the end is one of patience and a belief that every human being, at their core, has something good to offer their other as well as humanity.

Revealing affective reactions requires good timing. The client that I just described had been coming to therapy for over a year. He was a grown man whose narrative disclosed a fear of intimacy and the use of sexualizing relationships to gain control. He understood my response to his advances, and my reframes made it 'pop'. He could tolerate my response because a level of trust had been established. All that I reflected back was what had been touched on and explored. My response conceptualized what his narrative revealed in a roundabout manner and was collapsed into two brief statements.

The response seems almost psychodynamically influenced. However, I am not diagnosing inherent, interior-residing, pathological impulses that are trying to get out. I am pointing out a dynamic that the client created so that he could negotiate his mixed-up world. He was reacting to his personal, past field of experience – one that created his particular history along with coping skills that bled into the present when he became fearful.

The timing of a collapsed framing is important. If strongly conceptualized accounts are applied before the client is ready, the therapy session falls apart, and the client may decide not to come back. Also, if put out there too soon, the account makes it look like you have been holding back and just waiting to 'let 'em have it'. In other words, it can appear sadistically motivated, psychodynamically speaking.

**Therapist behaviours and an example of a child internalizing the attitudes**

Client: I'm late again. (Smiles, rolls his eyes and throws himself into a corner of the room and sits. He deliberately does not sit in his usual place – a seat across from the therapist.)

Therapist: You're out of breath, your eyes look a bit wild, and you are smiling. And, you are sitting way over there.
Client: I took my spelling test.

Therapist: You don’t want to talk about being late.

Client: I am always late. I hide in the back of the football field and smoke cigarettes. Other kids who hide out there give them to me.

Therapist: And, then you’re late. You were late just now and you didn’t know how I would react. You are waiting to see right now. [Silence.] You would rather change the subject than talk about it.

Client: You’re mad at me.

Therapist: I am a bit.

Client: I do it a lot. I think that I am getting away with something. I feel like I am in control. And some kids laugh at me because they think it’s funny. I like being funny.

Therapist: Jesse, you don’t look like you’re having fun right now. [Long silence.]

Client: I hate you.

Therapist: [Silence.] You are really angry right now because I did not laugh at you. If I don’t laugh you wonder if I really like you. You are wondering that right now.

Client: [Hangs head and looks away.]

Therapist: [Silence.] Your head is cast down, Jesse. And you are looking away. You look like you are fighting back tears.

Client: [Silence.] You know, I think that is why a lot of the kids don’t like me.

Therapist: [Silence.]
Client: I don’t want to come here anymore.

Therapist: [Silence.] It’s difficult coming here. [Silence.] It’s easier to hide at the football field.

Client: I always think I’m winning when I’m late, smoke cigarettes – act silly to cover up. [Silence.] I’m not.

Therapist: That’s painful.

Client: [Silence.] I never thought of it that way.

Therapist: Your face looks pretty sad.

Client: I’m feeling bad – yeah, sad. I am sad. [Silence.]

Therapist: [Silence.]

Client: I want to be different but I don’t think before I do things and people get annoyed with me.

Therapist: [Silence.]

Client: [Silence.] And then they make fun of me.

Therapist: You’re being serious right now – honest.

Client: Yeah. [Silence.]

Therapist: I feel like I can trust you – my trust grows, Jesse.

Client: Yeah.

Therapist: Being honest takes a lot of courage, Jesse.
Client: I want to be more honest. It's so hard for me.

Therapist: [Nods and is silent.]

Client: I want to show people who I really am inside. I'm scared.

Therapist: [Nods.]

Client: I feel like I'm hiding all the time. Can I have a Kleenex?

Therapist: I feel good when you let me get to know the person hiding inside.

Client: Yeah?

Therapist: Yeah. I feel good and want to get to know who is inside. Jesse, the box of tissue is right there. It's hard to cry in front of me. It takes a lot of courage to show me that part of you.

From the scenario above, it can be seen that the child can begin to incorporate being honest within their self-concept. He can begin to self-disclose honestly with the therapist. He can be empathically tuned into his thoughts and feelings as well as those that of the therapist. There exists, according to a Rogerian perspective, a relationship of mutual respect.

**Universal morality**

Through centralizing feeling states as an ethical driver intrinsic to one’s being, Rogers appealed to universalism. Universalism strongly pushes one’s logic towards a metaphysical grasp of human purpose and placement within the universe. Metaphysical systems of understanding are based on the view that the universe is purposeful. Viewing the universe as purposeful has consequences for how the authentic self can be understood. To be authentic means that we need to express our sense of purpose as matching a universal picture.
The term ‘attitude’ presupposes an ethical driver is in place within each of us and that it motivates behaviour. From this understanding, being authentic, empathically attuned and unconditionally respectful are not simply acts or the exercising of a set of behaviours – it is an expression of a moral stance. If the attitudes are an expression of a moral stance, then an aim of Rogerian therapy is to inculcate morality – and, according to Rogers’s understanding, a universalized one.

In his mid-career, Rogers the scientist-practitioner had ambitions to qualify the material conditions it took to help develop these attitudes, but by the end of his career, his ambition was to build a cosmological system that centralized authenticity as the moral imperative of our universe. The term, authenticity, or any of its variants, was loaded for Rogers. It spoke of individual difference, a linking to others through ethical behaviour guided by feelings, and a common link to a purposeful and relational universe. I do not go so far as to claim that a moral and planned universe exists. However, I do claim that if we are to be in relationship to one another, guided by principles and the behaviours that exhibit them, our existence demands that we exist as a humanity, and of course that moral concept is ideologically driven.

Rogers did not always take equal interest in all of the three attitudes, even though they comprised the structural centre of Rogers’s theoretical writing, research and practice measures. Rogers seems most perplexed and drawn in by the term authenticity. As has been discussed in this chapter, authenticity refers to an innate moral structuring of the self, an appeal to deal honestly and fairly with one’s other, a practice of self-expression according to who you find yourself to be and the ridding oneself of social and cultural introjects that go against who one sees oneself to be.

Variants of the term authenticity are congruence, integration (Haugh in Wyatt 2001: 2), transparency, wholeness, genuineness, and realness. Of the three attitudes, authenticity is the one Rogers struggled with the most. The other two attitudes were fairly straightforwardly posed, though the philosophical context in
which they were located grew. They were not as problematic to understand when articulating what they meant ethically for his practice.

**The congruence/incongruence dynamic**

The term incongruence is a loaded term. According to Haugh, incongruence, or rather, dishonesty is an interruption of ‘empathy’ (3). Attunement to one’s other can only happen if there exists honesty between the client and therapist, because it builds a common ground of trust.

Rogers considered incongruence ‘as the opposite of congruence (1). Rogers understood the self to incorporate an inherent moral editor. In this regard, authenticity is not only understandable as an attitude; it is understandable as an ethical force located within our ability to perceive. It is accessible and perceivable as an opposition: that of congruence (feeling something is right) and incongruence (feeling something is wrong). To feel either means that an affect is value laden.

Like the therapist in the example above, I would never take issue with the client telling me he hates me. I would never take issue with him trying to manoeuvre out of addressing his perpetual tardiness. I would simply point out what is there or happens between us. If I did get drawn in to engaging in a power-struggle, I would feel incongruent. When I simply reflect what is happening, while still remaining honest about my feelings, I feel congruent.

The congruence/incongruence monitor has an attached feeling state that alerts me when I am off track. If I feel dissonant, I am off tract. This particular feeling state can signal that therapy concerns my interpretation rather than what my client understands as related to their self. If I feel, as Rogers would have framed it, ‘whole’ and I don’t feel dissonance, I am probably on track. When feeling dissonant I am no longer empathic or respectful. To be whole, ideally, the therapist has to be all three: honest, attuned and respectful – not simply exhibiting those behaviours.

Incongruence can reveal that the therapist is soft peddling. As an internal monitor, the dissonance experienced when being incongruent lets the therapist know when
they are letting the client off the hook, or soft peddling, or avoiding the emotional content of the client’s narrative. It also lets the therapist become alert to when her or his ‘issues’ are turned into the client’s issues. Incongruence, which is earmarked by the experience of dissonance, is an internal monitor that allows the therapist to become more empathically responsive and attuned to who the client is, as Haugh suggests.

**Rogerian principles beyond the therapy session**

Brought out by the examples, is that an aim of therapy is building positive introjects rather than negative ones. My project with my male client was to facilitate his building a positive introject that he could internalize within his self and to replace the one that was introjected through the circumstances of his life, which can be summarised by ‘I am powerless’. As Rogers (1995a: 334) states: ‘Very perceptively, persons [can begin] to seek within for what they ... [experience] as valuable instead of looking for what they were told was valuable. Without question, they ... [begin] to meet the ... good life within themselves, and not in some outer dogma or dictum.’

**Romeo and Juliet, Zelda, fencing and principled behaviour**

Within my dual practice, one of the populations that I worked with was kids. Many had grown up in the social welfare system. Some were from foster homes, some had parents in jail, many of their parents were high school dropouts, and some of their parents were abusive or had drug problems. There was usually one parent in the home. Some of the kids were from a poor family that generationally had needed public assistance. At school, many of the children were outsiders because they had management problems, were understood to be of a certain welfare class, and they were likely to be transient; historically moved from school to school. These kids were marginalized and made vulnerable by their life circumstances.

Many of these teens and children had strength of character hidden beneath their behaviours that felt solid. I could feel it. However, these kids had run the gamut of therapies and were basically burnt out. They were resistant to therapy, and had
become what is termed therapy savvy in counselling speak. They played the game of doing therapy, but it didn’t touch them. However, because of my Rogerian approach they attached to me. Most were hungry for adult attention.

One of the most revolutionary concepts to grow out of our clinical experience is the growing recognition that the innermost core of man’s nature, the deepest layers of his personality, the base of his ‘animal nature,’ is positive in nature – is basically socialized, forward moving, rational and realistic. (Rogers 1995b: 90-91)

Rogers saw humans as intrinsically good, meaning we possess identifiable positive characteristics that make us who we are. These characteristics are embedded in an internal structuring of what is called the self. Rogers’s self is driven by a desire to do and be good. All the self needs is be given the opportunity to express good and it will under the right conditions.

For Rogers, there was a correct way of expressing one’s nature by operationalizing positive characteristics. Importantly, understanding a human being as basically ‘good,’ means that the individual is seen as inherently or favourably ethical. In this respect, good or best behaviour was understood as self-fulfilling. When working with children and adolescents, I understood this to be the case, and they felt it.

My conundrum became evident. I was a therapist with no place to go when working with this population. The kids didn’t need therapy; they needed a place to express themselves as ethical, disciplined and basically good, rather than as pathologically driven. After working with these ‘kids’ (and this is not a pejorative term amongst counsellors – it shows connection) for a while, I realized that they needed to build a sense of competency and self-discipline. They needed to encounter a world that was principled in order to get this need met. Importantly, they needed to encounter a world that valorised self-discipline, competency and creative responsiveness.
This realization did not appear out of nowhere. It came about by watching my son play the video game *The Legend of Zelda*. Also, because I had experienced a world that valorised self-discipline, competency, and creative responsiveness while at drama school, I began to play with the idea that my group needed to experience the equivalent of my past training as an actor in the UK.

I have three sons and they all were taken by Link, the main character in the video game. As a parent, I took very little interest in the game except to monitor the time my boys spent playing it. One day, my youngest son said, ‘Mom, come here, I want to show you what I can do’. My immediate, interpretation of the request was that he wanted to show me how well he played video games. That was not the case. As I watched my son play, I realized that he had become the character Link. His play had gone beyond the bounds of pretending. I also understood that his play reflected the need for competency; a competency that was principle based. It takes a good deal of self-discipline and control to negotiate the different levels of difficulty within the playing of the game. Dressed as a medieval peasant boy, the sort of Robin Hood-ish looking character of Link was what would have to be termed authentically noble – a mini version of the Knight of the Round Table. He was a principled warrior who expressed a native character, and the purpose of his fighting concerned good triumphant over evil. Link fits the archetype of the Hero-Warrior. My kids at the agency, male and female, adored Link. Some of their PSR workers used the game within a system of rewards. Many of these kids did not have access to the game at home.

I realized that I needed to create a similar imaginary space for my agency kids: one that incorporated the archetype Link represented – a young hero battling evil who could wield a sword with the physical prowess of a dragon slayer. My drama training had created that space for me.

The fight scene in *Romeo and Juliet* was a perfect vector for the particular archetype that needed to be expressed through play. I went to work teaching my group how to use a foil and do stage combat. I had learned the skill in drama
school, and had staged the combat scene in a ‘fringy’ production of *Romeo and Juliet* that never made it to opening night.

It needs to be remembered, many of these kids were impulsive; they easily blew up, or acted out. I handed them weapons – thin, wooden dowels substituting for foils that I found at a home improvement store in town. I also told them that since we were working on a stage fight, they had to behave like well-trained actors. Their play wasn’t about the fight; it was about the ensemble creating a fight. Not one kid lost it, hurt anyone, or failed to take a directive instantaneously.

I ceased to be the counsellor and became the director of a fight scene within a play. In a manner that didn’t happen within therapy, I was part of the ensemble. A relational dynamic that couldn’t happen within therapy, because of the resistant role my kids had taken on, was forged. Together we were doing a job – mounting a fight scene.

Before I taught my group to use a foil, I taught them breathing exercises and how to get to centred. This theoretical space is one in which the actor is understood to be maximally relaxed and focused, while minimally experiencing bodily or mental tension. Usually, one’s breath becomes the focus as one works to relieve tensions within the physical body and distractions within the mind. The actor breathes any type of tension away. The technique was very helpful when I felt that the kids might become over-enthusiastic in their play. As I understood it, and this came directly from my past theatre training, actors gained the emotional, mental, and physical control they needed to do scene work when they took themselves into centring. I called centring ‘Dog’, the understanding being that it made the stance less theoretical and more concrete. I taught the kids to manage centring by doing ‘baby pose’ – a position borrowed from Hatha Yoga. With their body stretched out on the floor face down, it immediately got them into a personal space where they had to self-attend, breathe and relax.

The group did not appear to interpret Dog as judgmental on my part, or as a version of ‘time out’, but rather as an acting technique. At the agency, every time a
child acted out they were made to take a ‘time out’, to sit outside the group until they could collect themselves. Sometimes, a time-out was used punitively.

I also taught the group exercises inspired by the Sound and Movement exercise, so that the group could become attuned to one another and gain some spontaneity within their play without going overboard. As therapy savvy and resistant, they had learned to hold back within therapeutic play. Oppositional and explosive disordered, the kids frequently lost it. By doing theatrical play, however, the kids evidenced behaviours that were controlled, as in the case of the stage fighting, as well as spontaneous and empathic, as in the case of sensitivity-building exercises.

In the version of the Sound and Movement exercise used at my drama school in the UK, an ensemble of students would sit in a circle with eyes closed. One student would pass on a sound that had a movement attached to it. We could all hear the sound but not see the movement. The person left at the end would show the end movement while making the sound. Then we would all share how we put the sound to movement. Sometimes there was unity to the movement almost across the group. A goal of the ensemble was to interrogate why this happened or not. As we repeated the exercise using different vocalizations we felt ourselves relax into a gestalt. When the movement became more sensitive to and expressive of the quality of sound, we felt bonded and freed up as a group in a manner we hadn’t experienced at the beginning of the exercise. Also, there was an understanding that, as a group gestalt, we had centred, and were feeling maximally relaxed, gently alert, and open. Reaching this psychological space was what I hoped to achieve with my kids. Looking back, embodied within the actions and goals of the exercise were positive introjects. So that the individuals in the group were working interrelationally, working in a sensitive manner, interrogating the value of a prescribed action, trusting experiential learning rather than simply engaging in intellectual activity, and trusting a creative responsiveness and the value of spontaneity.

This example showed that when provided with positive introjects persons grow. Another important feature of my group’s play as an ensemble of actors was that
personal insights concerning the choices one makes regarding behaviour began to flourish. The kids started taking apart the behaviour of the characters they were playing within the fight scene. They started looking at personal motivation, what happens when behaviour becomes so entrenched it is no longer a choice, and what happens to responsible behaviour when part of a group pits itself antagonistically against another group. Importantly, as the group became more interrelational, appropriately physical, and able to concentrate on behaviours externalized by the characters they played, they also exhibited joy.

Rogers’s three therapeutic behaviours are meant to open the client up to new possibilities of personal insight and action through directly experiencing the behaviours and attitudes of the therapist. In the case of my group, what became important was not experiencing my facilitative approach. Being actively involved in work that directly provided positive introjects, the kids were able to take on within themselves the personal involvement and commitment to principles of practice – being disciplined, respectful, attuned and tolerant. As well, they were able to own up to and share what they actively thought about managing the creation of character. The act of staging a fight, and within that staging taking on principled behaviours, opened these kids up to possibilities created within their material circumstances.

I did not make any one of the kids take part in the play. Every member of the group was allowed to join in, or not. None of the children opted out of, or dropped out of, the play. One child sat on the side-lines at first. However, when I handed out the dowel-foils he quickly got in line to receive his. The only other condition that I made was that once part of the ensemble the member had to show up and finish working out the fight scene no matter how many days or weeks that it took. Many of these kids had been diagnosed as attention-deficit disordered.

Within Rogers’s understanding, the three attitudes, when expressed within the therapeutic encounter, were meant to free up the client from past conditioning; conditioning that had introjected feelings and understandings of poor self-worth. As understood by Rogerians, to be open to possibility requires an honest
expressiveness. This occurred with my grouping of kids. The kids honestly expressed their views, took cues from their others in an attuned manner, and were deeply respectful of one another within the playing out of the scenes and the exploration of character. The individual children within the group, according to all appearances and at least for a time, let go of the negative introjects that had contributed to their personal ontology. In so doing, they were able to construct new and positive ones through the play. As a Rogerian, I understood that they were becoming authentic and self-actualized. The theatrical play accomplished what I couldn’t do as a therapist, and in a more direct and short-term manner.

Rogers understood that cultivating the attitude of openness means that we have potential choices to make regarding our self-understanding and development. The activity of choice making is understood to build the internalization of positive introjects within the self. Having an open condition for play that provides an opportunity to make free choices is understood as a pre-cursor to being well-differentiated. These kids evidenced that by having a creative, open space, one where they could operationalize freedom of choice, they could become differentiated while still being connected to the group. From this experience, it is a small step towards building conscientiousness, or in universalist terms, a conscience, or empathic attunement towards one’s self and one’s other.

The kids, City Creek, spontaneity, costumes and immersion

For Rogers, perceiving the other’s subjective reality can occur if one is attitudinally sensitive enough. Rogers (1995a: 126-28) understood that the attitudes of authenticity, empathic attunement and unconditional positive regard are ‘forces’ of consciousness’, which guide the therapist forward in a deeply sensitive manner so that the other can be understood at their subjective level. Rogers stated that it is

the counselor’s function to assume, in so far as he is able, the internal frame of reference of the client, to perceive his world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client.

(29)
As one author characterized Rogerian therapy: ‘[t]o expose oneself to the presence of the Other means to be open to being touched existentially by another person’s reality.’ (Schmid in Wyatt and Sanders 2001: 199) For the Rogerian, what is expected of me as a practitioner in the building of my consciousness is expected of the client. The existential concerns for me are the concerns of the client.

The following example concerns working with a group of children and adolescents in need of experiencing themselves as empathically attuned to their others within an ensemble arrangement, spontaneously responsive, and as existing within the moment offered by an experiential field. For the Rogerian, understanding the other in an empathic manner does not always concern conceptualization and theorizing. It concerns feeling and sensory-based experience. In other words, to understand my other’s subjective and existential reality, I have to sense-experience, or feel, my way towards ‘getting’ my client. The question in the following example was: How does the counsellor facilitate sensory-based understanding between the persons of the group?

Blumenthal (1984: 83) relates that experiential exercises, such as the Sound and Movement exercise, were done by Chaikin and the ensemble so that the actor could ‘locat[e] powerful feelings through movement and breathing’. The feelings located would have been attached to a past emotional experience. When using exercises relatable to the Sound and Movement exercise with my kids, strong emotionality was something I was trying to avoid. I worked to nudge my kids into a psychological space where they could sense the other and begin to trust and empathically adjust to them. Many of my kids had a hard time reading social cues that were not blatantly obvious or strongly affect laden. They also had a difficult time trusting the environment and those within it.

Rogers (1995a: 28) made a distinction between ‘a declarative and an empathic attitude on the part of the counselor’. He basically aligned a declarative statement with one that concerns information gathering, interrogation, clinical clarification and maintaining distance. Rogers (ibid) stated that ‘when the counselor statement is declarative, it becomes an evaluation, a judgment made by the counselor’. The
empathic response, contrastingly, is one that picks up on the client’s feeling, mood, sensory experience, and subjective understanding.

Many of the kids that I engaged with while doing agency work were resistant to doing therapy. They were tuned out, lacked spontaneity in their everyday activity, and their connection with others appeared hollow, hyper-vigilant, or reserved much of the time. These were qualities that suggested that they couldn’t trust. For Rogerians to be of value to their client, they have to be able to build trust. The question becomes, what does one do to get the clients sensorily activated within the moment, spontaneously alive, and in tune with their environment and other conditions understood to build or exhibit trust? Again, I returned to theatre play to manage the problem.

As an actor-in-training, I did classical ballet, Graham, modern and expressionistic forms of dance. I learned that if I wanted to disinhibit myself as an actor, I could just turn on the music and get moving. If I wanted to get in touch with a mood, I would do the same. As an actor, I also knew that there was nothing like a costume to make one act and feel differently about oneself or one’s other.

I put together a bunch of material, glitter, feathers, paint, buttons, glue, and belts—anything that I could find—and put the kids in a room and told them to make a costume. They weren’t given instructions on what to do or how to do it. There was no right way. Over the week, I arranged for some musicians, who moonlighted at the agency as PSR workers, to play for the kids. Then I booked the agency van to transport the kids. Within a few days, the costumed kids, the musicians and I were in the van heading for City Creek, an area within the city limits of Pocatello, Idaho. It has trails beside a creek where people hike, run with their kids and dogs, and mountain bike. The three musicians set up a couple of drums and a keyboard, and began playing. The only instruction the kids were given was to stay on the trail, not to throw anyone into the creek, and not to go past a certain point on the mountain. At first the kids looked awkward and just stood around, then one girl took off running. Some of the kids began to follow her. One child simply climbed a tree and hung upside down. Some formed their own groups and began to run. The groups
ran in different directions rhythmically and in tune between the groups. They all caught up with each other for a while and ran together – then, broke off in new groups. As the music changed, so did the rhythm of the groups. The kids appeared empathically attuned, spontaneous, and in the moment. Importantly, they appeared to like themselves and their others.

In the end, the child in the tree got down and pulled a short tantrum. He wanted none of it. He had serious abuse issues and always hung out on the periphery of group activities. However, he had managed to make a costume.

The Pocatello Women’s Correctional Facility: empathic understanding and respect as the terms and conditions for play

The term, ‘congruence’, which, as stated, was the precursor to the later used term ‘authenticity’ was first used by Rogers in his 1951 statement: ‘We may say that freedom from inner tension, or psychological adjustment, exists when the concept of self is at least roughly congruent with all the experiences of the organism.’ (Rogers 1951: 513) ‘In short, when a person is functioning fully, any internal organismic experience will be fully received in conscious awareness without distortion (5)'.

Gill Wyatt, a therapist/researcher, characterizes the concept of authenticity as often ignored by client-centred researchers and theorists until the late 1990s: ‘It wasn’t until 1997 that person-centred theoreticians brought their attention to this often neglected and misunderstood concept.’ (in Wyatt, ed. 2001: vii) This point is difficult to imagine for a client-centred therapist of my kind, since having congruence, which is the ‘experiencing of a present moment’ that is ‘present in my awareness’ so that ‘what is present in my awareness is present in my communication’ (Rogers 1995a: 15) is characteristic of having ‘psychological health.’ (Haugh in Wyatt ed. 2001: 1)

Rogers stated that
It has been found that personal change is facilitated when the psychotherapist is what he is, when in the relationship with his client he is genuine and without ‘front’ or facade, openly being the feelings and attitudes that at that moment are flowing in him. 

(Rogers 1995b: 61)

If it is true that to have psychological health one needs to experience congruence, the Rogerian practitioner needs to create circumstances where the client can feel and act congruently. What this boils down to is the understanding that from the existential now of experiencing, introjects such as choice-making, authentic behaviour, empathic attunement, trust and respect are built. And, in keeping with an earlier claim, when such value-laden introjects are internalized, a citizen is built, and a sense of well-being for a person raised within a culture shaped by democratic political ideology can occur. Such an experience is likely to reinforce the repeated expression of the introject and the trying on of new ones.

Such a creation can be a huge challenge when working within prisons. I found this the case when working as an agent for Idaho State University in its Center for New Directions within the Applied Tech. The centre was mainly staffed by Rogerian therapists and so as therapists we could create a self-reinforcing system. We could also forget there was another world outside the centre.

Arriving at the door of the prison, I quickly found that my idea of best practice did not fit with some of the policies and procedures marked out within its system. It was a bit of a shock. I had been set up to think that this particular institution was Rogerian friendly. The set up came about by encountering women inmates who were allowed to attend a skills class that another therapist and I taught. The class was about online applications and job interviews. Part of my job at the centre was teaching communication skill acquisition and doing academic counselling.

Rogers (1995a: 334) stated that by using congruence within therapy, and once the client had internalized this behaviour: ‘[v]ery perpectively, persons [begin] to seek within for what they were experiencing as valuable instead of looking for what they were told was valuable. Without question, they [begin] to meet first the good life
within themselves, and not in some outer dogma or dictum, or in some material form.' My experience teaching the women inmates the skills acquisition class, as I understood it, expressed Rogers's view.

Perhaps the most basic of these essential attitudes is realness, or genuineness. When the facilitator is a real person, being what he or she is, entering into relationships with the learners without presenting a front or a facade, the facilitator is much more likely to be effective. This means that the feelings that the facilitator is experiencing are available to his or her awareness, that he or she is able to live these feelings, to be them, and able to communicate them if appropriate. It means that the facilitator comes into a direct, personal encounter with the learners, meeting each of them on a person-to-person basis. It means that the facilitator is being, not denying himself or herself. The facilitator is present[.]

Each woman enrolled within the class was due to be released soon. The view of the prison was that the women needed to learn job skills that would make them productive members of society, in order to not be recidivist. The class would give them the tools to become socially competent, in other words.

I walked into the classroom not knowing what to expect; maybe women in chains dressed in baggy outfits? – like something I had seen in movies? I found nicely dressed women, not one of them dragging a ball and chain. No guards were present. I immediately began to react to their presentation. They were good listeners, they asked questions relevant to the course, and they all seemed very happy to have exposure to on-line job applications.

After a couple of hours it was time for a break. One of the women told me that they were allowed to go outside and smoke during break time. I said fine. Why not? They were here without guards. Why shouldn’t they go outside? It seemed like a reasonable request. Some of the women didn’t have cigarettes with them, so I got some for them. I asked them to be back in fifteen minutes. They left to go outside of the building and smoke, however, they didn’t return on time. I had a lot of material to present so I went outside to fetch them. Plus, I had the uneasy feeling
that they may have skipped out on me. There they stood, smoking away. I was really relieved.

Once back in the classroom, I said something like, ‘Guess you had a few, um?’ They laughed, and that was that. I started to lecture about communication skills, and the woman who had asked permission to go outside and smoke raised her hand. She stated, ‘We were not supposed to leave the building. I lied. And, you are so nice to us.’ I replied, smiling, ‘I guess you won’t do that again.’ We all laughed. The dishonesty had not been congruent with how I had treated them and so they felt dissonance. It was within them to act towards me in a respectful manner. It was within them, through positive encounters with someone who showed them respect by taking in the circumstances with a bit of humour, to begin to build the positive introject of being upfront. It was within me to rid myself of the introjects gleaned through my cultural understandings, a stereotypical view of women inmates as impervious to warm caring.

**Encountering the women in the step-down unit of the prison**

Rogers’s skill set (conduct set) was quite minimal. The scenarios presented evidence this. The lack of a huge skill set makes his therapy appear deceptively simple and the techniques, on the page, appear easy to learn. The behaviours that express them are associated with ones that suggest quotidian intimacy between persons who are close. Rogers understood elaborate or over-applied skill sets as overkill and detrimental to relationship building. The understanding came from his exposure to psychodynamic forms of therapy and behaviouristic ones. He also understood that, used as techniques rather than as the result of having well integrated or internalized attitudes, his form of quotidian intimacy would backfire. As he stated, ‘the counselor who is effective in client-centred therapy holds a coherent and developing set of attitudes deeply imbedded in his personal organization.’ Therapy for the Rogerian is not therapy. As Rogers (Rogers in Kirschenbaum 2009: 156) further stated, ‘the counselor who tries to use “methods” is doomed to be unsuccessful unless this method is genuinely in line with his own attitudes.’ In other words, the methods used, and how they are used, exposes the therapist for who they are as a self – as either honest, caring and respectful, or as
technological, removed or distant, and manipulative. Importantly, the client will pick up on both types.

When I found myself at the prison sometime after the cigarette incident, I was sent to work at the step-down unit. This unit housed women who were due to be released, and needed to be in an environment where they could transition to the outside world. Some of the women were allowed to take jobs in town, allowing them to be unsupervised by prison staff. The women's freedom was incrementally gained as they demonstrated readiness to return 'to society.'

The prison wanted to return the women ‘to society’. It is rather difficult to have an intimate and productive relationship with ‘society’. These women needed to experience a more personal relationship than what ‘a society’ could offer, as I understood it. Within the prison system, they were not allowed to use first names, they had few belongings, and their time and activities were regimented and imposed by authorities. According to my understanding, these women needed gradual exposure to more personalized relationships. These women hadn’t landed in prison because they had turned away from society. They may have engaged in criminal activity, but their incarceration was due to their life having been void of personal relationships that built positive introjects from which to construct a self. Many of these women had mental health diagnoses that were equal to the child and adolescent population mentioned above. Many were cutters, most had a history of abuse or neglect – all symptoms or indications that the individual engaged in criminal activity because an adequate exposure to warmth and caring was missing. My dilemma was: how do I, without doing personal therapy, engage my new group in a personal manner, without putting them at risk of going against prison policy and procedure? The policy and procedures were basically meant to do away with personal identity.

Rogers’s therapy is meant to build a climate of trust (Rogers 1995a: 225): a condition that hinged upon his trinity of attitudes (43) being implemented within therapy so that intimacy could be built. What I planned to do with my group at the prison, which my training as an actor had taught me, was build an environment of
trust through play so that the group could feel some sort of cohesion. I had no idea how to manage any of my Rogerian insights or aspirations when I walked onto the unit. I had no idea what the play was going to look like. The actor in me said, ‘just wing it’.

Ontologically speaking, within the core of our being when at our best, characteristically we are authentic, empathically attuned and responsive to each other, and hugely and sensitively respectful. We can be understood as characteristically and intimately inter-connected with our other or others when at our best, since Rogers’s three attitudes are meant to forge relationships.

Before I had agreed to do the workshops at the prison, I had set some limits. The room where the group projects were carried out had to be free of prison personnel, and the women had to sign a paper stating they would maintain the confidentiality of the group work. They could not disclose what their fellow inmates revealed within the group. This is normal protocol for therapists, and mandated by the ACA.

The prison culture understands that it robs the inmate of their personal identity. It also understands that the inmate population, in general, is starved for warm and affectionate bonds. I understood this when going to the prison. I also was wary that my group work should not unleash physical and emotional yearnings that could get some of the women in trouble. I had to keep them safe. Physical contact was forbidden in the prison. Women on the step-down unit could find themselves back in the main prison if they engaged in physical contact.

I walked into a large room to meet the women. I had them do some centreing exercises, and then had them push a few tables together to make one big round table. As I viewed it, the table would build a personal yet connected space where each woman sat, and maintain enough distance so that there was very little chance for physical contact. I had everyone introduce herself. They all used their last names as was customary in the prison. Then I had them think of a character out of a book, film, TV program or play that they could take on in a role-play. It couldn’t be a last name. The role and name had to be one they identified
personally with, or would like to identify with. I had them reintroduce themselves as
the character and then had them disclose why they chose that character. From
that point on, while doing group, they were to be called by their character’s name,
and they had to think of the attributes of the character as their own. By this time I
had drawn the group in. I could feel it.

Then, I mentioned boundaries. Immediately I lost them. They remained polite and
attentive in a detached way. However, I knew I had lost them. I had them all write
out a rule for conduct and communication on a piece of paper. Then I took a paper
lunch bag out of my backpack and the women put the pieces of paper in it. They
did as requested, but their behaviour revealed a lack of congruence – they were
looking at each other sideways. They just were not into it at all. I was another
‘therapist’ working from the high ground of psychological authority. The room felt a
bit tense. As an actor I knew I had to relieve the tension with a bit of humour or I
would not get them back. I took the bag and blew a bunch of air into it, twisted the
opening tightly, put the bag on the floor, and jumped on it. It made a popping
sound. Then I said: ‘maybe we should dispense with rules and simply be
respectful of one another’. Everyone laughed. I had them back, and this was
because I was able to work spontaneously and react within the moment due to my
training as an actor.

My opening act, so to speak, was one instance of success with the group.
However, I had many defeats. Some of the women could not tolerate the
opportunity to take on another identity. In the group, many had been over-
institutionalised throughout their lives. As a Rogerian, I was very shocked that not
everybody responded well to warmth and caring. I was also shocked that a lack of
warm responsiveness is looked upon as the status quo within a prison
environment. Many women in prison are diagnosed with borderline personality
disorder (BPD) with antisocial features. The diagnosis is associated with persons
who cannot tolerate warmth or caring for protracted periods, if at all – even though,
they also crave connection. (See Linehan 1993: 5-20) Having strong, antisocial
features, the women understand the traits of warmth and caring as personal
weakness. They will bully or take advantage of those persons they see as weak
with a sadistic intent to hurt. They are understood sometimes as predatory. Many of these women had suffered severe emotional, physical, and sexual abuse at a very young age.

My understanding of such types is that selves incorporate the features of paradigms or institutions through exposure – in the case of the overinstitutionalised personalities cited above, they become their pathology when repeatedly exposed to systems that repeatedly diagnose them with similar pathologies. I need to add that I had worked with BPDs outside the prison system. They responded well to Rogerian therapy in conjunction with a more social constructionist approach. However, from the initial contact, you had to be totally honest and set strong boundaries. Importantly, it took a long time for them to trust me. I worked with some of these clients for over a year and a half.

The social constructionist approach modulated their ‘getting into’ their feelings. It has been my experience that if overwhelmed by affect, such clients can be propelled into self-harm. The constructionist approach set some external goals to help structure these client’s lives. It is commonly understood that such clients usually live enveloped in a sense of chaos, which means that their life situation and personality are not well-structured. When experiencing a sense of chaos they can cut or self-harm. I always keep this description in mind when working with these clients. However, it represents a break with Rogerian therapy.

The Latina women: improvisation, role reversal, the non-expert, risk-taking, and building a positive introject

Within my rural community there are poor individuals who because of their social situation are not given their rights in full measure. What I am referring to is a class system based on economic advantage. As one’s economic status is procured and maintained, so is the distribution of rights, such as the right to choose. To be treated as of worth and dignity and as a member of a greater humanity, which envisioned as a theoretical or real structure, requires a commitment to an ethics that is principled. As principled, it speaks of human rights, such as the right to be
self-determining and self-directional within a relational context that works for the betterment of all because it concerns humanity.

The more I worked as a therapist doing agency work, the more I realized that rights are attached unfairly to economic structure. It ate at me. Nowhere was this more evident than when working with women who were poor and abused, especially if the woman was Latina and without a green card; these women who do our dirty work, the work that most Americans will not do, are an exploited class within the USA. They are what are termed ‘illegals’. And they are looked upon as having actively given up their rights when taking on the status of illegal. Most come from Mexico, especially from the borderlands, where American industrial firms set up maquiladoras during the 1960s through 1980s. These were manufacturing complexes that built a society of exploited workers whose income was better than Mexico’s general populations of under-privileged and poor, but whose wages were not enough to raise them out of poverty. Especially exploited were women, whose children were left to roam the streets while their mothers worked long hours. Many Latinas come from El Salvador, a country that is without the rule of law. Its cities and towns are overrun by gangs, and the country is part of the drug route from Columbia to the North. Whether Mexican, Honduran or El Salvadoran, Latina women, rather than being looked upon as economic and political refugees, are looked upon as the equivalent of twenty-first-century serfs. Because they have ‘chosen’ to enter the country illegally, they are thought to get what they deserve: exploitation and a loss of rights. They are also looked upon as here to get a free handout.

I encountered a group of six or seven Latina women when working at a shelter for abused women. I had taken over from a social worker that had worked with them and had given them all a diagnosis of depression. Some of the women did exhibit depressive symptoms, but they were not suggestive of an organic disease, but rather, their situation. They all exhibited a great capacity for joy, the ability to build connections, for learning, and for providing emotional support to one another. However, the social worker had made it a condition for services that each woman takes antidepressants. As an RN and mental-health therapist, I knew these
women did not need medication because they did not exhibit the symptoms associated with moderate to severe depression. I also knew that the social worker was stepping out of her professional bounds by offering to withdraw services. The grant that covered the agency program did not mandate taking medication by the recipients. All the women’s narratives within therapy exhibited themes of hope. Also, they were able to take care of their children, sleep well, establish a daily routine, keep up their physical appearance, and eat. They were not moderately to severely depressed.

The social worker had pressured the women to leave their husbands. But all of the women were devout Roman Catholics, and they were simply not going to do that. In each one of their charts, created by the social worker, were notes that said they could not build insight into their problems. Their narratives in therapy and group, however, revealed they had solid insight into their problems. They had no financial security, and therefore, no political power in their relationships with their significant others or society in general. The women also understood that, if they had some modicum of financial independence, their lives and those of their whole family would improve. Each one of them wanted a job. Each one refused to take public assistance other than the shelter and counselling services offered by the agency. All of the women had issues that had to do with economic and cultural empowerment. So my question was, how could I facilitate the women getting their needs met and through their own actions? One of their biggest obstacles was that they couldn’t speak English.

I had to use a translator when working with the women since my Spanish language skills are rather poor. It was that fact that cinched how to work with them. I have travelled broadly, and I am very shy when trying out languages that are foreign to me. Reverse role-play was the answer – role-play through improvisation. I devised a group where we built a narrative of an American woman who couldn’t speak Spanish and was lost in a Mexican town. She needed food and shelter, and her luggage had been lost. She was left with little money and no ability to contact family for help. Some of the women of the town decided to help her. I took on the
role of the lost woman, and the group, the women of the town. A rule of the devising was that no English could be spoken.

The Latina women had the same sensitivity concerning new language acquisition that I did. They were embarrassed about feeling or looking stupid. They were fearful of people getting annoyed or impatient with them because they couldn’t speak the language when attempting to get their needs met. Within the role-play, they saw the expert therapist look less than expert. It put me in the same boat with them, and it normalized their struggle. Importantly, the role-play was fun; we laughed till we hurt – a lot. Together we felt frustration because of the limitations of not being able to use even pigeon English to give and get directives. We came to impasses, and sometimes I even managed to remember some Spanish. Through the play, some negative introjects were frustrated. The ground was set to build a sense of social, cultural, and personal empowerment. To build empowerment offered choices for these women that they did not presently have.

Once a person is able to free themselves from the negative introjects and operationalize free choice, Rogers (1995a: 127) writes, ‘[s]uch a person is more potentially aware, not only of the stimuli from outside, but of ideas and dreams, and of the on-going flow of feelings, emotions, and physiological reactions that he or she senses from within’. For Rogers, freedom of choice builds awareness of the self and one’s world, and sets the stage to be authentically responsive to making our lives and world a better place.

As a Rogerian, I understood that these women, through being empowered, could feel themselves as more authentic. Rogers’s conceptualization of the term, authenticity, reveals two aspects: as the attitude grows, it not only means being in touch with who you are ontologically when at your best, it also means that a heightened awareness is needed to get in touch. It means that the locus of correct conduct is within each individual – similar to Kant, but, for Kant, through our will and reason (in Abbot, trans. 1987: 17-19). That locus is a means of internal organization that monitors for ethical behaviours, which means there can be self-judgement and self-evaluation. For the Rogerian, when a cultural or social
situation does not match up with who you see yourself to be, you feel dissonance. For the Latina women, the dissonance was the cue to risk-take by exploring issues of empowerment and disempowerment. The dissonance created an internal dynamic necessary to expand one’s concept of one’s self.

After I left the agency, I met four of these women a couple of years later. They were walking in the local shopping mall. After hugs and squeals, we caught up on each other’s lives. All the women were working legally at a hotel, cleaning rooms. Two had a driver’s license. All had taken the English-as-a-second-language course (EASL) offered at a local facility through Idaho State University. All were still married and reported no physical abuse, except one. She was separated from her husband.

The Certified Nursing Assistant (CNA), devising scenarios, competency, and positive introjections
As an RN, I did adjunct teaching in a program offered jointly between Idaho State University and Idaho Job Service. My job was to teach pre-nursing program students and staff that worked in residential care facilities or nursing homes. The goal was to get the students and staff state certified; the certification was associated with a high standard of care. Having completed the course and passed the state exam, the students would be Certified Nursing Assistants (CNAs). They would qualify for better pay doing the same work they had done prior to becoming certified. The pre-nursing students would also qualify for entrance into Idaho State University’s nursing program.

The joint venture was to help Idaho’s working poor obtain a better wage. The hourly wage in Idaho is one of the lowest in the country. It is not sufficient to support a family, even if there are two parents within the family working full time. Rural eastern Idaho is mostly Christian. There are huge Catholic, Mormon, and other religious groups resident in the area, ones that encourage having large families. Thus, family income is a huge concern for the area I live in. Many people working as CNAs are the working poor of my community. They see the CNA as vital to their economic survival. Idaho has the distinction of being the state with the
most heads of households holding two jobs in order to survive. Most nursing assistants and career CNAs are single women with children to support. In eastern Idaho, if you are the working poor you are statistically most likely to have not finished high school. You are most likely not to go to a trade school, professional school, or university. All that means that you are likely to be stuck in jobs that have high burnout rates associated with depression, and that you are at risk of finding yourself on public assistance, along with your children. You then fall into a class whose rights are reduced.

I taught these classes twice. The program had a difficult time keeping committed staff because the class load was three days a week for eight hours a day. That meant that the instructor had to prep classes, devise training scenarios, devise and conduct written and skill-based tests, and manage site-specific intern level training. Adjuncts in this program typically received $2,500.00 for eleven weeks of work. The student load was high for a nursing class that is lecture and skills acquisition heavy: eighteen to twenty-two students. This was problematic. The state was willing to fund these programs, but only minimally. Finding qualified staff was very difficult for the program director. Because she usually ran short of staff, the director had to lean on the staff that she had.

Further, most of the students had problems building the study skills necessary to complete the course. The failure rate was high. Remedial skills, such as reading or test taking, were just not developed in many of the students. So, how does an instructor deal with the problems built into the program?

I broke the class into sections divided between lecture and skills-training time by using acting improv. I tested after each improv. I also made use of higher functioning students on the university track, and there was a buddy system put in place so that the most skilled and knowledgeable students could help the ones that lagged behind. We did warm-up and relaxation exercises to handle the anxiety that comes with theoretical and skills-based learning. I turned the class into an acting ensemble.
As an ensemble, we would build a narrative that concerned a patient in an acute setting with compound physical symptoms. There was always a hugely concerned family member to consider and adjust into the care measures. We built sequenced measures that targeted the psychological, interpersonal, and nursing needs of the patient and their family. As the student carried out the measures within the improv during the first few rehearsals, they would say them out loud in a tightly sequenced way. They learned their lines and ‘business’ on their feet and through repetition, just as I had done as an actor. Then we would take the improv to the next level, and make the narrative an emergency life-and-death situation. My rationale was that the students would learn to incorporate their anxiety into their learning of the script and skills. I had to as an actor.

My students all passed their certification exam – the first for the program. As a Rogerian, I understood that because most of my clients were given less than favourable circumstances to build positive introjects as students – ones that allowed them to vision themselves as competent and able to overcome unfavourable life circumstances – they needed the opportunity to stage themselves in a hopeful manner. By acting out competency and strength of character, they were able to incorporate the experience into who they saw themselves to be, at least for a short time period.

**Playing soccer: switching roles with anxious and disempowered kids, and getting in touch with feelings**

Rogers understood that self-understanding for the therapist was important within the therapeutic relationship. He stated that there needed to be an awareness of one’s own emotionality and personal deficits so that the therapist could manage some degree of objective understanding of the client (Haugh in Wyatt 2001: 2). In other words, negative introjection and projection were at stake within his kind of therapy, and he wanted to avoid both. Rogers understood that introjection and projection were at issue for the client on a personal level as well as with society in general.
In building my applied theatre practice, I used role reversal, as evidenced in the example of working with the Latina women. With the Latina women, the technique was used because they understood that their identity as Mexican women had been marginalized by a mental health system that did not respect their cultural values. They suffered because of negative societal projections aimed at them because they were Hispanic and illegal.

However, the technique was also useful in working with adolescents and children, not specifically as a measure meant to restore a sense of empowerment against institutionalised care, but as a means to facilitate the internalization of positive introjects that countered a self-image associated with fragmented and dysfunctional home lives. Many of the young came from personal backgrounds where they had been abused or neglected. Some had lived in a series of foster situations. All harboured the potential of becoming over-institutionalised, meaning that they were at risk of becoming resistant to therapeutic measures meant to counter their negative self-image.

There was a common problem that I observed within institutional care systems. The clients within them over time were worked on repeatedly by therapy. Usually, it was the brand associated with the medical model, which reduces the client to a series of pathologic features. Over time, these pathologic features can be looked upon by the client as who they are.

As I claim, human selves incorporate the features of diagnostic paradigms through exposure. They also incorporate the sense that they are pathological if the paradigms concern mental health. If this occurs, and there is little positive structuring of the self by positive introjects, the client might well become the pathology. They will act accordingly. Many of the kids that I worked with were diagnosed as attachment, explosive, and impulse-control disordered. Their behaviour and attitudes manifested the disorder. Granted, their personal history contributed to the dysfunction, but so did the identified dynamic.
The care system, in effect, projects a diagnosis associated with pathology upon the person of the client through its diagnostic measures. The client then internalizes the projections. Being worked upon therapeutically, across time and different institutions, reinforces this understanding so that it becomes entrenched in how the client understands his or herself to be. As a therapist, I needed to counter this dynamic, but not through more of the same therapy. The kids needed play, and not play therapy. They needed to build positive introjects that countered their self-perception as damaged or sick. They needed to do it through the freedom of being self-directional and self-actualizing. They needed to be creative rather than moulded.

As a former actor, I visualized theatre training as a means to manage this. I set out to incorporate within my practice creative play as theatre training. In my understanding, these kids were no longer clients; they were actors learning to free themselves up, self-express, and become part of an ensemble, or rather, a valued part within a whole. I had no understanding that there was a discipline called applied-theatre practice available to my kids and me. I was simply going to do ‘theatre’ by incorporating how I was taught as an actor into my practice, years before I became a Rogerian therapist or an RN.

Rogers understood that his three attitudes built a psychological context or climate. Through relationship building, the client could internalize positive introjects. A good many of the boys that I worked with had impulse-control problems. However, what I noticed, was that when they first arrived at the agency where I contracted in, they tended to be worriers but not violent. After months and months of being worked on therapeutically throughout the daily after-school routine, they became more and more aggressive rather than anxious and worried.

What I also observed was that, when I singled out a boy and took him out to play one-on-one soccer, he was able to cool down. The physical exercise on its own did not produce the results. I insisted that he switch roles with me: he became the coach and I the player. Much of the time, the one singled out became so immersed in their teaching role that they forgot themselves as pathologised. Their
behaviour became cooperative. They not only appeared to relish their role as coach, they appeared invested in me as their student; a bit of mentoring was evident. They seemed to be genuinely interested in me as a person.

As Rogers understood, to be facilitative there needs to exist a relationship that is warm and caring. It is through warmth, caring, and the showing of a genuine interest in one’s other (Rogers 1995b: 74-75) that people grow in their humanity. What soccer play also brought out is that facilitation somehow needs to be put in the hands of the person usually facilitated. It is through this act that something is seeded which allows them to take on an empathic adjustment towards their other. Through the role reversal, I observed that there was a behavioural and attitudinal change with my clients. However, the change was fleeting since I was the only one using my methods within the agency. The therapeutic measures used by the other professionals were scientist-practitioner based: they were meant to be objective, specifically corrective, and distanced.

The director of the agency was initially very enthusiastic towards my proposal to incorporate theatre into my work with the kids, and my work with the kids in this capacity was advertised. As I soon learned, my work was used as a hook to bring in clients. It was a novelty and it appealed as one – that is, until the director found out that the agency could not bill the State of Idaho’s Health and Welfare system for my services. The owner-director brought in more income through the work of PSR workers, who had very little training in human service work and were workshop trained by the agencies that employed them. In my particular rural area there was a lot of income generated off their backs. It was reported that the agency that I had contracted with was making a profit of $300,000.00 per year. I left. Within a year, the agency was closed down due to fraudulent billing, and the director of the agency was barred from running social programs.

The point is, that although applied theatre practice can make a difference in people’s lives, it has no direct avenue into the institutions that can afford the services – not in my rural area, anyway. However, it is precisely because of the
lack of a strong, institutional presence that applied theatre actually works with populations that have been over-institutionalised.

**Moving on**

It has been proposed that my theatre training was a key factor in an attraction to humanistic forms of counselling practice, especially that of Carl Rogers. In the next chapter, I will explore some of the assumptions that I made regarding what behaviours or attitudes determine ethical practice. The assumptions were a direct result of my exposure to a theatre training that used experimental techniques attached to attitudes that implicitly ascribed value. The techniques and attitudes resonated with the ones associated with Rogerian practice. What will also be explored are particular examples from my training as an actor that led me, in conjunction with my humanistic or Rogerian practice, to build my brand of applied theatre practice. There will be a link made with the examples provided here. The argument of Chapter Four will illustrate why I have jumped ship, and rather than practice as a dual practitioner between counselling and applied theatre, have decided to practice as a Rogerian, applied-theatre practitioner, circumstances allowing.
Chapter Three:
Joseph Chaikin’s The Presence of the Actor
and My Training as an Actor

Theories and systems on paper are seldom what they are when they are an active process. Once on paper they get frozen by their most serious adherents, become intractable, and are applied for all occasions.

(1972: 34)

Locating myself within the research: Remembering a personal, historical space and the practice ethics built within it: Studio 68 of Theatre Arts and Joseph Chaikin’s, The Presence of the Actor

The use of Joseph Chaikin’s only written book fulfills a function for the research: It is a tool or prompt by which to interrogate the performance and life values that I learned as a student-actor while at a drama school in the UK. In effect, it helps capture a personal, historical space where I began to forge a practice ethics that would eventually bridge across theatre into counselling practice. It even impacted how I experienced my ethical role as a Registered Nurse. It is certainly a core ground that has driven the understanding of my self as an applied-theatre practitioner.

I initially called on The Presence of the Actor as part of my research because, intuitively, I felt there was a connection to be made between Rogers’s practice ethics and the ethics expressed in this particular written work. In some respects, it exemplifies the main principles of practice that helped shape Rogers’s humanistic counselling theory, and it may be the reason I was so attracted to Rogerian therapy as a therapist-in-training. A goal of this research is, upon interrogation, to understand critically what I initially received intuitively. This is in keeping with applied-theatre practitioner and researchers Saxton and Pendergast’s challenge: to know critically one’s own practice ethics.

The drama school that I attended had an experimental nature to its training. The
training reflected a concern with making the student-actor a more holistic entity.
The experimental part of the training concerned building a strongly relational atmosphere, or ensemble environment, where the actors were thought to work off each other as an interconnected whole within a common ground of performance. The value of interdependence was strongly fostered, however, without putting the actor at risk of totally compromising individual creative activity. Importantly, it was a small leap towards viewing interrelational ensemble work as ethical practice behaviour, or best practice.

Contributing to my ethical perspective in such an environment, it became apparent that the ensemble work needed to enhance individual creativity. For the student-actor, there was a reciprocal and dynamic relationship between independence and interrelational activity. The positive opposition makes sense for ‘selves’ constructed by internalizing principles of a democratic political philosophy. Two formulating principles of practice that arise from the positive opposition are: 1) we are at our best when we understand ourselves to be part of a collective humanity that promotes the general welfare and the good of all, and 2) we are at our best when being self-determining and self-actualizing. These sensitivities, or rather, principled understandings, were foundational to Rogers's praxis. The experimental exercises articulated in Chaikin's labs and reflected in his *The Presence of the Actor* exhibit the same sensitivity. As an example, the Sound and Movement exercise implements positive opposition by facilitating group cohesion and sensitivity while maintaining the integrity of the individual actor-self.

The studio followed no formalized account of what experimental theatre should be. The thrust and impact of the experimental element was accommodated by inviting in individual teachers who were actors, writers and directors, and sensitive to the vision of the two men who built and ran the school. One director was an American, Robert Henderson, who had directed on Broadway and in the West End. Another was Peter Lindsey, who had contact with Grotowski and who was a former actor, and then a director. Each of the school directors claimed that, through the work at the studio, they hoped to frustrate the offerings of traditional theatre training, which
they felt cultivated a voice stacked upon a body. They wanted an integration of both physical components. They wanted an affective and psychological integration within the two physical elements. The rationale being that the actor could use her or his multiple capacities more synchronistically and symbiotically within group work as well as individual work. From this perspective, it is reasonable to understand the self of the actor as an integrated whole when at her or his best. Performance, lab experimentation or training should setup a climate where holism can be managed by not compromising the integration of the actor. Rogers viewed the human self (actor-self) as an integrated whole, as did Chaikin.

Dance, expressive movement, creative imagery, sensitivity-building exercises and yoga were strong elements of the training. According to our dance instructor, Liz King, who danced with the Stuttgart and Royal Ballets, Bejart and The Place, this inclusive and eclectic approach had been evidenced in dance companies she had worked with. Importantly, such activities were meant to help bring about the integration of the actor-self when applied to theatre training. Through such integration, the self was understood as capable of being more open to possibility. To be a self requires an integration of physical, emotional, intellectual and spiritual capacities is an understanding evidenced in Rogers. It is also found in Chaikin’s understanding of the actor as an ideal gestalt that is totally responsive to whatever is within her or his field of experience. Both thinker-practitioners understood that to be integrated into a wholly functioning organism is what it takes to move towards possibility. Rogers captured this in his understanding of the ‘future person’ and in Chaikin’s authentic, functioning actor.

If integrating the self into a holistically functioning, creative actor is an ambition of training, it is a small leap towards understanding expressiveness, creative imagery, and exotic or new forms of training the body, spirit and mind, as crucial elements for shaping the experimental actor. In the 1970s this tripartite pursuit by the actor was common.

It readily follows that ethical practice conduct concerns continually frustrating old
forms and the attached values that accompany them. From this perspective, true ethical behaviour is the critical challenging of everything that evolves into the status quo. This is implied in Chaikin (1972: 135) when he states that practice for the actor concerns transformation – continuous transformation through exercises that access an ‘internal territory’.

Further, out of such a rationale arises the positive valuing of the disinhibited actor, at least for this former drama student; one who can break from established societal and practice norms. A refrain heard across the studio was that ‘we needed to lose our inhibitions’. It was thought the way to do this was to constantly throw oneself into new experiences; especially those brought about by rare, spontaneously created, or untried techniques of practice. It is a small leap into valorizing what appears rare or under-represented, and spontaneously created within one’s playing. A refrain heard within many of our classes was ‘stay in the moment’. By staying in the moment something rare between actors was thought to be possible. Something rare in the individual’s playing was understood to occur.

Variations analogous to the Sound and Movement exercise were freely used by the instructors within the studio. The exercise was a central feature in Chaikin’s labs at The Open Theatre. The actor-student was not allowed to rely on props or elaborate costumes when creating a performance, but instead, on communicative exercises that stretched one’s physical, affective, and imaginative resources. A common refrain was ‘You need to open yourself up and take a risk’ – stretch yourself. The expansion of personal resources needed to grow as an actor was thought to occur best by responding to one’s other within practice, as well as through spheres of being where the actors experienced themselves as interconnected as well as personally freed.

The plea concerned expanding one’s experience beyond the narrow limits imposed by one’s past experiences. Meeting what was implored, ideals or principles of practice were formulated: those of ‘being open’, ‘being sensitive’ and participating in ‘transformative events’ that moved the actor to new possibilities of
performance. As a student-actor, I learned to positively value the personal qualities of being open and sensitive to the events of the moment and my other. As I understood it, one way to manage what became principles of practice was to try to cultivate spontaneous behaviour when exploring within the studio environment.

Through the received imploring, I learned that one needed to take risks in order to be transformative. The actor could not rely on old, comfortable, established stereotypes of playing characters; ones highly valued by commercial or long established theatrical forms. As a risk-taker, I valorized, or idealized, spontaneous responsiveness. This was because I assumed that spontaneous behaviour lacked the form of judgement that would keep me from risk-taking. Spontaneity became a strong principle of practice, as did risk-taking and the liberty of disinhibition. All these values became an essential aspect of the act of creating, whether as an individual or a member of the ensemble of students.

In the studio, the student-actors were continuously in rehearsal or production. The training was complete and continuous immersion: six days a week, sometimes, for over two years. Many of the productions used seasoned professionals along with the students so that the student-actors could learn through exposure to their experience.

The immersive environment of practice was not apparent only in the length of the training day or the workweek. Nor was it only evidenced by placing the student in productions requiring long rehearsal periods with professionals who modeled an immersive quality to practice. It was evidenced in the experimental acting exercises that required total concentration by the participants. Total concentration became synonymous with immersion, and the best way to practice.

On a relational level, immersion meant that when in relationship with one’s other actor, one needed to attend to her or him to an unfafttering and open degree. One’s responses needed to be spontaneous and sensitive, as well as not pre-thought-out
or strongly contrived. If responses were contrived, the attendant actions were recognised as dishonest, or inauthentic (unless we were doing stylized forms of acting).

The experimental element of training was supplemented with traditional voice and acting style classes. The Stanislavski method and Michael Chekhov's actor training method were encouraged amongst others. Eclecticism prevailed! Over and over, the mantras urged that you needed to suit the methods to your personal and ensemble needs within the moment. The sentiment rang especially true with Valerie Colgan, who had worked with Beckett as an understudy for Billie Whitelaw. She also sometimes worked with the RSC, which under Peter Brooks in the early 1960s had concentrated on ensemble building during rehearsals and workshops.

Those traditional training methods were included in the training with more experimental practice. These setup an environment of theoretical inclusion. What followed was a positive valuing of dynamism by me as a student-actor. Dynamism, in effect, became a principle of practice, one that permeated the work done within the studio. I intuitively accepted that the traditional needed to provide a backdrop to the experimental. And I did not get the incongruence.

Given such exposure, contrasts became important, leading me to value difference and oppositions. However, the inclusive nature of building positive oppositions, which enabled a resulting dynamism by which to understand practice, was something I simply took for granted. It may be the reason why, after the undertaking of this research, I can accept my own essentialism along with my newer, social constructionist proclivities when attempting to interrogate and construct what my brand of practice ethics amounts to. I accept the tensions built into the alignment of two disparate philosophies as a means for critical evaluation, rather than understand those tensions as an indicator that I should take an either/or positioning.

It was within the atmosphere created by this dynamism and the principles or ideals
of practice that built the positive oppositions that I read Chaikin’s book. It resonated with me because of what was offered at Studio 68. Because I had nothing to compare it with, except American academic theatre, the training seemed biblical, as did Chaikin’s *The Presence of the Actor*. How the studio operated, bringing in a variety of outlooks, was just the way it was for me – and I assumed it was the same for every other student-actor and professional actor out there.

However, such theoretical inclusion muddies the waters for critically establishing my personal practice ethics – it may build a dynamic that forces criticality, however, such inclusion is complicating. Within Chaikin’s work, as with Rogers, was a network of intersecting and sometimes oppositional philosophies. Mid-twentieth-century America saw a convergence of philosophical inquiry into a non-heterogeneous mix of thought: strong materialism, existentialism and phenomenology influenced the thinking of practitioner-theoreticians across disciplines. Pursuing criticality when interrogating one’s practice ethics is a layered task, and it necessarily removes one from simply interrogating one’s own ethical sensibilities. You have to look at your historical placement and the philosophical sensitivities that characterize it to more fully understand your personal practice ethics. I know I have just touched the tip of the iceberg through this research.

Witnessing productions at the RSC, National or The Actor’s Company, I had no other vision available to think training should be anything but what it amounted to in the studio. I witnessed Timothy West dance more than half-naked in *War Dance* while seemingly immersed within the performance. He appeared to stretch himself in new directions throughout the performance. There was Jane Lapotaire in *As You Like It*, whose integrated and energized voice and body were spellbinding. Ian McKellen and Sarah Kesselman, in *The Marquise Von Keith*, encompassed all I hoped to become as an actor. Their discipline, sense of fun and energy, together was incredible to witness. The ballets of Kenneth McMillan offered the bodies of dancers challenging the rigidity of classical ballet, while somehow respecting the form. The staging for his ballets emphasized the dancers rather than bulky sets.
Seiji Ozawa flourished his conductor’s baton, a virtual extension of his arm that his body followed after. He appeared consumed by the music. There was Josephine Baker at the Palladium, evidencing mastery over the integration of voice and body! Little in the London theatre climate of this time pointed to any other alternative for training, at least for me. There was Danny La Rue dressed in drag, challenging gender divisions through humour. Everything fit together within my experience, suggesting that theatre training couldn’t be anything else than what was offered at the studio. For me, Chaikin’s book, first published in 1972, was an account of what was. The training at the studio contributed to making the work seem mainstream in the mid-1970s.

Admittedly, I was a bit star-struck by the whole environment, and that is something I have not lost. My core self fits well with valorizing enthusiasms. Characteristically, I am idealistic and usually optimistic. And how I am made up psychologically as a self affects my criticality. I am aware of this and have become hyper-vigilant concerning it, hoping that my attention guards against over-idealizing my owned principles of practice and the systems of thought and logic that support them.

It was within this ethical terrain, built within a practice environment in a small studio in London, that I developed a strong understanding of what it was to be an ethical practitioner. The ethics gleaned, established within a personal historical space, apply across practices that I have been educated and engaged in: acting, directing, writing, nursing, and mental health counselling. As a practitioner in each individual field, I have been influenced by principles inherent within or underlying the actor-training methods associated with Chaikin’s brand of experimental theatre, and strongly exemplified within his book.

This research concerns, not so much Chaikin’s account of what actors’ training or lab work should encompass, as much as it does my reacting to, and sustaining across time, some of the ethical elements evidenced in it; ones that strongly resonate with Rogers’s humanistic counselling philosophy. The inclination to
intuitively connect both is evident because of similar philosophical principles comprising each thinker’s practice theory – principles that infer positive valuing, and what is understood as good or best practice.

A personal context
My ethical sensibilities were gleaned from two disciplines, when experimental theatre (my brand garnered from training in the UK) met counselling practice, and were underscored by a background that preceded entering drama school. My first university experience was at Seattle University in the State of Washington. It was a somewhat conservative Jesuit institution. The conservatism mainly manifest in its curriculum. However, the social scene offered a lot of interaction between people with divergent views on what constituted true, ethical behaviour.

The social environment provided an air of creative freedom from which to explore or interrogate the topic of ethics. As well, there existed an academic element that promoted freethinking, which challenged the curriculum meant to shape and make mainstream the interrogation and dialogue concerning the topic. In this particular educational arena – within a theoretical landscape constructed by both the elements that promoted creative free-thinking and the ones that followed more traditional, essentialist lines of enquiry within the classroom – a tension existed that created a very positive atmosphere and energy. There is no other way to explain it adequately, at least for me.

The dynamism that contributed to that energy enabled the creation of academic stars within the institution. The classrooms of these star teachers became hotbeds for discussion and argument, not only for the students enrolled in the specific class but for non-enrolled students as well. Sometimes the walls of the classrooms could not contain everyone. I remember that I sometimes had to sit outside a classroom, out of view of the professor, listening along with others vying to be within hearing distance. It was the 1970s, and the year before, Seattle had sustained huge race riots. Seattle University had been a hotbed for student activists during the uprisings. Many of the faculty, modeling the Jesuit Berrigan brothers, both of
whom had been imprisoned for their activism, took to the streets.

Though the Philosophy Department’s main approach for teaching philosophy was historical, it also promoted what can be termed classical ‘Western Catholic Thought’. However, some of the university’s star teachers taught Hindu, Buddhist and Taoist philosophies. A particular star was an ‘essentialist’ ethics professor, another was a Hassidic rabbi. Maybe it wasn’t intentional (Jesuits usually are intentional), but building diversity and dialectic was implicated as the true way in which to construct a moral ground, as was the ideal of openness to difference. Implicit in the classroom space was the understanding that the theoretical, because of the dynamics created by exposure to diversity and a pluralistic atmosphere, would eventually translate into identifying ethical actions that promoted a good for all.

The divergent grouping frustrated the essentialist outlook that strongly framed much of the curriculum. Nevertheless, I was strongly attracted to Greek rationalism; an affinity that remains the case. I had been a closet atheist, on and off, for many of my high school years. The metaphysical construct of a holistically conceived Universe, driven by the ideals of Justice, Fraternity, Knowledge, Fairness, Liberty and Beauty, and captured in The Republic of Plato, was very appealing in place of a religion. Aristotle’s Nicomachean Ethics absolutely sent me, not only because he mixed pedagogy and conduct becoming a citizen together in his theorizing, but also because he mixed an elegant use of terms providing movement along a continuum of behaviour that suggested positive development. Similar structuring of ethical philosophy can be ferreted out in Rogers’s terminal work.

As an undergraduate, I shifted between majors. I was drawn to Literature, Comparative Religion and Drama. However, I was mostly attracted to the study of Philosophy. After a couple of years, though, I felt I had gotten trapped in my head, was isolative (counsellors in my area use this term to signify deliberate isolation), and experienced little joy in being. The enthusiasms of the classroom environment
seemed just that. I wanted purpose.

I had found purpose as a drama student in high school. I had acted in school productions, drawn to plays associated with the avant-garde, especially ones that were beyond my understanding. Leonard Melfi comes to mind. Another student and I did *Birdbath* at a student assembly. I had no understanding of what the lines meant; they just sounded gritty and provoking.

I had also been exposed to the theatre at the Ashland Rep, a major American theatrical venue known for the quality of their productions. The plays were starkly minimalist in their production values; the stage usually bare of props, and the actors’ movements supple and their voices connected to their bodies. A production of Jean Anouilh’s *Antigone* swept me away. The actors worked on levels with no props, and the costuming was comparatively spare – shades of grey and suggestive of another period than mine. The ensemble of actors stood out against a background of black and changing shadows. They were right on top of the audience, making sustained eye contact and pulling the audience in. The concerns of the play became my concerns, as I became immersed in the action and language on stage, which questioned the idea of an all-pervading ‘Justice.’

As a university student disenchanted with the inert quality of life, while stuck inside my head, it began to dawn on me that philosophizing, on its own, did not necessarily translate into building a better world. It also dawned on me that the interactivity between theatre practitioners creating theatrical productions offered a space that operationalized principles of behaviour, and the philosophy that evolved around them, into practice. I began to look for a major that could meld philosophy with social justice and action. I had entered university originally as a Literature major with a minor in Drama. I returned to the Drama Department. However, not for long.

Importantly, I quickly found that I lacked the strong skill set needed to become a theatre practitioner so that I might meld drama and philosophy into social activism.
Nothing less than what I witnessed at Ashland was going to do. Within the time it took to complete a term in academic theatre, I realized that I needed a concentrated academy training to become a viable actress, director and writer, with a social-activist agenda. I decided to get the skill set needed to be an actor.

In the drama section of Seattle University’s library was a magazine called *Plays and Players*, with advertisements for different drama schools. Most were situated in London and a few in New York City. One in particular grabbed my notice: Studio 68 of Theatre Arts, London. Within five months of seeing the advertisement, I arrived in London, contingently accepted to the school. By the second term, I was a full student with a scholarship.

**Situating Joseph Chaikin historically: The shapers that contributed to the context backgrounding the experimentation within Chaikin’s lab**

The first requisite for an actor ... is to accept ... that what takes place in the world is taking place within himself, and that the actor is connected with whatever takes place in the world.

(1972: 39)

Blumenthal credits Chaikin’s development as a theatre actor and director to an overall environmental force that was starting to brew in New York City. A new climate was being forged out of alternative sites of theatre making. She states: ‘Chaikin came to New York to break into theatre in 1955, just as the first rumblings of off-off-Broadway were getting started. He became one of the growing numbers of artists who, over the next several years, turned away from the established stage to experimental lofts and cafes’ (1984: 1).

Blumenthal states that questioning everything concerned with theatre practice typified the emerging New York City theatre scene. She states that the new artist’s questioning reached into nearly every facet of performance: the relationship between theatre forms and observable reality; the connection between actor and character; the role of the audience; the responsibility of art to address social issues; and the economic structure of the industry itself.
The theatre scene was not only the shaper. Chaikin, through his work with The Living Theatre, became interested in theatre as a tool for social activism. This interest, in turn, shaped his lab work offered as part of The Open Theatre. As Hulton notes, The Open Theatre was pinned in social concerns relevant to its time. One of the over-arching social concerns was that of identity, both on the personal and broader cultural level. On both counts, living authentically rather than as an introjected identity, impregnated by the images sold to the American public by industry and marketing, became a huge issue. Exercises devised within Chaikin’s lab concerned image making as negative introjects. The perfect people exercise exemplifies this (Blumenthal 1984: 87-89). Also, as Blumenthal points out, reminiscent of Rogers, the exercises were an ‘exploration’ of feeling states ‘incompatible with the actor’s internal ‘impulses’’ (90-91).

By the mid-1960s, when The Open Theatre had forged its identity within the theatre of the ‘avant-garde’, or rather, the experimental theatre of New York City, many Americans were striving for a redefinition of American identity. As a society, Americans saw on nightly television the core political and social values of democracy fractured by the atrocities of the war in Vietnam (in Hodge, 2000: 154). One only has to think of Mai Lai. Within Chakin’s tenure with The Open Theatre, the American public witnessed a president, the brother of the President, and Martin Luther King killed in cold blood, and in a graphic detail never seen before.

The state of American Society
O’Neill describes in his popular chronicle, Coming Apart (1971), the immediate post war era:

Who can do justice now of the 1950’s? For liberals and intellectuals it was a dull, sad time, the age of television [ ... ], track houses, garish automobiles, long skirts, and bad movies. [ ... ] When the sixties arrived with its theatrical fashions and events, the fifties seemed still worse. The 1960’s enjoyed the longest period of sustained economic growth in modern history, making the unemployment and Eisenhower recessions of the previous decade seem inexcusable. The politics of the fifties were equally as shoddy, being
dominated by five men – Truman, Taft, Eisenhower, Joseph McCarthy, and Adlai Stevenson [ ... ] At least half the period was preoccupied with a wholly false issue: the supposed menace of American communism. Foreign policy was hardly better. Secretary of State John Dulles’ moralistic approach was laughable when not sinister. [ ... ] Materialism and conformity prevailed everywhere. [ ... ] Most people still expected economic growth alone to meet the country’s needs. [And] the arts – painting, architecture, the dance – flowered.

(3-4)

Chaikin arrived in New York City into a ‘charged’ atmosphere of growth in the arts. The world of arts that he stepped into was driven by writers such as Tennessee Williams, William Inge and Lillian Hellman. The Actor’s Studio developed actors who could push realism to the extreme, giving a human face to social taboos representative within the characters devised by these playwrights. Martha Graham and George Balanchine flourished in the world of dance while re-visioning tired forms and breathing new life into old narratives. Music bled classical, jazz, and blues into a distinctly American form – all arts that were potentially commercially profitable, but cutting edge and that bucked or challenged social norms; sometimes in an hidden and sometimes in an explicit way. However, a strongly alternative theatre with roots in the progressive movement and the Roosevelt era now reacted against the moralistic political environment that had prevailed within the 1950s, and began to flourish. Alongside innovative theatre and the more progressive type that would eventually become newly radicalized as a form of protest and social activation, commercial art flourished on Broadway.

The 1960s replaced the 1950s. However, the suspicion and paranoia that characterized the 1950s continued. There was something else that had fomented in the 1950s and 1960s: interest in America’s constitutional prerogative, especially the ability to exercise one’s voice effectively and the extending of having voice to those who had been marginalized. Concerns over repression and introjection switched from being specifically psychological applicable terms into being politically salient and representative of the inequality experienced by the disenfranchised.
Before his tenure with The Open Theatre, Chaikin was an occasional member of The Living Theater. And it was as a member of this group that he apparently became more oriented to the role of actor-activist (Chaikin 1972: 51-52). As he described his involvement with ‘the Becks’:

Politics was what undid it. I had resisted that aspect of their theater because it had seemed ridiculous and unnecessary to me. The world didn’t seem to me all that bad. I used to say to them again and again, ‘Are you a theater or are you a political movement? You can’t be both.’ I was very determined to define my path, and it was their ambivalence about what they were doing that made my path appear clearer to me.

(51)

The Becks had cast Chaikin in the part of Galy Gay. The character faced an ethical dilemma that appeared to resonate with Chaikin’s growing ambivalence towards his use of the Beck’s theatre as a venue for recognition and a possible springboard into eventual stardom. That ambivalence, according to Chaikin’s account, was the catalyst that provided the impetus to become an activist:

I started getting involved in political things, and getting involved in demonstrations, and getting arrested and going to jail. I was only there a couple of nights at a time, but it had a lasting effect on me. I began to feel that the political aspect of the Living Theater, which had looked so ridiculous, was very necessary. And the fact that it was ridiculous didn’t make it any less necessary.

(52)

The 1960s fomented into a social and class war meant to combat poverty, promote the expansion of civil rights, and educate a populace who would eventually eliminate strong class lines. The war within America pitted a ruling class, which aligned with the military-industrial complex strongly forged within the 1950s, against an activist citizenry that would define, in a huge way, the 1960s.

The social activism was early on energized by a rhetoric that called for a noble ‘sacrifice’. This sacrifice played to the understanding that, as Americans, we are a citizenry conceived through and committed to ideals of fairness, justice, and
freedom. To retain the rights associated with these ideals or principles of democracy, we needed to put ourselves on the front lines advocating for social justice. As the term sacrifice implies, activism was dangerous since its activity was meant to challenge a strong and powerful status quo.

On January 17, 1961, President Eisenhower closed the old era with his Farewell Address; three days later President Kennedy opened the new one at his inaugural. The two speeches, like the men and their times, could not have been more different. Each perfectly reflected its author. Eisenhower’s ponderous language eased the shock of his warning against the military-industrial complex. “The potential for the disastrous rise of misplaced power exists and will persist ... The prospect of domination of the nation’s scholars by federal employment, project allocations, and the power of money ... is gravely to be regarded.” Kennedy sounded better: “We observe today not a victory of party but of celebration of freedom ... Now the trumpet summons us again” to “forge against these enemies a grand and global alliance.”

(29-30)

Both speeches touched the raw nerve of people turned off by the ‘comfort’ and ‘blandness’ of the 1950s; a reaction that amounted to what Arendt (1968) called a place without a political sphere – a sphere created by an engaged, activated and justice-seeking citizenry.’ (1995: 3-31)

Both speeches picked up the polarized political mood of a people, one that was instrumental in the 1950s – producing theatre intent on generating new forms that relied upon strong interaction and deeply committed personal involvement from actor, director and playwright to audience. Collaboration became a hallmark of the movement and signified strength, even within a collective of small numbers against an overpowering status quo. The collaboration sought was sometimes characterized as fairly militant, or radical in nature. Taking up social causes typified the radicalism, reminiscent of the Romanticism that characterized Rogers’s humanistic practice. However, it was much more hard-edged and aggressively demanding.

The social movement of which The Open Theatre was a part, produced a
radicalism that embraced both conserving the political ideals of fairness, justice and freedom and challenging the institution of the military-industrial complex that had become powerful in the 1950s. This institutionalised force developed its power and influence within government, despite the democratic ideals that were constitutionally setup in the form of ‘inalienable rights’, and which were understood to guarantee against the power of institutionalism; a power which was understood to work against the best interests of the American people. The bifurcation played out within the 1960s would be exemplified in the battle between the conscientious objector and the draft, the student activist and university administrations, the civil rights movement under Martin Luther King and the backlash against it by the Black Panthers, and Selma against the KKK.

Within three years of his presidency, John Kennedy was assassinated, and after his death, the paranoia that had taken hold on a social level in the 1950s loomed large. Martin Luther King’s assassination followed Kennedy’s, and then, Robert Kennedy was also shot in cold blood. Anger, because of the introjection of negative values by an industrial and military elite into a supposed democratically governed society, exploded. Elitism became associated with the repression of democracy’s shaping ideals. Trust in government and institutionalism evaporated, especially amongst America’s youthful and liberal populations. The anger played out across the campuses and cityscapes of America, through emotionally charged demonstrations against all institutions American, and it sometimes turned into what appeared to be repressed rage unleashed in the form of deadly riots. Huge sections of cities burned in the inner cities, the American version of European ghettos, and signaled a nation that was hugely fractured.

The country, as a citizenry, became very markedly ‘Right’ or ‘Left’, and the division played on television nightly. The Open Theatre became emblematic, not only of a site for experimental theatre, but also as a forum and venue for the radical left, whether player, director, writer, critic or audience member.
The philosophical and psychological influences that were strong shapers of Chaikin’s lab work

Chaikin’s workshops offered a means by which the philosophy of phenomenology could influence individual acting and ensemble practice which brings up a parallel between Rogers and Chaikin. Both of these men’s practices were built on a philosophical understanding of the self and the construction of techniques that made the engaged within the practice more open, and that emphasised human epistemology and ontology, and what it meant to be transformed.

Like Rogers’s therapy, Chaikin’s labs were operationalized by strands of understanding historically associated with philosophy, rather than acting theory. Like Rogers, Chaikin’s practice was shaped by an agenda of bringing about social awareness and change that was spearheaded by a convergence of philosophical outlooks centralizing the understanding that the self needed to be addressed; in Chaikin’s case, it was the actor-self.

I understand that the conjoining of theatre and philosophy is contested (Puchner 2013: 541), as well as considered de rigueur (Krasner and Saltz 2006). It is extremely important within the subfield of applied theatre (Holland 2009: 529-542; Nicholson 2002: 81-89; Prentki and Preston 2009; Pendergast and Saxton 2009; Taylor 2003: 76-101), an increasingly visible and important sub field that Puchner did not account for in his article Afterword: Please Mind the Gap between Theatre and Philosophy.

The end goals of Chaikin’s practice were to shape a political agenda armed with an epistemology that could handle and promote it. His aesthetic was ‘ideologically inflected’ through his political agenda, epistemology and ontology. His ambition was to have a systemless system. However, in order to manage this, he could not have appealed to political agendas, epistemology or ontology as the concerns of practice. What can be claimed is that his work, within The Open Theatre, unfolded and developed a system through pre-existent philosophical concerns similar to Rogers’s. How Chaikin could aspire to work within a systemless system was
possible because his practice was inflected by pre-paradigmatic philosophical arguments that had not yet become entrenched within American culture: existentialism, I/Thou Ethics and phenomenology. He didn’t have the historical distance and perspective to understand this, however. The same was true with Rogers. Both Chaikin and Rogers’s practices can be looked upon as vectors for these ideas because they propagated some of their claims. In other words, both provided the inoculant, by building introjects through their practice and performance that were related to philosophical understandings.

Dorinda Hulton (in Hodge 2000: 151) states that ‘[c]hange and transformation are at the heart of Joseph Chaikin’s life work’. In The Presence of the Actor, Chaikin writes of what it takes to change and transform the actor. At the core of such an aspiration is a personal practice philosophy with a radical end: to frustrate the status quo of theatre practice, and thereby open the actor up to new possibilities and means for performance. Rogers was concerned with a parallel aspiration when building his therapeutic practice.

Hulton, in her chapter, “Joseph Chaikin And Aspects of Actor Training: Possibilities Rendered Present” (in Hodge 2000: 151-173), breaks down Chaikin’s use of the term transformation for the student-actor. She states that it was captured in a programme for one of The Open Theatre’s first public performances. Within the programme, basic principles of practice can be discerned – ones that tell the actor-student what actions are needed for the actor to be transformed.

Though they can be viewed as principles of practice, they break down into the means by which to achieve transformation. As principles and means, they are not unlike ones core to Rogers’s practice philosophy.

Within The Open Theatre, these core principles were foundational from the beginning. Hulton, when researching her chapter in Hodge’s Twentieth Century Actor Training, found the programme in The Open Theatre’s archives. It states:
What you will see tonight is a phase of work of The Open Theatre. This group of actors, musicians, playwrights and directors has come together out of a dissatisfaction with the established trend of the contemporary theatre. It is seeking a theatre for today. It is now exploring specific aspects of the stage, not as a production group, but as a group trying to find a voice. Statable tenets of this workshop: (1) to create a situation where actors can play together with a sensitivity to one another required of an ensemble, (2) to explore the specific powers that only live theatre possesses, (3) to concentrate on a theatre of abstraction and illusion (as opposed to a theatre of behavioural or psychological motivation), (4) to discover ways in which the artist can find his expression without money as the determining factor.

(Open Theatre archives 1963 in Hulton, Hodge 2002: 163)

What is clear from the statement is that at issue is ‘sensitivity’ towards ensemble members and the performance material; respectful collaboration; an authentic voice; reception, or attunement; and the powers present within an event that is processed. The principles of practice that were meant to govern the performance behaviour of the actor and ensemble resonate with Rogers’s. It is not difficult to find a parallel in Rogers’s articulation of the three primary attitudes which he understood were needed to conduct therapy: authenticity, empathic attunement and unconditional positive regard, which when operational, were understood to create a practice climate for change.

Joseph Chaikin, prior to his involvement in The Living Theatre, had put his sights on becoming a star within a celebrity-making, theatre-for-profit establishment. He claimed that on joining The Living Theatre, he had no political motivations, ethical agenda, or aesthetic commitment to the company, and that he was apolitical and quite indifferent to using theatre as a platform for social consciousness-raising or action. Chaikin claimed that his intentions for joining the company were purely self-serving. That would change, and lead Chaikin to help build The Open Theatre in the early 1960s. An instrumental part of the formulation of the company was Chaikin’s workshops, or rather, labs, where, through the use of improvisation, social issues were explored and techniques were created for devising. Devising, or improvisation, is a type of theatre practice that is understood as open and, in The Open Theatre’s case, a ‘collaborative creation’ that ‘bring[s] into existence ... material [understood to be created] ex nihilo’ (Milling and Heddon 2006: 3).
The Open Theatre began from a group that ‘limped into existence’ (Pasolli, 1970: 2). This occurred on February 1, 1963, in ‘a borrowed auditorium of The Living Theatre’ (Ibid). Pasolli states that ‘[s]eventeen actors and four writers declared themselves to be a new theatre group, did some warm-up exercises and two improvisations, and then went across the street for coffee’ (Ibid). In a similar manner throughout the next few months the group met and conducted workshops. By summertime ‘they went off in all directions, and whether the group existed or not was at that point an open question’ (Ibid). However, they did prevail as a group.

**The ontology: the authentic actor**

We find ourselves formed by the setup and may respond in one of two ways. We continue to re-create ourselves or we reinforce where we find ourselves to be. (Chaikin 1972: 12-13)

Within his lab, a primary element for the experimentation carried out in The Open Theatre was Chaikin’s reaction towards mainstream theatre, citing it as part of the bigger social set-up that makes people passive and easy to manage through financial markets. Turned off, as Chaikin understood it, people weren’t capable of being politically and socially active on an authentic level.

Chaikin’s use of the term authentic suggests he meant being honest. And what is further implied is that honesty is contrasted with being repressed; in other words, it meant that one’s interior, which was understood as capable of harboring one’s authentic or real self, was masked by external behaviours, social presentations and pressures or attitudes. The masking could be involved in what was evident or non-evident to awareness, maybe only intuitively felt. This resembles Rogers’s sense of authenticity.

The authentic actor, according to Chaikin, was one who was open to continued possibility, rather than trapped within a set-up. His notion of authenticity was concerned with not hiding something real through building facades. It suggests
that there is a real way by which to behave and express one’s self when being authentic. Chaikin understood the authentic actor as one without boundaries, or as open to possibility, as Rogers would have framed it.

Embedded in Chikin’s interpretation of the authentic actor was a concern with immersion and presence, or being so hyper-attuned to the moment that one’s other is compelled to watch and be drawn in. In The Presence of the Actor, Chaikin recalls the work of actors Ryszard Cieslak, Ekkehard Schall, Kim Stanley, Ruth White, and Gloria Foster in his account of what is to have ‘presence’. (20) He states that presence is a ‘kind of deep libidinal surrender’ by which the actor, as an integral part of his or her performance, gives out ‘a quality that defies distance: ‘It’s a quality that makes you feel as though you’re standing right next to the actor’ (Ibid).

The force of the ‘surrender’ draws you into the experience in a hyper-attuned manner; in other words, it suggests a oneness or unity that is conveyed experientially across the theatrical experience. Chaikin’s Midsummer Night’s Dream exercise experimented with hyper-attunement, which finds a parallel with Rogers’s empathic attunement that eventually collapsed into a portrait of a universal gestalt within his last work. Chaikin did not push the idea so far, however, experimenting with gestalts permeated his practice. A more extreme example is illustrated in his Midsummer Night’s Dream exercise (1972: 140-144).

Central to this practice is the understanding that a deep connectedness or unity is felt because of the actor’s presence. Within this is the sense that the actor is at her or his most authentic. What also is suggested is that being authentic ties to a larger meaningful order or system of communication that transcends the verbal. Rogers, in his last work, was interested in non-verbal telepathic means of communication.

Within Chaikin’s vision of the authentic actor was the additional characteristic of being politically charged through social activism, together with the understanding
that the actor should develop a political and social awareness so that he or she could have a voice. As Chaikin understood social set-ups, not only did they rob the actor of the capability of taking political action, but also they robbed the actor of her or his voice because the actor had been set up to be a passive consumer. His exercise, Perfect People captured this (Pasolli 1979: 36-40).

**Passivity and repression**

As Hulton (in Hodge 2000:154-155) and Blumenthal (1984: 1) assert, Chaikin understood The Open Theatre as a place of experimentation and research. It was a place where the ensemble and its audience might become aware of what contributed to their passivity, and in the process, learn to make informed choices concerning their and others’ political and social welfare. A goal of The Open Theatre, Hulton (in Hodge 2000: 153) asserts, was to bring about social and personal transformation. Both goals needed to be driven by the ability of the members of the ensemble ‘to think of the inconceivable – a space without boundaries’ (Chaikin 1972: 47). Again, a parallel can be found with Rogers. The Open Theatre’s labs can be characterized as open, or as Rogers framed it and brought out in Chapter Two, ‘open to possibility’.

A psychological mechanism was addressed within Chaikin’s workshops. Chaikin may have wanted to stay clear of ‘motivations’ within his experimental work (Hulton 2000: 155); however, he wanted to explore repression and passivity, not only on a personal level, but on a societal level as well. Both suggest a psychological motivator was operational in building Chaikin’s anti-system.

**A central technique of The Open Theatre and the process of becoming transformed**

Pasolli claims that during the initial workshop, before the hiatus that occurred after the initial meeting of the actors that were to form The Open Theatre, ‘[t]he technique on which The Open Theatre subsequently built its aesthetic’ (Ibid) was put in place. What transpired was devising; a form of theatre playing that Chaikin inherited from working with The Living Theatre. Heddon and Milling characterized
Chaikin’s understanding of devising as ‘a mechanism whereby transformational experience in the workshop, for the actor, could be echoed and carried forward into performance, which it was hoped would then effect a similar transformation in the audience’ (2006: 40). ‘The actor’ doing the devising ‘by force of his art’ was understood to experience a ‘transcendent moment in which he is released from all hang-ups of the present situation’ (Malina and Beck in Heddon and Milling, Ibid). Transformation, according to this framing, was a shared occurrence between audience and actors; it was understood as carried out through a kind of transmission. The actor as the vehicle of this transmission, needed to become opened up so that she or he could get past negative cultural introjections (hang ups) or a ‘psychic rut’ (Blumenthal 1984: 90).

The opening up allowed the actors to transmit to the audience more positive possibilities of being; more authentic ones, in effect, were thought to become actualized. This is echoed in Rogers in the therapist-client relationship. Importantly, according to Malina, transformation happened because there was a letting go by the actor of internal reactions that limited her or him as an actor. If this was the case, building authenticity through the letting go of introjections as well as allowing authentic impulses to surface when playing were embedded in the term transformation.

An example of this can be illustrated through a moment in my training as an actor, which is reminiscent of Artaud throwing himself on the floor and engaging in convulsive movements. Our instructor had the student-actors build two parallel lines. We each took turns moving through the lines, over and over, attempting to shed physicalized mannerisms that we were comfortable with. By the end of the run, we were all convulsing on the floor. I had never heard of Artaud so did not get the connection. I absolutely hated the exercise and had to let go of a lot of shame to manage it. After the exercise was done, a feeling pervaded and cut right through me. I had been absolutely exposed, and the experience stayed with me for the rest of the day – in fact, it felt like I was wearing it and that everyone I came into contact with wanted to look away. Today, I cringe thinking about it. However, it
taught me where my limits were as an actor.

The theatrical activity or play may have set the stage to develop a Rogerian sensitivity; the dealing with feeling or internal places where we fear to tread. In order to manage overcoming fear, there needs to be a condition of trust. Because of the interconnection within the ensemble of student-actors, and with Irene, the instructor, we were able to risk-take even when feeling completely vulnerable and exposed. Accessing internal spaces that are repressed because of negative introjects pervading a client’s more conscious awareness makes sense of the exercise at City Creek, where the kids ran to their own internal rhythms, freed up and attuned with each other.

For Chaikin, to reach a point of transformation means that the actor would have had to study the whole event of what was taking place within the lab. And the whole event had to be studied as it was presented; it had to broaden out the actor’s understanding beyond the event’s limiting aspects. This had its consequences.

What became privileged within the explorations of the labs were the perceptual forces of subjectivity and intersubjectivity needed to fulfill the aspiration to visualize and understand on a deep level what was available to awareness – that is, if the actor tried hard enough. To actualize this ambition, the playing centred on juxtaposing images that called into question our received perceptions of an event and the values we placed on them. Again, the Perfect People exercise explored this. Within my drama training, we regularly used exercises in which we had to stare into the eyes of our other for minutes at a time to ‘really get’ them. When the exercise stopped, it felt as though we were deeply connected on an attuned and empathic level.

The productions created through the lab work, and which had to do with challenging the status quo in order to open up more authentic ways of knowing, became emblematic of the play within Chaikin’s labs. The labs consisted of
exploring opposing images that were meant to stimulate the onlooker into making choices concerning social action. What were also highlighted were the consequences that result from carrying through the choices. The Serpent was a production that resulted from this kind of lab work (Chaikin 1972: 62-63). It recalls the children’s theatre example of Chapter One, where as a touring group, the actors built contrasting images of woodsmen and wenches and kings and queens that basically served as potential introjects. Through the contrasting characters, choices were exposed regarding moral action. Rogers’s building of the ‘future’ person fulfills the dynamic. It is also fulfilled through his conceptualization of the idealized self – a self that backdrops how the client actually experiences his or her self. The dynamic seen within Chaikin’s labs is echoed in my play with the young adolescent male who was able to choose to be my coach, rather than be the victim of his own impulsive behaviours.

Repression and introjection
Adding to the political, social, and aesthetic context of Chaikin’s labs was a psychological dimension that is striking: the defenses of repression and introjection, understood as existing on a larger social scale, were interrogated. Being transformed meant getting rid of the repressed and insidiously received images propagated by the status quo, which determined who the actor and audience understood their selves to be.

Transformation, then, was able to relieve society of the psychological, controlling mechanisms of repression and introjection. No longer was the actor or individual within theatre or society unconsciously obliged to internalize prevalent images, fabricated by the status quo, into her or his internal makeup, or self. With such a liberation, more authentic impulses, such as creating a fairer society, would be allowed expression and externalized into action. In humanistic terms, once rid of these psychological mechanisms, theatre and society could get on with the business of building a humanity. Like Rogers, what is basic to Chaikin’s understanding of what it means to be transformed are the aspirations of romantic humanism.
By addressing repression and the introjection that it presupposes, Chaikin pinned his practice to a psychological context. Importantly, Chaikin understood these psychological mechanisms to exist on a larger scale than on just an individual one; they include economic and political levels of the wider society. Chaikin's experimental theatre targeted them. As a student-actor doing children’s theatre, I intuitively understood this.

Addressing introjection and repression fits with the activist agenda to bring about social and political transformation within a failing democracy. As Chaikin understood it, the values introjected by a market economy, commercial theatre, and the military-industrial complex into American society needed to be strongly questioned and replaced by values that had been lost, repressed, or languished unaddressed. The change envisioned was to reinstate the ideals of freedom and fairness (Chaikin 1972: 93), building a collective humanity rather than support for an arrangement of special interest groups that overtly and insidiously shaped lives. The same sentiment can be found in Rogers.

**The pre-conscious**

Pasolli, in describing the exercise *Transformation*, brings out that idiosyncratic behaviour, captured in an image made by the actor, was at stake when building a transformative performance within the lab. Idiosyncratic behaviour was understood to cause a dislocating experience that frustrated predicable responses to situations played out within the exercises of the labs. It was a mark of freed impulses (Chaikin 1972: 8-9). This is exemplified in the Sound and Movement exercise. What moves the exercise is not a sequence of logical psychological reactions that make sense, but rather, a releasing of the unconscious, the psychological territory of defenses usually associated with psychodynamic theory (Tolson & Tolson 1990: 41).

An example given has two actors playing fighting brothers, when, suddenly, one of the brothers turns into a ‘wild animal’ (Ibid): ‘He has transformed his identity’ and the other actor has to respond in kind. As Pasoli frames it: ‘Transformation taps
the unconscious resources of the actor’, or rather, the repressed ones, and the actor ‘who, in jumping from one set of circumstances to another, relies on links between given and potential situations which he would not necessarily understand rationally’ (Ibid). What is understood to be at stake within the playing is reciprocity and reception, or rather, the intersubjective attunement of the actors.

Chaikin (1970:26) wanted the actor ideally to arrive at ‘that other level ... where there is no possibility of fixing conclusions’. As Chaikin stated in his meditation, he wanted to get past the ‘already fixed’, and that the ‘actor must involve himself with different ways of perceiving besides his own’ (Chaikin 1970:56).

Receptivity is at issue within the Sound and Movement exercise. Pasolli (1970:4) states that the exercise as a ‘whole was to be a transmission of energy and a passing of kinetic material, but with the emphasis on the coming together of two actors who create a dramatic event by ‘inhabiting’ the same kinetic environment’. His account suggests that the somatic expressiveness of the actors can be non-representative of internal experiencing. Pasolli (1970:4) states that the actor receiving the somatic gestures somatically casts the ‘first actor’s statement’ through ‘impulsive re-creation’ with ‘an appropriation of its dynamics and form; that is a response in kind’. This is a rather behavioural depiction. It cannot be forgotten that Chaikin was interested in ‘experiences you have in your life: the before and after things, when you are not quite the same after as you were before’ (123), or from ones ‘from which we [...] act, where there is no possibility of fixing conclusions or exchanging facts’ (26). The experience suggests that a goal of the ensemble work was to experience strong absorption within the playing so that the ensemble, in effect, became a gestalt. The shared understanding within the ensemble, which privileges sensory and feeling-based knowledge that usually gets associated with spontaneous, impulsive action that connects us to underused resources of understanding and image-making, was meant to facilitate a gestalt.

Blumenthal (1982: 90) states that the transformation exercises had to do with the desire to ‘[explore] hidden connections and impulses’ – again connecting the
exercises to the releasing of the unconscious. She states that the exercises originated in Viola Spolin’s workshops with actors, where she used ‘games’ and ‘early expressionist dream-play techniques’. Again a dislocative technique is at stake, where scene work abruptly shifts idiosyncratically or randomly. Releasing a more authentic impulse meant accepting that a topographical arrangement of preconscious pre-exists the response. What are released are hidden and sometimes fearful impulses. This is a Freudian understanding of consciousness (McWilliams 1994: 118-120).

As Blumenthal describes:

[m]id-scene, an actor might change their character’s age, sex, species, or relationship to others; the time of day, year, or history; the location; the physical scale; and so forth. Liberated from the restrictions of naturalistic consistency, they could show hidden associations, fantasies, and passions. (1982: 90)

This too, is a Freudian understanding. However, there is a slight turn that is offered as well. Blumenthal’s interpretation brings out that a motivation of the exercise was to keep the actors receptive, or rather, in tune with each other (Ibid) keeping them hyper ‘alert’, ‘present’, and able to ‘adjust to each others shifts’ (Ibid). What historically was associated with hidden pathology, within Chaikin’s understanding, becomes the means by which to be empathically attuned, or receptive.

In my training as an actor, the students would pair off and sit touching back to back. We would get in touch with each other’s breathing and muscle tensions, and slowly breathe in unison letting go of muscular tension. Then, we would add gentle sounds, and that, too, would become synchronous. Next gentle swaying movements in sync with one another were added. Eventually, we would all stand and move away from each other, still part of the group. We would build a circle while standing back to back, slightly removed from one another in what felt to be a collective space of fusion: a gestalt. Breathing, voice, and movement would become synchronous as little by little we stepped away from one another.
Interestingly, there is a similar experience within Rogerian therapy after a trusting relationship has been forged. Rogerians do not use clipboards, tables, or any physical structure that may act as barriers between client and therapist. We generally sit in a comfortable chair directly in front of the client, maybe three feet away from them. The client and therapist, sitting in their chairs, have to be on the same physical level. The therapist sits legs slightly apart with their arms resting on their knees and their fingers gently entwined. The therapist then leans in slightly towards the client. All movement is keep to a minimum. When the therapy pulls the client into deeper, reflective moments, the therapist and client’s movement, mood and breath matches. In counsellor speak, it is called mirroring.

The technique of mirroring exists as an acting exercise in Spolin’s *Improvisation for the Theatre* (1999 ed: 61-63). At drama school the students built versions of the Sound and Movement exercise so the ensemble could explore synchronous movement. The goal was for one actor to ‘reflect all movements initiated by [their other]’ (Ibid) as their other was carrying them out. In order to accomplish the mirroring, the receiving actor had to closely and intensely focus and be present to the other actor.

**Considering authenticity, introjections and repression**

The frustration arising out of a group of people looking for an alternative way to represent the ‘who’ is the most essential part of the development of a company. Through the frustration the group comes up against their own forms of institutionalised thinking, and the culturally dictated forces, even those fully adapted by the professional theatre. The living mobile actor dealing with the prepared immobile answers become a dialectic towards the development of a new discipline.

(Chaikin 1972: 15)

If the goal of the lab was to be released from ‘hang-ups’, the issue of authenticity, or the authentic ‘who’, was a central concern within the labs held by Chaikin. Looking at it through the lens of introjection, the term ‘hang-ups’ as something to avoid means to be cognizant of imposed values that you do not own. Chaikin proposed that the actors manage losing their ‘hang-ups’ through building a
A central dynamic within Chaikin’s labs was the pitting of what had become institutionalised for or by the actor against the open-ended. In the quote above, for example, he speaks of the institutionally driven ‘immobile’ actor in opposition to the liberated, authentic actor, who by virtue of being ‘freed-up’, was mobile. In other words, the actor-self was freed up and readied to interrogate her or his intuitions, sensory experience, responsiveness, hunches, hang-ups, inspiration, relational activity, and moment-to-moment experiencing within the ensemble work of the lab. Through such exploration, the actor was understood to construct something unencumbered by theatrical conventions. What was implied is that the more the actor-self could free her or himself from the entrenched, theatrical conventions, the more authentic she or he became as an actor-self. The playing out of stereotypes and what we called ‘canned responses’ were to be avoided by the ensemble of students at my drama school. With this goal in place within the lab, it is easy to assume that there needs to exist for the actor-self, an opportunity to create internally an actual space of openness; one where performing can spring from uninhibited impulses, opening up a potential.

The labs’ mission, then, was to liberate the actor, making her or him more authentic, or rather, uninhibited and disengaged from received understandings of what or how the actor should be or how they should behave. An assumption of being uninhibited implies that a ‘consciousness’ attached to an ‘ego’ is at stake, and that both need a housecleaning. As Chaikin asks in his meditation, which is a recommendation for the actor to examine his own ‘consciousness’:

\[
\text{does he draw his impulses from a liberated consciousness or from the same consciousness which he believes to be necessary for his daily personal safety? Does he draw from a common human source or from a contemporary bourgeois ego?}
\]

(1972: 9)

Chaikin uses the term ‘common human source’ as meaning a transcendent, true
source. Participating in the ‘true’ source by the actor means that the ego and its consciousness are freed up. A dynamic opposition is at stake; applied to the actor-self, the term means that her or his ego is freed up from institutionalised understandings of what it takes to shape the actor-self. The actor-self is now ready to be shaped by the true source: freedom. Implicit in Chaikin’s understanding is that liberty is a state common to us all – meaning it accounts, at least in part, for what it is to be of humanity in a modernist sense. What is indicated is that the actor when at their most freed up, is at their most authentic state of being. Ethically speaking, the actor is at their best.

If this was the case for Chaikin, the practitioner (director in Chaikin’s case) needs to promote a brand of liberty that moves the actor beyond convention or the institutionalised in general. In doing this, he facilitates the actor in becoming more fully a participant in humanity. When thinking oppositionally, what is implied is that activity within practice that stifles the building of the authentic actor is wrong. A way to instill authenticity within the actor-self would mean examining the freed-up ego in opposition to an ego fettered by the aspiration to succeed in commercial theatre or belong to any status quo.

The ego and consciousness were not the only things at stake for Chaikin when building an open and authentic actor-self, so was introjection and passivity:

Social man is the man in relation to the party, the person as actor. Actors, while they are acting, are recommending. Actors, through their acting, are validating a definition of identity and rendering other definitions invalid. Recommending a way to perform oneself is working to sell a mode of being.

(Chaikin 1972: 69-70)

Implicit in the statement above is the understanding that if you don’t want to ‘recommend’, or ‘sell a mode of being’, then you need to explore an alternative. For Chaikin, that begins with examining the identity introjected by society; the one that has been accepted passively as a self. In other words, it has been received by the actor-self without examination. The need for the actor to examine introjections that lead to passivity is found in the Perfect People exercise.
If Chaikin’s labs were concerned with the examination of the actor’s passive ego (22), what followed from the examination was the possibility of creating an authentic identity if an actor can overcome the introjection. It is a small leap from this understanding to assume that the term identity implies that the introjection of societal values constitutes who you are as a self, if you let that introjection happen. What also is implied is that there is a personal responsibility to examine how you can be released from such introjections. An important understanding is that the actor can rise above what has been introjected. The transcending can occur if the actor is open to new possibilities of playing and, within the playing, examines fully what the introjections imply regarding the actor-self. To be free of introjections and to become more authentic, Chaikin’s aim was to explore what it meant for the actor to practice openly, working from ‘imagination’ and a ‘creative impulse’ whose object was to chart the unknown. (Shepard in Fife 1983: 202-203) To be transformed meant to encounter the unexplored by working from ‘impulses’ as if they had not been ‘tamed’ (Shepard in Fife 1983: 203).

For the actor this meant being open to building and experimenting with exercises that were not introjections from other training or methods, but were unique to the company, or if borrowed, made their own. As Chakin stated, the actors needed to work with ‘no existing discipline’ save what the company invents as ‘its own’ (15). Chaikin stated that he was interested in what drives exploration by the actor towards ‘the inconceivable’, the ‘place without boundary’. (Chaikin 1972: 47) Chaikin’s ‘place without boundary’ is similar to Rogers’s field of possibility. As Blumenthal states, their aim was to accomplish ‘uncharted explorations’ (1984: 17).

**No absolute terms and the psychological power of unity**

There is no principle I have in absolute terms. Not one.

(Chaikin 1972:112)

The actor should study the theories, appreciate how they came about, and then depart from them.

(Chaikin 1972: 39)
Acting theories may not have conspicuously shaped Joseph Chaikin’s labs; however, some structured understanding did shape them. Chakin’s brand of experimental theatre shares some of the same striking characteristics with Rogerian counselling. The shared characteristics suggest that cultural undercurrents were actively shaping both practices: both practitioner-thinkers were hoping to develop what could be looked upon as open anti-systems of practice that could activate social transformation by frustrating the status quo. To build the anti-systems both Chaikin and Rodgers appealed to many of the same concerns and elements: both were concerned over the authenticity of individuals, which because of the introjected images and values promoted by a corrupt status quo, make the individual less than individual; both understood institutionalism as an active repressor of values that make us self-determining and self-directional. In other words; both practitioners understood principled behaviour as actions that promote individualism.

The practitioner’s behaviour needs to promote self-determination and self-direction. Being authentic is associated with these characteristics and, within each practice, was understood as a right. If a right was at stake, the actor-self of Chaikin and the person-self of Rogers are to be regarded as efficaciously political when at their best.

In Chaikin’s *The Presence of the Actor*, the actors appeared to be not so much directed as facilitated to unfold through their senses and feelings in a process that, over time, would morph into a production. The anti-system was meant to be built from an organic processing, as was the actor’s role within it. The unfolding nature of Chaikin’s facilitation within the anti-system can be deceptive. As Chaikin’s influence within the theatrical community of New York grew, the rights of the ensemble diminished. By the time Chaikin left The Open Theatre, it had become synonymous with the person of Chaikin. A company formed as an anti-system and visualized as a collective (Munk in Performance, Vol. 1, 1971: 82-90) had become Chaikin’s. Even though, ‘the ensemble’ originally was meant to ‘celebrate ... the virtues of the work-in-progress, the *commedia* of life in the process of becoming
itself (Coco in Performing Arts Journal, Vol. VII / No. 3, 1983: 26) the final word was Chaikin’s. And while his process had once stood for a transformation that challenged any status quo, by the time he left The Open Theatre Chaikin had positioned himself outside the ensemble as the head of the company. A status quo of one was established. However, through the process of creating a company built as an ensemble, principles of practice that gestured towards building a collective were forged despite the hierarchy that was gradually established. One was the principle of facilitation where lab work was understood to unfold rather than to be imposed. Unfolding was understood to occur if it was sensory and feeling based. Out of these understandings principles of practice were formulated: the principles of facilitation and sensory- and feeling-based exploration. Principles easily collapse into being understood as rights if supported by a modernist framework of understanding.

When I was a student at drama school, the same principles were put in place. An example of this is when the ensemble of students was told to improvise *The Hobbit*. We couldn’t use words or props and the work within the studio lasted for about three hours, two or three times a week for three months. The play was very physical. Importantly, because of the lack of props or dialogue we became very attuned to one another, feeding off each other’s actions. The class director, Colin Davis, sat patiently by, easing out our performances. He avoided directives and had a collaborative style when working with the actors. As a student, I never questioned if he was part of the ensemble or not, though his role was one of director. Director and student-actors, we all worked off each other. Our ability for deep or strong levels of concentration grew. As our capacity developed so did our feelings of connectedness to each other within the play. A good way to account for this phenomenon was the understanding that our sense of connection simply unfolded and wasn’t coerced. From such lived events it is easy to conclude that positive introjects were fabricated, at least for me. Internalized, the phenomenon was imprinted as principled, or rather, right or correct behaviour. This included actions that unfolded during the processing of the lab work done; non-coerced play; collaborative play; ensemble playing; the use of physicality, affect and
sensory experience; empathic attunement; immersion; receptivity; and a common
ground of play. When working as a therapist devising group work through the
Romeo and Juliet exercise as well as the one done at City Creek, I called on the
principles gleaned through my experience improvising The Hobbit. The Hobbit
experience and the principles gleaned from it were a positive set-up.

The importance of process rather than end-goals
If Chaikin’s goal was to build a transformative practice, one that challenged the
status quo of theatre making, it meant that standards of practice derived from the
status quo could not apply within his labs. As Chaikin stated:

All prepared systems fail. They fail when they are applied, except as
examples of a process which was significant, at some time, for someone
or some group. Process is dynamic: it’s the evolution that takes place
during work. Systems are recorded as game plans, not to be
followed any more than rules of courtship can be followed. We can
get clues from others, but our own culture and sensibility and
aesthetic will lead us into a totally new kind of expression, unless we
simply imitate both the process and the findings of another.
(1972: 21).

One way Chaikin attempted to frustrate working from set-in-stone rules or theories,
was to keep the actors within the ensemble continually in process (Ibid). In my
training as a student-actor, this goal was exemplified in Colin’s choice to have the
students work on a continually running piece for three months. I was afforded the
opportunity to witness, as an audience member, a similar theatrical event done at
the University of Exeter’s Drama Department. It was a devising by Professor
Phillip Zarrilli and his students. The whole production took approximately six hours.
I sat through it twice.

Importantly, keeping the actor-self continually in process challenges the
understanding that practice means (exercises) should be directed towards
achieving preconceived end goals. Lab work that is an interrogation of the stream,
flow, or process of experience, is a phenomenological project. It means being
existentially present. When the act of processing is practice, the actor can be
understood as continually open to the possibility of the moment. If the actor-self is
always open to possibility, it is not far to understanding her or him as continually developing and open.

The *Romeo and Juliet* exercise of Chapter Two was influenced by my sense that it takes a lived-through, open-ended process to build positive introjects that young adolescents and children could try. As I understood it, while they tried on being competent actor-fencers creating a character when staging the fight scene, introjects could be internalized that corresponded with who they ideally or internally understood themselves to be.

Chaikin’s envisioning the actor within the lab as continually in process meant that the playing within the lab needed to be adaptive to the living circumstances that the actors within the company found themselves involved in during the present moment. By using chairs in different physical configurations during the *Hobbit* exercise – as we climbed through, sat on top of, built barriers, scooted, turned them into bridges or magical pots, and used them as horses or thrones – we learned a creative skill set as actors and how it affected our psychology as efficacious and daring actors. We learned how the skill set shaped our responses to one another and ourselves.

**No ego**

The notion of creating an immersive environment together with the goal of staying present can serve to create a sense of merger between group members. This was true of The Open Theatre. Creating deep or strong interrelational activity, or merger, meant the actor had to foster within her or himself clarity of focus without ego. As a student-actor attending to my other in the *Back-to-Back* exercise, I understood this to be the case. I also understood that there could be merger, or interconnection, between the actor and the audience, if one was close enough to mark out faces, break the barriers of the fourth wall, or was able to invite audience member’s outright comments, eye contact, or turning away.
Improvisation, receptivity, immersive conditions and intersubjectivity

In order to study character, the actor usually separates himself from others. This is the first mistake. The study of character is the study of “I” in relation to forces that join us [ ... ] the first are observable political social forces which move irrevocably through all of us who are alive at the same time in history. (12)

Pasolli (1970: 20) claims that the exercises developed within Chaikin’s lab exemplify ‘radical change’ that is made through ‘the circumstances of an improvisation made by actors’, which is an adjustment made towards the behaviour of another actor’. He, in effect, defines what it is to be receptive. The term as Pasolli presents and understands it, translates into having concrete properties or replicable actions within play. However, the term receptive can be translated differently.

In his labs, Chaikin was concerned with immersive conditions as part of the exploration. An immersive experience within an ensemble suggests that intersubjectivity or a transmissive means of communication between the members is operational. The term ‘being at one’ exemplifies this occurrence. Immersive conditions that bring about intersubjectivity can be understood as an extreme form of empathic attunement.

As student actors, we experimented with transmissive means of communication. One example was when we sat back-to-back but did not touch. We simply sat without knowing who sat behind us. We would do this for about three to five minutes with our eyes closed; then we would slowly return to our seats against a wall without looking, carefully sit very still and simply breathe for a couple of minutes. We would open our eyes and disclose who we thought it was that had sat behind us. A good deal of the time we were right.

Chaikin and Rogers both understood maintaining attunement or receptivity towards the other as fundamental to practice. And principled behaviour is behaviour that promotes receptivity and immersive conditions. Within a principle is embedded a right that needs to be carried out within practice. For a modernist, a
responsibility has been fulfilled when rights are facilitated. As a student-actor engaged within the exercise cited above, I fulfilled this responsibility by staying present and immersed within the play. This meant not dulling my senses or my gaze by attending to my internal impulses. It meant attending to my other’s impulses. It meant being readied and centred by simply breathing, letting go of muscular tension without becoming a noodle, and focusing outward. From this position or attitude I could take in my other for who they were.

As a Rogerian, I wait for a client to begin his or her narrative; when I point out the client’s behaviours in order to jumpstart the session, I am similarly readied and present. Learning to use these techniques and attitudes seemed to come easily for me. Although they are regarded as difficult postures to learn for the novice counsellor.

Understanding that a self can rise above the givens of culture and can then become actualized, or authentic, was a goal of both Rogers and Chaikin. Both understood that the status quo needed to be frustrated, or shook up, if we are to become actualized. If this is the case, to be ethical as a practitioner I need to promote behaviour that challenges or questions the givens of a culture if it keeps my other from feeling authentic. This position was taken in my work with the Latina women described in Chapter Two; women who didn’t need or want antidepressants to deal with their culturally imposed situation. To feel authentic they needed empowerment in the form of a positive introject played out through improv.

As stated, at the drama studio, I worked in a lab environment that valorized experimental processing meant to disinhibit and free up the actor from past cultural shaping. I felt emboldened by the processing and a sense of having personal agency. The positive introject of a can-do approach may have facilitated an intuitive understanding that role reversals and improv were what the Latina women needed rather than scripts, counsellor speak for drugs, which in the case of these women, were unnecessarily prescribed ones.
Chaikin and Rogers valued open-ended processing within a practice situation over a predetermined end result. Upholding this value has significance for me as a practitioner: if I am not working towards a clearly defined end result, I can respect my others on their own terms and conditions. Respecting the other, especially the marginalized and vulnerable other, on his or her own terms and conditions was a value that resonated with Chaikin (1972: 93). For me, what is at stake in accepting this value is a principle of practice and the right that can be derived from it. This stance directly relates to working at the women’s prison, another example from Chapter Two. It is likely that my training as an actor allowed me to become attuned to the inmates on their terms and conditions by stomping on a bag full of papers containing written-out rules. It is probably also why I could sit in a room with a small boy and just listen to him, instead of trying to give directives.

**Attempting to be free of a pre-conscious while also attaching somatic and impulsive movement to an emotional content**

Quite often the actor mistakenly assumes that his preparation should consist of filling himself with broad emotional experiences, Instead the actor must find an empty place where the living current moves through him uninformed. A clear place. Let’s say the place where the breath is drawn ... not the breath ... but where the inhalation starts. An actor who is fully emotionally prepared is overwhelming his internal life, is filling the cleared space, and all this functions against discovery.

(Chaikin 1970:66)

The Sound and Movement exercise came to be used in Chaikin’s lab work within The Open Theatre after he had ‘encountered Viola Spolin’s theater games’ (Harding and Rosenthal; eds. 2006:76). The exercise was one of the first and continually used series of exercises within Chaikin’s lab work for The Open Theater (Pasolli 1970:2). Blumenthal (1984:83) states: ‘One actor would begin a simple, repeatable gesture using both his body and voice, not selecting in advance what the action should express, but playing with it until it touched on a clear condition’. Pasolli (1970:4) states the repeatable gesture was to be ‘a simple, sharply focused action with the voice and the body, an impulse action neither representative of everyday behaviour nor expressive of inner feelings; a pure
action, as it were’.

In his description, Pasolli brings out that the ‘repeatable gesture’ of the body and voice is understood as independent from any internal driver. However, taking in Blumenthal’s account, from the ‘pure action’ a ‘clear condition’ can be identified through repetition. Blumenthal (1984: 83) in her interpretation brings out that the initiating ‘somatic’ or physical, reflexive action brings about emotional content. The account implies that the body-voice can identify or connect to an internal impulse. Some sort of shaping force is at issue no matter how reflexive the somatic response is.

What is at stake is a responsiveness that can bring about, from the depths of one’s being, an affective responsiveness that is intrinsically moral. Again and similar to Rogers, there are traces of the Kantian understanding that within our internal make-up is an ethical monitor. Rogers’s monitor was human affect. It was articulated in his understanding of authenticity and formulated as congruence, meaning that how one felt internally needed to match up with one’s external attitudes and behaviours.

As a student actor, I learned that if something felt incongruent within my playing, I was being false, for instance, using stereotypical characterizations that did not belong within the theatrical work being rehearsed or interrogated within the lab, or responding in a pre-determined manner when it was not warranted within the play. In other words, I experienced a sense of dissonance. As a therapist working with the kids up City Creek or within the Romeo and Juliet exercise; kids who had grown up playing the Legend of Zelda when they could experience themselves as principled warrior-heroes, I counted on this internal monitor to exist within them.

Within the theatrical experience, the feeling of congruence can suggest that there is synchronicity between players, and movement towards intersubjective understanding. The physical body through abstract movement somehow, within Chaikin’s understanding, should hook up to internal impulses that eventually, when
carried out between actors, build synchronous understanding or experiences between actors. Adding to this understanding – that a goal of lab work is to build an authentic actor – it is a small leap from this perspective to understand that something deeply moral charges the synchronous experience between members.

A major assumption of this exercise, when viewed through Blumenthal’s account in conjunction with Pasolli’s, is that somatic expression initially can be abstract, but when carried out repetitively, leads the actor to recognise or experience a specific condition that is usually not accessed. It reveals hidden aspects of the self of the actor. The actor is opened up. This understanding of an internal access appears in writings by Jung, who built a dichotomy between a persona and an authentic, interior-located self (from a discussion with Carl Levenson and Judith Hutton Levenson, Pocatello, Idaho, 14 August 2014). As a drama student, I did the Sound and Movement exercise influenced by this understanding. When working with the kids at City Creek, the understanding backgrounded my ambitions as a counsellor.

The epistemology: openness, objectivity, and the self
The understanding that we have the capacity to be open is built upon the assumption that there exists a self that is self-aware, and can differentiate between self and what is outside the self. The self who is open to experience is simultaneously objective and subjective – even when self-absorbed or feeling immersed within an experience.

As a student actor I never fused with my character so that I couldn’t tell who was who, or was so disassociated that I could not tell my imagination from my situated reality within the play of the studio. Such fusion was an ideal and non-attainable. I understood this. However, the ideal kept me chipping away at any personal roadblocks that might inhibit that imaginary condition. My understanding was that the more open I became to the reality of my character in an experiential way, the better I could understand it. I took for granted that my perception of my imaginary other was managed by a perceptual capacity that was not fragmented into a divide between objective and subjective realities.
My sensitivity has historical roots. Heidegger, a phenomenological philosopher, captured the dual human ability to self-immerse and self-differentiate when he conceptualized the self as ‘standing-out-in-itself-from-itself’ (in Fried and Polt, trans. 2000: 15). The statement captures how, at one-and-the-same-time, I am subjective as well as objective when experiencing my-self or the world outside myself. Within Heidegger’s conceptualization is the understanding that though intrinsically subjective, the self is not solipsistic: it is strongly aware of what is outside it. By being thusly aware, Heidegger’s self can open up to the possibilities ‘of being’, as he would have framed it. His was an ontological statement.

Contrastingly, as a humanist, I am concerned with how I should act towards my other when considering what it is to be open, which is a statement concerning ethics. I rely on Heidegger’s ontological account. I have to, since being open to my other is crucial within my practice. When applied to the authentic actor-self, the concept of being open means letting go of taken-for-granted shaping by one’s past practice environments and the expectations experienced within them. I am speaking of good practice. However, in order to have such an aspiration, I must operate under the assumption that the self is capable of being self-objectifying. If the self can objectify itself, it can objectify its other or the world outside itself. This aspect of my understanding is important because social construction easily slips into solipsism. If solipsistic, one cannot be understood as capable of being authentic or ethical. Authenticity becomes a useless term because you can’t be anything else. The consideration of ethics is impossible in a world of one.

As I have interrogated my practice within this research, social construction has begun to inflect my understanding of what constitutes ethical practitioner conduct. If authenticity is at issue when considering one’s ethics, it means that the actor-self can understand her or his world and the other to a fairly high degree. Such understanding would especially be reinforced, if as I claim in Chapter Two, we internalize the principles that shape or are extractable from the dominant philosophies that help construct us culturally. As put forward, internalized, the principles can be understood as features or characteristics of who we understand
ourselves to be. With both phenomena in place, we can claim understanding of things outside our self. Nevertheless, this kind of understanding can be taken too far.

Within the ethics of mid-twentieth century phenomenology as proposed by Martin Buber, objectification of one’s other was considered unethical when in personal relationship (Buber in Smith trans. 2004: 34). Objectification, as Buber understood it, was projecting on the other and their world your interpretation of how things are or should be. This meant that you were not allowing yourself to experience who the Thou was and how that other actually existed in the present. His was a principled argument against objectifying, as was Rogers’s.

For Chaikin, objectifying social or cultural setups was an important part of his experimentation within the lab environment. Again, his Perfect People exercise exemplified this. Also, his desire to access the internal self of the other could be considered an objectification process, or at least is the first step in the process. He broke, in this regard, with I/Thou philosophy where Rogers did not.

**Being in the moment**

If sensitivity towards the other is at issue within a practice, as it was at The Open Theatre, it meant that the company (and Chaikin along with it) was aware of the hazards of being too objectifying when working with one’s other.

This awareness fits with a commitment to the principle of openness. The actor must be deeply open to the field of experience, including everything and everyone within it. This speaks of being so highly focused on what is going on around you that you are not working from pre-formulated expectations of what practice should be. You are in the moment, in other words, and freed up.

As a student actor, I learned that I had to stay existentially present in order to be a good actor, meaning I could not jump ahead of myself within the playing. Chaikin’s Sound and Movement exercise was meant to keep the actor in the moment.
Keeping in line with the experiment, the student actors at the studio would play imaginary ball, again forming a circle. In the physicalisation of throwing an imaginary ball, the actor meant to catch the ball has to physicalize his or her response according to how the other actor throws the ball. That means immediately reacting to the speed of the throw, the ball’s weight and density, its size, and the force it was tossed or slammed with.

As a director working on *The Gospel According To Eve*, part of my master’s project, I used this form of physicality when attempting to get the actors to open up and become more immediately responsive. Using a foil that is a small wooden dowel instead of a heavier metal foil echoes this kind of physicality. As does the movement to the drums and keyboard of my kids up City Creek.

**Being centred**

Being centred, a state in which the body and mind are free of tension and relaxed, is also understood as a state of readiness for whatever is out there and might come one’s way; the self is open, in other words. I learned this concept when I was a student-actor. It is a concept, or as I took it, an actual condition where my body and my mind are unoccupied by concepts but ready for whatever was in my field of experience. Centered, the actor was understood as capable of creating from their authentic depths of being, which would open them up creatively. Central to this understanding is a core assumption of Chaikin’s: that at our deepest and most intrinsic levels, we are creative.

Rogers thought this as well. This kind of understanding translates into ethical terms: at our best, we essentially are creative and are meant to let go of the status quo in order to be more open to experience. The use of ‘Dog’ with my kids to help them centre before doing the fight scene in the *Romeo and Juliet* exercise exemplifies this, as does the maneuver to keep the kids from engaging in impulse control problems.
Building an ensemble

The building of an ensemble as a culture of its own, and galvanized through new experiences of playing, was an important ambition of Chaikin’s. According to Lee Worley, an original member of The Open Theatre, the labs were integral in formulating the original ensemble of actors that made up the theatre. In an interview in Boulder, Colorado, she disclosed that the ensemble initially was a tightly knit unit that needed to immerse itself in the play of the lab. The exercises and the techniques that came out of the labs, according to Worley, made The Open Theatre what it was: a non-imitable grouping. It was inferred that the skills built within the labs were not easily transferable to actors who weren’t steeped in the methods from the initial moment that the actors developed as an ensemble.

In the interview with Worley, she stated that, when Chaikin eventually brought in new actors on an impermanent basis to work in the performances, the ensemble suffered, and it was the beginning of the demise of The Open Theatre (Lee Worley interview, Boulder, Colo., 19 July 2010).

Lee Worley is one of the people to whom Chaikin dedicated *The Presence of the Actor*. What she suggested was that the actors later brought into the ensemble were not versed in The Open Theatre’s culture. Chaikin, in effect, frustrated a formulating method; one that facilitated strong, enmeshed interactivity within a company of people, and was the outcome of long-standing relationships forged through hard, immersive, and exacting work. The company, or rather the ensemble, understood what it was to work, not only as individual and distinct members of a collective working from their own personal depths of experience, but from the depth of the collective experience as well. Such depth was an outcome built by active behaviours and attitudes developed by the ensemble that set up conditions particular to the company.

Chaikin gave a very different account of the problem. For him, the actors had succumbed to the trappings of notoriety and had lost their work ethic as authentic actors. This account is in direct contrast to Chaikin’s envisioned actor, as spelled
out within his book. An envisioned actor, as he saw it, should be able and willing to violate all past responsiveness and conditioning introjected by a status quo. This was a centralizing research topic of his lab work with the actors of The Open Theatre (Chaikin 1972:7-8) that inspired its experimentation.

**Personalism, subjectivism, solipsism and differentiation**

Chaikin’s practice philosophy was pinned in what can be characterized as personalism, or rather, subjectivism. Personalism is heavily reliant on the supposition that there is a self to speak of, as well as a psychology that explains it. Psychologically, the self is explained through terms or conditions that are ‘anchored in perception’. James Bugenthal in his work, *Challenges Of Humanistic Psychology* (1969), states:

> The self-anchored mode of research holds that a careful consideration of the single case is often sufficient for the truth in psychology. More important, this view maintains that a person carefully observing his own subjective experience can add substantial and dependable insight into the nature of human behaviour (Bonner, 1965; Stephenson, 1961). The psychologist with the gift of imagination knows that there are occasions when, in order to comprehend the nature of human nature, there is no substitute for his own human nature. Experience has taught him that often he can understand human beings only by the means of his own humanity. (62)

What this means for a practitioner is that if they have sufficiently researched their own experiences through their subjective nature, they can generalize truths about the practice environment and the people within it from their own subjectivity. However, such generalizations rely on some conventional understandings that are culturally received. Chaikin’s received understandings can be identified as psychological defenses. The understanding that there exist psychological defenses shaped his subjectivity and what it was to be an actor-self.

Phenomenological psychology addresses a self shaped through experiential processes. When shaped through experiential, here-and-now processing, the self is thought to be more authentic. Chaikin spoke of the set-up in opposition to being authentic. His understanding of the set-up was through the lens of defenses that were in response to an outside world. In this, his subjective understanding was
conjoined to objectivism. However, he fell pray to solipsism.

Highly personalized experiential processes are regarded as the legitimate manner by which to determine authenticity, but confining one’s actions and thoughts to them runs the risk of developing an isolationist view of the human condition. As isolated beings, we are imprisoned in an interior world; we become victims of our own interior psychology.

Central to the understanding that we are strongly or predominately subjective beings is that we are alone and have great difficulty understanding what exists outside our ‘selves’. We are, in effect, hugely alienated from the world around us because of our perceptual limitations. As perceptually handicapped, we cannot grasp what exists outside of us to a useful degree of objectivity. In other words, we exist super-differentiated from our environments and the others within it. If we are basically solipsistic, there is very little possibility of coming to a symbiotic understanding between people. Chaikin also understood people as interrelational. We cannot speak of a strong interconnection between people without acknowledging that we recognise difference. Interconnection presupposes difference.

A complicating factor, when trained to believe that symbiosis between actors can occur, is that strong subjectivity makes it difficult to speak of collaborative efforts through the use of language or through concepts that are not highly abstracted. Chaikin relied upon strongly abstracted accounts of what it took to shape the actor-self. *The Midsummer Night’s Dream* is an example (Chaikin 1972: 140-144).

Another objective of his exercises was to explore symbiotic understanding between the members of the ensemble through sensorial mediated processing together. For example, when doing the *Hobbit* exercise, we had to use bodily sensations understood as synchronously experienced between members of the ensemble, rather than verbal cues, to support our playing and experimentation. Our reliance on the understanding that sensory connectedness would occur while
doing the exercise presupposed that at the same time we could have objective and subjective understandings of what was occurring. Our perceptual capacities as actors were in dynamic relation to one another, in other words.

Existential psychologists in mid-twentieth-century America took up the existentialist understanding that we are alienated beings. They were interested in the emotional life that occurs within a person’s psychological interior because of that strong sense of alienation. What Chaikin spoke of concerned perceptual capacity rather than strictly existential alienation. One can view the human condition as one of suffering because of an alienated nature or because of perceptual limitations; both biases make it difficult to derive an ethics of practice from either perspective.

Abraham Maslow captured a consequence of the view that human beings are alienated in his article *Existential Psychology: What’s In It For Us?* He stated that alienation makes it difficult to work out ‘the concepts of decision, of responsibility, of choice, of self-creation, of autonomy, of identity itself.’ (in May ed. 1961: 57) For me, these ethical considerations are ones that fed into the construction of American democracy.

Democratic essentialism relies on the assumption that we are predisposed to working out ethical terms because we have the capacity to think objectively. We can get outside ourselves. Existential phenomenology, with its strong concern for subjectivism, sets us up to see ourselves as not naturally predisposed to working out these ethical terms and concepts. Since they can apply to both individual selves and the greater communities of people that make up a nation, fully addressing the terms requires that there is enough subjectivity to apply the concepts to the particular and enough objectivity to generalize them into abstractions that apply equally across a population – in the cases being addressed, the American people and their institutions.
The set-up, congruence and introjection

As stated, the sensibility that we are primarily and strongly subjective beings backdrops the lab work done by The Open Theatre in its examination of ‘the setup’. The setup poses us as socially moldable into images that are not congruent with what is internally real. The internal impulse is associated with a desired real and better impulse, while a socially constructed outer image is associated with an unreal, adulterated shell imposed from without. Authenticity as congruence is at issue. For Rogers, congruence was a central issue for developing his counselling theory. The notion of congruence was principled: to be an authentic self or person, one needed to be honest about what one thought, experienced, and felt.

A binary opposition backdrops both Rogers and Chaikin’s privileging of what can be termed unadulterated, good, interior impulses over a socially construed or shaped image representative of introjected valuing. Through this reasoning, an interior territory is construed as a sanctuary of real, good, better, or the authentic (congruent), removed from the material world and its cultural and political fabric.

Chaikin understood his practice as challenging an imposed or introjected system of values, which, through experiential mediated processing by the ensemble of actors, could be uncovered. The non-repressed, or rather, authentic actor was understood to be more present and able to be more fully actualized within the experience of performance, becoming resistant to introjected values. To be considered fully present presupposes that the actor can become clearly perceivable through sensory and feeling-based knowledge by one’s other.

Ways in which to be more present and authentic were interrogated within the labs through work done using the Sound and Movement exercises. The exercises’ exploration involved opening up the ensemble to non-preformulated responsiveness to their own and each other’s internal impulses. Central to the project was the understanding that such play provides the accessing of ‘somatic’ or ‘internal responses’ that are usually repressed, though they are authentic. What
was being explored was a more intuitive means of knowing. Intuitive knowing can be understood as transcendent knowing. In other words it not only captures the non-obvious, but it captures what is buried behind façades, or rather, the real.

**The transcendent actor-self and the basis of Chaikin’s method**

As Blumenthal (1984:5) noted, there is a sense of transcendence in Chaikin’s sensibilities: ‘He has a sense of Transcendentalist wonder that is distinctly native.’ Chaikin has a sense of ‘transcendent wonder’ because of the phenomenological perspective that was within his practice. The perspective evolved some of his methods. Again, I refer to the *Midsummer Night’s Dream* exercise.

Going back to Heidegger, central to understanding of the self posed as standing-out-in-itself-from-itself is the view that the self is placed in the physical reality of experience. However, the self also transcends that physical reality. This self is not understandable as *of* reality (time and material space) as much as it is understandable as being *in* a reality. Conceptualizing one’s self as *in* a reality suggests that any analysis of one’s self starts with the view of it being placed within one’s own subjective reality. First, one needs to build a personal framework for understanding his or her reality before grappling with placement within an outside reality. This does not mean that the locus of understanding is always subjective. What is being spoken of is an initializing first step for inquiry. Phenomenological inquiry was hugely methodological.

**Evidence of panpsychism, or rather, radical subjectivism**

Acting is a demonstration of the self with or without a disguise. Because we live on a level drastically reduced from what we can imagine, acting promises to represent a dynamic expression of the intense life. It is a way of making testimony to what we have witnessed – a declaration of what we know and what we can imagine. One actor in his acting expresses himself and touches nothing outside of himself. Another actor, in expressing himself, touches zones of being which can potentially be recognised by anyone.

(Chaikin, 1972: 2)
Hulton was concerned with spatial terms used by Chaikin:

he reaches for metaphors or images of ‘space’ and ‘place’, in order to communicate his ideas and perceptions. He speaks for example, of territories, zones, spheres, abandonment, exile, occupation and habitation.

(Hulton in Hodge: 2000: 155)

Such terms convey a sense of ‘space’ and ‘place,’ and in a material sense. However, they can also convey a perceptual bias that is not grounded in the material and which became an inoculant for Chaikin’s terms and metaphors. Within *The Presence of the Actor*, there is a repeating pattern used by Chaikin of ‘nonbehaviouristic’ and loaded metaphors. The patterning suggests a ‘place’ and ‘space’ where the terms become metaphors for individual, human, subjective experience. Chaikin speaks of levels and realms.

However, Chaikin was interested in the group experience as well within his lab work at The Open Theatre. The terms cited by Hulton can suggest that, through symbiotic understanding, there exists a collective understanding that can be accessed through the metaphors of levels and realms. As metaphors, the terms suggest phenomena that transcend situation, time, and place, emblematic of a metaphysical reality in the vein of Rogers’s reflections on the possibility of a structured universe that we are all part of.

Though Chaikin never directly spoke of such a universe in his *The Presence of the Actor*, it seems to lurk behind his use of mystifying terms like ‘levels’, ‘spheres’, and ‘realms’. Understood as physical territories, these metaphors seem concrete, which suggests that they have a structural and real content.

Despite this, when reading Pasolli’s depiction of the exercises used within Chaikin’s labs, it appears that Chaikin’s lab work can be broken down into empirical terms. Pasolli accomplishes this by centring on observable activity and the sequences of events that make up the exercises. However, his empirical depiction leaves something out: Chaikin’s use of the metaphorical terms. Pasolli (1970: 4) speaks of the ‘inhabiting’ by the actors of ‘the same kinetic environment’.
He goes on to qualify this statement as a reference ‘to the body and the voice.’ The terms body and voice are empirically coherent, easy to observe, replicable through behaviour, and suggest Chaikin’s ties to a material sensibility. However, for me, that characterization never rings true as complete.

Pasolli’s project was to outline the exercises so that they could be used as a template for teaching situations or company development. His project had an aim: it captured behaviours. Taken on its own, Pasolli’s work can be misleading. If Blumenthal (1984: 15) was right in her statement that The Open Theatre ‘wanted to explore the non behaviouristic’, there needs to be an additional accounting. Chaikin did appeal to knowing that is outside observable data: to ‘things ... that have not existed before (Chaikin 1972: viii)’ which might identify (referring back to Hulton) the absent context loaded within the structure.

The project of unpacking a content, in which is embedded a transpersonal model of communication, is evidenced in the Midsummer Night’s Dream exercises. Within this series of exercises, Chaikin wanted to explore the relationship of the actor to the audience. The exercises were not about direct audience address, but rather, concerned what can ‘pass’ between the actor and the audience. In the explication of the Midsummer Night’s Dream series, according to Chaikin, there existed a level of understanding between actor and audience that is best described as communing.

Chaikin (1972:141) notes that these exercises were worked on during ‘the fall of 1966’. Chaikin’s frequently used term ‘levels’ was put in the context of being an intermediary field of communication for the actor. The terms levels, zones or spheres were loaded with the possibility that a transpersonal field of communication existed and that panpsychic communication is a reality.

Chaikin’s construing of an imagined person as an intermediary field of understanding was problematic. It was a study of actors and what they hoped occurred within their relationship with the audience when performing. In effect, the
series of exercises was an exploration of solipsism, an extreme form of subjectivism. The exploration was part of the context within the framing of locales. In other words, radical subjectivism was one of the ‘new perceptions’ and new experiences (Chaikin 1972:58) that helped formulate The Open Theatre’s work. In the explication of the Midsummer Night’s Dream exercises, Descartes’ problem of ‘cut[ting] the mind off from material reality [occurred]. It transformed consciousness into an isolated entity contemplating its own modifications’ (Donceel 1967:187). Also, the collapse into solipsism implied that the actor was lost in her or his own head or experiencing, and therefore, the actor’s position as an efficaciously open practitioner, able to ‘draw his impulse from a liberated consciousness’ (Chaikin 1972: 9) was compromised.

**Abstraction and the intuitive process**

The theater, insofar as people are serious in it, seems to be looking for a place where it is not a duplication of life. It exists not just to make a mirror of life, but to represent a kind of realm just as certainly as music is a realm. But because the theater involves behaviour and language, it can’t be completely separate from the situational world, as music can. But much passes between people in the theater which is intuitive. (Chaikin 1970: 25)

Chaikin’s reference to music illustrates that his use of exercises within the lab environment was concerned with abstraction as a way into the intuitive process; a kind of locale not located by the constraints of time and space.

As Hulton brings out, Chaikin built a practice environment that speaks of locales, but in my understanding, they are not totally materially explicable. There are locales of understanding articulated within Chaikin’s work that have to do with transpersonal models of understanding, or radical symbiosis.

Though Chaikin stated that ‘[t]he terms realms, levels, modes, are all ways of trying to define a territory of experiencing’ (1972:128), as ways, they have a common psychological denominator: subjective experience informed by the unconscious. Pasolli states:
Transformation taps the unconscious resources of the actor, who, in jumping from situations which he would not necessarily understand rationally. Thus the device mines levels of meaning in a given situation which might not be otherwise evident.

(1970: 20)

Importantly, Chaikin speaks of levels in a way that suggests there are multiple levels of understanding that may feed into the unconscious.

Chaikin (1970:66) further states that ‘[t]here are streams of human experiences which are deep and constant, moving through us on a level below human sound. As we become occupied with our own noises, we’re unable to be in that stream’. This statement, on the surface, suggests that there is a whole internal world to be in touch with as an actor. The statement is not particularly problematic when speaking of the single actor. However, when attempting to share this experience, or open one’s self to another’s experience, it becomes problematic. The Midsummer Night’s Dream series of exercises exemplifies the problem. In the exercise, there is the actor, the intermediary who is a person that houses qualities that exist within the actor and audience, and there is the audience. A through-line of relationship and communication is hoped to be established by the intermediary, which in effect, functions as a perceptual field so that there is connection and understanding between the actor and the audience.

**Gestalt and the problem it poses for an ensemble**

Jill Dolan (2005: 6), in an account of Chaikin, emphasized his hope to shape a better world than the one offered by the American political-economic culture of his time. She captures what the term transformation should embody when speaking of value:

> Theatre and performance offer a place to scrutinize public meanings, but also embody and, even if through fantasy, enact the affective possibilities of ‘doings’ that gesture towards a much better world or, as director Joseph Chaikin, the famous founder of The Open Theatre, once said, ‘a dynamic expression of the intense life’.

By offering concentrated, interpersonal, and wish-oriented moments, theatre
becomes a privileged, intimate arena of human experience within which one can demand that the promise of another dimension of existence be revealed, and that the impossible be achieved/experienced here and now, in the presence of other living human beings – the impossible, namely a sense of unity between what is usually divided in our daily life: the material and immaterial, the body and spirit, our mortality and our propensity for perfection, for infinity, for the absolute.

(Chaikin in Dolan 2005: 6)

From Chaikin’s description of the theatre as he envisioned it, it is not difficult to assume that transformation should build a total experience between actor and audience. Chaikin was interested in a certain type of locale that the actor and audience inhabited as one; a place of contact where both merged and that can be understood holistically: a gestalt. What the research of the lab aimed to uncover, in part, was a method by which there could be mutual or synchronous experience.

The goal to make the actor simultaneously expressive with their internal experience yet communicative with other actors and an audience, can collapse practice into panpsychism, or rather, a transpersonal model of communication as a way out of solipsism. The desire, as Blumenthal (1984: 1) suggests, to ‘transmit conditions that have no adequate expression in life or art: feelings too extreme or elusive to have a vocabulary, too complex or subversive to have a forum’ makes the practitioner especially vulnerable in this regard.

Penetrating ‘elusive forms of understanding’ that originally were meant to further understanding of the self as a self (actor-self) becomes problematic, since Chaikin wanted to broaden out the phenomenological address. He wanted to transpose the considerations of the self and its subjectivity as though it resembled an ensemble playing as an organic whole or gestalt. Unfortunately, Chaikin used the same terms and conditions when addressing the singular actor as when addressing the plurality of the ensemble.

Chaikin’s exercises were meant to build a common vocabulary of understanding within the ensemble, especially at the non-verbal and experiential level. The aims of the Sound and Movement exercise bore this out. Groups of persons communing
experientially require a different understanding of how one knows than one that comes from a philosophy of a self situated in its own reality. The terms that make sense of one project, do not necessary translate to another when speaking of communicative processes.

Importantly, Chaikin addressed a group that was understood to be built from its members’ simultaneous experiences. This was evidenced in the Sound and Music exercise. A question comes up for me: how did they differentiate in order to communicate? However, the question misses the point: Chaikin’s desire to find wordless communication and terms that might explain it meant he aspired to tap into what it meant to be symbiotic. Actors tell of experiencing such an inter-related relationship and the non-verbal communication that comes from it when practicing ensemble. Counsellors do also when working within a practice inflected by phenomenological understandings of what it is to be a self in one’s own world.

Where Rogers theorized about panpsychism and transpersonal models in his later writing, Chaikin actively and intentionally tested the models out to a degree not evident even within Rogers's encounter work.

There was a desire to test out telepathic transmission of experience, which was articulated in the vernacular of the day as a giving out or getting the vibe, or being on the same wave-length.

There is that level on which we live where we deal with obtainable information and assumptions and we exchange with one another the currency of data. Then there is that other level, from which we also act, where there is no possibility of fixing conclusions or exchanging facts. In that creative stage the actor is in a bafflement which has no sophistication and no direct information. He has suspended his personal protective armor and is without what we know to be an organized identity.

(Chaikin 1972: 26)

Hulton (in Hodge 2006:156) reminds us that Chaikin, within his practice, ‘was articulating an ‘explainable structure’ with a content that is ‘untranslatable’. If that was the case, the actor’s job was to make the ‘content translatable’ through the
activity of the labs, perhaps not through verbalisable language, but rather, through exercises that promoted physical and psychic interrelational activity between actors, which over time made what can be termed experiential sense amongst the actors of the ensemble. The Sound and Movement is an example of such a project. The term intersubjectivity captures the exercise’s project.

Both Chaikin and Rogers, through their praxis, expand the application of the terms and conditions of existential phenomenology, a project originally concerned with the singular individual, to interpersonal communication within groups. Communing, or rather, transpersonal means of communication, became an important consideration as they imply the ambition to unite understanding symbiotically. What in effect was occurring was an attempt to explain a moral ground where the individual and interrelationships mattered. In effect, both were constructing the launch pad for social constructionist concerns.

Rogers’s articulated a strongly transcendent level of communication, so that his later writing was permeated with the ghost of deism. He built a metaphysical picture of the universe, each entity comprising the whole, related intersubjectively in a pantheistic manner, and suggesting, more or less, a universal gestalt. Chaikin did not push so strongly along this path, but the mystical pervaded his book, as Blumenthal points out. The problem for social construction, today, has been taking up aspects of Rogers and Chaikin’s address while framing it in a different epistemology and ontology. Before these ideas are understood, it is difficult to figure out a practice ethics. A problem for me is that applied theatre has not fully turned this corner. The problem may lie, in part, because an actor’s training needs a balance built through more materialist pedagogies.

**Somatic and sensate experience**

Within Chaikin’s work, somatic, kinetic, and sensory experience that offer a unique kind of knowledge are put in opposition with ‘intellectual understanding’ (Wolford 1996: 108-109). This makes it extremely difficult to qualify a symbiotic exchange or communicative event. Qualification relies on criticality and the objectification that
goes with it – both, domains of intellectualism.

However, actors claim to have experienced this specialized knowledge within lab work, and speak of the ‘energy’ that passes between players (Zarrilli 2009: 94-95) or an ‘act of possession’ (Brook 1996: 110); or ‘somatic perception’ (Wolford 1996: 108-109). A recent example is applied-theatre practitioner James Thompson speaking of an I/Thou Ethic as meaning ‘[b]ecoming sensitized ... to the other’ (2009: 169). My assumption is that ‘being sensitized’ means using one’s sensory abilities in order to become sensitive towards who the other is. Being sensitized can mean perceiving my other directly, without projections, intellectualization, or conceptual structuring of who that person is.

When I have worked with a client for a long period, the sensitivity seems to exist when engaged in counselling. However, it is a very difficult experience to verbalize without resorting to explanations that sound rather esoteric. And, as Hulton stresses, you can build structures that can be identified with it, but the content the structures house defies direct verbal articulation.

Rogers did not fall victim to esotericism because a metaphysical plan framed his understanding. Rogers was interested in psychology as philosophy and as the modernists understood the term philosophy: as reflective of a huge system of understanding that revealed the truth of our ontological being. In addition, they held that they could find it through material means.

Universal truths tend to suggest that we are all interconnected, and therefore, to entertain that we are able to communicate through levels of understanding that are outside the commonplace or pedestrian. Rogers was interested in uncovering ‘a way of being’ in his final work. The project suggested the way of being. Attached to the way was a platonic vision of ideals that formulate thought and its processes across people. From this position, it is a small leap to suggest that we can commune symbiotically.
Chaikin was not interested in fixed systems, but in the living out of ‘detours’ that call upon the rarified levels of communication associable with spiritually conceived metaphysics, an essentialist concern which tends to collapse into justifying an ultimate fixed system; one that is universal.

**The actor-self as a continuous stream**

When you see differently, both you and that which you see has changed. (Chaikin 1972: 118)

The visualizing of one’s *other* as a ‘content’ that can be compared with one’s self-content creates a dynamic of contrasting parts. The dynamic created can be looked upon as dialectic. Importantly, the dialectic forces an objectivity that is a prerequisite for change. Chaikin was interested in a continuous process of change that brings up new choices for the actor. Such an understanding is consistent with Husserl’s understanding that our consciousness is ‘a continuous stream’ where ‘[t]he separate objects of perception are those parts of the stream of consciousness which we as subjects constitute by intending them’ (474). The continuous stream builds a perceptual field, in other words. However, the stream can be divided. This occurs through interpreting what the parts mean or are. To intend, as a subject or self, parts of a stream of consciousness, means to put the parts in a meaningful content. The intending is a prerequisite for understanding difference or if change has occurred. Once a meaningful content is developed, it can become self-reinforcing, and intending no longer matters. Chaikin wanted to avoid this.

Chaikin’s understood that his labs should provide a ground whereby the actors of the ensemble could be engaged in a dynamic process suggestive of an ever-expanding feedback system of growth and development; not in a hierarchical direction towards a universal good, as became the case with Rogers, but one lived in the moment on the brink of astonishment (6) and discovery (1): an actualization process with no ends in an ideal. Actualization was a temporary setting for Chaikin – a momentary resting place that begs the taking of the next step where one could
intend.

Unlike Rogers, for Chaikin, ‘reality’ wasn’t ‘a fixed state’ (8) where there one could arrive at a fixed end. Where Rogers spoke of realizing a utopic vision, Chaikin spoke of what it took to live *through* reality without a destination. The authentic actor, in this regard, needed to be understood as continuously enlarging her or his potential. Intention expands potential.

However, like Rogers, Chaikin’s practice was concerned with development and movement towards possibility. Rogers was yoked more into an idealism that found its roots explicitly in modernism. While he claimed that his practice was radical, he also saw himself building onto the existing truths offered by Enlightenment understanding, which characterized the human person as individual, or rather, special and unique within an understandable universe. He worked with previously fixed concepts.

Chaikin’s formulation of his practice was an attempt to understand the world of the ‘new theatre’ (1) and the consciousness it could build. A similar ambition is recognizable in Rogers’s therapeutic practice, but not to the extent it is found in Chaikin.

Chaikin understood his practice as framed by questions (Hulton in Hodge 2000: 155), and the ‘answers’ provided as ones that ‘blow the questions out of the water’. This is in keeping with his understanding that the practitioner needs to be ‘touched’ by their ‘continual astonishment and bewilderment’ (Chaikin, 1972: 87). Chaikin was about continual disruption, while Rogers was concerned with how the individual fit within the best scheme of things. Chaikin’s last statement, the end to his meditation, is taken from Susan Sontag: ‘The best answers are those that destroy the question’ (161).

**Establishing how I view principles**

The stuff of Rogers’s practice resonated with me over other theoretical offerings
when, years after attending the studio in London, I entered a master’s program in mental health counselling. The master’s program I attended was set in a rural area of Southeast Idaho. The culture and geographical setting seemed light years away from Studio 68 of Theatre Arts, London. However, the theoretical stuff of either setting offered an ethical perspective from which to govern practice that was very similar. Much of Chaikin’s book exemplified the main practice concerns of Rogers: build openness and an opportunity for transformation, and build the perfect individual or actor that exemplifies openness and transformation in action. The characteristics, for both individual and actor, that were understood as facilitating these goals, were being self-determining and self-directional, thereby frustrating the status quo. However, these qualities were not so rigid as to frustrate interconnectedness between practice participants.

Importantly, for me as a practitioner, both the setting of counselling and actor-training offered techniques of practice built on specific assumptions of what generated good practice. The assumptions easily broke down into principles or ideals, and they appeared to be quite similar across the practices. The similarity lent a universality to the underlying assumptions, and gave me a strong sense of what is right or wrong, or rather, good or bad, for the world in general. These grew out of my modernist assumptions.

**Hierarchy**

Being open to possibility was a core motivator of both Rogers and Chaikin’s practices. To manage this central goal, they each attempted to create techniques that fostered interdependence without compromising self-direction. Ideally, being open, according to both Rogers and Chaikin, was thought to contribute to a symbiotic experience between all involved within the activity of practice without compromising individual integrity. It is a small leap to considering that what happened for one experientially, happened for all. In other words, there existed a symmetry to the group experience; it was a symbiotic event, if you will, or a group gestalt.
With the understanding that there is a symmetry of experience occurring within the ensemble, it is reasonable to suggest that a common ground of practice can be constructed. From this rationale, it seems plausible that directives, creative activity, and the establishment of techniques, if provided by someone within the group, is understood to be provided by all. What this implies is that a condition of the work is being enmeshed, and that blurred boundaries between the jobs of director, player, and writer are enabled.

Ethically speaking, enmeshment or gestalts imply that a collective responsibility is established that will promote a best practice. This sensibility echoes the Romanticism of the late nineteenth century, which gave rise to the social worker movement.

Problematically and paradoxically, such an underlying rationale can become a set-up that facilitates takeover and authoritarian leadership. Chaikin gained executive control of The Open Theatre, and then was able to make executive decisions concerning the company, despite his ambition to create a group gestalt. Even with the understanding that there could be symmetry of experience, coupled with the mind-set that what happens for one happens for all, when Chaikin assumed strong control of the his lab and the directorship of the company, a hierarchical arrangement ensued. However, according to these terms, he was not taking control. He was exercising the control and responsibility natural to the group of players within the gestalt of The Open Theatre. This is a way to view the company’s history if one tries to make sense of it according to a logic that is offered when group gestalts, agency and common grounds are in question.

Needless to say, a power structure was put in place within The Open Theatre that frustrated a core assumption of the processing of the lab work. There needed to be a good deal of self-direction and self-actualization going on in order to frustrate a status quo. Homogenizing the group into a holistic unit did not necessarily build a collective that always functioned as a close-knit, enmeshed group. It built a group gestalt psychologically, but not political cohesion. And it took an expert,
someone who could maneuver and manipulate between the psychological gestalt created, to manage the tensions between Chaikin and the other members. A negative dynamism was introduced when a core principle for the initial formulation of the group was disregarded. It enabled a compromising politics that was played out by the whole company.

Psychologically, the group understood itself; holistically and politically the members of the group came to see themselves at odds. In other words, there was a mismatch between psychological understandings and the politics. By the time Chaikin ended his tenure at The Open Theatre, he had assumed strong control and many in the company had become bitter. Blumenthal, in her work, *Joseph Chaikin* (1984) explored the politics of the company, which was clearly run by Chaikin (141-144).

Collaborative play was emblematic of The Open Theatre. Harding and Rosenthal point out that collaboration within the ensemble was an outcome of an environment created from a fluid dynamic within the immediacy of the moment (Harding and Rosenthal, eds. 2006: 12), and through a climate of ‘openness and receptivity (2006:27)’, or rather, attunement. This resonates with Rogers who viewed climates as something created through methods of practice that established open conditions for therapy, or rather, receptivity between the engaged. What contributed to the climate was a common ground of practice where each member worked as an equal part within the whole. The goal was to displace a hierarchical system of work where power differentials got in the way of the creative impulse. As Chaikin (1972: 15) stated in *The Presence of the Actor*, ‘The discipline comes about through creating exercises which bring up a common ground to those who study together.’

When reading Chaikin’s work, I had a sense of the ensemble as always turning the corner and walking into new, unexplored territory. What I came to understand was that from this freeing experience, a climate is established that is not contingent upon an authoritarian presence. What also followed is the sensibility that everyone
within the ensemble has a job that defines him or her; however, no job is more important than another. What is important is the collective whole. The goal to frustrate hierarchical arrangements between people was exemplified in Rogers’s encounter work (*Carl Rogers On Encounter Groups*, 1970), which occurred at the same time that Chaikin was building his practice within The Open Theatre.

Being open to always turning the corner parallels Rogerian therapy, which begins each session open-endedly; a strategy meant to keep the practitioner from assuming an expert role and becoming directive rather than facilitative. As a practitioner, I do not push to go beyond the reference or parameters set by the client’s narrative. I do not ask to go back and rehash the narrative developed within past sessions, or project what our professional relationship should accomplish for the future. Therapy starts with a ‘hello’ on my part, and I wait until the client gives the cue to proceed. If the client is silent, only after sitting with the silence do I say: ‘You are silent, there is a small smile on your face, and your eyes are red and swollen, and your face has a huge black and blue spot’, for example. I do not point out the contradiction evidenced by the smile and swollen eyes. I simply point it out, then let the client take the lead. Through this technique, the session starts open-endedly and the corners that might be turned are made available for the client. As the client opens up and I continue to stay non-directive, the session begins to take on an inter-subjective character. Responsiveness by both the client and myself seem to be strongly co-sympathetic, so that it feels like some internal alignment has occurred between us.

**Empathic attunement**

In *The Presence of the Actor*, Chaikin (1972: 116) spoke of the technique of jamming. Jamming, for a Rogerian practitioner of my brand, refers to being empathically attuned to the other through experiential or sensory means, which allows one to grasp the other’s personal reality through ‘points of contact’. ‘Storytelling’ provides points of contact through ‘words, sounds, movements, and silences’ (Ibid). Through the telling, ‘the storyteller wants the listener to make contact with some of the same points that he did’ (Ibid). For a Rogerian,
storytelling and the points of contact generated by it create an empathic encounter.

In the Perfect People exercise, Chaikin built devisings that spoke of the non-empathic conditions that arise when a market-driven set of values dominates one’s culture. Central to his statement is the understanding that institutions, and the cultures that house them, should be driven by empathic attunement towards the populations they target.

At the heart of Chaikin’s argument is a humanistic project, which is identifiable also in Rogers’s writing. The considerations and projects of science, industry, and governing cannot be divorced from an ethical or moral ground. Institutions provide shaping forces that make up the individual. As non-empathic, or as a force that shapes the individual for its own benefit, there is a disruption between the values of the institution and the authentic citizen.

**The experiential nature of knowledge**
Along with constructing techniques that could foster a symmetry of experience that would bring about an understanding between participants within practice, both Rogers and Chaikin privileged personal subjectivity when conceptualizing their practice philosophy. This privileging, when applied to rules and standardization meant that personal, lived experience trumps the standards and rules. It is easy to conclude that knowledge, skill sets, setups, or end goals imposed by a status quo contribute to unethical behaviour. This rationale complicated the politics of The Open Theatre. Experts or directors impose. The understanding of the kind of perceptual framework necessary to build the ensemble did not match up with the politics.

A problem of abiding by a status quo of practice is that it is generally associated with authority. Having an authority within a practice means that his or her practice agenda will dominate the ensemble – it will, in effect, be a status quo of one. Dissonance will prevail amongst the group if a formulating aspect that forged the
group was to frustrate hierarchical arrangements within practice. Any counsellor who has done marriage and family or group work understands the negative dynamics that will ensue within a relationship if its originating values are compromised without being explicitly reworked. In the case of The Open Theatre, the members would have not only have had to rework their politics, psychology, and perceptual understandings, they would have had to rework the practice principles that governed each. Creating movement towards possibility and the promoting of openness within practice would have had to be reworked in their understanding, and not from a rationale that promoted an idealistic or utopic democratic vision.

The self of the actor

Embedded in the understanding of the self (the person in Rogers’s case, and the experimental actor in Chaikin’s) is the understanding that the individual is inherently and, therefore, ethically at their ideal best when capable of cultivating the capacity to be open, transformational, in tune with their experience and other, and self-directing and self-determining. These understandings, within an essentialist framing, can lead to a specific rationale. If such capacities are naturalized within us, what is suggested is that principled actions are also naturalized within us. We are inherently ethical. Our selves are meant to behave in certain ways to promote a good. The rationale is problematic for a practitioner who operates from the principle of openness, a respect for difference, and believes the goal of practice is continual disruption.

However, and not so problematically for me, the rationale that we are naturally good supports the view that we are of a humanity; one that is wired to do good, both collectively and as individuals. To acknowledge this means that I have to bridge individualism with collectivism within my understanding of what practice should amount to. As a Rogerian practitioner, whether I am speaking of humanistic counselling or applied-theatre practice, I need to set-up conditions where my other, whether individual or group, can become opened up to possibilities of viewing their world and the others within it. It also means that to the best of my
ability, I cannot impose a solution or end goal that would frustrate the open condition created within practice. I have to trust that my other is wired to build a suitable end goal for his or her self.

The principle

My overall inquiry within the research is principled. My argument not only concerns examining what my personal practice ethics amounts to, it also concerns taking a strong position against scientist-practitioner models of care when working with over-institutionalised individuals.

Principled arguments generally appeal to an individual who is strongly idealistic. And idealism is usually pinned to some form of essentialist thinking. However, I recognise that ideals meant to be operationalized through actions understood as ethical behaviours (principles in action) are culturally generated. If this is the case, cultural exposure and shaping are the sources of my brand of essentialism. This is an important consideration for a practitioner who started out this research as a fairly entrenched essentialist in the modernist sense, and then switched, mid-research, to considering herself a modified, or cultural, essentialist.

The understandings gleaned across Rogers and Chaikin’s practices, have significance for how I can view what a practice principle is. If the core goal of a practice is to open up the engaged to possibilities of being as a self or actor, it follows that the core practice principle concerns being open. As a practitioner I find that having goals within practice is synonymous with having principles and operationalizing them. In other words, my means and objective are the same. It follows that any actions taken within practice, ones associated with a particular goal or principle, will amount to principled behaviour.

My ground of practice is justified through my cultural essentialism and the principles that are embedded within it. It is not justified through the view of having absolutes. This is a break with modernism.
Principles of practice concern positive values, meaning they promote my ethical positioning. In the case of being open, an ethical action is one that promotes openness. When I am open to possibility within practice, I am, therefore, ethical. As a Rogerian, I am ethical when I take on the attitudes of being congruent, empathically attuned, and unconditionally respectful and consequently exercise behaviours that operationalize those attitudes within practice. These behaviours were understood to create open conditions within therapy by Rogers.

If the goal is to build openness within a practice, the principle of openness needs to be open to interpretation in order to promote openness to possibility. That means it has to suit the situation and person because as a practitioner I have to keep my client safe. The ACA mandates this. In this sense, it is a soft guideline rather than a strong determiner of practice behaviour. This is where judgement comes in and puts me in the driver seat regarding how open to possibility one can be under certain circumstances; this is a form of discretion. I had to use such discretion when working with the women in the prison. I have had to use similar discretion when working with so-called ‘cutters’ that want both attachment and are fearful of it. Following the same line of logic, if being open within practice is a core goal, as a principle it cannot be understood as an absolute marker of what should happen within practice. How open one should be will need to be negotiated. This will soften practitioner influence but not obliterate it.

I am a modified essentialist, modified by the understanding that my brand of essentialism fits with social construction. I understand the person (self or actor) as shaped by cultural values. The values are represented by principles that mark out an ethics. A question surfaces: can a practice truly aspire to work outside the box of cultural shaping? As I understand it, it can – that is, if a core cultural value is to create openness towards one’s other and circumstances that promote it. However, I don’t think that within present-day America such a value is likely to be sustained. Special interest groups representing or influenced by financial institutions continue to run our country. Profit over promoting the building of an activated and educated citizenry is the main concern of governing institutions, whether they concern
health, education, government, or legislative, executive or judicial action. Further, there appears to be a general apathy amongst the American public concerning this issue. We seem to be too absorbed by the desire for personal comfort and technological distractions.

I do not regard principles as simply extractable or reductive elements of a practice ideology. I understand principles as important markers or architectural elements that build one’s practice context and represent what is of value within a practice. As architectural elements of a practice ideology, principles, along with the behaviours they suggest as good practice, help shape the practice climate.

**Standardization**
Chaikin’s view of us all as intrinsically of humanity is evident in his references to R. D. Laing, the existential-phenomenological psychologist:

> If we are stripped of experience, we are stripped of our deeds; and if our deeds are, so to speak, taken out of our hands like the toys from the hands of children, we are bereft of our humanity. We cannot be deceived. Men can and do destroy the humanity of other men, and the condition of this possibility is that we are interdependent. We are not self-contained monads producing no effects on each other except our reflections. We are acted upon, changed for good or ill, by other men; and we are agents who act upon others to affect them in different ways. Each of us is the other to the others.

(41)

From an I/Thou perspective it is a small leap into accepting that we as individuals or as collectives participate in a humanity; an understanding that fosters the sense that we are interconnected and responsible for one another. If this is the case, behaving responsibility means understanding the other as other, and not as a projection of my ‘self’ as a practitioner. Any rules, standards, principles of practice or theories that are developed because of the individual relationships created through interconnectedness need to be understood as very particular and evolved through the circumstances that are present within the moment. If standardization is an issue when building an ethics of practice that resonates with Rogers and Chaikin’s praxes, it means that standardization must concern an open debate and
a strong consensus.

Building standards of practice is reductive. Chaikin’s practice was not reductive. He was interested in facilitating the actor to grasp the whole event of the lab work. He stated:

The actor’s ‘attention’ should be ‘on the whole event’. He must know the whole event in all its incongruities, seeing the chaos clearly. From that perspective we have a better view of the structures in which we live, these structures being arrangements we make to deal with chaos. (40)

A goal of Chaikin’s was to continually broaden out the possibilities of playing. An outcome was that the workshops or labs that he conducted within The Open Theatre became a ground for conducting ‘research’ and experimentation (Hulton in Hodge 2000: 154). His research and experimentation was fed by many threads of understanding associated with differing philosophical perspectives. Because this was the case, Chaikin’s practice was naturally resistant to standardization.

What was to be ‘discovered’ can be associated with ways of thinking that were starting to be established within the American conscious, and not necessarily within the theatre status quo. Two defenses traditionally associated with psychoanalysis, and basically redefined to fit the project of social consciousness-raising, became influential – projection and introjection. Each defense, understood on a social scale, can be found in Rogers’s writing and Chaikin’s The Presence of the Actor.

Heddon and Milling (2006: 42) claim that The Open Theatre had an ‘explicit interest in play as a social and professional activity [and that it] was ideologically inflected’. The statement does not suggest that one single ideology influenced ‘the play’. The ideology referred to was a blending of ideological contexts; ones that came out of the disparate fields of theatre, psychology and the philosophy of phenomenology, and that added a strong and difficult-to-decipher complexity to Chaikin’s understanding of what theatre should be. As the ideology behind his practice was an amalgamation of philosophical outlooks, or inflecting ideologies,
there was no definitive through-line of valuing within that praxis. Any ethics referred to was a hybrid or a synthesis. Building synthesis is antithetical to deriving reductive standards for practice from chaos.

As with Rogers, any interpretation of Chaikin’s ethics runs the risk of catering to a bias in order to manage a through-line of valuing. However, catering to a bias has its up side: a through-line of valuing acts as the final word for one’s practice ethics and provides a sense of certitude that you ‘act well’, as Aristotle would frame it. However, a through-line of valuing is difficult to apply when the practitioner has a philosophically pluralistic view of what their world should be or amounts to. Standards rely on an existing through-line of valuing that can be isolated when reducing practice concerns.

Trying to understand Chaikin and how his practice intersects with different philosophies can become terribly complicated because he was interested in the ephemeral. Chaikin wanted the actor to explore an ephemeral kind of gestalt, or metaphoric location that is not directly observable. Its parts can only be implied and are resistant to ordinary, concrete understanding. Standards are concrete.

In making something from the felt chaos of exploring such a location (Hulton in Hodge 2000: 155), Chaikin’s project concerned measures that were capable of dealing with what can’t be seen or yet understood. Chaikin termed what was not yet apparent to understanding by the actor as levels (128), zones (2, 5, 8, 25), and realms (5, 9, 138). This is similar to Rogers’s when he became infatuated with panpsychic, or transpersonal means of communication. Transpersonal communication is not concrete.

**A reaction and articulating the goals of the chapter**

My turning towards applied theatre practice came about as a reaction against the scientist-practitioner model of therapeutic practice. The political clout of the philosophy behind this model dominates U.S. therapeutic practice. A result is that humanist practitioners, such as myself, are marginalized and find it difficult to work
according to their owned practice ethics. One of the results of this marginalization is the wiping out of the dynamism needed and created by oppositional or diverse views of counselling practice. The pluralism needed to address populations of clients that have been over-institutionalised is stopped in its tracks.

It is an educated assumption of mine that clients (my engaged other), over time, become desensitized and resistant to methods that are a variation of or a repackaging of the scientist-practitioner model, which is an industrial and technological paradigm of practice based on efficiency and results. The relational context needed to practice caringly and according to the client’s identified needs is missing.

I consider the scientist-practitioner model industrial and technological because the psychology and science behind it claim to identify a recognizable problem, have the ability to apply a standardized protocol of objectives to manage it, and successfully target outcome goals. As a Rogerian and humanistic counsellor, I understand that, although there can be a science and a human psychology at issue within the therapeutic setting, treatment is foremost a philosophical and relational issue when at its best. Rearranging behaviour is not sufficient to bring about human change, a sense of well-being, an experienced shift towards positive self-esteem, or interconnectedness with one’s other. Behavior change or rearrangement is only a small piece of the therapeutic pie.

The problem is compounded when systems of mental health care are parsed out to private management firms such as Optum. Though research shows that all therapy works as long as the relational element between therapist and client is present, Optum requires that therapy be done according to the scientist-practitioner model, and Optum manages mental health care in most U.S. states.

Further complicating the situation is the gatekeeping enforced by the American Counseling Association (ACA), which privileges the scientist-practitioner model of therapeutic practice through its standards of practice. The standards are worked
into many state-licensing boards, which govern who can practice as a counselor within the state and what is acceptable practice.

With the homogeneity brought on by the effects of the over-institutionalisation of relational activity, it is difficult to call on techniques and the principles that undergird them suggested by the ethical practices of Rogers or Chaikin. Being open, authentic, spontaneous, ever-curious, and transformation seeking does not resonate with a system that seeks homogeneity through the privileging of the scientist-practitioner model of therapeutic practice, which is based on behaviourism and the control of responses and cognition.

So, what is a humanistic practitioner to do? I have been unable to choose between identifying my-self as being a mental health therapist using applied theatre practice or being an applied-theatre practitioner using Rogerian practice strategies and the ethics that promotes them. As James T. Hansen, a clinical psychologist and academic, brings out in his *Philosophical Issues In Counseling and Psychotherapy* (2014), humanistic counselling does not really belong in the category of mental health. This means that one’s mental health and well-being are not strictly reducible to treatment as the science of psychology.

My sensibility is that psychology does not make the self, at least in its entirety. Psychology is a cultural creation in many regards, and not simply an uncovering and articulation of a narrow nature that, when evaluated and applied, cannot be reduced only to the categories of ‘behaviour’ and ‘cognition.’ A personal psychology can best be built through interconnection between others. The self can be built only through relationships and the experiences that can be shared within them.

I acknowledge that it requires a philosophy to build the construct of what we call the ‘self’, and that this can only be accomplished in relationship with others who are also structuring their self. This is not to say that we don’t have innate characteristics. We do. The study of genetics bears that out. Darwinian theory and
the theories that have been generated from it bear it out. I may have natural characteristics, but they do not arrive with me in this world pre-shaped by an intact, comprehensive system of personally abstracted or cultural meaning. Any natural characteristics that I may have, arrive fairly inchoate in terms of systematic, structured meaning.

Natural characteristics have to be made meaningful through cultural articulation. Philosophical outlooks manage this. The philosophy is received, reshaped, and added on to, but not necessarily through co-sympathetic philosophical structures. It may be disowned. What ultimately shapes us is a dynamism mediated by clashing values amplified between systems of understanding.

To answer the question of where humanistic counselling belongs, I have to look at the overall goals of my practice, which are: to promote a sense of belonging to a humanity in all its rich diversity; to build interconnectedness; to create operationally a means by which my engaged other can build a sense of self-direction and self-determination, while feeling they are a part of a community holding the same democratic principles. But not least of all is the goal of promoting a practice that can adapt to the moment and circumstances, not only on my terms, but according to those of the engaged, as well.

Counselling practice, as promoted by the American Counselling Association’s ethical standards and various organizations like Optum, rules out such practice concerns as being central to therapy. Problematically, applied theatre practice has not come into its own within the U.S. Institutions do not hire in applied-theatre practitioners. Insurance companies do not have the discipline listed as a treatment option, although it is sometimes supported by difficult-to-obtain grants or university programs. As a practitioner working within a poor, rural area, it is simply stupid to think that it’s possible to make a living through private pay. I was naive enough to try when working as a counsellor.

Exacerbating the problem is the Licensed Professional counselor or Association’s suggestion that the therapist do ten percent of their work *pro bono*. Making a living
is complicated. As a dedicated humanist practitioner, I did a lot of *pro bono* work. I had a difficult time turning good people, especially children, away. This reality of rural practice affected my more humanistically inclined cohorts. Institutionalized systems of care let people slip through the cracks if they don’t meet criteria for care. In my community, counsellors very often take up the slack.

As an exclusively applied-theatre practitioner, my livelihood is at stake. Also at stake is the ability to belong to a community of practitioners that identifies itself in a particular way and lends each other professional support. There are academic positions available to teach applied theatre that give it a presence within individual communities, but they are limited, and the politics involved in getting these positions is difficult to negotiate. As an applied-theatre practitioner in southeastern Idaho, I am a practitioner without a strong anchor.

In view of these considerations, the question still stands: what practice best accommodates achieving my overall goals? Hands down, it is applied-theatre practice. The interrogation of this research is the threshold from where I begin to move beyond doing therapy. The step ‘beyond’ is found in engaging my other in relationship through theatrical practice.

Through the research, threads of understanding associable with social construction have been attributed to constructing applied-theatre practice. However, there are many more philosophical contexts that shape it. In addition, applied theatre generally starts with the ethical imperative that the practitioner needs to respect difference and critically understand it. Sometimes, that can mean understanding what does not philosophically shape your practice.

We are in an age where different cultures, ones that historically have been estranged, are interacting. That is true even for someone living in southeastern Idaho, a region that has historically been culturally homogenous. Dominating cultural and social philosophies that once determined the relationship between cultures have been challenged as the politics between differing cultures have
shifted according to hierarchical, commercial, economic, technological, and political arrangements. That means differing philosophical outlooks may be ascending within our culture, and are present even on a global level. As cultures shift into view on a global scale, the practitioner’s practice ethics will have to accommodate them through critical, comparative, and dynamic evaluations.

Within Chaikin’s *The Presence of the Actor* there are whole categories of understanding that remain unexplored. In his book, the influence of Brecht can be identified. I will certainly meet and be challenged in my own thinking on what constitutes ethical practice by practitioners influenced by Brecht. His strong materialism in contrast to my modernist, ideological essentialist, phenomenological, and social constructionist-inflected ethics might open up new opportunities from which to build positive oppositions, and thus, a dynamic from which to critically evaluate new possibilities that will expand my understanding of my others and my relationships with them.
Chapter Four

Challenging the Universal Applicability of Codes or Standards

[T]he post-modern perspective shows the relativity of ethical codes and of moral practices they recommend or support to be the outcome of the politically promoted parochiality of ethical codes that pretend to be universal.[4]

(Bauman 1993: 14)

Scrutiny or due-diligence

Ethical decision-making is an evolutionary process that requires you to be continually open and self critical.

(Cory 1977: 51)

Cory’s statement matches up with Pendergast and Saxton’s challenge. To meet the challenge posed, I traced my understanding of both Rogerian counselling philosophy and my drama school’s brand of experimental theatre that is traceable to Joseph Chaikin’s The Presence of the Actor ³ in Chapters Two and Three. In both chapters, parallel values and principles for practice were uncovered. Both Rogers and Chaikin’s practices, over time, had been naturalized within my work so that they were regarded as essential givens of practice; for me, they were examples of best practice. However, the incorporation of what can be termed my brand of experimental theatre, influenced by Rogerian counselling practice, into a type of applied theatre, required a more in-depth interrogation of the ethical implications rendered by the addition of a new practice resource. To practice ethically means to scrutinize one’s practice assiduously, and not simply establishing and relying that one’s well-meaning intentions are carried out through one’s practice strategies and methods. Due diligence is in order.

Having due diligence as a practitioner means interrogating the through-line of values and principles that underscore one’s practice methods. The through-line in

³ The combination of both Rogerian counselling ethics and my received brand of experimental theatre ethics garnered while at drama school which is traceable in Chaikin’s work, will be termed Rogerian practice within Chapter Four and Five. The combination signifies my crossover from a dual practice to an applied theatre practice.
my case is built on the principle of being open. It also concerns the promotion of the ‘client’s needs’ though setting up a condition where they can self-actualize and become self-directing. The condition is fabricated through interrelational activity. As Welfel (2006: 49), a clinician and researcher, states: ‘Due diligence [ ... ] is a consistent attentiveness to the client’s needs that takes priority over other concerns’. I would add that, in meeting the ‘needs’, a clear understanding of one’s practice ethics is required.

Welfel (Spruill et al., in Welfel 2006: 49) furthers the statement above by qualifying it in terms that speak of method: ‘A more valid and objective criterion for competence is one’s effectiveness in helping clients, in developing plans for counseling, in implementing those plans, and in evaluating the outcomes of counseling’. The diligence Welfel cites via Spruill is not the definition of due diligence that can be derived from my particular practice. The terms are adequate for an empirical model. Welfel’s definition of diligence is predicated on objectivity driving the method, not through an understanding of interrelational activity secured through philosophic inquiry. I consider philosophical psychology a particular kind, or subfield, of the discipline of psychology. It is through interrogating my philosophy of practice that I understand the principles in place that govern my relationship with my other. My practice needs to be understood firstly as principle driven rather than technique driven.

Additionally, Welfel shapes the meaning of the term objectivity. She shapes it to mean ‘knowledge that can be freestanding’. Freestanding knowledge can be interpreted as standing apart from an ideological or philosophical driver. She states that when practitioners further their competencies through education, ‘they need to ascertain whether the proposed training ... is based on scientific evidence, objectively obtained’. She implicitly suggests that scientific evidence stands outside human perception and interpretation. As used in philosophical terms, scientific evidence is a thing-in-itself.
Also implicit in her statement is the collapsing of a mental function, objectivity, into science and its methods. This maneuvers the term so that objectivity can be regarded as synonymous with its subject, empirical science, and the subject’s exemplars or methods, rather than understanding objectivity as an action of distancing that is a property or function of cognition. Consequently, any properties that empirical science has, and are operationalized through its methods or exemplars, will be considered as having moral or ethical weight in determining standards. Importantly, the properties and methods will become linked to a cognitive function, which then confers a function with moral or ethical weight.

Implicitly, according to Welfel, if science is knowledge, so is the act of objectivity by association. Science, its methods, and the ability of human cognition to differentiate between self and other become positively valued. Here the term other is used differently than in the rest of the research: it is used to both signify the other as other and to distinguish one’s self from the physical world. The function of differentiating, or objectivity, is morphed into an ethical attribute and is imbued with the status of representing best practice. Objectivity is successfully collapsed into ethical action and substantiates empirical science as standing above any other models of practice.

My view is that the perceptual function of objectivity is to promote the ability to grasp what is other; a being that is outside oneself. The capacity does not automatically garner an ethical currency. It is an ethical embellishment bestowed by one’s practice philosophy, or rather, ideology.

The term objectivity is usually conveniently put in opposition with subjectivity. However, this is a false dichotomy or divide. It speaks of the ability to differentiate the internal world of a constructed self from the outside world of other. If we didn’t have this functional ability, could we survive the world of the other? Could we differentiate between the other and ourselves? The divide speaks of our ability to make comparisons, contrasts, correlations and connections, and distinguish
contradictions, tensions, and conflicts; abilities associated with cognition and critical thinking, but not with ‘Knowledge as Truth’ as the author implies.

As a Rogerian, I do not presume that I come from a moral ground because, objectively speaking, I can distinguish differences between others, including myself. My ethics is pinned to the relational, a feeling of inter-connection because I understand us all as being of humanity, a common denominator between different people. My understanding of this is found in the philosophical: modernism, romanticism, phenomenology, existentialism and I/Thou ethics. My practice as a Rogerian is absolutely reliant upon this understanding. It is the baseline universal of my practice, whether the universal is present within my practice philosophy through a sense of commitment, or through a classically essentialist position. The philosophical underpinning is what allowed me to practice in a foreign country as a young actor doing children’s theatre so long ago.

The systemless system

Terms of practice are value loaded: [E]thical convictions purport to reflect something objective.[]

(Stephen Darwall, 1998: 21)

One of my pre-research assumptions was that both Chaikin and Rogers’s articulation of ‘open systems’ of play and therapy, purported to be fairly structureless and having the appearance of being spontaneously devised, were just that. As systemless, the selves of the persons that comprised the systemless systems were considered to be equally liberated from the constraints of prescription that the term system normally implies (Chaikin, 1972: 12, 15; Rogers 1995: 345-47). The person, or rather, self, in this sense, became a ‘reality’ that ‘is not a fixed state’ (Chaikin 1972:8) and one that has a ‘liberat[ed] consciousness (Chaikin 1972: 9). These understandings intimated that systems could exist without well-fortified cultural or ideological anchors, so that any practice that was derived from such a liberated construct could be very fluid – and, more particularly
was imagined as able to yield material not previously explored. Sometimes the material was truly original; meaning it seemed to come out of nowhere.

**Is choice real?**

In attempting to understand my own ethics of conduct, a question arose: Is the practitioner primarily a reflection of the ideology or ideologies that offer structure and context for their practice? Acknowledging that there can be an ethics of conduct presupposes that a choice can be made between what is desirable action and what is not. If we are conditioned and shaped to act according to an ideology that instructs behaviour and creates the professional self of the practitioner, can we say there is such a thing as discrimination when addressing practitioner conduct? Choice making requires the ability to be discriminatory.

My personal practice ideology values acts and attitudes that are freeing; bring about personal change, openness, and flexibility; and provide choice-making opportunities. Democratic principles are recognisable in what is valued. I understand that when these principles are made operational they are existentially real. However, I also understand that because of negative conditioning, my other has to make a strong and active effort to operationalize the principles. And, it takes repeated exposure to the existential condition created within humanistic therapy.

When these characteristics are operationalized, a climate is set up so that the client can act, feel, and think more freely and openly, and personal change can occur. The *Romeo and Juliet* and the City Creek exercises illustrated in Chapter Two, for example, evidenced this, as did my training as an actor when using the Sound and Movement exercise. The goal of all three exercises was to make operational the feeling of being freed up, making spontaneous choices, and being flexible within a given, immediate situation. Through experiencing these principles in action, introjects were set up that might be internalized by my other.

In order to experience the principles in action my other needs to be confronted by a positive opposition that creates a dynamic through which she or he can engage
in the process of discriminating and choice making. For the client positive 
opposition usually involves expectations culled from within their lived 
circumstances that don’t authentically represent who they feel them-self to be as 
opposed to an ideal version of who they think they are.

As a modified-essentialist practitioner, I have multiple possibilities at my disposal 
to build contrasts or oppositions within the therapeutic encounter because I am 
philosophically eclectic. For example, I might draw on modernism, 
phenomenology, existentialism, I/Thou ethics, romanticism, or social construction 
to create a climate that promotes an effective dynamic. I can also draw on the 
dynamic identifiable in both Chaikin and Rogers’s work where relational 
interconnection is put in positive opposition to differentiation.

As a Rogerian practitioner, when I approach my other, I do so from the 
understanding that inherently she or he possesses the qualities of being of worth 
and dignity because my understanding of humanity is garnered from a humanistic 
perspective. However, as a social constructionist, I also understand that a person 
self-constructs through taking on introjects. Introjects are not things-in-themselves. 
They are fabricated from the attitudes and actions that express them and that 
moves therapeutic processing along. The attitudes are conveyed through actions 
that operationalize congruence, empathic attunement, and unconditional respect, 
creating a practice context or climate. As a practitioner, I want to provide a practice 
context that facilitates my other’s internalizing of what I consider positive 
characteristics, which is a form of essentialising. I consider this fair when working 
with persons shaped by and accepting democratic forms of political philosophy. 
Since these principles represent a constructed political culture, these 
characteristics are conditional and not universal, and therefore, can be chosen or 
disowned.

To understand the characteristics, or principles, of my practice, I also have to 
understand them dynamically in relation to what it is to be of humanity. The 
understanding that clients are of humanity modulates the egoism inherent in the
mentioned principles, which speak of strong individualism. An example of this within actual practice is found in Chapter Two, when I was working with the male client who was fragmenting psychologically and tried to sexualize the therapeutic relationship in order to gain some control. I pointed out that because he was feeling vulnerable, an assault on his sense of self, he needed to use a method of control, one that he’d used in the past to feel safe. I also set strong boundaries for behaviour. However, behind my confrontation I always conveyed the sense that my other was of humanity and naturally of worth. I did not shame him or throw him out, thereby showing understanding and acceptance of him as a person. Through experiencing what it was to be understood and accepted within the therapeutic encounter in contrast to unacceptable behaviour, my client was offered the possibility of building a positive introject that could facilitate his self-actualization. In the future he choose to not use sexualizing behaviours.

This example ties into my training as an actress. It was similar to working with Val Colgan, who never appeared to interpret the student actor’s work as bad, wrong, or undeserving of comment or attention. She was very warm and attentive when giving feedback. She facilitated the actor in critically analyzing the choices he or she made regarding playing. Her comments were similar to reframes. When working with her, I usually felt an air of collaboration. The dialogue surrounding the play concerned discovery. I understood very clearly that she had her standards, and they were evident. However, they were backed by the understanding that the playing concerned experimentation. That implied that my playing needed to be open and that I needed to take risks.

As I reflect on this, I see that her directives were about managing the dynamic created between standards and experimentation, and not about perpetuating her bias. My worth in the playing was not about meeting standards. It was concerned with using the dynamic built from the possibilities the standards offered as a backdrop to the possibilities experimentation might garner. The dynamic created a setup for criticality that offered choices for performing. By managing the dynamic,
whether the student choose to perform according to Val’s feedback or not, she still treated each one of us as persons of worth.

Val Colgan had read both Chaikin and Rogers, and she encouraged the student actors at the studio to do the same.

**Incongruence as part of my skill set**

If the exemplars of being flexible and open govern practitioner conduct when engaging the other, the practitioner, when confronted with different cultural paradigms that govern individual behaviour, groups, locales, or cultures, should be able to discriminate about what is needed by the client and be respectfully able to meet the other on their own terms and conditions. In this over-institutionalised world, where the marginalized get housed in arrangements that attenuate or revoke their rights, this goal is sometimes very difficult to achieve.

In order to clue into my other’s terms and conditions, or rather, understand and accept them, I need to be discretionary. By that I mean being empathically attuned and respectful. To be discretionary, I first need to read my own sense of congruence regarding my reactions to my other. If I am working in a situation where I feel dissonance, or rather, incongruence, it means something is not quite right. I am not ‘getting it’ regarding my other.

I have in the past worked in institutional settings where I experienced a good deal of incongruence. It signals that I am not being true to myself as a practitioner. I can’t walk away from institutional settings; they are where the work is located. But when I work in institutional settings, usually those governed by the medical model and scientist-practitioner role, the incongruence I feel can be overwhelming. However, it is a useful signal. I have to weigh this internal, psychological response against an account of the good that I hope to promote. In psychological terms, this is called rationalizing, and it sometimes holds me hostage to the dissonance experienced. Rationalizing is not necessarily criticality. What is occurring is that I am struck between my principles of practice and what I feel are the wrongs of an
institution. Usually I am a guest within the institution and have to simply, in my region’s vernacular, ‘pony up’ – meaning, endure it with a sense of grit and smarts. In ethical terms, this reaction is due to having to compromise in order to promote a good for all. It also means that I have not lost sight of my resistant form of ethics when interfacing with a ‘dominant’ ideology and the ethical understandings associated with it. I have made a judgement call that is directly the result of my understanding that I am of humanity in all its divergent forms. My judgements have to concern a greater good. In other words, my sense that humanity matters modulates my egotistical concerns.

Skill acquisitions, or the building of techniques that operationalize one’s practice ethics, very often happen because there has been some dissonance or disconnect experienced by the practitioner in the care of the other. Rogers and Chaikin built their practices because of dissonance; the reaction happens because something is at odds with the values one holds. If practice skills are developed in response to dissonance, the practitioner is invested in some ethical outcome prior to developing their practice methods. This means that all practice skills originate in ethics. There is no such thing, according to this view, that suggests that the scientist-practitioner can operationalize ethically neutral techniques, since a reciprocal relationship exists between ethics and techniques. The scientist-practitioner claims that their practice is philosophically neutral. But there can be no identifiable problem unless ethics is at stake. Techniques target objects. In the case of therapy, the objects are problems. Problems exist because certain values exist.

Dissonance can be experienced because of tensions and contradictions within one’s practice ideology (Bishop, 2007:17), or because of human frailty; one’s values and actions don’t always match up, as Rogers acknowledged with his articulation of congruence or authenticity. Dissonance can occur through the interfacing of one ideology with another, causing breaks in the logic or alignment of values across or between systems. The breaks, if not explicitly worked through by the practitioner, can leave the practitioner vulnerable to being shaped not by
their own practice ideology or ideologies, but rather, by what I would consider negative, oppositional forces, especially if one of those forces has been strongly entrenched by an institution. My reaction to dissonance within practice situations makes me ethically aware. It also reminds me that there are difficult choices to be made when working in institutions that do not support humanistic practice. They can be made if I keep in mind that the ego needs to be in dynamic relationship to a humanity.

One example of being ethically aware is, when working on a mental health unit, I encountered my other in her room self-isolating. She was sitting on top of the bedside stand that she had pulled over to a window and was looking out. Her journal was in her hand, which she closed quickly when I walked into the room. She did not look up. Rather, she waited for me to respond to her sitting on the table instead of attending ‘group’. She had a history of self-harm and had been hospitalized for swallowing a bottle of Ambien. Rather than point out that she was missing group, I pulled up a chair and sat on the arm with my feet where my bottom should go. I simply said, ‘You were journaling and want to create your own, private space’. By sitting on the arm of the chair rather than in it, I enacted the shift from expert therapist to her other. I met her where she was, rather than where her treatment plan said she should be.

If I had simply said, ‘You are being non-compliant, you need to go to group’, I would have felt dissonance. As an employee of the institution, I had to struggle with not complying with her treatment plan. It was a judgement call concerning what was best for the client in that particular moment. However, other staff members might call what I did staff splitting. I was able to be the ‘good’ professional while the other staff members, who might have enforced the treatment plan, got to be the ‘bad’ staff. As Penny Bundy (in Prentki and Preston 2009: 233), an applied-theatre practitioner, points out, survivors of abuse ‘often lack the ability to reflect’. This client was clearly demonstrating a need to begin the process by journaling. As Bundy brings out, the creation of ‘identity’ is a developmental process built through reflection. She states that ‘survivors’
often lack the ability to reflect. This emerges as a direct result of the dangerous childhoods they experienced. To stay alert to danger, one must continually focus away from internal experience to focus in the external world. The result of such learned response is a reduction in the development of both a sense of identity and self-understanding. Adult survivors often lack self-awareness.

(Ibid)

This illustration brings up the encounter outlined above, which I experienced while working as a RN rather than as a therapist. I was the charge nurse and so could make the call that I did. However, I worked in staff as well as with the staff in a supervisory role. Many of the staff, especially the psych techs or CNAs, was very concrete and rigid in their understanding of how the 'patient' should behave, and they sometimes resented my humanization of such encounters. This was not true of most of the staff, however; most respected my judgement calls. Still, there was the issue of staff splitting, and persons who self-harm, often borderline personalities, are known for instigating psychological warfare, and the breakdown of relations. Although I did not use my expert role with the 'patient,' I used it with staff that might have resented my going against the treatment plan. My line of values was not without problems. Nor were they totally resolvable. To work well with one person or group was to err with another. It was a fact of my position. And it would be the same for me now, whether as facilitator, therapist, or applied-theatre practitioner. Because of this, I have to know my ethics inside and out. It takes an ego in dynamic relationship with a humanity to accomplish this; it takes interrelational consideration interfacing with differentiation.

In the final analysis, as a charge nurse, I was in the position I was in because I had demonstrated sensitivity to patient and staff needs in the past. As an RN, I had demonstrated the ability to make good judgement calls in bad or conflicting situations. However, my position and the justification I could give as an account of my actions could not act as consolation. Within the situation, it could not be understood as Henry Giroux (in Prentki and Preston 2009: 254), an applied theatre practitioner, framed it: 'a fund of necessary polarities between which our creativity
can spark like a dialectic’. I simply relied upon a power differential being in place as a last resort for taking action. There was no ‘border crossing’ (Ibid) to speak of because a stronger authority than mine backgrounded every choice I made on the unit. The authority relied on me to humanize patient care and function in a humanistic manner. However, it could take me to task for using the measures I did, if and when it chose.

Within the canon of applied theatre there is an articulation of ‘border crossings’, which is a metaphor for the concern over ‘strategies of self-empowerment that enables communities and individuals to move from one place to another’ (Prentki in Prentki and Preston 2009: 251). The term does not necessarily speak of physical spaces, though it encompasses them. It is a sphere of ‘transition’ and, in my case, of negotiation between one practice ideology and the next. This is something that I, as either an RN or therapist in a hospital setting, have to do multiple times a day.

Importantly, the major player between the ideologies establishes how my psychology as a practitioner should work, through its building of introjects as well as through maintaining the power differential between ideologies or philosophies of practice. Mental health units within the U.S. favor a model of care based in behaviourism. Both the introjects built from behaviourism and the maintenance of power differentials are in direct opposition to the psychological structuring that is built within me from threads of understanding garnered from the philosophies of modernism, romanticism, phenomenology, existentialism, and I/Thou ethics. This dilemma is echoed in the relationship of Chaikin to the ensemble of players within the Open Theatre.

An important consideration for me, as I pass through the border-crossing between doing Rogerian therapy to doing Rogerian applied-theatre practice, is that applied theatre opens up a dialogue through the works of the persons just cited; persons sensitive to issues of empowerment and fairness.
As an RN, I also dealt with persons diagnosed with antisocial personality disorder. Usually, they arrived at the mental health unit, more frequently termed the behaviour health unit (BHU), via the emergency room of the hospital, sometimes after they had tried to tear it apart along with a few staff members. These ‘types’ can be dangerous, especially if they are on drugs such as PCP. Once stabilized in the emergency room (or not), the patient would be sent to the BHU.

I always met potentially dangerous patients on arrival. The first thing I would say is, ‘I bet you’d like a cigarette. How about you have one out on the deck, and I’ll heat you up a frozen dinner. I bet you are starving. The dinners are in the kitchen. How about you going in there and grabbing one?’ By acknowledging my patient’s needs before they asked for them to be met, I created a relationship. Also, by my building a relationship, the patient was able to exercise his or her need for autonomy, or rather, self-direction. He or she was offered a chance to make a choice, and was also given the freedom to go into the kitchen on his or her own. I knew that the patient had spent hours in the emergency room without a cigarette. By offering a cigarette, I enacted a recognition scene: the patient had needs and was worthy of having them met. I also knew that when the psych tech took the patient to the deck would have a cigarette as well. This would further the relationship building.

**Best practice**

Within the literature of counselling, there is a concept termed best practice. As identified by Remley and Herlihy, it concerns, in part, the development of ‘a personal identity’ by the counselor. It also concerns ethics, which ‘involves becoming familiar with ethical standards for counselors, understanding the ethical issues that counselors encounter, developing ethical reasoning and decision-making skills, and being able to apply your knowledge and skills in your day-to-day professional activities’ (2007: 2). Professional identity, according to this statement, is linked to the act of abiding by standards as best practice. Importantly, the statement ties the identity, or self, of the counselor to both the explicit and implicit content of a code of ethics. The explicit content concerns the concrete behaviours
that need to be carried out by the therapist. The implicit content references the ideological driver that underpins the code.

Further, the authors make a statement concerning the similarity between moral and ethical concerns:

The terms ethical and moral are sometimes used interchangeably, and they do have overlapping meanings. Both ethics and morality involve judgements about what is good and bad, or right and wrong, and both pertain to the study of human conduct, relationships, and values.

(2007: 2)

The authors then differentiate the terms ethical and moral by stating that moral behaviour is relative to culture and a ‘personal belief system’ that ‘affects your interactions with others in all aspects [of] your life’. On the other hand:

Ethics is a discipline within philosophy that is concerned with human conduct and moral decision-making. Mental health professions have defined ethics as standards of conduct or actions in relation to others.

(Levey in Remley and Herlihy, 2007: 2)

If the practitioner follows this orientation in defining their ethics, implicitly, through the code and by extension its ideology, the ethical code should be capable of guiding one’s personal understanding of ethics. Objectively speaking, my owned ethics as a Rogerian should fall in line with the ideology that underpins the codes, if I care to practice according to what is designated best practice. It should also form my identity as a practitioner.

There is a strong political aspect to the codes. What has been identified as best practice will determine the grounds for enforcement of the codes by ‘members of the counseling profession’ (2007: 3) in the form of ‘ethics committees and licensure and certification boards’. The ideological underpinnings of these ethical codes most popular amongst the learned professionals, who make up these committees and boards, will determine the ideological undercurrent that shapes practices or amends the codes.
Ethical Responsibility and Social Advocacy

In recent years there has been an increased awareness of the ethical responsibility of counselors to alleviate human suffering on a broader scale. No longer can practitioners afford to confine themselves to their offices if they hope to reach a wide group of people who are in need of service. Many mental-health professionals now emphasize social action by exerting their influence against such wrongs as discrimination against women and minority groups, the continuation of racism in society, the neglect of the aged, the inhumane practices against children.

(Cory 1977: 51)

My criticism will be in terms of where things seem to be locked. The balance we have to keep is how to discourage ourselves from going in directions which are noncreative, indulgent, and in imitation of constrictive social attitudes, while at the same time leaving ourselves open and available to the tides which are full of life and energy, informed from a vast and infinite place that enlarges.

(Chaikin 1972: 85)

Prior to this research, I had thought that the similarities captured within Rogerian therapy and experimental theatre amounted to the best way in which a practitioner could respect the needs of marginalized and vulnerable populations, and manage the process of doing so by building a common ground of practice, particularly one that was devoid of a hierarchical embodiment of authority. I also thought that such a position yielded transformation for those others engaged so that an ‘authentic’ voice could be expressed. To promote these sensibilities, I built an axis of practice values that concerned intimacy building, the promotion of self-worth, a sense of being authentic, unconditional respect, receptivity and congruence. However, I was a counsellor working in the closed system of therapy. Something was missing.

By incorporating my brand of applied theatre into practice, I was making a deliberate move to work as a social advocate. In dealing with the therapeutic resistance evidenced by my marginalized other and locating the root cause in over-institutionalisation, I was building into my practice a resistant thread of my own. My practice ethics became a resistant ethics when I took up the challenge of
advocacy. Importantly, through building that resistant thread, I was making a statement: in some instances, therapy no longer works.

My advocacy was in the form of recognition. Since, I recognised that there is a point when using therapy with the over-institutionalised does not work, I also recognised that theatre could provide an alternative ground of practice through my background training as an actor. However, to be concerned with and responsive to that awareness would put therapists out of work; me, in particular. My statements add up to saying that a different kind of practitioner, one other than the therapist, needs to engage these populations. It goes beyond re- visioning or re-establishing what therapy should be when dealing with the over-institutionalised. James T. Hansen, given his *Philosophical Issues In Counseling and Psychotherapy: Encounters with Four Questions about Knowing, Effectiveness, and Truth* (2014), might not agree with me in his argument that humanistic therapy is not therapy; that it simply concerns relationships. He suggests, rather simplistically, removing humanistic therapy out of the therapy arena and into the relational one. This maneuver will not help the existing over-institutionalised. It is a wolf in sheep’s clothing. I know from experience.

Embedded in the understanding of resistance is the fact that someone does not want something done that is coerced or imposed upon them. My work with a Latina population is testament to this. So are the children I encountered doing agency work. My work with them at City Creek is an example of their need for some other means to provide options for personal growth, interpersonal activity and expression.

In ‘crossing over’ from doing therapy into doing theatre, the main aim of my practice was no longer targeting personal change; it was targeting the bigger, cultural picture of institutionalised care-systems. Within the practice of counselling, and contrary to Cory’s view cited above, there is a traditional opposition by many counsellors to taking on the role of social activist.
Despite the opposition, a growing number of therapists welcome social advocacy as part of their professional domain. However, their voices are muffled by the politics of power.

**The ACA and human rights**

Talk of human rights can easily lead to the conclusion that an important social issue is expressed and weighed fairly. Within the American Psychological Association’s *Preamble of the Ethical Principles of Psychologists and Code of Conduct* is a strong statement concerning the protection of human rights:

> Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgements and choices concerning human behaviour. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness.

(American Psychological Association [APA], 2002 in Toporek, et.al., 2006: 17)

The British Association of Counsellors and Psychotherapists (BACP) states under the subheading 'Values of counselling and psychotherapy' in its *Ethical Framework for Good Practice in Counselling and Psychotherapy* that: ‘The fundamental values of counselling and psychotherapy include a commitment to [the] [r]especting [of] human rights and dignity (2010: 2).

Similarly, the American Counseling Association’s Mission Statement, in its Code of Ethics, states:

> The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

(The American Counseling Association Code of Ethics: 2005: 2)

The promoting of human rights physically takes the counsellor out of the confines and safety of their office and into the streets, halls, and organizations of the
greater society at large. In other words, instigating social justice cannot be a position of setting up some secondary gains from the sanctity of the professional office, a safe place where the effects of personal counselling are understood to quietly bleed out into the larger community. The statements by the ACA and BAPC suggest that social activism is a reasonable and needed task to be taken up by therapists. At issue within therapy is not solely the self of a client who needs to rearrange their self-perception and who can manage to attain positively attributed 'goals' within the narrow confines of the counselling relationship. At issue for both therapist and client is a social being interconnected to a greater community of power structures that monopolize institutionalised treatment because of their position of power. As Heinz Kohut, a contemporary of Rogers, emphasized within his strongly, humanistic inflected psychodynamic praxis, the issue is seeing one’s self as efficacious within the world (Rowe and Mac Isaac, 1991: 60). The role of the therapist is two-fold: to address the private self of the client and to address the social one. In other words, within my practice, whatever form it takes, I need to address social agency as well as individual agency.

To be efficacious within the world means that one’s greater, social sphere and culture are at least somewhat in sync and sympathetic with one’s ambitions as a practitioner. Rogers, with his involvement in the encounter movement recognised this (10095a: 183-185). It amounts to fair practice. Problematically, political fairness is not a given between a humanistic practice and the institutions in which I have worked. Institutionalism can frame our rights as practitioners. This is demonstrated in the example above when I described the client sitting on the bedside stand and looking out the window.

As a therapist, I understand that personal psychology and social agency are absolutely conjoined. Rogers understood this. Chaikin, by splitting the psychological self from the political one of the actor within the Open Theatre, did not. One way in which the client can be split off within systems of mental health care is through diagnoses. As psychologist James T. Hansen stated:
clients may come to think of themselves as broken, deficient beings when they are given a mental health diagnosis. For all of the psychiatric research ... there has been virtually no exploration of the symbolic impact of telling someone that they have a mental illness.

(2014: 19)

Hansen goes on to say that diagnoses emasculate the client so that they ‘give up’. It stands to reason that once a client has given up they become split off from any sense of having political efficacy in the world, which is at least a partial result of the psychological-self being split off from the political one.

For practitioners who work primarily with over-institutionalised, marginalized, and vulnerable populations, the fact that institutions can split off the personal psychology of a self from a political one means that I need to advocate for ways in which my other has ample opportunity to be an active participant within the culture that shapes them, and not a passive bystander.

A way into operationalizing the challenge is through a creative medium. This means bringing into practice arts and creativity. Within such a practice, the self can create positive introjects that build self-understanding. The client can vision their self as expansive rather than a reduction captured by a diagnosis. As creators, their sense of efficacy in the world is enhanced, building positive introjects that connects the creative self with the political self.

For marginalized and vulnerable populations, the introduction of art into practice means that they can self-heal. Becoming healthy means becoming more self-actualizing and self-directing so that you feel yourself to be authentic in a Rogerian sense; in other words, you need to be your own author. Being one’s own author means preserving the connection between the personal and political self. The self, engaged as creator rather than pathologised, is given the opportunity to self-direct and become self-determining. In this way, the self is opened up and becomes self-healing on its own terms and conditions. When the principles of being open, self-directed, and self-determining are engaged within creative activity, there is a merger between the psychological self and the political or social one.
The kids at City Creek were, in effect, able to accomplish this through making their costumes and then rocking them in a special setting with only a few rules to govern their creative behaviour; rules that had to do with safety rather than an authority figure guiding their creation. The tools of their creation were being empathically attuned, physically present, and rhythmic.

Empathic attunement and its link to creativity are expressed within the canon of applied theatre. In his article, “Reading and acting in the world: conversations about empathy”, Chris Holland speaks of the same and contrasts it against a ‘functional (2009: 530)’ system of learning. Leigh Anne Howard, in her article, “Speaking theatre/doing pedagogy: re-visiting theatre of the oppressed”, talks of a recognition amongst applied-theatre practitioners that ‘students must be actively involved in and responsible for their educational processes’ (2004: 217). What she undertakes in her article is to address the relationship of ‘power’ and ‘identity’ and the problems associated with them in the student/teacher relationship, which is one of ‘hierarchy’ (218). Within the paper is a call for practitioners to ‘communicate their own experiences’ and mold techniques to their particular practice ‘situations’, instead of being concerned with ‘methods’ in addressing the problems that occur when issues of identity and power collide. By doing this, she states, the student will experience ‘transformation’ (219). Howard also states that performance is ‘a psychosocial exploration’ and a ‘method of self-understanding or tool for personal change’ (Ibid). What is recognised within the canon of applied theatre is the connection between the political-self and the personal-self, a conversation missing for humanistic practitioners who have to use their energy defending their practice against a system of care that minimizes what they have to offer.

The act of creation, or rather, making art, is implicitly understood as empowering. The space, in which art is carried out offer up the possibility that one part of what it is to be a self will not be split-off from another. Both Rogers and Chaikin appealed to this holistic aspiration through their praxes. Ethically speaking as a practitioner, I

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4 An example from Chapter Two of my using Applied Theatre.
believe the appeal boils down to managing a creative practice so that my other’s selves are not split off from one other.

It is through art that my marginalized and vulnerable others can feel and experience themselves as active citizens, carrying out actions that shape them in a manner over-institutionalism has ruled out: actively experimenting and researching social images and roles; finding choices for actions in given circumstances; and accepting the natural consequences that result. Compared to the effects of over-institutionalisation, which robs my other of their voice and the opportunity for testing out the consequences of their actions or images built within their theatrical ‘play’, theatre-making becomes a very special event, juxtaposed to what has become their everyday. The example in Chapter Two of the Latina women’s role-play evidences the importance of actively experimenting within social roles. It shows the importance of play as a special event that, unlike therapeutic measures, opened them up to a more expansive vision of themselves. The example of the fight scene given in Chapter Two demonstrates the importance of play when it builds a context from which to vision one’s self as competent. This particular example demonstrates how the children and adolescents within the agency where I worked were able to play out a vision of themselves that was different from the pathologised one they experienced every day.

Toporek, et al frame the challenge of social advocacy by appealing to the fairness of ‘distribution’:

[T]he distribution of advantages [needs to] be fair and equitable to all individuals, regardless of race, gender, ability, status, sexual orientation, physical makeup, or religious creed. Social justice within the context of counseling psychology focuses on helping to ensure equity when resources are distributed unfairly or unequally. This includes actively working to change social institutions, political and economic systems, and governmental structures that perpetuate unfair practices, structures, and policies in terms of accessibility, resource distribution, and human rights.

(2006: 1)
The statement above by the counsellor-researchers is very commodity based. Distribution is at issue when speaking of the right to 'resources'. However, this research puts forward that the opportunity for social advocacy needs to exist so that the client is able to feel themselves as an actor within the political process, and capable of preserving and promoting their dignity because of the assumed inherent right ‘to be of worth’ through reasonable and safe, self-elected measures and non-coerced methods that promote self-efficacy.

The practitioner can facilitate this need by incorporating new methods that actively provide a space and means for of the expression of this right. Nicholson in her work *Applied Drama: The Gift of Theatre* identifies a need ‘in interrogating how practice in applied drama facilitates the relationship between motives and feelings and the more public elements of citizenship’ (2005: 28). As Nicholson’s statement leads, as shaped by democracy, we have an interior need to be active citizens, and that the act of citizenship concerns ‘the dynamic between social networks, personal relationships, and altruistic practice’ (2005: 33) and concerns ‘questions about the relationship between private actions and public responsibility, about values and practical action’ (2005: 33).

**Competing models of care**

The American Counseling Associations preamble to its Code of Ethics states:

> The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members are dedicated to the enhancement of human development throughout the life-span. Association members recognise diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.

*(ACA Code of Ethics 2005: 3)*

Because of the statement’s appeal to 'cross-cultural' diversity and the ‘individual’, the loaded term of science can go unnoticed. Without reflection, the term science, as used within the quote, can be equated with a positive valuing of personal and cultural difference. The term inclusionary can be equated with the term through the appeal to ‘diversity' and 'a cross-cultural approach.' For a Rogerian, these terms
can project that the characteristics of openness, flexibility, attunement, and respect for difference are active within the ACA’s code. As Kanfer and Schefft state: ‘The mission of the scientist is to obtain general relationships between events that transcend the individual subject under observation’ (1988: 13).

Conversely, science positively values terms or characteristics that signify a strong fixity (Heppner 1999:8), such as the words predictability and reliability, which, in turn, are given to measurability (Sexton et.al. 1997: 148). These do not fit with the suggested inclusionary and flexible nature of the ACA’s code.

Using the fixed terms of empirical research compromises my brand of practice ethics. If I continue to carry out work with my other, as a Rogerian practitioner under the auspices of the ACA, I will need to practice in the role of scientific-practitioner governed by the medical model or behaviourism. The ACA supports the role and the models as best practice.

A reason I turned to applied theatre while practicing was in reaction to the scientist-practitioner role and its governing ideology: empiricism, the science that the medical model is influenced by. A strong, initializing motivator for doing the research was to understand my dual-practice. However, during the course to completion, I have come to the conclusion that applied-theatre practice, in and of itself, best preserves my Rogerian sensibilities. It also is a practice where I can further explore my social constructionist understanding of what constructs the self. However, I have some practical concerns about this work. Applied-theatre practice is not a mainstream practice in my country, and this brings on a host of problems in attempting to create a financially and institutionally supported practice.

Moreover, applied theatre appears to be on the verge of being subsumed within the auspices of the medical model, which addresses pathology, or rather disease processes, instead of what it means to be part of a relational construct built from an oppositional dynamic; meaning ontologically that I am both an individual and relational. Placement on the precipice is evidenced in the language that identifies the ‘intentions’ of a model of theatre that targets an ‘integral audience’ (Pendergast
and Saxton, 2009: 22-23), or rather, one that is going to be worked upon and that has been strongly identified as having a specific need that can be mediated by specific interventions. Such language flies in the face of a theatre that is ‘participatory’ and a ‘collective form of artistic and social engagement,’ a type of ‘theatre [that] resists the isolating, passive modes of dominant forms’ (Prentki in Prentki and Preston, 2009: 182).

Pendergast and Saxton’s article may not launch applied theatre into a purely empirical mode in leaning on the language of scientific methods and pathology, but what is considered good practice within their helping profession may be opened up to change. I see a danger of this in their article. I also worry about the same when there arises the question: ‘how do we measure, assess or evaluate the transformative impacts of applied theatre in all their different manifestations?’ (Preston in Prentki and Preston 2009: 305) This statement can be viewed as a call for impact studies and addresses the ethical issue of efficacy of treatment and accountability. Hopefully, the call does not eventually reduce impact studies and the understanding of efficacy of treatment to scientific method. Once this is done, open methods of play, understandable through a dynamic created by oppositions, will fall by the wayside. The field of counseling can guide the way! The scientific method is reductive, and it can’t handle practice that is based in philosophical eclecticism. Any practice that respects difference and pluralism needs to take this into account.

It is a short step from thinking about ‘[w]orked upon audiences’ identified as having ‘a need’, to targeting ‘pathologically driven audiences’ within institutions. In this respect, applied theatre that takes such a prescriptive course becomes a reinforcer and not a shaper of ‘resistant’ forms.

Problematically, within our institutions of research, education, politics, industry, technology, and systems of care, scientific methods and diagnostics are the main ideological drivers that determine normalised behaviour, and the determinants of what a scientific practice ethics should look like. Applied-theatre practitioners who
are interested in pigeonholing audience through identifying interventions and outcome goals, simply become an extension of the industrial or institutional practice, and participate by inference under those practice ethics. While scientific ethics tends to downplay contextual elements when explaining human behaviour, theatrical practices depend upon the explanation of contexts and the interplay between their parts.

**A behavioural example**

As a therapist, when working with small children who act out through tantrums, I do not put them in ‘time out’ away from their others until they can settle down, become quiet and somewhat withdrawn, and, when quiet, reinforce their passivity by letting them return to their peers. This is a behavioural approach. The intervention is mechanical and not dependent upon building a psychological context of trust. It does not build a contextual world where the child can exercise self-efficacy. As a therapist, I interpret the intervention as one that conditions passive responsiveness in the child. The intervention is easy to measure in terms of changing behaviour. However, as a therapist of my kind, I would see the measurement as selective because it could not measure passivity, which is an internal state of being. It cannot measure a therapeutic context built from trust, either.

Working as a Rogerian, I would sit quietly near the child, playing, doing something like shifting sand in a sand box. I would wait it out until the child began to engage in the same play, and then point out the child’s behaviours and affect while absorbed in the activity of playing in the sand box. I would respect that the child can self-direct as she or he builds a sense of trust in our emerging relationship. I would facilitate such self-direction with an empathic response: just being there playing beside the child, without judgement, expectation, or recrimination. I would count on relational activity to produce a change in the child. I would not count on a mechanistic method of prescriptive interventions, reinforcers, and end goals applied within therapy in order to change behaviour. As Hansen states in his work
that speaks of ‘the displaced humanist’ (2014: xi): ‘To help others, one has to enter into a relational matrix, full of lush meaning systems’ (ix).

The example in Chapter Two of playing football with children shows the need to build contexts within the therapeutic encounter. I managed this through role reversal and game playing. The child in the example and I simply went out to the soccer field and played. As he became more and more the expert, teaching me to play a game I was terrible at, he was able to try being something new; maybe setting the ground from which to build a positive introject.

The problem of intuition

Feyerabend warned of the powerful processes of gatekeeping within empirical science. This takes to task the science that the ACA’s code is predicated on:

Science is an essentially anarchic enterprise: theoretical anarchism is more humanitarian and more likely to encourage progress than its law-and-order alternatives [...] The consistency condition which demands that new hypothesis agree with accepted theories is unreasonable because it preserves the older theory, and not the better theory. Hypotheses contradicting well-confirmed theories give as evidence what cannot be obtained in any other way. Proliferation of theories is beneficial for science, while uniformity impairs its critical power. Uniformity also endangers the free development of the individual.

(1993: 5)

In the quote below, Kuhn warns of the ineffectiveness of a self-replicating system:

History, if viewed as a repository for more than anecdote or chronology, could produce a decisive transformation in the image of science by which we are now possessed. That image has previously been drawn, even by scientists themselves, mainly from the study of finished scientific achievements as these are recorded in the classics and, more recently, in the textbooks from which each new scientific generation learns to practice its trade. Inevitably, however, the aim of such books is persuasive and pedagogic; a concept of science drawn from them is no more likely to fit the enterprise that produced them than an image of a national culture drawn from a tourist brochure or a language text.

(1996: 1)
Concern over the gatekeeping by empirical models of care and the self-replicating system of ‘science’ put me on the trajectory to become an applied-theatre practitioner. However, when exposed to some of applied theatre’s literature, I had to think twice.

Scientist-practitioner models of counselling advocate for the use of quasi-experimental design. The privileging of this type of design can concern ‘the integration of research and practice’ (Sexton, et al, 1997: 7). The result of such integration is to establish the means by which behaviour is changed regardless of the contexts in which it occurs. As the scientist-practitioner would understand it, the knowledge garnered would be objective, capturing a concrete or material reality concerning behaviour. This is a very different picture of intuitively gained understanding, which is understood as the ability to connect to some kind of moral code that stands outside the person. Rogers proposed such a picture in his final written work when he articulated his purposeful universe. Intuition is a sort of extrasensory ability that allows us to take in complex phenomena across an intermediary field; an ambition of Chaikin’s Midsummer Night’s Dream exercises (Chaikin 1972: 141-144). However, both give accounts that locate the term in another way: as a means of perception.

The type of knowledge garnered from quasi-experimental design is not suitable for Rogerian practice. What is of interest for the humanistic practitioner is exploring the webs or complex fields of psychological and relational contexts that make the self. A context in this respect recalls the perceptual fields articulated within the philosophy of phenomenology. Within the perceptual field there is a ‘return to a transcendental consciousness before which the world is spread out’ (Colin Smith trans. 2002: xii), and where one’s ‘being is directed towards meaningful content (Tillich 1952:81).

As Hansen, in the quote above, brings out, the contexts in which the humanist practitioner practices are layered with meaning. His depiction also suggests that the human self is a multilayering of contexts. The field of our perception cannot be
one-dimensional. Knowledge used in therapy to guide treatment needs to be able to negotiate that layering. And that brings us to the use of intuition when attempting to understand and build a relationship with our other. As a Rogerian, I relied upon intuition much in the way I did as an actor. Intuition is where one ‘feels’ one’s way through the layering of the person one is working with or the situation one is experiencing. It is the taking in of ‘meaningful contexts’, or rather, a web or nexus, of meaning. It is a requirement for being empathically attuned to or receptive towards what is in the moment of the experience. It is at the heart of Chaikin’s *Midsummer Night’s Dream* exercises. As Rogers stated:

> Knowledge *about* is not the most important thing in the behavioural sciences today. There is a decided surge of experiential knowing, or knowing at the gut level, which has to do with the human being. At this level of knowing, we are in a realm where we are not simply talking of cognitive and intellectual learnings, which can nearly always be rather readily communicated in verbal terms. Instead we are speaking of something more experiential, something having to do with the whole person, visceral reactions and feelings as well as thoughts and words.

(1995a: 6)

Chaikin’s equivalent of the perceptual capacity of intuition is framed through his articulation of what it means to be present. He stated:

> The basic starting point for the actor is that his body is sensitive to the immediate landscape where he is performing. The full attention of his mind and body should be awake in that very space and in that very time.

(1972: 65)

The term ‘awake’ suggests attending strongly within the immediacy of the moment, as does Rogers’s use of the terms visceral and ‘gut level’ in the quote above. Intuition for both, meant to be drawn into the moment so that you are hyper-focused and sensitive to what is going on around you, or rather, what it is in all its contextual layering that is in your perceptual field of experience.

Chaikin’s articulation was a reaction against ‘[t]he conventional actor’s inquiry’ (1972: 19), which for him, ‘tend[ed] to yield whatever it was designed to discover’. (This sounds like a defense against quasi-experimental design) Intuition, in other words, is the antithesis of uncovering what is designed into an inquiry. It is a
perceptual means by which the actor is opened up and, importantly, able to experience whatever comes their way within a play situation. The Sound and Movement exercise counted on this.

Unlike Rogers or Chaikin, scientist-practitioners are suspicious of intuition; an ability, as I understand it, that allows the practitioner to sense their way through a situation or in knowing their other. Intuition requires reading the minutiae of behaviour and mood expressed by the engaged or established within an encounter, and the subtle shifts in both. It is a skill that allows practice to be sensitively driven, and thus, empathic and respectful. It allows the practitioner to apply their methods non-prematurely and non-oppressively. Intuition is a term that signifies that an adaptive and informed observer is on board within the practice. Chaikin frames it as being fully present and sensitive. Rogers, in different language and expressed in the quote above, approximates the same understanding.

Intuition is understood as the perceptual ability to put together a pattern of minute behaviours or recurring signals. Sometimes what is perceived feels to be below the surface of awareness. Intuition does not speak of a critical capacity as much as it does a sensory one that runs off impulse or affect. This does not mean that it is not educated. It is educated by sensory-based experience. Its ability to recognise is so finely tuned and instantaneous that it seems less than mundane. Intuition is where ‘being is directed towards meaningful content’ without the explicit articulation of language. It seems pre-verbal.

The statement above by Sexton et al is followed by an implicit appeal to a more objective and educated approach:

There is growing evidence to support our contention that intuitive and experienced-based judgement cannot be the sole factor in effective decision making. The most persuasive of these arguments focuses on the problems inherent in any human decision making. This literature suggests that as human deciders we are inherently biased in our judgements.

(Sexton, et.al., 1997: 7)
Does this statement suggest there is a way to get around the bias by being objective? This could occur by ‘integrating outcome research into counseling practice and training’ (Sexton et al, 1997). With the appeal for outcome studies comes a certain view: that we can have objective, bias-free information that is uncontaminated by ideological or political in-put. Best of all, we can have research in the pursuit of ‘[k]nowledge or [t]ruth’ with ‘[g]eneralizable conclusions’ as measurable ‘[o]utcomes’ with ‘[e]xplanatory [p]ower’ that can ‘[d]etermin[e] [w]orth and [s]ocial utility’ (Isaac & Michael 1997: 9). In other words, we have measurable behaviour that breaks down into ‘objectives’, ‘means’ and ‘measures’.

Sexton and her associates’ distrust of intuition, the perceptual function that is capable of picking up patterns of minutiae, implicitly references the pan-psyche property that has traditionally been associated with intuition, a perceptual capacity understood as capable of transcending regular, pedestrian, human understanding and that is accessible only to gifted or special people. Arguments that discredit the cognitive function of intuition implicitly rely on this understanding of the term. Central to the argument is the understanding that cognitive capacities, rather than sensory ones, recognise what is concretely or observably evident, and therefore are more fully describable in technical terms. The strictly cognitive becomes the standard by with which we should evaluate our other while getting to know them. As a Rogerian with a practice ethics strongly inflected by I/Thou ethics, I find such concretism flies in the face of my values. Practicing an I/Thou perspective, I understand the sensitivity promoted by an intuitive, or sensing, responsiveness is required to know my other as other. I cannot speak of empathic attunement if my practice needs be reduced to concrete terms. The philosophy that governs my practice is not the one ‘of science that has been generalized from physical sciences’ (Putman in Heppner, et.al. (1999: 7).’

Preston is concerned with ‘transformative’ and ‘different manifestations’. This suggests that there is value in returning to the ethical sensibilities of Rogers and Chaikin, which rely heavily on intuition pointing the way. Operationalizing openness or flexibility towards our others does not make sense unless we can use
our intuition to manage it. This perceptual function moves us from seeking what is immanently known to what lurks in the shadows or unknown. From my standpoint as a practitioner, I cannot help but think that what is at stake in Preston’s recommendation is what may eventually become an endorsement for the scientist-practitioner model of care. Problematically, the practitioners that practice from such a model are frustrated by and not so tolerant of the capacities that allow me to be ‘open’ in approaching my engaged other. Without being open towards them, as I understand it, they cannot use a creative means by which to be self-directing and self-formulating while also maintaining relational activity. Without these two principles actualized through practice, my other’s psychological self is split off from their political self.

My leap as a practitioner into applied-theatre practice was intuitive. I had no inkling that there was such a thing as a discipline called applied theatre; I hadn’t practiced as a theatre professional for a number of years. I also lived in a rural area where the idea of theatre was growing, but where theatre was mainly entertainment. When using theatre as a counsellor, I simply had that strong and clear sense that it would work with my specific clients where therapy had failed them. My intuition kicked in.

Measurement presupposes prescription: you have to know prior to measuring what you want to measure. And, like Chaikin’s warning about ‘the conventional actor’s inquiry’ (1972: 19) that ‘tend[ed] to yield whatever it was designed to discover’ (Ibid), measurements are preceded by expectation. You need methods in place that make sure what specifically needs to be measured is measured. This means that the method has got to play out within the practice in a consistent manner. Prescribed behaviour becomes the order of the day because it is measurable.

Primary words do not signify things, but they intimate relations.  
(Buber 2004: 11)
The question of ‘how do we measure, assess or evaluate the transformative impacts of applied theatre in all their different manifestations’ has implications. It implies that there are terms in place applicable to practice that do not resist measurement. Measurement infers standardization, which means the language describing the practice needs to be clear cut, technical, and consistently used. From a scientist-practitioner point of view, it is very difficult to measure, for example, ‘transformative impacts’; being ‘marked’ (Thompson 2008: 51-52, 61-62); ‘embodiment’ (Dolan 2005: 2; Thompson 2008: 63); ‘body memory’ (Chaikin 1972: 9); ‘action matter’ (Thompson 2008: 53); ‘presence’ (Thompson 2009: 124-126; Chaikin 1972: 20-23); or ‘depth’ (Chaikin 1972: 85).

It is easier to measure behaviours identified through a language that reflects a breakdown of behaviour into concrete, readily identifiable features, which are observable, consistently replicable, and require very little interpretation concerning the cause of action. They are the antithesis of terms that suggest a relationship. As Rush and Zimbardo state: ‘the proof of the method is in the experiment’ (in Heppner, Kivlighan and Wampold 1999: 5).

In behavioural terms, here is an example of measurable ‘impacts’: of the twenty-five children in the village, five were ambidextrous. This is a ten percent increase over the testing done thirty years ago. Of the sample of ambidextrous children identified in the first study, all went on to complete a research degree in engineering. This finding suggests that ambidexterity leads to or indicates the presence of high cognitive functioning.

When I first began reading the canon of applied theatre, I got the sense that the terms used in describing the practice were meant to evoke a layering, which requires interpretation and exists within a rich context that defies reduction. Outcome management and methods, which predetermine efficacy of practice, require a strongly reductive explanation.
The scientist-practitioner models of counselling attempt to isolate features of personality in order to establish a fixed sensibility. This sensibility allows for the features to be extracted from any contextual setting and become objectified and, therefore, measurable. (It is easy to measure ambidexterity, and high cognitive function and achievement can be measured according to whether one went to graduate school or not.) However, the features measured need to be carefully chosen so that they are measurable and translatable into concrete terms. The term fixed means that the properties, categories, or events measured need easily be separated from the context that breathes life into them. It may even mean that the context itself needs to be controlled.

Outcome-centered studies require that what was there at the beginning of an engagement still exists in order to make sense of it. This is difficult to accomplish within a practice that works open-endedly. Outcome studies require pre-existing criteria for evaluation to determine efficacy. This too, does not work with a practice that aims to be open-ended.

Preston summons the terms ‘process’ and ‘reciprocity’ (2009: 304) to address her concerns over not having a picture of applied-theatre practice’s efficacy. If there are identified, pre-existing criteria for evaluation to be managed and integrated within the practice, the term ‘process’ cannot manage the openness needed by the practitioner, according to Rogers’s attitudes or Thompson’s posture of bewilderment (Thompson 2009: 134-135). The ‘process’ and ‘reciprocity’ spoken of by Preston will be replaced by the reductive terms diagnosis, intervention, and criteria.

Moreover, in establishing the ‘efficacy of treatment’, there needs to be an evaluation and assessment, not only after the fact of the engagement, but also within the engagement itself. This calls for prescribed features that are measurable as actively integrated within the actual engagement. The practitioner will need to continually assess and control those features so that they are consistently present within the engagement. If this is not done, the measurement may not measure
what it says it measures. It is difficult to attend to promoting interrelational activity when attending to a collection of features.

Assessment, in this respect, puts the practitioner into the role of expert, so that controls can be maintained. Problematically, such assessment makes me no longer a facilitator. This slippage will compromise the joining required and evoked by Preston’s use of the term ‘reciprocity’, or Thompson’s use of the term ‘besides’ (Thompson 2009: 133-134); terms that echo Buber (2004: 13) and Levinas (2008: 72-74), though having their own distinctions; terms that were taken up by both Rogers and Chaikin as they attempted to mold them to fit a sensitive, psychological stance towards the other.

**Problem identification, interventions, and outcome goals**
The following addresses my personal fear. However, it is instigated by counselling research:

> Counseling is a relatively young profession, but it is beginning to mature. With this maturity, a theme that continues to appear in the counseling literature is the search for new paradigms of professional functioning that will assist counselors to be a beneficial presence in Clients’ lives and that professional counselors can accept regardless of their theoretical orientation or the setting in which they practice.  
> (Purkey and Schmidt 1996:xiii)

To accomplish what Purkey and Schmidt suggest is part of the maturing of the counselling profession, there needs to be ideological inclusion. However, there are limits to be imposed if the ACA’s code drives ethical practice.

My concern as a practitioner within either an applied theatre or counseling form is that the knowledge referenced does not take into account the historical shifts that influence what an intervention, identifiable problem, or outcome goal amounts to. As times, trends, events, and circumstances change, so do what are understood as an effective means.
Because there are historical shifts as well as differences amongst existing practice ideologies, the code will require certain characteristics. The ongoing introduction of multiple and new practice strategies, ones fed by historical shifts, requires a standard for ethical practice that can be flexible and very accommodating. This requires that there are features or principles of practice that don’t necessarily reinforce ‘orientation’, so that new paradigms can realistically surface within a discipline.

**The ACA’s code and autonomy**

Section A of the ACA code, which outlines the counseling relationship regarding the welfare and safety of the client, states: ‘The primary responsibility of counselors is to respect the dignity and promote the welfare of clients’. The document continues, stating that in safeguarding client welfare, the ‘interest[s]’ of the client need to be promoted and that client ‘dependency’ is to be avoided. Issues of autonomy are clearly linked upon an axis of positive valuing with the integrity of an individual. The term integrity can suggest that a client is shaped by cultural circumstances, ones that may be different than the ones a counsellor experiences. To maintain the integrity of the client, meaning all they embody as a self, calls for respecting their cultural distinctions in social constructionist terms because a person is a social construction (Freedman & Combs 1996: 32). The term dependency is then referenced, meaning that there is an individual to consider with an inherent right to be autonomous.

However, these codes of practice are then implemented in settings where the prescriptive accounts of human behaviour offered by the DSM-IV are employed, and the interactions between practitioners and ‘their other’ are driven by the scientific method of care. In these circumstances, the fostering of autonomy within the other becomes a non-realistic goal. *The Diagnostic and Statistical Manual of Mental Disorders* (1994) (DSM-IV) discusses in its introduction that ‘utility and credibility’ are the end goals of its ‘focus on its clinical, research, and educational purpose ... supported by an extensive empirical foundation’ (1994: xv). The end goals count on stable features existing across persons and cultures. Having an
‘empirical foundation’ means that the basic to medical or psychological care or research are objects that exhibit behaviours that are observable, replicable, dependable, and completely malleable; or in behavioural terms, strongly shapeable.

Section A asserts: ‘Counsellors and their clients work jointly in devising integrated, individual counselling plans that offer reasonable promise of success and are consistent with the abilities and circumstances of clients.’ Collaboration is at stake within this statement and a joint activity as the ethical basis of practice is inferred. However, since the DSM-IV has given a sense of a desirable normal state and its methods determine what ‘success’ is for the client, the highly trained and knowledgeable expert practitioner must determine what success is, again skewing the collaborative ground. There is a gesture towards maintaining autonomy and managing collaboration. However, it is fairly hollow.

Further, the code’s provision asserts that there are cultural and personal characteristics of the clients that need to drive the counseling relationship. Again, the summoning of ‘personal characteristics’ suggests that a respect for difference is to be maintained and implies that the client has a big part to play in the collaborative process, in turn, suggesting commonality is in effect within the therapeutic relationship. This leads to the question: who sets the limits within this shared collaboration? As Kanfer and Schefft note:

> The establishment of predictors or diagnostic criteria on which to base selection of the best treatment methods for an individual client represents still be interested in studying the mechanisms or processes that mediate the effect. Generally, however, clinicians seek information to improve, broaden, and refine therapy procedures and predictive criteria.

(1988: 13)

Inevitably, expert trumps non-expert. This is especially true when marginalized, vulnerable, and over-institutionalised individuals are involved. As Chaikin’s practice within the Open Theatre evidenced within The Presence of the Actor, if you control the methods, you control the actor, person, client, self, or subject.
The chart
Working within the institutions of care in the U.S., the practitioner can observe how policy and procedures become formalized in a manual. The manual called in hospitals, *The Policy and Procedure Manual*, may differ slightly within specific hospitals or medical centers. However, they govern the direct care given by nurses, doctors, social workers, and therapists. Under the directives of the manual, which is based on the medical model so that there is an objectification of disease processes and the prescriptive treatment targeting them, the person of the patient is lost. The patient becomes the manual’s object, and can now be looked upon as a disease process to be worked upon by prescriptive treatment protocols. As an RN I witnessed the negative effects of the over-objectification of the patient first hand.

> [O]nce an institution has been founded, it tends to develop a life of its own, independent of original function, and will seek to maintain and often expand its roles and activities. In the United States of America ... the Congress and Social Welfare System are two such examples.
> (Leong & Santiago-Rivera, 1999: 63)

In the foreword to Dr. James A. Kennedy’s work, *Fundamentals of Psychiatric Treatment Planning* (1992), praise is heaped on ‘Dr. Kennedy and his collaborators [who] have performed a singular service: they have tried to bring the treatment plan back into service for the patient’ (1992: xii). As a former RN and counsellor who worked within hospitals and other systems of institutionalised care, I understand the implications of the statement. The statement implies that there are fundamentals of treatment planning to be considered, and the term fundamentals means that prescribed assessment, diagnosis, interventions, and outcome goals are at stake. These fundamentals are tied in with the policies and procedures for care, which then work in a similar fashion to the codes of practice. Procedures both regulate and constitute practice, and in so doing inadvertently obscure the treatment of the patient in favor of maintaining a chart.

The patient chart is a tool within medical care systems that demonstrates that policy and procedure (P&P) has been carried out within a practice. On each unit of
a hospital there is a *Policy and Procedure Manual*. It provides a model for
treatment planning, which is broken down into problem identification, interventions,
goals, and results. Treatment planning, when carried out by the caregiver, can be
so rigidly controlled by policies and procedures and the science that backs them
that the patient chart which tracks the care gets more attention than the patient it
supposedly represents. Widely promoted as part of a methodology for care,
charting at best provides information concerning the process of a disease. When
picking up a chart and reading it, it is very difficult to recognise the particular
person it reflects. This may not be the intent of the institution of care and all its
actors, but it is the end result.

This problem associated with care given in a prescribed manner is important. It
illustrates that what the patient might recognise as his or her person or self can be
excluded from treatment. In a chart there is no self to speak of; rather, there is
method, objectives, and diagnostics. The exceptions are token gestures that help
the chart record that the caregiver (hence the institution) values patient input and
selfhood. Demonstrating patient input regarding her or his care is generally a
requirement of the *Policy and Procedure Manual* and the governing commissions
outside the care facility that oversee patient care and the manual.

This is not to say that clinical care cannot support person-centered care. Kennedy
and his colleagues would not have opened the debate around this issue if they did
not have such aspirations.

Another problem that arises with treatment planning in this mechanistic system is
that it can facilitate less than exemplary care. I have personally witnessed stressed
and burned out nurses, who, upon arriving at the beginning of a shift, complete
their charting before even leaving the nurse’s station. Their charting is impeccable;
ticking each box that targets a diagnosis, care objective, and outcome goal.
However, their actual patient assessment is done after the charting event – if it
ever takes place. I have seen burnt out MDs act similarly. Prescription within
systems of institutionalised care can become a form of shortcutting, and can
produce a stacking of the evidence so that it reflects the assumed diagnoses, interventions, and outcome goals, rather than the actuality.

The problem of institutionalised care is not just relegated to the particular problems of the U.S. James Thompson, a British applied-theatre practitioner and researcher, states that he is ‘not a theoretician who practices. I do not test the theories of my practice, but practice to meet the contingencies of each moment’ (2005:8). Both Rogers and Chaikin understood their individual practices as doing the same.

In his book *Applied Theatre: Bewilderment and Beyond* (2008), Thompson brings up problems within applied theatre practice similar to those I have faced as a Rogerian counsellor, dual practitioner, and RN. The problems arose for Thompson within arenas of care serving poorly represented, vulnerable populations, marginalized by the systems meant to serve their better interests. The problem posed when working with the marginalized occurred because his role ‘always operate[ed] within and through the competing discourses’ (Thompson, 2009: 24) within the walls of the institution. When working as a practitioner, he needed to promote a ‘discourse’ of advocacy, but advocacy pits the practitioner against the institution if the practitioner has little power or is a visitor. The practitioner is always in a position where they have to address whether they ‘conform in order to evade’ (Thompson 2009: 25) and, I would add, evade in order to conform.

Thompson’s remark is important when considering that ‘[t]here are indications that therapists tend to rate client therapeutic improvement in terms of the degree to which clients take on therapists’ ways of thinking, including therapists’ values’ (Kelly in Bishop 2007: 67). It has also been observed that

therapists’ notion of improvement/lack of improvement are tied up with therapists’ values. To the extent that these values reflect the psychological community’s definitions of acceptable/unacceptable behaviour, the potential for enforcing ‘truth’ in personal beliefs and behaviour is very real.

(Bishop, 2007:67)
To add to the gravity of the problem, Gergan remarks that ‘there is a stability to our understandings and meanings due to an ‘inherent dependency of knowledge systems on communities of shared intelligibility’. (Gergan quoted by Bishop in Bishop 2007: 65)

The tendency of both institutions and practitioners to reinforce their values has consequences. The reinforcement puts pressure on the practitioner, so that, no matter what their ideological bent may be, they will need to conform in order to remain intelligible within the system. They will, as Thompson called it, ‘evade in order to conform’. Each system of care demands that a certain language is used that reflects the system’s ideology. As a Rogerian, I found adapting my care to the scientific-practitioner models with its specialized language was problematic. The language that forms my discourse and the concerns it represents are very different.

Certain methodologies have been standardized within institutions as best practice, and their language or terms convey an ideological bias. No matter what my own practice orientation, I need to use the standardized language, even if it does not reflect my philosophical or ideological bias.

**Mental Illness as a social construction**

In contrast to the disease model, the social constructionist view sees systems of knowledge as reflections of culturally specific processes. The central assumption of the constructionist tradition is that mental illnesses are inseparable from the cultural models that define them as such. Social constructionist studies assume that taken-for-granted categorizations do not simply reproduce the natural reality of mental symptoms; they are socially contingent systems that develop and change with social circumstances.

(Horowitz, 2002:5)

In comparison to the social construction model, the disease model of practice is a diagnostic one (3), as indicated by the use of the *Diagnostic and Statistical Manual* (DSM -IV). Until recently, the manual was a categorical system of ‘diagnostic schemes’ (3). With the latest revision, out in 2014, it is now a dimensional one.
However, the schematic version has been entrenched in care institutions for so long that it remains a driving force in diagnostics and treatment. As I understand it, anecdotally, the dimensional version relies implicitly on the categorization of illness, regardless of the more dimensional schematics.

‘[T]he schemes presumably distinguish particular conditions from one another in ways that matter for their etiology, prognosis, and treatment’ (Ibid). There are about 400 identified mental illnesses and ‘disorders’ (2) now identified. This is in contrast to about 120 before Freud. At that time there were about two generic types of mental illness identified, which were basically mood and depressive disorders. Also identified were disorders that exhibited altered sensory functions and bizarre behaviour.

Importantly, illnesses categorized according to the DSM-IV reflect the reality of mental illness, which is a categorization in itself. Problematically, a caregiver cannot define a categorization by a categorization and say anything salient about the individual being treated.

Social construction, on the other hand, claims that mental illness is constructed by the systems of meaning making within culture because of a demand for a sense of ‘coherence’, which is a ‘Christian tradition’ (134-145). To get at the root of mental illness, one has to get at the root of what is causing it within the patient’s direct environment, social cohort group, or greater culture. Basically, mental illness is a cultural fabrication and needs to be approached through methods that are social activist in nature. As a practitioner I need to create circumstances that promote self-construction. It also means that I need to create a specialized environment that promotes fairness, politically, interpersonally, and socially.

Further, the self of social construction is understood as ‘constituted by our very acts of trying to use, describe, and understand what is’ (Smith 1996: 9); for the Rogerian practitioner, the self needs to be afforded the opportunity to self-shape within real-time practice and through conditions that operationalize democratic
rights: rights of fairness, political freedom and equality, and the right to participate in a collective citizenry. Our others will be ‘constituted as subjects in ideology and not in nature’ (Keenan, formulating Althusser 1997: 24).

[A]ll natural sciences deal with observer-independent phenomena. (John Searle 2004: 4)

This means that empirical science, as representative of nature, ‘can [not] pose a subject that can be termed ‘observer independent’ (Searle 2004: 4) or objective.

Burr’s work, An Introduction to Social Constructionism (1995), relates social construction to the discipline of psychology and brings out how the philosophy shapes understanding of what it means to be a self (which is a contested term). ‘The self which is constantly on the move, changing from situation to situation, is contrasted with the traditional view of the stable, unchanging personality’ (1995: 29). She emphasizes that human nature becomes historically and culturally bound rather than fixed for all time. What we have traditionally called ‘personality’ begins to look more like a theory that we are using to try to make sense of the patterns we see in our experience rather than a fact of human nature. (29)

Burr leads up to her definition by the statement: ‘There is no objective evidence that you can appeal to which would demonstrate the existence of your personality’ (1995: 21). This statement puts the social constructionist understanding of the person in direct opposition to the DSM-IV project.

As a practitioner who has worked within many different institutions of care, I am aware that diagnostics are predicated on a personality or self being present, a self that is put together with features and behaviour that can be worked on. Nowhere is this more evident than in the DSM-IV, which is strongly reliant on the understanding that we are put together as a constellation of concrete features. Concrete in this case means that the features are observable, replicate within a pattern with other features, are measurable, indicative of functioning, and
stubbornly persist over time; features should be comparable to physical characteristics.

Whether I agree with the descriptive task of the DSM-IV or not, I am immediately aligned with its view by my work. In the institutions where I have worked I am mandated to re-orient my practice to such a concrete and diagnostic model. Adding to and reinforcing the problem, my professional ethical code of practice as constructed by the ACA reinforces this predicament.

In the work *Carl Rogers’s Dialogues* (1990), Rogers addresses B.F. Skinner, describing him as ‘[a] rigorous scientist [who] in his experiments focused on the spontaneous behaviour of an organism in response to its environment’ (1990: 90). The term spontaneous does not mean random or reflexive, but rather, suggests behaviour that is automatic yet proceeded by discrimination. As an empirical scientist, B.F. Skinner was locked into identifying relationships of causality. Skinner pioneered an early behaviourism that was not necessarily a study of the mechanics of responsiveness, but rather, one of selection (Cheisa 1994); nevertheless, selecting (which implies a simple judgement) would eventually fall by the wayside, and behaviour would become automatic. A subject would elicit a response to a stimulus in order to get a reward; Skinner concluded that a positive or negative operant would reinforce a particular behaviour associated with the stimulus over time. Discrimination or judgement on the subject’s part would fall away due to repetition. The subject would be, in counselling speak, radically shaped. Out of the causal process, a desired or non-desired outcome would eventually be the product of the activity because of a reward system in place, rather than one based on judgement. What Skinner proved is that humans and animals can be conditioned over time, and through repetition, to lose judgement. Since there was selection occurring, judgement and discrimination drove the causality. However, such intellectual functions did not pervade the experiment once the subject was fixated on an end-goal. He or she lost judgement and discrimination somewhere along the line. Out of Skinner’s work grew a whole field
of psychology that reduced behaviour to a mechanistic process. Skinner’s view was not one that ‘courted uncertainty’.

Behaviorism is implicitly present within the ACA’s code of ethics. It also drives the methods that are clinically applied when using the DSM-IV as a guideline for diagnosis and care, setting up conditions for learning that require a predictable stimulus and response.

**The self of social construction**

Burr further states that a way of conceptualizing personality ‘is to think of personality [ ... ] as existing not within people but between them’ (Burr 1995: 26-27). If this is the case, perhaps pathology needs to be understood as not within people but, rather, between them. Again, this brings home that most pathology is a matter of the conditions created within one’s environment. As Burr states:

> Rather than view personality as something that exists inside us, in the form of traits or characteristics, we could see the person we are as the product of social encounters and relationships – that is, socially constructed. This means that we create rather than discover ourselves and other people.

(28-29)

Burr, as with Rogers, locates the development of the person within relational activity. This means that the person or self, in order to develop, is situationally dependent. The need to experience lived-out circumstances, created through interrelational activity, factors greatly in who you are. This is not to suggest that a patterning of behaviours will not coalesce into what we conveniently term a personality, identity, or self. Rather, it is to suggest that the person is a process, and that to develop the self as a process rather than a constellation of fixed traits is dependent upon the practitioner setting up conditions where there can be an immediate input of relational activity. Burr (1995: 30) offers that one’s memory provides the cohesion that the term ‘self’ implies, through the remembering of one’s ‘narrative’ (Ibid). My particular applied theatre, with its roots in the experimental practice garnered at drama school, has the resource to provide the needed condition. Within it my other can explore narratives counter to the ones in
their memory, thereby opening up to becoming self-directional and self-actualizing while using behaviours that rid the self of unwanted introjects.

Applied theatre as Rogerian practice understands that positive mental health requires the facilitating of a developmental process; one that builds positive introjects as the client is acknowledged and understood. As the introjects become internalized, a different account of one’s self can occur. The account will be an expression of the client having become more open, self-directing, and self-actualizing, or rather, authentic. My work with the children at City Creek is testimony to this.

The American Counseling Association and the British Association of Counsellors and Psychotherapists: a consideration

One of the characteristics of contemporary society is the coexistence of different approaches to ethics. This statement reflects this ethical diversity and supports practitioners being responsive to differences in client’s abilities, needs and culture and taking account of variations between settings.[1]

(BAPC Ethical Framework for Good Practice in Counselling and Psychotherapy, 2010: 2)

The ACA’s code is clearly driven by a scientist-practitioner model that is strongly influenced by the empiricist understanding of a fixed reality.

The BAPC’s code is implicitly driven by a social constructionist account that respects a pluralistic view. It makes the claim that there are multiple ways to go about doing practice. The practitioner’s reality is not a fixed state if there exists ‘multiple ways’ to go about doing practice. The ACA and the BAPC appear strongly bifurcated in their respective understandings of the role of ethics as exemplified through codes or standards. The BAPC’s role is to preserve pluralism. The ACA’s is to monitor for compliance with a one-size-fits-all standard.

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5 Counseling is the U.S. spelling. Since, I am referring to a professional association, I will maintain this spelling.
What is at issue according to the BAPC is that the code ‘should reflect contemporary society and respect the varied landscape of contemporary ethics that issue from value, principle or moral quality based accounts’ (10). This means that the BACP recognises that multiple ethical sensibilities feed counselling practices that are a reflection of shifting social contexts. That the code needs to reflect these shifts means that the discernment of a practice ethics is an on-going process. Implicitly, such a code will positively value the exemplars of flexibility, adaptability, and inclusivity. Nicholson’s statement represents this ethos when appropriating the term ‘politics of dislocation’, coined by Baz Kershaw:

The conceptual metaphors associated with social change within this new world disorder emphasizes the politics of (dis)location – difference, alterity, mapping, hybridity, liminality, borders and margins – all of which draw critical attention to the way place and space articulate diverse cultural and political meanings. As the term ‘applied drama’ emphasizes the application to specific settings, contexts and audiences, this greater focus on spatial metaphors is important, in relation to identity, particularly as applied drama often takes place in situations which are troubled. There is often a messiness about work in applied drama, focusing on interrogating what Victor Turner has called the ‘contamination’ of contexts, which makes the flaws, hesitations, personal factors, incomplete, elliptical, context dependent, situational proponents of performance’ visible. Applied Drama is, in Turner’s terms, always contaminated by contexts, and is intended to be sufficiently fluid to address the concerns of local audiences and participants.

(Nicholson 2005: 11-12)

As characteristically more adaptable, inclusive, and flexible than the ACA code, the BACP’s code is relativistic and accommodating.

John Shotter, in his work *Conversational Realities: Constructing Life Through Language* (1993), criticizes the discipline of psychology as having ‘its insecurities and its struggles to prove itself worthy of a place amongst the hard sciences’ (10). Popper also takes issue with the desired alignment (1968: 13). Within this struggle, psychology ‘has incapacitated itself from participating in the crucial debates’, which are ‘eliminative’ as well as ‘exclusionary'. Shotter states:
Quite explicitly, my purpose is to offer arguments for relocating or ‘regrounding’ the academic discipline of psychology within the formative social activities at work in the everyday, conversational background of our lives. Or, to put it in other words: to offer arguments for reformulating it in terms appropriate to the study of these activities. For – if the claims I have made so far are correct, and our ways of talking are formative to our social relations – then, new, more ethical and social ways of talking in psychology will work to ‘reconstruct’ it along more ethical and social lines, thus to establish within it a new ‘tradition of argumentation’. Then, rather than the old eliminative and exclusionary struggles, we will be able to provide opportunities for a whole new set of creative struggles marked out by the tensions, not just say, between simply mental representations and connectionism in cognitive psychology, but by a whole multitude of other tensions currently without a voice within the discipline.

(1993: 10)

The BACP code recognises ‘one of the characteristics of contemporary society is the coexistence of different approaches to Ethics’; thus, the document ‘reflects this ethical diversity ... [t]he presentation of different ways of conceiving ethics alongside each other in this statement is intended to draw attention to the limitations of relying too heavily on any single ethical approach’. (1) These statements are not at odds with Shotter’s concern over the ‘multitude’ of tensions currently without a voice; the silenced voices that keep practice closed to possibility, unable to adapt across cultures, or to the cultural shifts that occur within them.

(1993: 10)

Since the BACP’s code of ethics is not as directive as the ACA’s, it does not take an overt stand on what particular ideology should underpin clinical practice; although, ideology will drive any code. It is social constructionist. The concluding chapter of my research will be a reflection on why I have chosen to take my practice beyond therapy or, as the metaphor used within the research frames it, why I have decided to jump ship. It is certainly because of what I consider the homogenizing effects of the ACA by privileging the scientist-practitioner role and medical models of practice. It is also because frameworks for ethical practice can be inclusive. However, ethics will count on the practitioner taking seriously Pendergast and Saxton’s challenge, requiring the practitioner to not be a passive joiner when evaluating best practice, but using ongoing criticality.
As this research has matured and endured multiple revisions, I realize that in evaluating certain threads of understanding that construct my practice ethics, I have eliminated precious terrains for interrogation; ones where, for me, barely encountered threads of understanding are embedded within philosophical contexts. Two unexplored philosophical landscapes that have surfaced are American pragmatism and Brechtian theory.

The topic explored within this last chapter was an important for the understanding of my ethics. It added to the examination of the personal, historical and philosophical contexts that constructed my practice. What I have learned, while engaged in the self-reflexive, auto-ethnocentric examination of this research, is that when interrogating practice ethics there are several factors involved: a past history shaped through ideological or philosophical contexts, a reaction to an opposing view, and a propelling into the future by my brief contact with the unexplored. Though I am not a proponent of the empiricism used to condition behaviour, there certainly is a ‘science’ out there that I am not at odds with. In the future, my critical examination will have to address this part of my practice ethics that has been left out. Importantly, the last few statements made here mean that a code, such as the ACA’s, cannot capture my practice ethics. The BACP’s can, however.
Chapter Five: Conclusion

Beyond Therapy:
The Rogerian Applied-Theatre Practitioner

The exit

Within *The Applied Theatre Reader* (2009), Prentki and Preston state:

> Frequently those who engage in applied theatre are motivated by the belief that theatre experience, both as participant and as audience, might make some difference to the way in which people interact with one another and with the wider world. For both practitioners and participants there may often be an overt political desire to use the process of theatre in the service of social and community change.

(2009: 9)

A few paragraphs later, the authors state that, ‘[a]s the applied theatre umbrella embraces a wide range of practice, it can be seen as an inclusive term’ (10). If different ideologies shelter under the ‘umbrella’ of practices as well as the ethics that are derived from their ideological underpinnings, the term inclusivity does not simply denote the different categorizations of applied theatre practice. This sensitivity welcomes in the practitioner that jumps ship.

An initial concern, when formulating my research, concerned my understanding that a code of ethics in place for one specialty within a dual practice will exert its influence within the other. This concern was cogent to a dual practice that was formulated to counterbalance the effects of the institutionalisation of the scientist-practitioner model of practice, the model that drives the ACA and its standards of ethical practice. Recently, while I was completing my research, Optum, a private firm that now runs many of the welfare and counselling services across the U.S., gained ground in the State of Idaho. According to Optum, service providers need to follow the scientist-practitioner model. Optum determines reimbursement for providers. Practicing as a humanistic counselor, I cannot work in Idaho because of Optum’s control of reimbursement. That is if I want to uphold my ethics.
The self that I bring with me from a Rogerian perspective

A mind or consciousness could be seen not as an atomistic singularity but as interwoven within a broader social or cultural contextual field that includes others. In such a case, an 'I' would be more fuzzy and diffused, less coterminous with the body, more intermeshed within its context, more interdependent. We would talk of selves, actions, and, even thoughts as less exclusively individual and more inclusively relational, wedded, arrayed, archaeological.

(Scheurich in Thompson 2008: 51)

Thompson, by using this statement, attempts to find a ground of perception that makes sense of an ‘I’ constructed through the interweavings of relationship to the other and the multiple cultural contexts that shape us; a place where a self exists, not as the pure result of an objective world ‘out there’ or a subjective world where the ‘I’ is over-isolated, but as a result of being interdependent. Categories of I or Thou elude Scheurich, and Thompson takes them up. Thompson argues that we are ‘marked people’ (Thompson 2008: 52), and that ‘our actions cannot be understood as emanating from the person outwards’. He urges that, ‘we need to search for a more complex framework for understanding (Thompson 2008: 51-52).

And he finds this called-for framework

exhibit[ed] [in] the patterns created by the “little dramatic performances” of others, in and through our daily actions. Our bodies and our lives are both shaped and we in turn shape our bodies, giving us the ability to engage with our friends, families and communities

(2008: 52).

Referring to being ‘marked’, Thompson (2008: 52) states: ‘different forms of human interaction simultaneously affect and are dependent upon the way we have embodied (mentally and physically) past experience [ ... ] We are marked; but these contours go beyond our bodies to bind us to wider, shifting networks’.

Thompson’s statement suggests that we are built relationally and culturally. If that is the case, as practitioners, our ethical frameworks need to reflect this fact of our existence. Rogerian practice is not at odds with this understanding.
[M]odern developments forced men and women into the condition of individuals, who found their lives fragmented, split into many loosely related aims and functions, each to be pursued in a different context and according to a different pragmatics – that ‘all-comprising’ idea promoting a unitary vision of the world was unlikely to serve their tasks well.[]

(Bauman 1993: 6)

Bauman articulates the individual of the twentieth century as one who was forged from a ‘fragmented’ reality. The statement puts into question the modernist assumptions that there is unity in nature, and because humankind is a part of nature, there exists unity between all human beings. The picture of the fragmented individual contests the notion of being automatically part of a unity. This is antithetical to Thompson’s supposition. However, it points out that our ontology arises out of a historical context. Understood within applied theatre, our ontology arises from the understanding that we are basically relational and that ‘[d]ifferent consciousnesses are constituted primarily in relation to each other’ (Smith, 1996: 170). As a Rogerian, I would add that different consciousnesses are shaped by interfacing with another’s ‘fragmented’ and individualized reality. Further, I understand that the process of self-construction is multilayered.

I need ask, how does one differentiate if we are basically relationally constructed? How do we escape the solipsism implied? Implicit within Bauman’s statement above is the understanding that an affective response that occurred as ‘modern developments [forced] men and women into the condition of individuals who found their lives fragmented [and] split into many loosely related aims and functions’ shapes us. Bauman uses terms like ‘forced’ to make his point. Such loaded terms were also used by Heidegger in his phenomenological ontology when he stressed the term ‘thrownness’ (1996: 146), which suggests the pain of alienation. Through these terms, he built his ontological argument that ‘Dasein’ (34) (roughly, a self) becomes a part of the world in which it is thrown. Implicit within his use of the term ‘thrown’ is the understanding that our affect makes us self, and world aware at the same time, even if we are alienated.
The affective loading of terms that are meant to represent our basic condition as alienated suggests one can differentiate one’s self from the conditions that make it. In other words, one can self-differentiate because one has expressive emotional reactions to what is outside one, even if one is interrelationally formulated as a self. Within both Bauman and Heidegger’s accounts is an understanding that we inhabit (in Heidegger’s case) or can construct (in Bauman’s case) a world that causes personal dissonance, which is at once perplexing and fear provoking. Dissonance, under either interpretation, is an affect that makes us self, and world, aware. This connects us to the ‘shifting networks’ Thompson spoke of above.

Dissonance, or rather incongruence, was a concern for Rogers when he articulated the concept of congruence as the direct opposite of incongruence. In building this opposition he made it an internal, moral compass as well as a dynamic. This understanding fits with social construction and applied-theatre practice if one acknowledges that the incongruence and moral compass are culturally constructed. Through interaction with ‘shifting networks’.

Philosophically speaking, affective and sensate experience, which is the result of interfacing with a ‘fragmented world’ or an alienated one, suggest ethics should concern the relational as an antidote to being fragmented, but also that ethics should concern pluralism. Fragmentation results in a kind of pluralism. The American individual created through Bauman’s framing will have developed his or her own terms and conditions for interaction with others. Without this type of pluralism one cannot escape relational solipsism and self-differentiate. As a Rogerian, I need to build a practice environment that allows my other to be formulated through interrelational activity. But, I also need to set up conditions where my other can self-formulate through self-reflection.

**Whose psychology do I bring?**
Kenneth Gergan, a social constructionist, contests a universalist account of psychology, and contests it being looked on as a science. As Bishop, a proponent
of scientism (a term sometimes used in place of positivism) and a critic of Gergen, states:

[Gergan] argues that the terms in which we understand the world are social constructions because these terms are produced in our historically situated interactions with each other (1985). According to Gergan, Western culture has made individual minds the ‘critical locus of explanation’ in psychology and much of the social sciences in general (1994: 3). But this is just a social construction, according to him, because inquiry into the historical and cultural foundations of ‘various forms of world constructions’ indicates that ‘psychological processes differ markedly from one culture to another’ (Gergan 1985: 267). Hence, he thinks many of the theories and findings of social science distort psychological phenomena by pretending that the world, self and psychological processes have a transhistorical or essential nature.

(Bishop 2007: 64-65)

As a social constructionist, Gergan, to borrow from Rideau when tracing out post-modern ethics, ‘deliberately court[s] uncertainty’ (2009: 45). Gergan, in other words, advances a psychology that does not purport that as beings our nature is predictable, reliable, and strongly shapeable. This does not fit with behaviourism. Importantly, the psychology formulated by this redirection challenges any dyed-in-the-wool truths concerning human nature. He breaks with modernism. Human nature changes along with historical shifts. The only assertion one can make concerning the self is that it is a construction and that different cultures and situations make different selves. Applied theatre speaks of this outlook’s relevance to ethics, but in terms of political activation rather than ontological and epistemological concerns. The direct quote that introduced ‘my exit’ testifies to this.

Gergan’s framing makes sense for applied-theatre practice as evidenced in an article by Amanda Stuart Fisher. Stuart Fisher, in her “Developing an ethics of practice in applied theatre: Badiou and fidelity to the truth event” (2005) asserts:

Our attempts to meddle or intervene in people’s lives and communities must ... be informed by an ethics of practice that can be responsive and responsible to each of the different contexts in which we work.

(247)
Contexts construct psychology and the means by which we work on it. In questioning James Thompson, who she understands as essentialist, Fisher further states that, ‘we should not be tempted to turn towards a search for a universal definition of truth or goodness, instead we must seek to identify truths that are “relative to” each of the different contexts we encounter’ (247-48). Her article develops parallel ethical sensibilities between herself and Badiou, whom she states does not ‘prescribe a ‘normative’ or ‘predetermined’ ground for practical action. Rather, his philosophy is concerned with the emergence of a truth process and the subject’s commitment and fidelity to that which is disclosed by circumstances of a particular event’ (248). If treated through the building of processes, the psychological self can be assumed to be fluid and adaptable and not set-in-stone according to a nature. It is maybe because of this that the self, in order to have self and world awareness, can ‘bind’ us to ‘shifting networks’.

Vivien Burr points out in her work *An Introduction to Social Constructionism*, postmodern thought is ‘[t]he cultural and intellectual “backcloth” against which social constructionism has taken shape’ (1995: 12). As such, it rejects any ‘truth’, rather, it ‘emphasizes instead the co-existence of a multiplicity and variety of situation-dependent ways of life’ (13-14); a ‘pluralis[tic]’ sensibility that ‘rejects the notion that social change is a matter of discovering and altering the underlying structures of social life through the application of a grand theory or metanarrative’ (14).

Unlike for Rogers, the self cannot be explained as part of a purposeful world and located within a grand design. The social constructionist view poses a problem for me, I depend on the understanding that we are of a humanity and that we build introjects that correspond with the principles of democracy. The notion that a humanity exists can presuppose purpose or a nature is at stake. However, it always presupposes a commitment to a good. For me as a practitioner, good is a commitment to inclusion and a respect for difference and the activism it takes to maintain it. Advancing such respectfulness is my end in good. Humanity, for me, is at its best when working to actualize the ideal of inclusion while respecting
difference. Applied theatre supplies the ground from which to operationalize my commitment. Its aims speak of my sense of what it is to belong to a humanity.

**Building a global awareness**

During the course of carrying out this research, when examining the canon of applied theatre, I found that the principle of inclusion and a sensitivity towards pluralism pervaded the texts. Importantly, applied theatre as a form of consciousness-raising is growing. As Pendergast and Saxton state: ‘The range of applied theatre is vast; it happens all over the world as part of a grassroots movement involved in social change and community reflection (vi)’. Nellhaus and Haedicke, in the introduction to *Performing Democracy: International Perspectives on Urban Community-Based Performance* (2001), cite that community theatre (a branch of applied theatre)

is now a noticeable undercurrent within performance and activist circles. From a smattering of isolated activities just twenty years ago, it is now reaching ever-growing numbers of audience members – or, rather, participants – with its efforts to involve, mobilize, and politicize. (1)

The term ‘activist’ suggests a positive valuing of inclusion as a counterbalance to the marginalization of under-represented groups within a particular culture or society. This fits with my aims as a practitioner.

**Who leads?**

The understanding that, as a Rogerian practitioner, I should be inclusive and activist brings up problems of hierarchy, as it did for both Rogers and Chaikin. Snyder-Young, in her article ‘Rehearsals for revolution? Theatre of the Oppressed, dominant discourses, and democratic tensions’ (2011) speaks of the dilemma of the facilitator when shaping the material of a particular event. Her article follows the work of Augusto Boal and his ‘rehearsal for revolution’. She states that practice hinges on participants’ power to select material for inquiry and frame, shape, script, and perform stories of problems/oppressions in their own lives and communities [ ... ] As a facilitator, I struggled with the tension between my desire to intervene in discourses in embedded assumptions I
found problematic and my fears that by doing so, I would be colonizing the workshop with my own privileged agenda.

Snyder-Young shows a strong willingness to be open and inclusive, in a manner that recalls Rogers’s attributes of empathic attunement and positive regard. Importantly, her openness and inclusivity demonstrate a strong capacity for ethical reflection, problem solving, and personal responsibility. She also shows that the problem of hierarchy requires a strong commitment to stay abreast of your own inclination to colonize; building ethical commitment and self-awareness is the final solution to the problem of hierarchy within practice.

**A perplexing dynamic revealed through the research**

Through combining applied theatre with humanist counselling and the training I received as a student-actor, I was able to articulate a perplexing problem that I have repeatedly come up against as a practitioner. It has to do with authenticity, or rather, personal integrity as a counsellor, dual practitioner, or applied-theatre practitioner.

Both applied-theatre practice and counselling practice are relatively new fields. They are subject to what Bishop cites in *The Philosophy of the Social Sciences*, as a pre-paradigmatic state. Bishop references Kuhn in his discussion:

Kuhn characterizes a paradigm [...] as ‘universally recognized scientific achievements that for a time provide model problems and solutions to a community of practitioners (Kuhn 1996:x). In Kuhn’s storyline, a particular scientific achievement starts out in a pre-paradigmatic state, where there is little or no agreement about subject matter, what counts as evidence, what the key problems and exemplars are. Eventually, the discipline coalesces around a paradigm, a dominant set of achievements or exemplars. These exemplars represent techniques and strategies for problem solving and an organized collection of such exemplars may be taken as representing theory.

(Bishop 2007:17)

Kuhn’s portrayal has particular resonance for a Rogerian practitioner with a history of working within medical models of care, driven by treatment planning and the
particular institution’s *Policy and Procedures Manual*, which contributes to a strongly constructed system that is self-generating and self-reinforcing.

In considering theories as ‘the systemization of collective and organized exemplars into a paradigm of practice’, it becomes clear that theories are contingent structures. They have no solid ground for ‘agreement about subject matter, what counts as evidence, [and] what the key problems and exemplars’ (Ibid) of the theory should be. This means that no hard-core truths concerning a theory’s methods can be established. Importantly, from this line of reasoning, methods can only address a contingent means of practice. Nevertheless, they can eventually come to be developed into a system of truths concerning the person. That is not always problematic until a dominant system’s collection of truths interfaces with another system’s truths. This would decrease exposure to ‘shifting networks’ of practice.

Once the entrenchment of a theory occurs, practitioners are set-up to accept the exemplars of a theory as givens of practice, which means they can put their criticality and discrimination on hold. They can fall into the trap of allowing codes of practice, derived from the theories and which reflect a dominate system of care, to subtly shape their conduct over time so that the exemplars of practice not compatible with their owned practice ideology get privileged. As Skinner brought out, repetitive behaviour overrides judgement, and simply becomes a response.

Bishop further states, accounting for Kuhn:

> The exemplars provide the paradigm for normal-science problem solving (perhaps through explicit rules, tacit rules or no rules at all) and scientific theories of a given discipline are dependent on the reigning paradigm in that discipline.

(Bishop, 2007:17)

What Kuhn’s understanding of paradigm building brings out is that there are ‘reigning paradigms’ that drive the viability of a system. This would apply to a system of care dependent upon specific theories.
The medical model is a paradigm built from the theories of science. As a reigning paradigm within institutions of care, it will shape or inflect alternate models that may not match directly with its exemplars. However, over time, these alternative practices will get edged out, or compromised, within the overall system because of the power differential existing between them and the ‘reigning paradigm’. This dynamic will have consequences for the actors within the larger system of institutional care or rehabilitation, who are not in tune with the constellation of exemplars that the empowered paradigm represents. The possible exposure to ‘shifting networks’ won’t happen.

An ethics of dynamism
The goal of this research was to begin the conversation concerning the bridging of humanistic or Rogerian counselling practice with applied-theatre practice. This was accomplished by focusing on a foundational moment for both fields within the mid-twentieth century. Within the United States at this time, the philosophy of modernism in its various forms began to interface with the philosophies of existentialism and phenomenology. What transpired within the field of psychology, and within what would become my brand of experimental theatre, was a blending of all three philosophies. During the mid-twentieth century, the introduction of the more pre-paradigmatic philosophies established a bifurcation within the field of psychology between empirical forms of psychology and philosophical psychology. This also established a bifurcation in practice values. At the same time, within experimental types of training for actors, there emerged practice philosophies that resonated with the same philosophical movements that inspired Carl Rogers. Both have formulated my practice ethics, shaping what I consider to be valuable or principled within practice. Both construct a personal, historical, practice context that offers the choice to construct a practice that actively maintains a ‘shifting network’.

The research exemplifies the level of scrutiny it takes to build a critical model by which to derive one’s practice ethics. It is a case study of the impact of criticality on actual ethics construction. What is ultimately presented here is an argument in
favour of critically derived models of ethics that can be extracted from the philosophical ideologies that govern the practitioner’s specific practice. This ‘shifting network’ created built oppositions. From the methodology of interrogating oppositions I was able to look at my practice ethics dynamically. This broadened out my understanding of what ethics could be.

Finding a critical ground that structures practice ethics and concerns is an issue faced in applied-theatre practice today. Kufinec in her work *Theatre, Facilitation, and Nation Formation in the Balkans and Middle East* (2009), reveals the problems that the practitioner has when working with culturally mixed populations. James Thompson explored his practice ethics in “Applied Theatre: Bewilderment and Beyond” (2008) and began work on the same theories as Kufinec.

Inherent within these works is the understanding that one's practice ethics need to be critically evaluated and established outside of practice. If this is done, a comparative ground is set to anticipate competing viewpoints and for getting acquainted with the needs of our cultural others. This runs counter to Stuart Fisher’s proposal, which is predicated on the assumption that the existential now of process work matters. However, we do need to keep our cultural other safe. One position should not necessarily rule out the other. They can work dynamically, modifying each other.

In his co-edited work *The Applied Theatre Reader* (2009), Tim Prentki, in his introduction to a set of articles that tackle the problem of active intervention within practice, speaks of a critical ground that concerns an interrogation of the power-over problem of ‘closed’ systems’ and the resultant ‘predetermined inequalities’ endemic within the institutions that embed the systems (181-183); ones that the practitioner needs to negotiate in order to work with the more marginalized and disempowered within these systems. As he points out, there are various attitudes and behavioural options that the practitioner can implement in negotiating the system. Implicit in his argument is the need to be fully cognizant of the implications and consequences of one’s practice. A way into this is through examining
behaviours and attitudes operational within the processes of practice and the institutional ones that inflect them. Intrinsic to what Prentki states is that assessing for both requires criticality based in dynamism.

**Standards of practice**

When working within institutions or fields, ethics usually amounts to building standards of practice. As an emerging field of practice becomes more institutionalised, so do its ethics. Pendergast and Saxton's *Applied Theatre: International Case Studies and Challenges for Practice* (2009) suggests that this is the case for applied theatre. As an emerging topic within the field of applied-theatre practice, which to date has no standardised code of practice or strong centralising organization by which to manage a code's construction, there is no critical focus or philosophy that has gained a hold in determining what a future code might look like. However, since impact studies are at issue for applied theatre (Preston in Prentki and Preston 2009: 305) because of the need for funding resources, it is not difficult to assume that empirically based models of practice will shape future codes and perhaps to the exclusion of different philosophically driven practice ideologies. For many institutions that fund projects, implicit within the term impact study is the demand for empirically based research. Prendergast and Saxton essentially build the ground work for constructing a standard. This is problematic for a social constructionist or Rogerian practitioner. Rogers (1995a: 194) stated: 'Values that are based on authority, that derive from sources external to the person, should be resisted because [t]he locus of evaluation is in the person, not outside' (Ibid). As a modified-essentialist practitioner, I totally agree with this. To deal with such gatekeeping, I will have to rely on an ethics based in a dynamic method to further evaluate for fit when applied theatre squarely faces the methods of empirical science.

Rogers also understood that practice should not simply concern what is intellectually put forward by institutions (248-49). Codes are institutionalised ethics shaped by specific systems through intellectualisation, leaving out much in the way of immediate human experience. Stuart Fisher’s concern is grounded in fear
of this danger. As Rogers understood it, institutions tend to ‘dichotomize’ (248) intellect and experience, limiting the scope of what codes can address concerning human behaviour.

Psychologist Kenneth Gergan challenges practitioners to look outside practice standards, or ‘codes’ for ‘controlling’ our ‘conduct’ (2009: 356-357). He questions if ‘alternative[s]’ exist. For Gergan, they exist not simply within the individual but within the experience of building relationships. He states: ‘Let us consider the possibility from the standpoint of relational being. [ ... ] Let us view this process of generating goods within a relationship as an establishing of first-order morality’ (Ibid). Implicit within this statement is that morality comes from within. It is within one’s internal locus that standards between individuals are established. When in relationship to one’s other, conduct is a matter of interpersonal dynamics, and therefore cannot be imposed extrinsically from without.

**Ethics based in relational dynamism**
Rogers stated: ' Very compelling is the evidence that our most serious problems are not brought about by the failures of our society, but by its successes. Hence, our past and current paradigms cannot possibly deal with our present problems by extending the old principles.

(1995: 230)

However, Rogers’s statement is problematic. Modernism, as a paradigm that exemplified democratic principles as the measure for good conduct, permeated his practice philosophy, as did Romanticism, a brand of humanism that led to the creation of the social worker. The new paradigms that influenced Rogers' work, which brought out the more relative aspects of morality, did as well. The constructionist position fledgling in Rogers resonates strongly with these. The position attends to what it takes to exemplify individual processing, empathic attunement, and deep respect. In some regards, social construction is a nouveau form of I/Thou ethics (or at least compatible with it). What is of concern is processing that creates a field of understanding through relationship building. This
is evident when Gergan states: ‘To function within any viable relationship will virtually require embracing values inherent in its patterns’ (Ibid). Gergan further states: ‘We establish and perpetuate what has become the ‘good for us.’ There are no articulated rules in this case, no moral injunctions, no bill of rights ... The rules are all implicit, but they touch virtually everything we do, from the tone and pitch of my voice, my posture, and the direction of my gaze (Ibid)’. However, ‘the good for us’ can be modulated and broadened out through building inter-relationships. Applied theatre, since it addresses groups creatively interacting bringing up possibilities for play, has created the ground for the broadening out to happen.

Gergan’s appeal makes even more sense when back-dropped by a statement made by Chaikin:

Theories or systems on paper are seldom what they are when they are an active process. Once on paper they get frozen by their most serious adherents, become intractable, and are applied for all occasions.

(1972: 34)

Codes are underpinned by philosophical biases. If they are underpinned by a bias, such as the one that underpins the BACP, social construction, the code will be able to accommodate a discipline representative of differing philosophies of practice. If the codes are underpinned by a bias such as the one that underpins the ACA, the science of empiricism, the codes will not be able to accommodate a discipline that is representative of differing philosophies of practice. That is chilling since embedded in the call for impact studies is a means to standardise applied-theatre practice.

All drama is ... a political event: it either reasserts or undermines the code of conduct of a given society.

(Martin Esslin in Prentki & Preston, 2009: 8)
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