

Contemporary Psychoanalysis and Client-Centered Therapy: Different Practices

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Ed, I enjoyed your story of the development of your thinking about therapy. It inspired me to reflect on my story. Your contention in the paper that “there is some overlap between contemporary psychoanalysis and client-centered therapy,” however, is not part of your story. It is an intellectual claim. While I appreciated your story, I disagree with this claim. I will argue that your comparisons are not fair and their results not significant, because you fail to look beyond surface similarities in psychoanalytic and client-centered practices to compare how the practitioners of these therapies understand and justify what they do.

I don't address claims about similarities in theory (just to keep my response short and because I'm not much interested in psychological theories) or positions you take on other matters. I address only your two claims of similarities between the practice of client centered therapy and the practices of self and relational therapies. I take the liberty of limiting the scope of my response to what I am most interested in: therapies as ethical enterprises, human relationships that embody ideas about what is good or right to do.

Client-Centered Therapy and Self Psychology

Your one claim of similarity between the practice of client-centered therapy and the practice of self-psychology is that “for both client-centered therapy and self psychology the emphasis is exclusively on the therapist's empathic understanding, with minimal expression of the therapist's idiosyncratic subjectivity in the relationship.” Even if true, this amounts to little without evidence from writers on self-

psychology and client-centered therapy that they understand empathy and therapist self-expression in the same ways. You say only that both kinds of therapists *do* or “emphasize” the same things. But what do practitioners of each form of therapy *mean* by empathic understanding and expressing therapist subjectivity? What do they *intend* when they do them? How do they *justify* their practice of them? These are questions that reveal the “heart” of their practices, the meaning and ethical significance these practices have for their practitioners.

Practices may look very similar but be quite different in deeper and much more important ways. Breaking into one’s own home because one has forgotten one’s keys and breaking into someone else’s home to burglarize it have innumerable “important” or significant similarities. But the surface similarities they share pale in comparison to the much more meaningful differences we see when we look at what the owner and the burglar are doing as ethical enterprises, the living out and with notions of what’s good and right in human relationships, (Grant, 2004). If we understood the intentions, interpretations, self-understandings, values, and justifications of each, we would see of course that the actions of the owner and burglar are very different. We should seek to understand, evaluate, and compare therapeutic practices in the same way: on the basis of how practitioners understand and justify what they are doing.

Brodley (1999, 2006) argues that empathic understanding is an expression of the non-directive attitude inherent in Rogers’ core therapeutic attitudes, which are based on the value of respect for persons. Do self psychologists offer a similar line of reasoning to support doing empathic understanding? Brodley argues that the purpose of making empathic responses is primarily to check one’s understanding of what a client is getting at or trying to get at (Levitt & Brodley, 2005). Is this the purpose of empathic responses in self psychology? You wrote that “contemporary self psychologists. . . now believe that just being empathic is more helpful therapeutically than insight from interpretation.” Do they understand empathy and helpfulness in the same way client-centered therapists do? Brodley discourages making therapist-frame responses, such as self-disclosures or observations of the client, because of their risk of harm to clients and proposes guidelines for making therapist-frame responses based

on the value of non-directivity (Brodley, 1999). Do self psychologists echo this way of thinking in their writings?

On Client-Centered Therapy and Relational Psychoanalysis

Your one point of similarity between relational psychoanalysis and client-centered therapy practices is also based on an inadequate [editor's sic.] examination of the therapies. You claim that "in respecting the individual client's or patient's freedom of choice, there is a similarity between the client-centered and relational approaches." This respect consists solely of "a respect for each patient's freedom to use or discard what is offered." This feature is shared by many schools of therapy and does not indicate a special kinship between the client-centered and relational approaches (only some drug and alcohol treatments and old-fashioned psychoanalysis come to mind as exceptions). In any case, when this one similarity is seen in the context of the theories and values of client-centered and relational therapy, it has even less significance.

As you argue, "the relational approach differs substantially from client-centered therapy." One difference is that client-centered therapy is non-directive by design and the relational approach is directive by design. Another difference is that the practice of client-centered therapy consists fundamentally of the experience and expression of certain attitudes believed to be helpful and respectful of client self-determination (Brodley, 2002; Grant, 2004) and relational therapy does not. Relational therapists consider therapist-frame responses theoretically necessary for character change. Brodley (1999) argues that therapist frame responses should be rare, non-systematic, and consistent with the non-directive attitude. Both approaches may respect clients' freedom "to use or discard what is offered," but they differ radically in what and why they offer what they do.

Conclusion

Ed, I conclude on the basis of your depiction of self and relational psychoanalytical therapies that they have no significant similarities in practice with client-centered therapy. There's been some

intermarriage between psychoanalytic and client-centered schools over the years. You nicely show some of this mixing. But, at the level of the practices you discuss, no shared DNA is apparent. In my view, ethics are the heart of all therapeutic practices, and differences among practices should be articulated, defended, and challenged on moral grounds (Grant, 2004). An examination of the ethical views of client-centered and psychoanalytic therapies is the true test of kinship.

References

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