On Joining

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Abstract: In this piece, I explore the concept of joining, and utilize this concept to spark a broader conversation about potentially oppressive power dynamics prevailing between clinicians and clients in modern practice settings. I contend that the profession of social work needs to revise and deepen our understanding of foundational person-centered principles to limit possibly iatrogenic outcomes. I offer a proposed definition of joining as "meeting someone as an equal with the intention of co-creating truth." In my discussion of oppressive therapeutic practices, I explore the concept of paternalism and use theoretical frameworks developed by the philosopher and analyst Franz Fanon. The article concludes with a discussion of what it might mean to "co-create truth" in the therapeutic context and proposes an epistemological model grounded in dialogue. I propose that the social work professional adopt this epistemological model.

***Keywords*:** truth, therapy, therapeutic models, paternalism, person-centered care, iatrogenesis

Case Study

"I pursue something other than life … I do battle for the creation of a human world—that is, of a world of reciprocal recognition." (Fanon, 1967/2008, p. 218)

I opened my office at 8:15 am, about 15 minutes before my first client was scheduled to arrive. I was bone-tired. The night before had been a sleepless one—for too many reasons to count—and it was a Friday. I took stock of my internal resources. Mental lucidity: 5 out of 10 … Warmth/empathy: 6 out of 10 … Openness: 4 out of 10 … And no time for a cup of coffee. "Adrian" knocked on my door at 8:30 sharp. We greeted each other cordially and he sat down. He began by sharing that he was still struggling with ruminations and feelings of worthlessness. As he tended to do, he quickly shifted into intellectualizing his struggles, offering theories about why people ruminate in general. Any other day, I would have re-directed the flow of conversation back to his direct emotional experience, but instead I let myself intellectualize with him, offering my views on all of the subjects he wanted to discuss. Lazy! The session continued in this way for the next 40 minutes, with him sharing views about the nature of anxiety, or the self, or society, or life, and me periodically chiming in to affirm his views or offer my sage opinions as a professional knower of things. How dull, how bleak! There was nothing of the vital explorations of his emotional life or thoughts of our prior sessions. I was still holding space for him, in a way, but perceived that I was largely talking at him. I was revolting myself but couldn't summon the energy to break out of the role of the expert advice-giver. I was—temporarily—the kind of clinician I most despised.

Introduction

In this piece, I want to offer some thoughts on the subject of how clinicians join—or do not join—with clients, and utilize the concept of joining to spark a broader conversation about the potentially harmful power dynamics prevailing between clinicians and clients in modern

practice settings. A discussion about joining may seem obvious or elementary. The person-centered approach is a foundational element of contemporary graduate curricula; no student can likely escape clinical skills training without being encouraged to join with their clients. What more needs to be said? The difficulty is that what it means to join with someone is both obvious and opaque, self-evident and mysterious. Asked to define it, we tend to free-associate related skills such as rapport-building, collaboration, taking a nonjudgmental perspective or "meeting the client where they're at." But these do not get at the heart of joining.

I would like to make an effort, then, right off the bat, to define more clearly what it means to join. Tentatively, I propose that *joining is meeting someone as an equal with the intention of co-creating truth.*

Note first that this definition does not include the major aspects of person-centered counseling: empathy, unconditional positive regard, realness—in short, fostering connection. Rather, it is even more preliminary, something belonging to the initial engagement with a client. Joining precedes the formation of the therapeutic relationship; it is, perhaps, the necessary precondition of the therapeutic relationship.

How simple: We merely must meet our clients as equals. This exhortation of equality is another platitude that, at first glance, seems obvious but presents an infinite degree of difficulty when we scratch beneath the surface. As we will explore further, a plethora of factors militate against seeing our clients as equals. A few of them: the implicit power position that the clinician occupies vis a vis their clients, internalized stigmatization of mental illness and substance use, and the fact that therapists often occupy a higher socioeconomic bracket than their clients. We could also imagine a host of more individualized, psychodynamic reasons why a clinician might end up one-upping a client in session. We need to admit as a profession that it is not, it turns out, a simple matter to see another human being as having equal dignity and worth. The deeper one looks, the more questions spring up. Can we teach our students to view their clients as equals, or is this belief an immutable characterological trait? Are there strategies we can offer to nurture this conviction of fundamental equality? This essay will suggest that the primary risk of failing to join is oppressing our clients through what I will call the "paternalistic gaze." In unpacking this concept, I will rely heavily on the work of post-colonialist thinker and psychiatrist Franz Fanon. I will conclude my discussion of the paternalistic gaze by offering an anti-oppressive intervention.

Joining as I have defined it is much more, however, than a mere belief in equality. It is also a *setting of intentions to collaborate equally in the pursuit of truth*. This aspect of joining reflects that successful therapy typically not only involves a therapeutic *experience* but also generates useful or enabling *insights*. The truths produced in a good session might really be anything, so long as they enable growth. The intention might be to unearth a client's true self (hidden for too long under the cloak of a false self), to clarify the truth of a life situation the client is going through, or to re-write a maladaptive narrative through a more realistic lens. It could be discovering together truths about existence, suffering, loss, love, and mortality. What is critical, however, is that joining is an intention to co-create these truths, together. This definition would specifically exclude a modality of lecturing at clients or offering unsolicited advice. Few

clinicians might intentionally aim to lecture at clients, but—as the harrowing case scenario above illustrates—lecturing is the nearest refuge of the tired therapist's mind. How easy it is to rationalize away lecturing to a client as psychoeducation or interpretation … This essay will seek to explore further what it might mean to co-create truth and to deepen our conviction as clinicians that any wisdom we offer—if we're in the mode of delivering monologue—is limited and incomplete. I will propose an epistemological model that is grounded in dialogue and suggest that we adopt such a model as a profession.

The Paternalistic Gaze

We may be familiar with the basic Rogerian thesis. In Carl Rogers' (1995) writings, he proposed three "core conditions" that the therapist must satisfy to facilitate the growth of the client: congruence, unconditional positive regard, and accurate empathy (pp. 61–62). When these conditions are met, the client "feels released. He wants to tell me more about his world. He surges forth in a new sense of freedom. He becomes more open to the process of change" (Rogers, 1980, p. 10). Ultimately, alongside other benefits of successful therapy, the hope of the person-centered approach is that the client becomes their most authentic self, their "real self" (Rogers, 1995, p. 111).

Implicit in the core conditions is a felt sense of equality between the therapist and client; the therapist must believe that they are on the same level, and the client must feel the respect of the therapist. Equality is inherent in unconditional positive regard and in the dignity and worth of the client. We do not merely respect specific attributes of our clients—their intelligence, or courage, or sense of humor—but, more vitally, we respect their very being, their humanity. Humanity is something we all possess in equal measure. Asked to define "humanity," I would define it as the experiences that make us all human: We all seek happiness but suffer; we all love and lose love; we seek control but feel helpless; we seek self-security but feel shame; we all experience the brilliant presence of life and confront the inevitability of death. It is on the basis of these profound commonalities that we ground our respect for our clients, our care, and our compassion. But is this recognition of common humanity even teachable? Does it not rather point to spiritual insight rather than anything that could be conveyed in a clinical setting?[1]

Worse, despite the best intentions of our profession, a host of forces militate against relations of equality. Most obviously, therapists—particularly, clinical social workers—often occupy a higher socioeconomic status than their clients. On a more systemic level, as the "medical model" makes inroads into our field, clinicians are increasingly riveted into the role of "expert" or professional knower. We can find power differentials on even subtler levels. Having undertaken clinical training confers upon the therapist great power; where the client is stumbling through the thicket of the therapeutic alliance, the clinician walks with much more confidence. Clinicians may experience unconscious stigma towards their clients and unwittingly enact a one-upping dynamic. Most insidiously, we must admit the probability of clinicians enacting their own unresolved desires for domination within the therapeutic frame. Just a brief survey of

[1] In the Buddhist tradition, for instance, there are many training exercises intended to cultivate *metta*, a quality of friendliness and care for all beings. In one such exercise, the trainee spends a period of time imagining that every person they encounter is the Buddha himself.

power relations, then, suggests that without a substantial and ongoing amount of care and self-awareness on the part of the therapist, their very presence in the therapy room may be iatrogenic. The power differential between therapist and client becomes most overt, and perilous, when there is a question of involuntary hospitalization.

Let us assume, however, that the clinician does not wish to overtly dominate their client. We can capture what is potentially oppressive in the therapeutic alliance with what I term here the "paternalistic gaze." By focusing on the "gaze" of the clinician I intend us to expand our view beyond the more overt microaggressions that one could imagine and to include as well the world of non-verbal cues and somatic expressions of paternalism. Imagine a therapist who is well-trained in the person-centered approach. He dresses in approachable clothing (an earth-toned cardigan, perhaps?) and offers his client a glass of water upon their meeting. He engages his client warmly and, as the session begins, projects an attitude of non-judgement and positive regard. He listens deeply as the client begins to unburden herself. He conveys accurate empathy. The client feels comfortable enough, safe enough, heard enough, and is able to share several thoughts and feelings that are quite vulnerable.

The scene above should be a textbook session, a masterclass in the foundational elements of clinical practice, but there are important details we've neglected to notice. The therapist's diploma is prominently displayed on the wall; the client didn't finish school. The cardigan the therapist is wearing cost more than the client would ever spend on clothes. The therapist's office is located in an office building for a variety of health professionals, a fact that emphasizes for the client the specialized training and knowledge of the therapist. What cuts most against the therapist and client being able to feel equal, however, is something in the therapist's gaze … It doesn't emerge in the awareness of either the therapist or the client because, frankly, it already feels normal. The therapist has long gazed at clients in this way, and the client has long been seen as such. Nonetheless, they both experience it on the level of sensing. For the client it is an un-nameable twinge; for the therapist, a subtle sensation of distance and self-satisfaction. With a good deal of skill, self-awareness, and rapport, a therapist might be able to unearth it (we will explore what such an intervention might look like at length). What we are pointing to is, in therapist's eye, the most barely perceptible glint of superiority.[2]

To explore the paternalistic gaze further, it will be helpful to incorporate the work of Franz Fanon (1967/2008), the postcolonial thinker and psychiatrist. His visionary writing captures incisively the crushing psychic effects wrought by the superior gaze, in his case the White gaze. Fanon (1967/2008) was steeped in the early psychoanalytic tradition, and he applied his psychoanalytic training to the oppressive post-colonial situation of mid-19th century Europe. In referencing Fanon, I do not mean to make adequate in any way the harmful effects of modern therapeutic paternalism with the vast oppressions of colonialism. I do mean, however, to suggest a qualitative likeness in the gaze of any oppressor, regardless of context. I mean to caution that, if we are not aware of the subtle ways inequality can present itself in the therapy room, we might be unwittingly reiterating the precise systems of oppression we are committed to defeat.

[2] We could also speculate that the inherent status differential emerges from the assumption that one person in the room is "sick" and the other "not sick." As the late critic Susan Sontag (1978) has demonstrated, we are not so far removed from pre-modern views portraying illness as a moral failing or expression of inadequate character.

Fanon (1967/2008) carefully details the mechanism of the paternalistic gaze, and then elaborates further the “massive psychoexistential complex” (p. 12) that emerges. As we proceed, I will quote Fanon liberally as no summary can do justice to the richness and urgency of his language. He begins:

> The black man among his own in the twentieth century does not know at what moment his inferiority comes into being through the other … And then the occasion arose when I had to meet the white man’s eyes. An unfamiliar weight burdened me. The real world challenged my claims [to equality]. (p. 110)

The formative psychic moment for Fanon here is not an overt expression of racism, but the colonialist’s *visual recognition* of him as Other. He continues:

> “Look, a Negro!” I subjected myself to an objective examination, I discovered my blackness, my ethnic characteristics; and I was battered down by tom-toms, cannibalism, intellectual deficiency, fetichism, racial defects, slave-ships, and above all: “Sho’ good eatin.” … What else could it be for me but an amputation, an excision, a hemorrhage that spattered my whole body with black blood? But I did not want this revision, this thematization. (pp. 112–113)

The visual recognition of the colonialist accomplishes a psychic violence, both imposing a new self on the subject and shattering it. Fanon continues to focus on the visual field:

I move slowly into the world … I progress by crawling. And already I am being dissected under white eyes, the only real eyes. I am *fixed*. Having adjusted their microtomes, they objectively cut away slices of my reality. I am laid bare. I feel, I see in those white faces that it is not a new man who has come in, but a new kind of man, a new genus. Why, it’s a Negro! (p. 116)

Just as the result of the person-centered approach is to “become a person,” the result of the paternal gaze is that the subject becomes *less real*. Fanon refers to this depersonalization as a “zone of non-being” (p. 8). Fanon is writing here from a firmly relational orientation, where it is understood that our self-concept is organized by its relations to others. Likewise, he makes clear how oppressive or abusive social interactions are profoundly disorganizing.

For Fanon, neurosis develops inexorably from the initial encounter between black and white. It results not from any specific aggression or assault, but rather from original situation of socioeconomic disparity between the two. The colonized subject internalizes this power differential immediately, and an inferiority complex forms (Fanon, 1967/2008). The inferiority complex of the colonized then metastasizes into narcissism. Again, I must quote Fanon (1967/2008) at length:

> The negro is comparison. There is the first truth. He is comparison: that is, he is constantly preoccupied with self-evaluation and with the ego-ideal. Whenever he comes into contact with someone else, the question of value, of merit, arises. The Antilleans have no inherent value of their own, they are always contingent on the presence of the

> Other. The question is always whether he is less intelligent than I, blacker than I, less respectable than I. Every position of one's own, every effort at security, is based on relations of dependency, with the diminution of the other. It is the wreckage of what surrounds me that provides the foundation for my virility … The Antillean is characterized by his desire to dominate the other … The object is an instrument. It should enable me to realize my subjective security … The Other comes on to the stage only to furnish it. I am the hero. Applaud or condemn, it makes no difference to me, I am the center of attention … I am Narcissus, and what I want to see in the eyes of the others is a reflection that pleases me. (p. 211)

Here, Fanon's capacity for both realness and clinical insight generates an incredibly vivid description of how an oppressive relationship results in characterological dependency and narcissism.

In Fanon's description of the narcissistic symptomatology we can largely locate our contemporary understanding of narcissistic personality disorder. What renders Fanonian narcissism unique, though, is that his account of its psychogenesis does not generally include depictions of the overt traumas, aggressions, and violences endured by the oppressed; that would seem obvious. The psychogenesis of colonial neurosis includes these woundings but does not require them. Fanon takes pains to convey that the mere *presence* of the white power structure is sufficient. The power relation prevailing between the post-colonial subject and the European is implicitly understood, straightaway. This power relation then finds expression or, perhaps, is weaponized in the figure of the "white man's eyes," the paternalistic gaze. The gaze bears within it the entire socioeconomic situation, and it delivers in one glance the entire psychic wound of the imperialist enterprise.

Fanon's work can be now supplemented by recent research into the cumulative impact of microtrauma (which we can define even more narrowly as microassaults, microinvalidations, etc.). Margaret Crastnopol (2015) has defined *microtrauma* as a series of injurious actions or communications resulting in a "skewing in one's sense of goodness, efficacy, or cohesion" (p. 4). As Crastnopol explains, "because one hasn't seen the cuff coming or registered its full impact, one hasn't defended oneself adequately[, nor] taken either the reparative or protective steps that might ease the injury in its aftermath or guard against reoccurrences" (p. 4). What is especially insidious about microtrauma is that it can occur in what also may be a beneficial or positive relationship: a relationship with a "good enough" caregiver—or a relationship with a therapist, for instance. I would argue that the figure of the "white man's eyes" is slightly distinct from a microtrauma, however. The colonial gaze for Fanon is not really an action so much as it is the locus of all the existing material conditions of oppression, a site where every pain and violence crystallizes and is communicated.

The position of the colonial subject is untenable. The racist system that the colonial subject is steeped in conveys a destructive psychic demand: "Turn white or disappear" (Fanon, 1967/2008, p. 100). Confronted with this double bind, the colonial ego withdraws but cannot remain stable

in itself.[3] How is this neurosis resolved? Fanon proposes, first, that these conflicting motivations must be “brought into consciousness” so the subject can recognize the “real source of the conflict … the social structure” (p. 100). Once the internal conflict has been surfaced (presumably in analysis), then the subject must “choose action” with respect to the social structure (p. 100). Insight, therefore, is only half of the cure; the subject must also take valued action and demand recognition from the society that has conspired to negate them. In this way, the Black person’s individual liberation is bound up with the dismantling of systemic oppressive forces or, rather, the taking of valued action towards that goal. For Fanon, it is in *praxis*—the taking of political action—that the oppressed subject fully becomes human again.

We would seem to be far afield from our original theme of how clinicians do—and do not—join with clients, the question of the inherent difficulty of meeting clients as equals. The post-colonial world of Fanon—Martinique and France in the 40s and 50s—is, indeed, far away in many respects. It barely needs mentioning, however, that multifarious systems of oppression continue to haunt our present day, too many to detail in this space. In the current moment, oppression seems to be taking an even more overt, or intentional, aspect. During this writing of this essay, the US President urged governors of states where there are protests to “dominate” peaceful demonstrators protesting the murder of George Floyd (Liptak et al., 2020, para. 2); he said further, “it’s a movement, if you don’t put it down it will get worse and worse … The only time [it’s] successful is when you’re weak” (para. 8). In an age where object-relations increasingly assume a character of overt domination, our most militant commitment must be to facilitate relations of mutual recognition and equality. To be clear: There could not be a more urgent time to uproot remaining traces of paternalism in the therapy room.

This process requires not only attention to the obvious ways that therapists may oppress their clients, but also a deeply personal investigation of one’s own gaze which, as Fanon indicates, bears within it the personal and social history of the oppressor and delivers in a single glance the entire reality of the power differential. On a Sunday night, for instance, I sit at home in my armchair drinking a vintage port (one of my most cherished activities); on Monday morning, I meet with my client who can scarcely afford bus fare. This fact presents inexorably in the gaze, irrespective of my best intentions. I completed my undergraduate work at an elite college; I have only one current client who has finished college. Into the gaze. I am a White male and, therefore, a part of past and present systems of oppression. Into the gaze. I am a trained clinician and believe myself to possess specialized and important knowledge that my clients do not possess. Into the gaze. My deepest convictions here are no good. It makes no difference that I truly believe—as deeply as I am able to sense—that I am better than no one. Every material fact of my privilege expresses itself through me, and does harm.

The most obvious treatment for this apparently intractable situation would follow the two-part protocol suggested by Fanon. Where appropriate, clinicians should help to make overt any

[3] I am unsure whether Fanon was aware of the work of W. E. B. Du Bois, particularly his concept of “double-consciousness” (p. 8), which would seem to prefigure Fanon’s thinking. Du Bois (1903/2008) described it as such: “This sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the tape of a world that looks on in amused contempt and pity. One ever feels his twoness” (p. 8).

perceived or real power differentials in the therapeutic alliance. Likewise, the clinician should aim to be aware of any ways the client may feel "one-upped" during treatment and help to make these feelings overt as well. An exploration of power might be broached with some of the classic open-ended process questions ("How are we today?" or "How are you experiencing the space between us?") but will be aided more so with direct questions such as "Do you feel that we're collaborating as equals here?" or "How are you experiencing your power in the room right now?" The goal of this approach is to make explicit any power differentials and to clarify the systemic nature of those differences. The client, then, may be able to find the source of any feelings of inadequacy in the broader systems that the therapist and client are participating in, rather than in any personal failing on the client's part.

Once the question of the relative status of the clinician and client has been surfaced, the clinician should facilitate the empowerment of the client. Non-directive approaches may be relevant here. Many therapists are already skilled in promoting client autonomy. Specifically, though, clients should be urged to take action to oppose oppression as they proceed in therapeutic journey of healing. In questions involving treatment, medication, hospitalization, and diagnosis, clients should be encouraged to take actions that assert their agency and comport with their inherent dignity. Clients should even be encouraged to take active steps *within* the therapeutic alliance to assert themselves and demand recognition as human beings where it is denied. This could involve explicitly inviting the client to speak up about ways in which they feel oppressed or harmed in the therapeutic alliance. Lastly, clinicians can and should help clients understand their own private struggles within broader contexts of privilege and oppression. Where oppressive political policies—housing policies, tax policies, civil rights policies—are relevant to the experience of a client, therapists can offer clients that critical context.

Co-Created Truth

One of the favorite, slightly shopworn statements that the person-centered therapist often utters to clients is that they are the experts of their own lives. I have uttered this phrase myself more times than I can count! If we are rigorously honest, however, I think we must admit that there is a part in every clinician that does not quite believe it. A part of every clinician, I submit, believes that they possess a unique wisdom that, if imparted to the client and properly heard, might change the client's life for the better. There is no need to pathologize this secret hunch. Surely, believing oneself to possess unique insights that might be applicable to others is part and parcel of a healthy self-concept.

The difficulty is this healthy faith in our own wisdom can come to be at odds with the person-centered injunction to facilitate only the inner wisdom of the client. Indeed, we generally view our role as to provide a nurturing holding environment that might enable the spontaneous growth of our clients. I continue to trust that every being has an innate tendency towards growth and freedom. Humans are plants that bend to the light. Very often when the "core conditions" are fully in place, that is sufficient for clients to blossom. Once again, however, the difficulty with this perspective is that it does not fully do justice to how most psychotherapy is actually practiced (with clinicians liberally offering their own wisdom), and it does not address the normal instinct of the clinician to participate in the production of wisdom. The key question is

when a clinician offering insight transforms from being therapeutic to potentially microtraumatic. Crastnopol (2012) articulates the microtrauma of "connoisseurship," where a "hyperdiscriminating person trumpet[s] his or her special knowledge" (p. 425). This microtrauma may result in envy and humiliation on the part of the party receiving the "gift" of this knowledge, quite the opposite from the empowerment we seek.

As a way of escaping this apparent bind, I want to propose the epistemological view that wisdom is not the product of any individual but rather is something more like an event generated in dialogue. The value of this perspective is that it offers to dissolve the problem of where to locate truth in the therapy room. Truth is no longer paternalistically handed down by a therapist playing the role of the professional knower. Truth is also no longer the sole product of the client; the clinician has a vital new role and must remain in relationship for the therapy to succeed. On an intuitive level, of course truth would be relational. If I as a therapist offer an insight that rings true, it is only because the client is ready to receive it in the right way. If a client has an enabling insight, it is likely because I provided the fertile ground for that insight to emerge.

A few words on truth. Contemporary American culture has tended to view the truth as both *abstract* (detached from the material conditions of life), *disembodied* (purely intellectual), and *individual* (springing from the minds of individuals rather than within a social field). We could take this article itself as an example. An exploration of the material conditions of this article might take into account the fact that it was written on a MacBook Air (and not by hand, for instance), that the reader is likely reading it on a computer. An understanding of the embodied nature of this article might take into account how much of the propositions of this piece have relied on my sensing and feeling, and how the responses of the reader rely on sensing and feeling. We could note that this piece was written by a human body, a body who utilized the aid of a strong cup of coffee each day, who oscillated between states of sleepiness and alertness, etc. Lastly, to see how this article is a social product is, perhaps, the easiest of all. The ideas expressed here are really fragments of an ongoing conversation, between me and books I read; my supervisor and me; my friends and me; everything I have ever read, seen, and heard. The ideas here do not stand on their own but exist in a dynamic, interdependent relationship. One is led to wonder whether in academic circles, there is a kind of collusion to repress this living, dynamic, bodily, social aspect of knowledge-production. Stated differently, in most academic articles, there is a pretense of abstraction, intellectuality, and individuality.

This extremely limiting way of understanding truth did not arise in a vacuum but is part of a long philosophical tradition of understanding truth as a fundamentally autonomous process. At one of the beginning points of Western philosophy, Kant (1781/2010) locates truth in a noumenal world that may not be subjected to empirical or situational consideration. The tradition of 19th century idealism instituted dichotomies delineating on one side truth and on the other side the material, the somatic, the irrational, the animalistic. The 19th century also inaugurated the image of the solitary genius. Think of Byron's poem "Manfred" (1817), or the paintings of Caspar David Friedrich (Artchive, 2023). The idea of the solitary intellectual lives on in the popular imagination. Important ideas spring from lonely minds of John Nash in *A Beautiful Mind* (Nasar, 2001), or individualist risk-takers like Steve Jobs or Bill Gates. Wisdom here emanates from the minds of individuals (and only their rational minds!). We revere

individual thinkers and devalue the extent to which their productions arose through dialogue with others.

There is an alternate strain of philosophical thinking, however, that takes a more dialogical approach, grounding knowledge in our fundamental material and social reality. In Plato's *Phaedrus* (ca. 370 BCE/2005), Socrates, in search of truth, leaves the city and wanders through the countryside with his pupil in search of inspiration. Socrates eventually puts forward the idea, in that dialogue, that truth emerges only through the erotic confrontation with the Other. Another key guidepost along the way would be Marx's materialism, stated most succinctly in *The German Ideology*. He opines that "the production of ideas, of conceptions, of consciousness; is at firstly directly interwoven with the material activity and the material intercourse of men" (Marx & Engels, 1932/1975, p. 32). Ideas are "from the very beginning a social product" and are derived from "the immediate sensuous environment" (p. 37). Here Marx turns on its head the presumptions I began by highlighting—that truth is individualistic and abstract—here instead it is "social" and "sensuous." In our era, psychologist Kenneth Gergen has advanced this idea trenchantly in his work, arguing that all meaning is generated from "coordinated action" (Gergen, 2009, xxviii).

For me, however, the philosopher whose work seems most clearly relevant to what happens in the therapy room is Alain Badiou (2001). His epistemology centers on the concept of the *event*, which he defines as a radical break in the established order or knowledge. Events are "irreducible singularities" (p. 44) that occur within history but also structure it. Some examples of events that he cites in his work include the French Revolution, Galileo's "creation of physics" (p. 41), the Cultural Revolution in China, and Einstein's texts of 1905. When an event occurs, it catalyzes a new truth-process. A truth is generated when people have "fidelity" (p. 41) to an event. As Badiou (2001) puts it, a truth "compels the subject to *invent* a new way of being and acting in the situation" (p. 42). After Einstein's theory of relativity, for instance, it was impossible to think of physics without reference to his work; so the field of physics practiced a kind of "fidelity" to Einstein's discovery. Interestingly, Badiou argues that it is not really human subjects who produce events, as our subjectivity is produced and structured by the event itself. Events produce us, and then we humans are the key actors in the ensuing truth-process, bearing fidelity to the event and generating the new truth.

I would like to propose that one of the critical tasks of psychotherapy is to facilitate events. What we seek with our clients are these kinds of radical breaks, a radical shift in thought or in behavior, such that afterwards everything looks different. If one of the oldest debates in the field is whether clients benefit most from the interpersonal *experience* of being with the therapist, or the *insights* gained in therapy, Badiou's framework dissolves the question itself. We would define the healing experience as a kind of new truth; alternately, it seems clear that any insight or truth derives from the event of the interpersonal experience between the therapist and client. It doesn't really matter whether we label what's happening in the therapy room an experience or an insight, because what's always happening is an event (the successful therapeutic encounter is demanding that the client live in a new way or view themselves, others, or the world in a new way). The event leaves both the therapist and client changed.

Badiou's work gives us a new way of seeing relational psychotherapy, but relational psychotherapy supplements Badiou as well with the insight that events—these radical breaks in the order of things—always occur within a relational context. Relational therapist Mark Fairfield (2013) expresses the convictions of our field well when he says that "perceptions and feelings are constructed out of a web of corresponding, interpenetrating conditions (i.e. the field). At some level, all experience is co-action, so we need a reorientation to understanding perception as something we are doing together" (p. 30). The generation of truth for Badiou is firmly situational, and historical ("sensuous," as Marx might say), but we would supplement that by adding that it is always social.

What is intriguing, then, is that while for Badiou events are mystical occurrences that defy conceptualization (they precede the subject itself), we could think of relational psychotherapy as a quest to bottle the genie, to understand better the conditions of an event to facilitate their generation more readily. Return to Rogers' core conditions of growth. We cannot make any client change at our will—we lack that kind of power (important to remember!). But we do know from decades of practice and research that when these conditions are present—congruence, unconditional positive regard, and accurate empathy—that very often something happens within the space between the therapist and client. That something is spontaneous and not quite within our control, but also something that would not have occurred in the absence of the therapeutic intervention. What are we doing but generating events? Attempting to facilitate something that does not really come from us alone (but from the situation, the relationship, the field) and that will inevitably change both the therapist and client the moment it occurs.[4] I often remind my interns that we are not experts in any particular content (we don't have any special wisdom), but we are experts at process. Part of the process we are responsible for may be this truth-process that we both shepherd, and which exceeds us.

Let's return to my tentative definition of joining: "meeting someone as an equal with the intention of co-creating truth." What I wanted to suggest with the second half of the definition is that joining requires a certain humility and openness when it comes to the idea of truth. In addition to seeing our clients as equals (and surfacing and addressing power imbalances), we need to go into the therapeutic encounter understanding that any insights that occur will not stem from us alone. We can certainly call on our ingenuity and wisdom and experience (clients can and should benefit from that!), but those truths will only sink in if they proceed from a genuine therapeutic event. The truth is going to happen between us or not at all. Understanding that any insights will be co-created, and proceeding with that intention, reorients us to the relationship and offers a caution against any unwarranted lecturing or experting. A mantra for the practitioner might be this: Attend to the process, and to the relationship, and the truth will come on its own.

While it would be tempting to try to unite some of the disparate strands of this somewhat shaggy essay, it might be best to recognize simply that this essay identifies a multitude of areas for further research. Further research is warranted into the paternalistic gaze, its place in the therapy

[4] We could think of trauma as well as a kind of damaging "event." It is a historical, relational event that fundamentally introduces a new order or knowledge in the subject.

room, and how therapists can therapeutically address power differentials with clients. My ardent contention is that the ideals of the person-centered curricula—particularly, the value of unconditional positive regard—need to be examined in a more scrutinizing way so we can understand how to better train new clinicians, as well as what is actually happening when we sit with clients (versus what we *hope* is happening). Our field should continue to be more open and searching about the many ways clinicians can and do harm clients.

Beyond these considerations, it seems clear that the philosophical discussion explored above—concerning truth, subjectivity, and the event—is only a starting point for further examination. There is fertile ground to be broken where philosophy can provide helpful language to psychology and where the more practical insights of our field can guide theory. The view I have proposed is that successful psychotherapy is a fundamentally creative act; the therapist and client are both its producer and its product. In joining successfully, we can help facilitate a radical break in the established order of things, creating something (an insight, a worldview, a belief, a behavioral change, a personality) that did not exist before. This understanding of how psychotherapy may work is akin, however, to the understanding of ancient peoples who found their clothes clean from washing them in a certain part of the river. It is not clear at all how joining successfully with clients helps to produce these radical events. The relational approach to psychotherapy is understood to be foundational in our field, but in labelling it “foundational” we imply that it is essentially understood. The incisive lines of T. S. Eliot (1943) are relevant: “We shall not cease from exploration / And the end of all our exploring / Will be to arrive where we started / And know the place for the first time” (p. 49).

Closing Note

This essay was written primarily in the last week of May, 2020, and, as such, I cannot resist noting the parallels between the demands for recognition articulated by Fanon and the urgent protests taking place across America in our own time. To those questioning the usefulness of aggressive protest, Fanon’s (1963/2005) words in the *Wretched of the Earth* seem prophetic:

> At the individual level, violence is a cleansing force. It rids the colonized of their inferiority complex, of their passive and despairing attitude. It emboldens them, and restores their self-confidence … Totally irresponsible yesterday, today they are bent on understanding everything and determining everything. Enlightened by violence, the people’s consciousness rebels against any pacification. The demagogues, the opportunists and the magicians now have a difficult task. The praxis which pitched them into a desperate man-to-man struggle has given the masses a ravenous taste for the tangible. Any attempt at mystification in the long term becomes virtually impossible. (p. 51)

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